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PERSONS WITH MENTAL ILLNESS WHO OFFENDED AND PROCEDURAL JUSTICE

GIVING VOICE TO PERSONS SUBJECTED TO AN INTERNMENT MEASURE ABOUT THEIR INTERACTIONS WITH POWER HOLDERS

Ciska Wittouck
20001672

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Supervisors:	Prof. dr. Kurt Audenaert Prof. dr. Tom Vander Beken
Doctoral guidance committee:	Prof. dr. Kurt Audenaert Prof. dr. Tom Vander Beken Prof. dr. Stijn Vandevelde Prof. dr. Chris Dillen

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Introduction to the dissertation

1. State of the art

Persons with mental illness who offended (PMIO) are highly prevalent in the criminal justice system (Brooker, Sirdifield, Blizard, Denney, & Pluck, 2012; Fazel & Seewald, 2012). A plurality of criminal justice responses to PMIO exists. One way of responding to PMIO is subjecting them to court-mandated or court-ordered treatment which is typically combined with ongoing judicial supervision (Bal & Koenraadt, 2000; Blackburn, 1993; Livingston, 2016; WHO, 2005). Court-mandated treatment aims reducing recidivism and improving mental health outcomes in PMIO (Landess & Holoyda, 2017). Reviews regarding the effectiveness of different types of court-mandated treatment, such as drug or mental health courts, treatment in secure psychiatric hospitals, not criminally responsible adjudications, and (community) jail or prison diversion programs, show moderately beneficial outcomes regarding reoffending and tentatively beneficial mental health outcomes (Fazel, Fiminska, Cocks, & Cold, 2016; Honegger, 2015; Martin, Dorken, Wamboldt, & Wootten, 2012; Sarteschi, Vaughn, & Kim, 2011; Wittouck, Dekkers, De Ruyver, Vanderplasschen, & Vander Laenen, 2013). There is thus some preliminary evidence that court-mandated treatment works. However, relatively little is known regarding *how* court-mandated treatment works (Honegger, 2015; Martin et al., 2012; Polaschek, in press; Sarteschi et al., 2011; Wolff, 2018).

One of the active ingredients of court-mandated treatment and judicial supervision are supportive relationships with professionals from the criminal justice system and the mental health system. For instance, the working alliance[1] plays a pivotal role in the process and outcomes of voluntary treatment (Martin, Garske, & Davis, 2000; McCabe & Priebe, 2004) as well as court-mandated treatment and/or judicial supervision (Bressington, Stewart, Beer, & MacInnes, 2011; Canada & Epperson, 2014; Goldkamp, White, & Robinson, 2001; Hart & Collins, 2014; Marshall et al., 2003; Serran & Marshall, 2010; Skeem, Louden, Polaschek, & Camp, 2007; Ward & Brown, 2004). In addition, the working alliance has been recognized by scholars as well as PMIO as a relational mechanism of change in theory and research regarding recovery and desistance processes (Coffey, 2006; Green et al., 2008; McNeill, 2006; Moran et al., 2014; Oades et al., 2005; Polaschek & Ross, 2010; Simpson & Penney, 2018; Walters, 2016; Willmot & McMurran, 2016). The development and maintenance of a working alliance between PMIO and mental health and/or criminal justice professionals in court-mandated treatment is however challenged due to a tension between care and control related to the different roles and goals of the mental health system[2] and the criminal justice system (Honea-Boles & Griffin,

[1] The working alliance is a collaborative relationship between an individual and a professional aiming at overcoming the individual's difficulties and consists of an agreement on goals, an assignment of tasks, and the development of a bond of trust (Ardito & Rabellino, 2011; Bordin, 1979). Since this dissertation deals with interactions between PMIO and mental health as well as criminal justice professionals we prefer to describe these alliances more generally as 'working alliances' since 'therapeutic (working) alliances' refer more specifically to relationships with mental health professionals (Bordin, 1979).

[2] To increase readability, 'the mental health system' is used throughout this paper to refer to both mental health care and social services.

2001; Regehr & Antle, 1997; Ross, Polaschek, & Ward, 2008; Skeem, Encandela, & Louden, 2003; Vander Laenen, 2014; Ward, 2013).[3] Although forensic and correctional rehabilitation models need to be based on an overarching theoretical framework guiding all aspects of service delivery, including guiding principles regarding attitudes and behaviour of mental health and/or criminal justice professionals towards PMIO (Barnao, Ward, & Casey, 2015; Kaiser & Holtfreter, 2016; Oades et al., 2005; Robertson, Barnao, & Ward, 2011), relatively little is known on how these professionals should normatively relate to PMIO (Lord, 2016; Rex, 2001; Simpson & Penney, 2011, 2018; Skeem et al., 2003; Weaver, 2013). In other words, guiding principles should provide clarity on how mental health and/or criminal justice professionals can take both care and control into account while working with PMIO during court-mandated treatment. To develop such guidelines, targeted research is necessary (Epperson, Thompson, Lurigio, & Kim, 2017).

The concept of procedural justice, which originated in social psychology, can be a means to address the tension between care and control that is inherently associated with imposing court-mandated treatment to PMIO. Procedural justice theory is a relational model specifically addressing interactions between power holders and their public and posits that people attach major importance to the process ('how') next to the outcome(s) of interactions with power holders ('what') (Blader & Tyler, 2015; Lind & Tyler, 1988; Tyler, 2013). Bottoms and Tankebe (2012, p. 124) define a power holder as a person who *"holds power over other citizens and can thus issue decisions and rules that are binding on them"*. Professionals belonging to the criminal justice system as well as the mental health system can be considered power holders towards PMIO (Wittouck & Vander Beken, 2018). As people are strongly influenced by interpersonal aspects of social interactions (Huo & Binning, 2008; Laithwaite & Gurnley, 2007), experiencing procedural (in)justice during an interaction with a power holder affects attitudes, emotions, and behaviour of the person involved towards the interaction and the subsequent outcome(s). For example, experiences of procedural justice are associated with satisfaction regarding the interaction, with acceptance of the decision, with feelings of self-worth and social acceptance, with motivation, and with cooperation (Blader & Tyler, 2015; Lind, Kanfer, & Earley, 1990; Lind & Tyler, 1988; Tyler & Blader, 2003; Tyler & Lind, 1992). Procedural justice theory has hitherto mostly been applied to law enforcement and court settings. It has however been postulated that its application could be fruitful throughout the entire criminal justice system, including court-mandated treatment in the corrections context (Blader & Tyler, 2015; Henderson, Wells, Maguire, & Gray, 2010; Kaiser & Holtfreter, 2016; Livingston, Crocker, Nicholls, & Seto, 2016; McIvor, 2009; Poythress, Petrila, McGaha, & Boothroyd, 2002; Skeem et al., 2003; Vandevelde et al., 2017; Wexler, 2007, 2016).

[3] Ross et al. (2008, p. 463) revised the definition of Bordin (1979) of a working alliance in the specific context of the rehabilitation of persons who offended using a social-cognitive framework and a strengths-based angle. They define the working alliance as *"a collaborative relationship between therapist and client that can facilitate positive change for the client"*. To explain the development and maintenance of the working alliance, they take therapist variables, client variables, their interaction, and the wider context in which the relationship is embedded into account, next to the three essential elements of a working alliance according to Bordin (1979).

Here, procedural justice theory is approached through a strengths-based human rights framework (Birgden, 2015; Durnescu, 2011; Jacobson & Greenley, 2001; Ward, 2008, 2011). In line with this framework, procedural justice is regarded as a fundamental right of human beings, including PMIO, and it corresponds with strengths-based human rights concepts such as human dignity, social recognition, autonomy, and effective participation (see Ward & Birgden, 2007; Ward & Syversen, 2009). Procedural justice theory should thus not be employed as a means to *merely* attain socially desired outcomes, such as compliance and law abiding behaviour (Wittouck & Vander Beken, 2018). As such, applying procedural justice theory to working alliances in court-mandated treatment should be apprehended as a relational mechanism of change through which *"co-producing"* (Weaver, 2013, p. 193) desistance and recovery can be supported. Indeed, in contemporary understandings of desistance and recovery processes, the relational nature and context of these processes are explicitly taken into account (Drennan & Alred, 2012a; Farrall, Hunter, Sharpe, & Calverley, 2014; Mezzina et al., 2006; Price-Robertson, Obradovic, & Morgan, 2017; Simpson & Penney, 2018; Weaver, 2013).

The lack of attention for the voice of PMIO themselves is especially salient in debates about what works and how in court-mandated treatment, despite the importance of this lived-experienced or real life evidence for the development of relevant practice and policy in this context (Carlin, Gudjonsson, & Yates, 2005; Coffey, 2006; Livingston, 2018; Vander Laenen & Vander Beken, 2017). Indeed, the development of relevant and effective practice and policy consists of different types of evidence: research, clinical experience, local context information, *and* patient experience (Rycroft-Malone et al., 2004). The scientific, outsider approach to care should thus be fused with a subjective, insider approach to care (Gergen, Josselson, & Freeman, 2015; Rycroft-Malone et al., 2004; WHO, 2018). Qualitative research, in which subjective experiences of persons are put central, is well suited to gain insight into how outcomes and processes can be explained (Dixon-Woods, Fitzpatrick, & Roberts, 2001; Gergen et al., 2015). Taking the viewpoint of PMIO into account in practice, policy and research also aligns with strengths-based perspectives in criminal justice and mental health domains (Barnao, Ward, & Robertson, 2016; Drennan & Alred, 2012c; Livingston, 2018; Vander Laenen & Vander Beken, 2017; Vandevelde et al., 2017).

To summarize, although court-mandated treatment is often imposed to PMIO, the underlying processes of *how* court-mandated treatment yields beneficial outcomes remain largely unknown (Honegger, 2015; Martin et al., 2012; Polaschek, in press; Sarteschi et al., 2011; Wolff, 2018). Gaining insight into these processes, especially from the perspective of PMIO themselves, is important to develop relevant research, practice and policy regarding court-mandated treatment (Carlin et al., 2005; Coffey, 2006; Lalor, Begley, & Devane, 2006; Livingston, 2018). One potential fruitful area to elucidate 'the black box' of court-mandated treatment is the working alliance between PMIO and power holders (Simpson & Penney, 2018). This working alliance is challenged due to the presence of both care and control in the context of court-mandated treatment (Honea-Boles & Griffin, 2001; Regehr & Antle, 1997; Ross et al., 2008; Vander Laenen, 2014; Ward, 2013). A critical review of the literature has shown that procedural justice theory holds promise as a means to reconcile the tension between care and control in the working alliance during court-mandated treatment (see Wittouck & Vander Beken, 2018), and

can be of added value in addressing the need for a normative framework for power holders from the criminal justice and mental health system in forensic and correctional rehabilitation models (Lord, 2016; Maguire, Daffern, & Martin, 2014; Robertson et al., 2011; Simpson & Penney, 2011, 2018; Weaver, 2013). Therefore, in this doctoral dissertation[4], the potential role of procedural justice theory as a normative framework for power holders working with PMIO is investigated as a means to develop and maintain working alliances with PMIO and thus facilitate recovery and desistance processes.

2. Research objective, research questions, and research methods

The main objective of this doctoral dissertation is gaining insight into the experiences of PMIO regarding their interactions with power holders from the criminal justice system and the mental health system involved in court-mandated treatment. By gaining insight into these experiences, the insider's perspective on interactions between PMIO and power holders can be compared with theoretical dimensions of procedural justice theory, and in this way the added value of experiencing procedural justice during court-mandated treatment processes can be explored.

The following research questions will be addressed in this doctoral dissertation

1) Research question one: How can PMIO and court-mandated treatment be conceptualized? How can the role of power holders in recovery and desistance processes of PMIO during court-mandated treatment be comprehended?
2) Research question two: What is the state-of-the-art regarding procedural justice and PMIO?
3) Research question three: How do PMIO experience their interactions with power holders from the criminal justice system and the mental health system during court-mandated treatment?
4) Research question four: How do the themes based on lived-experiences of PMIO relate to the theoretical mechanisms and dimensions of procedural justice theory?

2.1. Research question one

How can PMIO and court-mandated treatment be conceptualized? How can the role of power holders in recovery and desistance processes of PMIO during court-mandated treatment be comprehended?

[4] The present study is part of a broader ongoing multidisciplinary research project entitled *"Developing multidisciplinary strengths-based strategies for mentally ill offenders"* funded by Ghent University (BOF14/G0A/006). The following three faculties and corresponding departments of Ghent university collaborate on this joint research project; the Department of Criminology, Criminal Law and Social Law within the Faculty of Law and Criminology, the Department of Special Needs Education within the Faculty of Psychology and Educational Sciences, and the Department of Head and Skin within the Faculty of Medicine and Health Sciences. The research team initially consisted of six supervisors and five Phd-researchers. The supervisors of the GOA-project are: prof. dr. Tom Vander Beken, prof. dr. Erik Broekaert†, prof. Dr. Kurt Audenaert, prof. dr. Freya Vander Laenen, prof. dr. Stijn Vandevelde, and prof. dr. Wouter Vanderplasschen. My co-researchers are: Sofie Van Roeyen, Els Schipaanboord, Sara Rowaert, and Natalie Aga (Vander Beken et al., 2016; Vander Laenen & Vander Beken, 2017; Vandevelde et al., 2017).

PMIO subjected to court-mandated treatment are the target group of this doctoral dissertation. PMIO are characterized by heterogeneity (Barnao, Robertson, & Ward, 2010; Cloyes, Wong, Latimer, & Abarca, 2010; Göbbels, Thakker, & Ward, 2016; Lurigio, 2011) and legal frameworks and features of court-mandated treatment programs vary greatly across countries (Crocker, Livingston, & Leclair, 2017; Scott, McGilloway, Dempster, Browne, & Donnelly, 2013). Therefore, it is important to determine how PMIO and court-mandated treatment will be demarcated in this dissertation. Next, in order to develop relevant research, practice and policy in the context of court-mandated treatment for PMIO it is necessary to understand recovery and desistance processes of PMIO and the human and social factors that influence these processes, and the role of power holders in these change processes (see McNeill, 2006).

A critical review was used to outline findings from theoretical papers and empirical research studies regarding PMIO, court-mandated treatment, strengths-based perspectives, recovery and desistance. Both psychological-psychiatric and legal-criminological literature were consulted since an interdisciplinary perspective is recommended in the domain of rehabilitation of P(MI)O (McNeill, 2012). In their typology of reviews, Grant and Booth (2009) define a critical review as aiming at combining insights from different scientific domains to develop innovative hypotheses and models and subsequently study these, without claiming to provide an exhaustive and systematic overview of the literature on a certain topic. Three online databases were consulted during the literature review: Web of Science, PubMed, and Google Scholar. In addition, the UGent library services were visited to consult books regarding these topics.

2.2.Research question two

What is the state-of-the-art regarding procedural justice and PMIO?

Before we can explore the added value of experiencing procedural justice during court-mandated treatment for PMIO a comprehensive understanding of procedural justice theory needs to be established. Therefore, a similar critical review as described above but focusing on procedural justice was carried out. In addition, a systematized review was carried out in Web of Science and Pubmed to identify relevant research studies about the outcomes of experiencing procedural justice during interactions with power holders from the criminal justice system and the mental health system in adult PMIO, and to narratively summarize these research findings.

2.3.Research question three

How do PMIO experience their interactions with power holders from the criminal justice system and the mental health system during court-mandated treatment?

This research question is considered the core and the nexus of the present doctoral study. This research question pertains to the empirical phase of the study and is the nexus between the

different research questions. This research question was divided into three sub-research questions:

a) What is the general opinion of PMIO regarding their interactions with power holders from the criminal justice system and the mental health system during court-mandated treatment? Is their opinion rather positive (including more neutral opinions) or rather negative?
b) What aspects of these interactions influence this opinion?
c) How do these interactions influence their subsequent emotions, attitudes, and behaviour?

In order to address this research question an exploratory qualitative research design was developed, since such research design is best suited to gain insight into subjective experiences (Gergen et al., 2015). In order to identify PMIO in the Belgian criminal justice system, a legal definition of PMIO was used (Blackburn, 1993, 2004). PMIO were operationalized as persons who are (or were) subjected to an internment measure (PSIM), as the internment measure is the only official court-mandated treatment program for PMIO in Belgium applied on a national level (Vander Beken, 2015). This measure can be imposed by a judge to defendants who committed a criminal offence who are deemed not criminally responsible and socially dangerous (Cosyns, D'Hont, Janssens, Maes, & Verellen, 2007; Cosyns, Koeck, & Verellen, 2008; Dillen, 2006; Vander Beken, 2015). A heterogeneous maximum variation sample was recruited through gatekeepers from the mental health system and the criminal justice system (Coyne, 1997; Dempsey, Dowling, Larkin, & Murphy, 2016; Patton, 2002, p. 230; Rugkasa & Canvin, 2011; Sandelowski, 1995; Tracy, 2013). Study participants were asked about their experiences using a semi-structured interview protocol (Beyens & Tournel, 2010; Brinkmann, 2013; Dempsey et al., 2016; Tracy, 2013; van Male, 2011). Thematic analysis was used to identify themes and patterns in the experiences of the study participants regarding their interactions with power holders and the influence these experiences has on their emotions, attitudes and behaviour (Braun & Clarke, 2006).

2.4.Research question four

How do the themes based on lived-experiences of PMIO relate to the theoretical dimensions and mechanisms of procedural justice theory?

In order to formulate an answer on this research question, the study findings regarding research questions one, two and three are integrated. Through this integration it can be determined if procedural justice theory is applicable to experiences of PMIO regarding their interactions with power holders during court-mandated treatment. This integration also allows to define the dimensions of procedural justice based on the experiences of PMIO and to explore if procedural justice dimensions could be expanded with dimensions that are specific for this particular target group and power holders. Indeed, the (impact of) dimensions of procedural justice may vary according to specific features of a context, for instance the corrections context, and procedurally just strategies may also vary according to the specific role of a power holder, for instance a

psychologist versus a judge (Blasko & Taxman, 2018; Canada & Hiday, 2014; Jackson, Tyler, Bradford, Taylor, & Shiner, 2010; McKenna, Simpson, & Coverdale, 2000; Tyler, 2010).

3. Relevance for theory, policy and practice

This dissertation can contribute to (criminological) theory in two ways.
First, research regarding PMIO subjected to court-mandated treatment has focused primarily on (criminogenic) outcomes of these court-mandated treatment programs. These outcomes do however not shed light on the contextual and underlying processes and factors which help to explain why and how these court-mandated treatment programs influence these (criminogenic) outcomes (Ashford, 2006; Atkin-Plunk & Armstrong, 2016; Blagden, Winder, & Hames, 2016; Canada & Watson, 2013; Hedderman, Gunby, & Shelton, 2011; Honegger, 2015; Kras, 2013; Livingston, 2018; Martin et al., 2012; Palmer, 1995; Polaschek, in press; Sarteschi et al., 2011). Especially qualitative studies in relation to active ingredients of court-mandated treatment, such as the working alliance between PMIO and power holders, from the perspective of PMIO subjected to these court-mandated treatment programs are scarce. Such studies could provide more insight into the subjective experiences, expectations and perceptions of PMIO regarding court-mandated treatment in relation to the context of these persons and in relation to the context of these strategies (Kras, 2013; Livingston et al., 2016; Maguire et al., 2014; McKenna, Simpson, & Coverdale, 2003; Wild, Roberts, & Cooper, 2002). As argued by Sarteschi et al. (2011) and McNeill (2006), there is a need for more theoretical and conceptual development to expand our understanding of the complex processes and factors underlying the philosophy and operation of court-mandated treatment programs for PMIO. This need also aligns with procedural justice theory, which focuses on process-based evaluations instead of outcome-based evaluations (Blader & Tyler, 2015; Lind & Tyler, 1988).
Second, procedural justice research in the legal and criminological arena has predominantly been conducted in law enforcement and court settings (Tyler, 2001). Procedural justice theory has been applied far less often to the corrections context, such as prisons, forensic psychiatric hospitals, forensic mental health tribunals, and community diversion program (Blasko & Taxman, 2018; Henderson et al., 2010; Kras, 2013; Livingston et al., 2016; McKenna et al., 2003), and since these different settings vary considerably, it is uncertain if findings are generalizable across these settings (Livingston et al., 2016; Tyler, 2010). In addition, the majority of studies investigating procedural justice use quantitative study designs (De Mesmaecker, 2014). Although there has been some exemplary qualitative work on procedural justice in the context of court-mandated treatment programs, such as problem-solving courts (Canada & Watson, 2013; McIvor, 2009), community-based treatment programs in the context of post-conviction supervision (Kras, 2013), and forensic mental health tribunals (Livingston et al., 2016), more research is needed to further unpack the influence of perceived procedural justice during interactions with power holders involved with court-mandated treatment programs on recovery and desistance processes of PMIO (Livingston et al., 2016). Next, although the importance of procedural justice during interactions with power holders on the subsequent reaction of the people involved has been established, the concept of procedural justice remains abstract and vague. Since it is unclear what people understand under the dimensions of procedural justice, i.e. voice, respect, neutrality, and trustworthiness, it is

difficult to adapt concrete behaviour of power holders to these expectations (De Mesmaecker, 2014). Next, most procedural justice research focuses on majority groups instead of minority groups (Novich & Hunt, 2017; Tyler, 2001, 2013). In light of developing comprehensive theoretical knowledge regarding certain phenomena the viewpoints of minority groups are equally important as those from majority groups (Rugkasa & Canvin, 2011). Lastly, procedural justice research is largely concentrated in English-speaking countries, primordially in the US (De Mesmaecker, 2014; Wittouck, Vander Beken, & Audenaert, 2016). Only recently the procedural justice framework has been validated in Western non-US-contexts (Jackson et al., 2012; Van Craen & Skogan, 2015). Procedural justice research can thus be expanded by studying the viability of procedural justice in the corrections context, within specific groups in society, within a particular (European) context, and by using qualitative study designs.

The current dissertation can also contribute to practice and policy.
Investigating phenomena from the perspective of 'experts by experience', permits gaining insight into the complexities of (subjective) experiences of these people while taking the influence of broader social structures and processes into account. Thus, such (qualitative) research with PMIO can be valuable for formulating recommendations for policy and practice in the criminal justice system, the (forensic) mental health system, the intersection between these two systems, and court-mandated treatment programs in particular (Kras, 2013; Linhorst, 2006; Livingston et al., 2016; Rugkasa & Canvin, 2011; Sullivan, 2005; Weaver, 2011). The needs and experiences of PMIO are indeed best identified by these persons themselves instead of by practitioners, policymakers and researchers (Hillbrand, Young, & Griffith, 2010). They possess broader knowledge about the changes they have experienced or the changes they want to experience, and about which factors are important to promote these changes. In addition, they are less biased by training and theoretical allegiances than professional experts (Willmot & McMurran, 2016). Vulnerable groups in society, such as PMIO, should be involved in research in order to insure that their concerns and needs are adequately addressed in relevant policy and practice (Carlin et al., 2005; Coffey, 2006; Lalor et al., 2006). Doing so, the quality and the relevance of research and the resulting recommendations for policy and practice can be improved (Aga, Vander Laenen, Vandevelde, Vermeersch, & Vanderplasschen, 2017; Davidson, Ridgway, Schmutte, & O'Connell, 2009; Hedderman et al., 2011; Steinmetz & Henderson, 2012). Experts by experience, including persons subjected to court-mandated treatment programs, are also willing to contribute to research and to formulate suggestions to tailor their environment to their needs (Fry & Dwyer, 2001; Hillbrand et al., 2010; Vander Laenen, 2011).

4. Strengths-based terminology

Labels are frequently used as terminology in a habitual and ill-considered way. The underlying values and far-reaching implications associated with the type of terminology used is often not considered. Most terminology or labels comprise of a single word or a short phrase to refer to a certain target group. While the use of short labels has advantages on a communicative level, for instance to efficiently convey information about a person or about behaviour of a person, it also contravenes ethical principles of justice, respect and beneficence. First, labels reduce *"the*

labelled person to the label assigned" (Willis, 2018, p. 727). As a result, labels can be experienced as offensive and stigmatizing by the individuals who are labelled, and insinuate homogeneity among the persons labelled. Indeed, a label, consisting of (past) behaviour or a diagnosis, should not be equated with a person's identity (Saleebey, 1996; Weick, Rapp, Sullivan, & Kisthardt, 1989). Second, the use of labels can activate, uphold and reinforce stereotypes and negative attitudes in the wider society about the persons labelled, inhibiting community (re-)integration of these persons (Granello & Gibbs, 2016; Willis, 2018). Therefore, the use of terminology in the present doctoral received substantial consideration, especially since its strengths-based human rights perspective to procedural justice theory and PMIO.

In psychology and educational sciences it is already common to use person-first language instead of labels, i.e. 'people with mental illness' instead of 'the mentally ill'. Opposite to labels, person-first language prevents simplistic and inaccurate understandings of persons and emphasizes human dignity, since it separates persons from disorders and (past) behaviours (Dunn & Andrews, 2015; Granello & Gibbs, 2016; Willis, 2018; Willis & Letourneau, 2018). Some experts by experience or patient organizations support the use of identity-first language (e.g. autistic person) over person-first language (e.g. person with autism) because they experience their disability to be so intertwined with their personality that it cannot be separated from who they are and because they value their disability as any other aspect of human diversity (Dunn & Andrews, 2015; Granello & Gibbs, 2016). The use of person-first language has however not (yet) been adopted by the broad field of forensic or correctional psychology, including criminology. As an illustration, Willis (2018) found that in about half of articles published in high-ranked journals on sexual abuse a label was used in the article title. People who have committed crime(s) are usually being referred to by the label 'offenders', and PMIO are usually referred to by the label 'mentally ill offenders' or 'mentally disordered offenders'. Through this unintentional use of labels during conversations with colleagues, policy makers, and the media, these labels and the associated stereotypes are being normalized and reinforced in every-day life. This every-day use of labels counteracts initiatives and efforts to de-stigmatize, re-integrate and include people who have committed offences (Willis, 2018). Indeed, research has shown that when people, including mental health professionals, are confronted with labels such as 'the mentally ill', instead of person-first language such as 'persons with mental illness', they tend to react less tolerant towards the people labelled, for instance with more socially restrictive and authoritarian attitudes and with less empathic, compassionate and solidary attitudes (Granello, 2016; Granello & Gibbs, 2016). Similar research findings were observed regarding people who have committed crimes. When community members are confronted with (stigmatizing) labels of people who have committed crimes, they have significantly more negative, punitive and repressive attitudes towards the labelled group and they are more inclined to re-use the labels themselves, when compared to being confronted with more neutral descriptive language (such as 'people who have committed crimes of a sexual nature' or 'people with a sexual interest in children') (Harris & Socia, 2016; Imhoff, 2015; Willis, 2018). Yet, by using the label of offender, people subjected to the criminal justice system are actually stigmatized and labelled *"by the very behaviour we do not want them to repeat"* (Willis, 2018, p. 728). Furthermore, the label 'offender' is based on past behaviour and communicates little about the person's present of future behaviour (Willis, 2018).

Professionals have therefor an ethical responsibility to use non-stigmatizing neutral language to refer to various groups in society in their overall communication as a way of addressing societal barriers to the rehabilitation and (re-)integration of these groups in society (Dunn & Andrews, 2015; Willis, 2018). As opposed to the use of labels, the use of person-first languages accords with the ethical principles of justice, respect and beneficence (Willis & Letourneau, 2018).

In this dissertation, person-first language is preferred above identity-fist language since person-first language puts the person central, which aligns best with a strengths-based perspective. In addition, the terminology used will focus on the present by referring to the offending behaviour in the past tense. After all, at present we do not know which behaviour these persons will exhibit in the future. Since mental illness often has a chronic nature and since the focus of the dissertation is on people who are currently subjected to court-mandated treatment, the terminology used will refer to mental illness in the present tense. Thus, the overarching target population of this dissertation will be referred to as *persons with mental illness who offended*, further PMIO, and the study population of this dissertation will be referred to as *persons subjected to an internment measure*, further PSIM.

5. Structure of the dissertation

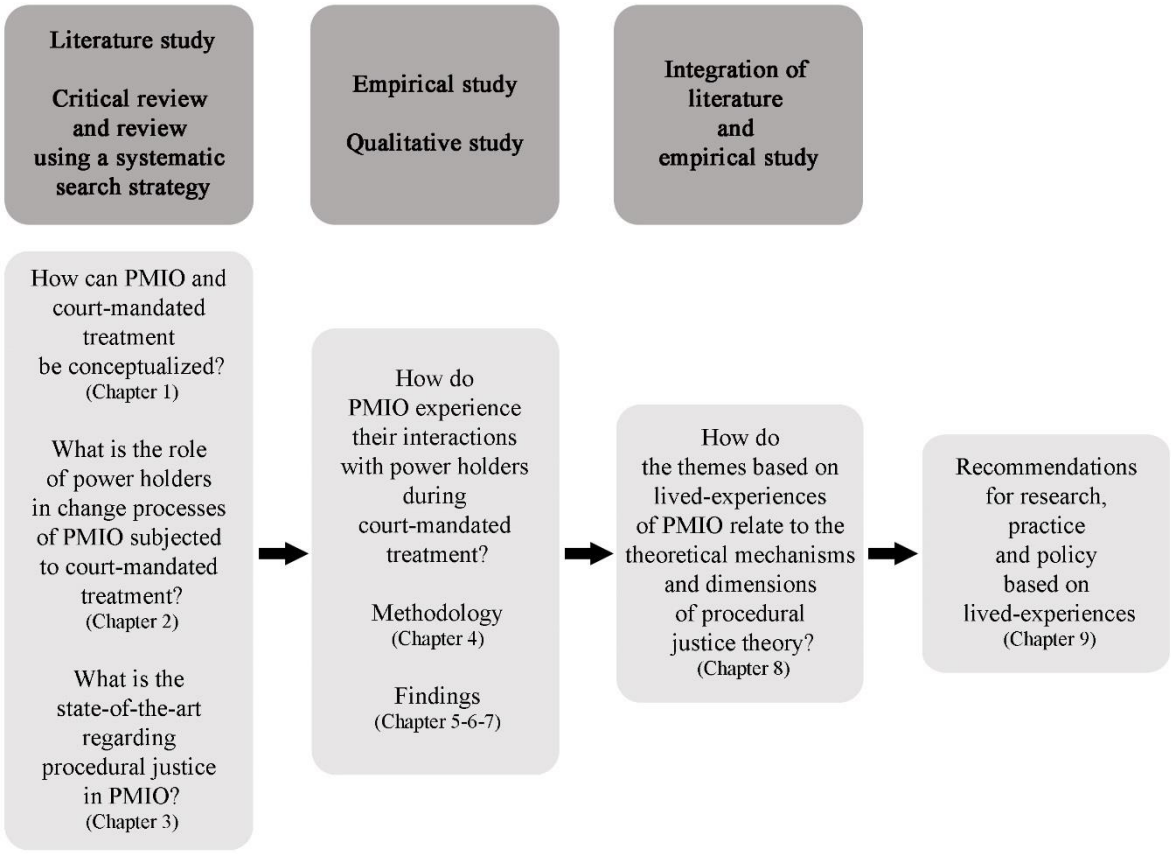
The corpus of this dissertation is divided in three major parts: the literature study, the empirical study, and the integration of the literature and empirical study. A visual representation of this structure is presented in Figure 1.

In *part one* the literature study is presented. An interdisciplinary approach towards the rehabilitation of P(MI)O is recommended (McNeill, 2012). This literature review is divided in three chapters covering the first two research questions of the study. In *chapter one* issues related to the target group of this dissertation, namely PMIO subjected to court-mandated treatment are discussed. In the concluding section of this chapter, the operationalization of mental illness, PMIO and court-mandated used in the present dissertation is presented. In *chapter two*, the strengths-based perspective and contemporary understandings of recovery and desistance processes are described. Afterwards these concepts are applied to PMIO. Specific attention is paid to issues related to the development and maintenance of the working alliance in the forensic psychiatric and correctional field, or, in other words, to interactions between PMIO and power holders. *Chapter three* addresses procedural justice theory, which is proposed as a means to deal with the issues related to the development and maintenance of the working alliance between PMIO and power holders. After describing procedural justice theory and its underlying mechanisms and dimensions, the outcomes of procedural justice in PMIO are reviewed. The concepts discussed in chapter two are then concisely resumed and integrated with procedural justice theory. This integration brings us to the core research question of the dissertation: How do PMIO experience their interactions with power holders from the criminal justice system and the mental health system during court-mandated treatment?

Part two consists of the empirical study of the present dissertation. The first chapter of this part, *chapter four*, profoundly discusses the methodology of the qualitative study which is designed to address the core research question of this doctoral study regarding how PMIO experience their interactions with power holders from the criminal justice system and the mental health system during court-mandated treatment. More specifically, this chapter describes the philosophical paradigm, the research setting, the research method, the sampling and recruitment procedure, and the data-analysis strategy and method. Ethical considerations and strategies to further warrant the trustworthiness of the empirical study are discussed. Lastly, the study participants are described according to their most important characteristics. In the following three chapters the findings of the qualitative study are presented. *Chapter five* sets the scene and describes three themes about the more general attitude of study participants. These themes are a means to contextualize the main findings of the dissertation which are discussed in chapter six. *Chapter six* addresses the different themes that were identified in the experiences of study participants regarding their interactions with power holders. These themes are constructed with both positive and negative experiences of study participants, corresponding to vicious and virtuous circles identified in their experiences. *Chapter seven* addresses participants perceptions of the specific court-mandated treatment they are subjected to, the internment measure. Describing the perceptions of study participants regarding the internment measure itself is important since they refer to the context in which the interactions between study participants and power holders are embedded.

Part three is the final part of this dissertation. In *chapter eight*, the results of the qualitative study are integrated with and compared to the literature in general, and procedural justice theory in particular. In *chapter nine*, the strengths and limitations of the present study are discussed and recommendations, based on the lived-experiences of the researcher, for future research are formulated. In addition, recommendation for practice and policy, based on the lived-experiences of PMIO, including PSIM, are discussed.

Figure 1: visual representation of the structure of the dissertation



Part one: Literature study

Chapter one

Persons with mental illness who offended subjected to court-mandated treatment

Persons with mental illness who have offended (PMIO) are the target group of the present doctoral dissertation. Given the heterogeneity in this target group regarding their characteristics and the range of possible criminal justice responses to PMIO, it is important to elucidate how PMIO and court-mandated treatment will be demarcated. The criminal justice system has three main echelons: the law enforcement, courts, and corrections context (Steinmetz & Henderson, 2012). In this dissertation the focus lies mainly on the corrections context in which sentences and measure are administrated (Birgden, 2002). Using a critical review (see introduction), this present chapter provides a short overview of conceptualizations and epidemiological data of PMIO. Next, therapeutic jurisprudence is proposed as an overarching framework for court-mandated treatment, and outcomes of court-mandated treatment programs are briefly presented.

1.1.Who's in a name?

PMIO are a highly heterogeneous population when considering their characteristics as well as the criminal justice responses applied (Barnao et al., 2010; Blackburn, 2004; Cloyes et al., 2010; Crocker et al., 2017; Göbbels et al., 2016; Livingston, Chu, Milne, & Brink, 2015; Lurigio, 2011).

First, defining mental illness is difficult and a consistent operational definition covering all possible manifestations of mental illness is non-existent (APA, 2014; Stein et al., 2010). The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), a widely known classification handbook for mental disorders, acknowledges a wide range of disorders (Andrews & Bonta, 2010b). In DSM-5 it is stated that in general a mental disorder is *"a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behaviour (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above."* (APA, 2014, p. 75). Following this definition, a mental disorder thus chronically affects one's thought (e.g. irrational thoughts, delusions, cognitive errors, confusion), feelings (e.g. such as anxiety, low mood, agitation, affective lability, anger) and behaviour (e.g. repetitive behaviour, hostility, hypo- or hyperactivity, impulsivity, aggression) and often causes problems in important life domains such as social relationships or interactions and work. Although DSM-5 no longer differentiates between axis-I and axis-II disorders, the difference between *clinical disorders* such as psychotic, mood, anxiety and substance use

disorders, *personality disorders* such as antisocial personality disorders and borderline personality disorders, and *(neurobiological) developmental disorders* such as attention-deficit/hyperactivity disorders (ADHD), autism spectrum disorders and mental disability, is retained in the present dissertation for reasons of clarity.

Second, comorbidity[5] between mental disorders in general (including personality disorders) and substance use disorders is common, which causes difficulties in classifying PMIO according to their psychiatric diagnosis for clinical, legal and scientific purposes (Blackburn, 2004). Comorbid (or co-occurring) disorders are associated with more complex needs and characterized by a more chronic, persistent and severe course of illness compared to single disorders (Buckley, 2006; Kessler, 2004). The complex issues and needs associated with dual diagnosis and co-occurring disorders have also been documented in PMIO (Blackburn, 2004; Ogloff, Lemphers, & Dwyer, 2004; Palijan, Muzinic, & Radeljak, 2009; Stevens, McSweeney, van Ooyen, & Uchtenhagen, 2005).

Third, as with the concept of mental illness, a widely accepted definition of PMIO is hitherto lacking. One of the reasons of this lack is that mental illness is differently interpreted by the criminal justice system and the mental health system, two distinct state institutions involved with PMIO (Andrews & Bonta, 2010d). Legal concepts, such as insanity and accountability, have no formal psychiatric meaning (Blackburn, 1993, 2004), and the mere presence of (a diagnosis of) a mental disorder –based on diagnostic criteria– does not necessarily corresponds with legal criteria for the presence of a mental disorder or with legal concepts such as accountability (APA, 2014). This can be exemplified by criminal justice conceptions of personality disorders and substance use disorders (Bal & Koenraadt, 2000; Blackburn, 2004; Lurigio, 2011). Although DSM-5 considers cognitive, emotional and behavioural disturbances as diagnostic criteria of mental illness (APA, 2014), criminal law often considers a mental disorder defence based on behavioural control deficits (often associated with personality disorder) –as opposed to rationality deficits (often associated with clinical disorders)– as unacceptable (Crocker et al., 2017; Helm, Ceci, & Burd, 2016; Palermo, 2007).[6] The same is true for substance use disorders since the law, contrary to the medical-psychiatric model, generally considers substance use a wilful act of commission instead of a mental disorder, and consequently considers persons with substance use disorders as responsible for their conditions (Goethals, 2015; Lurigio, 2011).

Fourth, a plurality of criminal justice responses to PMIO exist across countries and continents. One way of responding to PMIO is subjecting them to court-mandated treatment which is typically combined with ongoing judicial supervision (Bal & Koenraadt, 2000; Blackburn, 1993; Crocker et al., 2017; Lamb, Weinberger, & Gross, 2004; Livingston, 2016; Martin et al., 2012; WHO, 2005).[7] Examples of court-mandated treatment programs are problem-solving

[5] Comorbidity or co-occurring mental disorders is used to refer to the co-occurrence of more than one psychiatric disorder or diagnosis, irrespective of substance use, and dual diagnosis is specifically used to refer to the co-occurrence of a psychiatric disorder or diagnosis and a substance use disorder (Lurigio, 2011).

[6] This criminal practice has already been questioned (Helm et al., 2016; Palermo, 2007). In times of crisis and stress, persons with a personality disorder may also experience short-term psychotic thinking, or rationality deficits. Therefore, some advocate to consider a mental disorder judgement in the case a person with a decompensated personality disorder commits a crime (Palermo, 2007).

[7] For instance, diversion strategies whereby PMIO are diverted away from the criminal justice system to mental health treatment and services, exist at all echelons of the criminal justice system, namely at the level of law enforcement, prosecution, the courts, and sentence administration (Livingston, 2016).

courts such as mental health and drug courts (Marlowe, Hardin, & Fox, 2016; Schneider, 2010), not guilty by reason of insanity judgements under mental health or criminal acts (Bal & Koenraadt, 2000; Vandevelde et al., 2011), and community programs for PMIO such as specialized probation services and forensic assertive community treatment teams (Landess & Holoyda, 2017; Lurigio, Epperson, Canada, & Babchuk, 2012). Due to these different approaches, court-mandated treatment programs lack a clear overarching definition (Scott et al., 2013). Even within one category of programs considerable variability exists with respect to eligibility criteria, procedures, and type of (community) treatment services, amongst others (Bal & Koenraadt, 2000; Broner, Lattimore, Cowell, & Schlenger, 2004; Crocker et al., 2017; Honegger, 2015; Scott et al., 2013). This diversity in criminal justice responses is also illustrated by how PMIO are defined in scholarly articles. Scholars can focus on a particular type of court-mandated treatment, such as not criminally responsible adjudications (Vandevelde et al., 2011, p. 71), on a particular type of treatment facilities, such as forensic mental health services[8] (Barnao et al., 2010, p. 202), or on a particular type of treatment setting, such as community corrections for PMIO (Lamb, Weinberger, & Gross, 1999, pp. 907-908). Other scholars combine different types of court-mandated treatment, such as not criminally responsible adjudications, mental health courts, jail or prison services for PMIO, and parole services for PMIO (Martin et al., 2012, p. 2). Livingston (2016, p. 210), differentiates *"mentally disordered offenders and mentally disordered accused"*, the former refers to *"people who are charged or convicted of crimes and who are also suffering from a mental illness, including persons living in the community (i.e., probation, parole, bail) as well as those detained in custodial settings (i.e., jail, prison). The courts have not provided offenders in this subgroup with a special mental disorder-related legal designation"* while the latter refers to *"persons who have engaged in, or have been accused of engaging in, unlawful behaviours and have been provided with a special legal designation owing to their mental illness … such as persons who are court-ordered to receive forensic psychiatric assessments on issues of criminal responsibility or fitness to stand trial, as well as those who are adjudicated Not Criminally Responsible on Account of Mental Disorder or Unfit to Stand Trial."*. Other scholars apply more general definitions of PMIO based on diagnostic classifications of mental disorders, regardless of the criminal justice response. For example, some scholars include any mental disorder in their definition of PMIO regardless of an assumed causal relationship between mental illness and crime (Bonta, Law, & Hanson, 1998, p. 123; Lund, Forsman, Anckarsater, & Nilsson, 2012, pp. 749-750). Next to these more comprehensive definitions of PMIO based on the presence of mental illness, other scholars use more selective definitions. For instance by focusing on specific types of mental disorders, such as serious mental illness (i.e. schizophrenia, bipolar disorder, and major depression) (Lurigio, 2011, p. 68S), or by excluding certain types of mental disorders, such as Martin et al. (2012, p. 3) who exclude sole diagnoses of substance use, intellectual/cognitive, and/or antisocial personality disorders from their meta-analysis. These authors also excluded programs for persons who committed sex offences.

[8] In some countries, such as Australia, the UK, and Ireland, people with serious mental health problems who pose a danger to society and cannot be managed in general psychiatric hospitals can also be involuntarily committed in forensic mental health settings. Often these settings are referred to as secure settings (Daffern, Howells, Ogloff, & Lee, 2005; Donnelly, Lynch, Mohan, & Kennedy, 2011; Haw & Bailey, 2012).

1.2. Persons with mental illness in the criminal justice system

1.2.1. An overrepresentation of persons with mental illness who offended in the criminal justice system…

Mental illness is highly prevalent in the criminal justice system when compared to the general population. At the corrections level, this is true for jail and prison population, as well as parole or probation populations (Brooker et al., 2012; Ogloff, Warren, Tye, Blaher, & Thomas, 2011; Skeem, Manchak, & Peterson, 2011). Determining or even estimating the precise prevalence and incidence of PMIO is difficult given the abovementioned issues regarding defining mental illness, especially in the criminal justice context (Andrews & Bonta, 2010b; Stein et al., 2010).

PMIO who are formally recognized by the criminal justice system as having a mental disorder and being subjected to court-mandated treatment programs make up only a minority of all PMIO throughout the criminal justice system (Blackburn, 1993, 2004; Ogloff, 2002; Vander Laenen, Casselman, Klerkx, & Vermeiren, 2011). For instance, a national US survey in 2006 showed that around 7560 participants were at that moment participating in mental health courts (Redlich, Steadman, Monahan, Robbins, & Petrila, 2006), while in 2006 an estimated 7.199.600 persons were under community supervision or incarcerated in the US (Kaeble & Cowhig, 2018). An epidemiological study in Austria by Schanda, Stompe, and Ortwein-Swoboda (2009) found that the prevalence of persons deemed not guilty by reason of insanity was around 325 in 2006, while 8766 persons were incarcerated then (Walmsley, 2007).
In general populations of persons who offended the presence of mental illness is often overlooked due the lack of standardized assessment procedures or tools and screening flaws (Birmingham, Gray, Mason, & Grubin, 2000; Brink, Doherty, & Boer, 2001; Lurigio, 2011; Shaw, Creed, Price, Huxley, & Tomenson, 1999; Shaw, Tomenson, & Creed, 2003), which is also the case in Belgium (De Wilde et al., 2007; Favril, Vander Laenen, & Audenaert, 2017; Vander Beken, 2015; Vandevelde et al., 2011). Despite these difficulties, epidemiological studies found a high prevalence of mental illness in general populations of persons who offended. For instance, a UK-study found that around 39% persons under probation suffered from current mental disorders (such as anxiety, psychotic or mood disorders), 48% had personality disorders and 60% substance use disorders (Brooker et al., 2012). A US-based study showed that respectively 33% and 29% of men on probation and parole in 2009 fulfilled criteria for any mental illness, and respectively 38.6% and 26.4% for substance use disorder (Feucht & Gfroerer, 2011). In Sweden, an estimated one in five men on probation meets criteria for a borderline personality disorder (Wetterborg, Langstrom, Andersson, & Enebrink, 2015). Systematic reviews of incarcerated persons worldwide[9] show that 3.6% and 3.9% of respectively men and women detained in prisons were identified as having a psychotic disorder, respectively 10.2% and 14.1% as having a major depression (Fazel & Seewald, 2012), respectively 6.2% and 21.1% as having posttraumatic stress disorder (Baranyi, Cassidy, Fazel, Priebe, & Mundt, 2018) and respectively 30% and 51% of men and women detained in prisons

[9] Europe is characterized by a structural lack of data on the prevalence of mental disorders in prisons (Dressing, Kief, & Salize, 2009; Salize & Dressing, 2009)

as having a drug use disorder on reception into prison. Alcohol use disorder was present in 24% of persons detained in prisons on reception (Fazel, Yoon, & Hayes, 2017). According to Andrews and Bonta (2010b) up to 90% of the general population of persons who offended meets criteria of any mental illness when applying a comprehensive definition of mental illness (i.e. including personality disorders such as antisocial personality disorder). In addition, the majority of PMIO have co-occurring psychiatric or substance use disorders (Brink et al., 2001; Dolan, Farrell, & Moghaddam, 2018; Fazel & Seewald, 2012; Ogloff et al., 2011; Putkonen, Kotilainen, Joyal, & Tiihonen, 2004).

Comprehensive data about PMIO throughout the criminal justice system in Belgium is lacking (Vander Laenen et al., 2011). A recent systematic review of mental health research in Belgian and Dutch prisons found only one Flemish[10] epidemiological study investigating psychiatric disorders in 1326 persons detained in prisons (Favril & Dirkzwager, 2019). This study found evidence of a high prevalence of life time and past month mental illness in persons detained in Flemish prisons. Nearly half of all persons detained in prison (46.3%) in the study received a formal diagnosis of a psychiatric disorder at some point during their life, and one in four (25.3%) of a substance use disorder. Almost two in five persons detained in prison (37.3%) experienced severe psychological distress during the past month of their current incarceration (Favril & Vander Laenen, 2017; Favril et al., 2017).

1.2.2. … due to a complex interplay of individual and contextual factors

To date there is no consensus on the cause for the high prevalence of PMIO in the criminal justice system. Explanations for this high prevalence have been situated on both the individual level, i.e. (symptoms of) mental illness and associated difficulties, and the structural level, i.e. social, mental health and criminal justice policies (Brink et al., 2001; Lurigio, 2011). As the drug-crime nexus[11], the mental illness-crime nexus is complex (Brink et al., 2001; Martin et al., 2012; Wallace, Mullen, & Burgess, 2004), and the overrepresentation of persons with mental illness in criminal justice populations can be attributed to a complex *interplay* of multiple factors on the individual as well as the contextual-structural level (including both meso-level and macro-level factors and processes) (Barnao et al., 2010; Brink et al., 2001; Lurigio, 2011; Mulvey & Schubert, 2017; Peterson, Skeem, Kennealy, Bray, & Zvonkovic, 2014; Skeem et al., 2011).[12] A comprehensive discussion of this interplay falls however outside the scope of

[10] Flanders is the Dutch speaking part of Belgium.

[11] Three types of relationships between substance use and crime have been identified. Substance use can precipitate crime, crime can precipitate substance use, and substance use and crime share similar (life style) risk factors. Drug-related offences can be related to the effects of substance use, to acquiring or financing substances, or to drug supply and distribution (see Colman, 2015; Goldstein, 1985; MacGregor, 2000).

[12] Individual factors and processes (i.e. micro-level) refer to personal characteristics and choices, such as personality characteristics, coping strategies and agency. Social institutions and social agents or actors can be regarded as contextual factors and processes (i.e. meso-level). These factors and processes can refer to a person's more immediate surroundings, such as a social network or employers, and to more remote social institutions such as the CJS and probation officers or judges or the MHS and its staff. Structural factors and processes (i.e. macro-level) consist of state powers and political, economic, social and cultural factors in the wider society that shape public policy and norms and values (see Kurtovic & Rovira, 2017).

this dissertation, therefore the bottom lines of the influence of the individual and the structural level will be discussed separately.

Although people with mental illness are often regarded as difficult, violent, anti-social and odd (Modell & Cropp, 2007; Schanda et al., 2009) and *an* association between mental illness and crime has been observed, causal relationships have not been established (Fazel & Yu, 2011; Morgan et al., 2013; Stevens, Laursen, Mortensen, Agerbo, & Dean, 2015; Wallace et al., 2004). Only a small amount of violent crime is committed by people with mental illness (Fazel & Grann, 2006), and, based on self-report, (violent) crimes appear to be rarely *directly* associated with psychiatric symptoms (Peterson et al., 2014). Impaired social, affective, cognitive and behavioural functioning, inadequate problem solving skills and a reduced adaptive ability which are often associated with mental illness (Barnao et al., 2010; DiCataldo, Greer, & Profit, 1995; Felson, Silver, & Remster, 2012; Vandevelde, Broekaert, Schuyten, & Van Hove, 2005) can, in combination with stressful events or situations, result in an exacerbation of symptoms of a mental disorder. This can lead to a mental health crisis, exacerbated substance use, or disruptive or aggressive behaviour (Bonta et al., 1998; Brady & Sinha, 2005; Latkin & Curry, 2003; Lincoln, Peter, Schafer, & Moritz, 2009). Based on a meta-analysis of predictors for recidivism in PMIO, Bonta et al. (1998) argue that positive psychotic symptoms such as hallucinations and delusions can probably predict criminal behaviour in immediate situations, but not in the long term.
Indeed, the mental illness-crime nexus seems rather mediated by difficulties experienced by persons with mental illness on other life domains, which are largely similar to the general population of persons who offended. These life domains include poverty, unemployment, unequal educational opportunities, social isolation, homelessness or housing in neighbourhoods characterized by social disadvantage, social disorganization, weak informal social control mechanisms, and a high police presence due to prevailing crime (Bonta, Blais, & Wilson, 2014; Bonta et al., 1998; Draine, Salzer, Culhane, & Hadley, 2002; Logdberg, Nilsson, Levander, & Levander, 2004; Lurigio, 2011; Morgan et al., 2008; Swanson et al., 2002), and especially co-morbid personality disorders (or patterns) and/or substance use (Brink et al., 2001; Lurigio, 2011; Moran et al., 2003; Morgan et al., 2013; O'Driscoll, Larney, Indig, & Basson, 2012; Stevens et al., 2015). A US study of Wilson, Draine, Hadley, Metraux, and Evans (2011) showed that people with dual diagnosis were more often readmitted to jail during the first four years after release than people without any diagnosis, people with a diagnosis of serious mental illness and people with a diagnosis of substance use disorder.[13] An Australian study of O'Driscoll et al. (2012) found that anxiety disorders, mood disorders, or psychotic symptoms did not increase re-offending while having a (co-morbid) personality disorder and/or substance use disorder did increase re-offending.

Many scholars point to the influence of (local) social, mental health and criminal justice practices and policies on the high number of PMIO in the criminal justice system (Bloom, 2010;

[13] About half (54%) of the group of people with a diagnosis of serious mental illness had at least one jail readmission during the first four years after release, 60% of people without any diagnosis, 66% of people with a diagnosis of substance use disorder, and 68% of people with dual diagnosis. All of the statistically significant differences between these four groups involve people using substances (Wilson et al., 2011).

Crocker et al., 2015; Draine et al., 2002; Fellner, 2006; Glied & Frank, 2009; Livingston, 2016; Lurigio, 2011). For example, the deinstitutionalization movement has often been associated with a criminalization process of persons with mental illness. Bloom (2010, p. 728) refers to the deinstitutionalization movement as *"a conceptual success but an actual failure"*, caused by a lack of funding for the necessary accompanying expansion of outpatient community-based mental health care (Bloom, 2010; Livingston, 2016). Community-based facilities are also often characterized by a lower accessibility and availability for persons with the most serious mental health problems, when compared to persons with less serious mental health problems (Bloom, 2010; Fellner, 2006; Glied & Frank, 2009).

This development in mental health care, whereby more people with mental illness are present in the community without the necessary care, in combination with the emergence of more repressive criminal justice policies, such as the war on drugs, contributed unintendedly to a higher prevalence of persons with mental illness in the criminal justice system (Fellner, 2006; Lurigio, 2011). Due to the high co-morbidity of substance use disorders, PMIO frequently enter the criminal justice system due to drug-related offences, including the mere possession of illegal substances (Fellner, 2006; Lurigio, 2011). When police officers are confronted with maladaptive behaviour or minor offences of persons with mental illness in the community, they can be more inclined to refer these persons to the criminal justice system than to the mental health system due, amongst others, a lack of training regarding mental illness for police officers, a poor cooperation between law enforcement agencies and the mental health system, long waiting periods in psychiatric emergency rooms, and local laws (Lamb et al., 2004; Lamberti & Weisman, 2004; Livingston, 2016). Over time, PMIO can develop an accumulating criminal record for minor offenses, and the continued repressive reaction of the criminal justice system pushes these persons further and further through the criminal justice system (Fellner, 2006; Lamb & Weinberger, 2005; Lamberti & Weisman, 2004; Louden, Skeem, Camp, & Christensen, 2008; Lurigio, 2011).

Regardless of offence type, rehabilitation services in prisons, jails and the community, including mental health care services, often lack resources and are not tailored to the needs of PMIO (Fellner, 2006; Lamb et al., 2004; Lamberti & Weisman, 2004; Lurigio, 2011; Salize & Dressing, 2009), and PMIO often experiences difficulties to access community-based services (Baillargeon, Binswanger, Penn, Williams, & Murray, 2009; Lamberti & Weisman, 2004). This results in unmet needs regarding mental health and several other life domains (Lurigio, 2011). These unmet needs can result in technical violations of parole or probations conditions and/or, although to a much lesser extent, to reoffending –especially when co-morbid substance use is present–, and can induce PMIO ending up in a 'revolving prison door' (Baillargeon et al., 2009; Canada & Hiday, 2014; Cloyes et al., 2010; O'Driscoll et al., 2012; Skeem et al., 2007; Wilson et al., 2011). For instance, Cloyes et al. (2010) found that in 85% of the cases, PMIO returned to prison after release to parole due to technical violations. Only in 15% of the cases the parole revocation was caused by committing new offences.

1.3.Therapeutic jurisprudence as overarching framework

Therapeutic jurisprudence originally developed in the context of mental health law and evolved to a broad mental health approach to the law in general (Wexler, 2010). Therapeutic

jurisprudence is often applied to problem solving courts, but is applicable to court-mandated treatment in general due to its broad scope (Wexler, 2014a; Winick, 2003). Court-mandated treatment can thus be comprehended as an application of the overarching framework of therapeutic jurisprudence since the former's purpose corresponds to the latter's philosophy (Barrenger, Draine, Angell, & Herman, 2017; Winick & Wexler, 2015), Therapeutic jurisprudence is defined as *"a field of inquiry that studies the law's impact on psychological well-being"* (Wexler, 2013, p. 907) and analyses the therapeutic and (unintended) anti-therapeutic[14] outcomes of the legal system –which consists of existing laws or legal rules, legal procedures and processes, and legal actors[15]–, for the people involved. Therapeutic jurisprudence has a law reform agenda and aims to reshape law and legal processes by promoting the use of therapeutic practices and discourages the use of anti-therapeutic practices. Therapeutic jurisprudence employs an interdisciplinary approach whereby insights of the behavioural and social sciences, such as psychology, criminology, and social work, are used to humanize legal practices and to improve psychological functioning and emotional well-being in the persons involved (i.e. care) (Gal & Wexler, 2015; Ronel & Segev, 2014; Wexler, 2013; Winick & Wexler, 2015). For instance, insights from the behavioural sciences can be used to shape the programmes offered in correctional and community settings or the content of probation or parole conditions. Legal actors, such as (parole board) judges or probation officer, can also become familiar with insights from the behavioural sciences and put these into practice during hearings and meetings within the legal process (Wexler, 2010). The interdisciplinary approach of therapeutic jurisprudence is important since therapeutic jurisprudence scholarship itself does not offer a theoretical framework to explain the underlying mechanisms regarding how and why legal systems can promote therapeutic outcomes. Therapeutic jurisprudence is rather an approach or a set of organizing principles (Ashford & Holschuh, 2006; McIvor, 2009).

In therapeutic jurisprudence scholarship a metaphor is used to refer to the three constituting components (Wexler, 2014a, p. 464). The governing legal rules and legal procedures (or legal landscape) are referred to as *"bottles"*, the practices and techniques of legal actors are referred to as *"liquid"* or *"wine"*, and the many subdomains of the behavioural and social sciences are referred to as *"vineyards"*. Therapeutic jurisprudence advocates a maximum use of therapeutic *liquid* and, within due process and justice limits, law reforms that maximize the amount of therapeutic jurisprudence friendly *bottles* in the legal system (Wexler, 2014a, 2014b).[16] In

[14] Although counter-therapeutic could be a better term, the term 'anti-therapeutic' is adopted here since this is the term used in therapeutic jurisprudence literature.

[15] Legal actors are professionals operating in a legal context such as lawyers and judges (Wexler, 2014a).

[16] An example of a therapeutic jurisprudence friendly landscape is for instance referring a sentenced person to one judge of a conditional release board at the moment of incarceration. This allows the incarcerated person and the judge to develop a one-to-one relationship and increases the motivational influence of the judge. The judge can monitor the course of the incarceration and (verbally) reward progress of the incarcerated person and/or grant conditional release after a certain amount of the sentence has been served if the incarcerated person has a beneficial behavioural record. Hereby the judge thus should possess limited discretional power to decide on conditional release. An example of a therapeutic jurisprudence unfriendly landscape is deciding on the length of an incarceration and on the length and conditions of a subsequent probation period at the moment of the verdict in the criminal case. This bottle excludes legal incentives or encouragement for positive changes in the sentenced person and the conditions are based upon past behaviour (Wexler, 2014a). Liquids consistent with therapeutic jurisprudence are, amongst others, a rather informal than formal court setting, interactions characterized by colloquial language rather than legalese, employing a team-based approach rather than an adversarial approach to

essence, therapeutic jurisprudence principles are *"judging with an ethic of care and with insights gleaned from psychology, criminology and social work"*. Since therapeutic *liquids* can be easy applied to court-mandated treatment programs such as problem-solving courts, they receive most attention in the literature. However, in order to develop an overall legal system corresponding to the philosophy of therapeutic jurisprudence, developing therapeutic jurisprudence friendly *bottles* is of equal importance. These bottles should facilitate the use of therapeutic *liquids*. The legal system should not only be infused with an ethic of care, but should act as therapeutic agent itself (Wexler, 2014a, p. 463).

Therapeutic jurisprudence also aligns with strength-based approaches given their common focus on promoting therapeutic outcomes and wellbeing in persons who offended and on applying and implementing problem-solving and future-oriented practices, as opposed to merely putting an end to criminal behaviour and applying punitive and past-oriented practices. They measure *"the success of reactions to crime according to the societal and personal benefits they deliver, rather than by merely the level of "just desert" they convey"* (Gal & Wexler, 2015, p. 8).

1.4.Court-mandated treatment programs have potential but do not deliver miracles

Court-mandated treatment programs for PMIO aim at reducing recidivism and improving mental health outcomes in PMIO by referring them to judicially supervised (mental health) treatment and services instead of imposing traditional criminal justice responses, such as prison or jail sentences (Landess & Holoyda, 2017). Over the years, court-mandated treatment programs have rapidly grown in number, their popularity and rapid proliferation has however outpaced research on their overall effectiveness (Honegger, 2015; Scott et al., 2013; Steadman et al., 1999). In order to determine if these programs attain their goals, some review studies regarding the effectiveness of court-mandated treatment programs with respect to criminal justice and mental health outcomes in PMIO are consulted and discussed.

The consulted review studies assess a plethora of court-mandated treatment programs for PMIO; namely mental health courts (with and without assertive community treatment) (Honegger, 2015; Martin et al., 2012; Sarteschi et al., 2011; Scott et al., 2013), drug treatment courts (Belenko, 2001; Brown, 2010; Mitchell, Wilson, Eggers, & MacKenzie, 2012; Shaffer, 2011; Wittouck et al., 2013), secure forensic psychiatric services or compulsory hospital care (Fazel et al., 2016; Martin et al., 2012; Morgan et al., 2012; Scott et al., 2013), community jail

decision making, tailoring decisions to the needs and circumstance of the persons involved in the procedure, and attitudes and motivations for sanctions are driven by therapeutic and rehabilitative goals rather than punitive reactions to noncompliant behaviour. More specifically they can contain condemning the act rather than the actor, discussing appropriate probation or parole conditions with the person who offended, referring the person who offended to community (treatment) services and collaborating with these services, encouraging family members or significant others to be present at a hearing or meeting, holding follow-up meetings to monitor compliance with the conditions, making positive remarks regarding compliance and progress, focusing on the future instead of the past, searching for strengths to be used as building blocks during the process, and providing reasons with decisions. Other principles of therapeutic jurisprudence are providing information regarding the diversion strategies and programs, persuade or induce people to voluntarily compliance instead of pressuring or coercing them, and treat people in a procedurally just manner (Fay-Ramirez, 2015; Redlich & Han, 2014; Wexler, 2014a; Winick, 2003).

diversion programs (Martin et al., 2012; Scott et al., 2013; Steadman, Morris, & Dennis, 1995; Steadman & Naples, 2005), treatment services for PMIO in jail or prison (Martin et al., 2012; Morgan et al., 2012), treatments for persons who committed sex offences (Kim, Benekos, & Merlo, 2016).

These review studies conclude that court-mandated treatment programs for PMIO are *promising* with respect to reducing *re-involvement with the criminal justice system* (Belenko, 2001; Brown, 2010; Fazel et al., 2016; Honegger, 2015; Kim et al., 2016; Lamb, Weinberger, & Reston-Parham, 1996; Martin et al., 2012; Mitchell et al., 2012; Sarteschi et al., 2011; Shaffer, 2011; Steadman et al., 1999; Steadman & Naples, 2005). When compared to the comparison groups, including treatment without court monitoring (Lamb et al., 1996; Martin et al., 2012), participants referred to court-mandated treatment are less frequently re-arrested (Lamb et al., 1996; Martin et al., 2012), have lower reoffending rates (Fazel et al., 2016; Kim et al., 2016), are less often referred to jail (Steadman et al., 1999), spend less time in jail (Martin et al., 2012; Steadman & Naples, 2005), exhibit less physical violence (Lamb et al., 1996; Martin et al., 2012), and have a prolonged time to re-involvement with the criminal justice system (Martin et al., 2012). Nonetheless, Martin et al. (2012) found that breaches of release conditions were more common among court-mandated treatment participants.

These studies also conclude that court-mandated treatment programs for PMIO are *potentially* effective in improving *mental health outcomes* (Belenko, 2001; Brown, 2010; Honegger, 2015; Martin et al., 2012; Sarteschi et al., 2011; Scott et al., 2013; Steadman et al., 1999; Steadman & Naples, 2005; Wittouck et al., 2013). Court-mandated treatment programs are able to identifying PMIO in in the criminal justice system (Scott et al., 2013), and participation in Court-mandated treatment programs is associated with facilitated access to mental health treatment (Honegger, 2015; Sarteschi et al., 2011; Scott et al., 2013; Steadman et al., 1999; Steadman & Naples, 2005), better global functioning (Honegger, 2015; Martin et al., 2012; Sarteschi et al., 2011), fewer psychiatric symptoms (Honegger, 2015; Martin et al., 2012; Sarteschi et al., 2011), less substance use (Belenko, 2001; Brown, 2010; Wittouck et al., 2013), less psychiatric hospitalizations (Lamb et al., 1996), and less inpatient treatment days. (Honegger, 2015; Sarteschi et al., 2011). However, Mitchell et al. (2012) report a non-significant decline in substance use. And Fazel et al. (2016) found high mortality rates, including high suicide rates, among patients discharged from secure forensic psychiatric hospitals were high, which the authors relate to the presence and (social) consequences of mental illness rather than to the specific aspects of the forensic setting. In addition, the higher the rate of mental illness (as opposed to severe personality disorder)[17] among these patients, the higher their readmission rate in a general or forensic hospital. In addition, studies with negative mental health effects had also smaller criminal justice effects (compared to studies with no or positive mental health effects) (Martin et al., 2012).

Some of the review studies address *psychosocial life domains* and reported beneficial outcomes of court-mandated treatment programs for PMIO on Quality of Life (Honegger, 2015; Sarteschi et al., 2011) and homelessness (Lamb et al., 1996). Court-mandated treatment is thus also

[17] Rate of mental illness and psychopathic disorder (which equates to severe personality disorder) was determined according to the legal classification of the patient according to the English and Welsh Mental Health Act 1983. In 2007 the legal classification of psychopathic disorder was removed from the updated version of this Act (Fazel et al., 2016).

potentially effective in improving psychosocial life domains if specific interventions targeting these life domains are provided (Wittouck et al., 2013).

To conclude, these review findings show that court-mandated treatment is *potentially* a means to improve psychosocial functioning and reduce recidivism of PMIO (Belenko, 2001; Brown, 2010; Fazel et al., 2016; Honegger, 2015; Kim et al., 2016; Lamb et al., 1996; Martin et al., 2012; Mitchell et al., 2012; Morgan et al., 2012; Sarteschi et al., 2011; Shaffer, 2011; Steadman et al., 1999; Steadman & Naples, 2005; Wittouck et al., 2013). Martin et al. (2012) found that the type of court-mandated treatment program did not moderate the criminal justice outcomes.[18] Nevertheless, Honegger (2015, p. 484) also concludes that *"limitations and challenges of mental health courts research prevent these problem-solving courts from rising to the level of an evidence-based practice"*. Based on the review findings described above, this conclusion can be generalized to overall court-mandated treatment programs. Next, the effectiveness of court-mandated treatment for PMIO is dependent on structural factors, for instance characteristics of the services provided in terms of availability, quality and appropriateness. Indeed, beneficial outcomes related to mental health, psychosocial life domains, and recidivism can, only be expected if these are actually addressed during court-mandated treatment (Scott et al., 2013; Wittouck et al., 2013). There is also some evidence that (quasi-)coercive aspects of court-mandated treatment for PMIO have additional benefits above voluntary treatment for PMIO (Lamb et al., 1996; Martin et al., 2012). In addition, residential court-mandated treatment for PMIO should provide well organized coordinated follow-up services to reduce mortality and readmission rates (Fazel et al., 2016). Especially since court-mandated treatment programs characterized by community treatment[19] or a combination between institutional and community treatment[20] show beneficial results (Kim et al., 2016, p. 114; Martin et al., 2012).
However, additional research with empirical studies of high quality and long-term longitudinal (experimental) designs is highly necessary[21] (Fazel et al., 2016; Honegger, 2015; Kim et al., 2016; Martin et al., 2012; Sarteschi et al., 2011; Scott et al., 2013), especially since the rapid expansion of court-mandated treatment programs (Honegger, 2015; Scott et al., 2013; Steadman et al., 1999). Given the variation in court-mandated treatment programs (Honegger, 2015; Scott et al., 2013), aspects related to their content and processes should be more precisely described in empirical studies to attain a better understanding of how these programs work (Honegger, 2015; Martin et al., 2012; Polaschek, in press). Although this is increasingly the case (Honegger, 2015), more research attention should be dedicated to the effectiveness of court-mandated treatment programs regarding other outcomes than recidivism including comprehensive mental health outcomes and outcomes desired by PMIO themselves (Fazel et al., 2016; Honegger, 2015; Livingston, 2018; Martin et al., 2012; Sarteschi et al., 2011;

[18] This moderator analyses could not be performed for mental health outcomes due to a too small amount of studies (Martin et al., 2012).
[19] Compared to institutional treatment (Kim et al., 2016).
[20] Compared to only community components (Martin et al., 2012).
[21] Randomized controlled trails are difficult to conduct due to ethical reasons, local policies and (subjective) safety issues (Honegger, 2015; Steadman et al., 1999).

Steadman et al., 1999; Wittouck et al., 2013).[22] For instance, in the reviews of Honegger (2015), Martin et al. (2012) and Sarteschi et al. (2011) the majority of all included studies investigated a criminal justice outcome, and only about half of the included studies investigated a mental health outcome. This exclusive focus of outcomes studies regarding court-mandated treatment programs for PMIO on recidivism outcomes makes understanding how these programs work difficult. Many scholars already pointed out that more research initiatives should focus on elucidating the latter question by, amongst others, also focusing on positive outcomes, direct behavioural outcomes, and interrelations between clinical and recidivism outcomes (Honegger, 2015; Martin et al., 2012; Polaschek, in press; Sarteschi et al., 2011). In short, a strengths-based perspective should be applied to evaluation studies of court-mandated treatment programs (Livingston, 2018; Rapp, Saleebey, & Sullivan, 2005).

1.5.Conclusion

Persons with mental illness who offended (PMIO) are highly prevalent in the criminal justice system (Brooker et al., 2012; Fazel & Seewald, 2012) due to an interaction of individual and contextual-societal factors and processes (Brink et al., 2001; Skeem et al., 2011). PMIO are often subjected to court-mandated treatment to address their mental health (and related) issues in order to avoid future criminal involvement (Crocker et al., 2017; WHO, 2005), corresponding to the therapeutic jurisprudence philosophy (Barrenger et al., 2017; Winick & Wexler, 2015).

PMIO (Barnao et al., 2010; Cloyes et al., 2010; Göbbels et al., 2016; Lurigio, 2011) as well as legal frameworks and court-mandated treatment programs for PMIO (Crocker et al., 2017; Scott et al., 2013) are characterized by heterogeneity. Composing a specific profile of PMIO and court-mandated treatment for PMIO is thus extremely difficult. For instance, Blackburn (2004) summarizes the profile of PMIO very generally as a heterogeneous group with multiple disabilities of which the majority are men (Blackburn, 2004). Therefore, this heterogeneity was explicitly taking into account in this dissertation by using a comprehensive definition of both mental illness, PMIO and court-mandated treatment for PMIO. 'Mental illness' is used throughout the present dissertation to refer to mental disorders which are reported in the DSM-5 (APA, 2014), thus comprising clinical disorders –including substance use disorders[23]–, personality disorders and developmental disorders, unless specifically stated otherwise. Following Bonta et al. (1998) and Lund et al. (2012), 'PMIO' refers to persons with a diagnosis of mental illness who are adjudicated to court-mandated treatment following offending behaviour, regardless of legal framework or designation used. Hereby addressing difficulties related to the formal recognition of mental illness by the criminal justice system (Birmingham et al., 2000; Blackburn, 1993, 2004; Ogloff, 2002; Shaw et al., 2003; Vander Laenen et al., 2011). This comprehensive understanding of PMIO thus covers a heterogeneous population composed of *"mentally disordered offenders"* as well as *"mentally disordered accused"*

[22] Such as symptoms of mental illness, linkage and participation in mental health and substance use services, employment, community adjustment and quality of life (Fazel et al., 2016; Honegger, 2015; Livingston, 2018; Martin et al., 2012; Sarteschi et al., 2011; Steadman et al., 1999; Wittouck et al., 2013).

[23] Substance use disorders are often viewed separately from serious mental illness (such as schizophrenia, bipolar disorder and major depression) in criminal justice and mental health research and practice (Lurigio, 2011).

(Livingston, 2016, p. 210), and can include defendants with mental illness, persons found unfit to stand trial, persons deemed not guilty by reason of insanity, persons found guilty but mentally ill, persons with mental illness under the supervision of parole or probation services, problem-solving or solution-focused court participants, and prisoners with mental illness. 'Court-mandated treatment' can refer to any type of court-mandated treatment program for PMIO, as there is preliminary evidence that the type of these programs does not moderate (recidivism) outcomes (Martin et al., 2012) and the results of the above discussed review studies are more or less similar across the different types of court-mandated treatment programs. Taking this heterogeneity explicitly into account in this dissertation also fits with its focus. After all, instead of focusing on specific characteristics of persons or programs, the present dissertation focuses on the interaction between PMIO and power holders during court-mandated treatment on an overarching level.

Although court-mandated treatment is often imposed to PMIO, the underlying processes of how court-mandated treatment yields beneficial outcomes remain largely unknown (Honegger, 2015; Martin et al., 2012; Polaschek, in press; Sarteschi et al., 2011; Wolff, 2018). Research studies on the viewpoint of PMIO themselves and what they regard as important is particularly scare, despite the importance of this lived-experienced or real life evidence for the development of relevant and effective practice and policy (Carlin et al., 2005; Coffey, 2006; Livingston, 2018). Indeed, patient experience is considered as one type of evidence, next to research, clinical experience, and local context information. A fusion of a subjective, insider approach to care with a scientific, outsider approach to care is recommended (Rycroft-Malone et al., 2004; WHO, 2018). Focusing on the interaction between PMIO and power holders during court-mandated treatment, from the perspective of PMIO themselves, is thus one potential fruitful area to elucidate 'the black box' of court-mandated treatment for PMIO (Coffey, 2006; Livingston, 2018; Simpson & Penney, 2018). In order to develop relevant and effective research, practice and policy in the context of court-mandated treatment for PMIO it is however first necessary to understand recovery and desistance processes of PMIO and the human and social factors that influence these processes (see McNeill, 2006). These aspects will be addressed in the following chapter.

Chapter two

The relational nature of recovery and desistance

In order to formulate policy and practice recommendations regarding court-mandated treatment programs or regarding promoting desistance and recovery, it is essential to understand the process of how people change and the factors that influence this process (McNeill, 2006). Using a critical review (see introduction), this chapter therefore elaborates on the nature of recovery and desistance processes in general after providing a concise introduction on the development and core principles of the strengths-based perspective where contemporary recovery and desistance paradigms are embedded in. Next, the topics discussed regarding recovery and desistance processes in general are applied to the population of persons with mental illness who offended (PMIO). In the final section of this chapter, specific attention is given to issues related to the development and maintenance of the working alliance in the context of court-mandated treatment for PMIO.

2.1. The emergence of the strengths-based paradigm in the social sciences

The strengths-based perspective or movement emerged alongside (economically motivated) mental health (law) reforms, such as the implementation of community mental health centres and the deinstitutionalization movement (see chapter 1), advances in medical-psychiatric treatment possibilities, and the emergence of the legal and patient rights community (Bloom, 2010; Rapp & Sullivan, 2014). Overall, the strength-based perspective, developed as a reaction to or an alternative for the traditional (bio-)medical model with its emphasis on deficits, (pharmacological) treatment, cure and alleviation of symptoms, and exclusion from the community and its more paternalistic relationship between service providers and service users (Laugharne & Priebe, 2006; Rapp et al., 2005; Rapp & Sullivan, 2014; Saleebey, 1996; Staudt, Howard, & Drake, 2001).[24] Central to the strengths-based perspective is, amongst others, recognizing power dynamics, which are (overtly and covertly) present in relationships between service providers and service users in the helping professions (Burnett & McNeill, 2005; Cutcliffe & Happell, 2009; Harper & Speed, 2017; Weick et al., 1989), and developing equality between service users and service providers by focusing on strengths, capabilities, empowerment, quality of life, community inclusion, and service user participation in decision making processes (Francis, 2014; Rapp et al., 2005; Rapp & Sullivan, 2014; Vander Laenen & Vander Beken, 2017).

After the strengths-based perspective received criticism for not being adequately operationalized and thus difficult to compare, implement and assess (see Staudt et al., 2001),

[24] Saleebey (1997, p. 5-8) summarizes the characteristics of a deficits-based approach as follows: *"1) the person is the problem or pathology named; 2), distance, power in equality, control, and manipulation often mark the relationship between helper and helped; 3) problem-based assessments encourage individualistic rather than ecological accounts of clients' problems, 4) the focus on what is wrong often reveals an egregious cynicism about the ability of individuals to cope with life or to rehabilitate themselves; 5) the supposition of disease assumes a cause for the disorder, and, thus, a solution"* (see Staudt et al., 2001).

an ongoing process of the conceptual and practical development of the strengths-based perspective has been started to respond to this shortcoming. The following six fundamental principles have been tentatively identified: people with mental illness (and other issues) can learn, grow and change, the focus is on individual (and contextual) strengths rather than on deficits, the community is viewed as an oasis of (natural) resources, the client is the director of the helping process and defines its (personally meaningful) goals, the relationship between the recipient and the professional is primary and essential, and the primary setting for strengths-based practice is the community or the natural environment of the recipient instead of the office (Rapp et al., 2005; Rapp & Sullivan, 2014; Staudt et al., 2001). Working from a strengths-based perspective should not be simplified or reduced to having solely attention for strengths while ignoring difficulties, challenges or risks (Saleebey, 1996). As Saleebey (1996, p. 297) articulates, *"Practicing from a strengths perspective does not require social workers to ignore the real troubles that dog individuals and groups. … in the lexicon of strengths, it is as wrong to deny the possible as it is to deny the problem."*. Nor should working from a strengths-based perspective be simplified or reduced to being nice to recipients or adding a few lines on strengths in deficit-focused model. In a truly strengths-based model, professionals' values, attitudes and behaviour should align with the fundamental strengths-based principles (Rapp et al., 2005; Rapp & Sullivan, 2014), working as a professional according to the strengths-based should be a real lived experience. A participant in a study on mental health courts narrates: *"if somebody does not believe in you, they cannot help you"* (Canada & Watson, 2013).

Although the strengths-based perspective originated in social work, and expanded from there to the broad field of the helping professions, it also found its way into other disciplines such as criminology. Both the recovery and the desistance paradigm are considered strengths-based perspectives given their focus on strengths, capabilities, empowerment, participation and inclusion (Aga et al., 2017; Maruna & LeBel, 2003; Ronel & Segev, 2014; Vandevelde et al., 2017).[25]

2.2. Recovery and desistance

Despite profound empirical and theoretical efforts to define and elucidate recovery and desistance, there is no *full* consensus regarding the nature of these processes. At times these processes are used interchangeably and understandings of these processes can differ significantly between professionals and service users (Aga et al., 2017; Collins & Crowe, 2017; Livingston, 2018; Van Roeyen, Anderson, Vanderplasschen, Colman, & Vander Laenen, 2017; Weaver, 2012).

Nonetheless, there is currently *considerable* consensus that both recovery and desistance are gradual, dynamic and complex transformation or change *processes*, as opposed to an event such as no longer exhibiting clinical symptoms or criminal behaviour. During these change

[25] Examples of models within these paradigms are respectively the 'CHIME-recovery framework' that considers recovery as both a personal and relational process that consists of developing and realizing Connectedness, Hope and optimism about the future, Identity, Meaning in Life and Empowerment (Leamy, Bird, Le Boutillier, Williams, & Slade, 2011) and the 'Good Lives Model of offender rehabilitation' that focuses on fostering offenders' personal goals of persons who offended while at the same time reducing their risk for reoffending by providing the necessary internal and external conditions to attain these personal goals (Ward, Mann, & Gannon, 2007).

processes, persons –who are respectively diagnosed with mental illness or have offended or both– change their identity and/or life style (i.e. attitudes, values, feelings, goals, skills or roles), and consequently commit to a new way of living by respectively growing beyond the mental illness or ceasing offending (Anthony, 1993; Colman & Vander Laenen, 2017; Göbbels et al., 2016; Maruna, 2001; Slade, Amering, & Oades, 2008). The pivot of both processes is an idiosyncratic reconstruction, adjustment or change of identity and/or acquirement of new adaptive and prosocial skills prompted by agency (Anthony, 1993; Colman & Vander Laenen, 2012, 2017; Maruna, 2001). It has also been recognized that a formal intervention, be it mental health treatment or a criminal justice intervention, is not fundamentally necessary to initiate, maintain and sustain recovery and/or desistance (Leamy et al., 2011; McNeill, 2006), although a formal intervention *can* be a hook for change (i.e. external motivation) when thus recognized by the individual and accompanied by an openness to change (i.e. internal motivation) (Colman & Vander Laenen, 2012; van der Stel, 2015).
Next to these similarities, recovery and desistance are also characterized by significant differences related to their origin and purpose. The concept of recovery originated within a mental health tradition and traditionally aims more obviously at personally desired outcomes, while desistance originated within a criminological tradition and clearly contains more socially desired outcomes (Best, Irving, & Albertson, 2016; Colman & Vander Laenen, 2017; Van Roeyen et al., 2017). Given these similarities and differences, it has recently been argued that both paradigms offer valuable lessons for each other (Best et al., 2016; Van Roeyen et al., 2017).

In both the recovery and the desistance literature different terms are being used to refer to different aspects of both processes.
In the recovery literature, the terms 'clinical recovery' (Slade et al., 2008) or 'service-based recovery' (Schrank & Slade, 2007) refer to the reduction or removal of symptoms of mental illness, or symptom remission, accompanied by functional improvement.[26] Here, recovery is a clinically or professionally desired goal or event, and is regarded as invariant across individuals (Slade et al., 2008; van der Stel, 2015). Slade et al. (2008) use the recovery definition of William A. Anthony to differentiate clinical recovery from 'personal recovery', whereby the latter is "*a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness*" (Anthony, 1993, p. 527). Personal recovery is thus a process rather than an event, it is about being *in* recovery rather than having recovered *from* (Davidson, Schmutte, Dinzeo, & Andres-Hyman, 2008), and is defined and experienced by the individual in recovery rather than by a professional (Slade et al., 2008).
Similar distinctive terms can be found in the desistance literature. 'Primary desistance' (Maruna, LeBel, Mitchell, & Naples, 2004), 'act desistance' (Nugent & Schinkel, 2016), and 'legal desistance' (Van Roeyen, 2018) focus on *"desistance **from** something"* (Nugent & Schinkel, 2016; Van Roeyen, 2018, p. 179), namely criminal behaviour. These terms thus refer

[26] Functional improvement is sometimes referred to as 'functional recovery' since it can occur separately from clinical recovery (van der Stel, 2015)

to reducing offending or refraining from offending or *"go straight"* (Nugent & Schinkel, 2016, p. 580), whereby the socially desired goal or event is desistance in itself (Nugent & Schinkel, 2016; Van Roeyen, 2018). 'Secondary desistance' (Maruna et al., 2004), 'identity desistance' (Nugent & Schinkel, 2016) and 'personal desistance' (Van Roeyen, 2018) focus on *"desistance **into** something"* (Van Roeyen, 2018, p. 179). The focus is on establishing a new identity or developing a different personally desired prosocial life, or *"go somewhere new"* (Nugent & Schinkel, 2016, p. 580; Van Roeyen, 2018). Here, desistance is rather considered an ongoing process with an undefined goal (Van Roeyen, 2018).

2.3. The relational nature of recovery and desistance

Consistent with theoretical perspectives on the interaction between agency and structure (see Sewell, 1992), recovery and desistance processes are influenced by an interplay of individual, as well as contextual and structural factors and processes (Anthony, 2000; Corrigan, 2004; Farrall, Sharpe, Hunter, & Calverley, 2011; Ward, Day, Howells, & Birgden, 2004). Individual factors and processes refer to personal characteristics and choices, such as personality characteristics, coping strategies and agency. Social institutions and social agents or actors can be regarded as contextual factors and processes. These factors and processes can refer to a person's more immediate surroundings, such as a social network or employers, and to more remote social institutions such as the criminal justice system and probation officers or judges or the mental health system and its staff. Structural factors and processes consist of political, economic, social and cultural factors –such as norms and values– in the wider society (Kurtovic & Rovira, 2017). Contemporary understandings of recovery and desistance recognize that both processes are inherently relational or social in nature (Drennan & Alred, 2012a; Farrall et al., 2014; Mezzina et al., 2006; Price-Robertson et al., 2017; Weaver, 2013) and are fuelled by interpersonal relationships, the recognition (of change) by others and social inclusion (Drennan & Alred, 2012a; Nugent & Schinkel, 2016; Tew et al., 2012).

In the recovery literature, the terms 'social recovery' (Tew et al., 2012) or 'relational recovery' (Price-Robertson et al., 2017) incorporate the role of social factors in enabling recovery. Examples of such social factors are social (re)engagement, social (peer) relationships and support, and social inclusion (which includes both reclaiming valued social roles in society and a sense of belonging, for instance through employment). In order to enable people to connect with their social world, it is important to empower people, create accepting and enabling social environments, and address and reduce discrimination and stigma (Tew et al., 2012). In the desistance literature, 'tertiary desistance' (McNeill, 2016) and 'relational desistance' (Nugent & Schinkel, 2016) refer to the recognition by others that one has changed and the development of a sense of belonging. These desistance aspects are considered necessary for long-term change (Nugent & Schinkel, 2016). Indeed, desistance occurs in and through social contexts (McNeill, 2006). Consistent with the strengths-based perspective (Rapp et al., 2005; Rapp & Sullivan, 2014; Saleebey, 1996; Weick et al., 1989), it has therefore been argued that approaches to recovery and desistance focusing exclusively on the individual are too narrow in scope. Human capital as well as social capital, and their interaction, are indispensable in initiating, maintaining and sustaining recovery and desistance processes, as people are embedded in their social

environment (Burnett & McNeill, 2005; McNeill, 2006; Price-Robertson et al., 2017; Tew et al., 2012; Weaver, 2011, 2013).

2.4. Recovery, desistance, and PMIO

2.4.1. Additional barriers to recovery and desistance

Recovery and desistance have been mostly studied in respectively general populations of persons with mental illness and general populations of persons who offended, and to a far less extent in particular populations of persons who offended or particular populations of persons with mental illness, such as PMIO (Aga et al., 2017; Colman & Vander Laenen, 2017; Göbbels et al., 2016; Van Roeyen et al., 2017). The case of PMIO is particularly interesting in respect to recovery and desistance since both recovery and desistance processes are present as distinct but related and most likely intertwined processes with an equal importance (Colman & Vander Laenen, 2017). For instance, recovery is considered as central to desistance in PMIO (Göbbels et al., 2016), and persons whose drug misuse resulted in offending experience recovery as preceding desistance (Colman & Vander Laenen, 2012, 2017).
Barnao et al. (2010) and Göbbels et al. (2016) argue that the desistance and recovery process of PMIO can be (even more) complicated by additional difficulties. As previously described, these difficulties can be situated on the individual, contextual and structural level, which are all interrelated. For example, on the individual level experiencing traumatic life events (Sanchez, Zaragoza, Fearn, & Vaughn, 2017; Simpson & Penney, 2011), low (treatment) motivation and readiness (Vandevelde et al., 2005) and feelings of hopelessness (Hillbrand & Young, 2008) can hinder recovery and desistance processes. On the contextual and structural level these processes can be hindered by, amongst others, a lack of informal social control (e.g. employment or family) and an excess of formal social control (e.g. hospitalization or (community) treatment orders) (Aga et al., 2017; Fisher, Silver, & Wolff, 2006); and discrimination, stigmatization and social exclusion (Hartwell, 2004; Simpson & Penney, 2011) and punitive drug and social policies (van Olphen, Eliason, Freudenberg, & Barnes, 2009) respectively.

2.4.2. Strengths-based models for persons with mental illness who offended

Although to date little is known about recovery and desistance in PMIO (Aga et al., 2017; Colman & Vander Laenen, 2017; Göbbels et al., 2016; Van Roeyen et al., 2017; Vandevelde et al., 2017), some first steps have been taken to apply both the recovery as the desistance paradigm to the specific case of PMIO. This will be briefly and non-exhaustively discussed in this section of the chapter.

Power and (quasi-)coercion are a main feature of court-mandated treatment programs. Hence, applying the recovery paradigm, with its focus on autonomy, empowerment, participation, and connectedness, to these strategies and programs is particularly challenging (Barnao et al., 2010; Henagulph, McIvor, & Clarke, 2012; Simpson & Penney, 2011; Vandevelde et al., 2017). Drennan and Alred (2012a) adjusted recovery principles for implementation in forensic

psychiatric services. 'Secure recovery' *"acknowledges the challenges of recovery from mental illness and emotional difficulties that can lead to offending behaviour. It recognizes that the careful management of risk is a necessary part of recovery … but this can happen alongside working towards the restoration of a meaningful, safe, and satisfying life."* (Drennan & Alred, 2012a, p. x) Secure recovery recognizes that attaining 'general' recovery tasks or domains, such as connectedness, hope, identity, meaning in life and empowerment (Leamy et al., 2011), can be compromised due to the circumstances of PMIO and their complex needs, and that they can be confronted with additional recovery tasks. The additional recovery tasks for PMIO are related to their offence and the consequences of their offending, including the judicial measures and the associated conditions such as (quasi-)compulsory treatment and judicial supervision (Simpson & Penney, 2011, 2018). Drennan and Alred (2012b, p. 15) state that the reality of the offence poses an additional recovery task, namely offender recovery. They describe this recovery task as *"the subjective experience of coming to terms with having offended, perceiving the need to change the personal qualities that resulted in past offending, which also create the future risk of reoffending, and accepting the social and personal consequences of having offended"*. As such, offender recovery entails both individual and social dimensions, i.e. one needs to come to terms with the past, and with the effect the offence(s) have (had) on self-identity and on the views of others in the social network and in wider society. Aga et al. (2017, p. 14) extend the additional recovery task of PMIO with aspects that are specifically related to the involvement of PMIO in the criminal justice system and in forensic mental health systems. 'Forensic recovery' *"includes recovery from the impact of the offence as well as the judicial trajectory –for example, the indeterminacy of the internment measure. … Forensic recovery may include but does not necessarily imply offender recovery"*.

The 'Good Lives Model of offender rehabilitation' aims at fostering the personal goals of persons who offended (i.e. approach goals) while at the same time reducing their risk for reoffending (i.e. avoidance goals) by providing the necessary internal and external conditions to attain these personal goals (Ward, 2012; Ward et al., 2007). There is an obvious similarity between these approach and avoidance goals and the above described terms of identity and act desistance, respectively. According to Ward (2012, p. 60), *"desistance ought to be* ***the central*** *aim of offender rehabilitation initiatives"*, whereby successful desistance requires a combination of both approach and avoidance goals. Recently, Barnao et al. (2010) and Barnao et al. (2016) expanded the Good Lives Model to apply to PMIO. The Good Lives Model posits that individuals strive to realize personal goals, or primary goods, using the strategies that are available to them, or secondary goods. Offending is viewed as an attempt to realize primary goods in a context of personal limitations, or internal obstacles and environmental disadvantage, or external obstacles.[27] According to the Good Lives Model-forensic modification (GLM-FM), symptoms of mental illness can influence the acquisition of primary goods and can act as secondary goods. In addition, mental health treatment (delivery), and the working alliance with professionals, can facilitate or hinder PMIO's realization of primary goods (Barnao et al., 2010; Barnao et al., 2016). Contrary to risk paradigms, psychopathology paradigms, or hybrid

[27] In the Good Lives Model, criminogenic needs are thus internal or external obstacles. These obstacles can directly obstruct the acquisition of primary goods or indirectly result in only partially attained primary goods through the use of inappropriate means (Barnao et al., 2016).

paradigms in forensic mental health services, the GLM-FM posits to provide an overarching and holistic rehabilitation theory encompassing all components of forensic rehabilitation, such as different interventions, ethical issues, and process, practitioner and contextual variables (see Robertson et al., 2011). The GLM-FM aims to promote the realization of primary goods in PMIO while simultaneously addressing their risk of recidivism and providing mental health treatment and other services. Doing so, treatment engagement and agency of PMIO can be enhanced. In addition, the GLM(-FM) emphasizes the universality of human needs, human rights and human dignity, thereby challenging 'us versus them' attitudes towards PMIO, stigmatization of P(MI)O, and the focus on (socially desired) risk reduction rather than on personal aspirations of PMIO themselves (Barnao et al., 2010; Barnao et al., 2016).

Secure recovery and the GLM(-FM) share their focus on working towards a meaningful life for PMIO while simultaneously providing mental health treatment and reducing risk. The need for a beneficial working alliance between professionals and PMIO and collaboration between professionals and PMIO to attain this goal are stressed in secure recovery and the GLM(-FM) (Lord, 2016). Since both models have only been recently introduced to the field of court-mandated treatment programs, more research is needed to confirm and extend the preliminary promising evidence of their utility and validity. One of the areas that needs further empirical investigation is the working alliance between professionals and PMIO (Lord, 2016; Simpson & Penney, 2018). Although rehabilitation models and practices aiming at recovery and desistance need to be based on an overarching theoretical framework guiding all aspects of service delivery, including guiding principles regarding attitudes and behaviour of mental health and/or criminal justice professionals towards PMIO (Barnao et al., 2015; Kaiser & Holtfreter, 2016; Oades et al., 2005), relatively little is known on *how* these professionals should normatively relate to PMIO to support *"co-producing"* (Weaver, 2013, p. 193) desistance and recovery according to contemporary understandings of desistance and recovery (Burnett & McNeill, 2005; Rex, 2001; Ross et al., 2008; Simpson & Penney, 2011; Weaver, 2013, p. 193).

2.4.3. The working alliance in a dual role

Recovery and desistance can arise and evolve independent of the imposition of formal interventions (Leamy et al., 2011; McNeill, 2006). *If* court-mandated treatment programs are imposed, the working alliance –the collaborative relationship between a person and a professional aiming at overcoming this person's difficulties (or facilitating positive change in this person) (Ardito & Rabellino, 2011; Bordin, 1979; Ross et al., 2008)– can have a major influence upon change processes in PMIO. Indeed, the working alliance has been recognized by scholars as well as PMIO as a relational mechanism of change in theory and research regarding recovery and desistance processes (Coffey, 2006; Dowden & Andrews, 2004; Green et al., 2008; McNeill, 2006; Moran et al., 2014; Oades et al., 2005; Polaschek & Ross, 2010; Simpson & Penney, 2018; Walters, 2016; Willmot & McMurran, 2016). However, in the context of court-mandated treatment the development and maintenance of the working alliance is fundamentally challenged (Ross et al., 2008; Schafer & Peternelj-Taylor, 2003). In what follows, the importance of the working alliance will be discussed as well as why the working

alliance is compromised in the context of court-mandated treatment and how this issue can possibly be addressed.

2.4.3.1. The importance of the working alliance

As with voluntary treatment (Martin et al., 2000; McCabe & Priebe, 2004), the working alliance plays a pivotal role in the process and outcomes of court-mandated treatment and/or ongoing judicial supervision (Bressington et al., 2011; Canada & Epperson, 2014; Dowden & Andrews, 2004; Goldkamp et al., 2001; Hart & Collins, 2014; Marshall et al., 2003; Serran & Marshall, 2010; Skeem et al., 2007; Ward & Brown, 2004), and has been recognized as a relational mechanism of change in theory and research regarding recovery and desistance processes (Green et al., 2008; McNeill, 2006; Moran et al., 2014; Oades et al., 2005; Polaschek & Ross, 2010; Schafer & Peternelj-Taylor, 2003; Simpson & Penney, 2018; Skeem et al., 2003; Willmot & McMurran, 2016). The importance of the working alliance between professionals and P(MI)O has not only been recognized in psychological-psychiatric theory and research, but also in legal-criminological theory and research. Therapeutic jurisprudence and procedural justice scholarship, for example, are explicit about the therapeutic and anti-therapeutic outcomes that legal actors or 'power holders' can have on people involved in legal procedures, and state that these legal actors should have a cognitive awareness of and assume responsibility regarding how their (verbal and non-verbal) behaviour can influence change processes and (compliance) behaviour in P(MI)O (De Mesmaecker, 2014; Kaiser & Holtfreter, 2016; Winick, 2003; Winick & Wexler, 2015). In their revised theory of the therapeutic alliance in the context of the rehabilitation of persons who offended, Ross et al. (2008) also refer to the responsibility of professionals involved in court-mandated treatment programs to assume an introspective role, and to be aware of *their* characteristics and behaviour which influence P(MI)O next to the characteristics and behaviour of P(MI)O and the characteristics of the (broader and immediate) context they are working in.

In qualitative studies addressing lived experiences of PMIO –in which the subjective perspective of persons regarding phenomena are traditionally put central (Gergen et al., 2015)–, relationships with staff from the criminal justice system and the mental health system are regarded as central in promoting recovery and/or desistance processes by PMIO themselves (Aga et al., 2017; Barnao et al., 2015; Barsky & West, 2007; Blagden et al., 2016; Canada & Gunn, 2013; Epperson et al., 2017; Ferrito, Vetere, Adshead, & Moore, 2012; Fortune et al., 2010; Laithwaite & Gurnley, 2007; Mezey, Kavuma, Turton, Demetriou, & Wright, 2010; Nijdam-Jones, Livingston, Verdun-Jones, & Brink, 2015; Rowe & Soppitt, 2014; Schafer & Peternelj-Taylor, 2003; Skeem et al., 2003; Tapp, Warren, Fife-Schaw, Perkins, & Moore, 2013; To, Vanheule, De Smet, & Vandevelde, 2015; Turton et al., 2011; Van Roeyen, Van Audenhove, Vanderplasschen, & Vander Laenen, 2016; Willmot & McMurran, 2013), even when relationships with staff were not the main topic of the study. In three qualitative review studies, connectedness with staff or the working alliance with staff is identified as a central theme in forensic mental health patients' recovery perceptions (Clarke, Lumbard, Sambrook, & Kerr, 2016; Coffey, 2006; Shepherd, Doyle, Sanders, & Shaw, 2016), and as Aga et al. (2017, p. 7) formulated appropriately, "*participants assigned a protagonist role to staff in these settings*".

Dealing with the issues surrounding the working alliance with PMIO is also important given the complex needs of PMIO, especially regarding trauma and stigma. Although often overlooked, the prevalence of trauma, victimization and post-traumatic stress disorder among PMIO is considerably high (DeHart, Lynch, Belknap, Dass-Brailsford, & Green, 2014; Fortune et al., 2010; Garieballa et al., 2006; Jennings, Piquero, & Reingle, 2012; Sanchez et al., 2017; Spitzer, Chevalier, Gillner, Freyberger, & Barnow, 2006). It is estimated that up to 90% of people in contact with the criminal justice system were exposed to possibly traumatizing life events in childhood, such as emotional, physical and sexual abuse (Muskett, 2014). Next, stigma is often manifold in PMIO due to the presence of a mental illness, with or without comorbid substance misuse, and a criminal history (Hartwell, 2004; Mezey et al., 2010; Moore, Tangney, & Stuewig, 2016; van Olphen et al., 2009).

Trauma and stigma have a detrimental impact on how people view themselves, i.e. one's (social) identity, one's self-esteem and one's agency (Corrigan, Watson, & Barr, 2006; Gluhoski & Wortman, 1996; Mezey et al., 2010) and on how they view others (Ornduff, 2000). This psychological attachment mechanism (see Bowlby, 1988) was also found in qualitative studies in which PMIO narrate that traumatic life events during their childhood resulted in feeling worthless, helpless and powerless, and in issues with fitting in and with building trusting relationships with others (Ferrito et al., 2012; Laithwaite & Gurnley, 2007). On the one hand, these difficulties surrounding trauma and stigma, alongside general and social maladaptive functioning of PMIO related to their mental illness (DiCataldo et al., 1995; Felson et al., 2012; Vandevelde et al., 2005), can elicit PMIO being especially attentive for the way they are treated by professionals from the criminal justice or mental health system (Marotta, 2015; Ross et al., 2008; Sunshine & Tyler, 2003; Willis, 2018), and can complicate developing and maintaining a beneficial working alliance with these professionals (Göbbels et al., 2016; Laithwaite & Gurnley, 2007; Ross et al., 2008). For instance, Vermunt, van Knippenberg, van Knippenberg, and Blaauw (2001) have found that evaluations of care received from prison staff by prisoners with low self-esteem were more strongly associated with procedural concerns ("how was I treated") than with outcome concerns ("did I receive what I deserve"), as opposed to prisoners with high self-esteem. On the other hand, the working alliance with power holders can also be a means to address the long-term consequences of trauma and stigma if professionals are sensitive to these consequences (Knight, 2015; Muskett, 2014; Willis, 2018). In the study of Ferrito et al. (2012), for example, interviewees considered therapeutic interventions as pivotal to reframe their life story and one participant even highlighted that he learned to trust others through the therapeutic relationship with his psychologist.

As described earlier, in the mental health recovery and desistance from crime literature it is recognized that, amongst others, a positive (social) identity is an essential element of recovery and desistance processes, and that the development of a positive (social) identity is enabled and facilitated through social bonds with others and the wider community, including working alliances with professionals (Best et al., 2016; Burnett & McNeill, 2005; Leamy et al., 2011; Onken, Craig, Ridgway, Ralph, & Cook, 2007; Weaver, 2013). A rehabilitative climate in which P(MI)O feel safe and accepted, permits personal change since these environments allow self-reflection and trying out newly acquired (interpersonal) skills. A punitive and hostile environment in which past experiences of trauma and victimization are echoed, compromises

such beneficial outcomes (Andrews & Bonta, 2010a; Barnao et al., 2010; Barnao et al., 2016; Blagden et al., 2016; Göbbels et al., 2016; Lindqvist & Skipworth, 2000; Muskett, 2014; Ross et al., 2008; Serran, Fernandez, Marshall, & Mann, 2003; Ward & Brown, 2004; Willis, 2018; Willmot & McMurran, 2016). Underlying attitudes of power holders towards the value of P(MI)O as human beings will shape their beliefs regarding whether or not these P(MI)O are entitlement to a respectful treatment (Blagden et al., 2016; Ward & Brown, 2004), and will influence how power holders interact with P(MI)O (e.g. warm directional versus aggressively confrontational, respectful versus disrespectful, interested versus disinterested, accepting versus rejecting), and by doing so nourish an either rehabilitative or punitive climate (Blagden et al., 2016; Göbbels et al., 2016; Lindqvist & Skipworth, 2000; Serran et al., 2003; Ward & Brown, 2004). This is consistent with the self-fulfilling prophecy or the looking-glass metaphor central to (de-) labelling theory. The looking-glass metaphor states that positive (Pygmalion) or negative (Golem) beliefs (of power holders) regarding the ability to change or the behaviour of P(MI)O can induce respectively positive or negative beliefs and behaviour in P(MI)O themselves (Maruna et al., 2004; Maruna, LeBel, Naples, & Mitchell, 2009).

2.4.3.2. The dual role compromises the development and maintenance of the working alliance

Cooperation between the mental health system and the criminal justice system is essential to attain the goal of court-mandated treatment programs. Given the rapid expansion of court-mandated treatment programs the past decades this cooperation has become increasingly important (Vander Laenen, 2014; Williams, 2009; Winick, 2003). Cooperation between these two distinct state institutions is however typically characterized by a tension between care and control as a consequence of the entanglement of the different goals and roles related to each of these institutions. The criminal justice system aims at protecting society by controlling persons who offended, while the mental health system aims at supporting wellbeing and autonomy in persons with (a vulnerability for) mental illness by providing mental health care (Blackburn, 2004; Lurigio, 2011; Vander Laenen, 2014; Ward, 2013). Whereas the concept of court-mandated treatment programs may be based on sound theoretical arguments, the different goals and roles of the criminal justice system and the mental health system clash on a practical level (Ward, 2013). While both care and control are necessary to attain the goal of court-mandated treatment programs (Barnao et al., 2010; Birgden, 2002; Göbbels et al., 2016; Ward, 2011), their focus, and consequently the focus of inter-agency collaboration between the criminal justice system and the mental health system, has traditionally been predominantly on control (of risks) (Barnao et al., 2010; Blackburn, 2004; Blasko & Taxman, 2018; Hillbrand et al., 2010; Lamberti & Weisman, 2004).

The tension between care and control, weighs, amongst others, on the development and maintenance of the working alliance during court-mandated treatment and/or ongoing judicial supervision (Honea-Boles & Griffin, 2001; Regehr & Antle, 1997; Ross et al., 2008; Skeem et al., 2003; Vander Laenen, 2014; Ward, 2013). Due to difficulties concerning coercion and professional confidentiality (Blasko & Taxman, 2018; Hillbrand et al., 2010; Honea-Boles & Griffin, 2001; Regehr & Antle, 1997; Ross et al., 2008), which are at odds with the essential characteristics of a working alliance, namely an agreement on goals and tasks and the development of a bond based on (mutual) trust (Ardito & Rabellino, 2011; Bordin, 1979; Ross

et al., 2008), the development and maintenance of a working alliance with PMIO is especially at stake. Difficulties surrounding the working alliance have nevertheless for most part been neglected in the broad field of correctional psychology (Barnao et al., 2010; Birgden, 2002; Gannon & Ward, 2014), and empirical studies on process variables such as the working alliance in court-mandated treatment programs are scarce (Blagden et al., 2016; Blasko & Taxman, 2018; Kozar & Day, 2012; Kras, 2013; Ross et al., 2008). The past decade the development and maintenance of a working alliance and the acknowledgement of the necessity of both care and control in court-mandated treatment and/or ongoing judicial supervision has received more fundamental attention because of the development of strengths-based approaches for the rehabilitation of persons who offended, such as the GLM-FM and secure recovery (Barnao et al., 2016; Drennan & Alred, 2012c; Simpson & Penney, 2011, 2018; Vandevelde et al., 2017; Ward & Brown, 2004). Inasmuch as a beneficial working alliance between professionals and recipients, characterized by human dignity, hope, optimism, empowerment, acceptance, empathy, caring, purposefulness, competence, safety, reciprocal trust, and collaboration, is central in the strengths-based perspective (Green et al., 2008; Rapp et al., 2005; Saleebey, 1996; Weick et al., 1989; Willmot & McMurran, 2013). Following the strengths-based perspective, Ross et al. (2008, p. 463) also redefined the definition of Bordin (1979) of a working alliance in the specific context of the rehabilitation of persons who have offended using a social-cognitive framework into *"a collaborative relationship between therapist and client that can facilitate positive change for the client"*. This social-cognitive framework assumes that therapists as well as clients pose personal and interpersonal characteristics which have an influence on cognitive, emotional and behavioural processes and responses. These processes and responses reciprocally interact during the development and maintenance of a therapeutic alliance. In addition, the influence of contextual and structural variables on these (inter)personal processes and thus on the development and maintenance working alliances is recognized (Ross et al., 2008).

2.4.3.3. Relational fairness as a means to reconciling care and control

Subjecting people to coercive (treatment) interventions, such as court-mandated treatment programs, is controversial, especially viewed from a human rights perspective. Imposing coercive measures upon PMIO should be a last resort and never substitute general community (mental health) treatment and services (Stevens et al., 2005), and can only be justified by the need to protect society (Stevens et al., 2005; Ward & Birgden, 2007). The perceived need for coercion always needs to be carefully balanced in accordance with individual rights of people subjected to coercive measures (Birgden, 2002; Lamb et al., 1999; Linhorst, 2006). Especially since coercion can have a negative impact on satisfaction with and motivation and engagement during (mental health) interventions, thereby comprising beneficial recovery and desistance outcomes (Canada & Epperson, 2014; Simpson & Penney, 2018; Skeem et al., 2007; Theodoridou, Schlatter, Ajdacic, Rossler, & Jager, 2012; Woodward, Berry, & Bucci, 2017).
The ambivalence regarding the care versus control dichotomy or the dual role of court-mandated treatment programs is also expressed by PMIO themselves (see Coffey, 2006). For instance, people formerly found not criminally responsible indicated that, at the moment the judicial measure was imposed, they experienced this as helpful to gain awareness of the need

for appropriate treatment they had been feeling. However, the indeterminate nature of the measure, the feeling of being constantly tracked and the possibility of being re-incarcerated evoked stress and ambivalent feelings and made the participants question the efficiency and the usefulness of the measure (Aga et al., 2017). PMIO on probation or parole experienced the authority of their probation officer as conflicting, on the one hand the threat of being sanctioned encouraged them to attend treatment while on the other hand it impeded developing a trusting relationship with their probation officer (Kras, 2013). PMIO found not criminally responsible on account of a mental disorder detained in a forensic mental health hospital expressed experiencing difficulties regarding opening up to the therapeutic process due to the dual role of treatment team members, namely providing care for them while also enforcing rules, reporting information and protecting the public (Livingston, Nijdam-Jones, & PEER, 2013). This dual role was for instance objectified during hearings of the forensic mental health tribunal (Livingston et al., 2016). Interestingly, reconciling care and control during the development and maintenance of the working alliance with PMIO can also be experienced as a difficult and frustrating challenge by professionals involved in court-mandated treatment programs (Hillbrand et al., 2010; Simpson & Penney, 2011, 2018). For example, professionals providing forensic mental health care for PMIO found not criminally responsible on account of a mental disorder also indicate that taking a dual role during hearings of the forensic mental health tribunal is difficult for them, and that they experience this dual role to negatively impact the level of openness between patients and treatment team members (Livingston, Nijdam-Jones, & PEER, 2013). Nurses in a forensic psychiatric high secure unit experienced that their dual role, taking care for PMIO while also applying regulations that restricted their freedom, caused suffering in PMIO. For instance, nurses were aware that patients' dignity could be violated by exerting power. This hindered establishing a trusting relationship, which also resulted in nurses being suspicious and vigilant regarding motives and behaviours of PMIO (Vincze, Fredriksson, & Gustin, 2015).

However, care and control are not necessarily irreconcilable opposites, and coercion can to some extent also be helpful and create a safe and secure environment in which recovery and desistance can be initiated –if protection and precautionary measures are taking into account (Geller, 2012; Simpson & Penney, 2018). For instance, Cusack, Steadman, and Herring (2010) found that perceived coercion to enter a jail diversion program did not affect engagement in services and overall levels of service contact during the following six months. Lamb et al. (1996) found that PMIO who were court-mandated to judicially monitored treatment had significantly more often a good outcome (i.e. the absence of hospitalization, arrest, violence, or homelessness) during the year following arrest compared to PMIO who were not court-mandated to judicially monitored treatment[28]. Gottfredson, Kearley, Najaka, and Rocha (2007) found that perceptions of social control by the judge, probation officer, and treatment provider in drug treatment court mediated reductions in drug treatment court participants' multiple-drug use. Using qualitative research designs, it was found that instrumental engagement and

[28] PMIO in the group who were not court-mandated to judicially monitored treatment got their case dismissed, received a jail sentence or jail and probation, or were referred to mental health treatment but without any follow-up monitoring by the court. This latter group consisted of 15 PMIO. Of these fifteen, three refused treatment, five became involved in and remained in treatment, and seven dropped out of treatment.

compliance, which is motivated by fear of a sanction or a negative event, in desistance programmes can enhance motivation to participate in treatment (Kras, 2013) and emotional and normative motivation to develop a 'normalized lifestyle' and desist from crime (Rowe & Soppitt, 2014). Both nurses and patients in a forensic mental health setting define limit setting as indicating boundaries and clarifying expectations about appropriate and inappropriate behaviour, and regard limit setting as necessary for the therapeutic climate by offering safety, structure and control. Although a link between limit setting and aggressive reactions of patients has been established, the manner in which limits are has a great influence on subsequent patient reactions. However, suggestions regarding *how* exactly these aggressive reactions can be avoided are scarce (Maguire et al., 2014).

Indeed, considering how a coercive environment can enable providing care needs careful scrutiny (Geller, 2012; Simpson & Penney, 2011). Human dignity and strengths-based principles, such as social recognition, autonomy, and effective participation, can guide the use of coercive measures such as court-mandated treatment programs (Geller, 2012). When care and control are approached as requirements of each other, rather than dichotomous goals, the recovery and desistance paradigm can be aligned with court-mandated treatment programs. The development and maintenance of a working alliance is considered the key common ground to reconcile providing care and exercising control (Simpson & Penney, 2011), as a beneficial working alliance is also strongly associated with satisfaction of PMIO regarding court-mandated treatment programs (Bressington et al., 2011; Carlin et al., 2005).

Relational fairness, a combination of caring, fairness, trust and authoritativeness, during the development and maintenance of a working alliance between professionals from the criminal justice system and the mental health system and PMIO seems of primordial importance to overcome the challenges and obstacles in developing and maintaining a working alliance in coercive settings, such as court-mandated treatment programs (Ross et al., 2008; Skeem et al., 2007; Woodward et al., 2017). For instance, Blasko and Taxman (2018) found that it is possible for probation officers and PMIO to agree on goals and tasks of supervision as long as "*the officer is perceived as fair by the supervisee in his or her decision-making"*. Here, alongside other authors (see, for example, Blasko & Taxman, 2018; Kras, 2013; Livingston et al., 2016; Maguire et al., 2014; Rex, 2001; Wexler, 2007, 2016) procedural justice theory, which stresses the interpersonal process-based aspects of fair interactions between 'power holders' and their public (Blader & Tyler, 2015; Lind & Tyler, 1988), is proposed as a normative framework to guide attitudes and behaviour of 'power holders' towards PMIO.

2.5. Conclusion

In line with the strengths-based perspective, contemporary understandings of recovery and desistance agree that these change processes are unique and personal processes intrinsically linked to identity and agency (Maruna, 2001; Slade et al., 2008). They do however not occur in isolation (Nugent & Schinkel, 2016; Tew et al., 2012). Both processes are influenced by contextual factors and are thus relational in nature (Price-Robertson et al., 2017; Weaver, 2013). Recovery and desistance have been mostly studied in respectively general populations of

persons with mental illness and general populations of persons who offended, and still little is known about recovery and desistance in PMIO (Aga et al., 2017; Colman & Vander Laenen, 2017; Göbbels et al., 2016; Van Roeyen et al., 2017; Vandevelde et al., 2017). It has however been argued that these change processes can be (even more) complicated in PMIO due to the presence of additional difficulties (Barnao et al., 2010; Göbbels et al., 2016). These additional difficulties can be related to characteristics of the individual, such as the presence of trauma, low treatment motivation, and hopelessness (Hillbrand & Young, 2008; Sanchez et al., 2017; Vandevelde et al., 2005), and to characteristics of the immediate and remote environment, such as stigma, a lack of informal social control and an excess of formal social control and punitive drug and social policies (Aga et al., 2017; Fisher et al., 2006; van Olphen et al., 2009).

In case of court-mandated treatment for PMIO, the working alliance with professionals or power holders is a relation factor influencing recovery and desistance processes (McNeill, 2006; Oades et al., 2005), which has also been recognized by PMIO themselves (Aga et al., 2017; Epperson et al., 2017). However, due to the dual role of these power holders the development and maintenance of the working alliance can be compromised (Honea-Boles & Griffin, 2001; Regehr & Antle, 1997; Ross et al., 2008; Vander Laenen, 2014; Ward, 2013). Relational fairness has been suggested to be a means to reconcile care and control in the working alliance between power holders and PMIO (Ross et al., 2008; Skeem et al., 2007). Procedural justice theory is a theory specifically addressing fair interactions between persons and power holders (Blader & Tyler, 2015; Lind & Tyler, 1988; Tyler, 2013) and can thus be of added value for the development and maintenance of working alliances during court-mandated treatment for PMIO. This theory and its outcomes in PMIO will be outlined in the following chapter.

Chapter three

Procedural justice theory

The concept of justice or fairness has been and is still being studied extensively. Justice is considered to consist of three interrelated (and difficult to disentangle) dimensions: distributive justice, procedural justice, and interactional justice. *Distributive justice* refers to the fairness of outcome distributions or allocations, *procedural justice* refers to the fairness of the procedures used to determine outcome distributions, and *interactional justice* refers to the fairness of the interpersonal treatment people receive when procedures are implemented. Interactional justice is subdivided in interpersonal justice, i.e. the degree to which people are treated with politeness, dignity, and respect during procedures, and informational justice, i.e. the degree to which people are informed regarding why procedures were used in a certain way or why outcomes were distributed in a certain way (Colquitt, 2001; Colquitt, Conlon, Wesson, Porter, & Ng, 2001; Tyler & Lind, 1992). These three justice dimensions can be comprehended in an objective and in a subjective manner. *Objective fairness* relates to meeting normative standards of fairness, while *subjective fairness* relates to the capacity of processes, procedures or interactions to be experienced as fair (Lind & Tyler, 1988). A further discussion of these three dimensions of justice and their interrelationship is beyond the scope of this dissertation, the interested reader is referred to De Mesmaecker (2011) for a comprehensive and concise overview of social psychological theories of justice.

It should however be noted that there has been considerable discussion regarding the relationship between the different dimensions of justice, especially regarding the relationship between procedural justice and interactional justice (Colquitt, 2001; De Mesmaecker, 2011). In the present dissertation, as elsewhere (see, for instance, De Mesmaecker, 2011), interactional justice is considered as a part of subjective procedural justice (further procedural justice). More specifically, interpersonal justice is considered as belonging to the dimension 'respect' of procedural justice theory, and informational justice is considered belonging to the dimension 'information' of procedural justice theory (see further). Interactional justice could be regarded as a more specific term to describe the content of procedural justice. However, procedural justice has a broader conceptualization compared to interactional justice, as will be seen further in this chapter, and the term procedural justice is used in the psychological-psychiatric and in the legal-criminological field to refer to the interpersonal aspects of interactions between PMIO and professionals involved in court-mandated treatment programs. Therefore, procedural justice instead of interactional justice is a major point of reference and departure in the present dissertation.

This chapter consists of two parts. In the first part, an introduction to procedural justice theory and the underlying mechanisms explaining the influence of experiencing procedural justice on subsequent emotions, attitudes and behaviour of people are provided. Next, the dimensions of the concept of procedural justice are discussed. In the second part, the rationale regarding the importance of procedural justice for the target population of the present dissertation is

presented, and findings of empirical research studies into the experiences of procedural justice in PMIO and its outcomes are described.

3.1. Procedural justice theory

The relational model of procedural justice theory[29] specifically addresses interactions between persons and power holders, and has a social or relational nature. More specifically, procedural justice[30] refers to the major importance people attach to the process ('how') next to the outcome of interactions with power holders ('what') (Blader & Tyler, 2015; Lind & Tyler, 1988; Tyler, 2013), especially when they have (many) personal experience(s) with power holders (Steinmetz & Henderson, 2012; Tyler, 2001). Bottoms and Tankebe (2012, p. 124) define a power holder as a person who *"holds power over other citizens and can thus issue decisions and rules that are binding on them"*. According to procedural justice theory, the course of an interaction with a power holder has at least as much impact on the subjective evaluation of the interaction by the person involved as the eventual outcome of the interaction (Blader & Tyler, 2015; Lind & Tyler, 1988; Tyler, 2013). Procedural justice theory focuses in particular on experiences of fairness and justice during interactions with power holders, while acknowledging that other mechanisms are important too (Blader & Tyler, 2015; Lind & Tyler, 1988; Steinmetz & Henderson, 2012; Tyler & Blader, 2003). The primary focus of the relational models of procedural justice theory has been the question why procedural justice matters, i.e. the underlying psychological concerns that explain why procedural justice is important to people, but has also addressed dimensions (or antecedents) and outcomes (or reactions) of procedural justice evaluations or judgements (Blader & Tyler, 2015).

In essence, procedural justice theory states that an interaction or a decision-making process with a power holder will be perceived as just and fair when the interaction is characterized by neutrality, voice, respect, trustworthiness, information, and performance; even when the outcome of the interaction (such as a decision) is unfavourable (De Mesmaecker, 2014; Lind et al., 1990; Lind & Tyler, 1988; Tyler, 2013; Tyler & Lind, 1992). As Tyler (2013, p. 21) states: *"a fair process leads to an acceptable outcome"*, instead of a favourable outcome. As people are strongly influenced by interpersonal aspects of social interactions (Huo & Binning, 2008; Laithwaite & Gurnley, 2007), experiencing procedural (in)justice during an interaction with a power holder affects the attitudinal, emotional and behavioural reactions of the people involved towards the interaction and the subsequent outcome. For example, experiences of procedural justice are associated with satisfaction regarding the procedure, acceptance of the decision, feelings of self-worth and social acceptance, psychological and behavioural engagement, and cooperation (Blader & Tyler, 2015; Lind et al., 1990; Lind & Tyler, 1988; Tyler & Blader, 2003; Tyler & Lind, 1992).

[29] As opposed to the self-interest model of procedural justice that states that people evaluate interactions or procedures according to how favourable or desirable the outcome of the interactions or procedures is to them in terms of benefits and costs (Blader & Tyler, 2015; Tyler & Lind, 1992). The three relational models of procedural justice theory, which developed chronologically over time, are the group-value model, the relational model of authority and the group-engagement model (see, for instance, Blader & Tyler, 2015; Tyler & Blader, 2003). In this dissertation we focus on the latter model since it incorporates all these models.

[30] Procedural justice is also referred to as procedural fairness (De Cremer & Blader, 2006).

Procedural justice theory is applicable to a variety of formal and informal social processes and settings (Blader & Tyler, 2015; Tyler & Lind, 1992), and procedural fairness can therefore be considered as a fundamental and universal concern of human beings who have an inherently social nature (Tyler, 2013; Tyler & Lind, 1992). Indeed, the fundamental human need to belong can explain why people care about fairness and justice (De Cremer & Blader, 2006).

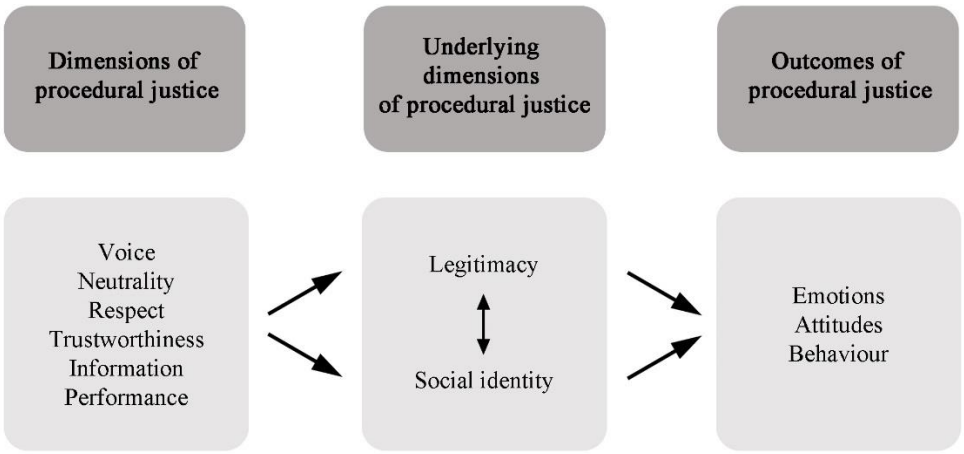
Although the relational models of procedural justice have been developed and mostly been studies in group contexts, the models are equally applicable to interpersonal interactions (Blader & Tyler, 2003, 2015; Blasko & Taxman, 2018; Jackson et al., 2010). *"Justice can be a signal of respect and a positive relational bond among interacting individuals even when occurring outside a group context"* (Blader & Tyler, 2015, p. 361).

Most procedural justice research focuses on majority groups instead of minority groups. There is however some evidence that experiencing procedural justice during interactions with power holders and that developing and maintaining positive relationships with power holders could be *especially* important for vulnerable or stigmatized groups in society. For instance, vulnerable or stigmatized groups in society, such as PMIO could be more vigilant to the way they are treated by power holders (Canada & Hiday, 2014; Lind & Tyler, 1988; Novich & Hunt, 2017; Sunshine & Tyler, 2003; Tyler, 2001, 2013; Watson & Angell, 2007; Winick, 2003). In light of developing comprehensive theoretical knowledge regarding certain phenomena the viewpoints of minority groups are however equally important as those from majority groups (Rugkasa & Canvin, 2011).

Next, procedural justice research is largely concentrated in English-speaking countries, primordially in the US (De Mesmaecker, 2014; Wittouck et al., 2016). Only recently the procedural justice framework has been validated in Western non-US-contexts (Jackson et al., 2012; Van Craen & Skogan, 2015).

Figure 2 shows a simplified visual representation of procedural justice theory. The dimensions and underlying mechanisms will be addressed under the following two sections.

Figure 2. A simplified visual representation of procedural justice theory



3.1.1. The underlying mechanisms of procedural justice

The psychological *mechanisms* that underlie and explain the influence of procedurally just interactions on the subsequent reactions of the persons involved are *social identity* and *legitimacy*.

3.1.1.1. Social identity

Social identity[31] is defined as the part of a person's self-concept derived from perceived membership of a social group or from relationships with others (Hogg, 2006). Social identity theory argues that people value group membership as a source for feelings of self-worth and identity (Blader & Tyler, 2015).[32] This concept helps to explain the importance of interpersonal aspects during social interactions, and how these interpersonal aspects (i.e. experiencing procedural justice) can influence certain attitudes and behaviour of the persons involved (Blader & Tyler, 2015; Tyler & Blader, 2003). Procedural justice matters to people because experiencing procedural (in)justice during interactions with others, and especially with power holders (as representatives of a group or community), conveys a message regarding their relationship with these other individuals or entities. Procedural justice thus holds a relational message, a message about how these individuals or entities regard the person involved (Blader & Tyler, 2015; Tyler & Lind, 1992). Procedures (in a group or community) can be considered as manifestations or symbols of underlying (group or community) values, and enacting these procedures has symbolic significance regarding how the persons involved are viewed by the group or community (Tyler & Lind, 1992). Procedurally just, fair or respectful interactions or procedures communicate a positive relational message, i.e. a sign of being regarded as a valuable member of particular social groups and the community at large, while procedurally unjust, unfair or disrespectful interactions or procedures communicate a negative relational message, i.e. a sign of low status or social exclusion. This message influences their identity, self-esteem and self-worth, feelings of well-being, and social inclusion (Blader & Tyler, 2015; Henderson et al., 2010; Huo & Binning, 2008; Lind & Tyler, 1988; Tyler & Lind, 1992; Watson, Angell, Morabito, & Robinson, 2008). (Enduring) unfair procedures are therefore regarded as more threatening than singe unfair outcomes (Tyler & Lind, 1992). Contrary to experiencing procedural injustice, experiencing procedural justice stimulates the internalization of shared norms and values of the group and the development of attitudes and behaviour which are beneficial for the group (Tyler & Lind, 1992). Therefore, it is important to focus on creating and supporting social bonds between persons and social groups rather than to focus on personal rewards and (threating with) punishment to encourage cooperation and compliance (Tyler, 2011). Focusing on rewards and punishments aims at extrinsic motivation and external compulsory behaviour, and is characterized by an instrumental approach. Focusing on social bonds aims at intrinsic motivation and voluntary behaviour, and is based on social motivations. The latter approach employs a long-term strategy that starts with group socialization and is

[31] A social identity consists of characteristics which define a social group (with at least two members). A personal identity consists of characteristics which differentiate a person from other persons (Hogg, 2006).
[32] While social exchange theories argue that people value group membership in light of achieving certain desired long-term outcomes (Blader & Tyler, 2015).

maintained with exerting authority in a way social bonds are supported and reinforced (McLean & Wolfe, 2016; Tyler, 2011; Tyler & Blader, 2003).

3.1.1.2. Legitimacy

In the context of interactions with power holders, the nature of the relational message embedded in fair or procedurally just interactions with power holders influences the perceived legitimacy of the power holder, and explains the reactions people exhibit towards these interactions or procedures (i.e. deference to their directives) (Blader & Tyler, 2015). A power holder is considered *legitimate* when people believe this power holder is appropriate, adequate and trustworthy. Legitimacy plays a crucial role in attaining the objectives of a power holder, namely deference to their decisions and compliance to their directives (Tyler, 2006, 2013). The nature of legitimacy should be regarded as relational since there are always two parties involved, the power holder and the public (Bottoms & Tankebe, 2012). Legitimacy is not something static and hence evermore established, it is rather a dynamic process during which a dialogue takes place between power holders and their public. Legitimacy is therefore described as an iterative process of action and reaction. The public will accept power holders' claims for legitimacy when these power holders demonstrate procedurally just attitudes and behaviour (Liebling, 2011; Vander Laenen, 2014), because the public will evaluate these power holders' functioning as more favourable and perceive them as (more) legitimate. This results in a higher tendency to accept their decisions, and ultimately in an increased cooperation and compliance with decisions and rules (Blader & Tyler, 2015; Lind & Tyler, 1988; Tyler, 2013; Tyler & Lind, 1992). Legitimacy ensures voluntarily compliance with decisions and rules made by power holders because people believe it is their duty to comply with these decisions and rules, rather than being driven by fear of punishment or anticipation of a reward, and because they accept and respect the authority of these power holders to make decisions and rules. Influencing people solely relying on 'holding power' or (threatening with) punishing people is after all difficult (Tyler, 2006, 2009, 2013; Tyler & Lind, 1992). Thus, power holders applying a legitimacy-based approach based on procedural justice are more likely to engender normative compliance, while power holders applying a compliance-based (or deterrence-based) approach based on sanctions and threat are more likely to generate instrumental compliance (Bottoms, 2001; Tyler, 2013). Indeed, exerting consistent power, coercion and control over people maybe produces low levels of law- or rule-violating behaviour but will probably also produce low levels of prosocial behaviour (Colvin, Cullen, & Vander Ven, 2002).

3.1.2. Dimensions of procedural justice

Although procedural justice theory is well-developed on a theoretical level and has been extensively empirically tested, a validated instrument to measure procedural justice is lacking. Different researchers have used diverse subscales and items to measure procedural justice. Consequently, procedural justice cannot be considered a construct of which the *distinct yet interrelated dimensions* have been fully determined (Beijersbergen, Dirkzwager, Eichelsheim, Van der Laan, & Nieuwbeerta, 2015; Blasko & Taxman, 2018; Colquitt et al., 2001; De Mesmaecker, 2014; Henderson et al., 2010; Heuer & Sivasubramaniam, 2011; McKenna et al.,

2003). Although the importance of procedural justice during interactions with power holders on the subsequent reaction of the people involved has been established, the concept of procedural justice remains abstract and vague (De Mesmaecker, 2014; Henderson et al., 2010). Since it is unclear what people understand under voice, respect, neutrality, motivation, it is difficult to adapt concrete behaviour of power holders to these expectations (De Mesmaecker, 2014). For instance, Wexler (2016, p. 369) refers to the dimensions of procedural justice as *"the raw ingredients of procedural justice"*.

The (impact of) dimensions constituting procedural justice may also vary according to specific features of a setting, for instance the corrections context, and procedurally just strategies may also vary according to the specific role of a professional (i.e. power holder), for instance a psychologist versus a judge (Blasko & Taxman, 2018; Canada & Hiday, 2014; Jackson et al., 2010; McKenna et al., 2000; Tyler, 2010).

Tyler and Lind (1992) also acknowledge that although theoretically the dimensions of procedural justice can be easily differentiated, people might lump all of these dimensions together when they assess the quality of an interaction with a power holder. This is for example illustrated in a study by Canada and Watson (2013), whereby the experiences shared by mental health court participants within every questioned dimension do not completely match the theoretical definition of the dimension. Thus, although it is unclear what people exactly understand under the different dimensions and these dimensions have been differently operationalized by researchers, there is still some *considerable* theoretical consensus regarding these dimensions. These dimensions will be discussed below.

Tyler (2013) identified four dimensions which influence experiences of procedural justice. These four dimensions can be grouped in two components; fairness in decision making and fair interpersonal treatment. *Fairness in decision making* refers to the degree in which power holders act in a transparent, ethical, neutral, consistent and inclusive manner , and consists of the dimensions voice[33] and neutrality[34]. *Fair interpersonal treatment* refers to being treated in a respectful and dignified manner that demonstrates concern for persons' rights and well-being, and consists of the dimensions respect[35] and trustworthiness[36] (Livingston et al., 2016; Tyler, 2013). Based on the work of Lind et al. (1990) and De Mesmaecker (2014), the component of fairness in decision making is complemented here with the dimension of performance, and the component of fair interpersonal treatment with the dimension of information[37].

[33] Voice is also referred to by 'participation' (Tyler, 2013) and 'representation' (Gottfredson et al., 2007). Although voice is sometimes regarded as an instrumental variable, i.e. voice is regarded important by people because it can influence receiving a preferred outcome, people value voice irrespective of an influence on the outcome. Therefore, voice is also a value-expressive variable (Tyler, Rasinski, & Spodick, 1985). Respect, neutrality and trust are considered relational variables (Blader & Tyler, 2015; Tyler & Lind, 1992).

[34] Neutrality is also referred to by 'fairness' (McKenna et al., 2003).

[35] Respect is also referred to by 'standing' (De Mesmaecker, 2014; Tyler & Lind, 1992) or 'ethicality' (Gottfredson et al., 2007).

[36] Trustworthiness is also referred to by 'trust' (Tyler & Lind, 1992), 'motivation' (McKenna et al., 2003) or 'caring' (Canada & Watson, 2013).

[37] As voice and validation, receiving information can be regarded as having an instrumental value (Lind et al., 1990). Providing information can also be considered as fulfilling people's needs (De Mesmaecker, 2014). However, following Lind et al. (1990) and McKenna et al. (2003), information is considered here a dimension in itself. After all, the underlying motive of a power holder regarding the provision of information can be driven by *conscientious* rather than *caring* motives.

3.1.2.1. Voice

People regard procedures as more fair when they are offered opportunities to participate in interactions with power holders or decision-making processes, and possibilities to express their points of view and state their case to power holders. People value being awarded an opportunity to express one's own opinion, concerns and arguments about the interaction or decision-making process, about the issues addressed during the interacting or decision-making process, about how they think the issues should be handled, and about their preferred outcome. It is important for people to be allowed to present evidence or information regarding the issues addressed during the procedure (De Mesmaecker, 2014; Gottfredson et al., 2007; Jackson et al., 2010; Lind & Tyler, 1988; McKenna et al., 2003; Tyler, 2007, 2010, 2013; Tyler & Lind, 1992). People want to have a forum in which they can tell their story (Tyler, 2013). Voice thus refers to people being actively included and involved in interactions with power holders and decisions-making processes (De Mesmaecker, 2014; Lind & Tyler, 1988; Rennig, 1997; Schmidt, 1997).

3.1.2.2. Neutrality

Neutrality refers to whether power holders are perceived as fair, neutral, unbiased, consistent, impartial, and non-discriminatory in the application of procedures and rules (De Mesmaecker, 2014; Jackson et al., 2010; Lind & Tyler, 1988; McKenna et al., 2003; Tyler, 2007, 2010, 2013). This involves making decisions based upon consistently applied rules and the facts related to the issue(s), and not upon prejudice, biases or personal opinions (Jackson et al., 2010; Tyler, 2007, 2010, 2013; Tyler & Lind, 1992). Neutrality thus refers to a power holders' honesty (Tyler & Lind, 1992). Four sub-dimensions can be used in the context of neutrality, namely consistency, impartiality, accuracy, and correctability. Consistency refers to a consistent treatment over time and across people, impartiality to impartial and unbiased treatment, accuracy to power holders making decisions based on reliable and valid information, and correctability to the ability to appeal decisions to higher level authorities (Gottfredson et al., 2007; Lind & Tyler, 1988; Tyler, 2006).

3.1.2.3. Respect

People are sensitive to whether they are treated with respect, dignity, courteousness, politeness and fairness by power holders (Gottfredson et al., 2007; Jackson et al., 2010; Lind & Tyler, 1988; McKenna et al., 2003; Tyler, 2007, 2010, 2013; Tyler & Lind, 1992), and to whether power holders are respectful of their rights (Jackson et al., 2010; Tyler, 2007, 2010, 2013; Tyler & Lind, 1992). Respect thus refers to people feeling respected and acknowledged by power holders (De Mesmaecker, 2014). The issue of respect consistently emerges as a key factor in reactions towards interactions with power holders. People react very negatively if they are treated dismissive or demeaning or subjected to negative stereotypes, since or if they believe

that they are entitled to a respectful treatment, and view themselves as diminished as people and disrespected due to the disrespectful treatment (Jackson et al., 2010; Tyler, 2010, 2013).

3.1.2.4. Trustworthiness

People pay attention to signs or cues which communicate information about the motivations, intensions and character of the power holders with whom they are interacting. It is important for people to be dealing with power holders who are benevolent and caring, and are sincerely trying to do what is right or best for everyone involved in the interaction (Jackson et al., 2010; Tyler, 2007, 2010, 2013). Trustworthy behaviour of power holders includes displaying a sincere and genuine concern for the needs and concerns of the people they are interacting with (Jackson et al., 2010; Lind & Tyler, 1988; McKenna et al., 2003; Tyler, 2007, 2010, 2013; Tyler & Lind, 1992). Power holders can communicate such concern by listening to their accounts and viewpoints, and seriously considering these accounts and views during the interaction or in decision-making process (Gottfredson et al., 2007; Jackson et al., 2010; Lind & Tyler, 1988; Rennig, 1997; Schmidt, 1997; Tyler, 2007, 2010, 2013; Tyler & Lind, 1992). The consideration of people's views and accounts during interactions or in decision-making processes is also referred to by 'validation' (McKenna et al., 2003).[38] If people experience (high) voice, but notice or perceive that they views, opinion, or arguments they have provided are not considered seriously or duly, this can result in a frustration effect (Rennig, 1997; Tyler, 2007). Overall, trustworthiness refers to the degree to which people feel they can trust a power holder to act in good faith (De Mesmaecker, 2014). If people experience a power holder as not being concerned about their well-being, they can react negatively towards actions or decisions of this power holder (Jackson et al., 2010; Tyler, 2010). Next to acceptance of and deference for decisions and directives of power holders, trustworthiness is a core aspect of legitimacy (Tyler, 1992, 2013).

The dimension of trustworthiness is more difficult to describe than the other dimensions as it has been considered a dimension of and a reaction to experiencing procedural justice (see, De Mesmaecker, 2014; Tyler, 1992, 2007, 2010, 2013).[39] There seems to exist some conceptual overlap between the dimension of trustworthiness on the one hand and the other dimensions on the other hand when Tyler (1992, p. 441) states that *"people value evidence that the authorities with whom they are dealing are concerned about their welfare and want to treat them fairly. Trust is the most important quality, but also the most elusive, because it involves a motive attribution. In other words, people must infer whether an authority is or is not motivated to treat them fairly based on that authority's actions. What influences whether people regard authorities as trustworthy? One factor is participation. People regard authorities who allow them to present evidence as more trustworthy. Similarly, people regard authorities who treat them with dignity and respect as more trustworthy. Finally, the efforts of authorities to explain or account for decisions heighten judgments of trustworthiness"*. To overcome this conceptual

[38] Validation can also be considered an instrumental function of voice, next to its value-expressive function (Rennig, 1997).
[39] According to De Mesmaecker (2014) trust is a result rather than a dimension of procedural justice. Therefore she merges the content of trustworthiness, i.e. concern for needs, into the dimension of respect.

ambiguity, *trustworthiness of a power holder* is comprehended here as behaviour of power holders that is perceived as reflecting benevolence and caring, as balancing needs and concerns of everyone involved, and as validation (Gottfredson et al., 2007; Jackson et al., 2010; Lind & Tyler, 1988; McKenna et al., 2003; Rennig, 1997; Schmidt, 1997; Tyler, 2007, 2010, 2013; Tyler & Lind, 1992). Based on the findings of De Mesmaecker (2014), *trust in a power holder* is considered here as a reaction towards experiencing procedural justice.

3.1.2.5. Information

People's need for information and transparency has not received sufficient attention in procedural justice research and theory due to a preoccupation with issues of voice and participation (De Mesmaecker, 2014). Tyler (2007, 2013) recognizes the important of transparency and openness about procedures and how decisions are being made in light of perceptions of neutrality, and of receiving information in general in light of respect. The findings of De Mesmaecker (2014) do however justify considering the need for information as a separate dimension of procedural justice, which is in accordance with the informational component of interactional justice (see introduction of this chapter) (Colquitt, 2001; Colquitt et al., 2001). Indeed, people regard it important to be given accurate and relevant information and explanation about the current interaction, decision-making process, or procedures in which they are involved, about possible future procedures and decisions, about the reasons for certain processes, procedures and decisions, about their rights during processes and procedures, and about ways and strategies to approach, deal or cope with these processes, procedures and decisions. Communication style and content should also be tailored to the specific needs of people at specific moments during the process and procedures (Colquitt, 2001; De Mesmaecker, 2014; Lind et al., 1990; McKenna et al., 2003). Receiving this information helps people to understand why some processes and procedures can take a considerable amount of time (De Mesmaecker, 2014). In addition, receiving relevant information promotes feelings of efficacy (Lind et al., 1990), and is especially important for people during threatening or uncertain situations (De Mesmaecker, 2014).

3.1.2.6. Performance

The way power holders perform their work is also important for people. They regard high quality work or a good job performance of power holders as a sign of respect and neutrality (De Mesmaecker, 2014). While Goodman-Delahunty (2010) regards a professional *job performance* as part of respect, De Mesmaecker (2014) advocates for a separate dimension for performance given the importance people attach to the performance of power holders. Performance is not only related to delivering good work but also to doing a good job. Perceptions of performance are associated with power holders doing a thorough and predominantly flawless job, taking their tasks and cases seriously, engaging in smooth and relatively fast procedures, cooperating with other agencies, knowing and organizing their cases, and not using their power improperly or abusing their power (De Mesmaecker, 2014).

3.2. Procedural justice and PMIO

Procedural justice theory, which is relational in nature and specifically addresses interactions between persons and power holders (Blader & Tyler, 2015; Lind & Tyler, 1988), has been mostly applied to law enforcement and court settings. Its application can nevertheless be fruitful throughout the entire criminal justice system, including the administration of court-mandated treatment programs (Blader & Tyler, 2015; Henderson et al., 2010; Kaiser & Holtfreter, 2016; Livingston et al., 2016; McIvor, 2009; Poythress et al., 2002; Skeem et al., 2003; Wexler, 2007, 2016).
Indeed, when working with PMIO, professionals belonging to the criminal justice system as well as the mental health system can be considered power holders. Professionals belonging to the criminal justice system are formal power holders in society, which includes PMIO. Mental health professionals are formally holding power towards PMIO admitted in their services. For instance, when persons admitted to medium secure units abscond or exhibit treatment non-compliant behaviour, treatment can be terminated by treatment providers. As a consequence, these patients can be transferred (back) to a high security unit or can be (re-) incarcerated due to a revocation of the conditional release by a sentence implementation court (Blattner & Dolan, 2009; Gow, Choo, Darjee, Gould, & Steele, 2010; Jeandarme et al., 2017). Staff from the mental health system and probation officers are also often closely linked when persons who offended are rehabilitated in the community. Staff from the mental health system can report non-compliance with their services of rehabilitating persons who offended to probation staff, and can thus indirectly elicit that these persons are referred back to court for non-compliance with probation conditions or are subjected to certain kinds of more extensive informal supervision (Rowe & Soppitt, 2014). Persons detained in a forensic mental hospital due to being deemed not criminally responsible also perceive staff members *"as possessing an enormous amount of power and influence over the patients' lives at the forensic hospital"* (Livingston, Nijdam-Jones, & PEER, 2013, p. 50).
According to procedural justice theory, experiencing procedural justice during interactions with power holders involved with court-mandated treatment programs can beneficially affect the attitudinal, emotional and behavioural reactions of PMIO towards these court-mandated treatment programs, and thus facilitate the therapeutic process (Tyler, 1992).

A systematized review was used to *narratively* summarize empirical research studies on procedural justice and adult PMIO adjudicated to court-mandated treatment and/or ongoing judicial supervision. The following search strategy was employed. First, a general search[40] in Web of Science and PubMed was conducted with a set of keywords consisting of two search strings. The first search string consists of two terms which capture the central concept of this scoping review, the second search string consists of keywords that capture the review population; [*"procedural justice"* OR *"procedural fairness"*] AND [*psychiatr** OR *mental** OR *disorder** OR *insan** OR *forensic* OR *drug** OR *substance** OR *dual** OR *co-occurring*

[40] This search was once performed on February 27th 2015 and entirely repeated on September 21st 2018 to be in accordance with the definition of mental illness used in the dissertation (see chapter one); clinical disorders including substance use disorders, and developmental disorders). The results of the latter search are presented here.

OR sex*]. On Web of Science[41] the use of the search string generated 404 hits, and the search on PubMed[42] yielded 89 hits. The search was limited till September 21st 2018. After removing double hits, an additional 15 hits were retrieved through the PubMed search. Consequently, title and abstract of 419 hits were screened. Of these 419 hits, 25 journal articles were retained for discussion. Second, an additional search[43] was conducted with respect to persons with intellectual disability who offended. The following search strings were used; [*"procedural justice"* OR *"procedural fairness"*] AND [*impair** OR *disabilit** OR *intellectual** OR *handicap**]. On Web of Science, this search yielded 39 extra hits[44]. On PubMed, this search yielded two extra hits[45]. None of these 41 extra hits were retained for discussion. In total, 25 journal articles were included in this review.

3.2.1. Mental health courts and (family) drug courts

Through the search strategy described above, eleven papers were identified that investigated outcomes of procedural justice during mental health court proceedings, six papers were identified that investigated procedural justice in drug courts, of which one was a family drug treatment court, and one paper investigated both mental health and drug treatment courts.

A study in a mental health court in Florida showed that experiencing procedural justice during the first court hearing was associated with a *higher satisfaction regarding the decision* that was taken by the judge at the end of the hearing and with a *more positive emotional impact of the hearing*. 'Voice', 'neutrality and 'motivation' were especially important to decision satisfaction and 'voice' and 'respect' to a positive emotional impact of the hearing (Poythress et al., 2002). Wales, Hiday, and Ray (2010), in a mental health court study in Columbia, focused specifically on experiences of procedural justice during interactions with the judge and also explored what aspects of mental health court were liked best and liked least by mental health court participants. As expected, participants rated interactions with the judge as very high with respect to procedural justice. Aspects of procedural justice, i.e. trustworthiness, voice and validation, and neutrality, were mentioned most as aspects of mental health court which were liked best by participants, next to benefits gained through mental health court participation, such as receiving (mental health) services or having their case dismissed. In addition, participants did not solely refer to the judge or the court hearings as positive aspects but to the full mental health court program (i.e. case management, mental health treatment services, drug testing and treatment, and court proceedings). Many participants stated they disliked nothing about mental health court. Other responses to this question included the amount of time spent on mental health court and the role of the prosecutor.

[41] The search was restricted to 'topic', and proceedings papers, editorial material, meeting abstracts, reviews and book chapters were excluded by filtering the primary results (n= 459 in total) according to document types.
[42] The search was restricted to 'title/abstract'.
[43] This search was performed on September 25th 2018.
[44] The search was restricted to 'topic', and proceedings papers, editorial material, meeting abstracts, reviews and book chapters were excluded by filtering the primary results (n= 64 in total) according to document types, resulting in 50 hits. An additional 11 hits were removed since the general search already captured these.
[45] The search was restricted to 'title/abstract'. Of the nine hits this search yielded, 7 were double hits.

The association between experiencing procedural justice during a hearing and *positive feelings towards this hearing* was also found in a study in four MHCs in New York for criminal defendants who meet New York state criteria for severe mental illness (Kopelovich, Yanos, Pratt, & Koerner, 2013; Pratt, Koerner, Alexander, Yanos, & Kopelovich, 2013). Next, experiencing procedural justice during the first MHC hearing was related to *less perceived coercion and less perceived negative pressures* (such as misleading, threats and physical force) to enrol in the MHC program (Pratt et al., 2013), to more positive attitudes towards one's recovery process since the defendants perceived *more hope and empowerment* (Kopelovich et al., 2013; Pratt et al., 2013) and to *less arrests and less incarcerations* during the subsequent year (Pratt et al., 2013). In addition, Kopelovich et al. (2013) found that the experience of procedural justice increased over the consecutive hearings and this increase was associated with *a reduction in self-reported psychiatric symptoms*.

A study in four US MHCs, that accepted defendants with persons with co-occurring substance use disorders, showed that experiencing procedural justice in the initial phase of the MHC-trajectory was associated with *perceiving enrolment* in the MHC program *as voluntarily* and with *treatment compliance*[46] during the year following MHC enrolment (Redlich & Han, 2014).

Experiencing procedural justice during interactions with the judge in a co-occurring disorders court (CODC) in California over the follow-up hearings was associated with *more trust* in the CODC judge and *more satisfaction with the decisions* taken by the judge at the end of the hearing(s). When the judge was however perceived as tough, indifferent and/or punitive by the CODC participants they reported less future intentions (after discharge or graduation from the CODC program) to continue mental health treatment and refrain from alcohol and drug use they reported (Mahoney, 2014).

A retrospective study with MHC graduates with psychotic or bipolar disorders in Ohio showed that those who experienced procedural justice during the hearings, with both the MHC judge and the MHC case manager, perceived *less coercion* to enter the program and experienced *more positive feelings towards the MHC program* (Munetz, Ritter, Teller, & Bonfme, 2014).

Participants with *higher treatment compliance* in two US MHCs experienced more procedural justice in interactions with judicial and treatment MHC staff than participants with lower treatment compliance. The MHC participants who were negatively terminated or dropped out from the program (10% of the study participants) experienced less procedural justice during interactions with judicial and treatment MHC staff than MHC participants who graduated or remained in the program (90% of the study participants), but this difference did not reach significance (Canada & Hiday, 2014). Canada and Hiday (2014) did not find significant associations between experiencing procedural justice during the MHC program and contact with the criminal justice system (i.e. days in jail time, new arrests and probation violations) in the following six months.

A study in a US mental health court found that mental health graduates reported overall high levels of procedural justice during interactions with the judge, and low levels of stigmatizing practices (which induce perceptions of humiliation and rejection) employed by mental health court staff. Procedural justice and stigmatizing shame were negatively associated, although not

[46] Treatment compliance was defined as *"compliance with keeping treatment appointments in the community, judicial and court orders, and taking prescribed medications"* (Redlich & Han, 2014, p. 112)

statistically significant. Next, experiencing high levels of procedural justice during interactions with the mental health court judge was associated with the *perceived future use of inclusionary coping strategies*[47], while experiencing high levels of stigmatizing practices by mental health court staff was associated with the perceived future use of exclusionary coping strategies[48]. These findings thus suggest that experiences during proceedings of mental health court are associated with the anticipated use of stigma management strategies, which may have an impact on the lives and behaviour of mental health court participants after graduation (Ray & Dollar, 2014).

A mixed-methods study in the US found that experiencing procedural justice was important during interactions with all mental health court staff, including the judge, the mental health court caseworker and the probation officer. In general, mental health court participants reported moderate levels of procedural justice. Especially perceptions of respect and neutrality were high. In the qualitative part of the study, Canada and Watson (2013) aimed to assess what action and inaction of mental health court staff was associated with dimension of procedural justice. With respect to voice, participants especially valued staff not only being given an opportunity to tell their stories but also being heard by staff, which is captured more specifically by the procedural justice dimension of validation. Staff interacting with them in a personalized manner, the judge speaking directly to them rather than through an attorney, and mental health court staff involving them in treatment planning were signs of respect for mental health court participants. Trust was associated with staff going above and beyond their duties, being emotional supportive, checking in on participants in a personalized manner, giving compliments, and having a gentle verbal and non-verbal approach. Interactions with mental health court staff were mostly viewed as fair even if participants regarded the outcome as harsh. Nevertheless a considerable amount of participants viewed decisions as too harsh or unfair. Although these participants agreed that a sanction was appropriate, they experienced the sanction they received as unfair.

Gottfredson et al. (2007) undertook structured interviews with drug treatment court participants in Baltimore three years after they were randomly assigned to the drug treatment court or to traditional parole and probation services[49] with the specific aim to study the mechanisms though which drug treatment courts work. In particular, they investigated the impact of drug treatment, drug testing, suspended sentences, probation days, and status hearings on drug use and crime of drug treatment court participants, as well as the mediating effects of perceived procedural justice and social controls in interactions with the judge and the probation officer. They found that measures of crime and drug use were significantly lower for drug treatment court participants than traditional parolees or probationers, and measures of social control and procedural justice were significantly higher for drug treatment court participants. Next, participation in the drug treatment court was associated with *attending more judicial status hearings*, which was associated with higher experiences of procedural justice, which in its turn

[47] Inclusive coping refers here to contextualizing their mental health court experiences towards others (Ray & Dollar, 2014)

[48] Exclusive coping refers here to keeping their mental health court participation a secret or avoiding certain situations to avoid discussing their mental health court participation.

[49] See Gottfredson and Exum (2002)

was associated with *less crime variety*.[50] This latter finding suggest that experiences of procedural justice during the judicial hearings motivates drug treatment court participants to comply and cooperate with the drug treatment court program and associated conditions. However, due to the retrospective nature of this part of randomized controlled trial, no causal relationships could be determined.

Consistent with procedural justice theory, participants in a US drug treatment court reported very high perceptions of procedural justice, even if they had been sanctioned by the judge that day (Atkin-Plunk & Armstrong, 2016). Atkin-Plunk and Armstrong (2016) also examined the relationship between perceptions of procedural justice and long-term outcomes. Procedural justice perceptions, measured at one point during the drug treatment court trajectory of participants, were however not associated with graduating from the drug treatment court and recidivism during an average follow-up period of two years and three months after completing the survey; which could be explained by the overall high perceptions of procedural justice of the participants (i.e. ceiling effect).

The study of Festinger, Dugosh, and Della Porta (2018) relates to the procedural justice dimension of information as they specifically investigated the experiences and outcomes of visual performance feedback (VPF) in US drug treatment court participants. When using VPF, the judge projects and describes graphs regarding abstinence rates and treatment attendance for the past two months during the status hearing of a participant. The use of these visuals aids during status hearings aims at ameliorating communication between judges and drug treatment court participants, and improving the transfer and understanding of information. Drug treatment court participants in the VPF condition indicated the graphs were easy to understand, and helped them overall and in particular to understand their progress in the program of the drug treatment court. In addition, all but one participants preferred the use of graphs over how the judge typically review their progress, and would like to have their progress reviewed using the graphs in future status hearings. The use of visual performance feedback had however no influence on experiences of procedural justice. The latter finding may be caused by a ceiling effect since participants in both the VPF condition and in the control condition experienced already a high level of procedural justice.

Secondary analyses performed on a large dataset from a quasi-experimental US multi-site study comparing 23 drug treatment courts with six comparison courts[51] (Rossman, Roman, Zweig, Rempel, & Lindquist, 2011), which specifically tested gender-specific hypotheses, demonstrated the gender neutrality of procedural justice in the context of drug treatment courts. In the total sample drug court participants reported higher perceptions of procedural justice during interactions with the judge and the court room monitor compared to comparison court participants, as did women compared to men. More severe depressive symptomatology was

[50] The scale to measure crime variety "combined participants' reports of whether they had committed 10 different crimes in the past 12 months (break-in, theft, auto theft, fraud or forgery, shoplifting, prostitution, robbery, selling drugs, assault, and gun use) to produce a scale whose value was the proportion of the 10 crimes the individuals admitted committing in the past 12 months" (Gottfredson et al., 2007)

[51] No substantive information was provided regarding the six comparison courts. Compared to drug treatment court participants, comparison court participants received less treatment (and this treatment package was less comprehensive), had substantially fewer judicial status hearings and less contact with their supervising officers, and were subjected to less drug tests and sanctions for minor issues of non-compliance (Somers & Holtfreter, 2018).

related to lower perceptions of procedural justice. The gender-specific analyses revealed that the effects of drug court participation and depressive symptomatology was similar for both women and men (Somers & Holtfreter, 2018).

One study[52] in the US compared parental attitudes regarding fairness, trust and satisfaction in a family drug treatment court with these parental attitudes in traditional dependency court[53]. Regardless of successful completion of any type of substance abuse treatment, parents perceived the judges of the family drug treatment court as more fair and trustworthy than the case workers of the traditional dependency court, and were also *more satisfied* with the judges compared to the case workers (Ashford, 2006)

McIvor (2009) undertook a qualitative study addressing the role of judges[54] in Scottish drug treatment courts. In general, review hearings, during which progress, needs and efforts of drug court treatment court participants were discussed, were positively described by these participants. Participants especially stressed being supported during setbacks and giving another chance after setbacks. While being directly addressed by the judge was initially uncomfortable for many participants, they became familiar with these exchanges with the judge as their trajectory progressed. Eventually, the relationship with the judge became very important for drug treatment court participants; the judge was someone they confided in and trusted. Especially the equality and reciprocity in the discussion between them and the judge was appreciated by participants, next to their willingness to listen and understand, their discretion, and their knowledge of substance use issues in general and their case in particular. Three procedural justice dimensions were clearly present in the data: respect, neutrality and voice.[55] McIvor (2009) relates respect to the respectful treatment, the praise and the encouragement offered by the judges praising, neutrality to the judges being interested in the well-being and progress of the drug treatment court participants and being understanding of difficulties or setbacks during their trajectories, and voice to the opportunities that were given to participants to give an account of their progress and to offer explanations for difficulties or setbacks. The interactions between the judge and drug treatment court participants seemed to foster their compliance and to support them in addressing their substance use and associated offending.

Studies investigating procedural justice in problem-solving courts focus mainly on one specific type of these courts, focus exclusively on interactions with the judge, and collect data at a single point in time. An exception to this is the study of Dollar, Ray, Hudson, and Hood (2018). These authors investigated perceptions of procedural justice at intake and at follow-up of multiple US problem-solving courts, i.e. two drug treatment courts and one mental health court, in order to determine if these perceptions vary over time and to associate such change with successful completion or negative termination of the court program. In accordance to the studies

[52] Contrary to the other studies identified through the search strategy, the majority in this study sample were women (78%) (Ashford, 2006).

[53] The parents in the traditional dependency court had no involvement with the family drug treatment court and received the standard dependency services offered by the child welfare system. While participants of the family drug treatment court attended court reviews every week until they demonstrated sufficient progress in the program before hearings were scheduled biweekly or monthly, parents in the traditional dependency court had contact with the case worker of the traditional dependency court on an at least monthly basis.

[54] Named 'sheriffs' in Scotland (McIvor, 2009).

[55] McIvor (2009) referred to these by ethicality, effort to be fair, and representation.

previously discussed, the perception of procedural justice during interactions with the judges and case managers of these problem-solving courts were generally high, with a significantly higher score for case managers. However, procedural justice perceptions of the judges and the case managers at both intake and follow-up were not associated with court outcomes. Perceptions of procedural justice with judges increased significantly over time, while the increase in perceptions of procedural justice with case managers did not reach statistical significance –possibly reflecting a ceiling effect too. Interestingly, an increase in perceptions of procedural justice with judges –and not of case managers– was associated with *successful completion of the court program*.

3.2.2. Probation or parole officers

Three studies were found in which the procedural justice framework was applied to the relationship between PMIO and their probation or parole officer.

A recent quantitative study of Blasko and Taxman (2018) in the US found that when supervision officers applied a procedurally just approach towards PMIO (individuals with (former) substance use issues under community supervision), the latter reported *less self-reported criminal behaviour*, were *arrested less*, and *violated parole conditions less* at 12-month follow-up. The relationship between experiencing procedural justice and substance use was however not overall confirmed. The authors hypothesize that experiencing procedural justice might impact differently on criminal justice outcome compared to mental health outcomes.
Kras (2013) examined perceptions of persons subjected to mandated substance abuse treatment as a parole or probation condition regarding their supervising officers in the US using a qualitative study design and found evidence for the procedural justice element of legitimacy. PMIO experienced the relationship with their supervising officer as conflicting and tenuous, due to the coercive and authoritative nature of their role. Although the threat of being sanctioned by the supervising officer encouraged treatment attendance, it also impeded the development of a trusting relationship with their supervising officer. The majority of participants did however rate the relationship with their supervising officer as positive. These positive experiences and the development of a trusting, respectful and compliant relationship was related to the officer displaying interest and concern in their well-being by, for example, discussing topics other than probation, demonstrating empathy and understanding, being fair by, for example, following the law in a lenient way (i.e. firm but fair), and communicating in a respectful, kind and verbally non-offensive way. PMIO related negative experiences with their supervising officer to being stereotyped and labelled as *"typical offenders"* (Kras, 2013, p. 135) or *"average offenders* (Kras, 2013, p. 136) without knowing them, as opposed to being treated as a *human being*, and to officers who had a more adversarial style and were always *""on their back" or constantly nagging them"* (Kras, 2013, p. 138). Such experiences also hindered the development of trust in their supervising officer.

A similar study was undertaken in Chicago by Epperson et al. (2017) by using a mixed methods research design. These authors examined the perceptions of person with serious mental illness[56] regarding their probation officers' supervisory and relational style in a specialized mental health probation unit, a mental health court, and standard probation services. The quantitative analysis showed that PMIO rated the overall quality of their relationships with their probation officers quite favourably. Their probation officers scored high on the subscales caring-fairness and trust and low on the subscale toughness of the Dual Role Relationship Inventory-Revised (DRI-R; Skeem et al., 2007). In addition, being on probation for a longer period of time or having previously been on probation was associated with less favourable ratings of the relationship with the probation officer. Five themes, related to the dimensions of procedural justice, emerged from the qualitative analysis; caring, fairness, support, toughness/authoritarianism, and trust and distrust. Caring was comprehended by the authors as *"a bedrock relational factor upon which other relationship dimensions rested"*. Uncaring perceived probation officers were also trusted to a lesser extent and perceived as unfair and authoritarian. Actions from caring probation officers were more accepted and understood by PMIO, even if they disagreed with their probationer officer's actions or if their probation officer violated them for rule infractions or enforced probation mandates. PMIO associated caring with a kind and respectful treatment, listening, genuine concern, empathy, and especially with being viewed as a *human being* whose feelings and views are valid. Caring stimulated PMIO to engage in the supervision process. Probation officers were viewed as fair, regardless of holding PMIO accountable for rule infractions, when they treated PMIO humanely and respectfully, acted in the best interest of PMIO, helped PMIO to succeed, and were consistent and flexible. PMIO related fairness to less oppositional behaviour and assuming more responsibility for their mistakes. Emotional, informational and instrumental support was also important for PMIO, and can be considered as the behavioural instantiation of caring. Perceived support was related to probation officers' helpfulness and actions –as opposed to probation officers merely stating expectations. PMIO viewed supportive actions as evidence that the probation officer wanted them to succeed, both in the probation process as in life in general. Receiving support helped PMIO to engage more in the behavioural health treatment and recovery process. Probation officers were experienced as though or authoritarian if they were overly demanding, emphasizing compliance and control, being rude, talking down to PMIO, ignoring PMIO's concerns, and being inflexible. Tough and authoritarian behaviour of probation officers, in the absence of caring, engendered less trusting relationships and less engagement in the relationship with the probation officer. Compared to the other themes, there were less references related to trust and distrust. Perceptions of trust were related to perceptions of caring and support, and perceptions of distrust to perceptions of toughness and authoritarianism. Overall, ratings and narratives regarding the relationship with probation officers were most favourable with respect to mental health courts, and least favourable with respect to standard probation.

3.2.3. Forensic mental health services

[56] Serious mental illness refers to schizophrenia, bipolar disorder and major depression. The study participants were involved with a specialized mental health probation unit, a mental health court, and standard

Two studies were found in which procedural justice was investigated in a forensic psychiatric hospital. One study used a quantitative study design and the other study a qualitative study design.

The quantitative study was conducted in New Zealand and showed that patients (70% were diagnosed with a psychotic disorder) who experienced higher levels of procedural justice, and especially higher levels of 'voice' and 'validation', perceived *less coercion* during the admission procedure in a forensic psychiatric hospital (McKenna et al., 2003).
In the qualitative study twelve patients and nurses in a forensic mental health setting in Australia were interviewed regarding limit setting, i.e. providing boundaries regarding appropriate and inappropriate behaviour. In particular, patients expected to be set limits by nurses if they exhibited unacceptable behaviour such as substance use or verbal aggression towards other patients or staff. The manner in which these limits were set was however a concern, patients appreciated being set limits in a respectful way, being communicated caring motivations, and being listened to regarding the reasons for their behaviour. For instance, patients distinguished being told what to do and being asked to do something. When limits were thus set in an authoritative manner, characterized by fairness, respect, consistency, and knowledgeability[57], patients were more inclined to cooperate, to accept and consider the limit, to experience the limit setting as caring instead of coercive, and to consider the working alliance as not being compromised. Patients experience being set limits in an authoritarian manner as aggressive and disrespectful, which might instigate an aggressive response towards the limit setting (Maguire et al., 2014).

3.2.4. Forensic mental health tribunals or mental health review board

Two studies, one quantitative and the other qualitative, investigated procedural justice during hearings of forensic mental health tribunals of mental health review boards. These tribunals or boards review patients adjudicated not criminally responsible on account of mental disorder.

Experiencing procedural injustice during six-monthly follow-up hearings of Irish mental health review boards negatively impacted the working alliance with and interpersonal trust in medical and treatment staff as experienced by both inpatients considered not guilty by reason of insanity (77%) and involuntary inpatients of the only therapeutically secure forensic hospital in Ireland (Donnelly et al., 2011).
In Canada, Livingston et al. (2016) examined the experiences and perceptions about forensic mental health tribunal hearings[58] from the perspectives of people found not criminally responsible on account of mental disorder (NCRMD)[59]. After analysing the interviews, the authors found evidence for both components of procedural justice, fair decision making and fair interpersonal treatment. In general, people found NCRMD experience that they are given

[57] Knowledgeability refers to nurses knowing their patients (Maguire et al., 2014)
[58] Known in Canada as Criminal Code Review Boards (Livingston et al., 2016).
[59] Family members of people found not criminally responsible on account of mental disorder, and legal or mental health professionals were also part of the study sample (Livingston et al., 2016), their experiences and perceptions are however not included in the present review.

opportunities to participate in the forensic mental health tribunals process. The hearing focuses on their case and includes them (directly or through their lawyers), and members of the tribunal ask questions directly at them. However, some aspects of the hearings also constrain their voice, such as the formal procedure describing that the person found NCRMD gets an opportunity to speak at the end of the hearing, professionals discouraging them from speaking, the formal procedures and technical language during the hearings, the pressure of having to perform well when speaking during the hearing, and being inexperienced with speaking in such immense situations. Some also mentioned that their perspectives are not taking into account since tribunal members do not regard them as credible. People found NCRMD expressed being treated respectfully, fairly and humanely during RB hearings, and that tribunal members were compassionate, gentle, understanding, polite, sensitivity, and friendly. Other important aspect were tribunal members acting impartially and objectively, and making sure people found NCRMD understood what was being said without being patronizing. Sometimes hearings or events during hearings were experienced as unfair or disrespectful. For instance, demeaning behaviour of prosecutors, hearings focusing exclusively on negative issues, unsupportive, inaccurate or unfair testimonies of treatment team members, and the variable quality of medical reports submitted to the tribunals. In addition, Livingston et al. (2016) found that, next to the hearing process, also the (desirability and unpredictability of the) outcomes of the hearings influenced the experiences and perceptions of people found NCRMD regarding the fairness of forensic mental health tribunals; and that none of the study participants questioned the legitimacy of these tribunals despite experiencing some hearings or moments during the hearings as unfair or disrespectful.

3.2.5. Prisons

The systematic literature search did not yield studies regarding procedural justice as experienced by PMIO residing in prisons or jails.[60]

3.3. Conclusion

Procedural justice theory stresses interpersonal aspects during interactions with power holders, and is considered a fundamental and universal concern of human beings (De Cremer & Blader,

[60] Four studies were identified that focused on the experience of procedural justice in the *general population* of persons in prison. In a Dutch large-scale longitudinal study on the effects of imprisonment (the 'Prison Project'), it was found that prisoners (without significant psychiatric problems) who reported higher level of procedural justice during the first three weeks of their pre-trial detention, reported less mental health problems at 3-months follow-up (Beijersbergen, Dirkzwager, Eichelsheim, van der Laan, & Nieuwbeerta, 2014), were less likely to report to engage in rule violations and less likely to have received a disciplinary report at 3-months follow-up (Beijersbergen, Dirkzwager, Eichelsheim, et al., 2015), and were less likely to be reconvicted in the 18 months after release (after being detained for nine months or less) (Beijersbergen, Dirkzwager, & Nieuwbeerta, 2016). In addition, prisoners perceived their treatment in prison as more procedurally just in units where prison officers held more positive attitudes towards the rehabilitation of prisoners (next to units with more female officers and a higher officer-to-inmate ratio). Possibly, prison officers with more positive attitudes towards the rehabilitation of prisoners will approach prisoners in a more positive and encouraging manner, for instance by supporting prisoners to change their lives (Beijersbergen, Dirkzwager, Molleman, van der Laan, & Nieuwbeerta, 2015). Beijersbergen, Dirkzwager, Eichelsheim, et al. (2015) also found that experiencing being treated procedurally unjust was associated with experiencing anger, and that experiencing anger was positively associated with prisoner misconduct.

2006; Tyler, 2013; Tyler & Lind, 1992). Indeed, the fundamental human need to belong can explain why people care about fairness and justice (De Cremer & Blader, 2006). Dimensions of power holders' behaviour that are important with respect to procedural justice are neutrality, voice, information, performance, respect, motivation, and validation (De Mesmaecker, 2014; Lind et al., 1990; McKenna et al., 2003; Tyler, 2013). Experiences of procedural justice affect a person's attitudes, emotions and behaviour towards an interaction with a power holder. For example, experiences of procedural justice are associated with satisfaction regarding the procedure, acceptance of the decision, feelings of self-worth and social acceptance, psychological and behavioural engagement, and cooperation (Blader & Tyler, 2015; Lind et al., 1990; Lind & Tyler, 1988; Tyler & Blader, 2003; Tyler & Lind, 1992). Two underlying mechanisms have been identified that explain the importance and the outcomes of experiences of procedural justice: social identity and legitimacy. Procedural justice matters to people because it holds a relational message. A message about how power holders view the person involved: as a worthy or unworthy group member. This message influences their identity, self-esteem and self-worth, feelings of well-being, and social inclusion (Blader & Tyler, 2015; Henderson et al., 2010; Huo & Binning, 2008; Lind & Tyler, 1988; Tyler & Lind, 1992; Watson et al., 2008). Power holders displaying procedural just behaviour are also more likely to be considered legitimate, i.e. appropriate, adequate and trustworthy; and legitimacy results in a higher tendency to accept their decisions, and ultimately in an increased cooperation and compliance with decisions and rules (Blader & Tyler, 2015; Tyler, 2006, 2013). An approach of a power holders that focuses on social bonds and on legitimacy has been associated with intrinsic motivation, voluntariness and normative compliance (Bottoms, 2001; McLean & Wolfe, 2016; Tyler, 2011, 2013; Tyler & Blader, 2003).

Although being treated procedurally just is a universal concern of human beings, it could be *especially* important for vulnerable or stigmatized groups in society (Canada & Hiday, 2014; Lind & Tyler, 1988; Novich & Hunt, 2017; Sunshine & Tyler, 2003; Tyler, 2001, 2013; Watson & Angell, 2007; Winick, 2003). In the context of court-mandated treatment programs, experiencing procedural justice during interactions with power holders can beneficially affect the attitudinal, emotional and behavioural reactions of PMIO towards these court-mandated treatment programs, and thus facilitate the therapeutic process (Tyler, 1992). Indeed, relational fairness has been suggested to be a means to reconcile care and control in the working alliance between power holders and PMIO (Ross et al., 2008; Skeem et al., 2007). The findings of the systematized review to identify outcomes of experiencing procedural justice in adult PMIO adjudicated to court-mandated treatment and/or ongoing judicial supervision confirm this suggestion. The application of this theory in the corrections setting, next to law enforcement and court settings, shows promising results (Blasko & Taxman, 2018; Donnelly et al., 2011; Epperson et al., 2017; Kras, 2013; Livingston et al., 2016; Maguire et al., 2014; McKenna et al., 2003). Figure 3 provides a visual representation of these outcomes.

Figure 3. Outcomes of procedural justice in PMIO

In general, these international *study findings* show that experiencing procedural justice during interactions with power holders are associated with beneficial outcomes. These beneficial outcomes relate to process variables such as (treatment) compliance (Canada & Hiday, 2014; Gottfredson et al., 2007; Redlich & Han, 2014), trust in power holders (Mahoney, 2014), and perceiving less coercion and negative pressures (McKenna et al., 2003; Munetz et al., 2014; Pratt et al., 2013; Redlich & Han, 2014). Experiencing procedural injustice during review boards on the other hand negatively influenced the perception of the working alliance and trust in treatment staff (Donnelly et al., 2011). Perceptions of procedural justice were also related to more or less outcome related variables such as decision satisfaction (Mahoney, 2014; Poythress et al., 2002), positive feelings (Kopelovich et al., 2013; Munetz et al., 2014; Poythress et al., 2002; Pratt et al., 2013), hope and empowerment (Kopelovich et al., 2013; Pratt et al., 2013), perceived future use of inclusionary coping strategies (Ray & Dollar, 2014), less self-reported psychiatric symptoms (Kopelovich et al., 2013), and, although not confirmed by Canada and Hiday (2014), less criminal justice contacts and crime variety (Blasko & Taxman, 2018; Gottfredson et al., 2007; Pratt et al., 2013). Receiving visual information regarding their progress helped drug treatment court participants to understand their progress (Festinger et al., 2018). However, although an *increase* in experiencing procedural justice over time was associated with successfully completing the court program (Dollar et al., 2018), perceptions of procedural justice in general were not associated with outcomes of problem-solving court such as successful completion or early termination (Atkin-Plunk & Armstrong, 2016; Dollar et al., 2018). Being treated fair and neutrally, respectfully, understanding and caring by power holders is important for PMIO. If these behaviours of power holders are present, especially caring, controlling actions from power holders were more accepted and understood by PMIO, even if they disagreed with these actions. The combination of these behaviours of power holders made

PMIO feel as being treated as human beings (Kras, 2013; Livingston et al., 2016; Maguire et al., 2014; McIvor, 2009).
Conclusions can also be drawn regarding the study settings and the overall study design. Regarding the *study settings*, two observations stand out. First, all of the studies included in the review were carried out in English-speaking countries, the US, Ireland, Canada, Australia, New Zealand, and the UK (Scotland). Of the 25 studies included in the review, only five were not US-based (Donnelly et al., 2011; Livingston et al., 2016; Maguire et al., 2014; McIvor, 2009; McKenna et al., 2003). This is not surprising inasmuch as the procedural justice framework has only recently been validated in Western non-US-contexts (Jackson et al., 2012; Van Craen & Skogan, 2015). In addition, the majority of studies focused on problem-solving courts, and only a minority of studies (n= 7) focused on probation or not criminally responsible adjudications (Blasko & Taxman, 2018; Donnelly et al., 2011; Epperson et al., 2017; Kras, 2013; Livingston et al., 2016; Maguire et al., 2014; McKenna et al., 2003). Studies investigating procedural justice experienced by PMIO in jails or prisons were not found. With respect to overall *study design*, a majority of the studies used a quantitative study design. Only 4 studies used a qualitative study design (Kras, 2013; Livingston et al., 2016; Maguire et al., 2014; McIvor, 2009), and 3 studies uses a mixed-methods design (Canada & Watson, 2013; Epperson et al., 2017; Wales et al., 2010). Only two studies used follow-up measurements (Blasko & Taxman, 2018; Dollar et al., 2018). Less than one third (n= 7) of the studies (also) focused on perceptions of procedural justice during interactions with mental health professionals involved in court-mandated treatment programs (Canada & Hiday, 2014; Canada & Watson, 2013; Dollar et al., 2018; Maguire et al., 2014; McKenna et al., 2003; Munetz et al., 2014; Ray & Dollar, 2014), although PMIO indicate that these professionals are equally important in their experience of court-mandated treatment programs (Wales et al., 2010).

To conclude, the principles of procedural justice theory hold promise as a means to reconcile the tension between care and control in development and maintenance of the working alliance during court-mandated treatment. Developing and maintaining beneficial and supportive working alliances between PMIO and these power holders can support the initiation, maintenance and sustainment of recovery and desistance processes (see Wittouck & Vander Beken, 2018). Procedural justice theory can thus serve as a normative framework for professionals in forensic and correctional rehabilitation models (Lord, 2016; Robertson et al., 2011; Simpson & Penney, 2011, 2018; Weaver, 2013). Developing relevant and effective practice and policy requires the voice of PMIO themselves too. Nevertheless this voice has hitherto been largely ignored in the forensic psychiatric and correctional domain (Carlin et al., 2005; Coffey, 2006; Livingston, 2018; Rycroft-Malone et al., 2004; Vander Laenen & Vander Beken, 2017; WHO, 2018). In addition, qualitative research regarding procedural justice in general (De Mesmaecker, 2014), and PMIO in particular (Canada & Watson, 2013; Epperson et al., 2017; Kras, 2013; Livingston et al., 2016; Maguire et al., 2014; McIvor, 2009; Wales et al., 2010) are scarce.

Therefore, this doctoral dissertation aims at gaining insight into the lived-experiences of PSIM regarding their interactions with power holders from the criminal justice system and mental health system during court-mandated treatment. Taking the viewpoint of PMIO into account in

research, practice, and policy also aligns with strengths-based perspectives in criminal justice and mental health domains (Barnao et al., 2016; Drennan & Alred, 2012c; Livingston, 2018; Vander Laenen & Vander Beken, 2017; Vandevelde et al., 2017). The methodology developed to attain this aim and the results of this qualitative study will be elaborated on in the following part of the dissertation.

Part two: Empirical study

Chapter four

Methodology of the qualitative study

This chapter will profoundly elaborate on the methodological choices made to answer the core research question of this dissertation: How do persons with mental illness who offended (PMIO) experience their interactions with power holders from the criminal justice system and the mental health system during court-mandated treatment? This research question puts the lived experiences of PMIO regarding their interactions with power holders during court-mandated treatment at centrepiece. This research question was divided into three sub-questions: 1) What is the general opinion of PMIO regarding their interactions with power holders from the criminal justice system and the mental health system during court-mandated treatment? Is their opinion rather positive (including more neutral opinions) or rather negative?, 2) What aspects of these interactions influence this opinion?, 3) How do these interactions influence their subsequent emotions, attitudes, and behaviour? A qualitative research design is best suited to investigate these research questions (Braun & Clarke, 2006; Guba, 1981; Hammersley, 2013, p. 24; 2015; Mortelmans, 2013).

As with research in general, an ideal philosophical-theoretical framework or an ideal method for conducting qualitative research does not exist. As a consequence, a researcher needs to make informed decisions about philosophical-theoretical frameworks and research methods. Hereby ensuring a match between the philosophical-theoretical framework and the research method on the one hand and research questions on the other hand (Braun & Clarke, 2006). These choices should be explicitly described in order to review or evaluate research studies and to compare and integrate research findings (Attride-Stirling, 2001; Hammersley, 2015). Although there is no *"fixed formula"* (Decorte, 2010, p. 467) to conduct qualitative research, procedural aspects, such as collecting and analysing data in a systematic and transparent way, are important to assure trustworthiness (Braun & Clarke, 2006; Decorte, 2010; Hammersley, 2013; Mortelmans, 2013). This chapter will focus on these procedural aspects.

First, the philosophical paradigm of the study is briefly discussed. Next, attention is given to the research setting, the sampling technique, the research method and instrument, the recruitment procedure and the interview procedure. Next, ethical considerations and strategies for ensuring the trustworthiness of the study are discussed. The final section of this chapter provides a description of the data analysis method and strategy, and of the total and selected sample. The study design is summarized in a concise conclusion.

4.1. Constructivism as philosophical paradigm: lived experiences as evidence

A philosophical paradigm is a basic belief system or worldview consisting of assumptions regarding ontology (What is the nature of reality or social phenomena?), epistemology (How is gaining knowledge about reality or social phenomena possible?), methodology (Which methods are suitable to study reality or social phenomena?), and praxeology (What is the purpose of research?). A philosophical paradigm and its associated assumptions provide a research framework and thus affect concrete choices in a research design or methodology, such as the research goal, the research question(s), and the research methods (Guba, 1981; Guba & Lincoln, 1994; Hammersley, 2013, 2015; Marecek, 2003; Mertens, 2012; Smaling, 2010). Acknowledging these underlying philosophical assumptions delimits research bias. A plurality of such paradigms can be identified in social sciences. When considering all these paradigms on a continuum, two major currents can be situated at the ends of this continuum: positivism[61] and (social) constructivism. (Freshwater & Cahill, 2013; Hammersley, 2015; Mortelmans, 2013; Smaling, 2010). The present study can be situated within a constructivist (or interpretative) philosophical framework.

(Social) constructivism is strongly affiliated with qualitative research methods in social (and behavioural) sciences. This paradigm assumes that there is no such thing as one truth or one objective reality (i.e. ontology). Rather, (social) reality is a social construct: reality can only be interpreted and not directly observed. Individual perceptions of reality are influenced by individual preconceptions, belief system(s), norms and values, and are embedded in a specific context and in a specific time (i.e. epistemology). Thus, multiple (social) realities exist consisting of interrelated and context-related (social) phenomena which evolve and change over time and place. Idiosyncratic ways of being in the world are not isolated, they are influenced by immediate and more remote social structures and processes (Guba, 1981; Hammersley, 2013, 2015; Marecek, 2003; Mortelmans, 2013; Smaling, 2010). Consequently, in the constructivist paradigm, researcher and participant are also interrelated and influence each other. They co-construct knowledge and meaning (Beyens & Tournel, 2010; Guba, 1981; Lincoln & Guba, 1985; Marecek, 2003; Mortelmans, 2013).
A qualitative researcher looks in detail to *"how people interpret and make sense of their world* [or a (social phenomenon] *and act on their interpretation"* (Hammersley, 2013, p. 27) from an emic perspective. An emic perspective is an insider's point of view, i.e. people who are involved with a particular phenomenon in a real-life context (i.e. methodology) (Beyens & Tournel, 2010; Brinkmann, 2013; Byrne, 2001; Hammersley, 2013; Marecek, 2003; Mortelmans, 2013). This requires considering people as active, knowledgeable and purposive agents who interpret (internal and external) phenomena, act upon these interpretations, and thus have reasons for their actions on which they are able to elaborate (Beyens & Tournel, 2010; Giddens, 1984;

[61] Positivism is typically associated with natural sciences and quantitative research methods. This paradigm assumes the existence of a single reality consisting of independent and separable phenomena with stable characteristics at any place and time (i.e. ontology), and thus an independent relationship between the researcher and phenomena under study. Phenomena can thus be directly observed (i.e. epistemology), described and measured in a standardised and replicable way (i.e. methodology). The purpose is reaching context-free study findings or identifying underlying and universal causal laws that are always and everywhere true (i.e. praxeology) (Guba, 1981; Hammersley, 2013, 2015; Smaling, 2010).

Hammersley, 2013, 2015; Marecek, 2003). Researchers themselves can study a phenomenon from an emic or etic perspective, the latter being an outsider's point of view and thus not being involved with a particular phenomenon (Byrne, 2001).
The purpose of qualitative research (i.e. praxeology) is understanding social reality or social phenomena, or *"Verstehen"* (Mortelmans, 2013, p. 63) which points to identifying or understanding a process through which a person gives meaning to something. This meaning making process connects signifier (stimulus) and signified (Mortelmans, 2013). Qualitative research is typically, but not always, an inductive process. By studying idiosyncratic experiences of *"particular people in particular places at particular times"* (Hammersley, 2013, p. 24) more general patterns can be induced, irrespective of the context, values and presuppositions of the researcher. Research embedded in the constructivist paradigm thus aims at gaining data-driven bottom-up idiosyncratic knowledge regarding similarities as well as differences in the perceptions of participants about the phenomenon under study (Braun & Clarke, 2006; Guba, 1981; Hammersley, 2013, 2015; Mortelmans, 2013).

Congruent with a constructivist paradigm, PMIO are considered experts regarding their lived experiences with power holders during the administration of court-mandated treatment. Their experiences are a central tenet within this doctoral study, and the researcher aims to gain knowledge from their experiences (Aga, Vander Laenen, Wittouck, Rowaert, & Ward, 2018; Smaling, 2010), which also accords with contemporary understandings of effective practice (Rycroft-Malone et al., 2004; WHO, 2018). The researcher takes an etic perspective (Byrne, 2001) and aims at understanding how PMIO experience their interactions with power holders, how these experiences influence them on an emotional, attitudinal and behavioural level, and how these experiences connect with the specific features and context of the Belgian internment measure. Indeed, qualitative research enables a researcher to gain a rich understanding of the subjective experiences of people, while taking similarities as well as diversities into account, and connect these experiences with relevant broader social structures and processes. The latter is particularly valuable for identifying and formulating potential policy and practice recommendations (Livingston et al., 2016; Marecek, 2003).

4.2. People subjected to an internment measure as research population

Qualitative research ensures that the context, or the research setting, can be taken into account when analysing and interpreting the data (Guba, 1981; Hammersley, 2013, 2015; Marecek, 2003; Mortelmans, 2013; Smaling, 2010). Therefore, it is important to locate the present study in both time and space. To operationalize PMIO in the present study, a legal definition of PMIO was used (Blackburn, 1993, 2004). PMIO were defined as persons subjected to an internment measure (PSIM), since the internment measure is the only official criminal justice response for PMIO in Belgium (Vander Beken, 2015).[62] PSIM, who are deemed not criminally responsible, thus constitute the research population of this dissertation.

[62] In some jurisdictions in Flanders, the Dutch-speaking part of Belgium, specific court-mandated treatment programs for persons with a drug dependency problem who committed crimes were implemented as pilot projects, such as "proefzorg" and the drug treatment courts in the Ghent jurisdiction, which means that they are local initiatives with limited funding and not explicitly rooted in procedural law (see Colman et al., 2011; see Wittouck,

The present study is exploratory and broad in nature since it is the first study investigating how PSIM experience their interactions with power holders involved in the administration of the internment measure. Consequently, the research questions are formulated with respect to PSIM in general rather than to a specific subpopulation of PSIM (Patton, 2002). Examples of focusing on specific subpopulations is confining the research population to specific individual characteristics of PSIM such as gender (for example, Mezey, Hassell, & Bartlett, 2005), age (for example, De Smet et al., 2015), or psychiatric diagnosis (for example, Willmot & McMurran, 2013), or to a certain setting in general, such as prisons (for example, Yang, Kadouri, Revah-Levy, Mulvey, & Falissard, 2009), or a certain particular setting, such as a specific forensic psychiatric (for example, Nijdam-Jones et al., 2015). The target population of the present qualitative study is thus PSIM in general, regardless of individual characteristics and/or treatment setting. Consequently, the setting of this qualitative study is the specific context of the administration of the internment measure in Flanders, the Flemish speaking part of Belgium.

Belgian legislation and practice regarding persons deemed not criminally responsible differs from other countries, and especially from common law countries. In the latter countries, not criminally responsible offenders are dealt with under mental health acts, while in Belgium criminal law is applicable (Bal & Koenraadt, 2000; Crocker et al., 2017; Livingston, 2016). Below, an overview of the Belgian internment legislation and forensic psychiatric care in Belgium, with a focus on Flanders, is given. Practical and ethical issues regarding the internment measure are also discussed. This overview will be restricted to those aspects which are important to understand the empirical findings and discussion of the present study.

4.2.1. The Belgian internment measure

When the present study started, the Belgian Acts of 1930 and 1964 on the Protection of Society against Abnormal and Recidivist Offenders were in force.[63] During the course of the empirical phase of the present study, these acts were fully replaced by the Belgian Act of 2014 on Internment on October 1st of 2016.[64] This new act was, together with creating a forensic psychiatric care circuit, part of a governmental action directed at improving the precarious and degrading situation of PSIM in Belgium (Seynnaeve & Beeuwsaert, 2017; Seynnaeve, Goyens, & Dheedene, 2018; Vander Beken, 2017). The experiences of the study participants are however related to the internment measure as administrated according to the acts of 1930 and 1964. Therefore, the description below is limited to these acts. The most important stipulations of the Internment Act of 2014 and the most important changes when compared to the acts of 1930 and 1964 will be discussed in chapter eight in light of the qualitative study findings.

Dekkers, Vanderplasschen, & Vander Laenen, 2014). Next, the internment measure is the only official criminal justice response for PMIO in Belgium. Therefore, the population of PMIO who fall under the internment legislation is very heterogeneous compared to persons who are deemed not criminally responsible in other countries, such as the Netherlands, Canada, the UK, Sweden, New-Zealand, Australia, or the US (Bal & Koenraadt, 2000; Crocker et al., 2017; Lund et al., 2012).

[63] This was an adjusted version of the Belgian act of 9 April 1930 with the same title.

[64] The Act of 2014 was also reformed by the Act of 2016 on Internment is a reparation law of the Belgian Act of 5 May 2014 on Internment.

The act of 1964 stipulated that the internment measure could be imposed by a judge when the defendant 1) had committed a criminal offence 2) was deemed not criminally responsible at the moment of the trial due to insanity, a serious mental disorder or a serious mental deficiency which made the person incapable to (fully) control his or her acts, and 3) was considered a danger to society at the moment of the trial (Cosyns et al., 2007; Cosyns et al., 2008; Dillen, 2006; Vander Beken, 2015).[65] The internment measure was, and still is, an indeterminate measure and is regarded as a safety measure instead of a punishment (Heimans, Vander Beken, & Schipaanboord, 2015; Vander Beken, 2017). The internment measure serves two goals, protection of society and treatment of the PSIM (Cosyns et al., 2007; Jeandarme, Habets, Oei, & Bogaerts, 2016; Vander Beken, 2017; Vandevelde et al., 2011). However, as elsewhere (Lamberti & Weisman, 2004; Livingston, 2016), the main rationale and focus of the imposition of an internment measure in Belgium has traditionally been the protection of society against PMIO who are considered a danger to society (Cartuyvels & Cliquennois, 2015; Cosyns et al., 2007; Seynnaeve & Beeuwsaert, 2017).

Under this act of 1964, a Commission for the Protection of Society (CPS)[66] supervised the administration of the internment measure. A CPS was regionally organised corresponding to judicial districts[67], and chaired by a judge who was assisted by a psychiatrist and a lawyer. A public prosecutor was also present at the hearings. The CPS decided, amongst others, when and to which type of treatment setting the PSIM would be referred to, to which conditions a PSIM had to comply during conditional release (into a (forensic) psychiatric hospital or the community), on the revocation and suspension of a conditional release, and revision of conditional release conditions, and on the abrogation of the internment measure.
A PSIM could, and still can, reside in prison[68], in a high secure forensic psychiatric centre[69], in a medium secure unit, or in a ward of a general psychiatric hospital. PSIM could, and still can, receive psychiatric treatment or psychosocial support as an outpatient in several community (forensic psychiatric) mental health care and social services (including sheltered living projects and day hospitalization) (Jeandarme et al., 2016; Vander Beken, 2017; Vandevelde et al., 2011). The former CPS was informed by the course of an internment measure (i.e. compliance to or violation of conditions, compliance or violation of disciplinary rules or hospital and ward rules, changes on psychosocial life domains, and general attitude of the PSIM) by a probation officer in case of conditional release, by the psychosocial prison team in case of temporarily detainment in prison, or by the forensic psychiatric centre[70] in case of detainment of the PSIM in this centre. They also advised the CPS regarding appropriate treatment referrals, conditional release conditions or (supervised) leaves (Jeandarme et al., 2016; Vander Beken, 2017; Vandevelde et al., 2011).

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[65] *"Social dangerousness"* refers to *"the risk of recidivism and the level of dangerousness for himself or herself and society"* (Vandevelde et al., 2011, p. 72).
[66] In the Act of 2014 these Commissions for the Protection of Society were replaced by Chambers for Protection of Society of the sentence implementation courts.
[67] In Flanders here was a CPS in Ghent, Antwerp, Leuven, and Vorst.
[68] Prison refers here to a psychiatric ward of a prison or a federal facility for the protection of society.
[69] In Belgium, a forensic psychiatric centre is not considered a hospital, nor considered a prison. It is considered a federal facility that offers similar care as a psychiatric hospital within a high secure environment (van den Ameele, Seynnaeve, Dheedene, & Wongsowikromod, 2015).
[70] The FPC now employs judicial rapporteurs to avoid role confusion (see Vander Beken & Vander Laenen, 2017).

Under the act of 1964, the internment measure could be abrogated when the mental state of the PSIM was sufficiently improved (Jeandarme et al., 2016; Vandevelde et al., 2011).

4.2.2. Overview of the development and organization of care facilities for persons subjected to an interment measure in Flanders

The organisation of forensic psychiatric care for PSIM is thus relatively new in Belgium, and developed for most part due to national and especially international judicial pressure (see chapter eight) (Cosyns et al., 2007; Vander Laenen et al., 2011). Before 2001, PSIM could only appeal to general treatment providers or treatment initiatives for people who committed sex offences (Jeandarme et al., 2016; Moens & Pauwelyn, 2012; Vander Laenen et al., 2011).
In 2001, the development of a forensic psychiatric care circuit for PSIM in Flanders started with the implementation of three medium secure units at the hospital premises of three general psychiatric hospitals (Jeandarme et al., 2016; Moens & Pauwelyn, 2012; Vander Laenen et al., 2011). The initial target population of these units were PSIM who were diagnosed with psychotic and personality disorders considered unsuitable for treatment in general psychiatric hospitals or the community and who did not require care in a high secure forensic psychiatric setting (Jeandarme et al., 2017). Initially, 120 beds, evenly distributed over the three hospitals, were provided. From 2007 on, the number of beds in these three medium secure units have been (and still are) incrementally extended. Additional inpatient units were also implemented (such as psychiatric nursing units, long stay units, crisis units, medium secure beds and a high risk unit for female PSIM, and a unit for PSIM with mental disabilities) alongside outpatient units (such as sheltered living projects, outreach teams and day hospitals) (Moens & Pauwelyn, 2012; Vander Laenen et al., 2011). In addition, treatment facilities and services for sex offenders, including PSIM who committed sex offences, were expanded (Moens & Pauwelyn, 2012). In 2005, a medium secure unit for PSIM with mental disabilities was established in a psychiatric hospital, and two such units followed in other psychiatric hospitals in 2006 and 2007 (Maes, Goethals, & Verlinden, 2009). In 2014, the first high secure facility for PSIM was implemented in Ghent. This facility focuses on PSIM diagnosed with personality disorders, psychotic disorders, developmental disorders, mental disability, emotional hypersensitivity and psycho-motoric problems who hold a high risk of reoffending and require treatment in a high secure setting (van den Ameele et al., 2015). A second high secure facility opened in 2017 in Antwerp (Seynnaeve et al., 2018). Next to the development of a forensic psychiatric care circuit, community (psychiatric) treatment facilities and services were also encouraged to admit PSIM into their services. For instance, general psychiatric inpatient and outpatient care facilities were subsidized for projects targeting (specific subgroups of) PSIM (Moens & Pauwelyn, 2012; Vander Laenen et al., 2011).
Services for PSIM residing in prisons were also implemented. In 2007, multidisciplinary care teams in prisons holding PSIM were implemented. These teams consist of a psychiatrist, a psychologist, a social worker, an occupational therapist, a psychiatric nurse, a physical therapist, and an educational therapist, and are assisted by prison officers who received additional training. These teams provide practical and emotional support to PSIM. They focus on motivating them for treatment, doing pre-therapeutic work and limiting detriment related to detention (Boers, Vandevelde, Soyez, De Smet, & To, 2011; Heimans et al., 2015).

4.2.3. Characteristics of persons subjected to an interment measure

Belgium suffers from an extreme lack of epidemiological judicial data (Vander Laenen et al., 2011; Vandevelde et al., 2011), due to limited, non-systematic and inconsistent electronic data registration in national databases (Dheedene, Seynnaeve, & Van der Auwera, 2015). To date, general and accurate descriptive information regarding PSIM in Belgium is lacking (Jaspis, 2018). For instance, cross-sectional demographic, psychiatric and judicial information was till recently only available for PSIM residing in prisons at specific moments in time (Cosyns et al., 2007; Dheedene et al., 2015). Recently, Jeandarme, Saloppé, Habets, and Pham (2018) described, amongst others, the clinical and judicial profile of PSIM who were treated in medium secure units between 2001 and 2010. The information described below is based on the most recent available data.

In 2013, there were 3820 PSIM in Belgium of which 1087 resided in Belgian prisons (Dheedene et al., 2015). Due to the development of a forensic psychiatric care circuit, the number of PSIM residing in Belgian prison approximately halved. On May 30th 2018, 530 PSIM were still residing in Belgian prisons (Jaspis, 2018). In 2004, thus largely before the forensic psychiatric care circuit incrementally expanded, about 60% of PSIM were conditionally released into (forensic) inpatient or outpatient care in the community (Moens & Pauwelyn, 2012) In Flanders, about 60% of conditionally released PSIM followed an outpatient treatment trajectory, the others were admitted as an inpatient in general or medium secure psychiatric facilities (Cosyns et al., 2007).

According to the study of Cosyns et al. (2007), the median age of the 505 PSIM *in Flemish prisons* in 2004 was 39 years and only 25 (5.7%) of these PSIM were women. Their primary diagnoses were personality disorders (41.7%), paraphilia (17%), psychotic disorders (16.9%), mental disability (14.5%), substance use disorders (7.5%) and impulse control disorders (1.2%). Dheedene et al. (2015) found that in 2013, 712 PSIM were residing in Flemish prisons. The majority of these PSIM were men (93.1%) and had the Belgian nationality. Median age of these PSIM was 41.64 years. Similar to the findings of Cosyns et al. (2007), comorbidity between mental disorders was common (73.41%). Most common psychiatric diagnoses were (cluster-B) personality disorders (28.4%), substance use disorders (21.1%), psychotic disorders (15.7%), mental disability (12.3%) and sexual disorders (9.8%). Dheedene et al. (2015) also studied judicial characteristics and found that most common criminal offence categories were violent offences (including sex offences) (41.6%), property offences (including scams and arson) (29%), drug related offences (5.4%) and jeopardizing public safety (such as illegal possession of weapons and hostage) (5.3%).
Jeandarme et al. (2018) provide a profile of 531 PSIM who were treated in one of the three medium secure units between 2001 and 2010. As for PSIM residing in prison, the majority of these PSIM were men (94.9%) and had the Belgian nationality (90.1%). Mean age on admission was 36.5 years. Comorbidity between axis-I and axis-II diagnoses was assessed in about two out five of these PSIM (42%). Most common psychiatric diagnoses were (cluster-B) personality disorders (55.2%), psychotic disorders (43.9%), and mood and anxiety disorders (6.4%). Substance misuse was present in 56.7% of PSIM. Most of these PSIM were subjected to the

internment measure due to violent offences (including sex offences) (77.2%). The majority of these PSIM (84.4%) had a (violent) criminal history before the imposition of the internment measure.

4.3. Maximum variation sampling to attain a heterogeneous sample

The exploratory and broad nature of the study impacts the sampling technique and the sample size. With respect to sampling, as is common in qualitative study designs, a purposeful sampling technique (as opposed to random or probability sampling in quantitative study designs), was applied in order to recruit study participants. The goal of purposeful sampling is to select "*information-rich cases*" Patton (2002, p. 230) to gain insight and an in-depth understanding in the phenomenon under study (as opposed to establishing representativeness of a population in random sampling). In particular, maximum variation (heterogeneity) sampling was applied. Criteria or characteristics to maximize variation in the sample need to be specified to construct the sample (Coyne, 1997; Patton, 2002; Sandelowski, 1995; Tracy, 2013). Phenomenological variation (i.e. variation on the phenomenon under study (Sandelowski, 1995) was sought through the criteria of court-mandated treatment setting and the CPS. Indeed, although PMIO are a very heterogeneous population (Barnao et al., 2010; Cloyes et al., 2010; Göbbels et al., 2016; Lurigio, 2011), they share being subjected to court-mandated treatment and judicial supervision (Bal & Koenraadt, 2000; Blackburn, 1993; Crocker et al., 2017; Livingston, 2016; WHO, 2005). In addition, demographic variation (i.e. variation on generally person-related characteristics (Sandelowski, 1995) was sought through the criteria of psychiatric diagnosis, age and gender.

Contrary to judicial supervision, which is generally similar for most PSIM, there is a plethora of general and specialized care facilities and services which treat and support PSIM (Cartuyvels & Cliquennois, 2015; Vander Laenen, 2009a). These facilities and services were grouped according to the type of facility or service using two characteristics, namely inpatient or outpatient setting, and general psychiatric or forensic psychiatric setting. Following these grouping variables, the study population was divided into *five groups*: 1) high security forensic psychiatric centre, 2) medium security forensic unit, 3) general psychiatric hospital, 4) specialized forensic outpatient treatment services, or 5) general outpatient treatment services. In addition, *two additional groups* were added as they could provide additional insight and in-depth understanding of their specific experiences regarding interactions with power holders during their internment measures (see Sullivan, 2005). These groups were; 6) PSIM currently residing in prison, as these persons have experiences with not being provided care and/or being returned to prison; and 7) PSIM of whom the interment measure was abrogated (i.e. definitive release), as these persons have experiences with the termination of the internment measure and thus with all phases of the administration of the internment measure. Within these seven groups it was aimed to attain as much as possible variation between the participants according to their CPS, psychiatric diagnosis, age and gender. With respect to gender, as more than 90% of the population of PSIM consists of men (Cosyns et al., 2007; Dheedene et al., 2015; Jeandarme et al., 2018) only a small number of women could be recruited. In this way, informational representativeness, as opposed to statistical representativeness, was aimed (Trost, 1986).

The strength of maximum variation sampling is the ability to define shared themes and patterns across the sample, and, if possible and desirable, to be able to define unique themes and patters for specific subgroups in the sample (Patton, 2002). In the present doctoral study, the aim was to identify shared themes and patterns across the sample, and in a later post-doctoral stage of the study, to search for unique themes and patterns in specific subgroups in the sample (such as women, persons with a specific psychiatric diagnosis, and persons residing in a specific setting) (see chapter nine). Therefore, sufficient participants, with respect to number and variation on the sampling criteria, needed to be recruited in the sample and in the sample groups. There are however no rules regarding sample size in qualitative research. Sample size needs to be determined according to the purpose and method of the qualitative study, and is based on informational redundancy or theoretical saturation (i.e. no new information is added by new observations or interviews). Nevertheless, specifying pre-determined *minimum* sample sizes is a solution in order to be able to schedule data collection and analysis. Maximum variation samples, which generally aims breadth (as opposed to depth) as is the case in the present study, requires rather large minimum sample sizes (Boddy, 2016; Morse, 2000; Patton, 2002; Sandelowski, 1995). Therefore, in accordance with guidelines and recommendations for sampling in qualitative research (Guest, Bunce, & Johnson, 2006; Hennink, Kaiser, & Marconi, 2017; Morse, 2000; Wray, Markovic, & Manderson, 2007) and other empirical qualitative studies regarding PMIO deemed not criminally responsible (Livingston et al., 2016; Maguire et al., 2014), a minimum sample size of ten to 15 participants for each of the seven sampling groups was considered appropriate to reach data saturation (in the general sample and in specific subgroups).

Three inclusion criteria for study participation were employed. In case of recruitment through a treatment team, the treating psychiatrist had to agree with study participation and consider potential participants as capable to provide informed consent and as having a stable mental state (i.e. the absence of overly (positive or negative) active symptoms and crisis situations) (McDermott, Gerbasi, Quanbeck, & Scott, 2005). Next, PSIM were eligible to participate if they had appeared in front of the CPS at least once. Lastly, since the native language of the principal researcher is Dutch, sufficiently speaking Dutch to profoundly discuss their experiences was a second eligibility criteria. Consequently, in order to avoid language barriers between the participants and the researcher (Coyne, 1997; Marecek, 2003), the study area was geographically restricted to people subjected to an interment measure in Flanders, the Flemish speaking part of Belgium (similar in- and exclusion criteria were employed in, for instance, Barnao et al., 2015; Livingston, Nijdam-Jones, & PEER, 2013; Maguire et al., 2014; McKenna et al., 2003).

4.4. A semi-structured interview as qualitative research method

The present study focuses on experiences of PSIM regarding a specific topic, namely their experiences with power holders involved in the administration of their interment measure. Semi-structured in-depth interviews are considered an appropriate means for collecting data to gain insight in personal experiences regarding a specific phenomenon. An interview is a one-on-one conversation between a participant and a researcher regarding how the participant

personally experiences, describes and gives meaning to a phenomenon. The participant is regarded as an expert on his or her experiences. In the context of a semi-structured interview, a researcher uses an interview guide with pre-determined open-ended questions and further probing questions to *guide* the interview (Brinkmann, 2013; Dempsey et al., 2016; Tracy, 2013; van Male, 2011). Brinkmann (2013, p. 25) introduced the following working definition of a semi-structured interview: semi-structured interviews *"are structured by the interviewer's purpose of obtaining knowledge; they revolve around descriptions provided by the interviewee, such descriptions are commonly about life world phenomena as experienced; and understanding the meaning of the descriptions involves some kind of interpretation"*.

An advantage of semi-structured interviews is that an interview schedule is a flexible instead of a chronological tool which allows naturally progressing discussions between researcher and participant and following the pace of the participant (Beyens & Tournel, 2010; Dempsey et al., 2016; van Male, 2011). Next to scripted questions, there is room for unscripted questions to probe participants' experiences (Doody & Noonan, 2013; Livingston et al., 2016). In addition, semi-structured interviews allow the emic viewpoint to emerge during the interview since the interview is less constrained by a limited pre-set of closed questions (i.e. with a limited set of response categories). Participants are able to provide their natural opinions and to raise new issues and concerns from their perspective (Beyens & Tournel, 2010; Brinkmann, 2013; Doody & Noonan, 2013; Tracy, 2013). During the interview, the interviewer can interpret the often complex and contradictory descriptions of the participants, which gives participants the possibility to correct or to object to interpretations of the interviewer (Brinkmann, 2013), or participant and researcher co-construct knowledge and meaning (Beyens & Tournel, 2010).

A disadvantage of (semi-structured) interviews is that the researcher has a position of power towards the participants. The interview situation can be intimidating for participants, for instance, they can feel unsafe to disclose sensitive information, they can experience a pressure to perform, or they can provide socially desirable answers (Doody & Noonan, 2013; O'Gorman & Vander Laenen, 2010; Rugkasa & Canvin, 2011; van Male, 2011). Therefore it is important to put the participant at ease and pay special attention to developing a positive interview rapport, and a respectful, trustworthy and confidential atmosphere in order to reassure the participant and facilitate a profound discussion (Beyens & Tournel, 2010; Brinkmann, 2013; Dempsey et al., 2016; O'Gorman & Vander Laenen, 2010; van Male, 2011). The power imbalance between researcher and participants was addressed in many ways. For instance, the researcher always introduced herself with her first name and asked participants where they preferred to sit and where they preferred the researcher to sit, participants' control regarding study participation and answering to questions during the interview was stressed, and participants were offered a financial incentive (see below; ethical considerations).

The interview guide in the present study consisted of a list of pre-determined questions which were discussed with the two supervisors and the doctoral guidance committee. The main questions in the interview guide were based on the underlying assumption of procedural justice theory, namely that how persons experience interactions with power holders influences attitudes, emotions and behaviour (Blader & Tyler, 2015; Lind & Tyler, 1988). However, dimensions of procedural justice were not (directly) questioned during the interview in order to avoid fitting the experiences of PSIM into procedural justice theory. The present study focused

on the experiences of PSIM, and only after codes and themes were developed these thematic findings were compared with theoretical procedural justice dimensions (for comparable inductive approaches to procedural justice theory, see Epperson et al., 2017; Livingston et al., 2016; Novich & Hunt, 2017, 2018; Steinmetz & Henderson, 2012). Next, some aspects of appreciative inquiry (AI) were incorporated in the interview schedule by explicitly querying "good experiences" too. AI has previously been applied in criminological research focusing on the prison and probation context (Liebling, Elliott, & Arnold, 2001; Liebling, Price, & Elliott, 1999; Robinson, Priede, Farrall, Shapland, & McNeill, 2013). On the on hand, AI can be considered a way of performing strengths-based research since its focus on positives, strengths and achievements rather than focusing on problems. AI specifically addresses aspects or procedures that can be regarded as good or best practices in the field of interest, and can reinforce and expand the use of these practices. Verifying 'good' experiences during the interview was considered important since these experiences can be used to formulate practice and policy recommendations. On the other hand, AI also holds a risk of *"imposing a 'rose-tinted' view of probation on participants and to diminish or ignore their very real concerns and anxieties"* (Robinson et al., 2013, p. 6). Indeed, given the sensitivity of the topic, the (presumed) vulnerability of the participants, and the ethical and practical problems surrounding the internment measure, it was expected that participants had experienced (manifold and/or enduring) negative events during their internment trajectory causing frustration and powerlessness (see, for instance, Barnao et al., 2015; Livingston et al., 2016). One of the main objectives of the study was to give voice, i.e. power, to the participants by focusing on *their* narratives, whatever valence these narratives have, negative, positive or neutral. Limiting the content of the interview to 'good' experiences, as a researcher decision, can be considered as limiting the voice of participants and taking (even more) control as a researcher instead of empowering the participants. AI was thus used as *one* mode of inquiry during the interview (see Robinson et al., 2013). Questions in line with AI during the interview were for example asking for exceptions to the rule, "Are there any aspects of (the interaction with) your probation officer you like?", and by asking how the ideal power holder behaves, "How does the ideal probation officer behave?".

To open the interview (Beyens & Tournel, 2010; Doody & Noonan, 2013; Mortelmans, 2013), participants were asked when they were born and to shortly outline the course of their internment trajectory so the interviewer disposed of an overview of this trajectory at the beginning of the interview. Doing so, the researcher was more able to go along with participants' account without losing track of the content. Hereafter, the further course and structure of the interview was proposed to participants so they also had an overview of the interview (Beyens & Tournel, 2010; Tracy, 2013).

The first question regarding their experiences with a specific power holder was a general and introductory question, namely "Can you tell me something about your contact with your probation officer" or "How do you experience your probation officer?". This question introduced the main topic of the interview and gauged participants' general experience with a specific power holder. This allowed participants to spontaneously narrate about this experience and allowed the researcher to discover the general valence of participants' experience (i.e. a general negative or positive experience, or a mixed experience). Further probing consisted of

questions to elucidate what aspects of the interaction influenced their experience (Beyens & Tournel, 2010; Doody & Noonan, 2013; Mortelmans, 2013; Tracy, 2013), such as "Can you tell me what you don't like about (the interaction with) your probation officer?", or "Can you give me an example?". Next, participants were asked about their attitudinal, emotional and behavioural reaction towards the specific power holder, for instance "What do you think about that?, "How does that make you feel?", "How do you react when your probation officer acts like that?", "What happens when you/someone is treated that way?", or "Can you give me an example?". Participants were further asked about how interactions with a specific power holder could be ameliorated, for example "How does a perfect probation officer act/do his or her job?", "What is most important for you during interactions with a probation officer?". This line of questioning was repeated for every power holder.[71]
The interview schedule was piloted in the first seven interviews, and was fine-tuned by adding some questions regarding abrogating the internment measure at the end of the interview. These questions asked participants about their perceptions of the goal and target group of an internment measure, and about their viewpoint regarding when an interment measure should be abrogated.
As a closing question (Beyens & Tournel, 2010; Mortelmans, 2013; Tracy, 2013) participants were asked if they wanted to share something that had not received sufficient attention during the interview. To conclude in a way that was empowering for participants (Tracy, 2013), participants were explicitly thanked for disclosing their story and sharing their experiences and valuable knowledge with the interviewer.

The interview guide did not include a formal section regarding clinical and judicial information, participants were asked about their age and date of the imposition of the internment measure. Study participants can suffer from recall bias or may not be aware of certain information, such as psychiatric diagnosis, which was the case in other studies focusing on PSIM (Mertens, 2018; Van Roeyen, 2018). The researcher consulted the judicial CPS file of study participants to gather this information (see McKenna et al., 2003), but only if study participants provided consent to consult their file. In order to describe the sample, information from the interview was combined with information from the CPS file. The CPS files were consulted in July and November of 2018.

All interviews were audiotaped with the consent of the study participants. The researcher also clarified the reasons for the use of audiotapes, i.e. that it is important to record what participants say instead of what the researcher makes of it, and that it prevents the researcher of taking a lot of notes during the interview. Audiotaping is standard practice when using qualitative interviews as a method, and generally research participants do not object to the use of the audio recorder, as was the case in the present study. Notes were only made to stay focused, to keep

[71] These power holders include police officers, the investigative judge, the court psychiatrist, the court setting, prison officers, the prison psychosocial service, the prison multidisciplinary care team, the CPS, probation officers, and treatment providers. In the present dissertation, the research questions regarding power holders involved in the administration of the internment measure are answered. These power holders consist of the prison psychosocial service, the prison multidisciplinary care team, prison officers, the CPS, probation officers, and treatment providers (see further).

track during the interview, or to record subjects to come back to later in the interview (Beyens & Tournel, 2010; Doody & Noonan, 2013).

4.5. Recruitment and interview procedure

4.5.1. Recruiting participants through gatekeepers

A gatekeeper approach, was used to recruit study participants, which is a common method in qualitative research (Rugkasa & Canvin, 2011). Gatekeepers are individuals or organizations who can facilitate, exert control or refuse access to a research population (Rugkasa & Canvin, 2011; Shenton & Hayter, 2004). As was mentioned in the previous section, the construction of the maximum variation sample was primarily based on type of treatment setting. The majority of gatekeepers in the present study were thus treatment teams supervised by a psychiatrist who are involved with the administration of the internment measure. Below, the general procedure towards recruitment is described. This general recruitment procedure was however flexible, and customized and adapted to preferences of or specific conditions set by the settings who were willing to assist the research team with recruiting study participants (Rugkasa & Canvin, 2011).

Gatekeepers were extensively informed about the purpose and the course of the study and about participants rights. This information was either in person or through telephone sessions depending on the preferences of the gatekeeper. Indeed, face-to-face contact with gatekeepers can facilitate cooperation (Dempsey et al., 2016). If a treatment team was willing to assist in recruiting participants, they were only asked to inform potential study participants regarding the general outline of the present study, i.e. the overall process and content of the study (i.e. an interview regarding your interactions with police officers, and criminal justice and mental health professionals by a researcher of Ghent University), in order to minimize the additional administrative workload of these professionals as much as possible. Treatment teams were provided with a leaflet for professionals with the general outline of the study and most important information regarding study participation to communicate to potential study participants and with an information leaflet for patients including contact details of the researcher. Doing so, potential study participants were aware of the overall process and content of the study and were able to tentatively agree with study participation.
This general recruitment procedure differed somewhat in the high risk facility and in prisons. In prisons, recruitment was coordinated by the multidisciplinary care team and/or the director of care.[72] In the high risk facility, recruitment was carried out by the patient board in cooperation with the treatment teams at the wards. The patient board was consulted regarding the study, and ward representatives in the patient board informed the other PSIM on their wards regarding the possibility of study participation. Interested patients provided their names to the treatment team on the ward.
When a facility was characterized by a high number of PSIM, such as medium secure wards or prisons, professionals were asked to randomly recruit potential study participants. The

[72] The director of care in prisons is the responsible director for the multidisciplinary care team and for PSIM residing in the prison involved.

following two techniques were suggested to gatekeepers regarding how to facilitate a random recruitment. First, professionals were advised to compose a numbered list of PSIM and randomly pick numbers corresponding with a particular person till one or two persons per ward or prison were willing to participate. Second, professionals were advised to recruit study participants according to the order of their appointments with the psychiatrist or psychologist the following week. When more than one PSIM was recruited per ward, professionals were asked, as far as possible, to ensure some variation between these patients according to the demographic variation criteria (Vander Laenen, 2009b), i.e. psychiatric diagnosis, age and, in the case of mixed wards, gender. In some facilities, all eligible PSIM were asked if they were willing to participate in the research study due to a low number of PSIM in the facility or due to ethical considerations of the treating psychiatrist or ethical research protocol of the facility.

Due to the difficult accessibility of persons of whom the internment measure was abrogated and the high distribution degree of PSIM with an outpatient rehabilitation trajectory, recruitment was also organised through Houses of Justice (where probation officers are stationed), a law office specialized in advocating on behalf of PSIM, and snow ball sampling through study participants and fellow researchers. Indeed, since these two types of participants were respectively deemed suitable for abrogation of the internment measure and deemed capable of living independently, the interposition of the treating psychiatrist to judge the competency of PSIM (to decide) to participate in the study was considered unnecessary from an ethical viewpoint. However, as a precaution, the research team psychiatrist was available for consultation in case of doubt regarding competency to participate in the study.

4.5.2. Scheduling interviews with study participants

When making appointments regarding time and location of the interviews, the researcher was flexible. Preferences of the study participants and gatekeepers were a primary concern in order to respect the treatment or day schedule of participants (and, if applicable, of wards). Indeed, as a researcher it is important to consider preferences of participants and gatekeepers in light of a successful data collection. In the present study, this flexibility was also employed to empower study participants (Dempsey et al., 2016; Doody & Noonan, 2013). After all, since study participants often resided in structured facilities such as prisons or locked wards of (forensic) psychiatric hospitals, it would have been easy to impose a date and time of appointment preferred by the researcher.
PSIM who were interested in participating were asked by the gatekeeper about their preferences regarding making an appointment with the researcher. An interview could be schedule through the gatekeeper or they could be personally contacted by the researcher to schedule an interview. If participants lived independently, the interview was conducted at a location of their choice. Interviews could take place in their residence or, if they preferred, in a consultation room of their treatment service or a meeting room of the university department. The only prerequisite for time and location was being able to have a private conversation, therefore public places were not considered an option (see Dempsey et al., 2016).

Before the start of the interview, the researcher was not informed about any characteristics, other than gender and treatment setting, of the study participants. The researcher was thus not aware of the age, psychiatric diagnosis, offending behaviour, or course of the internment trajectory, nor of other characteristics. Receiving detailed information regarding study participants involved in the criminal justice system or mental health system, could negatively affect the development of a trusting relationship between a researcher and a study participant since this information can induce negative expectations and stereotypes (Rapp & Sullivan, 2014; Ross et al., 2008).

4.6. Ethical considerations

4.6.1. Ethical advice and other necessary approvals

Prior to the empirical phase of the present study, a positive ethical advice was obtained from the Belgian Privacy Commission and from the ethical committee of the Ghent University hospital who performed as the leading ethical committee for the present study.[73] In addition, positive ethical advice was obtained from local ethical committees connected to specific medium secure and general treatment facilities. [74] A positive ethical advice was also obtained from the ethical commission of the Ghent high security forensic psychiatric centre.

The Director-general of the Directory-general of Penitentiary Institutions (DG EPI), the department of the Federal Public Service of Justice responsible for all prison affairs in Belgium, and the general directors of the individual prisons where interviews were carried out, also provided their fundamental agreement to recruit study participants and conduct interviews in Flemish prisons were PSIM were detained. The Section Houses of Justice of the Department of Welfare, Public Health and Family of the Flemish Government, and the general directors of the individual Houses of Justice who were involved with the recruitment of participants also fundamentally agreed with recruiting study participants through probation officers.

4.6.2. Incentives for participants and gatekeepers

As in other research studies regarding vulnerable groups in society, including PMIO[75] (Barnao et al., 2015; Fry & Dwyer, 2001; Gottfredson et al., 2007; Livingston et al., 2016; Mfoafo-M'Carthy, 2014; Vander Laenen, 2009b), a financial incentive of €20 was provided for participants, regardless of finishing the interview. Providing this financial incentive was a means to express the research team's gratitude and respect towards study participants for their

[73] This ethical committee has a full recognition since it is connected to a university hospital.
[74] These committees are Toetsingscommissie Ethiek GGZ Broeders van Liefde, Commissie voor medische ethiek "Spes et Fides", Commissie voor Ethiek Openbaar Psychiatrisch Zorgcentrum Rekem, De Commissie voor Medische Ethiek van Onze-Lieve-Vrouw Brugge en Psychotherapeutisch Centrum Rustenburg, and Ethisch comité vzw Emmaüs. These ethical committees have a partial recognition and have thus only a limited review authority. These committees can only provide a positive ethical advice for a study after an ethical committee with a full recognition has provided a positive ethical advice for the concerned study.
[75] McKenna et al. (2003) did not provide an financial incentive for study participants though they do not state the reason(s) underlying this decision.

time and energy spent in study participation and for the substantive contribution they made to the study. Next, the financial incentive was also a means of lowering possible social distance between researcher and participants. After all, a researcher also gets paid to carry out an interview (Grady, 2001; O'Gorman & Vander Laenen, 2010).

Providing financial incentives has also been objected to because it can possibly comprise voluntary consent to research participation, especially in the case of vulnerable groups in society. Therefore, the incentive should not be excessive and in accordance with the study participation effort (Grady, 2001; Regehr, Edwardh, & Bradford, 2000; Williams, 2005). Indeed, human motivation is complex and, as other decisions, deciding to participate in research is influenced by multiple considerations of which a financial incentive can be one consideration amongst others (Grady, 2001). For instance, a study by Fry and Dwyer (2001) showed that only one in five persons who injected drugs reported that economic gain was the only reason for study participation. The majority of study participants were motivated to participate in the study for multiple reasons beneficiary for both themselves and others, including personal satisfaction, obtaining information, altruism and contributing to policy. Not providing a financial incentive can also be negatively experiences by gatekeepers and study participants. For instance, Rugkasa and Canvin (2011) found that gatekeepers and possible study participants in a study regarding mental health in minority ethnic communities supported the view that not paying respondents confirmed an 'us versus them' inequality.

When briefing mental health professionals regarding the recruitment procedure, it was explicitly mentioned that the financial incentive should not be comprehended as a means of motivating eligible participants, but as a way to express the gratitude and respect of the researcher for study participants' time, energy and contribution. When a participant was informed about the study purpose, interview content, and participants' rights by the researcher, the researcher also explained the reasons of the research group for this incentive (i.e. their time is valuable, their contribution is appreciated, and the researcher also gets paid), alongside stressing voluntariness of both research participation and disclosing information (i.e. they could always refuse to answer questions). Although all participants appreciated the incentive, a lot of them mentioned an incentive was unnecessary and not their (main) reason to participate. Often participants only found out about the incentive just before the start of the interview, and thus already showed interest in study participation while not being informed regarding the incentive. Sometimes they wanted to be reassured that the incentive was not being personally financed by the researcher. Rarely, a participant was specifically focused on the incentive.

Next to financial inducement, reciprocity between researchers and study participants or gatekeepers can also be attained by other means, such as sharing study findings (Rugkasa & Canvin, 2011; Shenton & Hayter, 2004). Reciprocity and mutual benefit in the relationships with gatekeepers was established by offering to give lectures to cooperating facilities, inviting staff of these facilities to national conferences organized by the research team, and by sending them (and study participants) a report of the study findings after the doctoral defence. Financial incentives for gatekeepers were not provided.

4.6.3. Guarantees and precautions for the participant

Ethical aspects of conducting research should always be taken into account (Dempsey et al., 2016; Doody & Noonan, 2013; O'Gorman & Vander Laenen, 2010). When the target group of an empirical study is a vulnerable group in society some additional ethical considerations and precautions or actions for both participants and researchers should however be made. Vulnerable groups in society, such as PMIO, are often stigmatized and excluded, frequently resulting in experiences of powerlessness and decreased autonomy, which should not be replicated during research experiences (Dempsey et al., 2016; Magyar, Edens, Epstein, Stiles, & Poythress, 2012; O'Gorman & Vander Laenen, 2010). Indeed, PMIO can be considered as a vulnerable group with respect to voluntarily consenting to research participation since personal characteristics, such as symptoms of mental illness, and contextual characteristics, such as detainment and power of gatekeepers, can limit this voluntarily consent. The vulnerable position of PMIO should however never be a reason to deny their voices in research (McDermott et al., 2005; Regehr et al., 2000; Sullivan, 2005). PMIO, including people adjudicated not criminally responsible, experience freedom and autonomy in their decisions regarding research participation (Magyar et al., 2012) and are willing to contribute to and participate in research (Hillbrand et al., 2010).

Informed consent

Prior to the interview detailed information regarding the purpose of the study, the course of the interview, and guarantees and rights of the participants were verbally communicated, explained and clarified by the researcher in a way that was understood by the participant, which is necessary to provide informed consent. During and after the explanation, it was verified if participants needed clarification or had any further questions (Beyens & Tournel, 2010; Dempsey et al., 2016; Doody & Noonan, 2013; Grady, 2001; O'Gorman & Vander Laenen, 2010; Regehr et al., 2000). When the participant had no more further questions after receiving the detailed information necessary to give informed consent for study participation, the informed consent document was signed (see attachment). In addition, the participants were asked to provide personal contact details and contact details of significant others or professionals in order to be contacted regarding participation in future research studies. Participants were explained that in no means providing these contact details equals informed consent to future study participation. All participants signed the informed consent document and received a copy of the informed consent document.

The informed consent document included information regarding the purpose of the study and the course of the interview, information regarding participants rights when participating in research, and contact details of the principal researcher and the principal supervisor. Technical and professional language was avoided as much as possible in the informed consent –this was unfortunately not possible for obligatory referrals to legal acts in the informed consent. Participants rights included in the informed consent document were the following. Participants have the right to decline participation without giving a reason, to refuse answering certain questions, to withdraw from the study at any given time (until data are published), to be

informed about the study findings, to contact the researcher if questions regarding participation or results arise, to receive care if emotional problems arise as a consequence of study participation, and to remain anonymous and to have their data treated in a confidential manner. Participants were explained that whether or not they would agree to study participation would in no means affect their current situation. In addition, participants were asked for their permission to audiotape the interview. Given the sensitive topic, the (presumed) vulnerability of the target population of the study, and their legal status, participants' rights regarding anonymity, confidentiality and voluntariness were especially stressed during this clarification as a means to empower them (Beyens & Tournel, 2010; Dempsey et al., 2016; Doody & Noonan, 2013; Grady, 2001; Magyar et al., 2012; O'Gorman & Vander Laenen, 2010).

Anonymity and confidentiality

Participants were explained that in order to guarantee participants' anonymity, all identifiable characteristics would be deleted from the study findings and quotes so any third party is unable to identify the participant. Next, it was highlighted that the researcher worked independently from the police, the criminal justice system and the mental health system, and that there was no information-sharing between the researcher and professionals from the police, the criminal justice system or the mental health system involved with the participants, nor with any other third party both prior to or after the interview. In this respect, and in accordance with the emergency situation as stipulated in the Belgian act on professional secrecy, it was emphasized that the researcher's professional confidentiality could only be disrupted in case of an otherwise inevitable danger for the participant or a third party, and that the participants would be informed in advance if this situation presented itself.

Voluntariness

The researcher clearly stated that participants were in full control regarding study participation and during the interview. It was stressed that their choice regarding declining or agreeing to study participation would not affect their current situation, and that no reason should be provided for declination. With respect to the interview, they could decide if they wanted to answer a question and to what extent they provided detailed answers to questions. The participants were also provided with a sentence they could use when they wanted to skip (further) answering a question; "I would like to answer another question". It was stressed that they could stop the interview at any given time, and were informed in advance that the researcher would ask once, without any obligation, if they were willing to make a new appointment to finish the interview. In addition, participants were informed that they could also take a break from the interview at any given time during the interview.

Emotional impact

The informed consent also contained a section regarding assistance in case of emotional problems, and thus this section was also verbally discussed with the study participant before the start of the interview (O'Gorman & Vander Laenen, 2010). This section of the informed

consent stated that if the participant would experience severe emotional problems during the course of the interview which cannot be moderated by the researcher, the participant and researcher will discuss together which staff member to inform. In the forensic psychiatric centre the treating psychiatrist could be informed and contacted through the treatment team. If necessary, the researcher could also assist the participant in contacting the psychiatric emergency department of the Ghent University Hospital for treatment or a referral. Contact details of this department were provided in the informed consent in case the participant experienced emotional problems causes by the interview after the researcher left and needed assistance to cope with these emotional problems. As mentioned previously, participants were informed about the exceptions to the professional confidentiality of the researcher before the start of the interview.

The exceptions to the professional confidentiality of the researcher were discussed with the research team and assembled in a written distress protocol (Dempsey et al., 2016; O'Gorman & Vander Laenen, 2010). In case of an inevitable danger for the participant, i.e. suicide danger, it was premised that doing nothing or taking up a caregiver role were bad practices. Good practices were identified as discussing treatment or referral options with the participants (such as a treatment provider within the facility, the general practitioner, open consultations at the outpatient psychiatric department of the Ghent University Hospital[76]), and informing the participant that the researcher will notify the supervising psychiatrist of the study and that, if considered necessary, he will inform the treating psychiatrist. In case of an inevitable danger for a third party, a similar protocol was developed. Doing nothing or taking up a caregiver role were identified as bad practices. Good practices were identified as discussing the motivations and expectations of the participant for sharing these plans, advising the participant to disclose these plans to a treatment provider, and informing the participants of the precaution the researcher needs to take. This precaution consisted of notifying the supervising psychiatrist and legal counsellor of the study who would discuss the situation. If considered necessary by them, the supervising psychiatrist would inform the treating psychiatrist of the situation.

4.6.4. Precautions for the researcher

The distress protocol also contained a section regarding the researcher's physical safety (Dempsey et al., 2016; O'Gorman & Vander Laenen, 2010). The distress protocol consisted of general precautions to avoid or reduce risks, and actions to take when the researcher experiences a threatening situation.
Precautions consisted of acquiring knowledge regarding the research setting, adjusting clothes to the setting and population, being aware of possible vulnerabilities as a female researcher, being aware of the exit in settings and interview rooms, balancing keeping a distance and being involved, and reflecting about experiences with other researchers or supervisors. Measures for managing threatening situations were dependent from the research setting. In case the interview is carried out in residential or treatment settings, staff needs to be notified regarding the

[76] The supervising psychiatrist of the GOA-project is head of the department adult psychiatry of the Ghent University Hospital.

interview, the researcher needs to be in possession of a cell phone if possible, and the researcher needs to know how to alarm staff in case of a threatening situation. In case the interview is carried out at the residence of the study participant, the researcher needs to be in possession of a cell phone and a sufficient amount of money in case of emergency, and needs to be aware of the exit of the residence. A co-researcher needs to know when, where and at what time the interview is scheduled. This co-researcher is on hold during the interview time and a code word for danger was agreed upon with this co-researcher.

4.6.5. Precautions regarding data protection

A coding scheme was developed to provide every participant with a code. This participant code was used in all documents regarding the participant. The coding scheme was saved on a locked file on the work computer of the researcher. Paper documents, such as the informed consents and interview notes, were stored in a locked closet in the researcher's desk. Audio files were removed from the audio recorder and stored at the work computer of the researcher using the participants' code (O'Gorman & Vander Laenen, 2010).

4.7. Trustworthiness of the study

Criteria to judge the trustworthiness of qualitative research differ from criteria to judge the validity and reliability of quantitative research. In quantitative research, (internal and external) validity, reliability, and objectivity are established criteria for scientific rigour. In qualitative research, the trustworthiness of observations and data, and of interpretations and conclusions is important. The trustworthiness of qualitative research is associated with the following quality criteria; credibility, transferability, dependability, and confirmability (Guba, 1981; Lincoln & Guba, 1985, 1986; Tobin & Begley, 2004).

4.7.1. Credibility

Credibility, related to the aspect of 'truth value', is an analogue for the quantitative criterion of internal validity and is defined as *"confidence in the 'truth' of the findings*" (Lincoln & Guba, 1985). This quality criteria refers to the degree of agreement between the participants' accounts and the researcher's interpretations of these accounts. Credibility thus aims at producing plausible findings (Billups, 2014; Guba, 1981; Lincoln & Guba, 1985; Tobin & Begley, 2004). Credibility can be monitored by prolonged engagement and persistent observation, peer debriefing, and member checking, amongst others (Billups, 2014; Guba, 1981; Lincoln & Guba, 1985, 1986; Smaling, 2010).
In the present study, the researcher engaged intensively and for a prolonged period of time with study participants, and with the data collected during data analysis. Such prolonged and intense engagement provides scope and enables a researcher to familiarize and get acquainted with the natural context of study participants and to minimize distortions (Billups, 2014; Lincoln & Guba, 1985). The researcher spent considerable time in the facilities and residencies of study participants due to multiple interviews at (different wards of) certain facilities and due to the

length of the interviews. This allowed for some non-systematic and limited observations of daily life and the general atmosphere at these facilities, wards, or residencies. Another benefit of prolonged and intense engagement is installing a basic form of trust between researcher and study participants (Billups, 2014; Lincoln & Guba, 1985). For instance, before the interview started (Beyens & Tournel, 2010), the researcher took some time for small talk next to going through the informed consent in great detail, in order to start the interview at a quiet pace (see above, semi-structured interview).

In addition, the researcher engaged in persistent observation, which provides depth and enables a researcher to profoundly understand the participants experiences (Billups, 2014; Lincoln & Guba, 1985, 1986) by probing study participants in order to gain a deeper insight into their experiences, and by continuously shifting between coding raw data and (re)defining themes that were identified in the data.

Peer debriefing involves being transparent and receiving feedback from other researchers on the research design, data collection and analysis, and interpretations (Billups, 2014; Lincoln & Guba, 1986). During the different stages of the present study, developing the research design, collecting data, coding and analysing data were discussed with supervisors, the doctoral guidance committee, members of the research team, international experts in strengths-based research and practice during an expert meeting organised at the start of the GOA-project, and with acquainted researchers in criminology and (forensic) psychology.

Member checking involves (formally and informally) ascertaining if study participants agree with findings and interpretations of their accounts (Billups, 2014; Lincoln & Guba, 1985, 1986). During the interviews, the researcher regularly summarized the account of the participant and asked the participant whether or not this resume was a proper representation of the participants' experience. If experiences of participants resembled experiences narrated by other participants, the researcher introduced these experiences of other participants in the interview to check if this resemblance was also recognized by the participant (see, Beyens & Tournel, 2010; Brinkmann, 2013).

Negative case analysis involves searching for other interpretations or conflicting experiences to obtain a richer understanding of the phenomenon under investigation (Billups, 2014; Lincoln & Guba, 1985). For instance, appreciative inquiry (Liebling et al., 1999; Robinson et al., 2013) was applied during the interviews in order to ensure accounts of experiences with a different valence.

4.7.2. Transferability

Transferability, related to the aspect of applicability, resembles the quantitative criterion of external validity and is defined as the applicability of the findings in other contexts. Transferability can be assured by thick description. Providing thick description of the context of the phenomenon and of the phenomenon under study enables other persons to decide whether the study findings may be applicable or transferred to the contexts these other persons are interested in. Transferability thus aims at producing context-relevant findings (Billups, 2014; Guba, 1981; Lincoln & Guba, 1985, 1986; Smaling, 2010; Tobin & Begley, 2004).

In the present study, thick description was established by maximum variation sampling (Coyne, 1997; Patton, 2002, p. 230; Sandelowski, 1995; Tracy, 2013) in order to gain insight and in-

depth understanding in participants experiences, by describing the historical and contemporary context of the Belgian internment measure (i.e. the Belgian legal framework regarding the internment measure and the organization of (mental health) treatment and care services for PSIM in Flanders), by describing the study sample through consulting the judicial CPS files of study participants, by providing relevant and distinct quotes to illustrate themes that were identified in the data, and by comparing the themes identified in the data with international research findings.

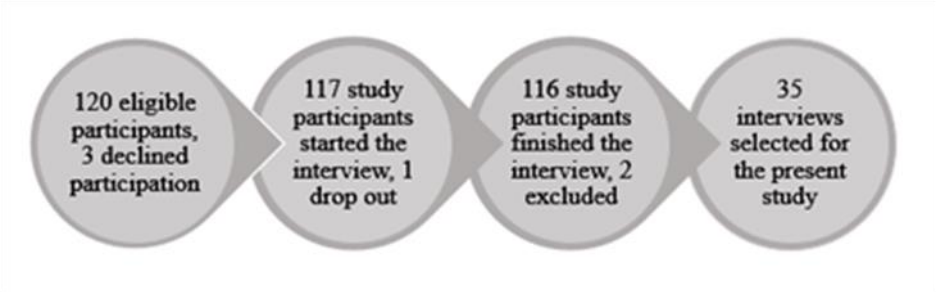
4.7.3. Dependability and confirmability

Dependability, related to the aspect of consistency, is similar to the quantitative criterion of reliability and is defined as the repeatability or consistency of the findings with the same subjects in the same context. Dependability thus aims at producing stable findings. Confirmability, related to the aspect of neutrality, resembles the quantitative criterion of objectivity and refers to the degree in which the study findings are derived from the data and not determined by researcher bias. Confirmability thus aims at producing investigator-free findings. Dependability and confirmability can be ensured by strategies such as document trial and auditing (Billups, 2014; Guba, 1981; Lincoln & Guba, 1985, 1986; Smaling, 2010; Tobin & Begley, 2004).
In the present study, the researcher documented the process of recruitment and the chronology of interview appointments, kept a research diary to write down thoughts and reflections regarding interviews, settings, and documented the development of themes during data analysis. Auditing was attained by presentations of the study methodology and preliminary study findings at both (inter)national conferences and external meetings with university researchers and practitioners, and during meetings with supervisors and the doctoral guidance committee in order to make adjustments to the study and obtain new inputs. The data analysis process was also discussed with experts in qualitative research (with vulnerable groups) and strengths-based research and practice.

4.8. Description of the sample

Our recruitment method can be considered successful. In total, 120 eligible participants were recruited across all seven study sample groups. Of these 120 eligible participants, one person was unable to reach, one person cancelled an appointment and subsequently decided not to participate in the study, and one participant decided not to take part in the study after receiving detailed information about the study. Thus, 117 eligible study participants started the interview. Of these 117 study participants, one participant prematurely terminated the interview shortly after its start because of experiencing too difficult emotions related to the interview topic. In accordance with ethical guidelines, informing a treatment provider on the ward was discussed with and agreed upon by the participant. Conform the informed consent and the motivations for working with an incentive, this participant also received the incentive. All other study participants finished the interview. Two interviews were deleted from the sample due to the poor quality of the interview data (see Morse, 2000).

Figure 4. Visual representation of sample and selected sample



As will described in the following section, 35 interviews (the selected sample) were analysed to address the present research questions which aimed at identifying shared themes and patterns in a heterogeneous sample of PSIM. Heterogeneity with respect to the CPS, type of psychiatric diagnosis, age and gender was aimed for. In addition, 5 study groups were developed in order to attain heterogeneity with respect to treatment setting. Two additional study groups consisted of PSIM who resided in prison and persons of whom the internment measure was abrogated.

All but one interview took place in the facility where the participant resided (of which most in consultation room on the ward) or in the residence of the participants. One interview took place in a meeting room of the department of the researcher. Interviews lasted between one hour and four and a half hours, with an average length of 2 and a half hours. On seven occasions the interview was divided in two parts due to day schedules of participants or due to participants experiencing emotional difficulties related to the interview topic, or participants feeling tired.

The selected sample consisted of 31 men and 4 women. All of these PSIM had the Belgian nationality. Their mean age was 40 years. The youngest participants was 27 years old and the oldest was 66 years old. Most participants were supervised by the Ghent CPS (n= 16) or Antwerp CPS (n= 14). Five participants were supervised by the Leuven CPS. The mean length of the internment measure of participants who were still subject to it was 9.5 years, with a range from 1 year till 29 years. The mean length of the internment measure of participants of whom the internment measure was abrogated was 17 years, with a range from 3 to 24 years.
The psychiatric diagnoses of the participants were substance use disorders (including alcohol use disorders (n= 26), personality disorders (n= 19, of which 13 cluster-B personality disorders), psychotic disorders (n= 12), intellectual disability (n= 13), sexual disorders (n= 6), mood and anxiety disorders (n= 4), developmental disorders (other than intellectual disability) (n= 3). One participants was also diagnosed with a chromosomal deficiency and another participant with acquired brain injury. In 22 files, a traumatic life event was reported in the CPS file, such as sexual abuse, physical abuse, or neglect. Nineteen participants had been admitted in a psychiatric hospital before the internment measure, of which 11 experienced an involuntary admission.
Most common criminal offence categories were violent offences (n= 12), sex offences (n= 9), non-violent offences such as theft or forbidden weaponry (n= 8). Other participants were interned because or drug-related offences (n= 2), arson (n= 2), and stalking (n= 2).

4.9. Thematic analysis to identify themes and patterns in the data

Thematic analysis was used as data analysis method since this method fits with the exploratory research aim and with characteristics of the dataset. Corresponding to thematic analysis, the study aims identifying themes and patterns in the experiences of the study participants regarding their interactions with power holders and the influence these experiences have on their emotions, attitudes and behaviour (Braun & Clarke, 2006). The study indeed aims primarily breadth instead of depth, which is particularly useful for an exploratory study in an under-researched area (Braun & Clarke, 2006; Patton, 2002).

All interviews were audio-recorded and verbatim transcribed by the researcher and two transcribers. These transcribers signed a confidentiality contract and their transcripts were checked against the audio recordings for accuracy. Since data analysis focused on content and meaning instead of on linguistic representations of content and meaning, such as pauses and language use[77], a denaturalized approach towards transcribing was used whereby, following Livingston et al. (2016) and Nijdam-Jones et al. (2015), speech errors, pauses or involuntary vocalisations were not included in the transcriptions (Braun & Clarke, 2006; Oliver, Serovich, & Mason, 2005).

Interviews were conducted, transcribed and analysed in Dutch. Given the importance of thick description in establishing transferability (Billups, 2014; Guba, 1981; Lincoln & Guba, 1985, 1986; Smaling, 2010; Tobin & Begley, 2004), the quotes used to illustrate the descriptions of the (sub)themes were translated from Dutch into English, thereby staying as close as possible to the Dutch quotes. All participants were given a fictional name corresponding to their (biological) gender. Other characteristics of participants, for instance age, treatment setting or psychiatric diagnosis, are not provided. Reasons for not providing this information are twofold. First, this was an exploratory study in which these characteristics were used as criteria to maximize phenomenological and demographic variation in the maximum variation sample (Coyne, 1997; Patton, 2002, p. 230; Sandelowski, 1995; Tracy, 2013). Investigating the influence of these specific characteristics on the lived-experiences of the participants was not a study objective. Second, providing this information could compromise the participants' anonymity (Beyens & Tournel, 2010; Dempsey et al., 2016; Doody & Noonan, 2013; Grady, 2001; Magyar et al., 2012; O'Gorman & Vander Laenen, 2010). There is a lot of debate regarding the quantification of qualitative data (Beyens & Tournel, 2010). In the present study, the qualitative data are not quantified. The aim of this study is to identify general themes and patterns in the data. The presence of these general themes and patterns in the data is addressed with plural forms, such as 'participants' or 'they'. At the same time, attention is given to specific experiences and examples. These experiences are addressed with singular forms, such as 'one participant', or directional words that refer to a quantity, such as 'some' (Braun & Clarke, 2006).

[77] For instance, when using interpretative phenomenological analysis (IPA) making linguistic comments is a regular and fixed feature of data analysis (Smith, Flowers, & Larkin, 2009).

Although some preliminary analyses were carried out on a limited dataset from the data corpus, data analysis was largely carried out after data collection. This model of sequencing data collection and data analyses was permitted by the use of semi-structured interviews. Since all participants were largely asked the same questions, data comparison between participants was possible (Morse, 1993). In addition, data analysis aimed at identifying patterns in the data instead of developing a *"full-fat grounded theory"* (Braun & Clarke, 2006, p. 81). Organizing data collection according to the needs of the emerging theory was thus not a prerequisite (Morse, 1993).

As in other research studies using procedural justice theory as a theoretical framework (Epperson et al., 2017; Livingston et al., 2016; Novich & Hunt, 2017, 2018; Steinmetz & Henderson, 2012), a largely inductive approach towards data analysis was employed. Since the data corpus was large for a qualitative study (Morse, 1993, 2000; Patton, 2002), and individual data items (the interviews) consisted of multiple different topics (i.e. multiple power holders) and a large amount of useable data, some deductive or theoretical elements based on the underlying assumptions of procedural justice theory were incorporated into the data analysis strategy (Braun & Clarke, 2006). More specifically, a directional coding paradigm was used to guide the initial coding phase (Decorte, 2010; Mortelmans, 2013). This directional coding paradigm, based on the coding paradigm of Kelle (2005), consisted of categories which enabled the researcher to structure initial codes but without suggesting any content of the codes themselves. The following categories were used per power holder: context, experiences with power holder, and reactions towards power holder.

Table 1: Coding paradigm used to structure data analysis

Context - Opinions	This category consists of codes which relate to general perceptions of oneself and of the power holder. These perceptions were considered as possibly influencing interactions with power holders, although they were also considered as existing separately from interactions with power holders.
Positive experiences with power holder	This category consists of codes which relate to aspects or dimensions of interactions with a power holder which were considered as positive by study participants.
Negative experiences with power holder	This category consists of codes which relate to aspects or dimensions of interactions with a power holder which were considered as negative by study participants.
Reactions towards positive experiences	This category consists of codes which relate to perceived emotional, attitudinal or behavioural reactions of study participants towards the category of positive experiences with a power holder.
Reactions towards negative experiences	This category consists of codes which relate to perceived emotional, attitudinal or behavioural reactions of study participants towards the category of negative experiences with a power holder.
Perceptions of the internment measure	This category consists of codes which relate to perceptions regarding the internment measure itself.

In order to identify themes and patterns in the data, the verbatim transcribed interviews were analysed by the interviewer, manually as well as with qualitative software (Nvivo 11 and 12). The analyses was guided by the six iterative phases of inductive thematic analysis, namely 1)

familiarising yourself with the data, 2) generating initial codes, 3) searching for themes, 4) reviewing themes, 5) defining and naming themes, and 6) producing the report (Braun & Clarke, 2006). Data analysis in the present study was carried out using a specific strategy consisting of four coding cycles to structure and manage the data. This coding strategy also facilitate the recursive process of moving back and forward between the raw data, coded data extracts, themes, and the entire data set (Braun & Clarke, 2006). Secondary selection of data items in the data corpus (Morse, 2000; Patton, 2002) was applied to generate a more heterogeneous data set.

In the *first* phase of the coding strategy, *preliminary analyses* were manually carried out by (re-)reading a randomly chosen limited dataset of 28 interviews These analyses were performed during the data collection phase. This phase of data analyses allowed the researcher primarily to familiarize with the data, to generate an initial list of ideas regarding initial codes based on identifying key words in the data (phase 1, familiarising yourself with the data; Braun & Clarke, 2006; Livingston, Nijdam-Jones, & PEER, 2013), and to develop the deductive categories to structure these initial codes in the qualitative software project (Nvivo 11 and 12).

In the *second* phase of the coding strategy, the *formal coding process* started. Using the deductive categories and the list of ideas regarding initial codes belonging to these categories, 14 interviews were analysed by open line-by-line coding (Braun & Clarke, 2006; Mortelmans, 2013). These 14 interviews consisted of 2 interviews of each study sample groups.[78]The two interviews per study sample group were selected (i.e. secondary selection strategy; Morse, 2000; Patton, 2002) based on the chronological order in which the interviews were conducted, and on the specific setting (i.e. facility and/or ward) where participants were recruited. Since it was aimed to establish a maximum variation sample, interviews with participants stemming from the same setting were never analysed after each other. During this second coding cycle, initial codes within each coding category were produced, defined, and redefined if necessary. In addition, by axial coding, meta-codes or initial themes were identified based on conceptual similarities between codes (phase 2 and 3, generating initial codes and searching for meta-codes and/or themes; Braun & Clarke, 2006; Livingston, Nijdam-Jones, & PEER, 2013; Mortelmans, 2013).
In the *third* phase of the coding strategy, another 14 interviews were analysed using both open and axial coding. These 14 interviews consisted of three interviews within each study sample group using the same secondary selection strategy. This third coding cycle generated code saturation, which is defined by Hennink et al. (2017, p. 595) as *"the point when no additional issues are identified and the codebook begins to stabilize"*. At this stage in the data analysis it was decided to focus on interactions between PSIM and power holders during a particular phase of the internment measure, i.e. interactions between PSIM and power holders from the criminal justice system and mental health system involved in the administration of the internment measure. The research questions were refined accordingly (Braun & Clarke, 2006). This

[78] These study sample groups are PSIM residing in or receiving treatment from a 1) high secure forensic psychiatric centre, 2) medium secure forensic unit, 3) general psychiatric hospital ward, 4) specialized forensic outpatient treatment services, 5) general outpatient treatment services; 6) PSIM residing in prison, and 7) PSIM of whom the interment measure was abrogated.

refinement had a pragmatic as well as a substantive reason. The pragmatic and methodological reason was avoiding drowning in data (Morse, 1993). The substantive reason was fourfold. First, and most importantly, the phase of the administration of the internment measure suited best with what was mostly discussed by study participants regarding the internment measure. Second, before the imposition of the internment measure, these persons are not yet legally defined as PMIO. Third, this phase of the internment measure also fitted best with the other empirical studies of the overarching GOA-project.[79] Fourth, at the time of the interview, the administration phase of the internment measure is ongoing, thereby limiting recall bias. Next, data analysis was continued with selective coding. The meta-codes or initial themes were reviewed to create themes within each coding category that are characterized by *"internal homogeneity and external heterogeneity"*. Thus, a theme should be internally coherent, and distinctive from other themes (Braun & Clarke, 2006, p. 91; Mortelmans, 2013). In addition, these themes were supported by the data since each theme consisted of accounts belonging to several study participants as well as meaningful to answer the research questions (Livingston, Nijdam-Jones, & PEER, 2013).
In the *fourth* phase of the coding strategy, 7 additional interviews were analysed via selective coding focusing exclusively on the themes identified in the previous stage to yield meaning saturation, defined by Hennink et al. (2017, p. 595) as *"the point when issues are fully understood, and when no further dimensions, nuances, or insights of issues can be found"*. (Braun & Clarke, 2006; Mortelmans, 2013).

4.10. Conclusion

The present study can be situated within a constructivist philosophical paradigm. Central in this paradigm is the focus on lived experiences of people regarding a certain phenomenon. In the present study, the experiences of PSIM were put central. More specifically, the study aim is gaining insight into the experiences of PSIM regarding their interactions with power holders, from the criminal justice system and mental health system, involved in the administration of the internment procedure.

In order to gain insight and an in-depth understanding of these experiences of PSIM, a purposeful maximum variation sample was established. Study participants were recruited by a diverse compound of gatekeepers from the criminal justice system and the mental health system. A heterogeneous sample was obtained regarding treatment setting, commission of protection of society, psychiatric diagnosis, age and gender. The experiences of the study participants were explored using semi-structured interviews, in which special attention was given to both negative and positive experiences. Thirty-five interviews were analysed during a four-phased coding strategy using thematic analysis.

All necessary ethical advise and approvals were obtained for the present study. All participants signed an informed consent document in which particular attention was given to anonymity,

[79] These empirical studies concern desistance of PSIM, recovery of PSIM, and supporting family members of PSIM (Aga, 2018b; Rowaert, 2018; Van Roeyen, 2018).

voluntariness, and the possible emotional impact of the interview. Trustworthiness of the study findings was ensured by prolonged engagement and persistent observation, peer debriefing, member checking, thick description, document trial and auditing. The study findings are presented in the following part of the dissertation.

Chapter five

Setting the scene

Before the main findings of this dissertation are described and presented in the following chapter, three general themes that were identified in the accounts of persons subjected to an internment measure (PSIM) are presented. These themes are not directly but indirectly related to the research questions. The themes presented here are a means to contextualize the main findings of the dissertation. Presenting these themes corresponds to the constructivist philosophical paradigm of the present study. Indeed, qualitative research starts from an emic perspective (Byrne, 2001). Here, the experiences of PSIM and how they experience their world are put central. Corresponding to the mainly inductive approach of the present study, gaining data-driven bottom-up knowledge –instead of theory-driven top-down knowledge– is aimed (Guba, 1981; Hammersley, 2013, 2015; Mortelmans, 2013). Indeed, an inductive approach entails that themes can be identified in the data that are remotely related to the research and interview questions instead of providing an immediate answer to these questions (Braun & Clarke, 2006).

During the interviews, participants talked about their childhood experiences and the events that led to the imposition of the internment measure, namely their mental health issues and offending behaviour. They also shared their general viewpoints regarding interactions with power holders, namely the active role of both PSIM and power holders in these interactions. The following themes were identified in these accounts: a nuanced recognition of mental health problems and offending behaviour, trauma and reliving trauma, and agency and shared responsibilities. Whereas the former two themes relate to the personal background of study participants, the latter two themes relate to an overarching perception of the role of PSIM as well as power holders during their mutual interactions.

5.1.A nuanced recognition of mental health problems and offending behaviour

5.1.1. Accounts of mental health problems

With respect to mental health problems, participants acknowledge having experienced mental health problems and co-morbid substance use problems in the past.

> *Anouk: "I was also very much confused and extremely chaotic. Afterwards they said I was in fact psychotic"*

> *Tom: "I was always under the influence of illegal drugs"*

Some participants also indicate they have attempted suicide in the past or exhibited other self-destructive behaviour. Sometimes they related this self-destructive behaviour to the course of the internment measure, as the following participant does:

> *Kurt: "I felt down and took 40 pills of my prescribed medication. I was in a coma for 4 days… because of the internment measure, I was so tired of it all, I was also psychotic and I started drinking and then I took those pills"*

Some participants talk about their mental health problems in psychiatric terminology, such as being diagnosed with or having a psychotic disorder, a personality disorder, a bipolar disorder, an attention deficit disorder, a mental disability, or a major depression. Other participants talk about these mental health issues in more spoken language, such as *"I was behaving very unsteady"* or *"I went through the ribbon for a long time"*, or *"I have been bad (in my head)"*. The following participant phrases being mentally ill rather metaphorically:

> *Lars: "I see myself as a sensitive and intelligent person but with the soul of a fool, and that's why I always fuck things up at crucial moments"*

Some participants mention their mental health problems by talking about psychiatric treatment in the past. These past episodes of psychiatric treatment consist of voluntarily as well as involuntarily treatment and hospital admissions, and short-term as well as long-lasting episodes of psychiatric treatment. Sometimes participants indicate not having received (appropriate) help for their needs in the past.

> *Joachim: "So it's actually from, uhm, 16, 17 years ago , something like that, that I'm actually struggling with my story in psychiatry, back then it was voluntary… before I was interned I was also involuntary admitted"*

> *Louis: "What the hospital does now, I believe should have happened years ago... 10 20 30 40 years ago, then I would have never been admitted here"*

Participants also recognize they have a continuing need for care, including medical treatment:

> *Sofie: "I am not completely healthy and in a group a risk. But I understand that I have a level of risk"*

> *Christophe: "If I don't take my medication I am not able to function at all… for me, skipping my medication for one day is already is enough, then I really fly"*

Participants also nuance their mental health problems. Some participants apply a slight nuance to psychiatric terminology, such as mentioning to have experienced *"light hallucinations"*, having had a *"mild psychosis"*, to have *"a little mental disability"*, or to have *"a bit of autism spectrum disorder… and a little of a personality disorder, but nog enough to diagnose it all"*. Other participants mention that, although they experienced mental health problems, they have always kept working or have a moderate or high IQ. Other participants make a connection between experiencing mental health problems or diagnosing people with a mental disorder and

broader society: *"they exaggerate with diagnosing people with borderline personality disorder"* and *"everyone has their problems of course"*.

Exceptionally, participants state to have a physical health problem instead of a mental health problem or bluntly deny having mental health problems:

> *Vincent: "I think many were surprised when I walked in here and wondered "what's wrong with that one?", because nothing was wrong with me, if I see now what's coming in here sometimes, yeah well, you don't have to look much further, but with me actually nothing was wrong, nothing (emphasis)"*

Sometimes recognizing and denying mental health problems fluctuated during the course of an interview, possibly pointing to ambivalent feelings regarding (being diagnosed with) mental illness. The participant who is speaking in the first quote below, talks about his mental health issues, while about 50 minutes later he says he is wrongly being treated as an (mentally) ill person. The participant in the second quote recognizes and denies having mental health problems in the same sentence.

> *Ruben: "In the past I've walked around with a little bit of a double personality, I didn't know who I was anymore, that's very hard, an identity crisis… that went on for a long time.. once I ended up in a psychosis and I was really convinced that.. I was somebody else.. I have been possessed…* [50 minutes later] *" They treat me like a sick person, you know, while I am not sick at all, and sometimes that clashes a bit too"*

> *Christophe: "People who are really mentally ill, like me, although I don't consider myself as sick, but that's the way it is"*

Next to mental health problems, some participants also talk about other psychosocial problems. For instance, interpersonal problems with partners, family and friends, and social problems such as unemployment and financial problems, or, more generally, about not leading a normal life.

> *Wolf: "The fact that I don't really have my life together, like most people would say"*

5.1.2. Accounts of offending behaviour

With respect to (past) offending behaviour, almost all participants spontaneously acknowledge having committed an offence which led to the imposition of the internment measure; regardless of the type of offence committed. Participants talk about minor offences they committed, such as theft or attempted theft, but also about serious offences they committed, such as sexual offences or attempted manslaughter.

> *Yves: "I had two different cases … I'll say, the first, was.. pure murder.. and they qualified the second as as manslaughter"*

> *Luc: "I don't have that many offences. In fact I have vandalism to a house, that is one of my offences, and then uhm.. wait a minute, also an attempted theft"*

Next to accounts about the offence that precipitated the imposition of the interment measure, participants talk about having a history of offending behaviour as well as a history of contacts with the criminal justice system.

> *Bart: "that was before my internment measure, the first time was in X* [date], *then I was convicted for the first time, so that was uh, then I was convicted"*

As with mental health problems, participants also nuance, and sometimes seem to minimalize, their offending behaviour. For instance by stating that it was not their intention to harm other people, that they were subject to the influence of another person during that stage of their life, or that there are always two sides of a story. Only exceptionally, participants claim being wrongfully convicted for certain offences.

> *Dylan: "I am going to be honest about that... It wasn't always right, I wasn't always right, I wasn't always correct but they [the victims] weren't always right, but anyway.."*

> *Louis: "Then there were accusations I assaulted those kids, but that didn't happen, come on.. I didn't assaulted them, I didn't do anything to them"*

When minimalizing their offending behaviour, participants often talk about their behaviour instead of the qualification of the offences, such as *"that I made that phone call to that woman"* . They also compare their less serious offence to more serious offences of other PSIM. Others normalize certain offences, such as bicycle theft, or clearly mention there was no violence involved in their offences:

> *Ruben: "I committed robberies... yeah, but without using any violence or something like that, yeah"*

5.1.3. Accounts of interconnectedness

Participants also associate their previous mental health problems or psychosocial problems to their offending behaviour. They associate their offending behaviour with symptoms of a mental disorder, such as delusions, with a lack of treatment, or with not being compliant with their medication schedule.

> *Elias: "Yes.. but continuing to take my medication and go to, then I won't experience anything like that anymore, because normally I am not aggressive at all"*

Next, they link their offending behaviour also with substance (ab)use including alcohol (ab)use, with interpersonal problems such as loneliness and domestic violence, and with social problems such as financial problems.

Vincent: "Yes yes, there was involved alcohol, yes yes yes, I'm not denying that"

Jensen: "I started drinking, and then I started using drugs via my friend, and then because of using more and more drugs I started making mistakes with those children"

Jan: "Then I committed my offences... I had a job, that wasn't the problem, but then you come home and you're sitting there alone"

5.1.4. Accounts of change

Some participants also mention that over time, things have changed. They talk about having changed as a person and having gained insight, often as a result of their own efforts. Other participants talk about their aspirations and desires of a better future. Some hope to live a normal life, in which they have a family or a job, or be of significance in society.

Michaël: "I got back up on my own"

Sabine: "I still want to be of some significance in society"

Also similar to accounts related to mental health problems, participants indicate a change in their behaviour. Often these accounts relate to not having committed any offence since the offence which led to the imposition of the internment measure, or to takings steps to avoid offending behaviour in the future.

Dirk: "These past three years I'm actually struggling with being reprimanded because of different reasons, especially drug use. But I didn't commit any new offences. It's my drug use in particular, contacting people I'm not allowed to contact, using the internet while I'm not allowed… but actually I messed up a couple of things. In short, I didn't comply with my conditions"

Lars: "I was interned for manslaughter but lately I'm getting better at processing the past. Like, look, that happens, I cannot turn back time, I have to go on, I have to think about the future, to make something beautiful of it, to compensate for what I have done"

5.2.Trauma and reliving trauma

Several participants spontaneously reveal having experienced major life events during their childhood and adulthood. They talk about having experienced a difficult childhood and growing up in difficult circumstances. Participants mention having been casted away or neglected, having grown up in different foster care families, and having had parents who used substances or were criminally involved. Other participants mention having been admitted to youth institutions due to problematic educational situations or juvenile delinquency, or having been

admitted involuntarily as a youngster. Participants also made accounts of sexual abuse, and sometimes of emotional and physical abuse too; especially in childhood but also in adulthood.

> *Peter: "From when I was a child I have always had to fight to keep on going. Then being beaten at home and all, and being sexually abused by a friar at school"*

Participants who reveal having experienced traumatic life events during their childhood, often relate this experience in some sense to aspects of the contacts they have with power holders from the criminal justice system and the mental health system. Some participants make this association in more general terms, such as the following participant who links the way he was treated by his mother to being sensitive about the way he is approached by people nowadays:

> *Daan: "It has to do with my childhood experience with my parents, I was raised with the 'iron hand', I'm always the first person to help someone and so on, but when I get approached in the wrong way then it's like some sort of armature or shield euhm.. I've already been hurt enough and.. Then I would dare to, I mean it depends on how this person is behaving towards me, but I would dare to answer in an aggressive way"*

Other participants associate these (early) childhood experiences more directly with particular (past) experiences they have (had) with power holders from the criminal justice system and the mental health system. Certain childhood experiences seem to be repeated, mirrored or projected during interactions with power holders. In most cases, these accounts have a negative connotation.

> *Ruben: "I've never had a father, and that's why I can't accept another man having authority over me, because I had to take care of myself during my whole life, yeah, you can ask me anything, I would do anything for you.. but don't oblige me or something like that, because I think I'm even more dominant than another person"*

> *Kevin: "I ask a lot of attention here, and why do I ask so much attention? Maybe because I never got attention? ... Here, they [treatment staff] don't think about that… they say "you're very suffocating towards your mentor"… X [mentor] is not a mentor to me, to me X is a friend, because I can trust hem in everything and by everything, and that's what I say, that's difficult, learning to trust people again is difficult"*

However, another participant explains very eloquently and vividly how her experiences with the CPS counterbalance the consequences of the sexual abuse and the lack of care she experienced as a child on her present day feelings and self-image:

> *Sabine: "he said: "I see a beautiful personality in front of me and I see somebody with potential"…' Those words, I can still hear them… It was like I was a dead little butterfly, but with those kind words, he let it rise again, he let it fluttering again and let it flourish again, and revitalized it, that was really awesome, it touched me, why? Because I never*

experienced any family love, … or love in the wrong way… he just let,.. that wasn't normal, that was real, that was ma…magic"

5.3.Agency and shared responsibilities

Participants often view themselves as active agents during the internment measure and during interactions with power holders from the criminal justice system as well as the mental health system. They consider their own actions and attitudes as factors which facilitate or impede being offered opportunities by power holders or making progress in their internment trajectory.

Lieve: "I knew for sure that if I wouldn't behave from the first months on, that it wouldn't last for long too, yah"

Vincent: "Sometimes the psychiatrist says a lot of things, but a lot of things are not complied with here as well, so with X [the probation officer] it's exactly the same, X says a lot of things: "you have to do this and…", but maybe a lot of things aren't complied with as well you know, maybe they're not all like me, yah"

In addition, participants believe that when opportunities are being granted or offered by power holders, it is their responsibility or the responsibility of PSIM to recognize these as opportunities and act accordingly. During the interviews, participants often refer to having the opportunity to receive treatment, being in treatment or being granted (supervised or unsupervised) leaves. Subsequently, they should grab the opportunity and show that they are making an effort.

Jensen: "And yes… when you close the door yourself, others can't help you, and that is… look, they are here to help you, take the chance you get"

Jan: "To be able to go out regularly, to see something of the world, it's also because of him (the chairman of CPS) that I have those leaves now, but not only because of him, because if you don't make an effort, that… because he reads the report"

Several participants regard the course and the outcome of interactions they have with power holders from the criminal justice system and the mental health system as a shared responsibility. Actions and non-actions of both the PSIM and the power holder are viewed as influencing these interactions. These interactions are characterized by reciprocity :

Michaël: "Yeah, he [the psychiatrist] was calm, yes he was calm.. Then I will tell my story, I don't hold myself back or something, it depends on how you are with me, so yeah, .. , then I expose myself completely."

Karel: "When you [prison officers] treat somebody inhumanely, for example by taking someone by the collar or something, then that person will also say something like: "what are you doing? Leave me alone!"

Some participants also give recognition to the difficult tasks of staff from the criminal justice system and the mental health system in working with PSIM. They identify the characteristics of the job, such as exercising control, and characteristics of the target group as possible difficulties.

> *Pieter: "and for them [treatment staff] that's really difficult.. Most of them just got out of school, and then all of those people that have been in prison for years, who can be verbally very rude, that's not easy for them too, I know that for a fact."*

> *Hugo: "Yeah, sometimes I wonder how they [probation officers] can carry on with their job, really, it can't be a fun job to do" , that can't be a fun job to do."*

5.4.Conclusion

In this chapter three general themes were discussed which relate to attitudes of the study participants. These themes are an important means to contextualize the main findings of the present study. Two of these themes relate to the personal background of study participants. First, participants exhibit a nuanced recognition of mental health problems and offending behaviour. Participants spontaneously recognize that they have experienced mental health problems in the past, including substance use disorders, have experienced psychosocial difficulties, and have committed offences in the past. They also make connections between mental health problems, a lack of treatment (compliance), or psychosocial difficulties, and exhibiting offending behaviour. However, with respect to mental health problems as well as offending behaviour, participants bring nuances into their stories. For instance, by explaining that there mental health problems were rather mild, or their offending behaviour rather less serious. In addition, participants narrate also about personal change over time, and about future benevolent aspirations. Second, participants also reveal growing up in difficult and often traumatizing circumstances. Accounts of sexual abuse, maltreatment, and neglect were common among these participants. In certain cases, participants recognize aspects of these traumatizing childhood experiences during interactions with power holders from the criminal justice system and the mental health system.
The other theme relates to participants' perception of the role of PSIM as well as power holders during their interactions. Participants acknowledge the active role they play in being granted opportunities and in proving themselves during the opportunities. They believe that opportunities should be given by power holders, and grabbed by themselves or PSIM in general.

Chapter six

Virtuous and vicious circles

This chapter is the nexus between the concepts and theories described in part one of the dissertation and the discussion and conclusion that will follow in part four. The experiences of study participants regarding their interactions with power holders involved in the administration of their internment trajectories and their perceived reactions towards these experiences will be discussed. A power holder is a person who can issue decisions and rules over PSIM (Bottoms & Tankebe, 2012, p. 124). Power holders involved in the administration of the internment measure are the Commission of Protection of Society (CPS), probation officers, the psychosocial prison service, prison officers, the multidisciplinary care team in prison, and treatment providers of forensic and general treatment facilities and services.

During the axial coding phase (see chapter four) similar themes were identified in participants' accounts regarding different power holders from both the criminal justice system and the mental health system. These themes were thus not only identified across the heterogeneous study participants but also across study participants' accounts of heterogeneous power holders. These themes are *"important shared patterns that cut across cases and derive their significance from having emerged out of heterogeneity"* (Patton, 2002, p. 235). Therefore, the themes identified will be discussed in relation to power holders in general, unless specifically stated otherwise. Each theme represents accounts of several participants and captures patterns that were identified as important to participants' experiences with power holders. The quotes and examples used to illustrate the themes are varied across study participants and power holders.

6.1. *"Good ones and bad ones"*

Participants exhibited quite a nuanced view on power holders and their interactions with power holders. They differentiate between certain behaviours of a power holder by stating that they have good and bad experiences with a specific power holder, for instance:

> *Hendrik: "I am satisfied with X [the probation officer], on certain areas I am, and on other areas I'm not"*

> *Boris: "(the CPS) that's like 50/50, on the one hand they are friendly, but on the other hand they don't give trust or opportunities to the people [PSIM]"*

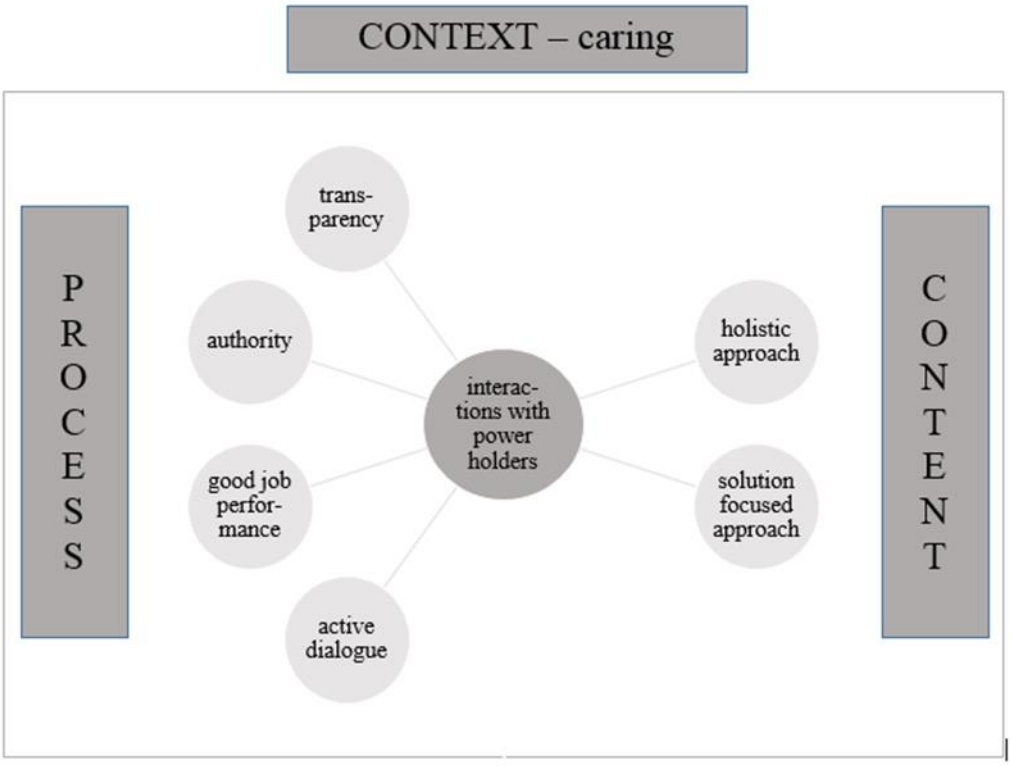
In addition participants differentiate between power holders from a particular facility, for instance *"not all prison officers are alike … yes, the one is not the other"* and between facilities to which power holders belong, for instance *"I've been in so many psychiatric institutions, and every psychiatric institution is different"*. Participants thus make nuanced accounts on an individual level, i.e. within a power holders and between individual power holders, as well as

on an institutional level, i.e. the institution to which the power holder belongs; "*you have good ones and you have bad ones"*.

6.2. Experiences regarding interactions with power holders

The identified themes regarding experiences during interactions with power holders were divided into three broad categories of themes: the interaction *context*, the interaction *process*, and the interaction *content*. These will be consecutively discussed. In figure X these themes are visually presented.

Figure 5. The themes concerning study participants' experiences with power holders



6.2.1. Context of the interaction – a caring versus an uncaring climate).

The category 'interaction context' consists of one theme which is named 'a caring versus an uncaring climate'. Climate can refer to the climate of a formal session or meeting or an informal interaction with a treatment provider (such as a nurse, a psychologist, a psychiatrist, a social worker, or a therapist), a facility or a ward within a facility, an appointment with a probation officer or an assistant of the psychosocial prison service, or a hearing of the CPS a session. Four subthemes were identified within this theme, 'less formal versus formal', 'polite versus impolite', 'calm versus offensive', and 'being there versus not being there'.

6.2.1.1. Less formal versus formal approach

Participants appreciate less formal ways of interacting with power holders, as opposed to too formal ways of interacting with power holders. When interactions with power holders are experienced as less formal, the power holders are experienced as approachable. Participants feel warmth and connectedness during less formal interactions. When power holders are experienced as behaving in a too formal manner, they experienced as distant and cold.

Examples provided by study participants of less formal behaviour of power holders having a laugh with certain situations or events, making a joke, showing concern and sympathy, being genuine and authentic, being open and social, looking at people in a kind way, behaving cordially, telling something about their private life or discussing shared interests, and very basic things such as saying hello when passing people by in hallways and smiling.

> *Boris: Most prison officers are making an effort, they know that it is different on this prison ward, that it is more social here, at the ward for the sentences prisoners it id… officers and prisoners don't match… on this ward you can talk nonsense a bit among each other, sometimes we talk about football… but there are always officers who are asocial.*

Examples of too formal behaviour of power holders according to study participants are continuing to use official ways of addressing them (e.g. sir, madam), using official professional language and terminology, sterile and procedural course interactions, talking in a pragmatic emotionless way, work strictly by the book and the guidelines, having a strict professional boundary, never having a laugh, , looking at people in a cross and/or severe way, and not showing concern and sympathy.

> *Lars: "Simply intimidating, like most official situations … all those official terms and those people who sit there like and you see them like… (puts on sour face and talks with a formal voice) "patient 3 has done this and this and that"."*

6.2.1.2. Polite versus impolite approach

Participants expect power holders to respect courtesy rules and to show respect for persons with whom they are interacting by exhibiting normal interpersonal behaviour. Participants describe these power holders as being friendly, polite, respectful and normal.

> *Luc: "And what I also like is euhm, the interaction with the staff [on the ward]. When they are acting sort of friendly, then you react equally friendly, that's kind of nice"*

Participants dislike power holders not respecting courtesy rules and being disrespectful. These power holders are described as being unfriendly, impolite, and crude. One participant illustrates this as follows:

> *George: you also have crude prison officers. One night a prisoner committed suicide, and a week later a death card arrives … and the prison officers hung the card at the bulletin board in their little office … and I thought it was very crude, they hung it with the thumb nail through his head. And I reacted strongly "waauw, that is to show he's dead, right?", and the officer said " dead is dead""*

6.2.1.3. Calm versus offensive approach

Sometimes participants describe being approached by power holders in an aggressive and hostile manner, for instance power holders who shout and/or scream, or behave in a hard-handed and coarse manner. While participants dislike such offensive approach, they like being approached in a serene, tranquil, calm way and being softly spoken to.

> *Kurt: She [the probation officer] was more calmly, she was eu understanding, euhm yeah… more like a motherfigure, let me put it that way"*

> *Karel: It gives me a better feeling compared to when they [the CPS] would be like sullen or strict, I like it better when they just calmly tell us: this is what you ask for and this is what we think about it"*

6.2.1.4. Being there versus not being there

Many participants narrate about power holders "*being there for them*", or on the contrary "*not being there for them*". This theme seems to refer to how the study participants perceive the underlying motives or attitudes of these practitioners, and is especially salient in, but not restricted to, residential facilities.

Participants view power holders as being there for them if power holders engage in spontaneous small talk and provide emotional and practical support independently of prearranged sessions or activities, do more than what is strictly necessary, are (always) around, take initiative to start conversations, follow up on questions, also work proactively instead of only reactively, help actively with solving a problem instead of just giving advice, are working with you instead of doing paper work all the time, doing their job with heart and soul not just for the money, stand up for them against their colleagues or other power holders, being flexible about office hours and working hours, have time for them even if they're busy, and do their utmost best.

> *Jensen: "They [treatment staff] take good care of us, when we need a talk, they make time for us, eu… they are really [emphasis] present for us, and to me that's also very important, to have someone, when you're struggling, that you can approach someone to have a talk"*

Participants view practitioners as not being there for them if power holders have too little meetings or interactions with them (compared to their needs), are never or rarely around or give too little attention to them, are spending too much in *"the jar"*, never take initiatives for

spontaneous conversations or for arranging formal meetings or practical issues, are not there for spontaneous small talk and/or for emotional and practical issues, never have time for them or drop them off, do not follow up on questions, just give advice and do not help in an active way, reacting dismissive and irritated towards people, are not standing up for them against their colleagues or other power holders, just do what is strictly necessary and nothing more, just working their hours or leaving the ward before the end of their shift, do not feel like doing their job, and are just being their because it is their job and are not willing to make an extra effort for them.

> *Yves: "There, the staff is sitting in that glass cabin the whole goddamn day, you barely see them. Except for dinner time, they joined us for dinner and not during the rest of the day "*

Participants also complain about high staff turnover in (forensic) psychiatric facilities and services, psychosocial services and probation services, which compromises developing trusting relationships, as the following participants explains:

> *Pieter: "Yeah, for me, here at the facility, the level of trust in the mentors is very low.. I'm here for about a year and now I got my fourth individual mentor … they leave, staff is leaving.. yeah, and my principle is: you start with someone, you give them trust, you start talking, [mentor] leaves, okay… let's pick up where we left and start with a new one… but you can't go on doing that… So far I've told every new individual mentor: "okay, we'll see, I'll put my cards on the table, I'm going to give you the benefit of doubt and will give you my trust, we'll see, if you betray my trust, I'm done with you…" So far, all three of them betrayed my trust by leaving"*

6.2.2. Process of the interaction

The category 'interaction process consists of four themes which are 'a reciprocal versus one-sided dialogue', 'a good or poor job performance', 'authority versus power', and 'transparency versus opacity'.

6.2.2.1. A reciprocal versus one-sided dialogue

Participants talk in a positive way about power holders who engaged in an active and reciprocal dialogue with them, as opposed to power holders who engaged in a passive or one-sided dialogue with them. This theme consists of two sub-themes: 'being given versus not being given the opportunity to speak' and 'listening versus not listening'.

i. <u>Being given versus not being given an opportunity to tell their story</u>

During interactions with power holders, participants appreciate being giving the opportunity to speak, being asked about their opinion, to react upon things that are said or happened, or to defend or explain themselves in case of problems or regarding certain requests; if possible or

necessary by providing written information prior to the meeting or hearing. They experience interactions as satisfying when they feel power holders engage into a real conversation or discussion with them, ask further questions about what happened or what is going on. They also want to be given the opportunity to ask questions themselves. These power holders also follow up on requests to arrange a meeting or hearing.

> *Hugo: "They [treatment staff] entered here … and then they asked: So what is it that we can do for you?"*

> *Michaël: "Yeah, that's euhm, I felt actually good, because I could talk to her, I could euhm talk, and express myself"*

Participants are not satisfied with interactions if they sense there is no room for a real conversation or discussion. These power holders also deny requests to arrange a meeting or a hearing. These negative experiences also occur if they are not being offered an opportunity to speak, to react upon things that are said or happened, or to defend or explain themselves in case of problems or regarding certain requests. They dislike not being asked about their opinions and not being involved in the conversation or discussion. For instance by only arranging meetings between power holders in the absence of PSIM, as is illustrated by the following quote:

> *Karel: "Yeah, I've seen X [the probation officer] only once … that could be a little more frequent… X writes reports about how it's going [researcher: and how did X obtain information?] Normally through the treatment staff"*

ii. Listening versus not listening

Another characteristic of an active and reciprocal dialogue according to study participants is that power holders show interest in them, and in what they are saying or have to say. They regard it also important to be listened to while speaking. For instance, they appreciate when power holders look attentively at them or into their eyes while they are speaking, are not whispering among each other or just writing things down, and let them finish what they have to say. In addition, they expect power holders to provide sufficient time for a real conversation or discussion.

> *Emiel: "yeah, showing a bit of respect when you're a mentor. What is that? By listening"*

Participants dislike it they are not being listening to or not being given attention to while speaking, or if they or the means through which they try to express themselves are ignored (for instance written reports of events or life stories). One participants explains this very visually by saying that *"his words of regret go right through them"*. Participants experience this disinterest also through being interrupted or through not providing sufficient time for a conversation. Being

offered the opportunity to speak but not really or genuinely being listened too, is rather experienced as negative than as positive, as the following participant explains:

> *Wout: "It's simply superficial. You can start a conversation, but they [prison officers] mostly don't have time"*

6.2.2.2.A good or poor job performance

Study participants perceptions regarding the manner in which power holders perform their duties is also important. This theme consists of four sub-themes: 'contextual factors'; 'a thorough versus sketchy approach', 'fluent versus rough procedures', 'a team approach', 'contradictions, inconsistencies, and personal motives'.[80]

i. Contextual factors influencing job performance

Participants do not always attribute a bad job performance to power holders themselves. They identify a lot of contextual factors that influence the job performance of power holders. A first factor they identify is a high caseload:

> *Kevin: "No, that's a really good person [the probation officer], I'm not saying.., but [the probation officer] comes here for so many people, how can that work well?"*

Some participants associate this high caseload with austerity measures implemented by the government:

> *Wolf: "Of course, it's also a fact that staff of those facilities only has a limited amount of resources with respect to time and financial means, and because of that it simply .. yeah, it's practically impossible to get treated in a humane way"*

> *Wout: "They are only with three [prison officers] on duty, they are understaffed, they're cutting in the budget"*

A second contextual factor identified by some participants is a lack of training for power holders:

> *Kevin: "And why don't they make sure that more staff with psychological expertise can work inside penitentiary institutions, or psychiatrists, nurses who can work with interned people instead of people who don't have a degree to work with people etc… I think it's great that the government made sure that a new building was built for interned people, but I also think it's necessary to have experts on the job, it's not only the building that is important, it's the expertise as well"*

[80] For the latter two sub-themes, no counterpart was found during the analysis.

Third, the start-up phase of the Ghent forensic psychiatric center is also mentioned by some participants as a contextual factor influencing the job performance of power holders.

> *Pieter: "They have a lot… there are lots of improvements possible here, those days will come I guess, the staff themselves say the same … I just think it's a pity that, since we're the first in here, we to have to be the victim of all that."*

ii. A thorough versus sketchy approach

Participants talk positively about power holders they perceive as working thoroughly. Examples provided by participants regarding power holders they perceive as doing a thorough job are power holders who take enough time to obtain a profound understanding of them or a situation (which is related to the theme listening but has a different finality here), ask for a second opinion or more assessment in cases of doubt, adjust reports, documents and files according to new (and correct) information, have a profound knowledge about the procedures and rules associated with the internment measure, the CPS and treatment facilities, have a profound knowledge about mental disorders and skills to approach PSIM, and are prepared for meetings of hearings.

> *Jan: "Yeah, because he [the chairman of the CPS] said to me: "look, you're doing good, you're cooperating with the facility's activities, you're working, …" and I didn't tell him anything yet."*

Participants are dissatisfied with power holders they perceive as approaching their job in a sketchy way. Examples provided by participants regarding power holders they perceive as doing a sketchy job are power holders who perform a quick-and-dirty assessment of them or a situation, base their decisions on sketchy assessment, incomplete questionable information, or structural opportunities instead of their personal needs, not prepared for meetings or hearings, turn pages of a file or report during a meeting or hearing, write insufficiently detailed reports, recycle reports or parts of (outdated, incomplete and erroneous) reports over and over again, are absent on fixed meetings, sending incomplete files to other power holders, and are not informed about the procedures and rules associated with the internment measure, the CPS and treatment facilities.

> *Sofie: "There were a lot of patients coming and going, coming and going, a lot of patients were coming all the time, but voluntary, I was compulsory, and that was yeah difficult, I was they only involuntary patient all those years, they didn't have interned people, they didn't have procedures, they didn't know who you had to do this this and that, so if I had questions, they always had to ask, "I have to make a phone call", they always had to ask, yeah that were difficult moments euhm yeah, … no interned person for years, that's difficult"*

> *Pieter: "and the whole story gets twisted and what do they do here [at the treatment facility]? They read the reports and copy pieces, but it's from a twisted nest that they get the reports… My principle is: here they simply have to re-evaluate"*

iii. Fluent versus rough procedures

In this theme, procedures should be comprehended as formally regulated procedures as well as procedures regarding the daily operation in a team or facility. These procedures are negatively perceived when participants have to wait for long time before decisions are made or before a new meeting or hearing can be arranged, or when they have the impression that power holders postpone assignments, or when meetings, hearings or the daily operation are processed in a chaotic and rough way:

> *Hugo: "That was really an angry one [the public prosecutor at a CPS hearing], really, and he says like "are you using drugs?", and I say: "No", and he: "are you sure?", and like that he was asking questions and they are… but they had the wrong file, that happens sometimes. A thick file, like really difficult, and I say like 'please, what is this?, and he says "yeah but it's a wrong file""*

> *Louis: "And she says, in a comic way, "what do you want from the CPS?", I say to her: "I would like to have leaves, in prison I always had leaves", because here I don't have my leaves anymore, they were cancelled when I came here, and after two months you can request year leaves again, but I couldn't do that because there was no psychologist at the ward, so I waited longer and we appeared for the CPS at a later time, so I ask for my leaves. So she says: "well, let's listen to the psychologist". The psychologist explains the whole report, that I'm a good one, that I already have a lot of liberties, that everything goes well. And then the public prosecutor: "I stick to my report". In the report they say that I cannot have leaves, that the period is too short. I think that's ridiculous.. In six months I think you should know someone, you should now if a person is capable to go outside, yes or no"*

Participants perceive these procedures as positive when matters are quickly resolved and decision are made quickly, or when they experience power holders as immediately processing assignments, or when meetings, hearings or the daily operation are processed in a structured, efficient, fluent and useful way:

> *Vincent: "It doesn't take a lot of time, you know, when we [with the probation officer] have a meeting it only takes about an hour. But in that hour, if it runs useful, you can actually share a lot of things with each other."*

> *Wout: "Because she [staff from the multidisciplinary care team] has a direct approach. She won't say "tomorrow". From the moment you talk to her… I'm not saying, look, at four or five everybody is gone here, euhm, I mean, who immediately or for whatever what reason, they're gone, , euh - eu I'm just saying when you ask them at that moment to make some time, they're gone. But when she gets to you timely, and most of the time when you ask for her she sees you within half an hour, for sure, because she only handles urgent cases, I mean you always get an answer, whatever you ask for, you'll always get*

a reaction, positive or negative. She has a direct approach. She won't say:" I'll do it tomorrow", no, immediately."

iv. A team approach

Participants value power holders who employ a team approach both between power holders from the same facility or with the same finality and between power holders from different facilities and/or with within a different finality. They regard it is important that power holders communicate properly with each other and work precisely together without confusing their roles; as the following participants illustrate:

Dirk: "Yeah, we discussed it and agreed upon it with the probation officer, the probation officer also says "you have to do your job, if I have to e-mail the CPS, it will turn out badly, so do your job. We have the fullest trust in what you have to do, as a therapist and psychologist". So the probation officer said "look, do your job, if you believe he needs a time-out , then I agree with that"

Sabine: "yes, the CPS and the probation officer, they work closely together, they also communicate properly, about certain things that need to be sorted out for me… so they work precisely together"

v. Contradictions, inconsistencies and personal motives

Another theme related to a poor job performance from the viewpoint of participants are receiving inconsistent information or observing contradictions in the working method. Participants mention receiving unclear, incorrect or conflicting guidelines and/or information regarding the abrogation of the internment measure; *"because the psychiatrist told me "it's the CPS that decides", and the CPS said "it's the psychiatrist that decides", so that was a bit of a vicious circle, I didn't know who was the boss"* . They outline about receiving conflicting messages regarding expectations from one power holder and between power holders. For instance, conflicting messages from a certain power holders across two meetings, conflicting messages from team members, conflicting messages from wards in a facility, conflicting messages from professionals from the criminal justice system and the mental health system, or conflicting messages from the probation officer and the CPS; as illustrated by the following two participants:

Pieter: "and they've made an agreement with me at the other ward: "Okay, Pieter, get started with therapy … and if you persevere, then we'll discuss your leaves, so you can go on leave". Okay, that is something that gives perspectives, alright, leaves. Okay, I will make an effort. And I made an effort. The therapy sessions are finished now, and I have to wait till next month for the next. When I tried to discuss that agreement in here they said: "Yes but, we have nothing to do with that, you're on another ward now". But… like that, that's not a way to work

> *Daan: "I mean, allowed.. it [cannabis use] is not allowed. I mean, it was tolerated for me, they condoned it. Because, they also said: "Look Mr. X, we know where you come from, if you can stick with this, we're okay with it" ... And then you appear in front of the CPS and they said: "yes but Mr X we can't let you go because you still blow cannabis" But my probation officer, you understand? Those are the type of games they played with me for the years, it are those kind of things that are inappropriate to me... So one person says it this way, "if you comply with this", and then you go to a hearing, and they know through the probation officer or from you that you smoke cannabis, and then they say "Ah, but then we have to prolong your measure because you're not allowed to smoke cannabis"*

Study participants accounts also include receiving unclear, conflicting or incorrect information of power holders regarding the content of conditions. Sometimes with negative consequences for the participants. The following participant describes being sent back to prison after receiving incorrect or unclear information from his probation officer:

> *Steven: "because she [the probation officer] is a hypocrite, she's not correct towards people. She said to me once: "Steven, if you want to quit therapy, you can". So I quit therapy. A week later the police was at my door to say: "yes, but the prosecutor's office says you have to go to prison" ... so she's lying, a liar, she says to me: "you're not obliged to go to therapy X", so I quit, for one week I didn't go, and they put me in prison."*

Participants also mention inconsistencies between the theoretical philosophy of the internment measure and the implementation of the internment measure by power holders. For example, a participant residing in a general psychiatric facility says *"you can't say "look that's a disabled one, but that disabled one has to do his housekeeping, plus go to therapy five days in a week, plus this that that… that's not ok".* Another participant, whose internment measure was abrogated, perceives another conflict related to the philosophy and implementation of the internment measure:

> *George: "no, no, what is the CPS? They say "ah, put that one in prison". Most of them lose their residence, lose their job, lose that, and what does the CPS say? "ah well, that are the three things that you need to get out of prison""*

In addition, some participants outline that power holders sometimes base decisions on personal motives rather than on factual information by working with distorted information or personal judgments, or putting certain information in a bad light.

> *George: "the probation officer wrote reports like euhm, "he's still drinking, I'm sure he's still drinking, and eu eu eu he's shabby"*
> *Wolf: "they've waited a bit with the test because I was still psychotic and that could interfere with the diagnosis, but eventually the testing hasn't been continued, so it's still unclear. There are some people who say "yes, you probably have autism", and then*

> *there are people who doubt the diagnosis, and then that clinical psychologist who was like completely convinced and said "you can only think from one perspective and you don't have empathy", and so. Simply.. very short-sighted, very judgemental, very simplistic"*

Some participants also perceive differences in the manner they are treated compared to other PSIM. For instance, they experience that other PSIM with more serious offences or more non-compliant behaviour are being granted more opportunities by the CPS, the PSS or treatment providers. Some other participants experience that they are treated differently by residential treatment providers when compared to patients without an internment measure.

> *R29 Peter: something that I believe is not right of the CPS is that some people are interned for only four years and they are off. Sometimes they have relapsed and all, and they get off like that. And somebody who fights to not commit offences anymore, such a person stays on. Then I wonder: "Is that justified?""*

> *R87 Kurt: "the nurses were friendlier to those that were not interned"*

Lastly, participants residing in residential facilities, i.e. (forensic) psychiatric hospitals and prisons, describe that sometimes power holders themselves breach the rules in the facility, for instance breaching their professional confidentiality, covering up for each other, or ignoring orders.

> *Boris: "Pasta is very popular here, and they [the prison officers] were giving really small portions to the people, I noticed it too. And what happens after the first round? The officers were filling their plates themselves, yet they are not allowed of the director but some officers take advantage from it"*

6.2.2.3. Authoritativeness versus authoritarianism

Authoritativeness and authoritarianism is a third theme related to the process of the interaction. How power holders exercise their authority or power influences study participants' perceptions of them as authoritative as opposed to authoritarian. This theme consists of three sub-themes: 'compromises versus obligations', 'firm and fair versus too firm', and 'encouragement versus putting down'.

i. <u>Compromises versus obligations</u>

Participants value power holders who consult and taking into account participants' opinions before making a decision (including decisions regarding psychotropic medication), who are open to differing opinions, who ask participants' consent, who propose things and make compromises, who accept a reply, and who are able to question their methods and the system.

Elias: "She [the probation officer] said "well, we can have a bit more meetings, is that good for you?", and I say "yes, that's good""

Power holders who always know better and do not make compromises, who oblige, force or tell them what to do, who do not accept a reply, who do not consult and taking into account participants' opinions before making a decision, who do not question their methods and the system, and who expect submissiveness are disliked by study participants.

Tom: "you have to, you have to, you have to… and if you disagree or you cannot comply, well then go to the crisis unit, and if you cannot comply there, well then go back to prison. And then you're sitting there… "

Bart: "The offender himself has nothing to demand in a facility, you don't have to say like "I would like to have that", you don't have a will, as an offender you need to lay down with all the decisions"

ii. Firm and fair versus too firm

Power holders are negatively perceived by study participants when they are very firm, (especially when there is no immediate cause), have a hostile body language (such as high shoulders or an angry look), are *"hard as steel"* since they apply rules and conditions in a strict manner, are always checking things and carrying out controlling measures, and communicate in a blunt way:

Paul: sometimes they can be hard-handed, in the way they talk so you can feel attacked… by the way they talk"

However, participants appreciated power holders they experiences as "firm but fair". These power holders set limits and intervene when boundaries are crossed, are firm when necessary, apply rules in a flexible manner, and expect PSIM take their responsibility but approach them in a humane way.

Lieve: "X [the probation officer] is good, X is firm but fair … you may first prove yourself a bit, but that doesn't mean she won't treat you as a human being"

Tom: the different CPS' are not equal, that has always been a big frustration … the one is too soft and the other a bit too strict, so it should be somewhere in between"

Anouk: [treatment staff] needs to be friendly, empathic, [treatment staff] may be quite confrontational, I can have that too"

iii. Encouragement versus putting down

Study participants appreciate power holders who encourage and motivate them, who reassure them and calm them down, who do not threaten with disciplinary measures or prison, and who do not immediately reprimand them, and who give compliments about their positive aspects.

> *Jan: "I arrived [after a leave], and then they always had a meeting, "so, did you ran into any difficulties?", [tells them what happened and how he handled it], and they said "really well done""*

While participants depreciate power holders who put them down, carp about everything, belittle them, scold at them, talk about them in a negative or crude way, make patronizing or crude remarks about them, blame them for the offences they have committed, and threaten with disciplinary measures or prison

> *Louis: ""Louis, it's enough or else you'll be sent to you room! … And that's is a thing, that they can say that every time: "go to your room, or you'll go to the isolation room, or to prison" … that's their power, that's the power they have"*

6.2.2.4.Transparency or opacity

This theme is somewhat similar to the sub-theme regarding contradictions. However, whereas the latter sub-theme refers to receiving unclear and mixed messages, the theme 'transparency or opacity' refers to power holders being transparent or opaque about their procedures, methods and expectations towards PSIM.

Receiving clear and to-the-point information of power holders regarding their expectations, conditional release conditions, ward and/or prison rules, methods and procedures, treatment programs, treatment goals, treatment trajectories, and the abrogation of the internment measure was important for participants. In addition, they value openness, honesty and straightforwardness about power holders' opinions and thoughts; explanations of how and why certain decisions are made (especially when requests are declined); and clear answers to their questions. Next, they expect power holders to introduce themselves, to be transparent about what they write down their reports (including problem and psychiatric diagnoses), and to keep them in the loop of their trajectory. Adjusting language use and a structured step-by-step approach ameliorate clarity.

> *Jensen: the probation officer says "ok, look, that and that and that is going to happen, and I need to send this to the CPS, and this will be said in the CPS", so he does explain everything he'll write in the report. I like that."*

> *Dylan: I ask him [staff member of the multidisciplinary care team] something and he checks if I'll get it and he … if I'm not getting it, he certainly says "look it's like that and not otherwise"*

Participants negatively describe power holders who do not provide them with the information described above, who communicate (verbally or through written reports) amongst each other but do not share this information with PSIM, who are not open about decision making processes and who do not provide them with answers to their questions, and who are not open about their thoughts, opinions and expectations.

> *Daan: "how can I say this, yeah, I can say things to my probation officer, but is it also communicated in that way to the CPS? Because she writes her report but it is not because I tell her something that it is also written down in the report"*

6.2.3. Content of the interaction

With respect to the interaction content, two themes were identified. The first theme was named 'a holistic approach' and the second theme was named 'care versus control'.

6.2.3.1. A holistic versus narrow approach

Participants value power holders who work from a holistic viewpoint, i.e. having attention for both positive and negative aspects, instead of focusing exclusively on negative aspects. Within this theme, three sub-themes were identified: 'personally desired outcomes versus socially desired outcomes', 'problematic behaviour within versus without its context', and 'the past versus the present and the future'.

i. <u>Personally desired outcomes versus socially desired outcomes</u>

Participants stress it is important for them that, next to socially desired aspects such as addressing recidivism risk, their needs are *also* taking into account when decisions are made regarding the goals, content and trajectories of treatment, and regarding the nature and content of conditional release conditions. Power holders are positively experienced when they understand participants as a person and what is important for them, and when they tailor their decisions accordingly. For instance, adapting the type of daytime activity, the treatment content, or the treatment or residential facility to the interests and needs of the person. Participants value decisions regarding treatment and conditional release conditions that are useful and important for them *too*, and value help directed to attaining their personally desired aspirations in life. In addition, study participants outline that the methods by which power holders work should be tailored to their needs. For instance, there should be a balance between verbal and non-verbal methods or between individual and group therapy, and significant others should be allowed to be present at meetings or hearings. They also mention that the frequency and intensity of meetings, treatment, and daily schedules should be adapted to their needs and characteristics. Next, they perceive power holders in a positive way if they follow their pace and (temporarily) respect their interpersonal boundaries. Lastly, participants indicate they want help with their practical needs, such as their administration or contacting and communicating with other power holders.

Luc: You receive some therapy, but not too much. That's good."

Dylan: "A rehabilitation plan should be good for both parties, it should not only be good for the CPS, it has to be good for both parties. What's the use if you say "it's good" and it goes wrong within two months, yeah, they won't have a laugh with it, so I prefer to say right away that I don't feel up for it"

Participants thus dislike if decisions regarding treatment and conditional release conditions are *solely* based on what power holders regard as important (i.e. *only* socially desired outcomes are targeted instead of aiming for personally desired outcomes too), and if power holders do not understand their needs as a person; *"they simply do what they like"*. Sometimes participants refer to these decisions as being base on files instead of persons. The latter seems to be referring to experiencing, as a person, to be narrowed down to what has been written down about your (past) person in a file.

Tom: "You have therapies here like drug use, alcohol, and addiction. I believe these are important anyway. But then you have therapies like 'little garden', and then I think… That is actually just working in the garden, but then I pose myself the question "what does this offer me for when I'm outside?", and then there are other therapies too of which I wonder what they have to offer me for when I'm outside. I already complained about that"

Anouk: "They [the CPS] base their decisions on a file, they don't know me"

Such decisions are experienced as useless for participants themselves, and they sense that their needs, for instance regarding traumatic experiences, remain unaddressed during the treatment and internment trajectory.

George: "No, I don't come here for those offences, I don't come here for those offences, I come here for my general psychological things, because what do you think prison does to a human being?"

Participants depreciate if power holders refuse to assist them with practical issues, such as contacting or communicating with other power holders, or if power holders' working methods are not tailored to their needs and characteristics. Examples provided by participants are too busy daily schedules, too frequent or intense treatment sessions, or being *too* directly or intrusive during the meetings.

ii. <u>Problematic behaviour within versus without its context</u>

Participants dislike when power holders ignore their background and the context in which they have committed their offences or in which problems during their internment trajectory occur, and only focus on the offences they have committed. By ignoring this context, power holders are experienced as being judgemental, lacking nuance, biased and short-sighted, and

demonstrating a simplistic view on the situation. Participants sense that all PSIM are tarred with the same brush and that power holders jump to conclusions about problems or offences. In addition, participants sometimes experience that their (problematic) behaviour is being exaggerated, is being too much problematized, or negative events are disproportioned.

> *Christophe: "Yes, except for the public prosecutor, during the 2nd hearing he was at it again: "Yes and I would like to report that he is very aggressive" (with a small voice) and my lawyer replies: "yes, but what are the offences? He gets angry but he does not use violence against people and eh… he has thrown one single object "but very aggressive",… which aggression then?" my lawyer said"*

> *Wolf: "I did not feel well with that, I thought that was a very judgmental attitude. There is supposedly a clinical psychologist present (laughs) but what I heard from that one, so simplistic, zo judgmental"*

Conversely, participants appreciate power holders who (try to) understand their background and the the context in which problems or offences occur, and consequently have attention for this context as well as for the offences during their working methods and procedures. These power holders are experienced as acknowledging the complexity of a situation and as nonjudgmental.

> *George: "They [staff from the psycho-social service in prison] eh check your entire past, yeah your present situation too, they write a reasonable rapport"*

> *Kevin: "[the probation officer] was a marvelous woman and she listened and she never ever judged me, never ever"*

iii. <u>The past versus the present and the future</u>

Power holders are negatively perceived by study participants if they focus exclusively on the past and past behaviour by going over old ground, harping on what is past, and reverting to the past if there is nothing to criticize in the present. Participants state that, during daily operation as well as in written reports, their efforts, accomplishments, positive evolutions and/or progress are not acknowledged, are minimized or remain unnoticed. While mistakes, relapses in substance use or negative incidents are enlarged. They feel judged on mistakes during otherwise positive trajectories. Participants point out that it is never enough for power holders and that they always find something to work on, to *"waffle about (leuteren)"*, or to be punished for.

> *Emiel: "Yes, but sometimes I am depressed after the conversation [with treatment staff], because it is too much about the low, from the past, that is not good for me"*

> *Karel: "They [treatment staff] say "there are always things to work on"… it feels like they always find something"*

Participants talk positively about power holders who focus on the present and the future instead of keep focusing on behaviour and incidents in the past. In daily operation and in written reports, these power holders recognize and acknowledge efforts, accomplishments, positive evolutions, progress and future possibilities; even if there are still aspects and topics to work on.

> *Peter: "Someone who looks forward with you, forward to the future" [about treatment staff]*

> *Kurt: "Not constantly talking about the past … that is often done … and I find that a pity … about the offences and also about prison … and I prefer not to talk about that [researcher: what are the most important things you do want to talk about?] how things are now, or in the future, and now she does do that, the probation officer is now someone who does not talk about my past any longer, but about the future"*

6.2.3.2. Solution-focused approach versus problem-focused approach – Care versus control

Power holders working according to a solution-focused approach, instead of a problem-focused approach are preferred by study participants. Within this theme, four subthemes were identified, Ending versus never ending stories, solutions versus punishment, (re-)integration versus seclusion, necessary versus all-embracing conditions.

i. <u>Ending versus never ending stories</u>

Participants talk in a negative way about the CPS and the probation officer when they automatically and continuously prolong the internment measure with years and years. They experience these power holders are being focused on the preservation of the internment measured despite being compliant with conditional release conditions, refraining from offending and being mentally stabilized. Instead they sense that the prolongation of the internment measure is based on *"small things", "silly things" or "stupid things"*, such as family conflicts or missing appointments with the probation officer. With respect to treatment providers, similar experiences are narrated. Participants regard inpatient (forensic) psychiatric treatment periods as too long, especially when participants have to wait for a long time before they can start with incrementally acquiring liberties. Participants also mention that when making one mistake, they have to restart their complete treatment trajectory (i.e. starting from phase one). In addition, participants point to the often long waiting lists before they can be admitted in (forensic) psychiatric hospitals due to which the length of their detention and of the internment measure increases. When participants experience these automatic and continuous prolongations, the internment measure is experiences as a *"never ending story, a ball that keeps on rolling"*.

> *Peter the chairman [of the CPS] always says "we are very satisfied with you, you cooperate very good with everything", until the prosecutor takes the floor eh. Then it's suddenly: "you don't cooperate enough, you say too little". … the chairman then asks "do you have anything to add to what your lawyer has said?", and then "Prosecutor,*

> *do you request a prolongation?"; and I think to myself "here we go again, how many more years will it be?", and then the prosecutor "we request a prolongation of a year, or two".*

Participants thus consider it important to work towards the termination of the internment measure. The CPS can show they work towards this termination by prolonging the internment measure with a smaller amount of time (for instance, 1 year) when a PSIM has finished a successful long-term conditional release period (for instance, 3 years), or by agreeing with commuting an intense treatment program (for instance residential admissions or full time day hospital treatment) for a less intense treatment program (for instance, half time day hospital treatment, outpatient or outreaching treatment) as soon as possible after the start of a less intense treatment. The latter example also applies to treatment providers, next to starting as soon as possible after admission to a (forensic) psychiatric hospital with incrementally acquiring liberties.

> *Sofie: "I was admitted for 3 years, yes, after that there was resocialization, very slowly, first you can go to the village, no, first, around the hospital, then you can go outside, then to city, to church, to see your friends, with staying overnight, seeing my little daughter under supervision, then alone with your husband, so eh that was called back to society again, eh… I was very willing to do everything, I do that, I did that understandably because I say, yes, you have done that to your little daughter, yes…*

ii. Solutions versus punishment for problems

During the interviews, participant differentiate between on the one hand power holders who aim to resolve problems and on the other hand power holders who punish problems. Participants describe that the latter power holders react with punitive actions, such as notifying the criminal justice system[81], drafting disciplinary reports, imposing disciplinary or coercive measures, or (repeatedly and frequently) returning PSIM (back) to prison as definitive measures, in cases of mere suspicions, *"little mistakes"* or *"very stupid things"*, such as breaches of conditional release conditions or minor traffic offences.

> *Hendrik: "[the probation officer] will first of all check whether you live up to your conditions eh… yes, the probation officer, I get along with her but she has simply to report to the CPS, suppose you do not take the medication during a residential treatment, even when you had legitimate reasons, then she will simply write that down and pass it on and then most of the time you are re-admitted in prison again…*

With respect to treatment providers, participants also dislike the (excessive) use of coercive measures, such as the isolation room, fixation, body searches, forced medication, and crisis interventions with many staff members. Participants also talk negatively about perceived (visual) similarities between prison and (forensic) psychiatric hospitals or wards, for instance

[81] Participants refer to notifying the police, the probation officer, or the CPS depending on the type of power holder.

the presence of electric doors, badges to open doors, high walls, fences, wires[82]. In addition, it is difficult for participants to be locked on a ward all day, to be locked in their rooms for a significant amount of time, or to having little liberties.

> *Pieter: [about treatment staff] at the weekend, now with the new arrangement we are locked up 28 hours of the 48 hours during the weekend, in our rooms eh… yes, that's a pretty long time … at 9 in the evening the door is locked, and at 11 in the morning it is opened … [we have a] fridge, a device to boil water, Nescafé … ok that's all pretty good but… it more and more starts to look like a prison … from 7 until 9 in the evening there is no ward staff … and from 11 on during the weekend we can go out and to the patio freely … but yes 4, 5 times in the patio, then you really have seen it more than enough*

Participants describe the other type of power holders as reacting with a solution-focused approach to problems. Examples provided by participants are learning things, giving advice, allowing mistakes and not being angry for mistakes, and giving second chances (instead of returning to prison) in case of mistakes. Participants value that power holders assist them in searching for solutions for problems and mistakes, for instance by referring them to treatment facilities and services instead of prison where they lack appropriate treatment.

> *Anouk: "[about prison] I actually do not have the feeling that I have been helped in prison. It's like "locking up and you do your thing there and …" Oh yeah, I was not really helped there, I did not receive the right help there. It was only in the psychiatric hospital that I really received the right medication and that I got better. But that whole period in prison, that was like 1 period of emptiness, and being flattened … a long stay in prison, without treatment and without medication or so, that certainly would not have helped me"*

Participants outline that they value treatment providers that are willing to admit them (from prison) and that restrict prison returns and the administration of coercive and disciplinary measures to minimum and use them as temporary time-out and last resort measures.

> *Jensen: "[a person that relapses] has to be punished, and certainly been locked up again for a few months or so, not especially in prison, but for instance in a specialized hospital"*

iii. (Re-)integration versus seclusion

Being granted opportunities to (re-)integrate in the community or to stay connected to the community is very important for study participants. They have a positive perception of power holders who grant (enough) opportunities by which they can prove themselves. Participants regard conditional release into the community as the ultimate opportunity. They also value

[82] These characteristics are typically present in the forensic psychiatric centre in Ghent and in locked wards of (forensic) psychiatric hospitals.

power holders who grant them (short) leaves from prisons and locked wards, and allow special requests such as a holiday or going to a musical performance. With respect to treatment trajectories, participants prefer power holders who decrease treatment intensity by a step-by-stem approach and whereby inpatient treatment episodes are terminated as soon as possible, especially admissions at locked wards. When referred to (locked) wards in (forensic) psychiatric hospitals, they positively experience power holders who agree with acquiring incremental liberties as soon as possible after admission. These typically start with being permitted to leave the ward or the hospital premises for short time intervals. In addition, they appreciate power holders who work with them towards (re-)integration in the community and towards an as independent as possible living situation. Another important aspect of treatment trajectories for participants is the combination between treatment activities and other activities such as occupational activities. Participants point out that they prefer power holders who integrate other activities into the treatment program or trajectory from inpatient treatment phases on.

> *Sofie: "Yes, working during the day, and then back to the hospital, my address was at the hospital, in the morning in the evening, so I worked and my hospital is my home, so I'm going home to the hospital"*

Participants are dissatisfied with power holders who postpone or deny conditional release (into the community) as long as possible, do not grant them (enough) opportunities to prove themselves, and deny special requests; and thereby thus seclude or isolate them from the community. With respect to treatment trajectories, participants dislike power holders who not grant leaves from the hospital premises or only grant escorted leaves. In addition, they are dissatisfied with treatment trajectories which stagnate at a residential treatment phase (for instance psychiatric nursing home or a sheltered living in group) instead of aiming (proactively) for a more independent living situation, and with treatment programs which preclude other activities.

> *Boris: "They [the CPS] actually give too little trust to people and give too little chances, yeah that is certainly my idea"*

iv. Necessary versus all-embracing conditions

Participants talk positively about the CPS and the probation officer who restrict conditional release conditions to the necessary ones and tailor them individual situations instead of automatically imposing standard and universal conditional release conditions. Good examples provided by participants are opting for the least restrictive as possible treatment setting, granting conditional release in the community without a preceding inpatient treatment episode, not imposing conditional release conditions regarding unproblematic life domains (for instance prohibition of alcohol abuse instead of prohibition of alcohol use when never having experienced alcohol use problems), and systematically reducing the intensity of conditional release conditions over the course of the internment trajectory in order to ultimately cancel them.

> *Anouk: "I started that internment measure with a lot of conditions as well… These conditions were systematically phased out actually. The probation officer submitted an application to the CPS each time, like "can this condition be left out, can that condition be left out" and systematically everything came in order."*

Bad examples provided by participants are opting for the most restrictive treatment setting, not tailoring conditional release conditions to individual situations and imposing standard or universal conditional release conditions, preserving conditions instead of systematically reducing and cancelling them over the course of the internment trajectory, imposing more severe conditions in general after one PSIM had reoffended, and pouring voluntary initiated treatment into a conditional release condition.

> *Daan: "Well, I have already been in a psychiatric ward of a general hospital, also to be free of dope for a little while … and again the admission was made obligatory by the CPS, my admission, yeah, I went on a voluntary base yes, but … they wanted to make sure that I to complete my treatment there … do you understand … you admit yourself and you can count on it that within a week you will receive a visit of the probation officer, that is immediately the case… it is as if they want to get involved with everything and that they want to know about all kind of things, even when you're going on a voluntary base, I think that's a bit wrong too, in my opinion the CPS and the probation officer should not interfere when you're there on a voluntary basis, it's about your problems, you want to do something about it, contacts between them and the ward, that is surely not necessary, let it be… yeah"*

With respect to treatment providers, participants dislike a lot of restrictive rules (for instance, relationships, money or phones are not allowed) or a strictly structured day schedule on the ward, and ward rules which are based on exceptions to the rule. They appreciate to be as little as possible restricted in their everyday life on the ward and day schedules that allow for leisure time.

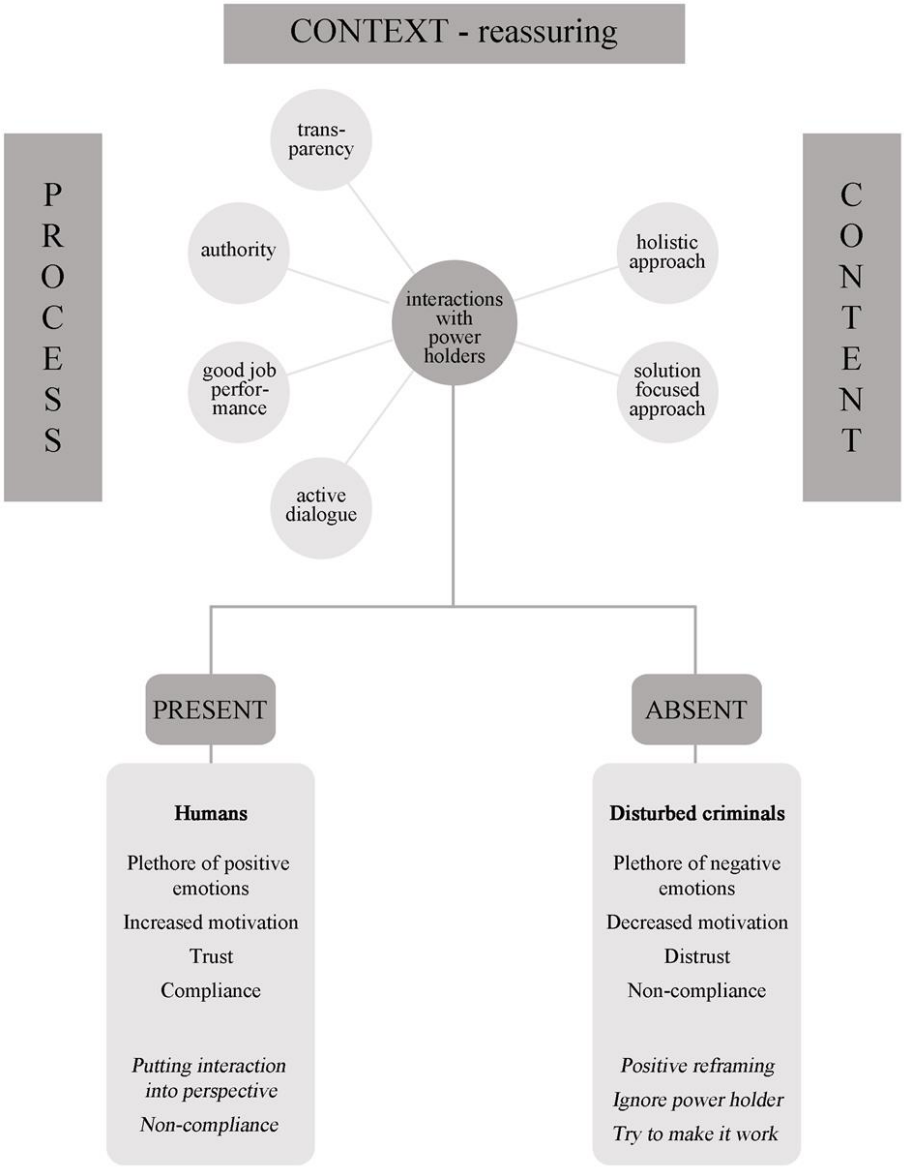
> *Jan: "you can move freely from this wire here on until the parking over there"*

6.3. Perceived reactions towards experiences regarding interactions with power holders

In figure X the themes regarding experiences and perceived reactions are integrated and visually presented. In this integration virtuous and vicious circles become apparent. Positive experiences are followed by reactions than can be labelled positive too, and negative experiences are followed by reactions that can be labelled negative too. However, as will become apparent in the last theme of this section, 'incongruent reactions', these circles are not univocal. Negative experiences with power holders can be followed by reactions that can be labelled as positive, and vice versa.

The identified themes regarding perceived reactions towards experiences with power holders were divided into six themes: ‘humans versus disturbed criminals’, ‘a plethora of positive or negative emotions’, ‘increased or decreased motivation’, ‘to trust or not to trust’, ‘to comply or not to comply’, ‘incongruent reactions’.

Figure 6. Virtuous and vicious circles



6.3.1. Humans versus disturbed criminals

Participants who report positive experiences with power holders from the criminal justice system and the mental health system during their internment trajectory, also experience that these power holders have a positive view of them. They perceive these power holders as believing in them, believing in their capacities and strengths, and trusting them. They

experience to be perceived as a worthy human who has potential. Participants describe themselves being viewed as *"as (mentally) ill instead of the enemy"*, *"as a man, an addicted man"*, *"an ordinary man instead of a subversive idiot"*, *"a (normal) human instead of an inferior subject or object"*, *"as an intelligent person instead of too crazy to understand things"*, *"a normal human instead of a paedophile"*, *"a good and sweet boy"*, or *"not as an internee"*.

> *Ruben: "They know there is much more inside me, but I have to see it for myself, what is inside of me, they see something in me that I don't see yet, well, they believe in me that I will just go to work, and do sports, and that I can do that and... but I hmm doubt myself yes, I sometimes doubt myself."*

> *Wolf: "Uh, yes that is indeed quite important to me, that I am still treated like a human being and not like an inferior subject, or even as an object."*

Likewise, participants mentioning positive experiences with power holders also describe (or label) these power holders as positive. Participants ascribe inherently positive characteristics regarding who these power holders are rather than what they do, they describe them as just, honest, human, respectful, friendly, nice, sweet, caring, funny, gingerbread hearted, intelligent, decent, kosher, sympathetic and (incredibly) good persons, and as not (wanting to) dominate them. Some participants describe them as *"father figures"*, *"mother figures"*, *"comrades"*, *"my friend instead of my enemy"*, *"(coerced) family"*, or being *"cut from the right wood"*.

> *Jan: "The CPS? I have a lot of respect for the chairman."*

> *Elias: "Smoothly and comradely and not high and mighty."*

However, when participants report negative experiences with power holders, they also experience that these power holders have a particular negative view on them. In these cases, participants use a plethora of negative labels to describe themselves through the eyes of power holders. Participants describe to be viewed as someone *"they are not"*, *"who may not say or do anything"*, *"who doesn't exist"*, *"there is something wrong with"*, *"who they rather want to leave"*, *"to ignore"*, *"who is inferior"*, *"who is dangerous"*, *"from another planet"*, or *"not a human"*. Specific examples of negative labels participants ascribe themselves are *"a good-for-nothing'*, *"scum"*, *"air"*, *"a little number"*, *"inferior"*, *"a little internee"*, *"an animal"*, *"a prisoner"*, *"a slave"*, *"a retarded"*, *"a disturbed criminal"*, *"a seasoned criminal, crazy and psychotic to the bone"*, *"a zero"*, *"psychopaths"*, *"a piece of dirt"*, *"a little file"*, *"an object"*, *"monkeys who can talk"*, *"a baby"*, *"a five-year old"*, or *"a piece of shit"*. Participants experience that power holders look down on them and (want to) dominate them; and distrust them and regard them as unable to change, *"once a paedophile, always a paedophile"*. One participants mentions, *"I wouldn't treat my dog like that"*.

> *Steven: "I think those people often lack humanity, like 'I am the probation officer here, and you are the patient and I tell it to you very clearly'."*

Sofie: ""You feel like a student and a really strict teacher."

Again, participants conversely label these power holders and their institutions as negative. They experience them as disrespectful, arrogant, weak, annoying, illegal, medieval, stupid, not normal, ridiculous, secretly and lacking humanity. Examples of these negative labels are *"the biggest fucking commission there is"*, *"a bitch"*, *"a puppet show"*, *"cowboys"*, "*whipper-snappers"*, *"criminals"*, *"a factory", "all the same shit"*, *"a major culprit"*, *"bastards"*, *"a rotten apple"*, *"a mess"*; *"a game"*, *"ridiculous"*, *"a nail to my coffin"*, *"a poisoned gift"*, and *"a bunch of rude uncivilized persons"*.

6.3.2. A plethora of positive versus negative emotions

Participants express a wide range of emotions about their interactions with power holders. These emotions can be present in general, before, after or during interactions with power holders. With respect to positive experiences, some participants mention more generally a good or better feeling. Other participants mention feeling happy, cheerful, or joyous. Other feeling that are reported are relief, proudness, gratefulness. Feelings regarding safety are also mentioned, such as feeling at ease, feeling safe knowing there are boundaries, and knowing where you're up to.

Kurt: "The chairman also told me that I am not a person who belongs in prison… that was a relief to me... and my probation officer says that too"

Paul: "A sort of pleasure... they [treatment staff] give me... do you know the word euphoric? Well… when they say something to me that makes me happy... well"

With respect to negative experiences, participants mention feeling frustrated, tired with the situation, stressed, irritated, annoyed. Next, feelings related to anxiety are described, such as feeling anxious, nervous, uneasy or desperate, uncomfortable, hopelessness. In this respect, participant also mention worrying and ruminating. Other feelings refer more to a low mood, such feeling powerless, disappointed, sad, or misunderstood; and to anger, such as feeling angry and revengeful. Some participants talk more generally about feeling bad or not good.

Michaël: "And uh it [supervision of the probation officer] is quite intense … it worked on my system ... I didn't know what to do anymore"

Louis: "I think it's is, but yeah, you are not allowed to say something eh, that bugs me if I see it." (about treatment staff)

6.3.3. Increased versus decreased motivation

Some participants' accounts show that positive experiences with power holders affects their motivation and intentions in a positive way. These participants talk about feeling motivated, feeling encouraged, and experiencing to work towards a reward or towards the future.

Lieve: "when you are told that you can go home for 2 days and 1 night, but it must proceed well, then you have something that's structural."

Elias: ""I had a maximum leave permission, and uh I followed the therapies, not only to keep uh my maximum leave permission, because that was positive of course, but for uh the interest in the therapy itself too."

Conversely, other participants perceive their motivation and intentions to be negatively influenced by negative experiences with power holders. These participants mention that they experience making an effort is pointless since making an effort is not taking into account by power holders and does not affect the length or presence of the internment measure. They feel that they cannot prove themselves, that expectations are too high, that their motivation decreases or disappears, and that they are no longer enthusiastic about the internment measure and treatment.

Steven: "What they expect from me... I just can't do it, I can't do it, it's too much, it's too heavy… You have to be holier than the pope to get rid of the internment measure and even then it would be very difficult to get rid of it."

Jan: "Well... then... sometimes it happens that I say 'what the hell, why should I do my therapies?"... [then I think] I asked for that and I didn't get it, why should I even participate in anything?"

Some participants refer to being instrumentally motivated. These participants do what is expected from them because they are obliged but do not feel internally motivated for this behaviour.

Karel:, "I know of myself eh, when that motivation is gone, then you stop doing what is expected of you, or you do it, but to a lesser extent."

Ruben: ""No, in fact I have, in fact it had no use to me pfff, I just do it because it's in my conditions, but in fact it doesn't do much for me, to be honest"

6.3.4. Trust versus distrust

Experiences with power holders also influence attitudes about power holders. These attitudes reflect how participants think about the helpfulness of power holders and about the trustworthiness of power holder. In case of positive experiences, some participants talk about power holders as people trying to help and treat them, and searching for solutions for their problems.

Christophe: "They [the CPS] really gave me the impression that they wanted to help me."

Elias: "She [treatment staff] is very capable and it's very useful to me, she also closes the session well,, so I don't go out with my concerns."

In addition, these power holders are perceived to be trustworthy and knowledgeable. Participants experience having a beneficial bond with these power holders and that these power holders know who they are and are on their side.

Hugo: "[the chairman said] "Try to do that as good as possible, so you can actually step into real life again as soon as possible", so in fact yes he thought the same about it as I did, so he also simply wanted that I could to leave there as soon as possible, he didn't say it in so many words, but if he says something like that, then you can assume that's what he meant, because he.. can be very very strict and very tough."

Jan: "I miss her [treatment staff] though, because that was someone… I had a good connection with her."

In case of negative experiences, participants perceive power holders as punitive, as making things (much) worse by being too controlling and coercive, by detaining them while nothing happens to them in prison.

Christophe: "I need to be helped, I don't want to get tortured"

Wout: "You simply have to work with those people here. Both psychologically, as… let them go into treatment, so they have an outlet somewhere. No, but immediately imprison someone after he made a small mistake, and then they leave you here for 6 months or something, they really don't get better this way, they don't get better this way at all."

Participants experience power holders as fooling around with them, as playing games, as talking nonsense, as just wanting to interfere, as not to be trusted, as not knowing who participants are, and as not caring about participants and just caring about themselves.

R1: "They [probation officer] are never concerned about you, they are only concerned about themselves, but they say they are concerned about you but I really don't believe that at all."

Joachim: "Like a piece of dirt in fact, or uh yeah little interest and insight in my personality." (about treatment staff)

In cases of negative experiences with power holders, participants disagree with power holders and feel that power holders and their behaviour are wrong, does not make sense, are inappropriate, are incorrect, not normal, and are over the top.

> *Daan: "I think all of that is weird, and that all of that can happen,, I don't get it."*

> *Steven: "That isn't true at all, that's nonsense eh, that's nonsense eh for little children… I don' agree with that." (about probation officer)*

6.3.5. Compliance versus non-compliance

Next to perceived emotional and attitudinal reactions, some participants also provide examples of perceived behaviour following positive and negative experiences with power holders. These behavioural reactions can be related to compliance with conditions and expectations and cooperating with judicial supervision and treatment. With respect to positive experiences with power holders, these participants point to being honest to power holders, including being honest regarding setbacks, opening up to them, and asking their advice.

> *Sabine: "Most of the times I also tell them when something doesn't go well, I ask the probation officer or the CPS for advice, like "what should I do?, should I get admitted?, how do you see that?, shouldn't I get admitted for a few days to recover a bit, to recuperate a bit?"*

> *Pieter: Yes, that I even startled myself eh, like: ow, you're revealing that too? … especially about my youth eh…*

In addition, they mention cooperating with power holders, about making an (extra) effort, about taking initiatives, and about proving themselves

> *Hendrik: "I've received the opportunity for an outpatient rehabilitation plan, and I grabbed it with both hands"*

> *Vincent: "I already asked [the psychiatrist], and he said 'no, don't wake sleeping dogs'. Oh yes, that's fine for me, then I'll keep doing that"*

With respect to negative experiences with power holders, some participants mention they shut down and that they hold back to say something to power holders.

> *Hugo: No, I just block, I almost say nothing, as little as possible. But others also told me "don't tell too much to the probation officer, because in fact you can only say wrong things to them"*

> *Michaël: "Yes, I don't feel comfortable to express myself or sit comfortably, to quietly talk about it, like about those medications"*

Next, these participant indicate they refuse or stop cooperating with power holders, for instance by avoiding interactions with power holders or not being honest with them, and resist towards power holders by laughing with them, uttering their disagreement, daring them, and sometimes being (verbally) aggressive.

> *Christophe: "less motivation and more resistance"*
>
> *Dylan: "then I will… proverbially said… bang on the table, and say "look sorry that is really not going to work"*
>
> *Boris: I got so angry that I smashed my own computer…*

6.3.6. Incongruent reactions

Some of participants' perceived reactions towards experiences with power holders can be considered incongruent to the valence of the experience. Experiences with power holders and perceived reactions towards these experiences are not univocal and influenced by intrapersonal, interpersonal and contextual factors. In case of negative experiences with power holders, participants positively reframe behaviour of power holders that was initially perceived as negative. Examples are assuming benevolent underlying motivations of their behaviour, framing perceived negative behaviour of power holders as part of their job, taking responsibility for their own role and pre-existing attitude in the interaction, taking the context of the power holder into account (i.e. high caseload, dual role), considering that they also prefer certain people above others, wondering if power holders always receive correct information of other power holders, framing a negative course of an interaction as a lack of communication.

> *Jan: "I understand that they have to save money, but why does it always have to be on the patient's expense? The patients are the victim, the ward staff too, but the patients are the biggest victim, since the ward staff will no longer have time for the patients, yeah…*
>
> *Lieve: "Yes you see, and because I didn't want to listen, because if I would have stayed in the hospital, … I've I had used my brains and done… then they would have left me in peace, yes because I didn't want to listen and yes… then I have been in prison all those months"*

Some other participants indicate that they ignore the negative behaviour of power holders. They lack power to stand against power holders and opt for letting it go or undergo the situation.

> *Vincent: "nothing, I keep it to myself, and I will never do anything with it either" (about CPS)*
>
> *Louis: "I let it pass, I say: "we'll have to wait and see, we'll see", but another person will simply feel lower and lower"*

Despite the perceived negative behaviour of power holders, some others make an effort, comply with conditions, are honest, or try to come to terms with the power holder.

> *Daan: "Yeah yeah, I tried as much as possible, and like I say,, I have been at the end of my internment measure quite a few times, so eh, I really made an effort"*

> *Kevin: "They have my password here, I gave it to them voluntarily, I said "you can check whatever and whenever you want, I have nothing to hide"*

In case of positive experiences, some perceived reactions of participants can also be labelled as incongruent with the valence of the experiences. Participants do not always cooperate with positively perceived power holders and comply with their conditions, for instance due to their pre-existing attitudes or mental state (e.g. unstable mental state, having an initial resistant attitude, using substances, not believing in treatment benefits) or unexpected life events.

> *Michaël: "I would take it [medication], but I don't know if I would continue to take it, but I would continue to go to the psychiatrist"*

> *Ruben: "I believe my probation officer really holds her hand above my head, but now taking advantage of that must really come to an end, because I think to myself "yeah, she is always so good for me, I'm going to do this once again, I'm going to do that once again", but, when such person does so much for you, you really can't eh…*

> *Dirk: "Well, it is mainly eh, I lost someone by suicide, and my relapse into drug use has a lot to do with that".*

Some participants also put positive experiences with power holders into perspective, for instance by stating these people are just doing their paid job, have a lot of PSIM they work with (and they are one of them), the restricted role of power holders (e.g. they are not miracle workers, large time intervals between meetings)

> *Hendrik: "Because they [probation officers] have so many of them, they know you but… they do empathize a bit. Yeah.*

> *Sabine: of course I also do understand, that they [treatment staff] are only allowed to work a number of hours, and that they are not allowed to work outside their hours, but for one time they can send a message to give good advice, because … come on, for instance I do not only have a hard time during office hours, I usually have a hard time in the evening or on weekends, at those moments they are not open either eh.*

6.4. Conclusion

In this chapter, the experiences of participants with power holders and the perceived consequences of these experiences were presented. The Commission of Protection of Society

(CPS), probation officers (PO), the psychosocial prison service (PSS), prison officers (PB), the multidisciplinary care team in prison (ZT), and treatment providers of forensic and general treatment facilities and services (HV) were considered power holders in the present study. The themes identified in these experiences and perceived reactions were similar across power holders and discussed accordingly. During the interviews, the participants have exhibited a quite nuanced view on power holders. They not only differentiated between "good and bad" power holders and facilities, they also differentiated "good and bad" behaviours within power holders. These "good and bad" behaviours are reflected in the themes identified.

The themes concerning the experiences of participants with power holders can be categorized according to the interaction context, the interaction process, and the interaction content.
The interaction context refers for instance to the general climate on a ward, during a session with a practitioner or a probation officer, or during a hearing before the CPS. Participants appreciate a *caring context* characterized by *less formal, polite and calm* interaction styles of power holders, while they dislike power holders who engage in impolite, too formal and/or offensive behaviour. In addition, many participants narrate about power holders from the MHS *'being there for them'*, or on the contrary 'not being there for them'. This refers to how the participants experience the underlying motives or attitudes of these practitioners. Participants experience practitioners as being there for them if for instance they feel that practitioners genuinely care about them or if practitioners engage in informal or spontaneous interactions or activities independent from formal or prearranged sessions or activities. Participants view practitioners as not being there for them if they experience practitioners as just being their because it is their job and are consequently not willing to make an extra effort for the people they are working with.
With respect to the interaction process, four themes were found. First, participants talk in a positive way about power holders who engaged in an *active and reciprocal dialogue* with them. During these dialogues with power holders participants are giving *the opportunity to speak* or to react upon things that were said, or were asked to do this. Another characteristic of a positive dialogue mentioned by participants was that power holders show interest in them by *listening* to what they are saying or have to say. Power holders not offering them an opportunity to speak or not listening to them, are negatively experienced by participants. A second theme related to the interaction process was the opposition between *authority* and power. Power holders are viewed as authoritative as opposed to authoritarian when they made *shared decisions* instead of always knowing better and uttering obligations. Participants also talk positively about power holders who *encourage* them instead of threatening them or putting them down. Participants have less difficulties accepting power holders holding powers as long as they exhibited *firm but fair* behaviour, as opposed to being too strict or firm or behaving in a blunt or hostile manner. A third theme is related to *transparency*. Receiving information and clarity regarding expectations, conditional release conditions, treatment programs, goals and trajectory was important for participants. They depreciated vague and unclear information regarding these aspects of their internment trajectory, and being kept in the dark or being deprived from information in general. In addition, participants regard an uniform and equal treatment of interned persons by judiciary and of (interned) patients on a ward by mental health staff as important too. *Job performance* of power holders is the fourth theme related to the interaction

process. On the one hand, participants talk positively about power holders who employ a *team approach*, and who perform their job *thoroughly*. They also stress the need for *fluent procedures* that limit waiting periods. On the other hand, participants were dissatisfied with power holders applying a sketchy approach. Other aspects of a poor job performance from the viewpoint of participants are receiving inconsistent information or observing contradictions in the working method. Some participants mention that decisions of power holders are based on their personal motives instead of on factual information. Participants also complain about high staff turnover in (forensic) psychiatric wards and probation services, which compromises developing trusting relationships. Lastly, participants are dissatisfied with mental health staff in residential facilities who breach the ward rules themselves. However, participants do often relate a poor job performance of power holders to *contextual factors*, such as their high case load, lack of training or start-up phases of facilities or wards.
With respect to the interaction content, two themes were identified. The first theme was named *a holistic versus narrow approach*. Participants stress that it is important for them that there is *also* attention for *their needs and aspirations*, for the *context* in which they committed their offences or in which problems during their internment trajectory occur, and for *positive aspects or evolutions* during their internment trajectory; next to attention for standard or socially important treatment goals and conditions, for their offences and problems themselves, and for negative aspects or evolutions during their internment trajectory. In addition, they dislike if there is an exclusive focus on the past instead of taking the *present and the future* into account too. Participants also dislike if offences or problems are exaggerated, and if they experience to be treated as a file instead of a person. The latter refers to experiencing, as a person, to be narrowed down to what has been written down about you in a file. The second theme was named *a solution-focused versus problem-focused approach*. Participants appreciate power holders who also focus on *treatment and solutions* instead of solely on punishment (such as prison transfers), who apply prison transfer as a temporarily time-out and a last resort instead of a definitive and appropriate reaction to problems occurring during their trajectory, who restrict their conditions to *necessary conditions* instead of all-embracing conditions, and who offer them *opportunities towards (re-)integration* instead of secluding them from the community. Participants value power holders who regard the internment measure as a *ending story* instead of a never-ending story.

Six themes were identified regarding perceived reactions towards experiences with power holders were divided into six themes: ‘humans versus disturbed criminals’, ‘a plethora of positive or negative emotions’, ‘increased or decreased motivation’, ‘to trust or not to trust’, ‘to comply or not to comply’, ‘incongruent reactions’. The first five themes are themes which can be labelled congruent reactions towards the valence of the experience. By integrating these themes with the experiences, virtuous and vicious circles became apparent.
When participants experience their interactions with power holders as positive, e.g. they are treated politely and calm, power holders are experienced as being there for them, they are involved in decision making processes and power holders listen to them, they receive sufficient information, they experience being treated firm but fair, their needs and accomplishments are taking into account, and power holders work towards solutions and the future, they experience to be treated as a *worthy human being* and label power holders as good persons using many

positive characteristics. Participants also mention a plethora of *positive feelings*, such as happiness, relief and feeling at ease, and an increased *motivation* to make an effort, cooperate and *comply* with conditions. They report opening up to power holders, being honest about themselves, their trajectory and setbacks such as relapses, and wanting to prove themselves. Participants experience that power holders are to be trusted and that power holders genuinely know who they are as a person. This circle is labelled a *virtuous* circle.

The following circle is labelled as a vicious circle. When participants experience their interactions with power holders as negative, e.g. they are treated impolitely and offensive, power holders are experienced as not being there for them, they are not involved in decision making processes and power holders do not show interest in them, they experience a lack of information, they experience to be treated too firm, only their shortcomings and setbacks are given attention to, and power holders are experienced as punitive and past-oriented, they experience to be treated as unworthy criminals. Power holders in their turn are viewed as bad persons using many negative labels, such as *"a nail to my coffin"* or "*whipper-snappers"*. Participants report a plethora of negative feelings, such as anxiety, powerlessness, sadness and anger. They indicate losing their motivation to make an effort, cooperate and comply with conditions since they experiences these behaviours as useless as power holders do not take them into account. Participants narrate about withholding information from these power holders and exhibiting uncooperative and non-compliant behaviour. These power holders are experienced as inappropriate, uncaring, and untrustworthy.

In the sixth theme it becomes however apparent that these circles are not univocal. Negative experiences with power holders can be followed by reactions that can be labelled as positive, and vice versa. Participants experiences that their interactions with power holders are also influenced by intrapersonal and contextual factors, such as pre-existing attitudes of themselves and a high caseload of power holders. The following chapter is devoted to perceptions of participants regarding the internment measure, i.e. the context in which interactions between PSIM and power holders take place.

Chapter seven

The internment measure as experienced by persons subjected to an internment measure

This chapter describes experiences of study participants regarding the internment measure in general. As the themes described in chapter five, these themes in the present chapter are not directly but indirectly related to the research questions. The present themes are important since they are related to the context in which the interactions between study participants and power holders take place. The constructivist philosophical paradigm explicitly takes these context-related aspects into account. According to this paradigm, individual experiences cannot be isolated from immediate and more remote social structures and processes (Guba, 1981; Hammersley, 2013, 2015; Marecek, 2003; Mortelmans, 2013; Smaling, 2010). Thus, as in chapter five, the present themes are important to describe since they are a means to contextualize the main findings of the dissertation.

Three themes were identified in participants' experiences regarding the interment in general: the internment measure is experienced as a punishment - *"it's a punishment";* procedural difficulties; and "*there are however some benefits too…*". These three themes will be discussed below.

7.1. The internment measure is experienced as a punishment - *"it's a punishment"*

> *Pieter: "There are a lot of people here who would already for a long time (emphasis) be walking out there again or [emphasis] not even would have been detained in prison if they had received a regular punishment. And also, that they say about the internment measure: "you should... you may not view this as a punishment" It is a punishment. You're locked up, so it's a punishment"*

From participants' accounts regarding the internment measure it can be deduced that the internment measure plays an overwhelming and omnipresent role in the lives of PSIM. Contrary to the objective of the law which states that the internment measure is a safety measure instead of a punishment, PSIM experience the internment as a punishment. They not only experience the internment as a punishment, but as *"a maximum sentence"* , *"a life sentence"*, or *"a sentence to death"*. In addition, the internment measure is given a plethora of negative labels, such as *"it's all the same shit"*, *"it's a disgrace"*, "*you're in hell"*, "*it's the lowest of the low"*, "*it's madness"*, or *"it's an agony"*. Some participants believe the internment measure is a punishment for being mentally ill, instead of for having committed offences:

> *Steven: "one police report and there was no aggression, but an internment measure isn't always because of the fact that you commit crimes, it's is about being mentally ill… It's just, I am being punished because I am mentally ill, for me that punishment is purely*

> *because I have paranoid thoughts, not because I commit offences, but because I have paranoid thoughts. I believe: they shouldn't be allowed to condemn someone for life for being mentally ill."*

Similar to seeing the internment measure as a punishment for being mentally ill, another participant names the internment *"A squared involuntary admission"*. And, since the mental disorder related to the imposition of the internment measure is often characterized by chronicity, the imposition can theoretically last for life, as the following participant wonders:

> *George: "grounding my internment on the fact that I have [physical condition], [physical condition] is also something that I will have for the rest of my life, you know, does that mean that I have to be interned my whole life? No eh,"*

Therefore, the imposition of an involuntary admission or a standard adjudication is viewed as better than an interment measure. One participant nuances this statement by stating that an involuntary admission would also be unproportioned to the offence he committed and to the less serious mental health problems he experiences. He has ambiguous feelings about coercion in such cases, while he also considers his actions may have impacted negatively on others. Reasons that are mentioned for viewing the imposition of a involuntary admission as a better option than an internment measure are: there is no prison involved in involuntary admissions, an involuntary admission ends when the mental disorder is stabilized and is thus often imposed for shorter periods of time, and the involuntary admission focuses on solving the problem, for instance with (medical) treatment.

> *Elias: "an involuntary admission would have helped in an equal way, since it is through my medication that I'm balanced, because if I don't take medication, in the past I have always stopped my medication, and eh yes, that is, then I get sick … I think that I should have been involuntarily admitted with the right medication, for a short period, but not months in prison, not years in the psychiatry"*

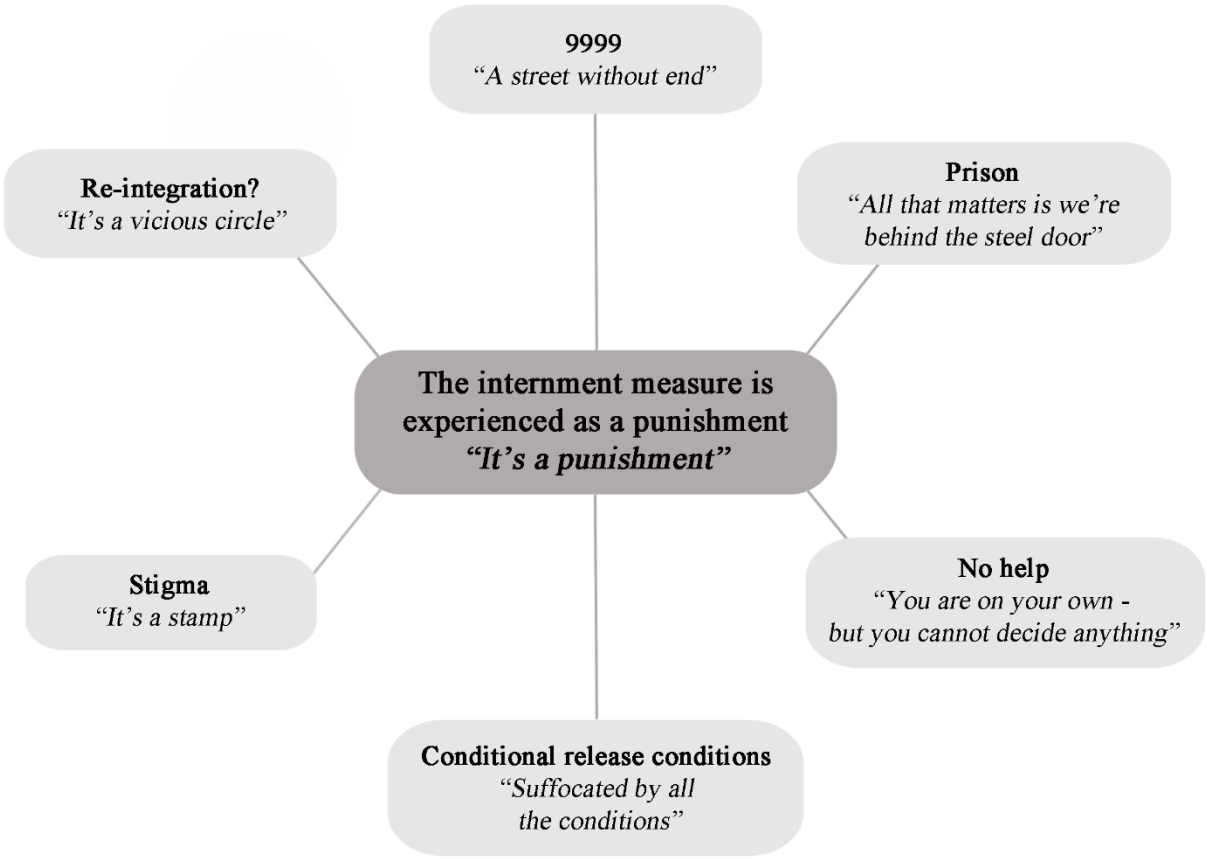
A standard sentence is also perceived as better than an internment measure. Reasons mentioned for this viewpoint are the following. Participants assume that they would not have experienced a detention period if they would have been convicted to a standard sentence, and that their sentence would have run over a significantly shorter amount of time. They also state that if convicted to a prison sentence, this detention period would not be followed by a psychiatric admission; and that their task would be just to behave during the detention period. In addition, a standard sentence is characterized by more procedural securities, such as a fixed date for (possible) conditional release and definitive release.

> *Yves: "I would have preferred to have been sentences, oh yes, then everything would already be in the past, and now I still have to deal with it"*

The experience of the internment measure as a punishment is related to six sub-themes which will be discusses below. The following sub-themes were identified themes: 9999 – "a street

without end", prison – "all that matters is we're behind the steel door", no help – "you are on your own – but you cannot decide anything" , Re-integration? – "it's a vicious circle", Stigma: "it's a stamp", and Conditional release conditions – "suffocated by all the conditions". These different themes are visually presented in Figure 7.

Figure 7. Visual presentation of the overarching theme 'the internment measure is experienced as a punishment – "it's a punishment"'



7.1.1. 9999 – "a street without end"

Pieter: "They don't give people fair opportunities, and that is a street without end"

A first sub-theme that is related to the internment being experienced as a punishment by the study participants is "9999-" a street without end". The number in the name of this theme, 9999, refers to the date that is set on their files as release date: the 31st of December in the year 9999. This date refers to the indeterminacy of the internment measure. As a participant explains, this date is a *"a fictitious date"*. Participants feel as being caught in an endless trajectory that keeps on lasting and lasting, unworthy for a human being:

Wout: "In the mean time they let you simmer there for years. I believe that if you work like that with the criminal justice system, it's a disgrace. Really a disgrace, really. That

> *they can do something like that to a person. I think that's the lowest of the low. You treat nobody like that, it may be whoever it is, but you treat nobody like that .... and since yes there is never a date, because it always says 9999, so I think that is unworthy of our times anyway, that's why they are convicted every year by the court of human rights, because they are engaged in inhumane situations. There should finally come an end to this. So finally other things than this can come up"*

This endlessness is influenced by many other experiences. Participants indicate that their internment measure takes too long because the measure is always prolonged, regardless of their efforts and regardless of non-offending. One participants indicates that if you yourself would not ask for the abrogation of the measure, they would just keep prolonging it. According to the participants, the elongations of the internment measure are based upon *"trifles"*, *"silly things"* or *"stupid facts"*, such as family conflicts or non-adherence with appointments with the probation officer, on which they can hold someone.

> *Daan: "No, I have long periods of eh ... for I already have been at the end of my internment measure a few times but then they come up with such things to be able to prolong my term every time."*

They sense that there is no attention for positive things they have accomplished or positive evolutions during their internment trajectory.

> *Wout: "You have to motivate yourself. And on the other hand you want to prove yourself, and going against the flow and proving yourself, that is not possible, absolutely not, so you just have to go straight ahead. That is a good motivation for yourself, but what is done with that afterwards? That is the question. And you simply will not get a reaction to that"*

> *Karel: ""But in case of an internment measure it is usually like keep on proving, keep on proving, keep on proving, and what I'm sometimes struggling with is those fears of: "yes, what if things don't go well here and going back, and starting all over again"*

Instead of determining the length of the interment measure on these accomplishments, they feel that past reports or the index offence is being taking into account to determine the length of the internment measure. For instance, a participant[83] believes that to be able to abrogate the internment measure, they need to look beyond past documents and reports and consider that people can change, otherwise the past will keep affecting PSIM for years.

Participants often hold the length of the internment measure against the type of offence(s) they have committed. By doing this, they mostly conclude that the length of their internment measure is disproportionate towards their offences.

[83] This participants narrated this after the recording device was switched off.

> *Luc: "Because if you consider that, yes, it's already 22 years that they are actually punishing me for a few broken windows and an attempted theft. Come on, I think that's not, I don't think that that is right, that is way too long. And if I should have to go to another psychiatric hospital, they will bring up those offence again over there, I think that's a bit too much actually"*

Participants also relate the lengthiness of an internment measure to the lengthiness of detention periods. They describe these detention periods as long periods to awaite a (forensic) psychiatric admission while nothing happens with them during these waiting periods; *"they put you in prison, and you just sit there"*. They sense it is impossible to accelerate this waiting period since it depends on admission criteria of (forensic) psychiatric hospitals, the waiting lists of (forensic) psychiatric hospitals, and of the existence of (sufficient beds in) (forensic) psychiatric hospitals for PSIM. For instance, the first high risk facility for PSIM in Flanders only opened for PSIM in November 2014.

> *Ruben: "They brought me to X [prison] to await psychiatry so euh, that's a very long process because it takes years before, you must write this, that, that takes a very long time"*

Not only detention periods are experienced as too lengthy by study participants. Once a conditional release is granted, a new lengthy period is ahead. Participants indicate that the amount of time that is associated with every conditional release period that is imposed is (too) long. In addition, admission periods in (forensic) psychiatric hospitals are also experienced as (too) long. They sense that admission periods in forensic psychiatric hospitals take too long, and that admissions in general psychiatric hospitals are longer for PSIM when compared to other patients.

> *Hugo: "they [treatment staff] said "you a very strong person, and that is why we also think that you do not belong here", they think so too, "but in the end the problem is that an interment goes very slowly, actually you should have already been out of here half a year ago"*

> *Joachim: "To stay here? Eh… that goes with ups and downs a bit, I have by now, I have gradually made peace with my verdict, I am interned until June 2019, and the time in between I have to spend as sensible as possible, there is actually no escape, I am under the CPS anyway"*

7.1.2. Prison – "all that matters is we're behind the steel door"

> *Wout: "All your other things don't count anymore, no because it is the most important, it is important that we "boef, just behind the steel door"… and that has happened again…"*

A second sub-theme related to the experience of the internment measure as a punishment has to do with being locked up in prison. Participants articulate that detention periods are part of their internment measure. They particularly dislike being sent (back) to prison for breaching conditional release conditions or for minor offences, since people not being subjected to an internment measure are not locked up in prison for such behaviour or such offences. Participants talk about their trajectories as constantly being in and out of prison:

> *Bart: If you are interned… they can grab you for anything, yes, for the most stupid things, yes, for instance suppose your conditions say, this is standard for internment, alcohol use, you drink a beer, and you're on the road, but you drank too many … and with the handcuffs on to jail*

Related to the experience that the internment measure is a punishment for being mentally ill, a participant experiences that being sent back to prison coincides with relapsing into his mental illness:

> *Christophe: "and when I'm getting sick again, they then send me back to prison. If a certain team of nurses is here, and the psychiatrist is not, then I'm sent back [to prison]"*

In addition, participants view PSIM as a vulnerable population within a prison context because they are often not segregated from convicted prisoners and because other detainees have often committed more serious offences. Some participants describe poignant situations with PSIM in prison:

> *Ruben: ""I have seen people there, really poignant, who were also interned, who weren't even capable to wipe themselves when they used the toilet and they are simply being put in prison, old people, I asked one of them what he had done, "yes, I was admitted in a psychiatric hospital and I have set my mattress on fire" and that person couldn't even cut his meat, I thought that was very bad, yes I thought that was very bad yes"*

Some participants refer to the contradictions between stipulations in the legislation about the internment and the actual situation of PSIM who reside in prison:

> *Dylan: "Hasn't a bill been written to make that more flexible? … Did minister Geens or the minister of Justice not effectively say that there were problems with the internment measure, that those people really do not belong in prison, that he was going to look for something else, that he was going to find something to get those people out of there? He only says those things to temper public opinion"*

7.1.3. No help – "you are on your own – but you cannot decide anything"

> *Ruben: ""you don't put someone in jail for 3 years and say afterwards "ah here, here you have 20 conditions, you're not allowed to do anything, but you're on your own, and if you need help, then you can go there, then you go there', that's not the way to help people eh"*

A third sub-theme which influences the experience of the internment measure as a punishment is related to a lack of help. Participants experience this lack of help on both an individual and a structural level. On an individual level, participants sense that no one is listening to them. They experience that no one is listening to them regarding their problems (underlying the offence), that no one is listening to the needs they experience, and that no is interested in them, nor in their opinions or the precarious situations they are in.

> *Kevin: "I'm already interned for 22 years, for 22 years I'm trying to have someone to listen to me, totally not, for 22 years they have done with me what they wanted, 22 years, and the result is that I'm giving them a score of zero out of zero,"*

> *Lieve:"Staff of the prison system, and staff involved in the internment measure, for me that was an attack on my life actually, because I experienced like that they do not listen, they just put a stamp, you understand?"*

In addition, participants have the impression they need to do everything on their own and that they receive no help in getting everything surrounding the internment measure arranged. To them, this (perceived) expectation of power holders involved with the internment measure actually contradicts with the underlying philosophy of the internment measure (see also chapter six: 'contradictions, inconsistencies and personal motives'). And they feel that while power holders make decisions, they need to deal with the consequences of these decisions of power holders by themselves.

> *Luc: "actually, when you consider that an interment should be for mentally ill people or so, and you have to request to see the CPS yourself, you have to do almost everything yourself, that is really difficult eh"*

Another experience of a lack of help on an individual level relates somewhat to the former. During the interviews, participants also mention an imbalance between obligations and permissions; *"I must do everything and I may not do anything"*. Participants express that they have no voice in anything, that everything is decided for them, that they have to ask permission for everything, that they are surrendered to the will of another, and that they are reprimanded or punished for speaking up.

> *Wout:"Going against the flow works counterproductive here, then it will only last longer and longer and longer because then they say "you don't cooperate". Even when*

> *you want them to face the facts, it doesn't interest them at that moment since you're not cooperating"*
>
> *Jan: "Because… when you are interned, you cannot decide anything anymore, it is, everybody decides about you, I have nothing to say anymore, while when you have a sentence, you know, you see… on that date you are free, and from then on you can see for yourself what you want"*

Participants also refer to the lack of treatment facilities for PSIM and the lack of beds in (forensic) psychiatric facilities on a structural level; *"There are almost no forensic residential centres in Belgium"*. Due to this scarcity of treatment options, they experience that nothing happens with PSIM and deem that the help for PSIM is not organized as it should be organized. Consequently, they experience that PSIM end up in prison where they *"rot away"* and *"get mentally ill".*

> *Daan:" "I have been on a dormitory in X [prison] of 36 man, everyone has to go to the toilet once at night, that you get up at night and you see one standing there, another one before him on his knees, that makes you sick. While not being sick yourself, they put you amidst people that are really sick, but in the end it makes you sick too, by [putting] you between those people, do you understand?, but they don't care at all, they say "yes but, it's due to lack of space""*

7.1.4. Conditional release conditions – "suffocated by all the conditions"

> *Elias: "They go too far, they oblige me to accept volunteer work, but to oblige volunteer work, something's not right there eh… obligatory volunteer work"*

A fourth sub-theme which influences the experience of the internment measure as a punishment is related to the conditional release conditions. When granted conditional release, participants experience being under so much control that it risks working counter-productive. Participants indicate that *"you can suffocate a person with all those conditions"* or that they *"have so many conditions that I stopped taking them into account"*. Sometimes participants perceive certain conditional release conditions as unnecessary if they never experienced difficulties on the subject of the condition.

> *Hendrik: "For instance I am not allowed to drink alcohol, that's a standard condition, suppose that I now eh… I don't drink alcohol now, I agree with that, but suppose that I drink a glass of alcohol once and it's detected, then they automatically say that person is a danger to society because he drinks alcohol and that is simply standard procedure, I think that is a bit… nonsense"*

Often participants express being internally motivated for certain activities, such as going into therapy or being employed. However, as these activities were poured into conditions, they became obligations by power holders instead of being choices of their own.

> *Karel: "For example, I have good intentions, I want to work, I want to live on my own, all those things… that should not really be an obligation"*

In certain cases, the changed nature of the activity had serious consequences. For instance, the following participant narrates being sent back to prison after terminating mandatory treatment he had initiated voluntarily:

> *Steven: "Look, I'm interned since 2005 and I agreed with [a psychiatrist] that I was going to do day hospital on a voluntary basis, but the probation officer made a condition out of it, and on a certain moment I had a bad period, I didn't feel good at all in that day hospital, and I stopped going to the day hospital, and what happened?, they arrested me just like that and threw me in jail, because I stopped going to the day hospital"*

7.1.5. Re-integration? – "it's a vicious circle"

> *Kevin: "I have respect for everybody but let's be honest: I have to sign off a re-integration into society and you get restrained in every way they are able to restrain you.. You can't sign off a reintegration in society, and that's what I call that vicious circle"*

A fifth sub-theme which influences the experience of the internment measure as a punishment is related to the goal of the internment measure. Many participants regard the internment measure as not helping them. They describe the internment measure as *"being no good"*, *"not healing"*, *"turning square"* ,*"a nuisance"* or as *"having no use"*. For them, the internment measure is not a proper way to deal with PSIM. Rather than helping, the internment measure worsened their situation. This view is often related to detention periods, because they did not receive treatment in prison. This view is also related to a more general feeling that the internment measure is actually a self-fulfilling prophecy, as explained by the following participant:

> *Hendrik: "They were thinking about referring me to a forensic residential setting, after that an open setting and looking further for outpatient treatment, that means that you regard the person in front of you as a real danger to society… so yes, eventually I become; eventually you become a threat to society because you go through all those things and get traumatized. Most people who go through that start to freak out, they are turning completely crazy by thinking they are going to be stuck here forever. In that way you create a self-fulfilling prophecy… this is the case for many people"*

Some participants indicate that the internment measure has destroyed their lives, often due to the many years that they have spent in prison(s), or in and out prisons. The describe that their lives have been attacked, were turned upside down, have been thrown away.

> *Daan: " 24 years is a serious part of your life, I believe I haven't lived during these 24 years, they have lived for me"*

Participants state that, instead of facilitating or realizing (re-)integration in the community, they cannot live a normal life as a PSIM. They view the internment measure as retaining PSIM from society, for instance by not being granted leaves, and as impeding re-integration into the community. For instance, they point to having difficulties finding a job, having lost their job, having lost their savings due to a long imprisonment, having difficulties to finding a residence in accordance with conditional release conditions (for instance not living nearby a park), having their educational trajectory interrupted or terminated, or being excluded from the lives of family members due to their imprisonment or prolonged internment trajectory.

> *George: "That circus, I was tired of playing along with that circus, I build something and they tear it down with the silliest thing first, you know."*

> *Sabine: "But it keeps chasing you, like prison too, but that is 9 years out of your life, and like when you are looking for a job, try to explain that, 9 years; "and how come there is a gap of 9 years?", it's difficult to say "I was in a shithole, you don't want to know where I was""*

7.1.6. Stigma: "It's a stamp"

The final sub-theme which influences the experience of the internment measure as a punishment is related to experiencing stigma and exclusion. Next to experiences of community exclusion on the level of the individual and his or her immediate context, participants also experience structural exclusion on a societal level. Participants indicate that the word 'internment' has a negative connotation.

> *Emiel : "Simply, 'internment' is dirty... that word, I heard it enough before.. only that word. Do you know what that is, that internment measure? It's dirty, it said very clearly "We'll send you to a psychiatric prison if you relapse or do something."*

They describe PSIM as all being tarred with the same brush. They feel they receive *"a stamp"*, a negative label. One participant articulates this as *"having a cornetto on your head"*. From their viewpoint, society regards PSIM as "*being mad"*, as "*disturbed and unreliable"*, as "*third-class citizens"*, as "*renegades"*, as "*always having mental disabilities"*, as "*the worst criminals"*, as "*vandals"*, as "*thieves"*, as "*murders"*, as "*assaulters"*, and as "*aggressive"* or "*a danger to society"*. One participants adds that people who are not being subjected to an internment measure can be aggressive too:

> *Hugo: "That is also a very big mistake that a lot of people make, most of them think that interned persons are hooligans, are murderers, are sexual assaulters, are thieves. That's not always the case. Some amongst them did commit a murder, we saw that too, uh, but I can immediately think of like 20 who didn't even commit a theft or something*

like that or who haven't even been a danger to themselves or others. That's also abit the case in my situation … Yeah, here, I also often see here people punch somebody in the face, if they said something wrong, but those people aren't interned either, yeah"

The internment measure is viewed by participants as discriminating people who are mentally ill and as putting PSIM on the edge of society, as explained by the following two participants:

Peter: "it is strange to say but now with that internment measure, you're not allowed to do a lot of things, that is right. You are excluded from of a part of society, and I think that is wrong. I am also just a human being and everyone deserves a second change and I have the feeling I don't get that [second chance]."

Pieter: "I'm a bit scared that, just because euhm, that they are going to say when you finish it [this study,, and that, as you say, you will go there and there [to present the study results], [and that they'll say:] "yes but, eh, they are just.. we know about it.. they are just little internees"

7.1. Procedural difficulties

Daan: "It's also a law of Napoleon that was only adjusted once in 1964 or something like that"

A second theme identified in participants' accounts regarding the internment measure is related to procedural aspects of the internment measure. Participants utter many procedural difficulties regarding the internment measure and the law that regulates the internment measure. These procedural difficulties are related to different aspects of the internment procedure, namely to the psychiatric expertise, the courts, and the administration of the internment measure.

With respect to the psychiatric expertise, participants especially address the quality of the psychiatric expertise. They relate this perceived low quality to their mental state at the time of the psychiatric assessment as well as to the psychiatric assessment itself. Participants indicate that when the psychiatric assessment was carried out, they were experiencing (severe) symptoms of mental illness or were intoxicated, which obstructed having a normal conversation or cooperating with the assessment in a serious manner:

Sabine: "I was as high as can be, and saying like "what do you want? Is this going to take much longer? ...I only had 28 points, you know… and they interned me on that grounds, vloem vlam vlom, throw her with the rest of the salmon, eh yes… I was far gone, … also those tests, I just said something to have it over with quickly, to be able to use drugs again as soon as possible, I felt really bad about that, seriously, and on that ground they interned me, yeah"

Participants criticize the lack of a thorough psychiatric assessment scrutinizing their personal and environmental situation. Instead, they experience that *"the complexity of their personal*

situation is reduced to a simple object". They narrate that they have only met once with the psychiatrist for a very short time, and do not comprehend how this short meeting could result in a circumstantial psychiatric report. Consequently, they disapprove of the way psychiatric assessment are carried out, especially given the perceived major influence of this report on their subsequent lives via the imposition of the internment measure.

> *George: "by talking to a court psychiatrist for a little hour back then when I was 18 years old, and getting interned because of that for 25 years, I think that's insane"*

With respect to court proceedings, participants believe the internment measure is imposed too quickly, i.e. without a necessary thorough consideration, and in too many cases. For instance, as was previously described, participants disagree with imposing the internment measure for minor offences since in these cases the severity of the internment measure is not in accordance with the seriousness of the offence(s) committed. In addition, some participants indicate not attending the court hearing(s). Reasons for not attending the court hearing(s) were, for example, being dissuaded by their lawyer, not being notified of the hearings or feeling uncomfortable at these hearings. When this nonattendance was primarily induced by others, participants felt unsatisfied or ambiguous about it because they were not able to defend themselves.

> *Wolf: "Also the fact that I haven't been able to defend myself before the verdict, because my lawyer told me it was better not to attend and because I felt so vulnerable I thought: "Ok, it's better to listen to the lawyer etc, but probably I could have defended myself better if I would have been able to state my story, if I could have nuanced certain things etc."*

In addition, participants experienced difficulties in understanding what was happening, in terms of not understanding certain professional language during hearings as well as in terms of not being fully aware of the seriousness of the impending internment measure.

> *Boris: "Yes, before I went to the court,, I didn't know what it [the internment measure] meant, so I thought that it would be alright, if I had known back then… huh.. so yeah"*

Participants also numerated procedural difficulties at the level of the administration of the internment measure. For some of the participants the lack of awareness at the level of the courts continued into the present. When participants were asked who imposed the internment measure upon them, some participants answered that the treating or court psychiatrist, the CPS or the police did. However, most participants know that a judge imposed the internment measure. Next, some participants also express still not knowing what the objective of the internment measure is. In particular, they refer to not knowing according to which rules or guidelines the CPS decides to abrogate an internment measure:

> *Christophe: "I don't know how to behave regarding that internment measure"*

Karel: They all come up with nice little stories: yes, you are going to go to psychiatry for two years and it's over.. once you finished your program.. but you keep being interned so.."

7.2. "There are however some benefits too…"

Christophe: "I don't think the internment measure is too bad"

A third theme regarding the internment measure is related to perceived positive aspects of the internment measure. Although the overall connotation of the internment measure across study participants is quite negative, participants also perceive some benefits. Although they recognize that there are problems with the internment measure, some participants point to the potential or the humanity of the overall system:

Sofie: "it's hard to believe that there is a better system, that's hard. Maybe you say: "here's a little devil, maybe here's a little devil", but then you see the whole system, you see that the system isn't perfect, yes you see that, but the system is people-oriented, they're trying to slowly prevent problems"

First, they regard receiving treatment, working (collaboratively) towards a solution, or being offered certain opportunities as a benefit.

Lieve: "Yeah, before, the internment measure used to be something cruel eh...: now we evolved to modern times eh, if they see that you.. that they can do something with you, they are certainly going to [continue working with you]"

Second, for other participants, the internment measure works as a big stick, motivating them to comply with conditions which prevents relapse into mental illness and being sent back to prison. For the following participant, the internment measure motivates him to be compliant with his medication schedule:

Elias: "Yeah, it's stimulating of course because it is mandatory, so, I'm obliged to take medication by the CPS and by the probation officer, so it is certainly stimulating because I feel.. a lack of energy etc, so I could easily say 'I stop with my medication', hoping it [the energy] would come back but then it can get out of control again eh, so being interned really helps to take my medication, yes."

Third, other participants experience that the internment measure was associated with the expiration of a criminal record regarding the offences which led to the imposition of the internment measure, and with spending a shorter amount of time in prison than if they would have been convicted to a standard sentence, although a psychiatric admission did follow after this detention period.

> *Dirk "[researcher: Do you think it matches, the information you received back then with the experience you have today about that?] Yes, in fact it does. That it would be very hard to get rid of once it was administrated. That it would be hard to get rid of.. That it was something else then serving time for some years. But that I was going to be released more easily."*

Fourth, some participants mention that over time, they have noticed positive evolutions in the administration of the internment measure, such as the substitution of a CPS director and the implementation of the forensic psychiatric centre, or that they have heard that the new law will bring about positive changes:

> *Yves "That new law... I think it's too strict… in every aspect.. but on the other hand, that law offers more opportunities to the PSIM, that they can go on leaves, that they can get permissions to go out, that he can go out with an ankle bracelet"*

Fifth, some participants indicate that in some cases PSIM are in need of control, such as PSIM with a substance use disorder, or prolonged confinement, such as PSIM who committed a murder. Other participants differentiate between themselves and other PSIM with respect to the helpfulness and usefulness of the internment measure:

> *Vincent: "for some people it can be good, to be interned, yes yes yes… Well, it happened now, indeed, it happened, and I am not able to change that, but I am still completely against it, for my [emphasis] case, for me"*

7.3.Conclusion

In this chapter, experiences of study participants regarding the internment measure in general were described. Three themes were discussed. First, participants have narrated about experiencing the internment measure as a punishment, and as a severe punishment. The internment measure is viewed as a punishment for being mentally ill rather than for exhibiting offending behaviour, and is as such perceived as a more heavy measure or punishment compared to respectively an involuntary admission or a standard sentence. Participants have numerated many experiences that contributed to this experience; the indeterminacy of the internment measure, (lengthy) waiting periods in prison without receiving appropriate psychiatric or psychosocial treatment, a lack of help and voice, a lack of treatment possibilities, an excess of control through the conditional release conditions, a lack of focus on re-integration, and stigma and social exclusion. Second, participants also have associated the internment measure with procedural difficulties. These difficulties relate to the lack of a thorough psychiatric assessment and the lack of transparency in court and in internment procedures and decisions. Third, although participants delineate many disadvantages of the internment measure, they also recognize some (potential) advantages. These (potential) advantages are (mental health) treatment and services and working towards re-integration, prison as a big stick to encourage compliant behaviour, the expiration of a criminal record regarding the offences which led to the imposition of the internment measure, and the contemporary societal evolutions

regarding the internment measure (i.e. the development of a forensic psychiatric care circuit and the new internment law that went into force).

Part three: Integration of the literature and empirical study

Chapter eight

Discussion and conclusion: Persons with mental illness who offended and procedural justice

In this chapter the conclusions of the dissertation study are presented. The main objective of this doctoral dissertation is gaining insight into the experiences of persons with mental illness who offended (PMIO) regarding their interactions with power holders from the criminal justice system and the mental health system involved in court-mandated treatment (such as probation officers, judges, treatment providers), and exploring the added value of experiencing procedural justice during these interactions. Indeed, although court-mandated treatment is often imposed to PMIO, the underlying processes of how court-mandated treatment can yield beneficial outcomes remain largely unknown (Honegger, 2015; Martin et al., 2012; Polaschek, in press; Sarteschi et al., 2011; Wolff, 2018). Gaining insight into interactions between PMIO and power holders during court-mandated treatment is important to contribute to the theoretical development of forensic and correctional rehabilitation frameworks and to develop relevant practice and policy regarding court-mandated treatment programs (Coffey, 2006; Kaiser & Holtfreter, 2016; Livingston, 2018; Oades et al., 2005; Robertson et al., 2011).
The doctoral dissertation study consists of three phases. The first phase comprises a review of the literature to develop an understanding of the population of PMIO, court-mandated treatment programs, recovery and desistance processes of PMIO and human and social factors that influence or complicate these processes, and procedural justice theory. The second phase of the study comprises the core of the dissertation study and the nexus between phase one and three. In this phase, a qualitative research study carried out to investigate the experiences of PMIO, operationalized as persons subjected to an internment measure (PSIM), with respect to their interactions with power holders from the criminal justice system and mental health system during court-mandated treatment. The power holders considered in this qualitative study are the Commission of Protection of Society, probation officers, the psychosocial prison service, prison officers, the multidisciplinary care team in prison, and treatment providers of forensic and general treatment facilities and services. In the third phase of the dissertation the results of the qualitative study and the critical literature study are integrated and compared. The conclusions drawn from this integrative and comparative work are presented in the present chapter. First, the additional value of procedural justice as therapeutic liquid in court-mandated treatment is discussed. Second, opportunities for further developing the internment measure towards a therapeutic jurisprudence friendly bottle are considered.

8.1. Procedural justice as therapeutic liquid in court-mandated treatment

Previous research studies have shown relationships with power holders or staff from the mental health system and the criminal justice system involved in court-mandated are important for recovery and desistance processes of PMIO (Coffey, 2006; Dowden & Andrews, 2004; Green et al., 2008; McNeill, 2006; Moran et al., 2014; Oades et al., 2005; Polaschek & Ross, 2010;

Simpson & Penney, 2018; Walters, 2016; Willmot & McMurran, 2016). The development and maintenance of a working alliance between PMIO and power holders during court-mandated treatment is however challenged due to the presence of both care and control (Honea-Boles & Griffin, 2001; Regehr & Antle, 1997; Ross et al., 2008; Skeem et al., 2003; Vander Laenen, 2014; Ward, 2013). In the present qualitative study, PSIM were therefore asked about positive and negative aspects of interactions with power holders involved in court-mandated treatment. They were also asked about their perceptions regarding the influence of these interactions on their emotional, attitudinal and behavioural reactions.

The underlying assumption of procedural justice theory, that interpersonal aspects of interactions with power holders influence people's perception of and reactions towards these interactions (Blader & Tyler, 2015; Lind et al., 1990; Lind & Tyler, 1988; Tyler & Blader, 2003; Tyler & Lind, 1992), is clearly reflected in the virtuous and vicious circles that have been identified in the present qualitative study. Following Winick (2003) and Wexler (2014a), procedural justice can thus be considered as therapeutic *liquid* which, according to therapeutic jurisprudence scholarship, refers to the practices and techniques of legal actors. In the present dissertation these 'legal actors' are more comprehensively defined as power holders from the criminal justice system and the mental health system.

The aspects of interactions with power holders that are important for PMIO will be discussed first and thereafter the perceived influence on their attitudinal, emotional and behavioural reactions will be addressed.

8.1.1. Dimensions of procedural justice in the context of court-mandated treatment

When employing the therapeutic jurisprudence metaphor of liquids, bottles and vineyards (Wexler, 2014a, 2014b) to the findings of literature and empirical study of the present doctoral dissertation, positively perceived interactions with power holders can be regarded as therapeutic liquid in the context of court-mandated treatment for PMIO. Positive experiences with power holders can thus contribute to perceiving a formal intervention as a hook for change (see, Colman & Vander Laenen, 2012; van der Stel, 2015).

In what follows, aspects of power holders' behaviour that influence PMIO's opinion of the valence of the interactions with power holders will be discussed. This discussion will be structured according to the dimensions of procedural justice which were discussed in chapter three. Doing so, the concept of procedural justice in the context of court-mandated treatment can become more clear (De Mesmaecker, 2014; Henderson et al., 2010). The *"raw ingredients"* of procedural justice (Wexler, 2016, p. 369) will be tailored to what is regarded as important by PMIO themselves. By concretizing what PMIO understand under the different dimensions or procedural justice, behaviour of power holders involved in court-mandated treatment can be adapted to these expectations (Blasko & Taxman, 2018; Canada & Hiday, 2014; De Mesmaecker, 2014; Jackson et al., 2010; McKenna et al., 2000; Tyler, 2010; Tyler & Lind, 1992).

It should be noted here that the dimensions of procedural justice are *distinct but interrelated* (Beijersbergen, Dirkzwager, Eichelsheim, et al., 2015; Blasko & Taxman, 2018; Colquitt et al., 2001; De Mesmaecker, 2014; Henderson et al., 2010; Heuer & Sivasubramaniam, 2011; McKenna et al., 2003). The same is true for the themes that were identified in the qualitative study. Although they each represent a different aspect of interactions between PMIO and power holders, in reality they are intertwined and influence each other. This interrelatedness of the themes reflects the complexity of interactions between power holders and PMIO (Schafer & Peternelj-Taylor, 2003). In Figure X the themes identified in the accounts of PSIM in the empirical study are integrated with the theoretical dimensions of procedural justice theory.

Figure 8. The themes based on lived-experiences of PMIO integrated into the theoretical dimensions of procedural justice theory

Theoretical dimensions of procedural justice theory (De Mesmaecker, 2014; Lind et al., 1990; McKenna et al., 2003; Tyler, 2013)	Themes based on lived experiences of PSIM regarding their interactions with power holders from the criminal justice system and mental health system during court-mandated treatment
Respect	Caring environment Polite approach Calm approach Intersecting the other themes
Voice	A reciprocal dialogue An opportunity to tell their story Listening
Performance and neutrality	Job performance A thorough approach Fluent procedures A team approach Absence of contradictions, inconsistencies and personal motives[1]
Information	Transparency
Trustworthiness and validation	Caring environment Less formal approach Being there A holistic approach Personally desired outcomes Context of problematic behaviour The present and the future (next to past) Solution-focused approach Ending stories Solutions for problems (Re-)integration Necessary conditions
Authoritativeness	Authority Compromises Firm but fair Encouragement

[1] This sub-theme does not have a positive counterpart.

8.1.1.1. Respect construed as politeness and calmness

The dimension or respect in procedural justice theory refers to people experiencing being treated with dignity and respect and being acknowledged by power holders (De Mesmaecker, 2014; Gottfredson et al., 2007; Jackson et al., 2010; Lind & Tyler, 1988; McKenna et al., 2003; Tyler, 2007, 2010, 2013; Tyler & Lind, 1992). Experiencing being treated with respect has been recognized as a central factor influencing people's reactions towards an interaction (Jackson et al., 2010; Tyler, 2010, 2013). As Tyler (2013, p. 13) argues *"there is something about disrespect that is especially central to personal experiences"*. This centrality of respect over and above his personal experience is also acknowledged by a PSIM who participated in the present study by stating *"I think everything has to do with respect, whatever job you do"*. As respect can be understood very broadly, it can in this context be understood as a separate theme or dimension and as actually intersecting every dimension of procedural justice and every theme found in the qualitative study.

PSIM regard it important to be treated with respect, they expect power holders to respect courtesy rules and exhibit normal interpersonal behaviour. They appreciate power holders who behave in a friendly, polite, respectful and normal manner, and who approach them in a serene, tranquil, calm way. Conversely they depreciate power holders who behave unfriendly, impolite, and crude and blunt, and who employ an offensive approach. Examples of this latter approach are power holders who shout and/or scream, or behave in a hard-handed and coarse manner. These findings corroborate with other research findings concerning PMIO. PMIO consider "good" staff as employing a respectful, kind, friendly, tactful and verbally non-offensive approach (Barnao et al., 2015; Barsky & West, 2007; Epperson et al., 2017; Fortune et al., 2010; Kras, 2013; Laithwaite & Gurnley, 2007; Mezey et al., 2010; Turton et al., 2011; Van Roeyen, Van Audenhove, & Vander Laenen, 2016; Van Roeyen, Van Audenhove, Vanderplasschen, et al., 2016), while staff engaging in unkind, unfriendly, disrespectful, or even aggressive interactions are viewed as "bad" staff (Barsky & West, 2007; Mezey et al., 2010; Skeem et al., 2003; Turton et al., 2011). In addition, when power holders show respect and concern for P(MI)O, these persons are more willing to accept encouragement and direction from these power holders (Rex, 2001).
Respect and human dignity are stressed in strengths-based approaches, such as the recovery and desistance paradigm and associated models such as the GLM-FM and secure recovery (Barnao et al., 2016; Birgden, 2015; Drennan & Alred, 2012c; Jacobson & Greenley, 2001; Simpson & Penney, 2011, 2018; Vandevelde et al., 2017; Ward & Brown, 2004), but are not uniquely associated with strengths-based approaches. Risk-based approaches such as the Risk-Need-Responsivity (RNR) Model of correctional assessment and rehabilitative programming also recognize the importance of respect for the person in the first overarching principle of the model: *"services are delivered with respect for the person, including respect for personal autonomy, being human, ethical, just, legal, decent, and being otherwise normative."* (Andrews & Bonta, 2010c, p. 46).

8.1.1.2. Voice construed as an active and reciprocal dialogue

The dimension of voice refers to people being actively included and involved during interactions with power holders and decisions-making processes (De Mesmaecker, 2014; Gottfredson et al., 2007; Jackson et al., 2010; Lind & Tyler, 1988; McKenna et al., 2003; Rennig, 1997; Schmidt, 1997; Tyler, 2010, 2013; Tyler & Lind, 1992).
PSIM indicate they want to have an active and reciprocal dialogue with power holders. Such a dialogue refers to being asked to express their view or to react upon things that were said. Power holders who do not engage in such a dialogue are negatively experienced by participants. Power holders showing interest in them by listening to what they are saying or have to say is another characteristic of an active and reciprocal dialogue. Power holders not listening to them, are negatively perceived. The importance of equality and reciprocity during interactions and taking the time to talk and listen has also been addressed in other studies with PMIO, including PSIM (Aga et al., 2017; Barnao et al., 2015; Barsky & West, 2007; Blagden et al., 2016; Epperson et al., 2017; Ferrito et al., 2012; Fortune et al., 2010; Kras, 2013; McIvor, 2009; Rowe & Soppitt, 2014; To et al., 2015; Turton et al., 2011). PMIO further valued power holders showing a willingness to understand and giving them an opportunity to explain both progress and difficulties or setbacks (Epperson et al., 2017; McIvor, 2009; Ryan et al., 2002), while they dislike power holders who did not listen to them (Ferrito et al., 2012).
PMIO consider developing a profound understanding of who they are as a person as essential for treatment planning (Canada & Watson, 2013; Livingston, Nijdam-Jones, & PEER, 2013). An active and reciprocal dialogue is a prerequisite to *"co-producing"* (Weaver, 2013, p. 193) desistance and recovery according to contemporary understanding of desistance and recovery (Burnett & McNeill, 2005; Rex, 2001; Ross et al., 2008; Simpson & Penney, 2011; Weaver, 2013) and of developing and maintaining a collaborative relationship between PMIO and power holders aiming at facilitating positive change for the PMIO (or working alliance) (Ross et al., 2008).

8.1.1.3. Information construed as transparency

The dimension of information comprises transparency and openness about every aspect of procedures and how and why decisions are made, and about possible future procedures and decisions (Colquitt, 2001; De Mesmaecker, 2014; Lind et al., 1990; McKenna et al., 2003; Tyler, 2013).
PSIM regard it important to receive information and clarity regarding expectations, conditional release conditions, treatment programs, goals and trajectory was important for participants. They depreciated vague and unclear information regarding these aspects of their internment trajectory, and being kept in the dark or being deprived from information in general. In a study with older PSIM their need for information and transparency was also documented. These PSIM indicated that they were insufficiently informed about conditional release conditions. Hence, the purpose of these conditions and the consequences of violating these conditions was sometimes unclear (De Smet et al., 2015). Similar accounts can be found in other qualitative studies with PMIO. Persons admitted to forensic psychiatric hospitals indicate that receiving

information and organising pre-admission visits were experienced as positive while being kept in the dark about the nature and consequences of treatment was experienced as negative (Fortune et al., 2010). They indeed regard information-sharing between PMIO and power holders as an important aspect of treatment planning and want to be proactively informed about treatment planning. A perceived lack of knowledge regarding their treatment plan was disliked by persons admitted to forensic psychiatric hospitals (Livingston, Nijdam-Jones, & PEER, 2013). Next to emotional and instrumental support, informational support is also important for PMIO (Epperson et al., 2017).
Power holders can increase feelings of fair treatment by being transparent about their rationale or underlying arguments for making certain (judicial) decisions (Killias, Aebi, & Ribeaud, 2000). Visual means can help also help to discuss progress and treatment planning with PMIO (Festinger et al., 2018).

8.1.1.4. Performance and neutrality construed as a "good" job performance

Neutrality refers to whether power holders are perceived as fair, neutral, unbiased, consistent (across people and time), impartial, and non-discriminatory in the application of procedures and rules (De Mesmaecker, 2014; Jackson et al., 2010; Lind & Tyler, 1988; McKenna et al., 2003; Tyler, 2010, 2013). The way power holders perform their work is also important for people, this comprises both delivering good work but also to doing a good job. Perceptions of performance are associated with power holders doing a thorough and predominantly flawless job, taking their tasks and cases seriously, engaging in smooth and relatively fast procedures, cooperating with other agencies, knowing and organizing their cases, and not using their power improperly or abusing their power (De Mesmaecker, 2014).
In the present study, neutrality was identified as an aspect of performance. PSIM talk positively about power holders who employ a team approach, and who perform their job thoroughly. They also stress the need for fluent procedures that limit waiting periods. PSIM were dissatisfied with power holders applying a sketchy approach, for instance by copying (incorrect information) previous reports or by writing reports based on short assessments. Other aspects of a poor job performance from the viewpoint of participants are receiving inconsistent information or observing contradictions in the working method. Some participants mention that decisions of power holders are based on their personal motives instead of on factual information. Related to this, participants regard a uniform and equal treatment of PSIM by power holders as important too. Lastly, participants are dissatisfied with mental health staff in residential facilities who breach the ward rules themselves.
The value that PMIO attach to the job performance of PMIO has also been identified extensively in other qualitative studies. PMIO subjected to a probation measure appreciate power holders from the MHS and the CJS working together during their court-mandated treatment trajectory *if* this cooperation takes place in a context of emphasizing care instead of control. If this condition is met, PMIO seem to view this cooperation as *"coordinated care"* (Skeem et al., 2003, p. 443). The inclusion of power holders from different professional disciplines and perspectives in treatment planning was also valued by persons detained in a forensic psychiatric hospital (Livingston, Nijdam-Jones, & PEER, 2013). Another aspect

related to job performance that is regarded as important by PMIO is knowledge and experience of power holders. PMIO value power holders who possess experience and knowledge of issues affecting them (McIvor, 2009; Ryan et al., 2002), and experience difficulties with unexperienced power holders (Fortune et al., 2010). Education and training to provide power holders with the necessary knowledge and skills is indeed important to improve outcomes for PMIO (Skeem & Louden, 2006). PMIO also appreciate power holders being honest and fair (Doyle, Quayle, & Newman, 2017; Fortune et al., 2010; Ryan et al., 2002), and regard consistency (within a power holder) as important and view inconsistency as a reason for caution (Schafer & Peternelj-Taylor, 2003).

8.1.1.5. Trustworthiness construed as being there, being less formal, and employing a holistic and solution focused approach

Trustworthiness of a power holder has been defined as behaviour of power holders that reflect benevolence and caring, displaying a concern for the needs of the people they are interacting with, trying to do what is right for everyone involved, and considering the view of people (i.e. validation) (Gottfredson et al., 2007; Jackson et al., 2010; Lind & Tyler, 1988; McKenna et al., 2003; Rennig, 1997; Schmidt, 1997; Tyler, 2007, 2010, 2013; Tyler & Lind, 1992). Trustworthiness reflects if a power holder can be trusted to act in good faith (De Mesmaecker, 2014). Trustworthiness is a dimension of procedural justice that accords with many themes and subthemes in the present study. These are two subthemes of the theme 'a caring environment', i.e. a less formal approach and being there, and the themes 'a holistic approach' and 'a solution focused approach'. Indeed, trustworthiness is a core aspect of the perceived legitimacy of power holder (Tyler, 1992, 2013).

i. <u>A less formal approach and being there</u>

First, *a less formal approach* of power holders *and 'being there'* can be considered as aspects of power holders behaviour that reflect benevolence and caring. PSIM appreciate power holders with less formal interactions, such as being cordially, being humorous, showing concern and kindness, and being open, as (more) approachable and as engendering feelings of warmth and connectedness. Power holders who show care and concern make PMIO feel like valuable human beings (Epperson et al., 2017; Mezey et al., 2010). A less formal interaction style seems to be strongly related to the theme of 'being there' for PSIM. This theme reflects PSIM's inferences about underlying motives of the power holders such as doing their job with passion and not just for the money. These motives of power holders are deduced from being emotionally and practically available for PSIM, working proactively and taking initiatives, making an effort, and spending formal and informal time with PSIM. Power holders 'being there' for them are important for PMIO (Schafer & Peternelj-Taylor, 2003). They appreciate staff who engage in meaningful and sustained relationships, act cordially, show genuine and authentic interest and concern by taking the time to talk and listen and engaging in informal conversations and activities outside of formal meetings, exhibit pro-active behaviour, are actively available, and take them seriously (Aga et al., 2017; Barnao et al., 2015; Barsky & West, 2007; Blagden et

al., 2016; Epperson et al., 2017; Ferrito et al., 2012; Fortune et al., 2010; Kras, 2013; Livingston, Nijdam-Jones, & PEER, 2013; McIvor, 2009; Rowe & Soppitt, 2014; To et al., 2015; Turton et al., 2011). In addition, consistency and continuity of staff is regarded as important by PMIO with respect to building trusting relationships (Livingston, Nijdam-Jones, & PEER, 2013). Epperson et al. (2017, p. 199) describe caring as *"a bedrock relational factor upon which other relationship dimensions rested"*. These authors found that when a power holder is experienced as caring, other aspects of the behaviour or characteristics (such as toughness) of this power holder are positively interpreted (such as being fair or respectful) by the interviewees (and vice-versa). Skeem et al. (2003) reach a similar conclusion by stating that the quality of the relationship between power holder and PMIO coloured the strategies used by the power holder to monitor and enforce compliance. However, although being emotionally and practically supportive and caring is valued by PMIO (Barnao et al., 2015; Barsky & West, 2007; Blagden et al., 2016; Epperson et al., 2017; Ferrito et al., 2012; Fortune et al., 2010; Kras, 2013; Mezey et al., 2010; Nijdam-Jones et al., 2015; Ryan et al., 2002; Van Roeyen, Van Audenhove, & Vander Laenen, 2016; Van Roeyen, Van Audenhove, Vanderplasschen, et al., 2016), they sometimes have ambivalent perceptions of power holders who prompt them to examine and share feelings. This prompting is experienced as good intended but also as stressful (Fortune et al., 2010). It is possible that PMIO need some time to get used to this prompting, as McIvor (2009) found that being directly addressed by the judge was initially uncomfortable for many drug court participants, but that they became familiar with this way of working overtime.

Power holders employing formal interaction styles, such as not showing concern or emotions (except for anger or strictness), being serious all the time, and doing everything strictly by the book, are viewed as distant and cold. Indeed, PMIO dislike artificial, disengaged, uncaring or too formal-professional behaviour (Barsky & West, 2007; Ferrito et al., 2012; Mezey et al., 2010; Nijdam-Jones et al., 2015; To et al., 2015; Van Roeyen, Van Audenhove, & Vander Laenen, 2016; Van Roeyen, Van Audenhove, Vanderplasschen, et al., 2016). Again this goes along with the perception that these power holders are not really 'there for them' to help them but for the pay check. PSIM see this motive reflected in not spending time with them but rather with their colleagues in the staff room, not taking initiates and dropping them of, and just doing what is strictly necessary. When PMIO sense that power holders are just there for the money, the development of trusting relationships are hindered (Barsky & West, 2007; Schafer & Peternelj-Taylor, 2003). The same is true for insensitive and indifferent behaviour of power holders (Epperson et al., 2017; Mezey et al., 2010). Related to this are the difficulties that PSIM and PMIO (Fortune et al., 2010) experience with high staff turnover, which hampers building trusting relationships.

The climate in which interactions take place between PMIO and power holders[84] is indeed important and has been associated with PMIO's satisfaction about these interactions and about the services they receive (Bressington et al., 2011; Doyle et al., 2017). Trauma-informed care, which is important when working with PIMIO given the high prevalence of trauma, also recognizes the importance of the climate in which interventions take place (Knight, 2015; Muskett, 2014). The climate in which interactions take place between PMIO and power holders

[84] As the working alliance between PMIO and power holders (Ross et al., 2008), social climate is, next to staff level factors, also influenced by system level factors, patient level factors and environmental factors (Doyle et al., 2017).

has typically been investigated in inpatient forensic and residential settings such as (forensic) psychiatric hospitals and prisons. However, climate appears to be important in community settings for PMIO too, as the results of the present qualitative study and qualitative studies with PMIO subjected to a probation measure show (Epperson et al., 2017; Kras, 2013).

ii. A holistic and solution-focused approach

Second, the themes 'a holistic approach' and 'a solution focused approach' lean closely towards subjective distributive justice, which refers to the perceived fairness of outcome distributions or allocations (Colquitt, 2001; Colquitt et al., 2001; Lind & Tyler, 1988). However, in the context of ongoing relationships and interactions with power holders, such as in court-mandated treatment, it is extremely difficult to differentiate between outcomes and procedures to determine outcomes as they are very intertwined. Therefore, in the present study these themes are compared and integrated within procedural justice. Next, the themes of a holistic approach and a solution focused approach relate to the tension between care and control which is inherently present during court-mandated treatment (Blackburn, 2004; Lurigio, 2011; Vander Laenen, 2014; Ward, 2013). As in the study of Skeem et al. (2003) this tension between care and control was found in the present qualitative study at the level of content and at the level of the process. The level of the content of interactions between PMIO and power holders during court-mandated treatment refers to the particular services provided or measures applied to PMIO. This content is addressed in the themes 'a holistic approach' and 'a solution focused approach'. The tension between care and control at level of the process will be discussed in the next section.

The theme regarding *a holistic approach* can be considered as a manifestation of considering and validating the needs and the viewpoints of PMIO. PSIM stress that it is important for them that there is *also* attention for their needs and aspirations and for the context in which they committed their offences or in which problems during their internment trajectory occur, next to attention for standard or socially important treatment goals and conditions and for their offences and problems themselves. Next, power holders they indicate that power holders should *also* recognize positive aspects or evolutions during their internment trajectory, instead of solely recognizing negative aspects or evolutions during their internment trajectory. They dislike if there is an exclusive focus on the past instead of taking the present and the future into account too. PSIM also dislike if offences or problems are exaggerated, and if they experience to be narrowed down to what has been written down about you in a file. The importance of patient-centred and individualized care tailored to the needs and capabilities of PMIO has been stressed in mental health research in general and research regarding PMIO in particular (Canada & Watson, 2013; Muskett, 2014) and is perceived as being more effective by PMIO, and by power holders as well (Skeem et al., 2003). PMIO dislike power holders who ignore their concerns and needs (Epperson et al., 2017).
The complex issues and needs of PMIO require individualized assessment and treatment formulations and treatment programs need to have multiple components to address these problems (Blackburn, 2004). Unmet needs of PMIO can result in technical violations of parole

or probations conditions and/or, although to a much lesser extent, to reoffending and can induce PMIO ending up in a 'revolving prison door' (Baillargeon et al., 2009; Canada & Hiday, 2014; Cloyes et al., 2010; O'Driscoll et al., 2012; Skeem et al., 2007; Wilson et al., 2011). A too exclusive focus on offending behaviour is associated with a lack of attention for broader psychosocial factors underlying or related to offending behaviour (Maguire, Raynor, Vanstone, & Kynch, 2002; Rex, 2001). The same is true for a too exclusive focus on mental illness in court-mandated treatment, as mental illness is a poor predictor of (re-)offending (Bonta et al., 1998). Other life domains than offending behaviour and mental illness need attention, especially those life domains that are considered important by PMIO, including PSIM, themselves (Aga, 2018b; Livingston, 2018; Livingston, Nijdam-Jones, & PEER, 2013; Rex, 2001; Van Roeyen, 2018; Wittouck et al., 2013). Indeed, improvements on these life domains will not just follow from improvements in criminal justice and mental health outcomes, these life domains need targeted interventions too (Scott et al., 2013; Wittouck et al., 2013). The need for attention for other life domains during court-mandated treatment does not mean that PMIO believe that offending behaviour and mental illness should not be addressed during court-mandated treatment. PMIO themselves also consider living a healthy as well as a compliant life as important goals in court-mandated treatment. According to them, these aspects of life are however part of a more multidimensional and holistic way of looking to success in the forensic mental health system (Livingston, 2018). Improvements in quality of life of PMIO have shown to reduce reoffending (Bouman, Schene, & de Ruiter, 2009).

The theme 'a holistic approach' also aligns with contemporary understandings of recovery and desistance. Instead of *merely* recovering from mental illness and desisting from offending behaviour, which are socially desired goals, PMIO should *also* be supported to recover or desist into something new (Davidson et al., 2008; Nugent & Schinkel, 2016; Van Roeyen, 2018). Offender recovery is an additional recovery task for PMIO, not the only recovery task (Drennan & Alred, 2012b; Simpson & Penney, 2011, 2018). What this 'something new' is, should be defined by PMIO themselves instead of by professionals (Slade et al., 2008; Van Roeyen, 2018; Ward & Maruna, 2007). Successful desistance and recovery processes in P(MI)O require addressing both approach and avoidance goals, or personally desired goals and socially desired goals (Drennan & Alred, 2012b; Maruna & LeBel, 2003; Ward, 2012; Ward & Maruna, 2007). Indeed, working from a strengths-based perspective does not mean that problems or difficulties, or socially desired goals, are denied or ignored (Saleebey, 1996). Maruna and LeBel (2003) recommend to focus on active responsibility in P(MI)O, i.e. encourage them to take responsibility for future behaviour, instead of passive responsibility, i.e. continuing to hold them responsible for past behaviour.

Recovery and desistance processes are also promoted by the recognition of change or progress by others (Drennan & Alred, 2012a; Nugent & Schinkel, 2016; Tew et al., 2012). As in the present qualitative study, PMIO, such as persons located in a specialist sex offender treatment prison and service users of forensic mental health services, value power holders who confirm positive behaviour (Barnao et al., 2015; Blagden et al., 2016; Mezey et al., 2010; Nijdam-Jones et al., 2015; Ryan et al., 2002). Drug treatment court participants also indicate that they appreciate power holders who are interested in their well-being and progress, understanding of difficulties or setbacks during their trajectories, and provide support during setbacks and give another chance after setbacks (McIvor, 2009). Indeed, according to strengths-based

perspectives as well as risk-based perspectives, it is important to reward positive achievements rather than merely focusing on punishing violations (Andrews & Bonta, 2010c; Maruna & LeBel, 2003).

The theme regarding *a solution-focused approach* can be considered as behaviour of power holders that reflect balancing the needs and concerns of everyone involved, i.e. the PMIO and the community. PSIM appreciate power holders who also focus on treatment and solutions instead of solely on punishment (such as prison transfers), who apply prison transfer as a temporarily time-out and a last resort instead of a definitive and appropriate reaction to problems occurring during their trajectory, who restrict their conditions to necessary conditions instead of all-embracing conditions, and who offer them opportunities towards (re-)integration by approving activities in the community or living independently in the community instead of secluding them from the community by only organising activities on hospital premises or keeping them in residential facilities. PSIM value power holders who regard the internment measure as an ending story instead of a never-ending story. These findings are quite similar to qualitative research findings regarding service users of forensic mental health services in Canada of Livingston and colleagues. These PMIO also indicate that having the sense of making progress is important, they want to have the *"the feeling of moving 'onward and upward'"* (Livingston, Nijdam-Jones, & PEER, 2013, p. 47) and to work towards an independent life outside of the hospital in the community in a place of their own (Livingston, 2018). Indeed, social inclusion, i.e. being part of the community instead of being (partly) present in the community, promotes recovery and desistance processes (Drennan & Alred, 2012a; Maruna & LeBel, 2003; Nugent & Schinkel, 2016; Ronel & Segev, 2014; Tew et al., 2012). Activities for P(MI)O should not only take place inside of residential facilities but as much as possible outside of residential facilities (Maruna & LeBel, 2003). This is especially important since court-mandated treatment programs characterized by a combination between institutional and community treatment or by community treatment show beneficial results (Kim et al., 2016, p. 114; Martin et al., 2012).

In a study of Livingston et al. (2016), PMIO recognize the difficult task of power holders to balance the multiple and competing interests of everyone involved in their court-mandated treatment and thus to address their rehabilitative needs while taking public safety issues into account too. PMIO admitted to inpatient as well as outpatient services value if power holders consider their best interests (Epperson et al., 2017; Livingston et al., 2016). In addition, as PSIM in the present study, PMIO detained in forensic psychiatric hospitals, depreciated the amount of time spent in the forensic system, the extended conditions and restrictions, and having to start all over again after setbacks, which make them feel stuck.

Indeed, practices that focus too much on control instead of care are generally disliked by service users and experienced as unsupportive and unhelpful (Muskett, 2014). All-embracing conditions expand the net of social control (Durnescu, 2011; Shammas, 2014) and also contradict the underlying reasons of granting conditional release (i.e. low risk) (Maruna & LeBel, 2003). In addition, an excess of formal social control hinders instead of encourages recovery and desistance processes (Aga et al., 2017; Fisher et al., 2006).

8.1.1.6. The additional dimension of authoritativeness

As in Skeem et al. (2003) the tension between care and control was also found at the level of the process of interactions between PMIO and power holders during court-mandated treatment. The theme of 'authority' is situated at this level and refers to the nature of the ongoing relationship between PMIO and power holders. More specifically, 'authority' refers to way power holders use their authority or power during interactions with PMIO.
While the other important aspects of interactions with power holders that were considered important by PMIO may be very similar to recovery oriented practices for professionals (Chester et al., 2016; Coffey, 2006; Hillbrand & Young, 2008; Muskett, 2014), this theme regarding authoritativeness seems to be unique for court-mandated treatment. While De Mesmaecker (2014) considers power holders not using their power improperly or abusing their power as an aspect of performance, this theme is so saliently present in the findings of the present qualitative study that creating a separate dimension of procedural justice to accommodate this theme is warranted.
Possibly this additional dimension is related to the ongoing nature of court-mandated treatment in the corrections setting compared to law enforcement and court settings (Tyler, 2010). It has indeed been postulated that the dimensions of procedural justice can differ or can be differently enacted when persons have more and enduring personal experience(s) with power holders (Epperson et al., 2017; Steinmetz & Henderson, 2012; Tyler, 2001, 2010; Tyler & Lind, 1992). In other qualitative studies with PSIM the major influence of an internment measure on the lives of PSIM has also been observed (Aga, 2018b; Mertens, 2018; Van Roeyen, 2018).

PSIM view power holders as authoritative as opposed to authoritarian when they make compromises instead of always knowing better and uttering obligations. PSIM also talk positively about power holders who encourage them instead of threatening them or putting them down. PSIM have less difficulties accepting control of power holders as long as they exhibited firm but fair behaviour, as opposed to being too strict or firm or behaving in a blunt or hostile manner.
Making compromises resembles shared decision making between power holders and PMIO, especially regarding treatment and conditional release conditions, between power holders and PMIO. Older PSIM indicated that making personal choices was important for them. Nevertheless they stated that they were coerced to accept their conditional release conditions as this was the only way to achieve more freedom (De Smet et al., 2015). Shared decision making has yet been recognized as important in previous research with PMIO. Listening to the views and opinions of PMIO is important. However, PMIO regard it of equal importance that they are heard too and that their views and opinions are taken into account (Canada & Watson, 2013). Listening to people's opinion without taking their opinions into account in decisions is likely to engender disappointment and disillusion (Vander Laenen, 2009b). Involving service users, including PMIO, in the delivery of services is considered crucial to encourage recovery and desistance processes and to trauma-informed care (Livingston, Nijdam-Jones, Lapsley, Calderwood, & Brink, 2013; Livingston, Nijdam-Jones, & PEER, 2013; Muskett, 2014; Simpson & House, 2002). Persons admitted to a forensic psychiatric hospital also value if power

holders of mental health tribunals take an objective stance and take everyone's opinion into account, those of PMIO and those of other power holders (Livingston et al., 2016).
PMIO value power holders who give compliments, and praise, encourage and motivate them (Barnao et al., 2015; Blagden et al., 2016; Canada & Gunn, 2013; Canada & Watson, 2013; McIvor, 2009; Mezey et al., 2010; Nijdam-Jones et al., 2015; Ryan et al., 2002), and depreciate PMIO who talk down to them, intimidate, ridicule, and threaten them (Epperson et al., 2017; Skeem et al., 2003). They also dislike power holders who are always being *"on their back or constantly nagging them"* (Kras, 2013, p. 138). Power holders can use positive pressures such as persuasion or inducements, or negative pressures such as misleading, threats, orders, and the use of force. The use of negative pressures by power holders can increase feelings of coercion and negatively affect perception of PMIO regarding relationship quality (Lidz et al., 1995; McKenna et al., 2003; Skeem et al., 2003). According to PMIO, they are motivated by verbal reinforcement of power holders which promotes their change processes (Canada & Gunn, 2013). The looking-glass metaphor is important in the context of encouragement and putting down. This metaphor states that positive (Pygmalion) or negative (Golem) beliefs of power holders regarding the ability to change or the behaviour of P(MI)O can induce respectively positive or negative beliefs and behaviour in P(MI)O themselves (Maruna et al., 2004; Maruna et al., 2009).
The importance of an authoritative style, as opposed to an authoritarian style has previously been identified as important and unique to relationships between power holders and PMIO in the context of court-mandated treatment (Kras, 2013; Maguire et al., 2014; Manchak, Skeem, & Rook, 2014; Skeem et al., 2003; Skeem et al., 2007). Power holders were experienced as though or authoritarian if they were overly demanding, emphasizing compliance and control, being rude, and being inflexible (Epperson et al., 2017). These power holders bossed PMIO and asserted ownership over them (Skeem et al., 2003). PMIO positively experienced power holders who followed the law and the rules in a lenient and flexible way (Epperson et al., 2017; Kras, 2013). PMIO prefer power holders who use a respectful style while carrying out controlling tasks (Skeem et al., 2007). Indeed, PMIO are more inclined to accept ongoing court-mandated treatment if power holders act with caring, empathy and concern (Lamberti et al., 2014).
The dimension of authoritativeness underscores the potential of power to be both damaging and productive (Tew, 2006). The effective use of authority can encourage compliance and recovery and desistance processes (Andrews & Bonta, 2010a; Rex, 2001). Authoritativeness can be defined as blending care and control with fairness (Skeem et al., 2003; Skeem et al., 2007), or as 'firm but fair' (Andrews & Bonta, 2010a; Colvin et al., 2002). Indeed, executing power in an authoritarian way can undermine the perceived legitimacy of a power holder in the context of P(MI)O (Maruna & LeBel, 2003).

8.1.2. Reactions towards procedural justice in the context of court-mandated treatment

According to procedural justice theory, experiencing procedural justice during interactions with power holders involved with court-mandated treatment programs can beneficially affect the attitudinal, emotional and behavioural reactions of PMIO towards these court-mandated treatment programs, and thus facilitate the therapeutic process (Tyler, 1992). This influence

was also observed in the present study. However, before discussing this influence, it should be stressed that this influence is not unambiguously. As was described in chapter six, incongruent reactions and contextual influences were also present in participants' accounts. Indeed, intrapersonal and contextual factors and processes also influence interactions between PMIO and power holders (Palmer, 1995; Ross et al., 2008). Thus, positive and negative experiences *can* induce virtuous and vicious circles, but not always *do*.
The influence of positively and negatively perceived interactions with power holders on PMIO's social identity, emotions, perceived legitimacy and trust of power holders, motivation and cooperative and compliant behaviour will be discussed and integrated with the literature.

8.1.2.1. Being regarding a worthy human being is important for PMIO

Perceived positive relationships with power holders make PSIM feel like *worthy human beings* who are worthy to believe in and worthy to be trusted. Perceived negative relationships with power holders make PSIM feel as unworthy humans or even unworthy criminals who are distrusted and looked down upon. A Flemish qualitative study with PSIM about factors that facilitated their desistance processes also found that positively experienced relationships with power holders involved in their internment measure made them feel like valuable human beings (Van Roeyen, Van Audenhove, & Vander Laenen, 2016; Van Roeyen, Van Audenhove, Vanderplasschen, et al., 2016). The finding that positively experienced relationships with power holders makes PSIM feel as human beings, is also in line with international research with different types of PMIO, such as service users of forensic mental health services (Barnao et al., 2015; Barsky & West, 2007; Mezey et al., 2010; Schafer & Peternelj-Taylor, 2003; Turton et al., 2011), drug treatment court participants (McIvor, 2009), PMIO on probation (Epperson et al., 2017; Kras, 2013), and persons located in a specialist sex offender treatment prison (Blagden & Perrin, 2016; Blagden et al., 2016). Humanizing interactions with power holders promote feelings of personal connectedness and acceptance (Aga et al., 2017; Epperson et al., 2017; Fortune et al., 2010; Mezey et al., 2010).

In addition, when perceiving relationships with power holders as positive, PSIM also describe power holders in a positive way. They view them for instance as just, respectful, caring, friendly, and good *persons*; and seem to experience less social distance as they do not view these power holders as (wanting to) dominate them. This was the opposite in case of negative experiences during interactions with power holders. The beneficial perceived influence of positive relationships with staff during court-mandated treatment on social distance was also found in a drug treatment court study in Scotland. Drug court participants talked positively about their drug court judge, and humanized and engaged in less othering of these judges compared to traditional court judges (McIvor, 2009). Oppositely, negative experiences with power holders instigated 'us versus them' attitudes in forensic services users towards staff of the forensic service (Barnao et al., 2015; Barsky & West, 2007; Kras, 2013).

Forensic services users in the study of Barnao et al. (2015) reported that this 'us versus them' attitude was most strongly related to staff disproportionally emphasizing their mental illness

and risk of reoffending. According to these PMIO, this emphasis hindered being understood as a human being and underscored their deficits and differences between them and staff. Interactions with power holders characterized by equality, reciprocity (McIvor, 2009), tolerance and acceptance (Fortune et al., 2010) were identified by PMIO as humanizing experiences. Supportive and productive relationships with staff were experienced as fostering self-esteem, self-respect, and a positive self-image (Blagden et al., 2016; Fortune et al., 2010; McIvor, 2009), and promoted feelings of personal connectedness and acceptance in PMIO (Aga et al., 2017; Epperson et al., 2017; Fortune et al., 2010; Mezey et al., 2010). This was also apparent in the present study. PSIM who experienced interactions with power holders as positive, believed power holders had attention for their strengths, capacities and possibilities. The words used by PSIM to describe themselves from the viewpoint of power holders, such as man, person, boy, human, ordinary and normal, seems to point to an experience of being normalized or humanized through interactions with power holders. Conversely, PSIM reporting negative experiences with power holders described themselves in demonizing words through the eyes of power holders, such as criminal, number, zero, disturbed, crazy to the bone, stressing their mental illness, offending behaviour, and perceived inferiority. These PSIM think power holders regard them as unable to change.

This mechanism resembles the concept of social identity described in procedural justice theory (Blader & Tyler, 2015; Tyler & Lind, 1992) as well as the relational nature of desistance and recovery processes (Nugent & Schinkel, 2016; Price-Robertson et al., 2017; Tew et al., 2012; Weaver, 2013). As described in chapter two, the concept of social identity is especially important given the high prevalence of trauma and stigma in PMIO (DeHart et al., 2014; Fortune et al., 2010; Garieballa et al., 2006; Hartwell, 2004; Jennings et al., 2012; Mezey et al., 2010; Moore et al., 2016; Sanchez et al., 2017; Spitzer et al., 2006) (Hartwell, 2004; Mezey et al., 2010; Moore et al., 2016; van Olphen et al., 2009). In the present study, a considerable number of PSIM mentioned experiences of major life events during their childhood and adulthood, such as having experienced a difficult childhood, growing up in foster care, having been admitted involuntarily as a youngster being admitted to youth institutions due to problematic educational situations or juvenile delinquency, and being sexually and physically abused. These frequent accounts of traumatizing experiences have also been observed in other qualitative studies with PSIM (Aga, 2018b; Mertens, 2018; Van Roeyen, 2018).
On the one hand having experienced traumatizing and stigmatizing events can complicate developing and maintaining a beneficial working alliance with these professionals (Göbbels et al., 2016; Laithwaite & Gurnley, 2007; Ross et al., 2008). On the other hand, if power holders are sensitive to issues related to trauma and stigma, working alliances with power holders can also be a means to address consequences of trauma and stigma, such as learning to trust others and feeling accepted by others (Ferrito et al., 2012; Knight, 2015; Laithwaite & Gurnley, 2007; Willis, 2018). Personal change, self-reflection and trying out newly acquired (interpersonal) skills requires a safe environment. A punitive and hostile environment in which past experiences of trauma and victimization are echoed, compromises such beneficial outcomes (Andrews & Bonta, 2010a; Barnao et al., 2010; Barnao et al., 2016; Blagden et al., 2016; Göbbels et al., 2016; Lindqvist & Skipworth, 2000; Ross et al., 2008; Serran et al., 2003; Ward & Brown, 2004; Willis, 2018; Willmot & McMurran, 2016). Indeed, feeling stereotyped,

labelled or patronized by power holders hinders developing beneficial relationships, characterized by trust and connectedness, with staff (Barsky & West, 2007; Epperson et al., 2017; Kras, 2013; To et al., 2015). The echoing of past traumatic experiences, such as neglect or domination, in present interactions with power holders was also expressed by PSIM in the present study. While most of these accounts were described negatively, one participant also describes how a positive experience with a power holder provided an antidote against a negative self-image. According to trauma-informed care it is important that power holders are cognizant regarding the present-day consequences of past traumatizing experiences in PMIO. In addition they need to be aware that the way in which they relate to PMIO can be re-traumatizing (Muskett, 2014).

8.1.2.2.The emotional impact of interactions with power holders is often neglected

Next to generally feeling good or bad regarding respectively positive and negative experiences with power holders, PSIM articulate a plethora of emotions before, during and after interactions with power holders. They express feeling happy, relieved, grateful, at ease and safe in the context of positive experiences with power holders. With respect to negative experiences with power holders, they talk about feeling anxious, powerless, hopeless, sad and angry. They also mention worrying, ruminating and feeling revengeful. In qualitative studies in the UK and Canada, persons admitted to a forensic psychiatric hospital experienced supportive and productive relationships with power holders as nourishing feelings of hope and counteracting feelings of frustration, loneliness and sadness (Fortune et al., 2010; Nijdam-Jones et al., 2015), and persons with mental illness under probation in the US indicated that such relationships engendered feelings of control and agency (Epperson et al., 2017). While persons admitted to a high secure forensic hospital expressed that negative relationships with power holders generated feelings of isolation and indifference (Ferrito et al., 2012). In addition, experiencing procedural injustice during the admission process to a forensic psychiatric hospital is associated with feelings of anger (McKenna et al., 2003), while perceptions of procedural justice were also related to feelings of hope and empowerment (Kopelovich et al., 2013; Pratt et al., 2013) and positive feelings in general (Kopelovich et al., 2013; Munetz et al., 2014; Poythress et al., 2002; Pratt et al., 2013).

The role of emotions already gained recognition in mental health and recovery literature. This is not surprising given the overlap between emotions and symptoms of mental illness, and the presence of emotion regulation difficulties in mental illness (APA, 2014; Gross, 2002). In addition, the reciprocal influence of emotion on cognition, motivation, agency and behaviour, including auto- and hetero aggressive behaviour, is well-established (Denson, 2009; Fredrickson, 2001; Hillbrand & Young, 2008). The importance of positive feelings such as hope and optimism is widely acknowledged in the strengths-based and recovery perspective, as feelings of hope and hopelessness can respectively foster or hinder the course of recovery processes (Green et al., 2008; Hillbrand & Young, 2008; Leamy et al., 2011; Rapp et al., 2005; Resnick, Fontana, Lehman, & Rosenheck, 2005; Saleebey, 1996; Weick et al., 1989; Whitley & Drake, 2010; Willmot & McMurran, 2013).

In criminological research in general, and desistance and procedural justice research in particular, the role of emotions has received only little attention (Farrall et al., 2014; Knight, 2012; Murphy, 2011). Farrall et al. (2014) provide a rare analysis of the emotional trajectory of desistance, and conclude that, next to social and human capital, desistance seems to comprise a significant emotional component too and that these emotions play a role in engaging oneself in change processes accompanying desistance (or emotional capital, see Knight (2012)). Nugent and Schinkel (2016) also highlight the importance of hope in desistance processes. Procedural justice theory, and justice theories in general, have been critiqued for focusing too much on cognitive processes and neglecting the role of emotions as a mediator between experiences of (procedural) (in)justice and attitudinal and behavioural reactions towards these experiences (Heuer & Sivasubramaniam, 2011; Lerner, 2003; Murphy, 2011) Indeed, procedural justice theory does not adequately explain why procedural justice and social identity processes are related to (non-)complaint behaviour (Barkworth & Murphy, 2015; McLean & Wolfe, 2016). As a response to this critique, the role of emotions –next to the role of neutralization techniques– has been proposed as a mechanism to fill this theoretical gap (Barkworth & Murphy, 2015; Murphy & Tyler, 2008). Recently, and in accordance with the emotions expressed by PSIM in the present qualitative study, experiences of procedural justice and injustice have been associated with respectively positive emotions, such as happiness, joy and pride, and negative emotions, such as anger, disappointment, anxiety and frustration (Barkworth & Murphy, 2015; Murphy, 2011). Experiences of injustice can indeed invoke strong emotional responses (Colvin et al., 2002; Weiss, Suckow, & Cropanzano, 1999). With respect to PMIO, a few mental health court studies found that experiencing procedural justice during a mental court hearing was associated with a more positive emotional impact of the hearing (Kopelovich et al., 2013; Munetz et al., 2014; Poythress et al., 2002; Pratt et al., 2013). A few studies have also empirically investigated and confirmed the *mediating* role of emotions between experiences of procedural (in)justice and (non-)compliant behaviour in legal and criminal justice settings (Barkworth & Murphy, 2015; Beijersbergen, Dirkzwager, Eichelsheim, et al., 2015; Murphy & Tyler, 2008). It was found that negative affect, including anger, anxiety and frustration, mediates the relationship between procedural justice and compliance with power holders from the legal and law enforcement setting in citizens (Barkworth & Murphy, 2015; Murphy & Tyler, 2008), and that anger mediates the relationship between procedural justice and misconduct in prisoners (Beijersbergen, Dirkzwager, Eichelsheim, et al., 2015).

Thus, more attention should be paid to the emotional impact associated with relationships with power holders, especially in ongoing coercive situations such as (indeterminate) court-mandated treatment as not being able to process this emotional impact is likely to cause ruptures in working alliances between power holders and PMIO (Ross et al., 2008). Next, interactions between power holders and PMIO during court-mandated treatment should instil positive feelings such as hope and optimism since these feelings provide belief in an alternative future, direction, and motivation (Farrall et al., 2014; Hillbrand & Young, 2008; Leamy et al., 2011; Nugent & Schinkel, 2016).

8.1.2.3.A legitimacy-based approach of power holders is important

PSIM perceive an influence of their interactions with power holders on their attitudes towards power holders. Positively experienced interactions with power holders make PSIM feel that power holders are to be trusted and that power holders genuinely know who they are as a person. When PSIM experience their interactions with power holders as negative, they also experience these power holders as inappropriate, uncaring, and untrustworthy. In general, PMIO indicate that positively experienced interactions with power holders engender trust in these power holders (Epperson et al., 2017; Ferrito et al., 2012; Fortune et al., 2010; Laithwaite & Gurnley, 2007; McIvor, 2009; Schafer & Peternelj-Taylor, 2003; Tapp et al., 2013) and that perceived negative relationships with power holders generate low trust (Barsky & West, 2007; Epperson et al., 2017).
In these accounts, the perceived legitimacy of power holders is reflected. A power holder is considered legitimate when people believe this power holder is appropriate, adequate and trustworthy. Legitimacy plays a crucial role in attaining the objectives of a power holder, namely deference to their decisions and compliance to their directives (Tyler, 2006, 2013). It is more likely that power holders will be perceived as legitimate when they demonstrate procedurally just attitudes and behaviour (Liebling, 2011; Vander Laenen, 2014). Positive experiences with power holders thus seem to facilitate trust in power holders in PMIO, including PSIM. This mechanism of legitimacy can also be observed through the positive labels PSIM use for describing power holders in the context of positive experiences: they are described as just, respectful, caring, friendly, and good persons (see above). Conversely, the narratives of PMIO and PSIM suggest that negative experiences with power holders engenders distrust in power holders. These power holders are viewed by PSIM as inappropriate, uncaring, and untrustworthy, and are labelled disrespectful, arrogant, weak, annoying, illegal, medieval, stupid, not normal, ridiculous, secretly and lacking humanity. These findings are in accordance with the importance of trustworthiness in legitimacy and with the relational nature of legitimacy (Bottoms & Tankebe, 2012; Tyler, 1992, 2013).

In addition, in the accounts of PSIM an influence of their interactions with power holders on their motivation, cooperation and compliance has been identified. In case of positive experiences, PSIM experience an increased *motivation* to make an effort, cooperate and *comply* with conditions. They report opening up to power holders, being honest about themselves, their trajectory and setbacks such as relapses, and wanting to prove themselves. In case of negative experiences, PSIM indicate losing their motivation to make an effort, cooperate and comply with conditions since they experience these behaviours as useless as power holders do not take them into account. PSIM narrate about withholding information from these power holders and exhibiting uncooperative and non-compliant behaviour. Other qualitative studies with PSIM and PMIO found similar accounts. Positively experienced interactions with staff helped PSIM to address difficulties and to open up (Van Roeyen, Van Audenhove, & Vander Laenen, 2016; Van Roeyen, Van Audenhove, Vanderplasschen, et al., 2016). The same was found for persons admitted to a forensic psychiatric hospital in the UK (Barsky & West, 2007), drug court participants in Scotland (McIvor, 2009), and persons with mental illness subjected to court-

mandated treatment under a probation measure in the US (Epperson et al., 2017; Kras, 2013). PMIO narrate that positively experienced interactions with power holders promote motivation, engagement and commitment (to change) (Colman & Vander Laenen, 2017; Epperson et al., 2017; Rowe & Soppitt, 2014), elicit less oppositional behaviour, and foster taking up responsibility for mistakes (Epperson et al., 2017). In addition, survey studies have shown that experiences of procedural justice in PMIO are associated with feelings of trust (Mahoney, 2014), perceiving less coercion and negative pressures (McKenna et al., 2003; Munetz et al., 2014; Pratt et al., 2013; Redlich & Han, 2014), and (treatment) compliance (Canada & Hiday, 2014; Gottfredson et al., 2007; Redlich & Han, 2014). Conversely, perceived negative relationships with power holders are experienced as generating low engagement in the alliance with the power holders (Barsky & West, 2007; Epperson et al., 2017) and as attributing to negative behaviour such as aggressive behaviour (Barsky & West, 2007). Experiencing procedural injustice negatively influenced perceptions of trust (Donnelly et al., 2011).
The fact that PSIM indicate they feel motivated to prove themselves and make an effort in case of positive experiences suggests their behaviour is motivated by normative compliance, while the latter suggests their behaviour is motivated by instrumental compliance (Bottoms, 2001). Indeed, a legitimacy-based approach is associated with voluntary and normative compliance (Tyler, 2006, 2009, 2013; Tyler & Lind, 1992). In a study of Schafer and Peternelj-Taylor (2003, p. 614) persons detained in a forensic hospital indicate that compliance was a way to counterbalance the power of treatment staff. They felt that non-compliance on their side gives all the power to the staff. Compliance can thus empower PMIO, as resistance can too.
Indeed, one way of dealing with power inequality that is associated with a compliance-based approach of power holders is everyday (hidden) resistance (Factor, Mahalel, Rafaeli, & Williams, 2013; Factor, Williams, & Kawachi, 2013; Roets & Van Hove, 2003; Tew, 2006; Vander Laenen, 2009b). Resistance can be comprehended as agency within oppressive interpersonal relationships or restrictive settings (Rubin, 2017; Tew, 2006). Factor and colleagues have critiqued procedural justice theory for regarding individuals as passively influenced by contextual conditions, such as interactions with power holders. These authors posit that, since minority groups lack the power to directly influence social change, they may actively engage, consciously or unconsciously, in everyday resistance acts against stigmatization, discrimination, and exclusion. Being treated procedurally unjust by power holders may enhance acts of every day social resistance towards power holders (Factor, Mahalel, et al., 2013; Factor, Williams, et al., 2013). Possibly the association between experiencing procedural injustice and rule-violating behaviour is mediated by techniques of neutralization, such as ‘if they don’t care I don’t care either’ (McLean & Wolfe, 2016). PSIM narrating about withholding information from these power holders and exhibiting uncooperative and non-compliant behaviour can be regarded as examples of this everyday resistance.

8.2. The internment measure as a therapeutic jurisprudence friendly bottle?

Therapeutic *liquids* have received most attention in the literature due to their easy application to court-mandated treatment programs such as problem-solving courts. The development of therapeutic jurisprudence friendly *bottles* is however of equal importance. In order to develop

an overall legal system corresponding to the philosophy of therapeutic jurisprudence, the legal system should not only be infused with an ethic of care, but should act as therapeutic agent itself (Wexler, 2014a). The bottle that will be briefly considered here is the Belgian internment measure. Briefly inasmuch as a careful scrutiny of the internment measure and its associated practical and ethical problems (see, Vandevelde et al., 2011) lies outside the scope of the research questions associated with this doctoral study. However, since negative accounts regarding the internment measure in general were so saliently present during the interviews they cannot be ignored. After all, the study aims giving voice to PSIM. The overall negative view of PSIM is also in sharp contrast with the nuanced accounts regarding experiences with power holders during the administration of the internment measure. A brief consideration of the experiences regarding the internment measure is thus legitimate.
The following discussion will be limited to the issues that were discussed by PSIM during the interviews. These experiences will be related to the existing literature regarding indeterminate measures and to contemporary evolutions regarding the internment measure in Belgium. As mentioned in chapter four, the Belgian Acts of 1930 and 1964 were fully replaced by the Belgian Act of 5 May 2014 on Internment during the course of the empirical phase of the present study. Alongside developing a forensic psychiatric care circuit this new act was part of governmental action directed at improving the precarious and degrading situation of PSIM in Belgium (Seynnaeve & Beeuwsaert, 2017; Seynnaeve et al., 2018; Vander Beken, 2017). As the voices of PSIM are traditionally ignored and have not been directly included in these debates regarding these developments and changes (Aga, 2018a; Cartuyvels & Cliquennois, 2015), it is interesting to elucidate if their concerns have been addressed in these developments and changes.

8.2.1. Convictions by the European Court of Human Rights

The administration of the internment act has been, and (partly) still is, hampered due to structural problems. The main structural problem was/is the lack of provision of appropriate (forensic) psychiatric and psychosocial treatment and support for PSIM (Vander Beken & Vander Laenen, 2017; Vandevelde et al., 2011). This lack of treatment possibilities has resulted in the detainment of a substantial number of PSIM in prisons where they lack appropriate care, and are often detained together with remand and convicted prisoners due to prison overpopulation (Vandevelde et al., 2011). For this reason, Belgium has been severely criticized by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) and has been has repeatedly (24 times) convicted the European Court of Human Rights (ECHR) for violations of the European Convention on Human Rights due to the imprisonment of PSIM without providing them with appropriate psychiatric care (Moens & Pauwelyn, 2012). The ECHR ruled that the incarceration of persons with an "unsound mind" in facilities that are not adjusted to their disabilities and needs is an unlawful detention and that the incarceration is regarded as torture or an inhuman and degrading treatment or punishment (Heimans et al., 2015; Meysman, 2016), followed by convictions by national courts in Belgium (Heimans et al., 2015). On September 6th 2016, the ECHR even applied the pilot procedure to Belgium about this matter. The pilot arrest implies that the ECHR demands that the Belgian

state solves the structural shortcomings related to the internment measure, such as the lack of staff in psychiatric wards, the low quality and deficient continuity of treatment, the overpopulation in prisons, and problems related to capacity in psychiatric facilities outside prison, within a timeframe of two years (ECHR, 2016; Incalza, 2016; Robert, 2016).

8.2.2. The internment measure is a punishment and a stigma

According to the law, the internment measure is an indeterminate safety measure subjected to persons who offended and who are deemed not criminally responsible (Heimans et al., 2015; Vander Beken, 2017). Nonetheless, the internment measure is experienced by PSIM as a severe punishment. The punitive experience of the internment measure has also been documented by Mertens (2018) and Van Roeyen (2018). Although traditionally prison sentences are viewed as punitive and painful, alternatives for a prison sentence can also be experienced as punitive and painful for the persons involved (Durnescu, 2011; Payne & Gainey, 1998; Shammas, 2014). The internment measure is regarded as a punishment for being mentally ill instead of a punishment for committing offences, as the rationale for the imposition and the abrogation of the internment measure is related to their mental health status. According to PSIM, their efforts, including non-offending, are not or too little taking into account. In addition, PSIM in the present study as well as in other studies (Aga et al., 2017; Mertens, 2018; To et al., 2015; Van Roeyen, 2018) experience the internment measure as a burdensome negative label, as a stamp. Stigma due to incarceration and the 'forensic label' is also documented by Livingston, Rossiter, and Verdun-Jones (2011). In the present study PSIM believe that they are all being tarred with the same brush, that they are all viewed as mad and bad, and as insignificant. They feel as being put on the edge of society. In the study of To et al. (2015) PSIM residing in treatment settings felt susceptible to be re-admitted to prison because of their label. They perceived this as unfair and burdensome. Traditionally PMIO have been stigmatized as more violent, more difficult to treat and less compliant than other patients (Lamb et al., 1999; Schanda et al., 2009). Hence, the general mental health system, but also landlords and employers, are reluctant to engage with them; also in Belgium (Cartuyvels & Cliquennois, 2015; Livingston et al., 2011; MullerIsberner, 1996). Discrimination, stigmatization and social exclusion have been identified as obstacles in recovery and desistance processes (Aga et al., 2017; Hartwell, 2004; Livingston et al., 2011; Simpson & Penney, 2011).

8.2.3. The indeterminacy of the measure

The indeterminacy of the internment measure is particularly difficult for PSIM, especially since there are no clear criteria for the abrogation of the internment measure. As in the previous law, the Internment act of 2016 is rather vague regarding the requirements for the abrogation of the internment measure. It stipulates that definitive discharge requires that *"a PSIM passes through an extendable conditional release period [of three years] and that the mental disorder is sufficiently stabilized so it is reasonably not to be feared that the PSIM, whether or not as a result of his/her mental disorder, possibly in conjunction with other risk factors, will commit offences again that impair or threaten the physical or psychological integrity of a third person."*

(Vander Beken, 2017, p. 395). However, the new law stipulated legally determined terms for the assessment of the course of the internment trajectories and in improved reporting procedures regarding the course of the internment trajectories. This closer and improved supervision by the Chamber for Protection of Society[85] can possibly result in less lengthy internment trajectories (Seynnaeve et al., 2018; Vander Beken, 2017). PSIM in the present study indicate they feel caught up in an endless trajectory as their measure has been prolonged time after time, regardless of their efforts and non-offending. Indeed, psychiatric and psychological (risk) assessments are often focused on risk and leave little room for subjectivity and contextualization (Crewe, 2011). The stress and hopelessness associated with the indeterminacy of the internment measure was also mentioned by PSIM in other studies (Aga et al., 2017; Mertens, 2018; To et al., 2015; Van Roeyen, 2018). In general, indeterminate sanctions evoke feelings of uncertainty and insecurity (Crewe, 2011).

In general, PSIM experience that the length and severity of the internment measure is not in accordance with the seriousness of the offence(s) committed. Therefor they disagree with imposing the internment measure for minor offences. This issue has been addressed in the Internment act of 2014. The interment measure is currently limited to offences that impair or threaten the physical or psychological integrity of a third person (De Clercq & Vander Laenen, 2017; Vander Beken, 2017). However, this description still leaves a lot of discretionary room for the judge to decide whether an offence fulfils this criterion (Vander Beken, 2017). In other countries, the population of persons detained in forensic psychiatric hospitals consist mainly of persons who have committed violent offences even though mental disorder defences are not restricted to serious or violent offences (Crocker et al., 2017). Some countries do however restrict indeterminate measures to the most severe offences, for instance The Netherlands and Denmark. In The Netherlands, a mental disorder defence (or an indeterminate TBS-order) is restricted to offences on which a prison sentence of at least four years is set according to the penal code (Crocker et al., 2017; Goethals, 2015). Other PMIO who committed less severe offences but are still dangerous to themselves or others can be subjected to a one-year hospital order, and recurrently sentenced PMIO can be detained in an establishment for repeat offenders which also aims to address mental illness issues (Crocker et al., 2017; de Ruiter & Hildebrand, 2003). In Denmark, PMIO can be referred to (forensic) psychiatric treatment based on a treatment order or a placement order. The difference between these orders is related to the level of security. PMIO subjected to a treatment order are largely treated as civil patients, and can be referred to inpatient or outpatient psychiatric treatment. PMIO subjected to a placement order are admitted to a forensic psychiatric maximum secure facility. The vast majority of placement orders are of an indeterminate duration and used for persons patients who have committed a severe offense against a person (Crocker et al., 2017; Salize, Dressing, & Kief, 2005).

In addition, PSIM in the present study and elsewhere (Mertens, 2018; Van Roeyen, 2018), regard the length of residential treatment trajectories and conditional release periods as too long, introducing new lengthy and uncertain waiting periods. In general, forensic psychiatric treatment trajectories have a considerable durations (Eckert, Schel, Kennedy, & Bulten, 2017). In some countries safeguards are stipulated to ensure that persons referred to forensic

[85] In the Act of 2014, the Commissions for Protection of Society were replaced by the Chambers of Protection of Society of the sentence implementation courts. These supervise the administration of the internment measure (Vander Beken, 2017).

psychiatric treatment are detained for a minimum amount of time (e.g., dependent on the severity of the offence in Italy, see Traverso, Ciappi, & Ferracuti, 2000) or for no longer than a maximum amount of time (e.g., depending on the diagnosis, the severity of the offense, and the clinical needs of the individual involved in Portugal, see Salize et al., 2005) (Crocker et al., 2017).

8.2.3.4. Control overpowers care

The overall negative view of PSIM can also be related to the structural problems hampering the administration of the internment measure (see chapter four). The lack of treatment options is stressed by PSIM in the present study. As a consequence they feel let down since they ended up in a prison[86] where they are confronted with lengthy and uncertain waiting periods to find a treatment facility and to be admitted to that facility. Similar narratives were found in other studies with PSIM (De Smet et al., 2015; Mertens, 2018; Van Roeyen, 2018). Since 2001 the forensic psychiatric care circuit has incrementally expanded. And although the number of PSIM residing in Belgian prisons has been halved from 2013 (n= 1087) to May 30th 2018 (n= 530) (Dheedene et al., 2015; Jaspis, 2018), a significant amount of PSIM are still residing in prisons where they lack appropriate care (Moens & Pauwelyn, 2012).

However, the experiences of PSIM in (forensic) mental health services are not univocally positive. PSIM, in the present study and elsewhere (Mertens, 2018), indicate that forensic psychiatric wards remind them of prison due to situational security measures and the high level of rules and coercion. Persons deemed not criminally responsible in Canada also pointed to the resemblance between the forensic mental health system and the correctional system due to their oppressive and dehumanizing nature (Livingston et al., 2011).

Next, in the present and in other studies (Aga et al., 2017; De Smet et al., 2015; To et al., 2015), the revolving prison door and the fear for being sent back to prison for breaching ward rules or conditions is described by PSIM. Rather than an quintessential experience associated with indeterminate measures for persons deemed not criminally responsible, (fear for) being re-admitted into prison is more generally related to judicial supervision in the community (Durnescu, 2011; Hayes, 2015). In the present study, PSIM narrate about having been sent back to prison due to breaching conditional release conditions such as substance use or committing minor non-violent offences such as petty theft. A study by Jeandarme et al. (2017) found that 40% of re-admissions into prison were evoked by non-crime-related incidents, such as absconding and treatment non-compliance. Currently, crisis and time-out beds have been implemented in medium secure units to avoid re-admissions to prison in case of difficulties during the treatment process (Seynnaeve et al., 2018). A PSIM can however be re-admitted or detained to prison in case of suspension or revocation of the conditional release (Vander Beken, 2017).[87] Interestingly, the revolving door phenomenon is also described by persons deemed not criminally responsible in Canada. Here the revolving door belongs to the forensic mental health system instead of the prison system (Livingston, 2018).

[86] Prison refers here to a psychiatric prison ward or a federal establishment for the protection of society.

[87] In case of suspension of a conditional release a PSIM can be re-admitted to a psychiatric prison ward, amongst others. In case of revocation of a conditional release a PSIM can be detained in a federal establishment for the protection of society, amongst others.

In addition, when PSIM are granted conditional release in the community they indicate being subjected to an excess of (unnecessary) conditional release conditions. According to PSIM this excess of control even risks working counter-productive. As with (fear for) prison re-admissions, the excess of control through conditions is more generally related to contemporary judicial supervision in the community than to indeterminate measures for persons deemed not criminally responsible (Crewe, 2011; Durnescu, 2011; Hayes, 2015).

8.2.3.5. Some procedural difficulties have been addressed

In addition to negative experiences regarding an imbalance between care and control, PSIM also numerated some procedural difficulties. First, PSIM refer to the low quality of psychiatric court reports. The quality of the psychiatric report was hampered by their state of mind at the time of the expertise as well as the way the psychiatrist performed the expertise. They indicate they met only once with the court psychiatrist for a short amount of time, and that the assessment lacked scrutiny. The circumstances that produce the low quality of the psychiatric expertise in reports in Belgium has already received a lot of attention and national criticism. These circumstances are the low remuneration for a psychiatric court assessment, the lack of a formal statute and training for forensic (expert-)psychiatrists, the lack of quality criteria for a psychiatric court assessment report, and the lack of a forensic clinical observation centre (De Clercq & Vander Laenen, 2017; Dillen, 2001; Dillen, 2006; Vandevelde et al., 2011). The act on Internment of 2014 creates preconditions for a better quality of psychiatric court assessment reports. On April 1st 2016 the regulation regarding the formal recognition of the special professional competence in forensic psychiatry was implemented. This formal recognition is associated with a theoretical and practical training.[88] In addition, the numeration for performing a psychiatric court assessment has been adapted to the standard rate for psychiatric consultation[89] and a formal template for a psychiatric court assessment report[90] has been implemented. It has been announced that a forensic clinical observation centre will probably open in 2020 (De Clercq & Vander Laenen, 2017; Vander Beken, 2017). In addition, PSIM mention that court proceedings and their possible impact were hard to comprehend. Some PSIM did not attend court hearings due to feeling uncomfortable, not being notified, or being dissuaded by others. To overcome these difficulties, extra procedural safe guards can be applied. For example, in England and Wales a manual for judiciary was published in which guidelines are formulated to make trial processes more accessible to vulnerable defendants (Verbeke, Vermeulen, Meysman, & Vander Beken, 2015).

8.2.3.6. A hook for change or forensic recovery?

Overall, the punitive experience of the internment measure is largely related to an excess of control and a lack of care on a structural level during the administration of the internment measure. Indeed, although the internment measure serves the protection of society as well as

[88] https://www.zorg-en-gezondheid.be/bijzondere-beroepsbekwaamheid-in-de-forensische-psychiatrie
[89] http://www.etaamb.be/nl/koninklijk-besluit-van-05-oktober-2018_n2018031947.html
[90] http://www.etaamb.be/nl/koninklijk-besluit-van-25-september-2018_n2018013952.html

treatment of the PSIM (Cosyns et al., 2007; Jeandarme et al., 2016; Vander Beken, 2017; Vandevelde et al., 2011) its focus has traditionally been the protection of society against PMIO who are considered a danger to society (Cartuyvels & Cliquennois, 2015; Cosyns et al., 2007; Seynnaeve & Beeuwsaert, 2017). In the study of Aga et al. (2017) persons of whom the internment measure was abrogated stated that the imposition of the internment measure was helpful and justified at that moment. This points to the potential of the internment measure to serve as a hook for change (see, Colman & Vander Laenen, 2012; van der Stel, 2015). They questioned however the further course and the efficiency of the internment measure (Aga et al., 2017; Van Roeyen, 2018). While PSIM consider some elements of the internment measure as resources for recovery or desistance, such as treatment or a short detention period. Other elements are considered as impeding recovery and desistance processes, such as the lack of treatment or the indeterminacy of the measure (Aga et al., 2017; Van Roeyen, 2018). Due to these latter elements, involvement in the criminal justice system and in forensic care systems becomes an additional recovery task: forensic recovery (Aga et al., 2017).

8.3. Conclusion

The findings of the present doctoral dissertation show the potential of a procedurally just approach to reconcile the tension between care and control in the development and maintenance in working alliances between PMIO and power holders in the context of court-mandated treatment. All dimensions of procedural justice were identified in the accounts of PMIO regarding their interactions with power holders during court-mandated treatment. Evidence was found for the importance of the traditional procedural justice dimensions of respect, trustworthiness, voice and neutrality (Tyler, 2013), as for the dimensions of information and performance that were recently proposed to extend procedural justice theory (De Mesmaecker, 2014; Lind et al., 1990). Based on the findings of the present study, and in line with previous research (Manchak et al., 2014; Skeem et al., 2003; Skeem et al., 2007), an additional dimension of procedural justice is proposed in the context of court-mandated treatment: "authoritativeness". The dimension of authoritativeness relates to the difficulties concerning the presence of both care and control during interactions between PMIO and power holders in the context of ongoing court-mandated treatment. An authoritative approach consists of making compromises or shared decision making, being firm but fair, and employing positive pressures to motivate compliance. Thereby a power holder can approach care and control as requirements of each other, align the recovery and desistance paradigm with court-mandated treatment programs, and develop and maintain beneficial working alliances with PMIO (Ross et al., 2008; Simpson & Penney, 2011).

In essence, it is important for PMIO to be treated as human beings. Such an approach includes the following aspects: power holders should 1) employ a friendly, polite and calm approach, 2) recognize and acknowledge their strengths, difficulties and needs, 3) work towards solutions and re-integration instead of merely aiming punishment, 4) actively involve PMIO in ongoing decision-making processes, 5) provide information and explanation regarding the purpose, content, and goal of every treatment and judicial aspect of court-mandated treatment and regarding expectations of PMIO, 6) perform their jobs in a professional and consistent

manner,7) being authoritative instead of authoritarian. The accounts of PSIM regarding their interactions with power holders during court-mandated treatment resemble the six fundamental principles[91] of the strengths-based perspective. This is not surprising since the strengths-based perspective is grounded in clients' lived experiences (Rapp & Sullivan, 2014).

These aspects formulated by PMIO should be further elaborated on –by a conjunction of PMIO, power holders and scholars–, and integrated in forensic and correctional rehabilitation models with respect to attitudes and behaviour of mental health and/or criminal justice professionals towards PMIO (Barnao et al., 2015; Kaiser & Holtfreter, 2016; Oades et al., 2005; Robertson et al., 2011). Doing so, power holders can be reminded of how their (verbal and non-verbal) behaviour can influence change processes and (compliance) behaviour in P(MI)O (De Mesmaecker, 2014; Kaiser & Holtfreter, 2016; Ross et al., 2008; Simpson & Penney, 2011, 2018; Weaver, 2013; Winick & Wexler, 2015). The development and maintenance of beneficial working alliances between PMIO and power holders should be regarded as equally important as the administration of strategies and techniques (Palmer, 1995; Ward & Brown, 2004). By employing a procedurally just approach it is possible to improve the quality of social interactions and the satisfactions of all parties involved by adjusting the shape of procedures without simultaneously adjusting the outcomes or procedures (Lind & Tyler, 1988). Indeed, promoting power holders' understanding of procedural justice and of skills and strategies associated with procedural justice is a cost-effective way of improving interactions between power holders and PMIO and thus encouraging recovery and desistance processes (Canada & Watson, 2013). In this dissertation, cost-effectiveness does not refer to forsaking to address structural issues but does refer to the fact that these structural changes should not be awaited for to ameliorate PMIO's experiences with court-mandated treatment programs. Wexler (2016) states *"procedural justice is so basic that it ought to be part of all courts at all times"*. Actually, the findings of this doctoral dissertation, including the literature study as well as the qualitative study, point out that procedural justice is so basic that it should be part of every interaction in the criminal justice system and the mental health system, especially in the context of court-mandated treatment, at all times.

Subjective experiences and recovery and desistance processes of PMIO are not only influenced by contextual factors such as interactions and relationships with power holders. Structural factors such as the organisation of (forensic) mental health care and criminal justice and social policy and relevant laws are also important in this regard (Brink et al., 2001; Skeem et al., 2003; Skeem et al., 2011; van Olphen et al., 2009). The content and the course of the internment measure can thus promote or compromise the perceived potential helpfulness of the internment measure (Aga et al., 2017; Van Roeyen, 2018). Although the Internment Act of 2014 entails several improvements which also address some issues raised by PSIM, other issues raised by

[91] These six principles are: people with mental illness (and other issues) can learn, grow and change, the focus is on individual (and contextual) strengths rather than deficits, the community is viewed as an oasis of (natural) resources, the client is the director of the helping process and defines its (personally meaningful) goals, the relationship between the recipient and the professional is primary and essential, working alliance is primary and essential, and the primary setting for strengths-based practice is the community or the natural environment of the recipient instead of the office (Rapp et al., 2005; Rapp & Sullivan, 2014; Staudt et al., 2001).

PSIM remain unaddressed. These unaddressed issues are the severity of the offences in relation to the imposition of the indeterminate internment measure, detainment in federal establishments for protection of society (i.e. prisons) where they lack appropriate care (in conjunction with a lack of treatment options), the indeterminacy of the measure, and the lack of clear criteria for the abrogation of the measure. According to therapeutic jurisprudence scholarship, these issues need to be addressed too in order to transform the internment measure in a truly "*therapeutic agent"* (Wexler, 2014a, p. 479). Different alternatives exist in other countries which can serve as inspiration for developing alternative and new practices in Belgium, instead of solely relying on adapting existing laws and practices. Given the considerable wide variety of practices and a marked lack of administrative data, good practices are however hard to identify (Salize & Dressing, 2007).

As in other research (Barnao et al., 2015; Epperson et al., 2017; Kras, 2013; Lamberti et al., 2014; Livingston et al., 2016; To et al., 2015), the participants in the present study exhibited quite a nuanced view on power holders and their interactions with power holders, and they were able to indicate negative and positive experiences (see Sullivan, 2005). In addition, participants spontaneously indicated their own influence and agency, and the influence of contextual factors on their interactions with power holders (see Ross et al., 2008). PMIO should thus be considered purposive agents (Beyens & Tournel, 2010; Giddens, 1984; Hammersley, 2013, 2015; Marecek, 2003): *"To be human is to be a purposive agent, who both has reasons for his or her activities and is able, if asked, to elaborate discursively upon these reasons"* (Giddens, 1984, p. 3). They can and should be made able to actively contribute to research, policy and practice in order to address the lack of attention for their voice debates about what works and how in court-mandated treatment (Carlin et al., 2005; Coffey, 2006; Livingston, 2018; Sullivan, 2005; Vander Laenen & Vander Beken, 2017). Doing so, the scientific, outsider approach to care can be fused with a subjective, insider approach to care (Gergen et al., 2015; Rycroft-Malone et al., 2004; WHO, 2018).

Congruent with a compliance-based approach, procedural justice could be exploited as a mere means to empower power holders (Sunshine & Tyler, 2003; Tyler, 2013; Tyler & Lind, 1992). In this case, resistance can be a way to ensure agency (Rubin, 2017; Tew, 2006). However, procedural justice can also be approached from a strengths-based human rights perspective, with its emphasis on human dignity, social recognition, autonomy, and effective participation (see Ward & Birgden, 2007; Ward & Syversen, 2009), congruent with a legitimacy-based approach based on voice, neutrality, trust and respect (Tyler, 2013) In the context of coercion, procedural justice can reconcile care and control as it balances the rights of the individual and the community in the context of coercion (Linhorst, 2006; Skeem et al., 2007). Therefore, and when considering a human rights perspective, coercive interventions and measures, should always be a last resort, also within court-mandated treatment (Stevens et al., 2005; Ward & Birgden, 2007). Formal social control and coercion may keep people from offending but it does not support them in developing prosocial behaviour (Bottoms, 2001; Colvin et al., 2002; Tyler, 2013). In the context of a legitimacy-based approach, compliance instead of resistance can become a way agency to ensure agency. Procedural justice thus becomes a means to empower PMIO too (Schafer & Peternelj-Taylor, 2003; Tew, 2006)

Chapter nine

Recommendations based on lived experiences

In this final chapter, limitations and strengths of the present study are discussed and recommendations for future research are formulated. In addition, recommendation for practice and policy are discusses. These recommendations are primarily based on the lived-experiences of persons with mental illness who offended (PMIO) next to the lived experiences of the researcher.

9.1. Strengths and limitations of the present study

The present doctoral study examines interactions between PMIO and power holders from the criminal justice system and the mental health system during court-mandated treatment from the viewpoint of PMIO and by applying a procedural justice framework. Three major strengths of the present study can be identified. First, the findings of the present study add to the further development of forensic and correctional rehabilitation models with respect to attitudes and behaviour of mental health and/or criminal justice professionals towards PMIO (see, Barnao et al., 2015; Kaiser & Holtfreter, 2016; Oades et al., 2005; Robertson et al., 2011). Second, this study gives voice to PSIM, which is a particularly under-researched target group in Belgium (Cartuyvels & Cliquennois, 2015; Casselman, 2009; Vander Beken, 2014).[92] Third, the present study adds to the procedural justice literature by applying the framework in the corrections context to PMIO, i.e. court-mandated treatment, by using a qualitative inductive research design. Hence tailoring the *"raw ingredients"* (Wexler, 2016, p. 369) of procedural justice to this setting and target group.

However, some limitations must be taken into account when considering the findings and conclusions of the present qualitative study. First, the sampling technique cannot exclude selection bias (Patton, 2002). Participants self-selected to participate in the study. Agreeing or declining to participate in the study might have been motivated by, for example, particularly positive or negative feelings regarding the internment measure or interactions with power holders (Atkin-Plunk & Armstrong, 2016; Coffey, 2006; Rowe et al., 2012). The gatekeepers used to recruit study participants might also have influenced the study sample. For instance, the quality of the relationship between eligible PSIM and gatekeepers or the manner in which the study was communicated or explained to eligible PSIM by gatekeepers might have encouraged or impeded study participation. Gatekeepers might also have introduced the study to a selective group of eligible PSIM (Dempsey et al., 2016; Rugkasa & Canvin, 2011). Second, a selected heterogeneous sample was used for the present study, the themes identified may not be transferable to all PSIM. The perceptions of PSIM might have been influenced by multiple factors that were not taking into account in the present study. Characteristics of PSIM might

[92] The past few years research regarding the internment measure and PSIM has made some advancements (e.g., Aga, 2018b; De Smet, 2017; Hanoulle, 2018; Jeandarme, 2016; Mertens, 2018; Rowaert, 2018; Van Roeyen, 2018; Vandevelde, De Smet, Vanderplasschen, & To, 2013).

have influenced their perceptions, such as the type of their psychiatric diagnosis, the severity and type of the psychiatric symptoms, their internal or external motivation, their gender, or the length of their internment measure. Contextual factors, such as the type of treatment facility or residing in prison might also had an influence on the perceptions of participants (Canada & Hiday, 2014; Kras, 2013; McDermott et al., 2005; Skeem et al., 2003; Somers & Holtfreter, 2018; Tatar, Kaasa, & Cauffman, 2012). Due to justified ethical considerations, PSIM who were experiencing overly active symptoms or a crisis situation were excluded from the study, thereby limiting the heterogeneity of the research sample (McDermott et al., 2005). Third, this study investigated perceptions of PSIM, and these do not necessarily reflect perceptions of other groups of PMIO's in Belgium or elsewhere or of other stakeholders involved in court-mandated treatment programs (Barnao et al., 2015; Livingston et al., 2016). Fourth, qualitative research studies have typically small sample sizes as they focus on perceptions of individuals instead of on associations between variables and aim transferability instead of generalization of study findings to an entire or other populations. In the present study, the size of the selected sample was however sufficient to identify general patterns in the experiences of PSIM regarding their interactions with power holders as saturation was reached (Hennink et al., 2017; Livingston et al., 2016). Fifth, study participants were asked about their interactions with power holders in general and not about a specific interaction with a power holder at a specific moment in time. Since these interactions with power holders might cover a significant time interval, participants might have suffered from recall bias (Beyens & Tournel, 2010; McKenna et al., 2003). Sixth, the data analysis strategy did not involve formal member checking, i.e. presenting the analysis to (a selected group) of study participants, to ascertain if study participants agree with findings and interpretations of their accounts (Billups, 2014; Lincoln & Guba, 1985, 1986). However, informal member checking was present during the interviews as study participants were asked if the researcher's interpretations properly represented their experience (Billups, 2014; Lincoln & Guba, 1985, 1986). Seventh, data collection and analysis were solely carried out by the researcher. Researcher triangulation is one of the recommendations for establishing trustworthiness of the data (Billups, 2014). Other strategies were used to outweigh the absence of researcher triangulation (see Livingston, 2018), such as document trial, auditing, peer debriefing and informal member checking (Billups, 2014; Lincoln & Guba, 1985, 1986).
Eight, during the course of the empirical phase of the study, the Commissions for the Protection of Society were replaced by the Chambers for the Protection of Society of the sentence implementation courts (Vander Beken, 2017). However, inasmuch as the themes identified in the present study correspond to and corroborate earlier research findings regarding interactions between PMIO and power holders and with the theoretical dimensions of procedural justice, the present study findings may be transferable and applicable to the interactions between PMIO and power holders from these Chambers for the Protection of Society. Lastly, some aspects of the literature study could be repeated through a systematic review including quality assessment and researcher triangulation. Indeed, critical and systematized literature studies should not be considered endpoints but starting points (Grant & Booth, 2009).

9.2. Recommendations for future research

Based on the findings of the present study recommendations for future research can be made.
Recommendations can be made regarding the substantive focus of future research. First, the present study focused on breadth (Braun & Clarke, 2006; Patton, 2002), i.e. identifying general patterns of aspects that are important during interactions between PMIO and power holders during court-mandated treatment. Each aspect was defined broadly in the present dissertation (see chapter one). Future research should focus on more specific aspects that can influence perceptions of PMIO (Guba, 1981; Hammersley, 2013, 2015; Marecek, 2003; Mortelmans, 2013; Smaling, 2010). Each of the themes identified in the present study can be scrutinized in itself, for instance how can be voice and perceptions of voice be ameliorated during interactions between PMIO and power holders. The perceptions of different subgroups of PMIO can be investigated by focusing on type of psychiatric disorder, type of offence, age or gender, amongst others. Future research can focus on different subgroups of court-mandated treatment, such as indeterminate measures versus determinate measures, or community-based interventions versus hospital- or prison-based interventions. The influence of specific settings can be studied too, for instance differences between PMIO experiences and expectations of forensic and general mental health services. Second, the Belgian Internment Act was changed during the course of the study. It would be interesting to investigate if PSIM also experience and notice these changes in their real-life experience with the internment measure. This could be particularly interesting with respect to the differences in experiences between the Commission for Protection of Society and the Chamber for Protection of Society of the sentence implementation courts. Third, the concepts related to the present study, i.e. procedural justice, legitimacy, social identity, working alliance, recovery and desistance, are all dialogical and relational in nature (Best et al., 2016; Blader & Tyler, 2015; Liebling, 2011; Nugent & Schinkel, 2016; Ross et al., 2008; Tew et al., 2012; Vander Laenen, 2014). They have here been only considered from the viewpoint of PMIO. Future research should address these topic from the viewpoint of power holders from the criminal justice system and the mental health system (see, for instance, Epperson, Canada, Thompson, & Lurigio, 2014; Karger, Davies, Jenkins, & Samuel, 2018; McNiel & Binder, 2010). It is interesting to note that Skeem et al. (2003) found considerable consistency between the perspectives of probation officers and PMIO under probation regarding their interactions and relationships, the contextual factors in which these interactions take place and the strategies employed by power holders were considerably consistent. Fourth, social identity and being treated as a human being was found to be very important in the present study. Therefore, it would be interesting to investigate Pygmalion and Golem effects in the context of court-mandated treatment, as such research is currently lacking (Willis, 2018)

Recommendations can be made regarding the research design of future research too.
First, this study explicitly took the experiences of PMIO into account. However, PMIO were involved as participants, and not as research consultants or investigators. In the latter case, the insider perspective is also included throughout the entire research process (Dunn & Andrews, 2015). Future research should thus also consider participatory action research with PMIO (Hutchinson & Lovell, 2013; Livingston, Nijdam-Jones, & PEER, 2013). Second, this study used a retrospective study design at a single point in time. As perceptions of procedural justice

and relationship quality can evolve over time (Dollar et al., 2018; Epperson et al., 2017; Kopelovich et al., 2013), following up on experiences of PMIO with power holders over time would be interesting. Possibly, the importance or interpretation of certain aspects of behaviour of power holders during interactions with PMIO could alter over time, for instance a holistic and solution focused approach and being there, while other aspects can remain equally important over time, such as politeness and calmness. Third, this study employed semi-structured interviews as a qualitative research methods. However, when interactions are the focus of a study, these could also be more directly investigated by using observational methods (Coffey, 2006)

9.3. Recommendations for future qualitative researchers

Carrying out the empirical phase of this research demanded quite some *"emotion work"* (Dickson-Swift, James, Kippen, & Liamputtong, 2009, p. 62). Through sharing these emotions with fellow qualitative researchers and consulting the literature on the topic of emotions in qualitative research (Beale, Cole, Hillege, McMaster, & Nagy, 2004; Benoot & Bilsen, 2014; Dickson-Swift, James, Kippen, & Liamputtong, 2006, 2007, 2008; Dickson-Swift et al., 2009; Lalor et al., 2006; Wray et al., 2007), I now start to understand these emotions from a methodological viewpoint. A colleague and I conducted a literature review on the topic of qualitative research with vulnerable groups and/or sensitive topics and organised a workshop for other qualitative researchers at a methodological conference (Wittouck & Herkes, 2018). Based upon this work I want to formulate two recommendations for future qualitative researchers. These recommendations concern the extra-ordinary life of PSIM and being a novice qualitative researcher.

9.3.1. The extra-ordinary life of persons subjected to an internment measure

I conducted the vast majority of my interviews over a time interval of 15 months (June 2016 till August 2017). In total I interviewed 117 persons subjected to an internment measure across Flanders. Only after finishing the empirical phase I incrementally realized how emotionally exhausting this field work has been (Benoot & Bilsen, 2014; Dickson-Swift et al., 2007). During the empirical phase I experienced *"a roller coaster ride"* of emotions (Beale et al., 2004, p. 146): shock, confusion, anger, disgust, guilt, sadness, and powerlessness. Next to these negative emotions, I also experience feelings of gratitude and empathy (Dickson-Swift et al., 2007; Rager, 2005) towards the persons I interviewed. They shared personal experiences with me and confided a part of their life to me. All these emotions quite surprised me, as I thought I was quite aware of the precarious situations of these persons through my degree in criminology and my work as a psychologist in prison. When listening to the life stories of these people, the extra-ordinary nature of their lives (Sullivan, 2005) in comparison with my life, as a current university doctoral student who, regardless of the more or less usual setbacks in everyday life, has (and is) been granted many opportunities and possibilities throughout her life, was quite salient. As if my participants and I were living in the same world but in a different reality. Sullivan (2005) articulates this as follows *"**Everyday life** evokes the common-sense and commonplace of the*

*layperson: in short, what is reasonable, appropriate and customary. … A further perspective on **everyday life** is to examine definitions in relation to **otherness** and forms of **exclusion**. In this respect, a notion of an **extra-ordinary** life or, for that matter, **extra-ordinary lives**, is different from the usual sense of **extra-ordinary** as exceptional, gifted or remarkable. When applied to forensic patients, **extra-ordinary** connotes the irrational, unfamiliar, abnormal, extreme, rare and horrific: extremes that are shut away, repressed, controlled and avoided, thereby granting them a parallel, but limited, existence."* (Sullivan, 2005, p. 39). Compared to my work in prison, I learned, through listening to the narratives of the persons I interviewed, that 'the problems' surrounding the internment measure were far greater than their unlawful detention in prisons (Heimans et al., 2015; Meysman, 2016). Another difference with my work in prison was that I was a researcher instead of a psychologist (Dickson-Swift et al., 2006). This meant I could only ask about, listen to and analyse their extra-ordinary life instead of 'being there' for them during their extra-ordinary life. Recommendations for future qualitative researchers related to the emotions that can be experienced during qualitative field work is carrying out data collection and data analysis alternately, taking holidays into account when developing a research plan, and organising peer group debriefing with novice and lived-experienced qualitative researchers (Wittouck & Herkes, 2018).

9.3.2. Being a novice qualitative researcher

The initial topic of this doctoral study, namely strengths-based assessment of mentally ill offenders, was quite different than the present one. Along the first year, not only the topic changed, also the philosophical paradigm changed from a positivist to a constructivist paradigm (Freshwater & Cahill, 2013; Hammersley, 2015; Mortelmans, 2013; Smaling, 2010). Consequently, as I was trained and had experience as a quantitative researcher, I followed many courses regarding qualitative research through the doctoral schools program and discussed my research with my guidance committee, doctoral school trainers and other qualitative researchers. However, it was only when I started to analyse the interviews line-by-line in the second analysis phase (see chapter four) that I started to profoundly comprehend qualitative research and the associated paradigm. I understand now that before that phase, although I was cognitively convinced of the value of qualitative research, I was still partly looking at my research study from a quantitative reference frame. Till that moment I lacked *lived*-experience with the analysis of qualitative data. My initial research questions were formulated too broadly, and since my data analysis phase largely followed my data collection phase I was confronted with a bulk of data which was too extensive to handle on my own during the limited period of time associated with a doctoral dissertation. Due to the work load associated with analysing qualitative interviews (Miles, Huberman, & Saldaña, 2014), I was at a certain moment *"drowning in data"* (Morse, 1993, p. 267). Eventually I realised I had to narrow down the scope of the research questions[93] and use the remaining data for a post-doctoral application. A recommendation for future qualitative researchers related to this lived-experience is to *formally and profoundly consult* an *independent lived-experienced* qualitative researcher regarding the

[93] The original research questions comprised the entire criminal justice system, while this doctoral dissertation only focuses on the corrections context.

feasibility of a research design and plan before and during the empirical phase of a qualitative study (Wittouck & Herkes, 2018).

9.4. Recommendation for practice and policy

The message of this doctoral dissertation is quite simple: approaching PMIO with care, fairness, dignity, and authoritativeness can promote the development, maintenance and sustainment of working alliances and thus recovery and desistance processes. Translating this research message into overall relevant practice and policy is however less simple (Epperson et al., 2017). Next to the recommendations more directly related to the study findings which were described in the conclusion of chapter eight, the following further recommendations for practice and policy are made.

First, increased and sustained education and training for power holders working with PMIO is recommended (Atkin-Plunk & Armstrong, 2016; McKenna et al., 2003; Muskett, 2014). Special attention should be devoted to developing beneficial working alliances with PMIO during court-mandated treatment (Epperson et al., 2017). With respect to these working alliances, developing skills and strategies to exercise authority in a way that is beneficial for all parties (i.e. the PMIO, the power holder and the community) is especially important (Maguire et al., 2014; McKenna et al., 2003; Tew, 2006). Reconciling care and control can also be experienced as a difficult and frustrating challenge by professionals involved in court-mandated treatment programs (Hillbrand et al., 2010; Simpson & Penney, 2011, 2018), and if power holders lack the skills and strategies to be authoritative it is likely that they will fall back on authoritarian interaction styles (Maguire et al., 2014). Power holders from the criminal justice system and the mental health system could for instance receive specific training, based on lived experiences of PMIO, regarding procedurally just approaches towards PMIO. Training programs regarding procedural justice in law enforcement settings have already yielded favourable outcomes (Wheller, Quinton, Fildes, & Mills, 2013).

Second, it is important for power holders from the mental health system as well as the criminal justice system to reflect upon their own interaction style with PMIO (Canada & Watson, 2013; Maguire et al., 2014; Martin & Street, 2003; Ross et al., 2008). Internal and external supervision and groups with diverse and varying members are well suited for discussing practices and learning from best (and maybe bad) practices in other settings to obtain this goal (McKenna et al., 2003). Practitioners in general, and power holders in particular, should be aware of their own attitudes and biases towards mental illness and offending behaviour (Dunn & Andrews, 2015; Ward & Brown, 2004). Underlying attitudes of power holders towards the value of P(MI)O as human beings will shape their beliefs regarding whether or not these (MI)O are entitlement to a respectful (or procedurally just) treatment (Blagden et al., 2016; Ward & Brown, 2004), and will influence how power holders interact with P(MI)O (e.g. warm directional versus aggressively confrontational, respectful versus disrespectful, interested versus disinterested, accepting versus rejecting), and by doing so nourish an either rehabilitative or punitive climate (Blagden et al., 2016; Göbbels et al., 2016; Lindqvist & Skipworth, 2000; Serran et al., 2003; Ward & Brown, 2004).

Third, to bring about change it is also necessary to conduct more comprehensive and holistic process and outcome evaluation studies with quantitative and qualitative research designs

regarding court-mandated treatment in general (Honegger, 2015; Livingston, 2018; Martin et al., 2012; Polaschek, in press; Sarteschi et al., 2011; Scott et al., 2013), and regarding the internment measure and forensic mental health treatment in Belgium in particular (Cartuyvels & Cliquennois, 2015; Seynnaeve et al., 2018).

Lastly, PMIO should not only be involved in the delivery of their own care, but should also be involved in developing and evaluating policy and practice (Simpson & House, 2002). This would be a step in the direction of a group form of co-production with PMIO with respect to court-mandated treatment (see Glasby & Beresford, 2006; Weaver, 2013). If practice and policy regarding court-mandated treatment aim to be relevant, the voice of PMIO is essential (Carlin et al., 2005; Coffey, 2006; Gergen et al., 2015; Livingston, 2018; Rycroft-Malone et al., 2004; Vander Laenen & Vander Beken, 2017; WHO, 2018).

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English summary

Persons with mental illness who offended (PMIO) are highly prevalent in the criminal justice system. One way of responding to PMIO is subjecting them to court-mandated treatment which is typically combined with ongoing judicial supervision. Examples of court-mandated treatment are drug or mental health courts, treatment in forensic psychiatric hospitals, not criminally responsible adjudications, and (community) jail or prison diversion programs. Court-mandated treatment aims reducing recidivism and improving mental health outcomes in PMIO, and succeeds to a certain extent in this goal. However, relatively little is known regarding *how* court-mandated treatment works.

Previous research has shown that the working alliance, a collaborative relationship between an individual and a professional aiming at overcoming the individual's difficulties, plays a pivotal role in the process and outcomes of court-mandated treatment and/or judicial supervision. The importance of this working relationship has also been acknowledged by PMIO themselves. However, the development and maintenance of the working alliance is challenged in the context of court-mandated treatment due to a tension between care and control which is related to the different roles and goals of the mental health system and the criminal justice system respectively. Guiding principles are necessary to further develop forensic and correctional rehabilitation models with respect to how mental health and/or criminal justice professionals can take both care and control into account while working with PMIO during court-mandated treatment. Targeted research is necessary to develop such guidelines.

Only a few empirical studies have directly addressed the tension inherently present in working alliances between PMIO and mental health and/or criminal justice professionals during court-mandated treatment. These studies have suggested relational fairness a means to reconcile the tension between care and control in these alliances. Relation fairness can be related to procedural justice theory. Procedural justice theory is a relational model specifically addressing interactions between power holders and their public and posits that people attach major importance to the process ('how') next to the outcome(s) of interactions with power holders ('what'). Indeed, in the context of court-mandated treatment, professionals from the criminal justice system as well as professionals from the mental health system are holding power towards PMIO. An interaction with a power holder will be perceived as procedurally just, even when the outcome of the interaction (such as a decision) is unfavourable, when the interaction is characterized by the following dimensions: 1) *'neutrality'*, experiencing the power holder as objective and unbiased, 2) *'voice'*, being given the opportunity to express one's view, 3) *'respect'*, experiencing to be treated with dignity and respect, 4) *'trustworthiness'*, experiencing to be treated with genuine concern and consideration, 5) *'information'*, experiencing to receive sufficient information and clarification regarding the interaction and decisions, and 6) *'performance'*, experiencing the power holder to deliver good work and doing a good job. Experiencing procedural justice or injustice during an interaction with a power holder affects attitudes, emotions, and behaviour of the person involved towards the interaction and the subsequent outcome(s), such as satisfaction regarding the interaction, acceptance of the decision, feelings of self-worth and social acceptance, motivation and cooperation. Procedural

justice theory has hitherto mostly been applied to law enforcement and court settings. According to procedural justice theory, experiencing procedural justice during interactions with power holders involved with court-mandated treatment programs can facilitate the therapeutic process.

Therefore, this doctoral dissertation focused on the potential role of procedural justice theory as a normative framework for power holders working with PMIO as a means to develop and maintain working alliances with PMIO. The main research question was: How do PMIO experience their interactions with power holders from the criminal justice system and the mental health system during court-mandated treatment, and how do these experiences related to the theoretical dimensions of procedural justice theory?

A qualitative empirical study was carried out in which the lived experiences of persons subjected to an interment measure (PSIM) regarding their interactions with power holders during court-mandated treatment are put at centrepiece. Semi-structured interviews were administered of a heterogeneous sample of PSIM in Flanders. Of these interviews, 35 were analysed to address the present research question. PSIM exhibited quite a nuanced view on power holders and their interactions with power holders, and they were able to indicate negative and positive experiences. In essence, it is important for PSIM to be treated as human beings. Such an approach includes the following aspects: power holders should 1) employ a friendly, polite and calm approach, 2) recognize and acknowledge their strengths, difficulties and needs, 3) work towards solutions and re-integration instead of merely aiming punishment, 4) actively involve PMIO in ongoing decision-making processes, 5) provide information and explanation regarding the purpose, content, and goal of every treatment and judicial aspect of court-mandated treatment and regarding expectations of PMIO, 6) perform their jobs in a professional and consistent manner, 7) being authoritative instead of authoritarian. These experiences influence their social identity, their trust in a power holder, and their motivation and cooperation.

All dimensions of procedural justice were identified in the accounts of PMIO regarding their interactions with power holders during court-mandated treatment, in the present study as well as in previous studies. Evidence was found for the importance of the traditional procedural justice dimensions of respect, trustworthiness, voice and neutrality, as well as for the dimensions of information and performance that were recently proposed to extend procedural justice theory. Based on the findings of the present study, and in line with previous research, an additional dimension of procedural justice is proposed in the context of court-mandated treatment: *'authoritativeness'*. The dimension of authoritativeness relates to the difficulties concerning the presence of both care and control during interactions between PMIO and power holders in the context of ongoing court-mandated treatment. An authoritative approach consists of making compromises or shared decision making, being firm but fair, and employing positive pressures to motivate compliance. Thereby a power holder can approach both care and control as necessary requirements of court-mandated treatment, and develop and maintain beneficial working alliances with PMIO.

However, the 35 PSIM in the present study were far less nuanced in their accounts regarding the internment measure. Although the potential of the internment measure was recognized, the internment measure is foremost perceived and experienced as a severe punishment for being mentally ill. The main reasons for this perception and experience are the lack of treatment options and the indeterminacy of the internment measure. Subjective experiences of the interment measure are thus not only influenced by interactions with power holders from the criminal justice and the mental health system, structural factors are also important in this regard. The content and the course of the internment measure can promote or compromise the perceived potential helpfulness of the internment measure. Although the Internment Act of 2014 entails several improvements which also address some issues raised by PSIM, other issues raised by PSIM remain unaddressed. To address these issues, good, or at least different, practices in other countries can serve as inspiration. Indeed, instead of solely relying on adapting existing laws and practices, policy makers can also develop alternatives and new practices.

The findings of the present doctoral dissertation show the potential of a procedurally just approach to reconcile the tension between care and control in the development and maintenance in working alliances between PMIO and power holders in the context of court-mandated treatment. However, procedural justice could be exploited as a mere means to empower power holders. When approached from a strengths-based human rights perspective, with its emphasis on human dignity, social recognition, autonomy, and effective participation, procedural justice can become a means to empower PMIO too.

Nederlandstalige samenvatting

Personen met een psychische kwetsbaarheid die misdrijven hebben gepleegd (PPM) komen vaak voor in de strafrechtsbedeling. Eén van de strafrechtelijke reacties voor deze personen is hen doorverwijzen naar de hulpverlening en dit hulpverleningstraject justitieel op te volgen. Op internationaal vlak bestaan verschillende voorbeelden van dergelijke justitieel gesuperviseerde hulpverlening, zoals drugbehandelingskamers, forensisch psychiatrisch ziekenhuizen, en specifieke programma's voor PPM in de samenleving (eventueel na een detentieperiode). België kent één officiële maatregel specifiek voor PPM, de interneringsmaatregel. De finaliteit van justitieel gesuperviseerde hulpverlening is het verminderen van recidive en het verbeteren van de geestelijke gezondheid. Studies tonen aan dat dit type hulpverlening tot op zekere hoogte slaagt in haar opzet. Tot op heden is echter relatief weinig bekend over *hoe* dergelijke hulpverlening werkt of kan werken.

Uit eerder onderzoek is gebleken dat de werkrelatie, waarbij een individu en een praktijkwerker samenwerken om de moeilijkheden van het individu aan te pakken, een cruciale rol speelt in het verloop en de uitkomsten van justitieel gesuperviseerde hulpverlening. Ook PPM zelf erkennen het belang van dergelijke werkrelatie. Deze werkrelatie bestaat zowel met hulpverleners als met justitieel personeel zoals justitie-assistenten en rechters. De ontwikkeling en het verdere verloop van de werkrelatie wordt echter bemoeilijkt in de context van justitieel gesuperviseerde hulpverlening omwille van het spanningsveld tussen zorg en controle. Deze spanning is een gevolg van de verschillende rollen en doelen van respectievelijk de hulpverlening en de strafrechtsbedeling. Forensische en correctionele rehabilitatiemodellen voor personen die misdrijven hebben gepleegd, hebben nood aan richtlijnen over de manier waarop rekening kan gehouden worden met zowel zorg als controle tijdens justitieel gesuperviseerde hulpverlening. Dergelijke richtlijnen kunnen ontwikkeld worden door gericht onderzoek over dit onderwerp.

Slechts een handvol empirische studies onderzochten op een directe manier de aanwezige spanning tussen zorg en controle in de werkrelatie tussen praktijkwerkers en justitiële cliënten of patiënten. De bevindingen van deze studies suggereren dat relationele rechtvaardigheid een middel is om de spanning tussen zorg en controle in deze werkrelaties in evenwicht te brengen. De term relationele rechtvaardigheid vertoont een opvallende gelijkenis met de theorie van procedurele rechtvaardigheid. Deze theorie is een relationele theorie die handelt over interacties tussen machthebbers en hun publiek en poneert dat mensen (het publiek) minstens evenveel belang hechten aan het *verloop* van deze interactie ('hoe') als aan de *uitkomst(en)* van deze interacties (zoals een beslissing) ('wat'). In het kader van justitieel gesuperviseerde hulpverlening kunnen immers zowel justitieel personeel als hulpverleners beschouwd worden als machthebbers ten aanzien van justitiële cliënten of patiënten. Een interactie met een machthebber zal als procedureel rechtvaardig worden ervaren –onafhankelijk van de (on)gunstigheid van de uitkomst– indien deze door de volgende aspecten wordt gekenmerkt: 1) *'neutraliteit'*, ervaren dat de machthebber objectief en onbevooroordeeld is, 2) *'stem'* ('voice'), ervaren dat de eigen mening kan geuit worden, 3) *'respect'*, ervaren met waardigheid en respect te worden behandeld, 4) *'betrouwbaarheid'* ('trustworthiness'), ervaren met oprechte zorg

benaderd te worden en dat de eigen noden in rekening worden genomen, 5) *'informatie'*, ervaren voldoende geïnformeerd te worden over het verloop van de interactie en over de beslissingen, en 6) *'prestatie'* ('performance'), ervaren dat de machthebber goed werk uitvoert en levert.

Het ervaren van procedurele rechtvaardigheid of onrechtvaardigheid tijdens een interactie met een machthebber heeft een invloed op attitudes, emoties en gedrag van mensen. Procedurele rechtvaardigheid is bijvoorbeeld geassocieerd met meer tevredenheid over de interactie, met het aanvaarden van de beslissing, met gevoelens van eigenwaarde en sociale aanvaarding, met motivatie en met het verlenen van medewerking. De theorie van procedurele rechtvaardigheid werd tot dusver voornamelijk toegepast op interacties met politieagenten en magistraten. Volgens deze theorie zou het ervaren van procedurele rechtvaardigheid tijdens interacties met machtshebbers van justitie en de hulpverlening tijdens justitieel gesuperviseerde hulpverlening het therapeutisch proces kunnen bevorderen.

Dit doctoraal proefschrift focust daarom op de mogelijke rol van de theorie van procedurele rechtvaardigheid als normatief kader voor machtshebbers in de context van justitieel gesuperviseerde hulpverlening waarmee de ontwikkeling en het verder verloop van de werkrelatie met PPM kan ondersteund worden. De belangrijkste onderzoeksvraag in deze dissertatie is: hoe ervaren PPM hun interacties met justitiële en hulpverlenende machthebbers in de context van justitieel gesuperviseerde hulpverlening, en kunnen deze ervaringen in verband gebracht worden met de theoretische dimensies van de theorie van procedurele rechtvaardigheid?

Een kwalitatief onderzoek werd uitgevoerd waarbij de ervaringen van personen onder een interneringsmaatregel (PIM) omtrent hun interacties met justitiële en hulpverlenende machthebbers in het kader van deze maatregel, centraal werden gesteld. Semigestructureerd interviews werden afgenomen van een heterogene steekproef van PIM in Vlaanderen. Van deze interviews werden 35 interviews geanalyseerd om de huidige onderzoeksvraag te beantwoorden.

PIM vertonen een genuanceerde kijk op hun interacties met machthebbers. Ze halen zowel positieve als negatieve ervaringen aan met machthebbers. Op basis van de thema's die geïdentificeerd werden in hun ervaringen, kan besloten worden dat PPMPIM het belangrijk vinden om als mens bejegend te worden. Een menswaardige bejegening omvat de volgende aspecten: machthebbers moeten 1) een vriendelijke, beleefde en kalme aanpak hanteren, 2) aandacht hebben voor de sterktes, moeilijkheden en noden van PIM, 3) werken aan oplossingen en re-integratie in plaats van enkel bestraffing te beogen, 4) PIM actief betrekken in beslissingsprocessen, 5) informatie en uitleg geven over het doel en de inhoud van elk (justitieel en hulpverlenend) aspect van justitieel gesuperviseerde hulpverlening en duidelijk zijn omtrent de verwachtingen 6) hun werk verrichten op een professionele, grondige en consistente wijze, 7) gezaghebbend in plaats van autoritair handelen. Deze ervaringen hebben een invloed op hun sociale identiteit, hun attitude ten opzichte van de machthebber, de mate waarin ze vertrouwen

hebben in de machthebber, en de mate waarin ze gemotiveerd zijn om mee te werken met de machthebber.

Alle aspecten van procedurele rechtvaardigheid kunnen herkend worden in de thema's die werden geïdentificeerd in de ervaringen van PPM met machthebbers tijdens justitieel gesuperviseerde hulpverlening, zowel in de huidige studie als in de literatuur. Er werd empirische evidentie gevonden voor het belang van de verschillende dimensies van procedurele rechtvaardigheid, namelijk neutraliteit, stem, respect, betrouwbaarheid, informatie en prestatie. Op basis van de bevindingen van de huidige studie, en in overeenstemming met andere internationale onderzoekbevindingen, wordt *'gezaghebbendheid'* voorgesteld als aanvullende dimensie van procedurele rechtvaardigheid in de context van justitieel gesuperviseerde hulpverlening. De dimensie van de gezaghebbendheid is nauw verbonden met de aanwezige spanning tussen zorg en controle tijdens interacties tussen PPM en machthebbers tijdens justitieel gesuperviseerde hulpverlening. Een gezaghebbende aanpak bestaat uit het maken van compromissen of gedeelde besluitvormingsprocessen, streng én rechtvaardig zijn, en positieve druk te gebruiken om iemand aan te zetten tot medewerking, zoals aanmoediging en bekrachtiging. Op deze manier kan een machthebber zowel zorg als controle als noodzakelijke voorwaarden van justitieel gesuperviseerde hulpverlening benaderen, en gunstige werkrelaties met PPM ontwikkelen en onderhouden.

De ervaringen van de 35 bevraagde PIM waren echter veel minder genuanceerd met betrekking tot de interneringsmaatregel. Hoewel het potentieel van de interneringsmaatregel wordt erkend, wordt de interneringsmaatregel voornamelijk gepercipieerd en ervaren als een strenge straf voor psychische problemen. De belangrijkste redenen voor deze perceptie en ervaring zijn het gebrek aan behandelingsmogelijkheden en de onbepaalde duur van de interneringsmaatregel. Ervaringen van PIM met de interneringsmaatregel worden dus niet enkel beïnvloed door interacties met justitiële en hulpverlenende machthebbers, ook structurele factoren hebben een invloed. Volgens PIM kunnen de inhoud en het verloop van de interneringsmaatregel de potentiële zinvolheid van deze maatregel bevorderen dan wel belemmeren. De nieuwe interneringswet van 2014 heeft een aantal verbeteringen met zich meegebracht die aansluiten op enkele moeilijkheden die door PIM werden aangegeven in het huidig onderzoek. Echter blijven andere zaken die door PIM in dit onderzoek als belemmerend werden ervaren, ongewijzigd. Een voorbeeld daarvan is de onbepaalde duur van de interneringsmaatregel. Om ook een oplossing te bedenken voor deze moeilijkheden kan inspiratie gezocht worden in andere landen. Eerder dan uitsluitend bestaande wetten en praktijken aan te passen, kunnen beleidsmakers ook alternatieve en nieuwe wetten en praktijken ontwikkelen.
De bevindingen van voorliggend doctoraal proefschrift tonen de meerwaarde aan van een procedureel rechtvaardige bejegening tijdens justitieel gesuperviseerde hulpverlening. Dergelijke bejegening kan de aanwezige spanning tussen zorg en controle in evenwicht brengen. De ontwikkeling en het verdere verloop van werkrelaties tussen PPM en machthebbers kunnen op deze manier worden bevorderd. Echter, procedurele rechtvaardigheid kan men ook aanwenden als een middel om de macht van machthebbers te bevestigen. Daarom is het belangrijk om procedurele rechtvaardigheid te hanteren vanuit een sterktegerichte en op mensenrechten gebaseerde visie, waarin de focus wordt gelegd op menselijke waardigheid,

sociale erkenning, autonomie en participatie. Op die manier kan procedurele rechtvaardigheid een middel zijn om ook PPM te ‘empoweren’.

INSTEMMING DEELNAME ONDERZOEK
ERVARINGEN MET DE INTERNERINGSPROCEDURE

Universiteit Gent

Door dit formulier te ondertekenen:

- **stem je toe om aan een interview deel te nemen over jouw ervaring met de interneringsprocedure**
- **geef je aan dat je weet waarom dit interview afgenomen wordt en wat ermee zal gebeuren**
- **geef je aan op de hoogte te zijn van je rechten met betrekking tot het onderzoek**
- **stem je toe dat het interview wordt opgenomen met een dictafoon**

- **Beschrijving en doel van het onderzoek:**
  De Universiteit Gent voert een onderzoek uit naar de ervaring van mensen aan wie een interneringsmaatregel werd opgelegd. Via dit onderzoek willen wij te weten komen hoe jij de wijze waarop deze interneringsprocedure wordt uitgevoerd ervaart. Dit doen we aan de hand van een interview dat ongeveer anderhalf uur à twee uur duurt. Het interview is een individueel gesprek, waarbij de onderzoeker een aantal vragen zal stellen over jouw ervaringen met de interneringsprocedure. Alle antwoorden op de vragen worden anoniem geanalyseerd en de resultaten worden opgenomen in het onderzoeksrapport.
  Naast dit interview vragen wij als onderzoekers of wij jouw dossier van de CBM/de SURB mogen inkijken om de kenmerken van jouw interneringsprocedure en interneringstraject in verband te brengen met jouw ervaringen.

  Aan deze studie werd een positief advies toegekend door een onafhankelijk Ethisch Comité van het Universitair Ziekenhuis van Gent , na raadpleging van de lokale Commissies voor Medische Ethiek. Deze studie zal worden uitgevoerd volgens de richtlijnen van ICH/GCP opgesteld in de verklaring van Helsinki opgesteld ter bescherming van individuen deelnemend aan klinische studies. Deze verzameling wordt uitgevoerd onder supervisie van Prof. Dr. Kurt Audenaert.

- **Toestemming en weigering**
  Het staat je volkomen vrij om deel te nemen of niet. Toestemmen of weigeren om deel te nemen zal op geen enkele wijze een invloed hebben op jouw persoonlijke situatie of omgeving. Je kunt weigeren om deel te nemen aan het interview zonder dat je hiervoor een reden moet opgeven. Als je toestemt, word je gevraagd het toestemmingsformulier te tekenen.

- **Voordelen**
  Deze studie biedt geen medisch, juridisch of ander voordeel voor jezelf, maar de bekomen resultaten kunnen leiden tot inzicht in jouw ervaringen en zo ook bijdragen tot concrete aanbevelingen voor de praktijk.

- **Kosten**
  Jouw deelname aan de studie brengt geen bijkomende kosten mee voor jou. Je ontvangt ter bedanking €20 in de vorm van een tegoedbon indien je deelneemt aan het interview.

- **Bijstand**
  Indien je tijdens of na het onderzoek emotionele problemen zou ervaren, kan samen met de onderzoeker bekeken worden met welke hulpverlener dit kan opgenomen worden. Indien je dat wenst, kan samen met de onderzoeker contact worden opgenomen met de urgentiepsychiatrie van het Universitair Ziekenhuis van Gent (UPSIE) voor hulpverlening of voor een doorverwijzing. Via het nummer 09 332 21 11 kan je ook zelf contact opnemen met de UPSIE (superviserend contactpersoon: Prof. Dr. Kurt Audenaert).

- **Garanties voor de geïnterviewde:**
  - Als je akkoord gaat om aan deze studie deel te nemen, zullen jouw persoonlijke en klinische gegevens tijdens deze studie worden gecodeerd (hierbij is er totaal geen terugkoppeling meer mogelijk naar jouw persoonlijke dossier). In overeenstemming met de Belgische wet van 8 december 1992 en de Belgische wet van 22 augustus 2002, zal jouw persoonlijke levenssfeer worden gerespecteerd. Als de resultaten van de studie worden gepubliceerd, zal jouw anonimiteit aldus verzekerd zijn. Jouw naam zal nergens in publicaties of rapporten vermeld worden, niemand zal op basis van de weergegeven resultaten kunnen zeggen over wie het gaat.
  - De interview-opnames en de getranscribeerde interviews zullen worden bewaard zolang noodzakelijk voor de doeleinden van het wetenschappelijk onderzoek en zullen daarna worden verwijderd.
  - Het interview zal enkel gebruikt worden voor dit onderzoek. Politie, justitie (ook niet de CBM), of hulpverlening krijgen op geen enkele manier informatie.
  - De gegevens bekomen uit dit onderzoek zijn beschermd door het medisch beroepsgeheim en zullen om geen enkele reden tegen jou gebruikt worden.

- **Verzekering**
  De experimentenwet van 7/05/2004 verplicht onderzoekers om deelnemers aan wetenschappelijke projecten te verzekeren voor de deelname en het risico (hoe klein ook) dat men loopt. De waarschijnlijkheid dat je door deelname aan deze studie enige schade ondervindt, is extreem laag. Indien dit toch zou voorkomen, wat echter zeer zeldzaam is, werd een verzekering afgesloten conform de Belgische wet van 7 mei 2004, die deze mogelijkheid dekt.

- **Rechten van de geïnterviewde:**
  - Indien je jou achteraf bedenkt, kan, voor zover er nog niets gepubliceerd is, jouw medewerking aan het onderzoek op elk moment stopgezet worden. De verzamelde gegevens die betrekking hebben op jou zullen dan verwijderd worden.
  - Als je dat wenst, stuurt de onderzoeker de besluiten van het onderzoek naar jou op en nodigt de onderzoeker je uit op de openbare doctoraatsverdediging.
  - Als je vragen hebt over het onderzoek, bijvoorbeeld wat er met de resultaten gebeurt, dan kan je de onderzoeker steeds contacteren. Dit zijn mijn gegevens:

    Ciska Wittouck
    Universiteit Gent
    Universiteitstraat 4
    9000 Gent
    09 264 97 05
    0468 14 01 99
    Ciska.Wittouck@UGent.be

Prof. Dr. Kurt Audenaert
Universitair Ziekenhuis Gent
De Pintelaan 185 1K12F
9000 Gent
09 332 55 89
Kurt.Audenaert@UGent.be

Toestemmingsverklaring

Ik verklaar hierbij op een voor mij begrijpelijke wijze mondeling en schriftelijk te zijn ingelicht over de aard, de methode en het doel van deze studie.

Ik ben er mij van bewust dat dit project ter beoordeling en controle aan het Ethisch Comité van het UZ Gent werd voorgelegd en ik deze goedkeuring niet moet beschouwen als een motivatie tot deelname aan deze studie.

Ik weet dat mijn deelname geheel vrijwillig is, zoals blijkt uit deze ondertekening, en dat ik ten allen tijde uit het onderzoek kan stappen.

Mijn naam:……

Adresgegevens:…….....

.....…….....

Telefoonnummer:…….....

E-mail:…….....

Ik stem erin toe deel te nemen aan het interview:

- ☐ Ik ga akkoord

Ik stem erin toe dat de onderzoeker mijn CBM/SURB-dossier mag inkijken:

- ☐ Ik ga akkoord

Gelezen en goedgekeurd

Datum:……

Handtekening geïnterviewde:

Toestemmingsverklaring hercontactname

Mijn naam:……..

De onderzoekers mogen mij, eventueel, in een latere fase opnieuw contacteren voor verder onderzoek over dit thema.

□ Ik ga akkoord

Hoe mogen de onderzoekers mij contacteren?

□ GSM:……..
□ E-mail:……
□ Adres:…….
……...…….

□ Indien de onderzoekers mij niet persoonlijk kunnen lokaliseren, mogen ze mij lokaliseren door significante anderen (personen die mij nauw aan het hart liggen):

- Persoon 1
  Naam:…….
  Relatie tot de persoon:……
  Telefoonnummer:……...
- Persoon 2
  Naam:…….
  Relatie tot de persoon:……
  Telefoonnummer:……...
- Persoon 3
  Naam:…….
  Relatie tot de persoon:……
  Telefoonnummer:……...

Wil jij deelnemen aan mijn project?

Waarover? Over jouw ervaringen met politie, justitie en de hulpverlening

Wie? Mensen met een interneringsmaatregel of mensen die een interneringsmaatregel hebben gehad.

Wat? Een interview van 2 uur (of twee interviews van 1 uur) met mij, Ciska, een onderzoekster van de Universiteit Gent.

Belangrijk! Deelname is vrijwillig en kosteloos; informatie wordt anoniem verwerkt; geen rapportage over jouw bijdrage aan politie, justitie of hulpverlening

Heb je een vraag en/of wil je deelnemen? Contacteer mij via telefoon of e-mail:

Ciska.Wittouck@UGent.be

09/264.97.05

0468/14.01.99

Voorstellen onderzoek UGent Ciska Wittouck

Beste mevrouw/meneer,
Hartelijk dank voor uw bereidwilligheid om mee te werken aan de rekrutering van deelnemers voor mijn onderzoek; deze medewerking is onontbeerlijk voor het slagen van mijn onderzoek en ons project in zijn geheel!
Potentiële deelnemers aan mijn onderzoek zijn mensen die ofwel geïnterneerd zijn ofwel geïnterneerd geweest zijn. U kan dit document gebruiken als leidraad bij het voorstellen van mijn onderzoek aan deze mensen.
Met vriendelijke groeten,
Ciska

Het onderzoek in een notendop:
"Er loopt momenteel een onderzoek aan de Universiteit van Gent rond mensen die ervaring hebben met een interneringsmaatregel. Het onderzoek kiest ervoor om niet te focussen op risico's van mensen, maar op sterktes van mensen. Ciska, de onderzoekster, heeft interesse in jouw ervaringen. Ze wil via haar onderzoek proberen om wat mensen die geïnterneerd zijn (of geweest zijn) zelf belangrijk vinden te laten opnemen in het beleid van de regering omtrent internering. In haar interview wil ze graag luisteren naar hoe jij het contact met politie, justitie en de hulpverlening hebt ervaren en/of momenteel ervaart. Als je dat graag wil kan je aan dit interview deelnemen. Het interview duurt ongeveer twee uur, en kan in twee momenten doorgaan als jij dat wenst."

Te benadrukken tijdens het voorstellen:

- het zal gaan om hun ervaringen
- deelname is vrijwillig en hun beslissing om al dan niet deel te nemen heeft geen enkel gevolg voor hun persoonlijke situatie
- het onderzoek staat volledig los van politie/justitie/hulpverlening
- er is geen rapportage aan politie/justitie/hulpverlening over hun bijdrage
- de gegevens die verzameld worden zullen op een anonieme wijze verwerkt worden waardoor geen enkele deelnemer identificeerbaar zal zijn in de rapportage van het onderzoek
- deelname aan het onderzoek kost niets
-

Eventueel vermelden tijdens het voorstellen: een vergoeding van €20 wordt voorzien

Mijn gegevens
Mijn gegevens mogen meegedeeld worden aan potentiële kandidaten als ze vragen zouden hebben (indien ze zelf contact kunnen opnemen). Daarnaast mag u mij ook altijd contacteren voor vragen of eventuele opmerkingen.
Ciska Wittouck
Universiteitstraat 4, 9000 Gent
Ciska.Wittouck@UGent.be
09/264.97.05 of 0468/14.01.99 (bellen of sms)