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Teaching Ethics in Forensic Psychology: An Exploratory Study

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MANUSCRIPT DETAILS

TITLE: Teaching Ethics in Forensic Psychology: An Exploratory Study

ABSTRACT:

Objectives: Ethical Practice in Psychology is informed by professional guidelines such as the Health Care Professional Council (HCPC) Standards of Conduct and Performance, the British Psychological Society Code of Ethics and Conduct and Practice Guidelines. Hence, there is an expectation that ethics is taught to UK students studying both undergraduate and postgraduate Forensic Psychology. The aim of the current study was to increase understanding of the ethical issues which may arise in forensic settings and how learners could be best prepared for those in education.

Design: The study adopted a qualitative research methodology due to there being minimal research on the topic area and to enable an exploratory approach. Interviews were conducted via MS Teams with 10 participants who have worked in UK forensic settings and had experienced ethical issues.

Results: The data was analysed using thematic analysis which identified the types of ethical issues faced in forensic settings, the issues that arise when professionals observe such ethical issues and how learners could be best prepared and taught in relation to ethics in forensic settings.

CUST_RESEARCH_LIMITATIONS/IMPLICATIONS__(LIMIT_100_WORDS) :No data available.

Conclusions: Forensic settings provide a unique environment which is characterised by imbalances of power and more restricted opportunities for monitoring from the outside world due to the nature of their physical and relational security. The ways in which learners in forensic psychology could be supported with ethical acculturation are discussed alongside practical recommendations for the teaching of ethics in forensic psychology.

CUST_SOCIAL_IMPLICATIONS__(LIMIT_100_WORDS) :No data available.

Forensic settings provide a unique environment which is characterised by imbalances of power and more restricted opportunities for monitoring from the outside world due to the nature of their physical and relational security. This study provides valuable insight into the nature of ethical issues in forensic settings and how staff could be supported to anticipate and manage unethical behaviour through education.

Table 1: Ethical Issues for Forensic Psychologists in Forensic Settings (Summary of Themes)

Aims	Themes
What are the ethical issues which may be raised in forensic settings?	<ul style="list-style-type: none"> • The nature of client difficulties contributes towards ethical challenges • Staff struggle to maintain professionalism in how they respond to forensic clients • Organisational Demands contribute towards a context in which client difficulties and staff responses may be exacerbated
What factors contribute towards ethical issues in forensic settings?	<ul style="list-style-type: none"> • Fixed Culture – This is how we do things around here • Team dynamics: Staff experience split loyalty to each other and clients. • Power Imbalance: a culture of fear from both clients and staff may perpetuate unethical behaviour • Toxic Closed Environment makes it difficult to expose unethical behaviour
What issues arise for professionals when these ethical issues are observed?	<ul style="list-style-type: none"> • The Burden - knowing about unethical behaviour and being expected to act upon this • Retaliation from other staff when ethical issues are raised • Silence – the badly kept secret
How effective is current training in preparing forensic psychology students for forensic settings?	<ul style="list-style-type: none"> • Good knowledge of ethical issues around consent and assessment • Naive: Doesn't represent the reality of forensic settings • Not enough on the job training
What do you think would be helpful for Stage 1 and Stage 2 training to teach learners about ethics in forensic settings?	<ul style="list-style-type: none"> • Roleplays would better prepare learners for the reality of prison • Learning how to work not just with clients but how to work with staff in teams and manage team dynamics • Knowing the process to report staff would assist to prepare learners when this occurs • Increasing skills and motivation to report • Use of supervision to encourage ethical practice • Teaching specific skills in facilitating Reflective Practice • Jailcraft: Learning what to say and what not to say • Teaching Mental Health Resiliency Skills • Toxicity Awareness
What could be put in place to enhance ethical practice in forensic settings in the future?	<ul style="list-style-type: none"> • The profession of forensic psychology could benefit from more support from their professional body

Teaching Ethics in Forensic Psychology: An Exploratory Study

Abstract

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Keywords: Ethics; Forensic; Psychology; Prison; Hospital; Psychiatric.

Introduction

“Ethics is the study of right and wrong but is often taught as the study of wrong” (Handelsman, Gottlieb & Knapp, 2005). In addition, ethics is often not necessarily about laws and rules but can reflect complex situations in which there is no clear answer and sometimes people disagree.

Ethical Practice in Psychology is informed by professional guidelines which in the UK include the Health Care Professions Council [HCPC] Standards of Conduct and Performance and the British Psychological Society (BPS) Code of Ethics and Conduct and Practice Guidelines. These guidelines provide a series of standards which psychologists must adhere to maintain ethical practice, including forensic psychologists which is a protected title in the UK granted only to those who are deemed to meet the standards of proficiency by the HCPC. Under the HCPC Code of Conduct there are over 50 standards relating to ethics alone which UK forensic psychologists are required to adhere to in order to practice.

Forensic Psychologists work with people who have been affected by offending behaviour (crime) both directly and indirectly. They work through legal systems such as the courts as well as in the community and prisons/places where individuals may be detained due to their risk. They may provide evidence in judicial settings such as the courts, parole board hearings in prisons or Mental Health Review Tribunals [MHRT's] in hospital as well as providing psychological risk assessments, formulations and therapy for clients who are at risk of or who have engaged in offending behaviour. Forensic Psychologists also work systemically with staff and multi-disciplinary teams (Division of Forensic Psychology, [Forensic psychologist job profile | BPS](#)).

Hence, it is noted that Forensic Psychologists may work in locations which are outside of the public eye (McCarthy, 1984) and with clients who may be deemed as vulnerable, mentally unwell or untrustworthy by the nature of their conviction (Wells et al., 2021) or hospital detention. As a result, it is argued that such settings may result in 'closed cultures' associated with harm and breaches of human rights (Care Quality Commission, 2022) with people in forensic settings being at risk of serious wrong-doing due to the fact they cannot leave forensic settings of their own accord, they are highly dependent on staff to meet their basic needs and by the nature of their design involve exposure to restrictive practices (Care Quality Commission, 2022). This has been confirmed in a number of UK public enquiries into unethical practice in forensic settings including physical abuse and sexualised behaviour towards clients by staff in hospitals and prisons (House of Commons, 2022; Azemi, 2019) including that which resulted in client deaths (Dryburgh, 2009).

To ensure forensic psychologists navigate these challenges ethically, the HCPC Code of Conduct sets out clear requirements for forensic psychologists to achieve in relation to their own practice. As noted by Ward et al. (2009) forensic psychologists also have a responsibility to prevent people in forensic settings from experiencing harm from others or a violation of their human rights and they must alert others of any such breaches. These may include acts of physical, psychological or emotional harm perpetrated against forensic clients by other professionals but also an absence of human rights delivery such as the right to be provided therapy in a timely manner. This is also reflected in the HCPC Standards of Conduct, Performance and Ethics (2023) which states all members 'must raise concerns about colleagues if you think that they are treating people unfairly, that their personal values, biases and beliefs have led them to discriminate against service users, carers or colleagues, or if they have detrimentally impacted the care, treatment or other services that they provide' (HCPC, 2023).

Hence, what can be seen is that ethical standards for forensic psychologists relate not only to their own individual ethical practice but also include the expectation they ensure others do not transgress ethical practice in forensic settings and if they witness this, they should take action.

As a result, it is understandable that the requirements for psychologists to be able to practice in such settings involves rigorous training. The qualification route for a forensic psychologist in the UK consists of academic qualifications followed by supervised practice in an applied forensic setting. The British Psychological Society (BPS, 2023) details specifically the qualification journey needs to be completed:

1. A BPS-accredited undergraduate psychology degree (or conversion course);

2. A BPS-accredited post-graduate Masters in Forensic Psychology (Stage 1); and
3. Completion of an educational programme approved by the Health and Care Professions Council (Stage 2).

Stage 2 of the qualification route can be achieved through a HCPC approved programme (Doctorate or Post Graduate Diploma in forensic psychology) or a qualification offered by the BPS. Trainee Psychologists enrolled on Stage 2 qualifications demonstrate their competence whilst working in a setting that can provide them with relevant forensic experience and under the supervision of a suitably qualified forensic psychologist usually for a minimum of at least a further two years. This amounts to a minimum of 6 years of education to qualify as a forensic psychologist.

In the UK there are approximately 3000 members of the Division of Forensic Psychology and over 30 UK universities providing Stage 1 MSc Forensic Psychology programmes and 5 Universities providing Stage 2 training. In addition, there is an expectation that ethics is taught to students at all stages of their training in Forensic Psychology. For example, the Forensic Accreditation Handbook for MSc Forensic Psychology notes that:

1. 'Ethical and professional practice frameworks are not specifically outlined separately in the curriculum requirements below as these are considered core skills; however programmes will find it useful to refer to work that has been undertaken by the Society's Ethics Committee to support the teaching and assessment of ethical thinking and decision-making' (p13)
2. 'Programmes must ensure that students are taught and assessed on ethics beyond the submission of ethics applications for research projects' (p17)
3. 'All accredited programmes are expected to include formal teaching on ethics, and should be able to demonstrate how working ethically is integral to all aspects of their provision, including research (as outlined below), and placement activities (where applicable). The assessment strategy for the programme should consider understanding of ethical principles as appropriate to the level of study' (p18)

Hence, what can be seen is that ethics is a core aspect of psychology and even more so for forensic psychology. Furthermore, there are a considerable number of learners in forensic psychology who require this education. However, the documents outlining the importance of ethics in psychology do not provide specific guidance in relation to ethical issues in forensic settings. Thus, there is an expectation that learners should be taught about ethics in forensic settings but with little guidance on what this should consist of. It is also unclear what professionals in the field feel would enable learners to be career ready in terms of their understanding of ethical issues in forensic settings. Furthermore, it is noted that a process of ethical acculturation occurs when people in training enter a new organizational environment (Handelsman, Gottlieb & Knapp, 2005). However, the process of this for learners entering forensic settings is unknown.

Whilst the British Medical Association (BMA) has provided ethical guidance for doctors working in forensic settings, no such guidance exists for forensic psychologists. In addition, other research focusing on ethical issues

in forensic settings attends to forensic science rather than forensic psychology (Yadav, 2017). Individual papers attend to ethics in specific forensic contexts such as MAPPA (Taylor & Yakeley, 2019) but these are not based on empirical research and are only specific to certain contexts.

Thus, there is a gap in the literature regarding ethics in forensic settings and furthermore there is no literature to inform how ethics should be taught to learners training in forensic psychology. Hence, the purpose of this research was to inform what the ethical issues are in forensic settings, how these should be taught and how forensic psychology teaching programmes could better facilitate career readiness for forensic psychology students.

Thus, the aims of the current study were to explore the following:

1. What are the ethical issues which forensic settings may bring?
2. What issues arise for professionals when these ethical issues are observed?
3. What would best prepare learners on Stage 1 and Stage 2 for the ethical issues in forensic settings?
4. What would be helpful for Stage 1 and Stage 2 educational programmes to teach learners about ethics?
5. What approaches and supports are available to assist people working in forensic settings in relation to ethical issues?
6. What could be put in place to enhance ethical practice in forensic settings in the future?

Method

A qualitative study was utilised which adopted a semi-structured interview. The benefits of using a qualitative approach have been noted to include: providing an in-depth understanding of participants experiences, perspectives and history; purposeful sampling; close contact between the researcher and participants allowing interaction and emergent issues to be explored; rich and extensive detailed information which enables the mapping and re-representing of the social world of participants (Snape & Spencer, 2003) which is not based on assumptions about a single reality, instead it aims to uncover a plurality of truths (Fraser, 2004).

The theoretical positioning of the researchers is that quantitative research methods have their merit and advantages in a variety of contexts and explorations. However, as there is no research in the field of ethics and learners in forensic psychology this research lends itself well to the ethos of qualitative design.

Procedure

People who had worked in Forensic settings were invited to participate in the study via an advert being placed on the researcher's professional LinkedIn profile. The study advert contained a QR code and a link to the Participant Information Sheet (PIS). Participants who expressed an interest in participating in the study were sent a copy of the consent form. An interview format was selected as this allowed the collation of rich data of participants' experiences. All participants were fully briefed on the aims of the study and their rights to confidentiality and anonymity before the interviews were arranged. Informed consent was obtained from all participants who were asked to sign a consent form. Interviews took place via MS Teams and participants were asked if they give their

permission for this to be audio recorded on a Dictaphone. All participants consented for the discussion to be audio recorded. Participants were then interviewed individually with one researcher present. The duration of the interviews ranged from 60-85 minutes. Before beginning, participants were given verbal explanations of the project and given the opportunity for questions, thus helping participants feel at ease and building rapport with the researcher. Participants were then asked semi-structured questions regarding their experiences of ethical issues in forensic settings. Questions were open-ended to allow a range of responses and to ensure that the participants did not feel uncomfortable being asked questions they did not know the answers to (Lurie, 2005). The research project received ethical approval from Manchester Metropolitan University.

Qualitative Analysis

The interview data was analysed using Thematic analysis as this looks at data at a latent level that goes beyond the semantic meaning of the data in order to interpret the underlying meanings of the data (Braun and Clarke, 2013). Transcripts were analysed in an inductive way, as there was not a pre-existing framework with which to code the data. This was deemed as an appropriate method with which to analyse the data, as the transcripts represent the behaviours as they occurred in their natural environment and in real time and as such can be considered interpretations in the first iteration. Participants had volunteered on their own accord to be involved in the research with no reward.

All interviews were conducted and transcribed prior to the analysis occurring. The format of analysis followed the suggestions from Braun & Clark, (2021) using their 6-step process and in keeping with quantitative methodologies retain its flexibility in the approach to analysis.

Participants

Semi-structured interviews were conducted via MS Teams with 10 participants. 6 of these were HCPC registered forensic psychologists, 1 was a support worker working in a forensic psychiatric setting, 1 was a prison officer, 1 a forensic psychologist in training and 1 was a manager of forensic services. 6 participants had experience of working both in forensic mental health and prison settings, 2 participants had only worked in forensic mental health settings and 2 had only worked in prisons.

Results

A summary of the findings can be seen in Table 1.

Aim 1 – What are the ethical issues which may be raised in forensic settings?

Three themes were identified as being of relevance which related to: clients; staff; and the forensic system in which they co-existed. Participants described how the nature of the *client difficulties* in forensic settings contributed to additional ethical challenges. For example, this included traits such as dishonesty as well as poorly regulated emotional states which may result in them engaging in acts of aggression towards themselves or others. This posed ethical challenges of balancing how to support the person and build relationships whilst at the same time maintaining their own safety both psychologically and physically. In addition, participants also noted that ethical issues were presented by the behaviour of *staff* who struggled to maintain professionalism in terms of how

they responded to client difficulties. This related to boundary breaches where staff engaged in behaviour that was deemed to be too intimate (e.g. sexual behaviour) or on the opposite end too punitive (such as the abuse of power, over-use of seclusion or restraints). Concerns were also raised in relation to the vulnerability of staff due to their own mental health conditions. This theme related to the wider *organisational demand* factors which contributed towards ethical concerns. For example, the setting of targets in forensic settings for therapy to be completed with a certain number of clients or within a certain timeframe, a lack of autonomy about what was available to provide the client as well as financial pressures to accept clients with extremely complex needs knowing the potential impact this may have on staff and other clients.

1. The nature of client difficulties contributes towards ethical challenges:

- some patients can be, not manipulative that's not the right word, but they can take advantage of people and that is dangerous as it can result in them hurting themselves if they get items or hurting others*
- They could be really violent and threatening to self-harm and we would have to go in and take everything off to strip search her... we would be kitted up to go into a cell can you imagine that as a woman. It was awful but you had to. We would say throw your clothes out and she would say no and you would have to get kit up and go in... but you had to keep them alive*

2. Staff struggle to maintain professionalism in how they respond to forensic clients:

- People joke their job would be easy if you just worked with patients and not staff*
- it was questioned the next day by managers as to why I had not secluded him. they felt he should have been kept in seclusion because he was a problematic patient. reflecting on it, it was about a power struggle about him being taught a lesson and what would be tolerated*
- And things like can people consent, so do they feel forced to take medication because the Dr said they should and they worry about not getting leave if they refuse medication*
- they only have the choice of therapy that the psychologist for their ward offers them half the time, so you like get psychologists who are trained in one therapy and whether the patient likes it or not that is the therapy they are getting so it's not like they get a choice really. If you were in a physical health setting they would say you can have this tablet or that tablet and tell you the side effects but you don't get that in forensic settings, there is no clear outcome data on how effective therapies are*
- They come into these jobs as they want to help people as they have mental health problems themselves but they are not mentally safe to be looking after patients. You have staff with depression, suicidality, self-harm, eating disorders and these problems are live, they are having them whilst working on the wards, on medication for active mental health problems. They need protection not to be exposed to some of the problems our clients have*

3. Organisational Demands contribute towards a context in which client difficulties and staff responses may be exacerbated:

- I suppose in the world of programmes you have targets so you have to get this many people starting every quarter or finishing every quarter. I know it is a bit of a balance and you need to be in the right frame of mind to put someone on a course. Treatment ready*
- Well mostly it's things like waiting lists, things that impact on prisoners being able to get out or move on. If they have an IPP or life sentence they often can't get on programmes or have to wait for them or get shipped to another prison miles away from home*

- *Because you don't really know what they have done in treatment and it's not like there's data on reoffending rates after the programmes. Um uh so if you have a covid jab they can tell you the chances of not getting covid but with a prison treatment programme we have no idea*
- *Patients coming in from miles away because they're so difficult to manage no one in their local area wants them. Everyone knowing they're going to be a nightmare and it's going to be hard to keep them safe but the hospital just wanted money. They don't care about how it's going to destabilise the other patients or about staff getting beaten up and assaulted.*

Aim 2 - What factors contribute towards ethical issues in forensic settings?

Four themes were identified which participants felt contributed towards ethical issues in forensic settings. These related to the complex interplay of a forensic setting whereby staff were expected to work together and be cohesive but at the same time this could be to the detriment of protecting clients when unethical behaviour did occur. Specifically, participants described how the *culture* was fixed in forensic settings and difficult to change with an expectation that *staff were loyal to staff* who also held *power* over clients creating a culture of fear of reporting unethical behaviour both from clients and staff. This was also worsened by unethical behaviours occurring in settings with little external scrutiny due to the 'forensic' aspect of the environment being closed due to physical restrictions resulting in unethical behaviour being harder to expose. Participants described how this contributed to a high risk of *toxicity*.

1. Fixed Culture – This is how we do things around here

- *safe but run by fear.incidents were low because of the militant way the service was run it didn't cause any bother with commissioners*
- *it feels very inbred. Very accepted. We can't change it so we may as well just accept it.*
- *there is a bit of a culture that you don't snitch you ...that is how we do things around here*

2. Team dynamics: Staff experience split loyalty to each other and clients.

- *They don't want to rock the boat.*
- *It's hard because you want to protect bad things from happening to them [clients] but you have to work with the staff every day. You work really closely together and it's all about trust.*

3. Power Imbalance: a culture of fear from both clients and staff may perpetuate unethical behaviour

- *The clients have very little liberty in these settings. If they are abusive a series of protocols are triggered to stop them from escalating. They are there for good reason we are talking about people who have killed people but then I guess they are less of a danger than staff who hold a lot of power in these settings*
- *There is power in the teams if the person at the top is bad it trickles down, no one dares say anything*
- *We are just support workers no one listens to us*

4. Toxic Closed Environment makes it difficult to expose unethical behaviour

- *No one can just come in....even inspectors have to give notice well in advance they cannot stroll in. there is more scope for things to be shoved under the rug than there would be in a free setting.*
- *The patients risk profile was used as a justification for a heavy-handed approach...forensic settings can become quite insular*
- *Who can you tell? The things we deal with in forensic settings are by their nature confidential and hard for even our family to understand*

Aim 3 - What issues arise for professionals when these ethical issues are observed?

Participants described 3 themes in terms of what happened when ethical issues were observed. The first related to forensic psychologists being more attuned to observing ethical issues as a result of their positioning where they were deemed as having high moral standards and also as part of their education were perceived to be in a higher level of power than staff with less education to speak up. Their positioning as a psychologist was also deemed to be there to support clients. This resulted in a *burden* being felt by those who observed ethical issues to act to advocate for wrongdoings to be addressed. However, those that reported ethical issues were noted to experience *retaliation* in the form of hostility and ostracization from their peers, losing their job and either being moved or forced to leave. As a result of some staff observing this it was noted that ethical issues became '*a badly kept secret*' where even when staff recognised unethical behaviour they did not dare speak for fear of retaliation against them. Hence, they were *silenced*.

1. The Burden - knowing about unethical behaviour and being expected to act upon this.

- Most of the problems I found were not from psychologists it was with other professions, I wouldn't say we are immune there are bad apples everywhere but generally speaking we are more tuned into these things and there is an expectation we will advocate for ourselves and our clients....*
- I've also seen that toughness turn into mental health problems through being ethical. Sometimes I think Forensic Psychologists have that burden to report things or raise things and that isn't always easy in teams that are close knit or where there's pressure to fill beds. It can cause a lot of pressure on teams and anxiety for Forensic Psychologists who have split loyalty to their MDT and patient care. I've certainly seen them get anxiety in those sorts of situations.....*
- like there is a real imbalance of power in forensic places, support workers they are too scared to report things to ward managers or hospital managers but they feel like psychologists will listen and will see the ethical issues they are talking about. So they tell psychology but then it's like well psychology have to deal with it so it's nice they feel they can trust us but then it can seem to hospital managers that its only psychology that has an issue as you raise it but then if the manager asks the support workers they say nothing as they are too scared. None of them are on contracts and so they are worried about losing their job.*

2. Retaliation from other staff when ethical issues are raised

- When I investigated it it brought hostility and I was spoken to by the clinical lead a psychiatrist. He said you are too prim and proper for this ward. It has to be run another way and you would potentially be an asset to another service in the hospital and then within 2 weeks I was moved to another service in the hospital.....*
- I know colleagues who have been ostracised for reporting things so it's not easy. I think I have been quite lucky as I have seen other colleagues punished for reporting things, pushed out, investigations against them and having a target on their back.. I have also seen support workers fearing the consequences of not reporting things, some don't have decent contracts and so suddenly they would not be given any shifts.....*
- Obviously when we knew a female officer was having a relationship with a prisoner she used to offer to go in early and go in his cell now something like that is no way I would be straight to the manager but some of the prison staff slated the person who reported her.....*

3. Silence – the badly kept secret

- We all know this is happening so if no one has complained then it is one person against the whole system it is very isolating and that person incurs the risk of being ostracised maybe this is your problem everyone works here every day and only you see this. Maybe one person doesn't feel safe*

enough to speak up. It is like a badly kept secret everyone knows it is happening and yet no one does anything about it

- *someone who is power driven and doesn't want to cause a fuss or generate work for themselves or put the organisation in a situation they will be questioned. Cover things up, being dishonest lacking integrity. They don't want to rock the boat. For their own gain wanting to get promotion if I am seen to be successful there are bigger, better things they can do in the company.*
- *We are just support workers no one listens to us. They should help us speak up.*
- *It's like on the one hand psychology really care about the patients and they come and do the therapy and they're really nice to us but on the other hand they watch and do nothing. They know it's happening and they do nothing. I want them to speak up they are the intelligent ones with degrees the letters after their name.*
- *They have a duty, no one will listen to us. We're just support workers. They shouldn't stand alongside us and complain with us. They should stand alongside and speak for us, not disappearing to the shadows*
- *It is like a badly kept secret everyone knows it is happening and yet no one does anything about it*

Aim 4 - How effective is current training in preparing forensic psychology students for forensic settings?

Participants identified that the training for forensic psychologists was good in terms of teaching those in Stage 1 and Stage 2 about issues surrounding the client's capacity for consent and how to conduct assessments. However, they felt that the training provided did not adequately prepare trainees for the reality of forensic settings and that they were *naïve* to the realities of prisons and psychiatric hospitals both in terms of the environment and the challenges that clients may bring. They felt learners would be given academic knowledge but not enough applied training 'on the job'.

1. Good knowledge of ethical issues around consent and assessment

- *It teaches about consent and assessments and especially more recently on diversity and inclusion, really thinking about making sure the tools and treatments we use are culturally informed*
- *BPS code of conduct around things like consent and confidentiality and some things get drummed into me*
- *It just teaches you about HCPC standards really and BPS research ethics and things*

2. Naïve: Doesn't represent the reality of forensic settings

- *We're all scared when we first started working here .. I'm not being funny, it's like they've never been shouted at in their lives [laughs], I'm not saying you should shout at them on the training... I suppose what I mean is if something needs to prepare them what it is actually like. It's like they can write an essay on a paedophile but the minute they meet one, it's a bit of a shock to them*
- *they come to us all the degrees and no experience of real life*
- *They have never seen anything like a prison. Let's be honest a lot come from privileged backgrounds.. I think they feel out of their depth when they go into a prison they are met with all these prisoners and staff and they have to build this armour around themselves*
- *Teach them about dark humour. Like the smell of blood and it being spongy and how he blocked his cell window. It sounds callous when you hear staff saying things but it's how you deal with it.*

3. Not enough on the job training:

- *I knew some bits but there were elements of surprise. Wearing security belts, airlocks, alarms and how dangerous people can be when they become unwell.*
- *it doesn't prepare you for the reality of prison. The self-harm, the manipulation, the swearing, the noise.*

Aim 5 - What do you think would be helpful for Stage 1 and Stage 2 training to teach learners about ethics in forensic settings?

Participants felt it would be useful for learners to engage in practical *roleplays* that reflected more real-life scenario's they may experience and to better prepare them for the practical realities of being in prison which used to be provided through training called 'jailcraft'. They also felt it would help for learners to know how to work with other professionals and in *teams* where they could learn how to navigate differences of opinion and the different roles that other staff have within the system. Staff also felt it would be useful to teach learners the *processes of reporting* ethical issues and the *benefits* of doing this as well as increasing their *awareness* of the potential for ethical issues to arise in forensic settings and teaching them how to use *supervision* to consider these issues. Participants also noted that forensic psychologists were also often expected to lead reflective practice discussion where staff may discuss clients (e.g. post-incidents) and ethical issues would often be raised. However, they felt forensic psychologists had no training in how to facilitate reflective practice and what to do with information that was brought there. Hence, they felt training in this would be useful. Finally, they also felt that because of the burden of holding both client difficulties and navigating the forensic environment all staff may be vulnerable to experiencing mental health difficulties, but because forensic psychologists were expected to 'make others better' this sometimes made it more difficult for them to acknowledge and manage their own mental health and training in how to do this would be of benefit.

1) Roleplays would better prepare learners for the reality of prison

- *Real life examples that could actually happen. A textbook on how to ask for consent doesn't work.*
- *I think roleplays would be good it's like 'oh shit what should I do or say here?' That could be on a wing or in the office or even like before in a parole board. Like how do you say to a colleague 'shut up' in front of a prisoner without saying shut up? Obviously you use your skills the best you can but it's all a bit off the cuff.*
- *Well I think more role plays would be good, like examples of what you might encounter. Maybe like what do you do if? You know what do you do if you are walking past a wing of 100 inmates and one of them shouts something sexual out the window but you can't see who it is? Or what do you do if you are concerned someone can't really consent to treatment? Or what should you do if your colleague gives away too much information? I know people hate roleplays but surely it's better to practice and get it wrong in training than with a prisoner*

2) Learning how to work not just with clients but how to work with staff in teams and manage team dynamics

- *Team mapping - mirroring client dynamics in the team and how to help the team to see that but when to stand outside of that. Managing clinical differences of opinion in treatment where no clear right or wrong. Sometimes it is like MDT's need family therapy or a neutral person to oversee them but the RC is always in charge as they have legal responsibility. Navigating that can be hard in teams in terms of ethics.*
- *I was not prepared for the team dynamics*
- *Well you get taught about consent and things like that which is good and how to make sure you are responsive to clients needs but the training doesn't teach you about working with staff very well.*
- *Sometimes they can look as though they talk down to other departments, they are just a cog in the wheel. Its teamwork what they do is not good for their profession. Staff need to be able to work*

together and be open. Not necessarily disrespectful but it's not collegiate it's not working as a community working together

3) Knowing the process to report staff would assist to prepare learners when this occurs

- I think for me it helped having a clear process for reporting – so you do this and do that up the scale*
- Training around...safeguarding and the mental health act and policies and procedures that are in place for reporting and how to do a reflective piece on what should be done if something goes wrong*
- I know what to expect from them [clients] I am trained on that I know how to react. I am not trained for how to respond to staff. Some staff in these places just aren't very professional or ethical they will do things you don't agree with and so what can be done, what should be done in those instances, what is the route to flag those issues so they can feel safe to raise concerns or whistleblow because I guess ideally we would want to feel more comfortable raising ethical issues maybe a heads up you will encounter these things?*

4) Increasing skills and motivation to report

- They should be taught how to speak up, that it's a job to speak up, it's not just about politely getting on with everyone if they cared about the patients and they would speak up*
- They seem to get taught practical stuff like how to do therapies and assessments and things and they seem to agree when things are not right so maybe it's about being assertive or something? But I don't know because they seem quite good at that in some situations, like they can be in certain locations even when patients they're shouting at them they're pretty skilled like that so I'm not sure, sometimes it feels like they just don't want to. I don't know maybe they don't want to rock the boat. Maybe it's a motivation thing I'm not sure*

5) Use of supervision to encourage ethical practice

- I don't know if there is any way of kind of encouraging people to keep in touch with other colleagues and being more open about discussions and having someone they can trust they can go to. To see if that person has some more ideas. I am not sure. In these experiences what helped me was knowing I wasn't the only one, colleagues saying you are right to feel that way, don't feel alone in this and having line managers that provide that. Feeling not alone in that crusade. But for some they can be alone. Not because they are not alone but because they are the only one who has the courage to say something. That can be quite challenging*
- Having supervision as well. But that is where it is more difficult once you qualify because then it is up to you. As a trainee you can tell your supervisor and they will deal with it but once you are qualified then it is up to you. Speaking to colleagues in the office helps and talking to other psychologists about it because sometimes you might question yourself, like is this just me? You begin to question yourself. But it can be hard, sometimes the team dynamics*

6) Teaching specific skills in facilitating Reflective Practice

- ...in reflective practice you are expected to manage and fix all these staff issues and every week they are telling you they are getting hit by a patient. Managers think 'oh it's okay because they are getting reflective practice' but I have to sit there nodding and I have no solution for them. It makes my role really hard...*
- Reflective practice is definitely something that gets talked about a lot but they used to say they had reflective practice which was deemed to take place regularly and was facilitated by someone who didn't have the qualifications to do that and was convenient for staff but it was happening as there*

weren't enough staff and it became lip service when you looked at the uptake and participation it wasn't really happening. Really it was non-existent and not effective

7) Jailcraft: Learning what to say and what not to say

- ... in the old days you would be an assistant and then be a trainee then do your Master's and then start stage 2 so you would have lots of experience of working in a prison, jail craft you knew how to speak to prisoners and speak to your colleagues. Now it is really obvious they land in a prison like we had an incident recently where the trainees reacted when I would have known what to do from my training.
- There are some good TV programmes that have been on that are quite realistic, the one with Sean Bean. That was quite good, it showed you how manipulative prisoners could be. Obviously not all of them, not in a bad way but they have all day to think and spot peoples vulnerabilities. No training prepares you for that.
- You wouldn't get permission to go into a prison but finding a really good programme that depicts prison that shows the manipulation that prisoners can have over prison staff including psychology. They can make a conspiracy against you.

8) Teaching Mental Health Resiliency Skills

- I know the HCPC has standards now around that but I'm not sure we teach much on mental health and knowing when for us we should not be in work and what we should do if we feel this way
- Maybe their own formulation and relapse prevention plan, so what their risks would be and what that would look like and what they would do. And where they could get help and who they could tell. It's easier as a trainee but once qualified some of that structure goes. I've seen people try and struggle on when really it's not good for them or their clients. I think there's a real stigma around mental illness and forensic psychologists, they are seen as the strong ones who are supposed to make others "better" and so then if they are struggling it can be tough to wear that cap

9) Toxicity Awareness

- One thing is to name it we are not proud of it but it does happen. People will have relationships with clients and then to talk about how problematic staff can be with staff. I have caught myself saying the biggest problem in our work is from staff which is funny given our clients but staff, my training teaches me nothing about the dangers my staff will pose.
- I guess it needs to be more named, it happens a lot and people don't realise how prevalent it is until they are in the middle of it so brace yourself. Stick to your values and you will sleep soundly at night.
- Maybe naming it and knowing practically what they can do and that it is not an isolated occurrence.
- The things your prisoners or patients do you're prepared for. It's what the staff do you're not. It sounds awful but when they slash themselves it's shocking and horrible but you sort of know they might do it. But staff you assume you're all on the same side. So when they do something it's a real shock

Aim 6 - What could be put in place to enhance ethical practice in forensic settings in the future?

When asked what would assist to improve ethical practice in forensic settings, participants felt that the profession of forensic psychology could benefit from more support from their professional body. They described how this could reduce feelings of isolation or offer a layer of solidarity and protection which was present in other professions (e.g. psychiatry or nursing) this was in place.

1) Professional Body Support

- *I think better support from the BPS or HCPC maybe too, like the psychiatrists their organisation has support for them and it always feel like they stand together but in psychology it feels like the HCPC is there to tell you off or monitor you but no one is there to stand beside you and advocate for you or to agree with your ethics and say you are right.*
- *I'm not sure obviously it would help patients and like nurses they have like a union thing where they can be reported if they do something bad, but I think they can also tell the union if something bad is happening maybe psychology could have one too*

Discussion

The findings from this study indicate that forensic contexts pose significant ethical challenges for forensic psychologists. Some of these are consistent with the literature which has noted that ethical issues may arise due to the nature of the client group (Dror & Murrie, 2018) and the challenges this may bring in terms of the reactions forensic clients may elicit in professionals. For example, this included both the potential for compassion fatigue and burnout (Baum & Moyal, 2020) as well as challenges navigating the correct balance between the expected or prescribed curtailment of human rights in a forensic context with forensic client safety, security and ethical transgressions by staff (Ward et al., 2009). This study indicated that it was observing such ethical transgressions in others which posed the most significant challenges for forensic psychologists and there was an expectation that they should report or act to reduce such transgressions (Ward et al., 2009). Transgressions included individual breaches of physical safety and abuses of power but also organisational human rights breaches in terms of access to therapy/interventions.

Participants in this study appeared to be aware of the HCPC Code of Conduct and Performance (2023) in that they should be expected act to raise concerns and that this was a responsibility of forensic psychologists. As noted by Warr (2019) psychologist's judgements can have a significant impact on the consequences for people in forensic settings and their judgements are often held with symbolic weight by other professionals and forensic psychologists may be considered to have power within these settings. However, this 'power' also extends to not only their own individual practice but also their responsibility to protect the human rights of people in forensic settings by to ensure others do not transgress these rights (Ward et al, 2008). This study suggested that understanding how or when to do this was compromised for a number of reasons which were consistent with the model of cultural adaptation and acculturation (Berry & Sam, 1997) which indicates that when people enter new cultures they respond in different ways. If the values and behaviours in that culture differ to their own, they may respond through trying to change the culture to influence it to be more similar to their own values and beliefs. If this is well-received the culture may slowly change and the two cultures (values and beliefs) will become more aligned. However, if they are not well received the person may become marginalised and rejected from that culture, and in some cases subsequently chose to leave or separate themselves from that culture. In other instances where a person chooses not to change the values/beliefs in a culture they may cope with this by changing their own values/beliefs thus assimilating into the existing culture. These two styles of acculturation were observed in forensic settings within the current study. Participants described how the fixed culture of a forensic environment may make initiating change challenging due to cultural toxicity and the insular way in which forensic settings exist because by their very nature observation of the culture and practices by people external to that forensic environment was difficult. Participants noted how in some instances the culture felt fixed and they "didn't want

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3 *to rock the boat*” and instead fell silent whilst for others who did attempt to challenge ethical transgressions, they
4 were subjected to ostracization and retaliation. Furthermore, the boundaries of confidentiality in forensic settings
5 also impacted the capacity to report ethical transgressions if these were not heard within the forensic setting.
6 Hence, this study found that motivation to report ethical transgressions in forensic settings was consistent with
7 the research which notes this may be influenced by a range of motivational factors such as desire for conformity,
8 bystander intervention, a fear of whistleblower retaliation, fatigue when trying to shift practice/policies and a
9 priority for achieving targets in working environments over the rights of individuals (Seddon, 2008). Thus, it is
10 noted that a range of factors (personal, cultural and situation) influence whether a person will report unethical
11 practice in their attempt to balance fairness versus loyalty to the workplace (Dungan et al., 2015) and this appeared
12 to be replicated in forensic settings.
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18 This study also highlighted a need for forensic psychologists as well as others employed in forensic settings to be
19 protected from retaliation for raising ethical transgressions. This included recommendations for how practitioner
20 psychologists working in forensic settings may be better supported both organisationally and by professional
21 bodies when raising ethical issues to ensure they are protected from retaliation and negative impacts on their
22 mental health. Furthermore, the vulnerability of other non-psychologist staff who may be exposed to unethical
23 practice in forensic settings was also raised such as the fragility of employment contracts for those in support
24 worker posts who may be at the front-line of client contact but may feel silenced to report unethical practice due
25 to a lack of perceived power and the potential to lose their income. This study suggests that stronger mechanisms
26 are required to support staff to report ethical transgressions in forensic settings who at present may feel silenced.
27 Evidence to support this proposition also comes from a series of Serious Case reviews into secure settings in the
28 UK (e.g. Winterbourne View in 2013) which only came to light through whistleblowing. In addition, despite the
29 severity of concerns raised in this review and actions being implemented to try and prevent unethical behaviour,
30 this appears to have continued as evidenced by further whistleblowing of patient abuse within a UK forensic
31 hospital in 2022 (see House of Commons, 2022 parliamentary debate). Thus, it appears that staff are aware of
32 unethical practice in forensic settings but organisational factors prevent this from being addressed through internal
33 mechanisms within forensic settings resulting in staff feeling the only solution is to whistleblow. This study
34 suggests that forensic cultures would benefit from moving towards more open transparency to facilitate ‘voices
35 from below’ to directly address and discuss unethical behaviour rather than trying to silence the ‘badly kept
36 secret’. For example, research has shown that adopting more transformational leadership styles where leaders
37 encourage staff in organisations to bring forward ideas to ‘shake things up’ rather than silencing those who
38 challenge cultural practice, is associated with staff feeling more enabled to report concerns (Faugier &
39 Woolnough, 2002). Thus, there appears a need to consider that leaders within forensic settings should be more
40 open to actively encouraging agenda items where unethical behaviour is discussed in a manner that is safe from
41 retaliation and enables voices to be heard to modify unethical behaviour and consider the root causes for this
42 rather than adopting a culture of silent ignorance. This should also adopt a compassionate leadership style to take
43 into account the ‘good reasons’ why some people may have perceived that their decision making, or behaviour
44 was wise at the time but in hindsight could have been different and what could be done differently in the future.
45 This is important because working in forensic settings is noted to be extremely challenging given the client group
46 can present with some of the most chronic needs in terms of violence, self-harm, trauma and psychological abuse
47 (Care Quality Commission, 2022). Thus, the impact on staff of supporting these clients should not be under-
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estimated and the context in which any unethical behaviour is deemed to have occurred should be considered within this context. This study also found evidence that the mental health of forensic psychologists may be impacted upon supporting the rationale for HCPC code of conduct in relation to the need for its members to also look after their wellbeing, health and to seek support when necessary.

From an educational perspective a number of recommendations can be made in terms of modifying the ways in which learning is provided. Current training appears to provide learners with a good awareness of how to identify when unethical practice occurs, however the extent to which this may exist and knowing how to respond in such situations was an area of outstanding educational need. Specifically, this study found that learners may benefit from more practical training on ethics and how to navigate the complex interactions forensic psychologists experience not just with clients but also with other colleagues working in forensic settings, particularly if colleagues engage in ethical transgressions.

The findings of this study are also consistent with educational pedagogies in relation to forensic psychology which suggest that Forensic Psychology training should ensure that the academic component of the training is connected to actual practice (deep structure) and that students should be taught to act morally and ethically (tacit structure) given the nature of Forensic Psychology involves the legal context, risk and culpability (Worthington, 2023). In addition, it is also argued that this should adopt a problem-based learning (PBL) which attends to real-life problems (Azer, 2011). Thus, the best mechanism for PBL is when Forensic Psychology students are provided with real-world situations, and they are required to use their knowledge and skills to apply to the case (Day & Tytler, 2012).

Constraints

Participants in this study had worked across a range of prisons, psychiatric hospitals and in the community with both adults and young people. However, this study did not include participants who had worked in other legal settings such as secure children’s homes or the police. Thus, it is possible that ethical issues raised in these settings may differ to those identified in this study.

Participants were also self-selecting and hence their frame of reference or lens on ethical issues may differ from others. As noted by Dungan et al. (2015) those willing to raise ethical issues may share certain personal qualities of being ‘proactive’ which are not shared by others who may be less willing to share and disclose ethical concerns of a more ‘reserved’ nature. Thus, it is possible that this study reflects the voices of those who are proactive in relation to ethical challenges in forensic settings.

In addition, this study did not include the voices of forensic clients who may have also contributed a different perspective on ethical practice in forensic psychology such as psychologists’ potential for power in forensic settings (Warr, 2019) the use of risk assessments which act as barriers to progression (Vess, Ward & Yates, 2017) and the efficacy, choice and availability of interventions within forensic settings to support progression. Future research should seek to expand on the current study through increasing the sample size and range of participants to ensure all voices are heard.

Summary

In summary the findings of this exploratory study support the proposition that forensic settings pose specific ethical challenges to forensic psychologists who have a responsibility not only to ensure their own individual practice fosters the human rights of forensic clients but that they also have a responsibility to ensure others do not transgress these rights (Ward et al, 2009). Forensic settings also pose specific challenges because there are not always clear answers about right and wrong (Otto, Goldstein & Heilbrun, 2017). The findings from this study indicate a number of ways in which forensic psychologists could be supported to navigate the ethical challenges in forensic settings both during their route to training and post qualification.

Implications for Practice

- Forensic Psychology students would benefit from being taught guides to aide their decision making such as the 9 Step Model proposed by Otto, Goldstein & Heilbrun (2017) to assist them to navigate ethical challenges in situations in which there is no clear right or wrong answer.
- Ethical responses to injustice or violations of human rights could be improved by enhancing forensic psychologists' ethical intelligence (Pope & Vasquez, 2016).
- To offset the risk of forensic psychologists' bias (Neal & Brodsky, 2016) and potential mental health difficulties it is suggested that teaching skills such as reflection, mindfulness, regular supervision and peer review may be of benefit (West et al, 2014).
- Providers of Stage 1 and Stage 2 Forensic Psychology training should provide more applied problem-based learning (PBL) approaches.
- Forensic settings and providers of forensic psychology training should provide more transparent narratives which acknowledge the presence of unethical behaviour in forensic settings. This could assist to overcome naivety, shock and silencing. Instead, it would provide mechanisms through which learning could take place to reduce the risk of this behaviour occurring in the future.
- Providers of education and training to all levels of staff working in forensic settings (e.g. healthcare support workers, prison officers) should include education on the potential for unethical behaviour in forensic services and what individuals should do if they witness this. For forensic psychology students this could include training using problem-based learning approaches using case studies to support them to consider how they would manage and report ethical transgressions in practice.
- Forensic settings should be encouraged to adopt more transformational leadership styles where leaders encourage staff in organisations to bring forward ethical concerns or cultural norms rather than silencing those who challenge cultural practice.
- Mechanisms to report ethical transgressions in forensic settings and support and protection to those reporting transgressions could be improved to prevent retaliation.
- Future research should seek to expand on the current study through increasing the sample size and range of participants to ensure all voices are heard.

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