

Submission to the Justice Select Inquiry into the IPP Sentence

Joint Submission from a Group of 'Psy' Professionals

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Executive Summary

“I am haunted by the feeling that I have been complicit in the damage caused by the sentence.”

- Psychologist A.

“What we experienced for the last 18 months [of Covid-19] is what IPP prisoners experience every day of their sentence. The anxiety, the rising levels of mental illness, the uncertainty, the loss of the times we wish we had, the enforced adaptation to a world we suddenly no longer know.

And they have far longer than us to go.”

- Psychologist E.

This is a joint submission from 50 psychologists, psychiatrists and psychotherapists who have experience working with people serving the IPP sentence. It gives our professional insight into the sentence, followed by our view on the psychological implications of different solutions, and ending with some personal reflections about our experiences. There are three key points that we wish to make to the Committee. **Our first point is that the IPP sentence is a psy sentence.** By ‘psy’ we are referring to theories and practices that relate to the ‘psyche’, or the mind, and the professions that concern themselves with it: predominantly psychology, psychiatry and psychotherapy. Psy knowledge and practices underlie two pillars of the IPP sentence: public protection and rehabilitation. The legitimacy of the sentence relies on such knowledge and practices being valid and effective. If risk cannot be accurately predicted, and then reduced by psychological treatment and managerial input, the sentence is not functioning as intended. **Our second contention is that the IPP sentence undermines our ability to carry out psychological practices.** We therefore contend that the sentence is *not* functioning as intended, because it distorts the very practices on whose validity it rests. **Our third contention is that the IPP sentence is psychologically harmful,** and that sometimes that harm is caused *by* the distorted application of psychological practices; something antithetical to our professional values and purpose. We conclude from our appraisal of the different solutions to the IPP sentence that for any solution to be effective, it must eliminate or significantly reduce the three things that make the IPP sentence harmful: injustice; anxiety and hopelessness. We think that such a solution must involve ending the indeterminate nature of the sentence, except in the most serious cases. Our concluding reflections make clear why we were moved to make this submission: we are gravely concerned about the psychological impact of the IPP sentence, and our profession’s involvement in it.

Our three key messages

The IPP sentence is a psy sentence. We make this point to emphasise that the legitimacy of the IPP sentence rests on the validity of psychological practices. The public protection function of the IPP sentence relies on being able to understand and predict risk. Almost all the risk assessments used across the criminal justice system were developed by psychologists, and psychological risk assessments are a key piece of evidence presented in Parole hearings. The rehabilitative function of the IPP sentence relies on interventions being available to address specific offence-related needs, which are often psychological in nature, and on those interventions reducing reoffending. Outside of our specialisms, we find that risk assessment and interventions are often presented as uncomplicated, objective fact. In the main body of our submission, we appraise the Committee of the main debates and complexities in these fields, to demonstrate that psychological practices, while comprising a substantial body of knowledge, are still far from the level of certainty and effectiveness that should be required if they are used to justify indefinite imprisonment. We argue that part of the reason the IPP sentence has failed is that it was a utopian vision that misjudged the complexity of psychological practices in indefinite detention.

The IPP sentence undermines our ability to carry out psychological practices. Not only does the IPP sentence place excessive reliance on the psy disciplines, it distorts the application of our expertise. It does this through the impact of indeterminacy, which produces strong feelings of injustice, anxiety and hopelessness in people serving the sentence. These are normal and coherent emotional responses to their legal circumstances. But they distort our practices by creating a greater power disparity between us and our clients than the disparity that exists within other sentences; undermining trust and honest disclosure; coercing involvement in treatment; distracting from core risk reduction work; pushing people towards coping strategies that exclude them from receiving help, and creating 'background noise' that makes it more difficult to detect genuine signs of risk.

The IPP sentence is psychologically harmful. In our experience, and evidenced in the research literature, people serving an IPP sentence suffer mental and emotional deterioration when they enter the post-tariff stage of their sentence. They describe a range of symptoms consistent with the effects of stress, anxiety, uncertainty, mistrust, hopelessness and helplessness¹. Self-harm is high in the IPP population², as are suicidal urges, which have on too many occasions been fatal³. These symptoms bear some similarity to the observed effects of wrongful imprisonment,⁴ and tend to worsen at points of anticipated or actual lengthening of their detention, such as Parole delays/refusals or recalls. There is also evidence that mental and emotional distress is mirrored

¹ For a review of the literature that has explored the mental health of people serving an IPP sentence, see <https://committees.parliament.uk/writtenevidence/36522/pdf/>

² Ministry of Justice. (2021). *Safety in custody statistics*. <https://www.gov.uk/government/collections/safety-in-custody-statistics>

³ Op. cit. Ministry of Justice. (2021).

⁴ Grounds, A. T. (2005). Understanding the effects of wrongful imprisonment. *Crime and Justice*, 32, 1–58.

in the families of people serving an IPP sentence^{5 6}. We are particularly concerned about the harmful impact of our own practices within the context of the IPP sentence, particularly as it makes engagement in treatment more coercive than voluntary, and creates an excessive power disparity by using psychological judgements in matters that affect peoples' liberty: a set of circumstances that we believe should be reserved for only the most serious crimes.

Our favoured solutions

We favour any solution that restores a sense of fairness, certainty and hope. These are three key psychological ingredients of compliance with the law and behavioural change. At this stage of the IPP sentence, they are almost entirely absent. Any solution must restore these three psychological ingredients, not only to relieve people serving the IPP sentence of their well-documented suffering, but also to re-engage them on the path to desistance from crime. Furthermore, it must follow up with a great deal of post-release support if they are to adjust and recover successfully, without reoffending. There are several solutions that offer differing combinations of these ingredients. We are not legal experts, but from a psychological perspective we suggest that conversion to a determinate sentence would be the most effective at restoring all three. Such a solution might still build in public protection measures (such as conversion to a life sentence for the most serious cases, use of an Extended Determinate Sentence (EDS), and/or a mandatory, but limited, period on licence). We suggest that an EDS-style sentence would be appropriate, as it is the sentence that would have been given to many people, had they committed their offences after the abolition of IPP. A sentence that is deemed appropriate for the IPPs of today should also be appropriate for the IPPs of 'yesterday'.

Our personal reflections

This submission is something of a novelty in our professional field. We are not aware of such a large group of psy professionals coming together to share our mutual discomfort with the IPP sentence until now. Our discussions revealed the deep disquiet that many of us harbour about our practices being so widely applied to indefinite detention, and revealed a consistency in our clinical experiences of how people serving an IPP sentence behave. Many of them have experienced a great deal of adversity in their pre-prison lives, which we are potentially in a good position to assist them in overcoming, and in addressing their offence-related needs. However, the IPP sentence impedes us from doing this in the manifold ways outlined in the submission, which is greatly professionally demoralising, as well as frequently presenting us with difficult ethical dilemmas. We hope that the Committee will take our views into account, and recommend a solution that allows us to practice in a way that genuinely assists people serving an IPP sentence in living fulfilling and offence-free lives: a goal that is in everybody's interests.

⁵ Annison, H., & Condry, R. (2019). The pains of indeterminate imprisonment for family members. *Prison Service Journal* (241), 11-19.

⁶ McConnell, M., & Raikes, B. (2019). 'It's not a case of he'll be home one day'. The impact on families of sentences of Imprisonment for Public Protection (IPP). *Child Care in Practice*, 25(4), 349-366.

Professional Experience and Expertise of the Signatories⁷

Between us, we have worked directly with people serving the IPP sentence in prisons, secure hospitals and the community since its inception in 2005. Some of us have worked with the families of people serving the sentence. Some of us are academics. Our areas of expertise in areas pertinent to the IPP sentence include punishment and sentencing; the effects of imprisonment; life and long-term imprisonment; theories of crime causation; desistance from crime; risk prediction, assessment and management; psy treatment of problems associated with crime; suicide; self-harm; mental health and illness, and personality disorder.

The psy basis of the IPP sentence

There are several professions that concern themselves with the 'psyche': a Latin word, borrowed from an earlier Greek variant, meaning the human soul, spirit or mind. They have an entangled history with institutions of law, justice and punishment. In this section, we outline the various roles that psy professionals have in administering the IPP sentence, and why the IPP sentence is particularly and excessively dependent on psy knowledge and practices. We then go on to outline the limitations of psy approaches that are relevant to the IPP sentence, and argue that these limitations are ignored, resulting in an overreach of our body of professional knowledge. We are proud of our professions, and the many contributions that they have made to creating a safer, fairer society in which people can receive help with their mental and emotional difficulties. We are proud of our colleagues working in criminal justice settings who have done their utmost to uphold the ethical principles of human service in their work with people serving an IPP sentence. But we are deeply concerned that the IPP sentence facilitates the systemic misuse and distortion of psychological knowledge and practices.

Who are the psy professionals involved in the IPP sentence?

Forensic psychologists

Forensic psychologists are trained to work with people who have offended. They work in prisons, secure hospitals and in the community. They deliver a range of psychological interventions aimed at reducing re-offending. They also have expertise in risk assessment. This involves developing an understanding of why somebody has offended, and understanding what the person's

⁷ Each signatory has listed their professional titles and credentials. You can read about how psy professionals are regulated at these links.

Psychiatrists: <https://www.rcpsych.ac.uk/members/membership/grades-of-membership>.

Psychologists: <https://www.hcpc-uk.org/about-us/who-we-regulate/the-professions/> and <https://www.bps.org.uk/join-us/membership>.

Psychotherapists: <https://www.bacp.co.uk/> and <https://www.psychotherapy.org.uk/>

Psychiatrists are statutorily regulated by the General Medical Council and their main professional body is the Royal College of Psychiatrists. Psychologists are statutorily regulated by the Health and Care Professions Council and their main professional body is the British Psychological Society. Psychotherapists are not yet statutorily regulated and their main professional bodies are the British Association of Counselling and Psychotherapy and the UK Council for Psychotherapy.

background and current presentation mean in relation to the question of *'is this person going to re-offend, in what way, and what needs to be done to prevent this?'* Psychologists have developed a great many of the risk assessment tools used across the criminal justice system⁸, and have played a significant role in designing offending behaviour programmes⁹, Therapeutic Communities (TCs), Psychologically Informed Planned Environments (PIPEs), and the Offender Personality Disorder (OPD) Pathway¹⁰.

Clinical & counselling psychologists

Clinical & counselling psychologists are trained to work with people who have psychological difficulties that have resulted in them coming into contact with mental health or counselling services. They work in a range of forensic settings, including secure hospitals, community services and prison in-reach mental health services. Their training is weighted more towards therapy and less towards risk assessment. They also work on, and have significantly contributed to the design of, PIPEs and OPD services.

Psychiatrists

Psychiatrists are trained as doctors first and go on to specialise in dealing with people with mental health difficulties. Forensic psychiatrists specialise in working with people with mental health difficulties who have offended. Historically psychiatrists have been seen as primarily using medication to treat problems. However, they are increasingly involved in delivering and supporting different kinds of psychological interventions. Like clinical psychologists they are generally found in secure hospitals, community settings or prison in-reach services.

Psychotherapists

Psychotherapists are people who specialise primarily in talking therapies. They generally specialise in a particular model of therapy like cognitive behavioural psychotherapy, client centred psychotherapy or analytic psychotherapy, or use an integrative approach. In forensic settings they generally work within TCs and OPD pathway. They are also sometimes linked with NHS in-reach mental health services.

Overlaps and differences

All of these professions have been trained in skills for building and maintaining a therapeutic relationship with their clients. They also have overlapping frameworks for thinking about how people change. However, they each differ in their models for understanding what the underlying reasons are for people's difficulties.

⁸ For a selection, see <https://www.rma.scot/research/rated/>

⁹ For a list, see

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/960097/Descriptions_of_Accredited_Programmes_-_Final_-_210209.pdf

¹⁰ National Offender Management Service and NHS England. (2015). *The Offender Personality Disorder Pathway Strategy 2015*. <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/02/opd-strategy-nov-15.pdf>

Roles in the IPP sentence

Psy professionals can be thought of as having direct, indirect and distal roles in the IPP sentence.

Direct roles

These roles comprise the things that psy professionals do which bring them into direct contact with people serving IPP sentences.

- Conducting psychological risk assessments of people serving an IPP sentence in prison, as directed by the Parole Board or by their client's solicitor, and giving evidence at parole hearings as expert witnesses.
- Delivering and supervising group-based offending behaviour programmes that people serving an IPP sentence are likely to undertake.
- Delivering 1-1 interventions under certain circumstances in mainstream prisons (such as particular learning needs, or not progressing after group-based treatment).
- In specialist services such as TCs, PIPEs or OPD pathway services, delivering a range of therapeutic interventions.
- Supporting wellbeing and crisis planning with people who pose a risk to themselves.

Indirect roles

These roles comprise input into how other staff work with people serving an IPP sentence.

- Working with prison/probation staff to help them develop a psychologically informed understanding of someone's behaviour. This is most often done via the development of a 'case formulation' - a short narrative that explains why someone behaves the way they do, signs of increasing or reducing risk, and the best way to work with them.
- Case reviews of people serving an IPP sentence, and monitoring progression. These are a key component of the IPP Progression Plan used by the Ministry of Justice.

Distal roles

These roles are not directly to do with people serving an IPP sentence, but with the parts of the criminal justice system that fundamentally shape their experiences and management.

- Input into the design of prison regimes.
- Design and development of risk assessment tools.
- Design and development of offending behaviour programmes, and more specialist therapies.
- Research.

The relationship between psychological knowledge and indefinite sentencing

The IPP sentence is rooted in psychological notions about crime. Any form of indefinite sentencing pre-supposes that crime has highly individual causes, which take a correspondingly individual amount of time to address. The earliest experiments in indeterminate sentencing occurred when psychological theories of behaviour were ascending in popularity and credibility.¹¹ The promises of psychological 'cures' to offending behaviour legitimised indefinite sentences, and this is still the case today. The logic of the IPP sentence depends upon the premise that the causes of crime lie with individuals, and that, correspondingly, a tailored response to each individual is needed in order to reduce their risk of reoffending. Because each person is different, they may need different amounts of time to satisfactorily reduce their risk.

In principle, this model sounds like a sensible way to deal with the fact that individual behaviour can, and does, vary. Few would argue that two people convicted of, for example, robbery, may have committed their crimes under very different circumstances and have greatly varying backgrounds that shaped why they offended. However for the model to work successfully, it depends on four key points being true:

- It must be possible to correctly identify a person's likelihood of reoffending.
- It must be possible to correctly identify causal factors in a person's offending.
- Interventions to address those causal factors must do so effectively, and be available.
- It must be possible to measure and monitor changes in level of risk over time.

Only if these are true does the IPP sentence have legitimacy as a sentence which can successfully fulfill the sentencing aims of rehabilitation and public protection. Our key contention is that all four points are heavily dependent on *psychological knowledge and practices* and therefore, the extent to which they are true is dependent upon the validity of such knowledge and practices.

History of psychological practices in criminal justice settings

Since the mid-1990s, psychologists have greatly expanded their role in public protection by entering the field of risk prediction, assessment and management¹². They have co-evolved alongside the criminal justice system in the age of the 'risk society',¹³ to the point that, for many forensic psychologists, risk assessment is their main practice, rather than the more traditional view of the psychologist treating the underlying causes of criminal behaviour. Many of the risk assessment tools used with people serving an IPP sentence were developed by psychologists. Psychological assessment and opinion are greatly respected by the Parole Board. Indeed, 20%

¹¹ Haney, C. (2012). Reforming punishment: Psychological limits to the pains of imprisonment. American Psychological Association.

¹² Crighton, D. (2021). Risk assessment. In D. Crighton and G. Towl (Eds.) Forensic Psychology. 3rd edn. Wiley.

¹³ Feeley, M., & Simon, J. (1992). The new penology: Notes on the emerging strategy of corrections and its implications. *Criminology*, 30(4), 449-474.

of Parole Board members are psychologists and 11% are psychiatrists.¹⁴ We cannot over-emphasise that the logic of risk, which is so central to the IPP sentence, is also central to the practice of psychology in criminal justice settings.

Rehabilitation, another pillar of the IPP sentence, is also a pillar of forensic psychological practice. Although rehabilitation comprises many activities,¹⁵ the ascendance of offending behaviour programmes (cognitive-behavioural groupwork aimed at addressing psychological needs underpinning crime) in the late 1990s/early 2000s¹⁶ led to a situation where, for a time, completing them was seen as a necessary rehabilitative prerequisite for release of people serving an IPP sentence. Although it is now recognised that offending behaviour programme completion is neither necessary nor sufficient to secure release, it is still almost certain that people serving an IPP sentence will be expected to undergo some form of psychological intervention. In the last decade, 'intervention' has come to mean a broader push to get staff to work with prisoners in a psychologically informed manner. Psy logics have therefore begun to significantly permeate prison policy.

Institutions of punishment have always been a smorgasbord of ideas about the best ways to 'fix' people, with particular ideas ascending, falling out of fashion, and sometimes being rediscovered. The IPP sentence arose at a time when particular kinds of psychological knowledge dominated, and to an extent continue to do so. It was a time of optimism about the application of psychological knowledge to forensic settings. A great deal of effort had gone into the development of robust methods of statistically predicting reoffending¹⁷, and identifying which factors were significantly associated with its likelihood. In 1995, a risk assessment tool called the HCR-20 was launched,¹⁸ which combined the evidence-base on prediction with clinical decision-making about individuals. Similar tools followed in the ensuing two decades, and now form the bulk of the suite of tools used to assess people serving an IPP sentence. In parallel to these developments, a drive to establish 'what works' in reducing reoffending through careful evaluation resulted in considerable investment in offending behaviour programmes, which were designed based on the principles that the 'What Works' literature suggested were most effective¹⁹.

These developments contributed to a strong collective professional belief that an individualised approach to offending was entirely possible, and also preferable to the more pessimistic views

¹⁴ Parole Board (2021). *Annual report and accounts 2020/21*.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1029613/Parole_Board_Annual_Report_2020-21.pdf

¹⁵ McNeill, F. (2012). Four forms of 'offender' rehabilitation: Towards an interdisciplinary perspective. *Legal & Criminological Psychology*, 17(1), 18-36.

¹⁶ Hollin, C., & Palmer, E. (2006). *Offending behaviour programmes : Development, application, and controversies*. John Wiley & Sons Ltd..

¹⁷ Craig, L., Beech, A., & Cortoni, F. (2013). What works in assessing risk in sexual and violent offenders In L. Craig, L. Dixon & T. Gannon (Eds.), *What Works in Offender Rehabilitation* (pp. 94-114).

¹⁸ Douglas, K., Hart, S., Webster, C., & Belfrage, H. (2013). *HCR-20 V3: Assessing risk for violence - User guide*. Mental Health, Law and Policy Institute, Simon Fraser University.

¹⁹ Craig, L., Dixon, L., & Gannon, T. A. (2013). *What works in offender rehabilitation: an evidence-based approach to assessment and treatment*. John Wiley & Sons Ltd..

about rehabilitation that had dominated in the late 1970s and 1980s. This vision of possibility was backed by substantial investment from the New Labour government. The IPP sentence was ushered in following some high profile cases and the need to 'do something' with people at risk of committing serious further crimes. The psy disciplines supplied the evidence and practices for that 'something'. However, there are several points where the reality falls short of the vision. We now explain, from a psy perspective, the complexities and limitations of the four points we outlined earlier that legitimise the IPP sentence. We argue that these complexities and limitations mean the excessive dependence of the IPP sentence on them is not justified.

Correctly identifying a person's risk of reoffending

On this point, our core message to the Committee is that risk assessment and prediction is not the exact science that it is sometimes depicted as. We cannot, with certainty, correctly determine that someone will reoffend. What we can do is suggest, with tools that demonstrate around 70% predictive accuracy, whether a person shares characteristics with a large number of other people who went on to reoffend. One type of risk assessment is called actuarial or algorithmic assessment. It uses statistical data to identify characteristics associated with reoffending, and it considers how closely an individual matches a reoffending profile. Another form of risk assessment is structured professional judgement, which directs assessors to consider a set of factors associated with reoffending, and may draw upon psychological theories of behaviour, to create a psychological formulation of how somebody came to offend, forecast scenarios under which they may offend again, and suggest a set of actions to mitigate that risk. This set of practices is a useful way of structuring professional thinking. It organises the sea of information that one might use to attempt to predict the future, and anchors judgements in the best evidence available. But, as with any body of knowledge, there are limitations.

The most serious limitation is that even the best risk assessment 'tools' generally predict *reconviction* rather than reoffending. A vast amount of offending goes undetected.²⁰ What this means is that we understand a great deal more about what predicts reconviction rather than genuine reoffending. Risk assessment tools may therefore be prone to the same biases that influence convictions in the criminal justice system.²¹ Risk assessment tools also often include items that may be associated with poorer detection evasion, such as mental health problems and impulsivity. In other words; they predict who will get caught. A further problem is that predicting an individual's likelihood of a particular type of reoffending depends on having a large dataset with information about people who have committed that type of offending. If it is a rare type of offending (known as having a 'low base rate') it is difficult to derive with certainty any consistent patterns. A last problem is the choice of statistical method used to determine the amount of reoffending that a tool predicts. We will not dwell on the technicalities but essentially the problem

²⁰ To give one example, a great many rapes go unreported to the police. Only 6% of reported rapes result in conviction. If the scores derived from our best risk assessment tool have an 0.7 correlation with reconviction (generally around the best correlation we achieve), that means they are picking up around 49% of convicted rapes.

²¹ Woldgabreal, Y., Day, A., & Tamatea, A. (2020). Do risk assessments play a role in the enduring 'color line'? *Advancing Corrections (10)*, 18-28.

is that there is a risk of any tool having too many *false positives* (predicting reoffending in people who don't) or *false negatives* (predicting no reoffending in people who do).

The fact that risk assessment is not a perfect science (or even a perfected art) does not mean that it is without use in criminal justice, but it does mean that it should be used judiciously. A serious problem with the IPP sentence is that it places excessive weight on risk assessment outcomes, with high stakes consequences. For a person serving an IPP sentence, risk assessments are used to determine what resources they may access, whether they may progress to lower security conditions, whether they may be released, and how they may be managed in the community. A false positive risk assessment results in an unwarranted denial of liberty. A false negative results in further offending. Both of these are troubling, but given the high stakes and pressure on professionals, the former is probably more common. We are concerned that the parliamentary statements in support of the continued detention of people serving the IPP sentence are based on the statement that they pose an ongoing risk, as if this conclusion is uncomplicatedly true. It is not.

Correctly identifying causal factors in reoffending

A further set of problems with risk assessment is difficulty in determining causality. A statistical relationship between a risk factor and offending is correlational rather than causal. Even if a risk factor precedes offending we cannot *really* say it caused offending without artificially controlling for everything else. Causality is instead supplied by psychological theories of offending. Ideally, any risk assessment should robustly set out evidence-informed arguments for any relationship between risk factors and offending, but what is in danger of being supplied is a list of risk *markers* - things that may be statistically associated with reoffending but whose mere presence in a person's life does not mean it *causes* their offending. Causal reasoning can also be fraught with cognitive biases in processing large amounts of complex information²², and is subject to the constantly developing evidence base. A particular complication with the IPP sentence is that factors that are statistically associated with reoffending (e.g. substance misuse, certain kinds of mental health problems, some personality disorders, rule breaking and non-compliance, aggression, hostile attitudes towards authority) may not necessarily be causal factors for reoffending, but responses to the impact of the sentence itself.

Effectively intervening to address causal factors in reoffending

There is a solid body of evidence that identifies best practice principles for reducing reoffending²³, but there are several problems that have dogged the implementation of these practices. Evidence suggests that a crucial factor (more so than the content of any intervention) is positive therapeutic

²² Dror, I., & Murrie, D. (2018). A hierarchy of expert performance applied to forensic psychological assessments. *Psychology, Public Policy and Law*, 24(1), 11-23.

²³ Op. cit. Craig et al. (2013).

relationships.²⁴ Developing positive therapeutic relationships based on trust, warmth, empathy, respect, secure attachment and boundaries is inherently difficult in prison settings, where security matters often take precedence. Another problem is the issue of scale. In the 1990s, offending behaviour programmes were the flagship development of prison and probation services. Informed by evidence, run by highly skilled staff, closely evaluated, and at a small enough scale to allow fluid feedback between the field and the centre, these programmes demonstrated a positive impact on reoffending. Following the huge national upscaling, programmes have performed much less well in recent years. The two most recent evaluations of programmes developed by HMPPS - the Sex Offender Treatment Programme and RESOLVE - showed little-to-no effect on reoffending.^{25,26}

There are a number of reasons why this might be. One is an excessive focus on intervening with psychological factors associated with reoffending, at the expense of social factors, which have worsened in recent years under the impact of austerity. Teaching someone self-control is going to be of little use if they are released homeless and without practical support. Another is that evaluations have paid increasingly less attention to the conditions in which programmes are implemented, and how people completing programmes actually feel about them. It is likely that delivery at scale has changed both these things. The more recent flagship interventions that have been held up as useful for people serving an IPP sentence - PIPEs and Progression Regimes - have yet to be evaluated for their impact on reoffending as far as we are aware.

Again, the IPP sentence introduces complications to the practice of intervening with factors that underlie offending. As far as we are aware there are no published evaluations specifically examining the impact of interventions on reoffending in people serving an IPP sentence. We think there are good reasons why interventions may not work as effectively with them. First and foremost - they say so. The pressure to complete programmes, and demonstrate that they have benefitted from them, turns interventions into something more akin to an exam or job interview, where people serving an IPP sentence are perpetually concerned with their performance. This shifts the process from one of therapeutic change and growth, to one of satisfying a set of criteria²⁷. That is not to say that people serving an IPP sentence do not engage genuinely with interventions - they do. But they do so with additional goals in mind which act as a distraction from the 'real work' of change, are presented with constant decisions about the risks of honesty, and a small setback (generally to be expected in the process of change) can turn into a spiral of anxiety about their progress from which it is hard to recover.

²⁴ Norcross, J. C. (2002). Empirically supported therapy relationships. In J. C. Norcross (Ed.), *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients*. (pp. 3-16). Oxford University Press.

²⁵ SOTP evaluation:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/623876/sotp-report-web-.pdf

²⁶ Resolve evaluation:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/957855/RESOLVE_report.pdf

²⁷ Warr, J. (2019). 'Always gotta be two mans': Lifers, risk, rehabilitation, and narrative labour. *Punishment & Society*, 22(1), 28-47.

Measuring and monitoring changes in level of risk over time

There is little point measuring risk only once. People, and their circumstances, change both in short-term fluctuations and long-term developments. There are a number of problems with sensitively measuring these changes. One is that risk is not a naturally occurring phenomena for which a definite marker can be identified and observed, like blood pressure or oxygen levels. Because crime is a social phenomena, so risk is also social, and dependent on a great deal of interpretation of a person's social presentation, their mental state, their behaviour, and their goals and intentions. These are all the sorts of judgement calls that professionals make when evaluating the extent to which someone has reduced or is managing their risk, and getting them right depends a great deal on knowing the person well. The trouble is that many features of the system create barriers to such knowledge. High caseloads, high demand for assessments, and power to direct what happens to a person are all factors which can easily foster low levels of trust and quick thinking, rather than building relationships and reflective deliberation.

Another problem is time; more specifically the distance in time between the offence and the present day. People may display risk factors that are more deeply rooted in their current circumstances than in their offending. This issue is particularly salient for people serving an IPP sentence, who have become overwhelmed by the distress of their sentence over time. Many develop mental health problems as a consequence of indefinite imprisonment, and go on to develop coping strategies like self-harm, drug use and aggression. Under many circumstances these can all be signs of risk, but with people serving the IPP sentence it can be hard to tell whether these are truly indicative of their likelihood of reoffending, or just a response to their current predicament.

The excessive reliance of the IPP sentence on psy knowledge and practices

In the preceding section, we have set out the well-known complexities and limitations of the tenets upon which the IPP sentence rests: identifying likelihood of reoffending; identifying and intervening with causal factors; and measuring changes in risk over time. Any body of knowledge has limitations, and it is the job of professionals to know them, and work to reduce them. However, when it comes to predicting and controlling the future, there is naturally going to be a glass ceiling. The core problem of the IPP sentence is that it operates as if this glass ceiling does not exist. It is a utopian vision of risk management, which acts as if risk is a concrete object that can be precisely chiseled into whatever shape the system thinks it needs to be. That is not how people work.

Within the usual social contract of punishment, people are subjected to a painful and imperfect system for a limited amount of time. There are legal safeguards in place to regulate the infliction of pain and the operation of systems. If for some reason these all fail, and punishment ends up being excessively damaging or ineffective, the ultimate safeguard of finiteness still remains. People know that they must serve a sentence of a particular length and will be released at a particular date, and that no matter how bad things get, they have an exit. People serving the IPP

sentence do not have this ultimate safeguard. If the systems and logics governing their sentence are in any way imperfect or misapplied (as they inevitably are), they must suffer the consequences. The trade-off of the IPP sentence was to reduce just-deserts punishment (tariffs were half the length of the equivalent determinate sentence) in return for enhanced rehabilitative and public protection mechanisms. We are saying that our professional methods, while reflecting the best evidence and practices available, were not appropriate to be deployed within the context of indefinite detention. They cannot act as a justification for indefinite deprivation of liberty except under the most serious of circumstances.

Problems with implementing psychological practices with people serving an IPP sentence

This section sets out the basis for our second contention of this submission: that the nature of the IPP sentence distorts the application of the psy practices upon which the success of the sentence rests. In the preceding section we set out some of the general limitations of psy practices used in criminal justice. Here, we set out more explicitly how the IPP sentence actually *stops* psy practices from working at their best, which is deeply concerning given (as we have already established) that the IPP sentence relies excessively on those practices working as intended. We argue that the IPP sentence distorts the application of psychological practices through its creation of three psychological experiences: injustice; anxiety and hopelessness.

Injustice, mistrust, and alienation from the system

The gross disproportionality between crime and punishment that many people serving an IPP sentence have come to experience creates strong feelings of injustice, mistrust, and alienation from criminal justice authorities. This particularly includes psychologists, who are seen by people serving an IPP sentence as key arbiters of this disproportionality, because their judgements feed through to decisions about progress or continued detention. These strong feelings of injustice exert several distorting effects on psychological practices. One is a treatment-interfering effect. In our experience, many of us often find ourselves devoting a great deal of therapeutic time and resource to people's feelings about the sentence. They do not feel that coerced rehabilitative engagement is fair, and if they are post-tariff and have completed previous interventions, they are cynical and mistrustful of any interventions thereafter. Dealing with these issues gets in the way of work to address their core offence-related problems. We are not at all surprised by these reactions from people serving an IPP sentence. People generally engage more positively with authorities when they feel they are treated fairly²⁸, and the IPP sentence departs from most people's notions of fair punishment.

A further problem can be that, without adequate appreciation of the psychological impact of the sentence, cynical attitudes and assertions of unfair sentencing can be interpreted as being 'resistant' or 'unresponsive' to treatment, and failing to develop necessary insight into offending.

²⁸ Tyler, T. R. (2006). *Why people obey the law*. Princeton University Press.

These are all factors which may be flagged as indicators of continued risk, trapping people in a vicious cycle that reinforces their feelings of injustice. It takes tremendous psychological effort to engage in a therapeutic intervention that feels coerced, vulnerable and unfair. Many people serving an IPP sentence do manage to do this, but it is difficult, and we are conscious that our practices would work better if such barriers did not have to be overcome first. While we do also encounter similar problems with people serving other types of sentence (accepting one's sentence is part of accepting one's crime: often a shame and guilt-filled process), we are in no doubt that it is much worse in people serving an IPP sentence, and that their feelings of injustice are not just rooted in offence-related shame and guilt, but in a genuine political failure. Moreover, the problem is only getting worse with time, as people serving an IPP sentence are now generally aware that they are serving an abolished sentence, which makes accepting their 'fate' even less justified in their eyes. In fact, we are struck by the similarity between the pattern of feelings and behaviour in people serving an IPP sentence, and those documented in people who have been wrongfully convicted.²⁹ We contend that it is vital for any solution to the IPP sentence to be seen as restoring some measure of justice, fairness and proportionality.

Uncertainty and anxiety

Uncertainty is a well-researched concept in psychological literature, and is characterised as the experience of unpredictable conditions, with a lack of available and consistent information, which causes individuals to lose faith in their own and public knowledge³⁰. The experience of uncertainty may give rise to further difficulties, such as feelings of threat, avoidance, anxiety and shame.³¹ The lack of a definite release date, and release being contingent upon judgements about progress, creates a state of perpetual anxiety in people serving an IPP sentence. This anxiety has a sabotaging effect on psychological practices. It introduces a strong performative element into treatment. Instead of being a safe place to show vulnerability and engage in the inevitably difficult and non-linear process of change, treatment can become more akin to exam preparation. People serving an IPP sentence are anxious to know what is expected of them, and what they need to do to demonstrate change. This creates both an instinct to 'perform change' and extreme anxiety about whether they are doing so successfully. This is not how therapeutic treatment is supposed to work. A small mistake or setback can throw people serving an IPP sentence into a spiral of anxiety that this is now 'it', and sufficient to earn them several extra years of incarceration. This can lead to self-sabotaging behaviour. Convincing people that it is worth carrying on and attempting to overcome a setback is very difficult, and to a degree disingenuous on our part because we cannot know with certainty whether a Parole Board will indeed judge a setback as indicative of too high a risk for release.

Anxiety and performativeness impact still more acutely on risk assessment. If treatment is the preparation, assessment is the exam. The extreme power imbalance between assessor and

²⁹ Op. cit. Grounds (2005).

³⁰ Brashers, D. (2001). Communication and uncertainty management. *Journal of Communication*, 51, 477–497.

³¹ Gilbert, P. (2009). Introducing compassion-focused therapy. *Advances in Psychiatric Treatment*, 15(3), 199–208.

assessee is acutely felt on both sides.³² Going back to our earlier point about good risk assessment being contingent on knowing a person well, achieving such a degree of trust is almost impossible within such a power dynamic. Furthermore, efforts to build trust can backfire in such a way that has damaging consequences in the long-term. For example, if a psychologist uses good clinical interviewing skills and has a warm, empathic interpersonal style, people might be inclined to disclose problems related to risk (such as difficulty abstaining from drugs in custody) that would otherwise have gone undetected. If such disclosures are later met with an overly punitive response, that person learns not to trust psychologists with their problems in future, and develops greater difficulty in forming trusting professional relationships; something which may also further jeopardise their chances of release.

Under such intolerable psychological double-binds, it is not surprising that people serving an IPP sentence resort to a range of coping mechanisms to deal with the extreme anxiety and uncertainty produced by the sentence (e.g. drug use, self-harm and social withdrawal). Uncertainty has been shown to be associated with an increased risk of suicidal behaviours and a variety of mental disorders.³³ The problem is that such behaviours can also act to either exclude them from treatment (because they are deemed not yet stable or ready) or to increase their perceived risk (because those same factors can also be indicators of risk for future offending).

In summary, the anxiety of indefinite detention *changes* the fundamental nature of psychological treatment. Designed to be a freely entered process that provides a safe environment for honesty, vulnerability and change, supported by trusting relationships, interventions are fatally undermined and distorted by indeterminacy. Some interventions, with a great deal of struggle against the inherent nature of the sentence, manage to produce something like the conditions we just described, and they are a great credit to the psy professions. But indefinite detention produces an extra barrier to such achievements, and they are achieved in spite of the IPP sentence, not because of it.

Hopelessness and despair

Hope involves a person's appraisal of their capabilities in attaining their goals.³⁴ It contributes to positive psychological and physical outcomes, quality of life³⁵ and desistance from offending.³⁶ Conversely, hopelessness has been shown to be associated with poorer physical and

³² Shingler, J., Sonnenberg, S., & Needs, A. (2018). Risk assessment interviews - exploring the perspectives of psychologists and indeterminate sentenced prisoners. *International Journal of Offender Therapy & Comparative Criminology*, 62(10), 3201-3224.

³³ Eliason, M. & Storrie, D. (2009). Does job loss shorten life? *Journal of Human Resources*, 44(2), 277-302.

³⁴ Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., Yoshinobu, L., Gibb, J., Langelle, C., & Harney, P. (1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology*, 60(4), 570-585.

³⁵ Scioli, A., Scioli-Salter, E., Sykes, K., Anderson, C., & Fedele, M. (2016). The positive contributions of hope to maintaining and restoring health: An integrative, mixed-method approach. *Journal of Positive Psychology*, 11(2), 135-148.

³⁶ Farrall, S., Hunter, B., Sharpe, G., Calverley, A. (2014). *Criminal careers in transition: The social context of desistance from crime*. Oxford University Press.

psychological outcomes. The strong link between hopelessness and suicide is well established, and indeed hopelessness is one of the key risk factors for suicidality.³⁷

People serving an IPP sentence who have faced repeated Parole refusals and are significantly beyond their tariff date often enter a phase of hopelessness and despair. This can lead to complete withdrawal from rehabilitative work and from sentence management authorities. This is a natural human reaction to repeated failure and uncertainty, known as learned helplessness, but it precludes people from demonstrating the necessary involvement in rehabilitative activities and risk reduction that is required for release. It is probable that, for people at the most extreme end of the IPP sentence (under-two year tariffs and 10+ years post-tariff), it is simply too late to expect them to 'play the game' in the way that is expected. For whatever reason - perhaps learning disability or neurodiversity, personality traits, traumatic experiences (either in childhood or the sentence itself), mental health, aging, prison not being able to offer an intervention that they respond to, or simply being in prison too long - the sentence has failed for them. It will not be possible to restore their hope and faith in the system without substantially changing the rules.

Some of the important features of psychological treatment also require a good degree of motivation to set future goals and make plans. This is fatally undermined by the structure of the IPP sentence. We have frequently seen people enthusiastically making plans for the future, only to see it fall apart through Parole refusals, Parole delays, or changes to the availability of community services. Subsequently, they are much more reluctant to engage in any kind of future-focused thinking. Again, this is a coherent self-protective reaction to anticipated disappointment. However, as many therapeutic interventions rely on fostering feelings of hope, with a lot of focus on goal setting and planning, they become more and more difficult for people serving an IPP sentence to engage with. This again creates performative efforts to satisfy what they think they *ought* to be saying about their future, rather than any belief that it will come to pass.

The psychological harms of the IPP sentence

This section sets out the basis of our third contention for this submission: that the IPP sentence causes serious psychological harm, and that some of that harm is enhanced by the co-option of psychological knowledge and practices.

Mental and emotional deterioration

To our knowledge, there has never been a large-scale study of the prevalence of mental health conditions in people serving an IPP sentence using clinical diagnostic methods. Three

³⁷ O'Connor, R., & Sheehy, N. (2001). State of the art: Suicidal behaviour. *The Psychologist*, 14, 20-24.

studies^{38,39,40} that explicitly investigated mental health in people serving an IPP sentence using administrative and self-report data found a higher rate of current psychological distress and pre-existing psychiatric problems in people serving an IPP sentence than determinately sentenced prisoners. However, the use of administrative data (which is not captured by trained mental health professionals) and a failure to describe exactly how some variables were measured means that these outcomes must be interpreted with some caution. They are also more indicative of the state of affairs in the early days of the sentence. We cannot conclude with certainty how many people serving an IPP sentence arrived in prison with mental health problems that preceded their offence, but our clinical experience suggests that a significant minority did so.

What we conclude with more confidence is that poor mental health is a pervasive part of the experience of the IPP sentence. More recent studies find that people serving an IPP sentence consistently describe mental and emotional deterioration caused by the sentence, including feelings of depression and hopelessness, feeling very anxious, symptoms of paranoia and psychosis, suicidal urges, and feeling fundamentally 'changed' for the worse. We have also seen symptoms consistent with post-traumatic stress described in the literature⁴¹, and in first-hand accounts.⁴² There are some features of the sentence that strongly suggest that it causes deterioration in people's mental health. Living under a state of uncertainty about one's liberty and safety will cause people's mental state to deteriorate over time. Being offered a hope of escape from an aversive situation and then having that hope withdrawn can also enhance suffering. This uncertainty is built into the architecture of the IPP sentence, such that maximal efforts by the Prison Service to offer safety and certainty will only mitigate the effects of the sentence to a certain degree. While it is possible to help people serving an IPP sentence to understand and achieve what is expected of them, those expectations are subjective enough for people to be reasonably concerned about how the 'goal posts' will change depending on which professionals have input into their case at any given time. It is also apparent from a range of sources that the mental health of IPP prisoners tends to worsen as they become further post-tariff.⁴³ It is deeply concerning that the words frequently described by people serving the IPP sentences invoke images of death and torture⁴⁴, and that the psychological consequences of torture (for example, paranoid anxieties, mood disturbances, suicidal thinking) parallel some of the reported symptoms of people serving the IPP sentence. While it is undoubtedly not the aim of the sentence to induce such experiences, it does appear to produce high levels of psychological distress and deterioration.

³⁸ Sainsbury Centre for Mental Health. (2008). *In the dark: The mental health implications of Imprisonment for Public Protection*. https://www.centreformentalhealth.org.uk/sites/default/files/in_the_dark.pdf

³⁹ HM Chief Inspector of Prisons & HM Chief Inspector of Probation. (2008). *The indeterminate sentence for public protection: A thematic review*. https://www.justiceinspectorates.gov.uk/probation/wp-content/uploads/sites/5/2014/03/hmip_ipp_thematic-rps.pdf

⁴⁰ HM Chief Inspector of Prisons & HM Chief Inspector of Probation. (2010). *Indeterminate sentences for public protection: A joint inspection by HMI Probation and HMI Prisons*. https://www.justiceinspectorates.gov.uk/probation/wp-content/uploads/sites/5/2014/03/IPP_report_final_2-rps.pdf

⁴¹ Edgar, K., Harris, M. and Webster, R. (2020). *No life, no freedom, no future: The experiences of prisoners recalled under the sentence of Imprisonment for Public Protection*. Prison Reform Trust.

⁴² UNGRIPP. (2021). Submission to the Justice Select Committee IPP Inquiry.

⁴³ For a review of such sources see <https://committees.parliament.uk/writtenevidence/36522/pdf/>. This is also consistent with our clinical experience.

⁴⁴ Op. cit. UNGRIPP. (2021).

Self-harm and self-inflicted deaths

The rate of self-harm in people serving an IPP sentence is around double that of people serving a life sentence, and almost double that of people serving a determinate sentence⁴⁵. Self-harm is a common response to overwhelming feelings of anxiety, hopelessness, helplessness and emotional pain. It is used to manage intense feelings. Sometimes, self-harm is a response that people have developed early in life, as a coping strategy for early difficult or traumatic experiences. In our experience, people serving an IPP sentence have often suffered such experiences, but so have people serving other sentences. The disparity in the self-harm rate for people serving an IPP sentence compared to other sentence groups suggests that self-harm is in many cases a response to the psychological harms induced by the sentence. We are also aware of many cases where there is no documented history of self-harm prior to imprisonment.

From a statistical perspective, the number of self-inflicted deaths by people serving an IPP sentence is too small to say with certainty whether the rate is higher than in other sentence groups. In human terms the number, which currently stands at 70, is, of course, too many. We note the accounts in the literature and in first-hand accounts from people serving the IPP sentence, that suicidal urges are commonly reported, and have been particularly highlighted in people recalled to prison.⁴⁶ We have also witnessed these urges first-hand, and a number of us are deeply sobered by the self-inflicted deaths of people serving an IPP sentence who we have worked with. We have noticed that such urges appear prompted by the hopelessness of the sentence, particularly at points of acute pressure or disappointment, such as Parole delays, Parole refusals and recall to prison.

Harm to families

There is clear evidence in the literature that prison harms families, and that the IPP sentence harms families in particular ways. Under 'ordinary' prison circumstances, harm can occur through separation, the financial burden of travel and/or removal of an earner from the family home, the abrupt reorganisation of caregiving responsibilities, stigma from the local community, and 'prisonisation' of family members.^{47,48} The families of people serving IPP sentences suffer additional and more complex versions of these harms. Separation from their family member is indefinite, which can trigger processes of ambiguous loss (grieving for the person while they are still alive). Families take on not only financial but substantial legal burdens in progressing their loved one's case. Stigma can be particularly acute for families of people a long way past a short-tariff, because communities assume that they are hiding the true nature of their loved one's offence. 'Prisonisation' occurs via the reach of the IPP sentence into family life, and even beyond the prison, where entire families describe themselves as living in fear of recall.

⁴⁵ Op. cit. Ministry of Justice. (2021).

⁴⁶ Op. cit. Edgar et al. (2020).

⁴⁷ Lanskey, C., Losel, F., Markson, L., & Souza, K. (2018). Prisoners' families, penal power, and the referred pains of imprisonment. In R. Condry & P. Scharff-Smith (Eds.), *Prisons, punishment and the family: Towards a new sociology of punishment?* (pp. 181-195). Oxford University Press.

⁴⁸ Condry, R., & Minson, S. (2021). Conceptualizing the effects of imprisonment on families: Collateral consequences, secondary punishment, or symbiotic harms? *Theoretical Criminology* 25(4), 540-558.

Harm to the public

The majority of the practices that are experienced as harmful by people serving the IPP sentence and their families are rationalised for the purpose of public protection. While public protection measures are an important part of any legal system, the particularly heavy weight that is given towards public protection, relative to other sentencing goals, may actually be undermining, rather than enhancing, the IPP sentence's ability to protect the public. This is because the 'background noise' created by the harmful experiences of the sentence (coping behaviours that present as risk factors) makes it more difficult to a) distinguish the sub-group within the IPP population who are serious offenders that genuinely pose an ongoing risk, and b) reduces the resources available to intervene with that sub-group, because such resources end up being distributed across the wider IPP population. The damage caused by the sentence also risks *creating* higher risk, by creating a generation of individuals imprisoned excessively and disproportionately throughout their youth, who will not only struggle to 'catch up' with the desistance-related milestones achieved by their peers (building a career, stable relationship, pro-social friends etc.),⁴⁹ but are likely to feel entirely disenfranchised from the system that has, in their eyes, excessively damaged them.

Coercion

One of the key mechanisms that has the potential to cause harm in the IPP sentence is the way in which it coerces people into cooperating with any process that they believe gives them a greater chance of gaining their freedom. Psychologists are ethically bound not to exert 'psychological pressure' on detained persons.⁵⁰ The IPP sentence risks the exertion of psychological pressure because people serving the sentence are generally expected to engage in risk-reducing interventions in order to be released. Assessments and interventions should always be presented as a voluntary choice, with the consequences of each option discussed with the person. In fact, this approach is formalised in many settings housing people serving an IPP sentence, and is known as the 'strategy of choices'.⁵¹ However, in the context of the IPP sentence it is difficult for people to see their choice as anything other than stark: engagement or no freedom. While such a choice may not be so problematic when 'engagement' involves, for example, abiding by basic rules of prison life, 'engagement' in psychological practices means a very in-depth and intimate exploration of oneself, past, relationships, feelings and so on. This is a big and difficult step to take, and is why consenting freely and without coercion is such an important ethical cornerstone of psychological practices. We are concerned about the near impossibility of avoiding coercive practices in the context of the IPP sentence. We find that people who have a definite release date

⁴⁹ Kazemian, L. & Farrington, D.P. (2021). Desistance from Crime. In Crighton, D.A. & Towl, G.J. (Eds.) *Forensic Psychology* (3rd ed., pp. 330-345). John Wiley & Sons Ltd.

⁵⁰ The British Psychological Society. (2017). *Practice Guidelines. Third edition.* <https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/BPS%20Practice%20Guidelines%20%28Third%20Edition%29.pdf>

⁵¹ Bush, J., Harris, D. & Parker, R. (2016). *Cognitive self change: how offenders experience the world and what we can do about it.* Wiley-Blackwell.

feel less pressure to engage with us, and consequently, when they do decide to freely engage, they are in a better place mentally to work on reducing their risk.

The misuse of psy practices in the context of the IPP sentence

In the first section of this submission, we contended that the IPP sentence is a psy sentence, heavily dependent on psychological knowledge and practices in order to operate as it is intended. We then set out the main complexities and limitations of the psychological knowledge and practices that underlie the IPP sentence, and suggested that the excessive dependency of the sentence on them is not justified. In the second section, we contended that the nature of the IPP sentence actively distorts psy practices, preventing them from being used in the way they were designed to be. In this section we contend that the excessive reliance on, and distortion of, psy practices in the IPP sentence risks causing harm. This is not a contention that individual practitioners are being harmful. On the contrary, we know that practitioners struggle to act as ethically as possible under the very difficult circumstances of the sentence. Rather, we are saying that the *sentence* forcibly reshapes psychological practices into something that they are not intended for. It does this in the following ways:

- Creates an extreme and unjustified power disparity between psy professionals and people serving the IPP sentence.
- Coerces people to engage in psychological practices more intimately than they may wish to do if they were serving a determinate sentence.
- Uses judgements made by psy professionals for high-stakes decisions about a person's progress.

To an extent, these are features of any indeterminate sentence, and practitioners are accustomed to working hard to mitigate them. The reason that it is of particular concern with the IPP sentence is that, in many cases, people have not committed offences that are serious enough to reasonably warrant such intervention in their lives that is not of their choice. The exact line between 'reasonable' and 'unreasonable' is not at all clear, but in our experience people who have committed more serious offences eventually arrive at some kind of recognition (or at least, resignation) that they need to work on their problems. Conversely, many people serving an IPP sentence (particularly those serving shorter tariffs) feel incorrectly labelled as 'dangerous' people in need of heavy duty intervention. One of us observed that, when working in high secure services, people serving an IPP sentence were *"often much harder to treat because their offences were relatively minor compared to the majority of the men in our service."*

Another potential area for harm/misuse of psy practices is the risk of depicting people serving an IPP sentence as overly pathologised. An example is the statement in the Ministry of Justice's submission to the inquiry that *"96% of those serving IPPs, including recalled IPP prisoners, are screened onto the Offender Personality Disorder pathway due to the level of risk and personality traits or difficulties that mean they may need additional consideration from a sentence planning perspective."* The lack of contextual information accompanying this statement risks suggesting that the majority of people serving the IPP sentence in prison have a personality disorder, when

that is not necessarily the case. Passing the screening stage should merely trigger a *consideration* of the presence of personality disorder, after a careful weighing up of different factors and considering different explanations of a person's presenting issues. There are technical reasons why people serving an IPP sentence may be likely to screen onto the pathway. One is that simply *having* an IPP sentence is sufficient to pass the first screening stage. Another is that someone could pass the second screening stage if they display two (or more) of the features that we have indicated can be coping strategies for the sentence (mental health difficulties; self-harm/suicide attempts; challenging behaviour).⁵² Such features can indeed be associated with personality difficulties, but in the context of the IPP sentence they may have other explanations. It is precisely this kind of complex entanglement between psychological knowledge and indefinite detention that means great care must be taken to avoid harm.

In summary, the nature of the IPP sentence creates conditions for psy practices to do harm in ways that are much less likely on an equivalent determinate sentence. There is no reasonable alternative but to engage, and to accept psychological interpretations and judgements. Good practices will of course include a person's own insight into and interpretation of their behaviour, but in the case of disagreements, the power is more heavily weighted towards the psy professional. Psychological practices were not developed for use within the conditions of the IPP sentence, and to many of us, it is antithetical to our professional principles to do so.

The advantages, disadvantages and psychological implications of different solutions to the IPP sentence

Having set out our core contentions about psychological practices and the IPP sentence, we now turn to the different solutions to the sentence that have been suggested, and consider their implications from a psychological perspective.⁵³

Variants of retrospective abolition

This section considers solutions that would either abolish people's sentences altogether or convert them into something else.

Executive release and end the sentence (for all or some)

This solution would arguably go the furthest in addressing the strong sense of injustice experienced by people serving the IPP sentence. It might be the only solution that effectively

⁵² For the full screening process, see Appendix A of the second edition of the Ministry of Justice guidance on working with people with personality disorder or difficulty: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/10/work-offndrs-personlty-disorder-oct15.pdf>

⁵³ For a more in-depth legal analysis, see: Annison, H. (2018). Tracing the Gordian Knot: Indeterminate-Sentenced Prisoners and the Pathologies of English Penal Politics. *Political Quarterly*, 89(2), 197-205. <https://doi.org/10.1111/1467-923x.12462>

addresses the withdrawal and non-engagement of people on short tariffs who are many years beyond their tariff, and could feasibly be reserved for use only with this group (for example the 200 people who have tariffs of under two years but are ten or more years beyond their tariff, having never been released).⁵⁴ However, this solution risks a major failure if badly implemented. Releasing a large number of people suddenly, without adequate warning or preparation, risks overwhelming both them and community services, and could lead to reconviction for survival-related offences. Any solution needs to ensure that people serving an IPP sentence have a holistic and well-resourced system of post-release support, not only to manage their risk, but to aid them in recovering from the sentence and resettling successfully. To assist in implementation and to avoid overwhelm, executive release for any sub-group could be preceded by a defined preparation period in prison, before release.

There are a number of psychological implications that may follow from an improved sense of fairness and justice. Generally, people are more likely to comply when they think that sanctions are fair.⁵⁵ However, it is possible that many people would see any solution as too little, too late. The literature on release after wrongful imprisonment suggests that a period of coming to terms with what happened, and psychological recovery, is needed.⁵⁶ The age of people serving the IPP sentence should also be taken into account. The many who were imprisoned as children and young adults are now in their mid-30s⁵⁷ and have missed key milestones toward adulthood. They will need considerable support in social readjustment, but consideration needs to be given to who is best placed to provide that support. Given that the psy professions (and probation) are seen by people serving the IPP sentence as having a significant role in their continued detention, it is important to acknowledge that their collective trust in those professions may be too low for them to provide the best support. An alternative model of recovery and risk management may need to be considered. One option is something community-led, similar to Circles of Support and Accountability, but specifically for people serving an IPP sentence.

Sunset clause: release people once they have served the maximum period currently allowable in law for their offence

This solution would bring people serving an IPP sentence in line with current sentencing provision, albeit at the more severe end. Such a solution might result in a more limited restoration of a sense of justice, as well as providing the certainty of a definite release date for many, which would go far in tackling the problems of acute anxiety and uncertainty in people serving an IPP sentence, and would be likely to promote re-engagement for some. It is more difficult to see how this solution would work for those who have committed offences where the maximum sentence is life, but whose actual actions will vary greatly in severity (particularly with offences like robbery). A potential advantage of this option over executive release is that it would tackle the very real problem of a minority of people serving the IPP sentence who have committed offences that would

⁵⁴ Table 1.9b in the "Prison Population" (30 September 2021) spreadsheet of Offender Management Statistics Quarterly. <https://www.gov.uk/government/statistics/offender-management-statistics-quarterly-april-to-june-2021>

⁵⁵ Op. cit. Tyler. (2006).

⁵⁶ Op. cit. Grounds. (2005).

⁵⁷ Sentencing data is incomplete, but indicates that at least

in all likelihood have attracted a life sentence under other circumstances (John Worboys is one such example), and those who continue to pose a very serious risk. Distinguishing this minority may require judicial oversight, rather than a conversion exercise based on the principles of the sunset clause. Another advantage of this option is that it may avoid a flood of sudden releases (although a forecasting exercise would be needed to confirm this). Our comments under the previous section about the need for post-release support also apply here.

Resentence everyone to a determinate sentence that reflects their index offence (or a life sentence if the offence warrants it). Release those who have served their time

This solution would most directly restore the relationship between crime and punishment. The severing of this relationship is the most acute source of distress for people serving an IPP sentence, and this solution would effectively 'put right' the part of the sentence that has gone most wrong. It would restore a sense of justice and fairness (increasing the chances of compliance), in all but the most serious of cases it would give the certainty of a release date (therefore reducing anxiety and increasing the chance of re-engagement), and it would restore hope (which would promote better therapeutic engagement). The main difficulty with this solution is the judicial burden that resentencing may involve. One solution might be a sentence conversion exercise rather than a resentencing exercise. People were given an indicative 'determinate' sentence in the form of their tariff, which was calculated to be half the equivalent determinate sentence. A sufficient solution for many might be to convert their sentence based on their tariff length (e.g. 2 or 2.5 x their tariff length). To maintain public protection measures that many are likely to also need, sentences could work in the style of the Extended Determinate Sentence (EDS), with a defined period of licence after the calculated custodial term. For those who have already served the length of time in custody arrived at by such a conversion exercise, they could be released to a defined licence period. In our view, this solution might have higher legitimacy both for the psychological reasons we outlined above, and because it is the sentence that many people serving an IPP sentence would attract if they were sentenced for their crime today. If an EDS-style sentence is considered appropriate for managing the IPPs of 'today', it ought to be equally appropriate for the IPPs of 'yesterday'.

Variants that maintain the sentence but change the way it works

Reverse the test for release

Additional note: A variant of this has been tabled as an amendment to the Police, Crime and Sentencing Bill:

"Once a prisoner serving a sentence of imprisonment for public protection has served a period of detention—

- (a) in excess of the maximum determinate sentence provided by law for the offence or offences for which they were convicted, or*
- (b) 10 years or more beyond the tariff term of their sentence,*

the Secretary of State must by order pursuant to section 128 of the Legal Aid, Sentencing and Punishment of Offenders Act 2012 direct that, following the prisoner's referral to the Parole Board, they will be released unless the Board is satisfied by the detaining authority that it remains necessary and proportionate for the protection of the public from serious harm that they should continue to be confined."

This solution has the potential to reduce the problems faced by people serving the IPP sentence (and who are vastly beyond their tariff date) of 'proving' that they no longer pose a risk of harm in the community (something that is inherently difficult to do while still in custody). It places a higher burden of proof on the state, to demonstrate that the person poses a continued risk. In principle we think it would be a positive move to relieve some prisoners of the need to demonstrate that they are not a risk, particularly those who struggle to cope with prison, and to heighten the legal standard that justifies indefinite detention. In practice, considerable efforts should be devoted to training expert witnesses to properly implement such a change. A concern is that leaving the indeterminate nature of the sentence untouched may be viewed cynically (with some reason) by prisoners, as something that will do little to change their situation.

Keep the sentence, but reduce the period that people must wait before they can apply to have it terminated (currently 10 years)

Additional note: A variant of this has been tabled as an amendment to the Police, Crime and Sentencing Bill:

(1) Section 31A of the Crime (Sentences) Act 1997 is amended as follows.

(2) For subsections (3) and (4) substitute—

"(3) Where the prisoner has been released on licence under this Chapter— (a) upon the expiry of the qualifying period, or

(b) within the period of 12 months beginning with the day on which

the Parole Board has dismissed a previous referral under this subsection in relation to the prisoner,

the Secretary of State shall refer the prisoner's case to the Parole Board for consideration under subsection (4).

(4) Where a referral is made under subsection (3), the Parole Board—

(a) must, if it is satisfied that it is no longer necessary for the protection of the public that the licence should remain in force, direct the Secretary of State to make an order that the licence is to

cease to have effect;

(b) must otherwise dismiss the referral.”

(3) After subsection (4) insert—

“(4A) When considering a referral under subsection (3), the Board must consider any previous referral and any information that—

(a) the Secretary of State, or (b) the prisoner,

wishes to place before the Board.”

After Clause 116 - continued (4) In subsection (5), for “ten” substitute “five”.”

This solution predominantly addresses the problems faced by people serving an IPP sentence in the community rather than in prison. Nevertheless, we think that reducing the period at which the sentence can be terminated from ten to five years would restore some hope for the future in both groups, simply because the idea of a five-year (but potentially indefinite) licence is more psychologically manageable than the idea of a ten-year (but potentially indefinite) licence. We also note from the Prison Reform Trust’s work that no serious further offences have been committed by people serving IPP sentences who have been in the community for more than five years, suggesting that this is an adequate public protection period. However, this solution is unlikely to substantively address the problems we have set out in our submission, which relate to the effects of indeterminacy, and would remain under this solution. We do think this would combine well with an additional solution more focused on the custodial element of the sentence. What would remain unaddressed is the ‘gap’ of the early years post-release, when people serving an IPP sentence are recalled at a high rate. More consideration should be given to the level of post-release support that people receive during this period.

Strengthen the legal safeguards against recall

We have seen a number of variants to this solution, including making recalls fixed-term rather than indefinite, giving the Secretary of State extra powers to expedite the swift release of people recalled on an IPP sentence, or requiring the Parole Board to approve a recall. We note the Parole Board’s concern about the high number of re-releases following recall (which may suggest that it was not necessary for public protection in some cases, though risk may of course reduce in custody). We share those concerns, and have witnessed clinically the shattering impact that recall can have on people serving an IPP sentence. In our experience it is not only the abrupt removal from the community but the anticipation of returning to the beginning of their difficult journey out of custody which overwhelms people, and can precipitate new waves of anger, anxiety, hopelessness and harmful coping strategies. We would therefore advocate for any solution that

lowers the use of recall in the first place (though we recognise how difficult this decision can be) and/or the use of a fixed-term recall unless further charges are brought within that period. This would offer a greater degree of certainty of re-release, but allow time for risk management issues to be considered and addressed.

Appendix I: Statements from psy professionals about their experiences working with people serving the IPP sentence

In this appendix, we reproduce in full the anonymised personal statements from some of us about our experiences working with people serving an IPP sentence.

Psychologist A

I have worked with people sentenced to IPP from the beginning of the sentence in public prisons, and in private practice. The most striking thing about working with these individuals is the difficulties building trust due to the damage done by the indeterminate nature of the sentence and the role psychologists have played in this. The fear individuals have regarding what they say to us, that this will be recorded in reports and used against them, inevitably gets in the way of not only making accurate risk assessments but also attempts to work therapeutically. As time has passed and people have become further and further over tariff I find I have to spend longer and longer working through the trauma of the sentence, the impact of knockback after knockback and sheer hopelessness as well as being constantly let down by the system. It was never possible to address risk factors and access offending behaviour programmes within the short tariffs often awarded to IPPs. Now, many years down the road, mistrust, frustration and years of damage are barriers of their own. The work needed to be considered safe to release has grown and becomes bigger and bigger.

I feel I have to carry the hope for the IPPs I work with because they have none. Parole reviews often take a long time with delay upon delay. For many, almost as soon as one Parole review is concluded the next begins and this process can get in the way of programmes and services being offered. One IPP I completed a psychological report for took his own life in response to an oral hearing being deferred. Another harmed himself following delays in a progressive move to a treatment service.

Ironically, the act of self harm then meant he was considered unsuitable and would have to wait a number of months to prove his stability before being able to access the treatment he needs to complete in order to convince the Parole Board he is safe enough to be released. Another was recalled to prison and truly believed he would never be re-released. The distress when sitting in the room with him was tangible and it took a long time for him to believe there was any point even trying to work towards re-release. I am haunted by the feeling that I have been complicit in the damage caused by the sentence.

Psychologist B

One man has described the sentence to me as follows: The IPP sentence is like his mum has taken him into a sweet shop, but he is not allowed to ever have any sweets. After so many years of being tortured and told he can't have them, the only choice he now feels he has is through self-harm. He can choose when to harm himself, or not. He likens this to standing on the edge of a cliff. Often he will be ready to jump (kill himself), and then changes his mind last minute. He then takes some personal comfort in keeping himself 'close to the edge' through self-harming, so when it becomes 100% unbearable, he has the choice. He has no interest in engaging with programmes, he does not attend his parole hearings. They are humiliating. He has never self-harmed prior to this sentence. He engages with me, enjoys a meaningful conversation. But, I do not think he even wants out now. He distracts conversation away from the topic. More recently he described how angry he feels - his tolerance towards others is being tested. He is burnt out in ways we can only imagine.

[Another person] was very much like a YO prisoner when I, too a young adult at the time, supervised him. Often joking, laughing and not taking anything seriously, let alone the severity of his sentence. 12 years on, this boy, now 34 remains in category C prison. He is very likely to have mental health difficulties, and is probably unable to function independently to live a safe life, given he remains incarcerated.

Young adults (up to 25) are now being prioritised for specialist support as it is recognised they need earlier intervention to strengthen their maturity and stop the vicious circle. But, it is the 'forgotten' - those who grew up in YOIs, who have accessed programmes but had to survive in prison using their 'fight'. We cannot offer the therapeutic intervention they need under the guise of 'trauma informed practice' in a hostile environment.

Psychologist C

I'm an applied psychologist with almost 30 years experience of working with people in contact with the criminal justice system. Whilst almost two decades of this has been spent working within the high secure prison estate (including with IPP males), I have also worked with people in all parts of the prison system, as well as spending several years working within secure hospitals with people who are detained under the Mental Health Act.

In some ways there is a similarity between the situation of people serving IPPs and those detained under the Mental Health Act. My experience is that this is felt far more keenly by those within the prison system because the relative injustice vis a vis their peers is so much greater. In hospitals everyone is, to some degree, subject to being detained on the basis of risk rather than on the basis of their past actions. In prison, people subject to IPPs are aware of people having committed much more serious offences [than them] but having a definite date for release that may be much shorter than the

amount of time that they have already served. Additionally, in hospital, there is much greater level of staff input than in prisons, with all patients being reviewed systematically at a much higher level of frequency than those in prison, so it is unsurprising that those in prison report feeling as if they are forgotten about and languishing within the system.

Those serving IPPs [in] our service were often much harder to treat because their offences were *relatively minor compared to* the majority of the men in our service. This caused a number of difficulties:

The men were extremely frightened of the other people in the service who had committed much more brutal acts of violence. Because they were frightened, they had a tendency to either present with frequent acts of low intensity violence as they attempted to protect themselves by communicating that they could be dangerous. Alternatively, they would harm themselves or present as a suicide risk in an attempt to create safety through staff observations or location in healthcare.

People serving IPPs present with frequent challenging behaviours such as those described above often left staff concerned that they wouldn't manage the increased vulnerability that people in psychological treatment often experience and this at times made it harder for them to access such treatments or being seen as "treatment ready".

The men had difficulty accepting the perception of themselves as dangerous – instead they had a tendency to compare what they had done (which hadn't resulted in loss of life) to the actions of others that had included actions of grotesque violence. This enabled them to cognitively minimise their own actions and perceive they had less to be concerned about in their own behaviour.

Within the high secure estate, many of the men in prison are severely disconnected from their emotions and can present as callous and unemotional ("psychopathic"). People serving IPPs presented as much more impulsive and flooded by their emotional states, causing them to commit acts of frustration or fear on a frequent basis.

Because those who have been sentenced to IPPs have frequently committed less serious acts of violence than their peers and are identified as "poor copers", they are more vulnerable to bullying as well as sexual and financial exploitation than their peers so their experience of prison is probably harsher than that of their peers. In some cases, this left men vulnerable to "radicalisation" as they attempted to find safety within the system.

Men were often referred to our service because their frequent acts of violence made them hard to manage in less secure settings but their crimes were often at odds with those of the other men we were treating. They were more frequently referred with crimes such as arson to empty buildings so found it difficult to identify with men who had bludgeoned someone else to death with a hammer, for instance.

Psychologist D

Vignette: Mr M.

M had difficulties agreeing and collaborating with his probation practitioner, which led to heated discussions and often M would become emotional and tearful during this. He felt that he wasn't being heard or believed by his probation practitioner, particularly with regards to his plans upon upcoming release. The probation practitioner explained to me they felt M was not being realistic, and that he had

been struggling to manage emotions and intrusive thoughts. We completed a formulation discussing M's past and looked at how his experiences may have influenced his difficulties with IPP sentencing. M had been on an IPP for over a decade at this point, and he described feeling hopeless and stuck. He explained that waiting to know when he was eligible for release was "like psychological torture" and related this to what he felt in his past experiences.

Psychologist E

Covid-19 changed our environment, our perceptions of the world, and our relationships with others. It meant that we were forced to adapt to something we had never seen in our lifetimes. It meant that we had to live with day-to-day anxiety and with uncertainty. When will this end? When will we be free? When can I hug my family and friends again? When can I pop out to the local? When can I go out without having to layer up, masking up, checking pockets for hand sanitizer? and - heavens forbid - are we going to have to ration toilet paper and pasta again?

I think you know exactly the point I make here. What we experienced for the last 18 months is what IPP prisoners experience every day of their sentence. The anxiety, the rising levels of mental illness, the uncertainty, the loss of the times we wish we had, the enforced adaptation to a world we suddenly no longer know.

And they have far longer than us to go.

Psychologist F

I worked with men coming out of prison, after serving long, usually indeterminate sentences, typically of between 15 and 25 years. One of the striking things about observing and supporting these men to reintegrate into the community, and to build a new life they were usually determined to create for themselves, was how uncertainty and hopelessness featured so prominently in their psychological experiences, and the detrimental impact on them. For example, the first weeks were often the most precarious, as the men lacked the ability to envisage a life outside prison, and the frequent uncertainty about what the future would hold, as well as the unavoidable frustrations and setbacks they experienced had a huge impact on their capacity to hold on to the optimism and motivation they had about making progress. These men had histories of neglect and abuse, and the impact of these experiences, exacerbated by their experiences of lengthy incarcerations, meant that their tolerance of uncertainty and frustration was often impaired, and their tendency to lose hope when faced with obstacles was significant. Much of the clinical work in that setting revolved around helping the men to maintain hope and motivation in the face of uncertainty, and when failures happened, as they occasionally did, it often felt as though they had given up hope, as though the effort of maintaining it had become too much, and a return to prison, as undesirable as that was, at least represented something more familiar and predictable.

Psychologist G

I worked with many men serving an IPP sentence in Category C prisons, mainly delivering offending behaviour programmes and conducting psychological risk assessments. I am ashamed to say that in the early days of the sentence I thought it was a good idea. Most of us young psychologists did, because we believed so passionately in people's ability to change, if they received enough support.

We thought that the sentence gave us long enough to give people access to help. This was a complete mistake. Over the years it became clear that the IPP sentence turns therapy into a caricature of itself. You can't trade therapy as an exchange for freedom. What would you do in those circumstances? You'd do everything you could to make sure you said the right things. I think we sometimes got a bit carried away with notions like 'people should be grateful for treatment' or if they didn't engage then they weren't 'taking responsibility' for their behaviour and it was 'up to them' to accept what we offered. If we had to wait a few years then so be it. That's brutal. I think part of the problem was that we didn't know a world where indeterminate sentences didn't exist. We thought they were normal and proportionately given out (we never got told just how many there were). And it took a good few years to realise just what was happening to people psychologically. The whole IPP sentence is based on the idea of people being some kind of puppets, who you can poke and prod with different tools and they'll do what you want. They don't. They respond to their situation, and being indefinitely locked up in prison is a torture to anybody. You can't concentrate easily on changing your life under those conditions. I remember in one group I was working with, they were all IPP prisoners except one, who was on a (long) determinate sentence. That one person did more offence focussed work and made more progress than all the others, because we didn't have to wade through all the stuff about the sentence first, and he didn't get overwhelmed with anxiety if things didn't go perfectly or he had a bad day. He talked to us about what went wrong and we made a plan for what to do differently next time. The IPP prisoners would get so stressed if they thought they said or did something even a little 'wrong', and spend weeks asking if we'd written it in their reports. That's not treatment.

Psychologist H

I have been working in prison mental health teams for over 11 years now. During this time I have worked clinically with those on an IPP sentence. The sentence has led people to feel stuck in the system and reinforced a mistrust towards professionals due to any hope being offered not amounting into any tangible progression. As human beings in a situation where there is no hope or progression different emotions are experienced such as frustration, anger and despair. My experience has shown that due to this sentence individuals will have to bottle up these emotions as the stakes are too high for them to be expressed as not coping will have a negative impact on any progression and potential release. When these emotions get bottled up they are either then suppressed and blocked out leading to individuals on the IPP sentence being targets for using substances in prison or going to segregation units to go to a place of safety away from others. All of these actions are deemed as risk behaviours thus making the road towards release seem even further away.

Appendix II: List of Signatories

Sophie Ellis. PhD Student, Cambridge University. Psychologist; Criminologist; Graduate Member of the British Psychological Society.

Kerry Daynes. MSc., CPsychol., CSci., AFBPsS. Consultant, Registered & Practitioner Forensic Psychologist.

Stacey-Marie Farrow. BSc. Criminology & Psychology. Forensic Psychology MSc. Student.

Anonymous.

Dr Jo Shingler. HCPC Registered Forensic Psychologist; Chartered Member of the British Psychological Society.

Sarah Bailey. Forensic Psychologist in Training.

Dr Caoimhe McAnena. D.Clin.Psych CPsychol., AFBPsS., Clinical and Forensic Psychologist.

Professor Jamie Hacker-Hughes. PsychD; Chartered Member of the British Psychological Society; Chartered Scientist; FAcSS; FBPSS; FRSM; Past President (2015-16) of the British Psychological Society.

Dr Kerry Beckley. HCPC Registered Consultant Clinical Forensic Psychologist, Associate Fellow of the British Psychological Society.

Professor Peter Kinderman. Professor of Clinical Psychology, University of Liverpool and former President, British Psychological Society.

Dr Jackie Craissati. Consultant Clinical & Forensic Psychologist.

Dr Brian Thomas-Peter. FRSA., M.B.A., M.Clin.Psychol.

Dr Hannah Jones. Chartered Forensic Psychologist & Senior Lecturer, ForenPsyD MSc BA(Hons) AFBPsS FHEA.

Daniel Lawrence. BSc, MSc, PGDip, HCPC Registered Senior Forensic Psychologist, Associate Tutor & PhD Candidate at Cardiff Metropolitan University

Katharine Boaden. Trainee Clinical Psychologist, University of East London, former Assistant Psychologist on the OPD Pathway.

Chloe McKenzie. Trainee Forensic Psychologist, University of Nottingham.

Anonymous.

Charlotte Irving. Registered Forensic Social Worker.

Anonymous.

Anonymous.

Hon Professor Dr. Geraldine Akerman. AFBPSs, Chartered and Registered Forensic Psychologist, EuroPsych, C.Scientist, Chair Division of Forensic Psychology Executive Committee, Principal Psychologist HMP Grendon and HMYOI Aylesbury, member of International Association for Forensic Psychotherapy.

Dr James Millington. Consultant Clinical and Forensic Psychologist Honorary (Consultant) Assistant Professor, University of Nottingham Chair of the BPS Faculty of Forensic Clinical Psychology Associate Fellow of the BPS HCPC registered Clinical and Forensic Psychologist.

Professor Jennifer Shaw. University of Manchester, Independent Advisory Committee on deaths in custody.

Dr Abdullah Mia. Consultant Clinical Psychologist.

Dr Shadd Maruna. Professor of Criminology.

Michelle Smith. HCPC Registered Forensic Psychologist, Chartered Member of the British Psychological Society, Director of Professional Practice, University of Lincoln, Associate Fellow HEA, MSc, LLB(Hons), DipPsych, DipCouns.

Siobhan Keating. C Psychol, AFBPS, Registered Forensic and Clinical Psychologist.

Lawrence Jones. Consultant Clinical and Forensic Psychologist.

Dr Emma Britton. C.Psychol. Senior Forensic Psychologist- HCPC Registered Practitioner.

Anonymous.

Dr Terri Van-Leeson. HCPC Registered Forensic Psychologist; Chartered Member of the British Psychological Society; Chartered Scientist.

Lauren Cook. MSc Bsc, Forensic Psychologist in Training.

Sam Chu. Chartered Forensic and HCPC Registered Psychologist.

Dr Lauren Smith.

Dr Nic Bowes. Forensic Psychologist. Cardiff Metropolitan University.

Dr Phil Willmot. Consultant Forensic & Clinical Psychologist, Senior Lecturer in Forensic Psychology, University of Lincoln.

Graham Towl. DSc, Professor of Forensic Psychology, Durham University, and formerly Chief Psychologist, Ministry of Justice.

Rachael Mason. MSc, BSc, FHEA, MBPsS.

Yasmin Siddall. Consultant Forensic Psychologist and Joint Lead Psychologist of The National High Secure Healthcare Service for Women, BSc (Hons), MSc, QFP (Stage 2), AFBPsS, HCPC Registered.

Anonymous.

Professor Amanda Roberts. Professor of Psychology, University of Lincoln.

Anonymous.

Professor Todd Hogue. Professor of Forensic Psychology, University of Lincoln.

David Crighton. PhD, Consultant and Visiting Professor of Forensic Psychology Durham University, formerly Deputy Chief/Acting Chief Psychologist UK Ministry of Justice.

Elizabeth Archer. BA (Hons) PgCert, PgCert BACP MBPsS.

Anonymous.

R. Earnshaw.

David Jones. Psychoanalytic Psychotherapist.

Anonymous.

Dr Jen Daffin. Community Clinical Psychologist.