MORE THAN
A MIRROR

MECHANISMS OF EXPERIENTIAL PEER SUPPORT FOR YOUNG PEOPLE ENGAGING IN CRIMINAL BEHAVIOUR

MARGRIET LENKENS

More than a Mirror

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IVO — Onderzoek naar welzijn, zorg & verslaving

More than a Mirror

Mechanisms of experiential peer support for young people engaging
in criminal behaviour

Meer dan een spiegel

Mechanismen van ervaringsdeskundige ondersteuning voor jonge
mensen met crimineel gedrag

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Content

Chapter 1

General introduction

At-risk youth

Most adolescents and young adults with externalising problem behaviour – including criminal behaviour – leave this behind as they transition into adulthood, as shown repeatedly by the age-crime curve (Farrington, 1986). Research on desistance from crime has described how intrapersonal changes and increased informal social control, such as stable romantic relationships and suitable employment, encourage refraining from offending. However, a subgroup of at-risk youth faces a disproportionate number of risk factors and adverse life events, making it more difficult to achieve desistance. These individuals grow up with a multitude of risk factors – in a dysfunctional family and/or a disadvantaged neighbourhood, for instance – and this increases the likelihood of externalising behavioural problems. Once involved in criminal behaviour, a process of 'cumulative disadvantage' (Merton, 1968) may take place. Prior crime may facilitate future delinquency, both directly and indirectly, by systematically attenuating the institutional and social bonds that link the individual to society. Societal reactions to deviance – including the stigma associated with arrest, conviction, and imprisonment – also play an important role here (Sampson & Laub, 1997). Individuals experiencing such cumulative disadvantage may drop out of school, have difficulties finding a stable job, and be less likely to find a suitable romantic partner, thereby decreasing their likelihood of successfully achieving desistance.

Support needs of at-risk youth

To promote desistance, there is a multitude of interventions for young people engaging in criminal behaviour and other associated problems. There is a large body of research on the effectiveness of interventions aimed at reducing recidivism amongst at-risk youth. A meta-analysis by De Vries et al. (2015) found a significant but small effect size ($d = .24$) for programmes intended to prevent persistent juvenile delinquency, with the largest effects for behaviourally oriented interventions, multimodal programmes, and interventions in the family context. However, it is unclear whether these types of interventions meet the needs of at-risk youth. To enhance the fit and increase the likelihood of positive outcomes, it is important to consider young people's perspectives on their situations and their preferences for support.

We began this PhD study with qualitative interviews of at-risk youth in Rotterdam. The goal of this explorative study was to listen to the support needs of these young people, and to shape the research project by building on their experiences

and perspectives. We found that many participants expressed the need to be(come) self-reliant and that they did not want to depend on others to solve their problems. For some, this was related to pride and self-esteem and to prevailing ideas of masculinity and adulthood. This individuation during the transition to adulthood is in line with society's demands for increasingly autonomous and self-sufficient citizens. However, other participants had more negative cognitions related to self-reliant behaviour and the need for independence. These participants described occasions on which they had experienced negative social interactions. These experiences were primarily related to their relationships with their parent(s), in which they had felt unseen, misunderstood, and sometimes even rejected, betrayed, and abandoned. The participants described similar feelings regarding their interactions with formal care providers and institutions, such as school and the police. They had felt ignored, abandoned, and treated unfairly. As a result, most interviewees indicated that they did not want or need help. However, they did mention practices that could make at-risk youth such as themselves more open to support, including building trust and taking young people seriously. In addition, it may be important *who* is offering or providing this support. Several participants said they expected – sometimes based on their previous experiences – that people similar to themselves would be more likely to truly understand them and be genuinely empathetic regarding their situation. Several interviewees suggested that, in addition to having similar socio-cultural backgrounds (e.g. ethnicity, minority position), having similar life experiences would be helpful.

'Who works' and the working alliance

From this first explorative study, it appeared that at-risk youth attach a great deal of importance to the person providing the support and how they wish to be treated by them. This fits with the 'risk-need-responsivity' (RNR) model (Andrews et al., 1990). The RNR model holds that the intensity of the intervention should first be aligned to the *risk* of recidivism, with a higher risk requiring a more intensive intervention. Second, the intervention should focus on the criminogenic *needs* of the offender, meaning the characteristics, risk factors, and problems directly related to the criminal behaviour. Third, the intervention should be *responsive* to the person of the offender. This means that the intervention should be tailored to the cognitive and social capacities, motivation, strengths, and personality of the offender (Andrews & Bonta, 2010). In the expanded version of their model, Andrews, Bonta, and Wormith (2011) explicitly

mention the relationship skills of the treatment staff, emphasising the need to be warm, respectful, and collaborative.

The relationship between those who provide support or treatment and those who receive it has been described extensively in the context of psychotherapy. This relationship between practitioner and client is often referred to as a 'working alliance', 'therapeutic relationship', or 'therapeutic alliance'. According to Bordin (1979) – who conceptualises a 'working alliance' as the bond between the client and therapist, their agreement on goals, and their collaboration on tasks – the working alliance is "one of the keys, if not the key, to the change process" (Bordin, 1979, p.252). The working alliance is a so-called common factor, a construct that influences treatment outcomes regardless of the type of therapy or treatment modality (Wampold, 2015), and it seems to play an important role in achieving behavioural change (Burnett & McNeill, 2005). Previous research has demonstrated a modest but significant relationship between the client-therapist alliance and positive outcomes in young people (Kazdin et al., 2005; Kazdin et al., 2006; McLeod, 2011) and adults (Martin et al., 2000; McCabe & Priebe, 2004). The small-to-medium effect size of the working alliance on treatment outcomes remains consistent across treatment approaches, client characteristics, measuring instruments, and informants (Flückiger et al., 2018). In addition, both clinicians and clients consider the alliance a crucial ingredient for treatment success (Elvins & Green, 2008). However, these studies have rarely been conducted in populations who have committed criminal offences. Furthermore, the quality of the relationships with providers of support who are not therapists (such as counsellors and mentors) may also be important for achieving positive outcomes. It is useful to study these relationships in the populations of adolescents and young adults engaging in criminal behaviour, especially considering the relational difficulties that they have often experienced in private contexts and in institutional settings.

Experiential peer support

The preference expressed by several at-risk youth, for help coming from someone with similar lived experiences, is also visible in the growing practice of experiential peer support. The involvement of former service users and their 'experiential expertise' is gaining popularity in mental health care (Chamberlin, 2005), especially in mental health services that are recovery-oriented (Kortteisto et al., 2018). Clients' perspectives are gaining importance, as they can help practitioners to develop

more meaningful and supportive approaches (Hughes, 2012). One way in which this is manifest is the involvement of former clients in the direct support and treatment of current clients, in roles commonly referred to as 'peer mentor', 'peer support worker', or 'peer worker'.

'Experiential peers' (EPs), as we will refer to them here, are also increasingly involved in the criminal justice system and the rehabilitation of offenders, both in prisons and in community-based interventions. Several large cities in the United States have seen an expansion of state-funded peer-mentoring initiatives for young people involved in the criminal justice system (Lopez-Humphreys & Teater, 2019); and in the United Kingdom, peer mentoring was a central component of the 2012 government plans to transform rehabilitation of prisoners (Buck, 2018). In the Netherlands, the importance of recovery-oriented interventions, including experiential peer support, is also increasingly recognised in forensic mental health care, the field that concerns individuals with mental disorders and a history of criminal offending. In 2017, around one quarter of the organisations in this field were working with experiential peers, whilst an even higher number expressed an ambition to incorporate this into their treatment and some were making plans accordingly (Bierbooms et al., 2017).

The shared experiences of clients and experiential peers may include experiences of multiple problems – being in treatment, learning suitable coping strategies, and experiencing stigma and other social consequences of a condition (Baillergeau & Duyvendak, 2016). More specifically for experiential peer support in the forensic setting, shared experiences may also relate to (the consequences of) criminal behaviour. Sykes (1958), for example, describes the pain of imprisonment, including deprivation due to the loss of autonomy and safety. In addition, imprisonment can have ongoing negative consequences when someone re-enters the community. These consequences may be psychological, social, economic, and physical, and they may cause harm to both the individual and their relatives (Rozie & Vandermeersch, 2017). Similarly, the consequences of refraining from offending for the individual are not merely positive. Someone who desists from crime may have to manage the pains of desistance, which include isolation and loneliness (due to avoiding temptations that could provoke reoffending), goal failure (being unable to take steps towards a desired identity), and hopelessness (as a result of the other types of pain) (Nugent & Schinkel, 2016). Experiential peers and clients may share some or all of these experiences, thus helping them to identify with each other.

Theoretical framework for experiential peer support

A main rationale behind experiential peer support is the principle of 'homophily'. This is the idea that people are more likely to connect with and to like people similar to themselves. Patterns of homophily have been found to be robust in varying types of relationships, including marriage, friendship, and more superficial contacts (McPherson et al., 2001). Lazarsfeld and Merton (1954) describe two categories of homophily. In the first type, 'status homophily', similarities are found in one's informal, formal, or ascribed status, including sociodemographic dimensions (ethnicity, gender, age) and acquired characteristics (education, occupation, behaviour patterns). The second type, 'value homophily', encompasses values, attitudes, and beliefs that shape future behaviour. One expects that individuals who have engaged in criminal behaviour are more likely to connect to others who have also engaged in criminal behaviour, since they may perceive similarities regarding (former) behaviour patterns and values. Sociodemographic characteristics may also play a role, since involvement in criminal behaviour is more common among men and among individuals of a lower socioeconomic status (Van der Laan et al., 2021). There are several explanations for the association between similarities and liking. First, similar others are more likely to have attitudes, opinions, and worldviews that validate one's own, leading to less conflict and more social reinforcement (Berscheid & Reis, 1998). Second, people may anticipate less rejection or harm from someone similar to themselves (Berscheid & Reis, 1998). Finally, people are more likely to encounter others similar to themselves due to having similar lifestyles, which make them more easily available and accessible.

Two social processes can be strengthened if clients are coupled with an experiential peer. First, social bonding may play a role. An individual is expected to have a stronger bond with an experiential peer than with a regular care provider because deep-level similarities – in values, beliefs, and attitudes, for instance – are associated with a higher quality relationship (Ghosh, 2014). Travis Hirschi proposes that social bonding prevents individuals from committing crimes. He distinguishes four elements of the bond to society, among which is the attachment to important others (Hirschi, 1969). The social bonding theory thus suggests that when a young person has a strong bond with significant others, they are less likely to engage in criminal behaviour. Although this attachment is primarily described in relation to parents, peers, and school, the theory might also be applicable to professional care providers, including experiential peers. Robert Sampson and John Laub's (1997) age-graded theory of

informal social control builds on Hirschi's framework that crime is more likely when bonds are attenuated, but suggests that the meaning and salience of an individual's bonds, and therefore the influence of this informal social control, may vary over time. In addition, this theory emphasises the 'turning points' that emerge throughout the life course, referring to new situations that provide opportunities for growth, social support, and identity transformation (Laub & Sampson, 2003). Before someone can be open to these turning points, a process of cognitive transformation is assumed to take place. During this process, individuals gain the ability to envision an alternative self and begin to evaluate their deviant behaviour differently (Giordano et al., 2002). Following this line of thought, contact with an experiential peer may stimulate the envisioning of this alternative self, thus clearing the way to profit from the turning points created by the support of the experiential peer. Consequently, social bonds become stronger and more saturating. The social bond or the informal social control that is present in the relationship with an experiential peer may thus prevent the youth from committing (more) crimes.

Second, social learning may take place. According to Ronald Akers' social learning theory, criminal behaviour is learned through the same mechanisms that play a role when learning other behaviours. Behaviour is acquired by imitating others who model that behaviour, then strengthened through (social) reinforcement and weakened by punishment. Furthermore, people learn norms, attitudes, and orientations through their interactions with others (Akers et al., 1979). This suggests that if individuals can learn criminal behaviour and attitudes from others, they can also unlearn these through the same processes. An important factor when learning from someone is the extent to which the model is considered credible (Bandura, 1977). Although the influence of identification on perceived credibility is understudied, one study in the field of marketing indeed found that perceived similarity has a small positive effect on trustworthiness and credibility (Pentina et al., 2018). This implies that a client is likely to consider an experiential peer more credible than other treatment staff, thereby facilitating the learning process.

Research on experiential peer support

Most research on the effects of experiential peer support has been conducted in mental health services settings. In their review, Repper and Carter (2011) found several studies that report positive results of experiential peer support with respect to relapse

rates, empowerment, social functioning, and mental health. In their meta-synthesis of qualitative studies, Walker and Bryant (2013) found that recipients of experiential peer support experienced increased wellbeing and improved social networks. Other studies found (small) positive evidence of hope (Fuhr et al., 2014; King & Simmons, 2018; Lloyd-Evans et al., 2014), patient activation and self-efficacy (King & Simmons, 2018), and empowerment (King & Simmons, 2018; Lloyd-Evans et al., 2014). Although these studies suggest positive outcomes, there is not yet a consensus on the effectiveness of experiential peer support for reducing mental health problems, for instance, and there are few controlled studies in which experiential peer support is compared to other types of support. Some studies have found that peers achieve results equivalent to professionals employed in comparable roles (Fuhr et al., 2014; Pitt et al., 2013). A review of mostly quasi-experimental and correlational studies assessing the addition of peer support services to traditional services found that peer support was associated with several positive outcomes, such as improved quality of life and mental and social functioning (Chinman et al., 2014). A review of randomised trials concerning people with severe mental illness, however, found little or no evidence for positive effects of peer support on outcome variables such as psychiatric symptoms, quality of life, and recovery (Lloyd-Evans et al., 2014). In addition, several reviews point to the low methodological quality of studies examining experiential peer support in the field of mental health services (Chinman et al., 2014; Lloyd-Evans et al., 2014; Pitt et al., 2013).

The results in mental health care may not be transferable to the forensic or criminal justice setting. It is important to study the effects and mechanisms of experiential peer support in this specific context because it has several unique aspects. First, clients often receive treatment in a mandated setting, with predetermined goals and tasks, which may complicate the development of a treatment relationship or working alliance (Bourgon & Guiterrez, 2013). Second, in forensic mental health care, ex-offenders in peer roles may experience stigma in relation to both their history of mental health problems (Perkins & Repper, 2013) and their criminal justice involvement. Third, there may be concerns about 'deviancy training', which refers to the increase in problem behaviour that can occur when deviant peers are brought together (Dishion et al., 1999).

Although experiential peer support is growing rapidly in the forensic field, research remains relatively scarce. Reviews in the forensic context have focused on (physical) health in prisons (South et al., 2014; Wright et al., 2011), whereas the settings

and objectives of (peer-based) interventions, especially for juveniles, are more broad and rehabilitation-oriented. Therefore, it is necessary to review the empirical literature on experiential peer support interventions (both prison- and community-based) that seek to promote desistance and desistance-related outcomes. In addition, the systematic investigation of potential mechanisms and important contextual factors of experiential peer support could increase our knowledge of the working elements of such support and contribute to its practice.

Outline of the thesis

In this study we explore the support needs of at-risk youth, examine the relationship between working alliance and (treatment) outcomes, and we investigate the previously described experiential peer support for young people engaging in criminal behaviour, with a focus on the mechanisms of this type of support. Table 1 provides an overview of the research questions discussed in each chapter.

Table 1

Research Questions per Chapter

Research question	Chapter
1. What are the support needs of at-risk youth?	Chapter 2
2. What is the relationship between the client-counsellor working alliance and relevant outcomes (treatment motivation, criminal behaviour, and school/work enrolment) for young men with multiple problems?	Chapter 3
3. What is known about the effects, mechanisms, and contextual factors of experiential peer support for individuals engaging in criminal behaviour?	Chapter 4 and 5
4. How do experiential peers reflect on important mechanisms in their relationships with clients?	Chapter 6
5. How do experiential peers compare their approach to supporting clients with that of practitioners without similar lived experiences?	
6. How do young people who have engaged in criminal behaviour experience support by experiential peers?	Chapter 7

In **Chapter 2**, we describe our qualitative study concerning the support needs of at-risk youth in Rotterdam. In **Chapter 3**, we discuss our quantitative study on the association between the client-counsellor working alliance and outcomes (treatment

motivation, delinquent behaviour, school/work enrolment) for young men with multiple problems in a multimodal day treatment programme. **Chapter 4** presents the protocol for our systematic realist literature review concerning experiential peer support for individuals engaging in criminal behaviour, including an elaborate description of our initial programme theory; and in **Chapter 5**, we report the results of the review with which we tested this programme theory. In **Chapter 6**, we describe the results of our qualitative study of experiential peers providing support to young people engaging in criminal behaviour. **Chapter 7** presents a small-scale illustration of young people's experiences of receiving experiential peer support. We then conclude the thesis with a general discussion in **Chapter 8**, in which we reflect on the main findings, discuss the methodological considerations, and present the implications for practice and further research.

Chapter 2

"I need to do this on my own." Resilience and self-reliance in urban at-risk youths

Lenkens, M., Rodenburg, G., Schenk, L., Nagelhout, G. E., Van Lenthe, F. J., Engbersen, G.,
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Abstract

This qualitative study investigates urban at-risk youths' perspectives on their multiproblem situations and explores their needs for support. Semi-structured interviews were conducted with 23 at-risk youths with varied (externalising) problems and risk factors. The data analysis was carried out using an inductive thematic approach. Four main themes emerged: desistance from delinquent behaviour, need for self-reliance, negative experiences in social relationships and need for support. The participants indicated a strong need to be(come) self-reliant, which was visible in their statements on independence, coping with problems and reluctance to seek or accept help, also regarding desistance from crime. For some, this need for self-reliance seemed to be accompanied by distrust of others, which appeared related to previous negative experiences in social interactions. The participants seemed more open to support coming from someone with similar characteristics or experiences. The findings suggest that in helping at-risk youths, a delicate balance should be sought between stimulating autonomy and providing the necessary resources for support. A focus on strengthening factors that foster resilience is recommended. Future research could investigate the possible benefits of perceived similarity between youths and their care providers.

Introduction

When making the transition from childhood into adulthood, adolescents and emerging adults face several developmental challenges. They strive to become increasingly autonomous and to be more in charge of making decisions that will affect the rest of their lives. Simultaneously, others also expect them to become more independent and self-governing, such as in the areas of education, employment, and housing. However, some youths are unable to meet society's requirements when it comes to achieving self-governance. In addition to the challenges that adolescence brings, these youngsters are confronted with conditions in their social environment that can impede adult development (Collins, 2001). These circumstances, such as a poor neighbourhood or a dysfunctional family, are termed 'risk antecedents' in the risk model proposed by Resnick and Burt (1996) and they create vulnerabilities. In combination with risk markers, which refer to early negative behaviour or experiences such as poor school performance or out-of-home placement, these vulnerabilities are likely to prompt problem behaviour with more serious long-term risk outcomes (Resnick & Burt, 1996).

Some populations are more likely to experience a multitude of stressors, and stressful events during adolescence can lead to emotional and behavioural problems (Collins, 2001). In addition, studies indicate that the relation between stressors and externalising behaviour is reciprocal, which means that behavioural problems may also cause more stressors such as attenuated relationships and failure to achieve certain tasks (Grant et al., 2004). Youngsters facing adversity could therefore come to experience an accumulation of problems, including dropping out of school, unemployment, substance use and involvement in delinquent behaviour, thereby posing a risk to themselves and/or to society. For most of these at-risk youths, their (externalising) problems are transitory: by the time adulthood is reached they find themselves in a prosocial environment and with a regular job. Crucial for this development into a healthy adult is being able to adapt to stressful events or situations, and coping and social support may moderate the effect of stress on externalising behaviour (Tandon et al., 2013). For a subgroup of at-risk youths, however, it appears that they have more difficulty adapting to the risk-setting or adverse events in their lives, or that they are less able to profit from available resources, leading to more persistent problems. In order to gain a better understanding of what may cause these problems to develop and persist, this study will focus on how these youngsters view their multiproblem situation and what they think of the support that is available to

them.

The idea of "achieving positive outcomes despite challenging or threatening circumstances, coping successfully with traumatic experiences, and avoiding negative paths linked with risks" (Zolkoski & Bullock, 2012) is known as 'resilience'. While in outcome-centred research on resilience the focus is on the maintenance of competent behaviour when exposed to risk, process-focused research aims to comprehend the mechanisms modifying the impact of a risk setting and study the processes by which people adapt (Olsson et al., 2003). The latter approach seems more appropriate when studying a population of adolescents and emerging adults, considering the dynamic nature of the developmental stage they are in. Factors that foster or promote resilience may be assets, referring to an individual's personal attributes (such as coping skills, self-efficacy, and competence), or resources, which are external to the individual. The latter can be found in the immediate social environment (family and peer network) and at the societal level (e.g. school environment, community organisations) (Fergus & Zimmerman, 2005). The field of resilience research has recently been expanding to also incorporate epigenetic processes and neurobiological correlates of resilience (Sapienza & Masten, 2011).

For at-risk youths, therefore, there appears to be an imbalance between protective and risk factors, threatening their resilience. However, merely diminishing the risk factors or increasing the amount of protective factors may not be sufficient to become more resilient in spite of adversity. According to Ungar (2011), resilience also includes the capacity of individuals to actively use available resources and the ability of governments and communities to provide individuals with what they need. The life stage involving the transition to adulthood contains many 'key junctures' (i.e. choosing a school or career, building significant relationships, etc.), turning points at which a more constructive direction can be chosen and a risk trajectory may be averted (Collins, 2001). However, if the youngster is not able to utilise these or is not provided with the help he or she needs, these changes might not occur.

This also applies to the specific population of at-risk youths who display delinquent behaviour. The developmental period of transitioning into adulthood may not only provide opportunities to grow resilience, but also for desistance to take place. This process of abstinence from crime, seems to be related to that of resilience (Fitzpatrick, 2011). According to Laub and Sampson (2001), both individual choices and the development of high-quality social bonds play a crucial role in desistance. As social

bonds become stronger and social capital increases, the individual has more resources for support and problem solution, there is more at stake, and there is less unstructured time, making involvement in criminal activities less necessary, attractive, and convenient. Although the individual does not have complete control over what happens at the social level, he or she does exercise human agency and can either seize opportunities that can become turning points, or ignore them (Laub & Sampson, 2001).

Thus, in both resilience and desistance a dynamic interplay of individual and social factors is present. In addition, the process of desistance resembles the aspect of resilience which concerns the avoidance of negative, risky paths (Zolkoski & Bullock, 2012) and the ability to utilise protective factors to adapt to risk settings (Ungar, 2011). Still, relatively little research is available on resilience and the utilisation of social resources in the population of adolescents and emerging adults who are involved in risk-taking or delinquent behaviour.

In order to have optimal utilisation of social resources in striving towards resilience and desistance, it is crucial to shed more light on youths' own perspectives on their problems and on what their needs for (social) support are. In the current study a qualitative research approach is used to explore these perspectives and needs. The two main research questions are: 1) How do at-risk youths reflect on their multiproblem situation, including any current or future delinquent behaviour?, and 2) What are at-risk youths' needs for support or help?

Methods

Participants

Semi-structured interviews were conducted with 23 youths (21 males, two females) who were recruited through purposeful sampling. Only youths between the ages of 12 and 27 years who were residents of the city of Rotterdam or the surrounding region were eligible for participation. Rotterdam is the second largest city in the Netherlands (approximately 625,000 inhabitants) and home to 125,500 youths, of which approximately 7,000 are considered at risk due to multiple problems in the areas of education, employment, care and/or delinquent behaviour (Scheidel, 2017). Youths who matched this description were identified, selected, and invited to participate by, for example, professionals working within the field of youth care or in the juvenile criminal justice system, and school attendance officers. Selection bias may have occurred because youths not enrolled in any programmes were not eligible for participation. The

aim was to gather a sample that was diverse, but not necessarily representative of the whole population of at-risk youths. Heterogeneity in type and severity of risk was pursued by selecting organisations that targeted varied at-risk populations. We first sampled through the municipal school attendance office, which aims to detect and supervise adolescents aged 18 and older who do not have a school certificate. Through these professionals, we also gained access to an organisation (working together with the municipality) that provides such youths with practical help regarding school. The researchers accompanied two youth workers making their rounds in one of the neighbourhoods. These youth workers are very familiar with certain areas of Rotterdam and have daily contact with at-risk youths. We also gained access to a residential youth care facility, which houses youths (up to 18 years of age) with behaviour problems and from families with parenting problems. Regarding youths who were mainly considered at-risk youths because of their delinquent behaviour, we gained access to them through a juvenile detention centre, a juvenile probation programme for adolescents with mild intellectual disability and a voluntary reintegration programme for 18- to 27-year-olds. After being invited to participate by the selected organisations, the candidate participants were approached by the researchers. Following the interviews, the respondents were asked if they could refer others with similar problems. This snowball sampling yielded two additional participants.

Our sample of 23 participants (21 males and two females) ranged in age from 15 to 25 (M = 18.42, SD = 2.76). Although the female participants were included in the data analysis, it is important to bear this uneven distribution in mind, because the findings will apply mainly to males. The majority of the participants (n=18) were born in the Netherlands. In total, 21 participants had at least one parent who was born outside the Netherlands. The ethnic backgrounds of the youths' parents varied widely, with the birth countries Curacao (seven fathers, six mothers) and Morocco (five fathers, five mothers) being represented most often. Rotterdam is an ethnically diverse city, in which 58% of 12- to -27-year-olds have at least one parent who was not born in the Netherlands. For at-risk youths, this percentage is 74%. Of the total at-risk youth population, the proportion of youths of Moroccan (17%), Antillean/Aruban (13%), Surinam (13%) and Turkish (17%) heritage are highest (Roode & De Graaf, 2017). Although our sample resembles the ethnic composition of Rotterdam's at-risk youths, it can also be seen that the proportion of native Dutch participants in our sample is smaller. This finding will be discussed in the section on strengths and limitations.

Information on the demographic characteristics of our sample can be found in Table 1.

Table 1

Demographic Information of Study Sample

Characteristics	n
Age	
15-17 years old	13
18-20 years old	6
21-25 years old	4
Gender	
Female	2
Male	21
Country of birth	
The Netherlands	18
Curacao	4
Portugal	1
Parental country of birth	
Both parents born in the Netherlands	2
One parent born in the Netherlands, other parent born outside the Netherlands	5
Both parents born outside the Netherlands	15
Unknown	1
Referring agency	
Municipality's school attendance office	4
School career guidance	2
Urban youth work	4
Institution for residential youth care	4
Juvenile detention centre	2
Juvenile probation programme for adolescents with mild intellectual disability	2
Voluntary reintegration programme	3
Referral by another participant	2

Following the conceptual model by Resnick and Burt (1996), risk antecedents (e.g. neighbourhood, family dysfunction) and risk markers (e.g. out-of-home placement, poor school performance) appeared to be present for all the participants. Most of them displayed problem behaviours, such as truancy, drug use or association with delinquent peers, and for some we can already speak of risk outcomes, such as those participants who had dropped out of school, had been imprisoned or had become parents at an

early age. Regarding delinquent behaviour, the majority of the participants (19/23) were approached by police officers in the past for nuisance or delinquent behaviour at some point in their lives. Several of them had spent time in a juvenile detention centre, had been sentenced to community service and/or were still on probation. The criminal offences committed by these youths varied between violent assaults, drug trading, possession of weapons, and property crimes. Several participants (7/23) described how their personal situation had changed by now, making them less inclined to reoffend. They were no longer in touch with their former deviant friends or felt they could withstand the temptation of joining them in their criminal activities, earned their money the legal way, had become parents, or had come to realise that there was too much at stake.

Procedure

Prior to the interviews, the researchers explained to the participants what the study was about and asked them to sign an informed consent form. For the three participants under the age of 16, passive informed consent from parents/caregivers was obtained. The individual interviews, which lasted between 33 and 116 minutes (M = 69.74, SD = 22), were conducted by the first (ML) and third (LS) author of this paper between April and November 2016. For five of the interviews, a research intern was present to take notes. The interviews took place at several locations (public library, researchers' offices, youth care facilities), chosen in consultation with each participant. The interviews were audiotaped and manually transcribed by the research team, and each participant was given a pseudonym. On completion of the interviews, the participants received €15 to compensate for their time and an additional €5 as a token of appreciation for their help if they referred another person to the study. The current study is part of a broader research project on vulnerable and at-risk youth in urban areas, conducted by the Erasmus Urban Youth Lab (see also Schenk et al., 2018). The study does not fall under the scope of the Dutch Medical Research Involving Human Subjects Act.

Interviews

Semi-structured interviews were held to gain insight into the perspectives of at-risk youths on the problems they encountered and the help that is available to them. They were conducted using a topic list that contained several subject areas and specific

questions that served as a conversational aid for obtaining the required information. The interviews covered aspects of everyday life, such as their housing situation, schooling, employment, family and friends, and several specific themes, including mental health, the utilisation of and support from resources, and participants' self-efficacy beliefs concerning the amelioration of their (problem) situations. The last part of each interview consisted of obtaining the participants' ideas on how to improve help for youths in similar situations and about a policy plan by the municipality of Rotterdam, which involves each at-risk youth receiving social support from a mentor.

Analysis

The researchers aimed for a data-driven understanding of at-risk youths' perspectives and therefore performed an inductive thematic analysis of the data (Braun & Clarke, 2006). Data management and interpretation were conducted sequentially, and data analysis was executed by the first author using the software program NVivo and discussed with the second author.

The first step of the analytic process involved the generation of initial codes from the data. These codes identified the content at the semantic level, focusing on what participants had explicitly said. Fragments were grouped into categories on the same subjects and labelled with the corresponding code. This led to a coding scheme with a total of 38 descriptive codes. Codes were for example indications that participants thought they *could* fix their problems on their own, that they *ought* to do so, that they *wanted* to fix their problems by themselves or that they wanted to *have a say* about their future or the support they were receiving.

For the next phase of coding, the authors aimed to identify themes. Codes were analysed, taking into account their context, and combined into potential themes. In addition, a distinction was made between overarching main themes and sub-themes. This yielded a selection of 15 main themes, with several subcategories, dimensions, and variants for most of them. For example, several initial codes seemed related to the concept of 'autonomy'. In addition, in the context of other statements made by participants, it became clear that a subcategorisation should be made. Whereas some participants expressed explicit statements such as "I need to become a man", in others there was a clear presence of negative thoughts (e.g. "I cannot trust anyone" or "no one understands me") that may lead to a desire to be autonomous. Therefore, the main theme 'autonomy' was identified with sub-themes 'autonomy as explicit goal' and

'autonomy with conducive negative thoughts'.

Prior to the third phase, relevant literature was consulted to explore possible connections between the themes and to investigate the underlying structure. The phenomenon 'survivalist self-reliance' described by Samuels and Pryce (2008), for instance, helped to further structure the aspects of autonomy and link it to the concept of locus of control, coping styles and need for support. The several aspects of this concepts were used to assess the presence of self-reliance in the current sample. Whereas some elements were present in approximately half of the sample (e.g. 'emotional problems ignored or suffered in private'), other elements were visible in almost all participants (e.g. 'not needing support of others'). From this analysis it was clear that self-reliance was important in our sample, which is why we decided to focus on it as one of the main themes.

Findings

In the following, we will present the findings related to the main themes stemming from the data analysis, namely 1) youths' perspectives regarding desistance from delinquent behaviour; 2) the need for self-reliance; 3) the multitude of negative experiences in interactions within their social environment; and 4) the support they deem appropriate for at-risk youths.

Desistance from delinquent behaviour

In addition to being asked about their encounters with the (juvenile) justice system (described in the methods section), participants were asked to share their perspectives on the (dis)continuation of their delinquent behaviour. Although several participants indicated to have quit delinquent behaviour, they were not necessarily convinced that they would be able to persevere on the paths they had chosen. Carlos (18), for instance, found it hard to believe in his own capabilities or determination. He had been able to focus on staying on the right track for about a year at the time of his interview, and credited mostly his best friend for this. However, he was suffering from a fear of failure, as he labelled it:

It's very easy for a guy like me to end up in the wrong place (…) I'm afraid that all of a sudden, I might lose everything: My school, my friends, my brains…. (…) I needed to leave the house. That's a reason for things to go wrong. I could be on the streets more, I could think 'Oh shit, I need to make more money, I am not happy with the

1,600 euro I have, I need to have 100,000.' You know, you can go crazy.

Although a minority seemed to have desisted from delinquent behaviour, or expressed an intention to do so, there were examples of participants who conceded that the criminal lifestyle remained a tempting alternative to making a lawful living, such as Travis (21). While indicating that he wanted to quit, Travis gave the impression he was still involved in delinquent behaviour. When asked when he would actually quit, he replied:

> When you have something...something stable. When you have a place in society, you don't have to do crazy stuff, man. When you've got a house, a job, something to do, just to make money (...) the honest way, you can take care of your people...then it's not necessary. (...) I have a lot of faith in it, but I don't believe in it, so that I don't get depressed again when it doesn't work out. If I get disappointed now, then I really don't know anymore, man... For me, it's really hanging by a thread now.

This enduring attraction to criminality even applied to youths who were voluntarily taking steps towards a crime-free future.

Need for self-reliance

Despite their realisation that they might find themselves in an unstable situation and that their plans might not work out, these youngsters did not seem inclined to ask for support or to utilise the available resources. On the contrary, a prominent theme that emerged in the interviews was the expressed need or urgency to be(come) self-reliant. Various motivations for this need were mentioned, and this phenomenon was visible in the youths' accounts of their current and future situations, and in their self-reported behaviour in dealing with problems.

This need for self-reliance appeared to have various underlying cognitions. A few interviewees (3/23) aspired to be independent because they felt it was time for them to 'become a man'. Travis (21) was unsure of whether the staff members who worked with him were able to correctly assess his needs. He mentioned that he asked little of them and that he did not rely on them as much as he perhaps should.

> I keep them at a distance a bit, (...) like, 'Listen, when I need you, I will come to you', but I want to do it myself first. (...) I think it has to do with growing up, you know, you need to become a man, you need to be able to take care of your own stuff. Look, I have always had organisations, you see? So I need to be able to do it myself too. I cannot always keep relying on people.

In a similar vein, Johnny (25) had stopped asking his father for financial aid, because he felt that, as a grown man, he should be able to provide for himself. Deriving a sense of pride from independence might deter some youths from attempting to develop a normative lifestyle. For instance, Jovani (19) explained that although he occasionally helped out in his father's business, he would not want to work for him, because working for his father would create the impression that he was being done a favour.

In addition to those cognitions concerned with self-esteem or strength, more negatively inclined cognitions also appeared conducive to self-reliant behaviour. Younes (17), for instance, mentioned that he had realised that 'friends do not exist'. When asked how he felt about this, he replied: "It doesn't matter. You have to do everything yourself, right? I don't need that." Another participant, Pieter (15), explicitly expressed a reluctance to become attached to a care provider, as he would find it difficult to say goodbye to the person once he left the facility he was staying at.

While mentioning others' share in their problems, the participants' efforts to improve their situation had a strong self-reliant character. The participants felt they bore the primary responsibility for solving any problems, and believed it was up to them to push, motivate and encourage themselves, and to make the right decisions to not go astray. While Akun (15) was mainly trying not to get caught when he was doing 'stupid things', he also thought quitting his delinquent behaviour was possible, and added: "I think I have to do it myself. (...) I am the one making the decisions." When Johnny (25) spoke of the future, he emphasised his sole contribution: "[It depends] on me, only on me." Amit (17) acknowledged that others could help arrange things or give him advice when he left juvenile detention, but in the end, he would be the one standing outside faced with a choice.

The inclination to be independent was also visible in the participants' more specific statements on how they dealt with problems. Several participants (8/23) indicated that they did not talk to others about certain issues they might encounter or choices they had to make. Milan (19) taught himself to block any emotions at the age of 16. When asked whether he would be able to talk to his parents if something was bothering him, he answered: "If I wanted to, I could go to my parents, but I just don't feel like doing that." At the time of the interview, Milan had just learned that he could not continue his current education and therefore had to choose between finding a job or enrolling at a lower education level. He was not planning to ask anyone for advice or support in making this decision, and his friends did not even know of Milan's worries

about not having a high school diploma.

Although the majority of participants (16/23) indicated that in the end they had to take care of things themselves, they did feel that others might play a part in giving them a fair chance in society, in the areas of school, employment and housing, while still considering themselves to be the active agents in grasping these opportunities. In addition, several participants (8/23) explicitly recognised that the people around them could contribute to them attaining their goals, such as Travis (21): "Others do play a role in it, but mostly it has to come from me, because I have to do it. Others play a role in motivating or supporting me, but I do have these people around me." There were also participants who, through experience, had realised that they might not be able to deal with everything themselves. One example is Maria (20), who stayed in a youth care institution for nine months where she received therapy after being in a situation in which she was romantically manipulated in an attempt to force her into prostitution. Upon leaving this institution, she did not have a counsellor to help her adjust to normal life again. While this was her own choice, Maria regretted not having someone to talk to when things were not going well: "I just thought: 'Well, I'm strong enough, I can do it'. I don't know, I kind of had a higher expectation of myself."

Negative experiences in social interactions

Another important theme, which might be related to the tendency to (only) rely on themselves, is the multitude of negative experiences in social interactions that participants had experienced. These interactions, in which they had felt disregarded or misunderstood, can be distinguished into those with parents, institutions providing formal care, society in general, and others. The majority of examples revolved around participants' relationships with their parents, and mostly fathers, which was a clear theme in many interviews (9/23). Several instances of unresponsive parenting were mentioned, in which parents had failed to provide attention, trust or understanding. The interviewees' stories also demonstrated situations in which damage was inflicted upon them, including instances in which they had felt belittled, betrayed, accused, rejected, or abandoned. For instance, Valerio (17) heard from others that his father no longer considered him to be his son, without knowing the reasons behind this rejection. As a child, he also suffered due to his father having multiple girlfriends at once:

It has had an effect on me in the past. Having to go from woman to woman. It became quite hard at a certain moment. (…) And being left with people I didn't

know out of nowhere... (...) Or being sent off to Curacao without even knowing my grandma.

Amit (17) was no longer in touch with his father. He had not been a reliable parent, had failed to abide to agreements and had given his son false hope.

My dad never fulfilled his commitments. (...) He was never really there for me. (...) He doesn't bring me any change. And I don't want any negative people in my life right now. From the beginning, he has never really been a father. He didn't care what his children were doing, he forgot my birthday, never wanted to do fun stuff (...) he tried to be out of the house as often as possible.

In addition, several participants (8/23) gave examples of negative experiences of interactions within the context of formal care or other formal institutions such as school. Some participants talked about how they felt that their guardians or the institutional staff members had done nothing for them or were motivated only by their salaries. For Valerio (17), his psychologist quitting and not maintaining contact was an additional experience of abandonment next to the issues with his father. While living in a youth care facility, Maria (20) was cut off from any contact with family and friends, which gave her the impression that she was blamed for her situation rather than considered a victim.

At a more societal level, a few participants indicated that they had been treated as inferior or experienced discrimination. According to Anouar (15), he was treated unfairly by police officers: "Yes, it's really unjustified (...) I needed to pick up a screwdriver from my uncle (...) and bike home, and then I got another fine, because they said, 'you are carrying burglary tools'." Tim (18) referred to the process of finding a job, in which he was experiencing some difficulties. He found that employers were not interested anymore when they saw him. According to him, this was because of the colour of his skin or the way he spoke, and he felt rejected on those grounds.

Finally, the interviewees mentioned several other examples of situations or events in which they had felt harmed, such as through bullying by peers or betrayal by friends.

Suitable support for at-risk youths

The participants were asked about the type of help they would deem appropriate for at-risk youths. They were invited to talk about their own (positive and negative) experiences with the care they had received to date, and to reflect on what in general

would be most suitable for youths with similar problems.

      In line with the abovementioned tendency to be self-reliant in coping with their problems, the youths (14/23) expressed that they or their peers did not need or want any help. Although the participants sometimes indicated that some aspects of their lives needed to change, they did not want to involve others in achieving this. Some referred to previous experiences in which they had received help, that later turned out not to be helpful. Other participants mentioned they did not want to burden others or that they did not feel like talking about personal issues. According to Louis (17), it was not necessary to support or motivate youths trying to cope with their problems: "If I want something, I should go for it myself." Jovani (19) felt that youths should be left alone; they might fail, but interference would only lead to annoyance.

      It was also mentioned that, when offering help or support to at-risk youth, timing, and dosage play an important role. The interviewees considered it essential to first gain a youngster's trust before trying to tackle his or her problems. According to Travis (21) youths should hit rock bottom before care professionals started interfering with them, because prior to this they would not be open to any support. It is necessary to first gain their trust and help them realise they need help. Laura (17) gave birth nine months prior to the interview and emphasised the importance of finding the right balance in the amount of support offered. Laura: "They used to interfere with me too much, which made me reject them all. I didn't agree with anything. Now they're not on my case as much, so I listen to what they have to say."

      Another factor influencing whether youths were open to help was the type of person it was coming from. Several participants assumed or gathered from previous experiences that someone with similarities to themselves would be better able to truly understand them and sincerely empathise with them. This resemblance could include demographic characteristics or experiences in life. One aspect mentioned by a few participants (2/23) was skin colour or ethnic background. When a care professional also has a migration background, this might contribute to the development of a trusting bond. This preference might not refer solely to a shared cultural background but could also concern corresponding experiences related to a minority position in society. During the period in which the interview took place, Mo (17) had a mentor who, like himself, was Moroccan and Berber. Mo: "She knows what it's like. She also has brothers, so she knows what it's like." As Louis (17) stated about an additional facet, namely socio-economic background: "I think if I would take [*choose*] someone from a rich

neighbourhood, they would think 'What you're doing is just stupid', but maybe because they had everything in their life, and I didn't…"

In addition to demographic characteristics and socio-cultural backgrounds, several interviewees (5/23) also mentioned similar life experiences as a source of mutual understanding. When asked whether he had ever missed any help, Amit (17) answered:

I don't like help from other people, and especially from people who haven't been through it themselves. (…) You need to have been through it yourself before you can judge. (…) You might understand me, but you can never get me, you can never feel me, you know?

Carlos (18) expressed a similar idea and even suggested himself as a suitable help provider.

Rather someone with experience than someone who has studied this or that but doesn't understand even one bit of it themselves. [*I would advise the municipality*] that they need me. I swear it, lady, I would really like to do that, alongside school.

With regard to the approach professional care providers should employ, the youths indicated that they appreciated being taken seriously, treated as adults, valued for their opinion, and given more confidence. For Travis (21), it helped him that others told him "'Listen Travis, you're screwing up. You're capable of so much more, go do something with your life', (…) It has helped me to start thinking differently. To start thinking about what I was doing."

In contrast, examples of approaches that the participants deemed unhelpful had in common that their voices were not heard. In these situations, others had decided what the problem was, or the solution had been chosen without the youngsters' consent, involvement, or consideration.

Despite many dismissive statements regarding help or support, Milan (19), for instance, expressed that it would have been better if others had been more directive instead of giving them so much responsibility, since they were too young to know what was best for them. As his statement illustrates: "They would ask me: 'How can we help you?' (…) I'm a fourteen-year-old guy, what do you think, that I know how? You are ten times my age, and you come and ask me how you can help me?"

Discussion

The aim of the current study was to explore how at-risk youths reflect on their multiproblem situations and to investigate their needs with respect to support or help.

The need for self-reliance appeared to play a central role in the lives of the participants.

Self-reliance as risk

A strong drive for self-reliance and autonomy was observed in the narratives of many participants. Autonomy has been shown to be related to positive outcomes, such as the development of a positive self-concept, competent decision making and increased productivity (Spear & Kulbok, 2004). Youths displaying a high level of agency do not necessarily display low amounts of relatedness (Kağıtçıbaşı, 2005). However, when autonomy does come hand in hand with separateness or disconnectedness, it has the potential to impact behaviour negatively (Spear & Kulbok, 2004).

Firstly, a strong need for self-reliance may in itself be a direct risk factor for criminal involvement. Following Moffitt's dual taxonomy theory, deviant behaviour symbolises freedom and independence, and is therefore attractive as an autonomy-affirming act (Moffitt, 1993). In our sample, delinquent behaviour was seen by some as a means to maintain (financial) independence, albeit in a non-normative way. In addition to self-reliance as a risk factor for development of delinquent behaviour, considering desistance as an individual task might also lead to further continuation of such behaviour. The participants said it was ultimately up to them to make the right decisions. Whereas for most this included abstaining from delinquent behaviour, this was not always corroborated by their current behaviour.

Secondly, youths in the current study demonstrated a dismissive attitude towards utilising social resources. They indicated that people around them, both formal and informal care providers, were not able to understand them, which appeared to make them more inclined to rely solely on themselves. This is in line with the findings of a study on the experiences of young adults 'aging out' of foster care, in which Samuels and Pryce (2008) found that this phenomenon of 'survivalist self-reliance' could hinder youths from building supportive relationships or making maximum use of their social capital. In another qualitative study on adolescents in foster care, Kools (1999) observed that although these adolescents appear self-confident and independent, this layer of self-reliance could have consequences such as isolation and disconnection, a lack of actual independent problem-solving skills, and a limited future orientation. This was also visible in some of the participants in the current study.

For many of our participants, the need for self-reliance was accompanied by negative cognitions. This indicates that this need might have been borne out of

necessity and experience rather than free will. The participants indicated having been maltreated or disregarded in relationships with others, which can be considered experiences of 'recognition denial', a term used by Brezina (2008) to explain why some adolescents develop an exaggerated need for autonomy. In the current study, youths mainly gave examples of denial of emotional recognition, such as situations in which they had experienced a lack of attention, esteem, or emotional support in their relationships with others. This referred mainly to their relationships with their parents, particularly their fathers. As for denial of moral recognition, the youths described having felt that they had been treated unfairly or discriminated against by the police, teachers and/or potential employers. Through these experiences, the youths might have learned that it is dangerous to rely on others and that they could trust only themselves, implying a self-reliant inclination. In addition to decreasing the utilisation of social resources, these negative experiences (particularly those of parental abuse, neglect and rejection) might also lead to an increase of delinquent behaviour by causing strain (Agnew, 2001).

Hidden resilience

The self-reliance visible in our participants might also have positive aspects. The mere aim of becoming autonomous corresponds with society's demand for increasingly independent citizens. In addition, the self-reliant tendency of these youths demonstrates that they are aware of their own influence on the course of their lives, and they do not hold others responsible for fixing their problems. This makes them potentially more motivated to exercise agency, by for instance looking for a job or deciding to quit substance abuse, especially since they also seem to take pride in taking care of themselves and not depending on others.

The existing literature emphasises that, for a successful transition to adulthood, individuation should not imply detachment from the adolescent's social environment (Beyers et al., 2003). However, detachment from family members or care providers might in fact be functional when these cannot or will not provide the necessary support or guidance. Several participants in our sample indicated having broken all contact with a non-supportive parent or not wanting to become attached to a formal caregiver. Kools (1999) describes how distancing oneself from others and keeping relationships superficial serves as a self-protective strategy to prevent further harm. The thoughts underlying social detachment in the studied population of foster adolescents, such as "I

can and must take care of myself" and "others can hurt you", are similar to those found in the current study. In a study on high-risk adolescent girls, it was also found that when protective institutional and social systems had let them down, these girls displayed this self-protective type of agency (Bottrell, 2009).

Bottrell (2009) furthermore challenges dominant discourses on resilience by emphasising the key contribution of social and cultural contexts in creating adversities that disadvantaged young people encounter. This line of reasoning follows Ungar's (2011) proposition of 'hidden resilience', which is commonly seen in deviant and delinquent youths. When exposed to a risk environment without sufficient access to resources, youths may develop non-normative behaviour to achieve normative goals. These patterns of deviance, it is suggested, are sound adaptations that enable these youths to survive circumstances that are detrimental (Bottrell, 2009). In the current sample, it was seen that many youths grew up in high-crime neighbourhoods, problematic family situations and poverty, and were often misfits within the schooling system. Delinquent behaviour was mainly money-driven and was seen by some as a necessary means to provide for the family. Others indicated that their deviant peers were an important source of support. Although usually defined as delinquent or disordered, the youths' involvement in behaviour such as crime and truancy, and their orientation towards street culture or 'negative' peer groups can therefore also be seen as the activities and relationships through which they gain a sense of belonging and wellbeing (Bottrell, 2009).

Implications

The findings of this study have several implications for the endeavour to support (delinquent) at-risk youths in their challenging transition to adulthood. First, it is important to keep in mind that although these youths sometimes do realise that they could benefit from help, asking for it or even accepting it may be inconceivable to them, because relying on others threatens their self-reliant identity. A delicate balance should therefore be sought between encouraging autonomy and conveying to the youngster that support is at their disposal. Furthermore, it could be fruitful to use the 'hidden resilience' often seen in these youths as a starting point to find more acceptable and less destructive pathways to achieving similar goals. Adopting this approach of supporting the individual, however, does not imply that we should ignore the presence of certain risk factors in their lives. In addition, in focusing on the capacity to change,

one should not put too much responsibility on the individual, leading to a disregard of the root causes of social problems, such as poverty (Fitzpatrick, 2011).

Secondly, based on these youths' perspectives, it appears necessary to invest in developing a trusting relationship in which the youngster is recognised and appreciated. Besides increasing the number of social contacts at-risk youths have, attention should be paid to assessing the quality of their social networks and the nature of these interactions, because negative social interactions may be more salient than positive ones (Lincoln, 2000). Having someone in their lives who truly understands them and does not judge, belittle, or mistreat them might compensate for the recognition that was denied to them previously. Developing a positive trust relationship with a significant adult can constitute a 'turning point' that enables young people to distance themselves from risks and grasp new opportunities, thereby setting in motion processes leading to resilience (Drapeau et al., 2007). In addition, the interviewees indicated that they expected someone with shared characteristics to be more likely to convey a sincere interest in or concern for them. Further research is necessary to shed more light on the potential added value of shared characteristics or the similar life experiences of care providers. According to Wexler, DiFluvio, and Burke (2009), connecting to others with a shared experience of marginality may increase individuals' resilience. In addition, studies on mentoring suggest that deep-level similarities, that is, similar attitudes, values and beliefs, and self-disclosure on the part of the mentor, enhance the quality of the relationship and might thereby increase the likelihood of positive outcomes (Ghosh, 2014).

Thirdly, at a broader level, it is seen that current interventions are commonly aimed at increasing self-reliance (Ortega & Alegría, 2002). Furthermore, the society in which we live has a positive perception of dealing with difficult circumstances through self-reliance, whereas asking for help is sometimes pathologised. Youths' reluctance to seek emotional support can therefore be partially seen as a reflection of the society of which these adolescents are members (Samuels & Pryce, 2008). Although self-reliance might be a resource for dealing with minor problems, and therefore constitutes an aspect of resilience, it could possibly interfere with seeking professional care when needs increase (Ortega & Alegría, 2002). It is therefore important that awareness is raised among policymakers that demanding high levels of independence or self-sufficiency from (at-risk) adolescents could cultivate an excessive or survivalist self-reliant attitude, in which youngsters feel as if they can count only on themselves and

therefore become more marginalised and unreachable.

Strengths and limitations

The current research enhances our understanding of at-risk youths' perspectives on several aspects of their lives, including their multiproblem situation and their needs for support. With this study we contribute to knowledge regarding self-reliance and resilience among a hard-to-reach population. We have shown that although their endeavour towards achieving autonomy might seem in line with society's demands of self-sufficiency, this might pose a problem when it is accompanied by detachment due to negative social experiences and when it hinders the utilisation of social resources. A key strength of this study was the use of semi-structured interviews covering a wide range of topics, in which the focus was youths' perspectives. In order to understand them, it is essential to value youths' opinions and to validate their experiences of recognition denial. In addition, the focus on their needs provides formal caregivers with more tools to tailor their help to this at-risk population. Furthermore, although future research will have to address the extent to which the findings in the current study can be generalised to other social, cultural, and geographical contexts, we succeeded in conducting this study with an ethnically diverse sample that displayed a variety of risk factors.

Semi-structured interviews provide a richness of data, but a downside could be that the quantity and quality of data varies between interviews. Due to the semi-open character of the interviews and the fact that they were conducted by two interviewers, the absence of certain themes in an interview does not necessarily imply the absence thereof in an interviewee's life. It is important to keep this in mind when interpreting the results.

The scope of this study was limited in terms of its sampling method. Although convenience sampling is common in qualitative research, selection bias may have occurred in multiple ways. At-risk youths who were not identified by school, police, youth care or other relevant agencies were not eligible to participate, which could imply that youths with more severe risks were not included. It is also possible that professionals invited only those youngsters they expected to be interested in participation and that youngsters who decided to participate were more opinionated, inventive, or talkative. In addition, as it proved more difficult than anticipated to find participants, saturation was not reached. Furthermore, although statistics indicate that

at-risk youths are predominantly male, the gender ratio in the current sample (two females versus 21 males) does not fully reflect the composition of the target population. It suggests that girls with risk behaviour may not be as easily detected or are not considered 'at-risk youth' as often as boys. This may have influenced the results, because there may be gender differences in the strength of the self-reliant tendency and because males and females may experience different types of negative social interactions. Further, our sample comprised fewer participants of native Dutch descent than would be expected based on official data on at-risk youth. It is possible that professionals were more likely to consider or approach youths with a migrant background when they were asked to refer at-risk youths to our study. It is also possible that problems experienced by native Dutch at-risk youths are more often approached from a care perspective instead of a security perspective, making them less likely to be enrolled in the organisations we involved in our study. Future research should be wary of any potential discriminatory mechanisms. For the current study, we consider the ethnic diversity to be sufficiently similar to the composition of Rotterdam's at-risk youth. In addition, although we aimed to include youths between the ages of 12 and 27, following the municipality's target population of their youth policies, our final sample was of a smaller age range.

Another issue is the interpretation of the data from a Western-European perspective. Even from this perspective, in which there is a strong emphasis on individualism (Hofstede, 2011; Kağıtçıbaşı, 2005), the self-reliant tendency seen in the current study is considered excessive. It is feasible that within collectivistic cultures, this strong need to be autonomous and independent might be seen as an even more worrisome phenomenon. Furthermore, whereas throughout this research seeking or accepting formal help was considered desirable behaviour reflecting resilience, it is also conceivable that for some cultures this may be considered weak or inappropriate. It is important to keep in mind that the value placed on various factors can differ for different people and their communities (Wexler et al., 2009), and that the interpretation of the data may therefore be culturally bound.

Future research

Future research into at-risk youths' perspectives could involve more specific and in-depth questions concerning the severity of delinquent behaviour, the need for self-reliance and the presence of experiences of denial of recognition. This would allow for a

composition of typologies and could provide more insight into possible (causal) relations between these concepts. Furthermore, it is important to pay more attention to levels of risk because the at-risk population might be more heterogeneous than the current analysis allowed for. In addition, it would be interesting to explore other potential sources of excessive self-reliance, such as personality characteristics or contextual factors.

As mentioned above, future research should also make an effort to study the effects, both positive and negative, of having someone with perceived similarities or similar experiences offering and providing support to at-risk youths. It would be relevant to investigate whether perceived similarities indeed increase the likelihood of these youths accepting help, perceiving this as a positive experience and benefiting from it.

Conclusion

This study offers insight into at-risk youths' perspectives on their multiproblem situation and their needs concerning formal care. While previous research has shown that increased autonomy is desirable during adolescence and emerging adulthood, the current study showed at-risk youths who have a type of self-reliant attitude that is characterised by both pride and distrust of others, and fuelled by negative social experiences with parents, peers, and formal care providers. While this need for self-reliance may indicate some form of resilience considering their risk environments, it may also pose an additional risk to their development due to dismissal of support and involvement in delinquent behaviour. Whereas the tendency to rely on themselves only is clearly visible in these youths, they may be susceptible to support coming from people with whom they share certain characteristics or experiences.

Chapter 3

The relationship between working alliance and treatment motivation, delinquent behaviour and school/work enrolment in young men with multiple problems

Abstract

Previous studies have shown that the working alliance between client and care provider is an important predictor of treatment outcomes. This working alliance is particularly important for individuals with multiple problems. In this study we investigated the relationship between working alliance and outcomes (treatment motivation, delinquent behaviour, and school/work enrolment) in young men with multiple problems (n=143) enrolled in a day treatment program in the Netherlands. Using multivariable linear and logistic regression analyses, we only found an association between the task component of working alliance and treatment motivation. The absence of other significant associations may be related to the small sample size of the study, although another explanation is that the working alliance with a care provider may not contribute enough to these outcomes in this population with complex problems. We argue that for research among this population, who often have difficulties with interpersonal relationships, it may be necessary to measure working alliance multiple times and from multiple perspectives.

Introduction

Although most youths can successfully make the transition into young adulthood, for some this is more difficult. They face a multitude of stressors during childhood and adolescence that can lead to emotional and behavioural problems (Collins, 2001), which may cause even more stressors such as weakened interpersonal relationships (Grant et al., 2004). Facing adversity, while lacking assets or resources that promote resilience (Fergus & Zimmerman, 2005), may lead to an accumulation of problems, including school drop-out, unemployment, substance use and criminal behaviour. Studies that have investigated mental health problems, substance use and criminal behaviour of young people as interconnected suggest that the complexity of these interrelated problems requires integrated treatment aimed at several life domains (Hawkins, 2009; Potter & Jenson, 2003; Zijlmans et al., 2020). Treatment should thus not be focused on isolated problems, but address the social, environmental and developmental interactions of stressors these young adults encounter, including housing and employment needs (Zijlmans et al., 2020). However, the presence of multiple problems and in particular co-occurring mental health disorders, makes it more difficult to successfully treat these individuals, as treatment engagement and retention are challenging, and treatment outcomes tend to be poor (Hawkins, 2009).

One aspect that can contribute to positive treatment outcomes for this population is the relationship or working alliance between client and practitioner. A common conceptualisation of the working alliance is that of Bordin (1979), who suggested a model with a distinction between the bond or relationship between the client and the therapist, their agreement on goals, and their collaboration on tasks. He proposed that the working alliance is "one of the keys, if not the key, to the change process" (Bordin, 1979, p.252). Although the concept of working alliance has its roots in psychoanalytic theory, it is also applicable outside of the context of psychotherapy (Bordin, 1979).

The working alliance is one of the 'common process factors', which are constructs that influence outcomes of treatment across a variety of therapies and treatment modalities. It is the most researched common factor (Wampold, 2015), with terminology varying between 'working alliance', 'therapeutic alliance', 'alliance' and 'therapeutic relationship', but often referring to a similar construct. Previous studies have shown that there is a modest but significant relation between the alliance and treatment outcomes in youths (Karver et al., 2006; Kazdin et al., 2005; Kazdin et al., 2006; McLeod, 2011) and

in adults (Martin et al., 2000; McCabe & Priebe, 2004). A meta-analysis of 295 independent studies found that the effect size of the alliance on treatment outcomes is consistent (a small to medium effect of around 0.28), regardless of who is assessing it, the instruments used to measure the alliance and the outcomes, the treatment approach and client characteristics (Flückiger et al., 2018). The finding that a strong alliance is associated with positive outcomes resonates with views of both clinicians and patients that the therapeutic alliance constitutes a crucial element of treatment success (Elvins & Green, 2008).

Although the association between working alliance and treatment outcomes is a consistent finding in research in therapeutic settings, this association is understudied for the population of young adults with multiple problems (including externalising behaviour). In their meta-analysis, Shirk and Karver (2003) found a significantly stronger alliance-outcome association for young people with externalising behaviour, which is often present in young adults with multiple problems, compared to those with internalising behaviour. The authors suggest that this stronger association may be confounded with the type of treatment they receive. In addition, a stronger alliance may be more critical for individuals with externalising behaviour because it is more difficult to establish (Shirk & Karver, 2003). For example, a study on adolescent boys with delinquent behaviour showed that boys with deviant peer relations were less inclined to develop a solid working alliance with the staff member responsible for their treatment than those without deviant peer relations (Florsheim et al., 2000). DiGiuseppe, Linscott and Jilton (1996) suggest that the nature of adolescents' problems may influence the establishment of the alliance, as youths with externalising behaviour may be less willing to form an alliance due to the problems they have with authority figures. Moreover, adolescents with externalising problems may not experience the same emotional discomfort as adolescents with internalising problems and may therefore not be as motivated to invest in the relationship (DiGiuseppe et al.,1996). Another study demonstrated that staff were less likely to establish a strong working alliance with adolescents who displayed the most severe delinquent behaviour. It is unclear whether this was due to different behaviour of adolescents towards staff or whether staff were more biased towards these youths (Florsheim et al., 2000).

In addition to their problematic behaviour, other factors seem to hinder the building of a strong alliance for young adults with multiple problems. Previous negative experiences in social interactions seem to make at-risk youths less inclined to be open

to supportive relationships with practitioners (Lenkens, Rodenburg et al., 2019). Furthermore, if youths have negative expectations about the received care, they are less likely to establish a good alliance (Barnhoorn et al., 2013; Van Hattum et al., 2019). Adolescents who have been maltreated also have more difficulties establishing a strong alliance (Eltz et al., 1995). Most research among individuals with delinquent behaviour has been conducted with adolescents. While this may be the same for young adults with similar problems, this has hardly been studied, and several issues require attention.

A first treatment outcome that is relevant in association with the working alliance is treatment motivation, since it predicts participation in and completion of treatment, while low treatment motivation is associated with drop-out and recidivism (Mulder et al., 2010; Olver et al., 2011). Research shows that working alliance is associated with treatment motivation of adolescents (Roest et al., 2016; Fitzpatrick & Irannejad, 2008; Harder et al., 2012a). For adolescents in residential care, working alliance seems to have a bidirectional relationship with treatment motivation (Roest et al., 2016, Harder et al., 2012a). Studies investigating the influence of alliance on the change in treatment motivation have found mixed results. A longitudinal study among adults receiving mental health services found that working alliance was stronger for clients who progressed from a lower to a higher stage of motivation than those who did not progress (Emmerling & Whelton, 2009). Another study set in residential youth care found no significant association between adolescent-staff relationship and change in treatment motivation, although the authors point out that there was overall little change in motivation for treatment (Harder et al., 2012b). Although several studies thus suggest a significant relationship between alliance and treatment motivation, it is unclear whether this relationship is also present in the population of young adults with multiple problems.

The second outcome of interest is involvement in delinquent behaviour. Research has shown that there is an association between working alliance and delinquent behaviour. A quantitative study showed that a stronger therapeutic alliance between adolescents and their psychotherapist was related to more reductions in recidivism (Mattos et al., 2017). Studies investigating the working alliance with probation officers found that a stronger working alliance was highly predictive of perceived probation success (Hart & Collins, 2014), and related to several measures of decreased recidivism (decreased drug use, fewer arrests, fewer new charges, fewer days spent in jail, and fewer probation violations) for both adult and juvenile probationers

(Walters, 2015; Wild, 2011). The designs of these studies, however, do not always allow conclusions about the direction of the association, suggesting that a decrease in recidivism can also contribute to the strength of the working alliance. In addition, a study on community-based residential programs with delinquent boys found that this alliance is most important after three months of treatment. Remarkably, however, the subgroup who had developed a strong alliance initially had a greater risk of recidivism than the subgroup that developed a strong alliance later on. The authors suggest that some youths initially try to 'look good' but are unable to maintain these alliances over time (Florsheim et al., 2000). We do not know whether this is the same for the population of young adults with multiple problems and need more research to investigate the influence of working alliance on delinquent behaviour.

Lastly, working alliance may be associated with enrolment in school or being employed. As far as we know, there are no studies conducted on the association between alliance and enrolment in school or work for young adults with multiple problems, while this could be an important factor in reducing the risk of offending. Andrews and colleagues (2012) consider school and work one of the central eight criminogenic factors, which means that poor performance and low satisfaction in school and/or work is associated with mild increases in the risk of offending (Andrews et al., 2012). Research shows that education is an important protective factor for delinquent behaviour (Machin et al., 2011). In addition, having structured daily activities contributes to a more stable position in society and can serve as a reinforcer for social conformity (Laub & Sampson, 2001). Studies that have investigated the association between alliance and employment for individuals with severe mental illness found mixed results. Kukla and Bond (2009) did not find a relationship between the client-counsellor alliance and employment. Other studies, conducted with individuals with severe mental illness and individuals with disabilities including psychiatric disorders, found that employed clients had a stronger working alliance with their rehabilitation counsellor than unemployed clients (Donnell et al., 2004; Lustig et al., 2002). However, this population differs from that of young adults with multiple problems and the designs of these studies do not provide sufficient evidence that working alliance predicts employment. More research is therefore needed to investigate the relationship between working alliance and work or school enrolment for young adults with multiple problems.

Research question

In conclusion, previous research has shown that working alliance is important for several treatment outcomes. However, research investigating the specific outcomes of treatment motivation, delinquent behaviour and school/work enrolment is scarce. In addition, studies have largely focused on more homogenous populations than young adults with multiple problems, such as individuals with mental illness. It is important to gain more insight into the role of the working alliance in treatment of young adults with multiple problems, also because these individuals are at risk of developing or persisting criminal careers. Therefore, in the present study, we investigate the alliance-outcome relationship in a sample of male young adults with multiple problems enrolled in a multimodal day treatment program. We examine the relationship between three components of working alliance (bond, goal, and task) between young adults and their counsellors, and treatment motivation, delinquent behaviour, and school/work enrolment of the young adults. The research question is: What is the relationship between working alliance at the start of a treatment program and treatment motivation, delinquent behaviour, and school/work enrolment at follow-up in a group of young adult males with multiple problems? We expect to find a positive relationship between working alliance and treatment motivation, absence of delinquent behaviour and enrolment in education or employment.

Methods

Participants

This study is part of a larger study (Luijks et al., 2017). The total sample of the current study consisted of 143 young adult males recruited at the start of the multimodal day treatment program New Opportunities (in Dutch: *De Nieuwe Kans*, DNK) in Rotterdam, a large urban city in the Netherlands. Young adult males (18 to 27 years old) with multiple problems can apply for DNK directly or are referred by the social welfare agency of Rotterdam, youth care, probation services or mental health services. Participants at DNK often have a history of delinquent behaviour and Child Protection Services involvement, a low educational level, a limited social network, financial problems, mental health issues, and drug use (Zijlmans et al., 2020). A more elaborate description of the population can be found in Zijlmans et al. (2020).

Since not all participants could be reached to complete the instruments for all dependent variables, we decided to conduct the analyses with three separate

subsamples. Subsample 1 (n = 88) includes those participants for whom treatment motivation was measured at follow-up, subsample 2 (n = 121) includes participants about whom there is information regarding delinquent behaviour in the last six months at follow-up, and for subsample 3 (n = 126) we have information regarding school/work enrolment at follow-up.

Treatment setting

The multimodal day treatment program De Nieuwe Kans (DNK), with an average duration of six months, was specifically developed for young male adults with multiple problems and aims to support participants' transition to adulthood by enhancing their self-sufficiency and thereby decreasing their delinquent behaviour (Luijks et al., 2017). The theoretical model of the program contains elements of the Risk-Need-Responsivity model (Andrews et al., 2011) and the Good Lives Model (Ward & Brown, 2004). The goal of the program is reintegration into society, through continued participation in daytime activities such as education or employment. The program aims to improve various aspects of participants' lives through individual- as well as group-oriented treatment. Central to the intervention is the treatment of cognitive distortions and antisocial behaviour, and the enhancement of self-sufficiency in several life domains (e.g. mental health, substance use, social network, housing, finances, daytime activities). The treatment has a clear daily schedule and contains elements such as coaching, cognitive behavioural therapy, educational courses, job interview training, sports and arts (Van der Sluys et al., 2020). The multidisciplinary team at DNK consists of behavioural trainers, coaches, social workers, teachers, a psychologist and a psychiatric nurse (Luijks et al., 2017). Each participant has a fixed counselling team consisting of a social worker, a teacher and a coach or trainer, who together evaluate the participant's progress in the treatment program. The frequency of contact participants had with staff members and how often they had seen each other at the time of the first measurement varied.

Procedure

Approval for this study was given by the Medical Ethics Review Committee of VU University Medical Center (registration number 2013.422 – NL46906.029.13). After receiving oral and written information on the study, in which it was emphasised that participation was voluntary and data would be processed anonymously, participants gave written informed consent. Trained researchers and research assistants

administered the questionnaires by interviewing participants, since many of the participants had difficulties reading these questionnaires properly. The interviews took place at the social welfare agency of Rotterdam, at DNK, at the research site, in various detention centres, at the participants' home or at a public place (e.g. restaurant). Participants were reimbursed for their participation.

Measurements

The study consisted of several measurement waves (Table 1). The baseline measurement (T0) took place after intake. T1 took place two months after the start of the treatment program, T2 took place eight months after T0, and T3 took place fourteen months after T0.

Table 1

Measurement Schedule

Measurement wave	Timing	Variables measured
T0	Baseline (intake)	Socio-demographic characteristics
T1	2 months after start of treatment program	Working Alliance Inventory (WAI)
T2	8 months after T0	Treatment Motivation Questionnaire – Short Form (TMQ-SF)
T3	14 months after T0	School/work enrolment Delinquent behaviour

Age and ethnic background

Participants were asked about their age and ethnic background. Participants indicated their own country of birth and that of their parents. Respondents were classified as having a migration background if they or one of their parents were not born in the Netherlands (Keij, 2000). This led to eight categories of ethnicity: Dutch, Moroccan, Cape Verdean, Antillean, Turkish, Surinamese, Other Western, and Other Non-Western. For purposes of analyses, we recoded these into two categories: Dutch and migration background.

Working alliance

The alliance between the client and a staff member was measured by a Dutch

client version of the Working Alliance Inventory (WAI) (Vertommen & Vervaecke, 2006), based on the original version developed and validated by Horvath and Greenberg (1989). Participants filled out the inventory for a staff member they regularly see, usually someone from their counselling team. This instrument contains three subscales, each consisting of 12 items with a 5-point rating scale, ranging from never (0) to always (4). The 'Bond' subscale includes items such as "(staff member) and I understand each other". The 'Goal' subscale contains items such as "(staff member) and I had different ideas on what my problems were". The 'Task' subscale includes items such as "I believe the way we were working with my problems was correct". For analysis we used the average score of each subscale, ranging from 0 to 4. In our sample, Cronbach's alpha was acceptable to high: 0.85 for the Bond subscale, 0.74 for the Goal subscale and 0.84 for the Task subscale.

Treatment motivation

The Treatment Motivation Questionnaire – Short Form (TMQ-SF) was used to evaluate participants' motivation for treatment. However, since it was measured eight months after the baseline measurement and some participants were not enrolled in the day treatment program at that time anymore, we consider this outcome variable as a proxy for participants' engagement in a change process. For the present study we used the short 17-item version of the TMQ (Van Binsbergen, 2003). This instrument aims at assessing the first three stages of treatment motivation (i.e. precontemplation, contemplation and preparation), according to the transtheoretical model by Prochaska and DiClemente (Prochaska et al., 1992, Prochaska et al., 1994). The questionnaire uses a 3-point rating scale (0-not true, 1-undecided, 2-true). Based on the three subscale scores, a total motivation score was calculated by weighing the scores on the stages of motivation (precontemplation score*1, contemplation score*2 and preparation score*3). This resulted in possible scores ranging from 0 (not motivated) to 12 (motivated). In our sample, Cronbach's alpha was 0.57 for the Precontemplation scale, 0.32 for the Contemplation scale and 0.69 for the Preparation scale. For this reason, we only include the 5-item Preparation scale in our analysis, with a minimum of 0 and a maximum of 10.

Delinquent behaviour

In order to measure delinquent behaviour at follow-up (T3), we used items of the Self-report Delinquency Scale (Van der Laan & Blom, 2006). This instrument asked participants about 27 offences in five categories (vandalism and public-order crimes; aggression and violent crimes; property crimes; possession of weapons; and drug

crimes). For each offence, participants were asked whether and how often they had committed these offences during the last six months. A score for overall delinquent behaviour was calculated by multiplying the severity score of each offence (small offence = 1; serious offence = 4) with its frequency (for small offences: 0 times = 0; 1-4 times = 1; 5+ times = 2; for serious offences: 0 times = 0; 1 time = 1; 2-4 times = 2; 5-10 times = 3; 11+ times = 4), resulting in possible scores between 0 and 184.

School and work enrolment

School/work enrolment was measured at follow-up (T3). Participants indicated whether they were enrolled in (part-time or fulltime) education or employment at that moment. We recoded this information into a dichotomous variable in which 0 indicated no enrolment and 1 indicated enrolment in education and/or employment.

Statistical analyses

The statistical analyses were carried out using IBM SPSS Statistics (version 25), using a threshold for significance of p = 0.05. For all three subsamples, we tested differences in the independent variables and covariates between those included in (i.e. participants for whom information about the specific outcome measure was available) and those excluded from the sample (e.g. those participants for whom information about the specific outcome measure was not available) using Chi-square tests for categorical variables and independent T-tests for numerical variables. We did not find any significant differences in WAI Bond, WAI Goal, and WAI Task between in- and excluded participants. Regarding covariates, we found that the proportion of participants of Dutch origin was larger in the sample that filled out the Treatment Motivation Questionnaire – Short Form versus those who did not (X^2=3.920, p=0.048). For the other outcome measures, delinquency scores and school/work enrolment, we found no differences between the included and excluded participants. However, differences in ethnicity could not be tested due to small numbers of excluded cases.

To assess the association between working alliance and our outcome measures, we first performed separate bivariate regression analyses for each individual independent variable (WAI-Bond, WAI-Goal, WAI-Task) and the covariates (age at T0 and ethnicity) with the dependent variables treatment motivation, delinquent behaviour, and school/work enrolment. We then performed multivariable linear regressions for the dependent variables treatment motivation and delinquent behaviour. In these models we included the three independent variables (WAI-Bond,

WAI-Goal, WAI-Task) and the covariates (age at T0 and ethnicity). For the dependent variable delinquent behaviour, which was highly skewed to the right, we used linear regression with bootstrapping (2000 samples) (Field, 2014; Moore et al., 2017). We performed a logistic regression for school/work enrolment as the dependent variable using the same independent variables (WAI-Bond, WAI-Goal, WAI-task) and covariates (age at T0 and ethnicity).

Results

Sample characteristics

Table 2 shows the demographic characteristics (age, ethnic background) of the sample and their results on the independent and dependent variables. Most participants filled out the Working Alliance Inventory for a member of their personal counselling team, usually a social worker.

Table 2

Demographic Characteristics and Outcome Measures

Characteristics and outcome measures	Mean (SD) or %
Age in years (n=143) (mean, SD)	22.12 (2.49), range 18-26
Ethnicity (n=143)	
Dutch (%)	14.7
Migration background (%)	85.3
Surinamese (%)	24.5
Antillean (%)	18.9
Other non-western (%)	16.1
Moroccan (%)	11.9
Cape Verdean (%)	8.4
Turkish (%)	2.8
Other western (%)	2.8
Staff member selected for Working Alliance Inventory (n=143) (%)	
Member of counselling team	
Social worker	68.5
Behavioural trainer	9.1
Teacher	4.9
Outside counselling team	
Intake counsellor	11.9
Other or unknown	5.6

Working alliance (n=143)	
Bond (T0) (mean, SD)	3.10 (0.62), range 0.33-4
Goal (T0) (mean, SD)	2.85 (0.56), range 0.33-4
Task (T0) (mean, SD)	2.98 (0.61), range 1-4
Treatment motivation – preparation subscale (T2) (n=88) (mean, SD)	7.00 (2.93), range 0-10
Delinquent behaviour (T3) (n=121) (mean, SD)	6.92 (13), range 0-76
Enrolment in school/work (T3) (n=126) (%)	47.6
Enrolment in school	13.5
Enrolment in work	30.2
Enrolment in work and school	4.0

Bivariate regression analyses

      In the bivariate analyses (Table 3), the three subscales of the WAI had a significant positive association with treatment motivation (WAI-Bond: b = .27, p = .011; WAI-Goal: b = .28, p = .007; WAI-task: b = .42, p < .001). This indicates that a higher score on the Bond, Goal or Task subscale of the Working Alliance Inventory is associated with a higher score for the Preparation subscale of the Treatment Motivation Questionnaire. We did not find significant associations with the dependent variables delinquent behaviour or with school/work enrolment. We also did not find significant associations between the separate covariates (age at T0 and ethnicity) and the dependent variables.

Table 3

Bivariate Regression Analyses Working Alliance and Outcome Measures

	Linear regression sample 1: Treatment motivation – Preparation scale (N=88)				Linear regression with bootstrapping sample 2: Delinquent behaviour (N=121)				Logistic regression sample 3: School/work enrolment (N=126)			
	Standardized coefficients		95% CI for b		Standardized coefficients		95% CI for b		Standardized coefficients		95% CI for OR	
	b	p	LL	UL	b	p	LL	UL	OR	p	LL	UL
WAI – Bond	0.270	0.011	0.066	0.491	-0.163	0.463	-0.532	0.182	1.203	0.541	0.665	2.175
WAI – Goal	0.284	0.007	0.081	0.503	-0.059	0.720	-0.411	0.222	1.099	0.766	0.590	2.045
WAI – Task	0.418	0.000	0.238	0.652	-0.145	0.414	-0.519	0.176	1.417	0.265	0.768	2.615
Age at T0	0.167	0.119	-0.044	0.376	-0.155	0.113	-0.336	0.037	0.997	0.972	0.865	1.150
Migration background vs. Dutch	-0.148	0.169	-0.322	0.057	-0.003	0.980	-0.211	0.164	1.857	0.223	0.687	5.021

Note. CI = confidence interval; b = standardized beta; OR = odds ratio; LL = lower limit; UL = upper limit

Multivariable regression analyses

For the next step we conducted several multivariable regression analyses, of which the results can be found in Table 4. These models included the three components of the Working Alliance Inventory (Bond, Goal, Task) as independent variables and the age at T0 and ethnicity as covariates.

Treatment motivation

For our model predicting treatment motivation (Preparation subscale) we found a significant regression equation ($F(5,82)$ = 4.684, p = .001), with an adjusted R^2 of .175. Age at T0 (b = .182, p = .073) and WAI Task (b = .469, p = .004) were significant predictors.

Delinquent behaviour

The regression equation for our model predicting delinquent behaviour at follow-up was non-significant ($F(5,115)$ =1.646, p = .153) with an adjusted R^2 of .026. Age at T0 (b = -.177, p = .074) was the only significant predictor.

School and work enrolment

The overall regression equation of the logistic regression analysis explained a very small proportion of the variability of the outcome variable of school/work enrolment (Cox & Snell R^2 = 0.029, Nagelkerke R^2 = 0.039). None of the predictor variables were significantly related to the probability of school/work enrolment.

Table 4

Multivariable Regression Analyses Working Alliance and Outcome Measures

| | Linear regression sample 1: Treatment motivation – Preparation scale (N=88) | | | | | Linear regression with bootstrapping sample 2: Delinquent behaviour (N=121) | | | | | Logistic regression sample 3: School/work enrolment (N=126) | | | | |
| | Standardized coefficients | | 95% CI for b | | | Standardized coefficients | | 95% CI for b | | | Standardized coefficients | | 95% CI for OR | | |
	b	p	LL	UL		b	p	LL	UL		OR	p	LL	UL	
WAI – Bond	-0.028	0.844	-0.324	0.265		-0.199	0.371	-0.607	0.203		1.004	0.992	0.413	2.443	
WAI – Goal	-0.073	0.633	-0.384	0.234		0.162	0.149	-0.041	0.376		0.644	0.407	0.228	1.823	
WAI – Task	0.469	0.004	0.165	0.833		-0.139	0.342	-0.404	0.128		2.010	0.199	0.693	5.825	
Age at T0	0.182	0.074	-0.017	0.378		-0.177	0.074	-0.380	0.007		0.983	0.822	0.849	1.139	
Migration background vs. Dutch	-0.163	0.112	-0.325	0.035		0.013	0.894	-0.204	0.192		1.936	0.202	0.701	5.347	

Note. CI = confidence interval; b = standardized beta; OR = odds ratio; LL = lower limit; UL = upper limit.

Discussion

This study investigated the association between working alliance and the outcomes for treatment motivation, delinquent behaviour and school/work enrolment in a population of young adult males with multiple problems. In the multivariable regression analyses we only found that the Task component of the working alliance is significantly related to treatment motivation. This suggests that if the client and the counsellor collaborate more on the tasks that should be done to achieve certain goals, the client is more motivated for treatment, although we cannot draw any conclusions about the direction of this relationship. It is also possible that participants who were more motivated from the start scored the Task component of their working alliance with their counsellor as higher.

We did not find significant associations for the other components of the working alliance (Bond and Goal). This difference with the Task subscale suggests that it may be relevant to examine the different components of the working alliance separately (see also Webb et al., 2011). We could speculate that for this population of young adults with multiple problems having collaboration on tasks is more salient and perhaps better achievable than establishing a strong bond with their counsellor. However, more research is necessary to investigate this hypothesis.

We also did not find significant associations between the working alliance and the outcomes of delinquent behaviour and school/work enrolment. This may be explained by the complexity of the study population's problems. It is possible that the role of the working alliance for achieving positive behavioural outcomes for this specific sample is not as substantial as expected based on previous alliance-outcome studies (e.g. Flückiger et al., 2018; Shirk & Karver, 2003). It is also possible that for this population having a strong working alliance is not enough to achieve these behavioural outcomes. Participants of the treatment program often have a history of Child Protection Services involvement, a limited social network, a low educational level, financial problems, mental health problems, drug use problems and a history of delinquent behaviour (Zijlmans et al., 2020). Even if there is a strong working alliance with their counsellor, this may not impact the outcome of the treatment because of the many other risk factors that are difficult to target. In addition, we only looked at a selection of outcome measures. It is possible that the working alliance did have a positive effect on other outcome measures, such as wellbeing or self-esteem.

Possible associations between aspects of the working alliance and the outcome

measures of treatment motivation, delinquent behaviour and school/work enrolment may have been undetected due to the small sample size and related low statistical power in this study. We also found that client ratings of the working alliance at the start of treatment was moderately high and that the variance of working alliance scores was limited, which makes it more difficult to detect any effect on the outcome measures.

The lack of significant associations might also be related to how the working alliance was measured in this study. In our study, the working alliance was measured once for most participants, due to the complexity of their treatment trajectories. A singular measurement, however, may not accurately represent the overall working alliance and does not allow us to measure potential changes in working alliance scores throughout the treatment program. Previous studies have shown that various patterns of change in the alliance exist, including linear patterns and V-shaped patterns (Stiles et al., 2004). Furthermore, changes in the alliance have been associated with positive therapy outcomes, mainly because a rupture in the alliance and reparation thereof can be relevant (Safran et al., 2011). This suggests that repeated measurement may give us more insight into the development of the working alliance in our sample and might result in a different relationship with the outcome measures.

The timing of the measurement of the working alliance might also account for the absence of most expected associations between the working alliance and the treatment outcomes in our study. Although the alliance seems particularly predictive of outcomes when measured early in treatment (Castonguay et al., 2006), this may not be the case in all populations. Several studies with young people with delinquent behaviour suggest that an initially optimistic assessment of the working alliance may rather reflect a *sham alliance* (Hill, 2005) and be predictive of slow progress or treatment failure (Florsheim et al., 2000). An explanation for this is that these youths are skilled at 'looking good' during the initial treatment period, but do not have the abilities to sustain positive relationships, partly because the demands imposed by the staff increase (Florsheim et al., 2000). An instrumental and superficial alliance may contribute to temporary relief and helps to maintain an atmosphere free of conflict but is often not authentic and may not lead to any progress (Hill, 2005). In our sample, we found that the working alliance at the start of treatment was moderately high, which could suggest the existence of a sham alliance or of individuals trying to 'look good' initially.

Lastly, while participants received guidance from several care workers, participants themselves chose for which counsellor they wanted to fill out the Working

Alliance Inventory. This means that they may have selected the person with whom the alliance was considered the strongest.

Strengths and limitations

This study contributes to the knowledge on the working alliance in the treatment of young adult males with multiple problems, which is an understudied population that is difficult to reach. In addition, most studies have not investigated differential associations for the three components of the working alliance. However, the present study also had some limitations, in particular regarding the measurement of the independent and the dependent variables.

Most participants filled out the Working Alliance Inventory only once. In addition, a small number of participants indicated that they did not know the staff member very well. However, the majority of participants scored the alliance they had with a member of their counselling team, which are the staff members with whom they had the most contact.

Another limitation of this study is that we used the TMQ-SF to measure the stage of treatment motivation. This conceptualisation of motivation has been criticized for its multidimensionality and the limited inclusion of important motivational factors (Drieschner et al., 2004). Other theories than the stages of change model that aim to explain motivation, such as the self-determination theory, which makes a distinction between amotivation (the lack of an intention to act), intrinsic and extrinsic motivation (Ryan & Deci, 2000), might be more suitable and provide more insight. We also used only one measurement of treatment motivation, which does not allow us to assess its development. Since it was measured late in this sample, it may reflect motivation for change rather than motivation for treatment. Additionally, in our sample two subscales (Precontemplation and Contemplation) had a (very) low internal consistency. We therefore conducted our analyses with only the subscale Preparation that did have a satisfactory internal consistency.

Regarding the measurement of school/work enrolment, we did not have any information on the durability of the outcomes measured at follow-up. For instance, we know that some participants were employed at follow-up, but it was unknown whether this was a fulltime or parttime job and whether they had a temporary or permanent contract.

In addition, we did not collect relevant data on intermediate outcomes, such as

participants' engagement in different aspects of the multimodal treatment and how much contact participants had with their counselling team. The sample size of the current study also did not allow us to investigate a potentially mediating role of treatment motivation in the relationship with longer-term outcome measures.

Lastly, it should be noted that the power of this study is limited due to the relatively small sample sizes with missing data for several variables and an unequal distribution across levels. The limited variance of the WAI scales and the skewness of the delinquency scale also increase the risk of a type 2 error.

Implications for future research

Future research investigating the association between working alliance and treatment outcomes among young adults with multiple problems should take several aspects into consideration. First, we recommend to measure working alliance at multiple times to examine the stability and the influence of ruptures and reparations. Second, in addition to client perspective, that of the care worker should be taken into account. Third, future studies should investigate factors that hinder or contribute to the development of a strong working alliance and/or that moderate the effect of working alliance on treatment outcomes in the population of young adults with multiple problems. These factors concern both counsellor characteristics and skills and client characteristics.

A review on therapist characteristics, for instance, found that therapists who are flexible, confident, interested and trustworthy were more likely to establish positive alliances, whereas being critical, distant, rigid and uncertain contributed negatively to the alliance (Ackerman & Hilsenroth, 2001; Ackerman & Hilsenroth, 2003). Therapist skills and techniques may also play a role. Therapists who reflect, interpret accurately, facilitate the expression of affect and attend to the client's experience contribute positively to the alliance, whereas inappropriate self-disclosure, overstructuring the therapy and the inappropriate use of silence have a negative effect on the alliance (Ackerman & Hilsenroth, 2001; Ackerman & Hilsenroth, 2003).

Regarding client characteristics, attachment and difficulties in interpersonal relationships are relevant here. Several studies have found that clients with secure attachment styles tend to form stronger alliances with their therapists, whereas weaker alliances are formed by clients who demonstrate dismissing/avoidant attachment patterns or preoccupied/anxious attachment patterns (Bernecker et al., 2014; Diener &

Monroe, 2011; Smith et al., 2010). Insecurely attached individuals also demonstrate more fluctuations in their alliance, which may reflect their difficulties with forming stable relationships (Kanninen et al., 2000). This suggests that an absence of a basic trust in others and difficulties in engaging in reciprocal and satisfying bonds with others, may affect the development and stability of the working alliance with formal care providers. In addition, attachment may also have a moderating effect on the alliance-outcome association; one study found that only for those with lower levels of attachment, did working alliance have a significant impact on treatment outcome (Zack et al., 2015). These findings suggest that although establishing a strong working alliance might be more difficult for those who are insecurely attached, it might be more crucial once established. Previous studies with the same young adults as our sample showed that child maltreatment and trauma were present for many participants (Van Duin et al., 2018; Van Duin et al., 2017). Trauma and family problems in participants' lives are likely to affect attachment style and the individual's mental representation of relationships with others, thereby possibly influencing the development of the working alliance with their counsellor.

This study was conducted with a population that is understudied. More research involving young adults with multiple problems is necessary to improve the treatment available to them. Increasing our knowledge about the development of the working alliance between young adults with multiple problems and their counsellors can provide us with tools to monitor and influence this alliance, and thereby enhance any positive treatment effects.

Experiential peer support and desistance from crime: Protocol paper for a systematic realist literature review

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Abstract

Experiential peers are increasingly involved in the development and delivery of interventions for individuals who have engaged in criminal behaviour. Experiential peer support, which is the provision of support to an individual engaged in criminal behaviour by someone who has previously also practised such behaviour, is one such application. Little is known, however, about its effects on desistance, or the mechanisms that explain these effects. On the basis of theoretical papers, programme descriptions and interviews with experts, we developed an initial programme theory. We propose seven mechanisms that might play a role in the (potential) effects of support by experiential peers: 1) Empathy and acceptance; 2) Social learning; 3) Social bonding; 4) Social control; 5) Narrative and identity formation; 6) Hope and perspective; and 7) Translation and connection. In addition, in this protocol paper we describe the methods of a systematic realist literature review that will be conducted in order to investigate the evidence base for this programme theory. A realist review is a suitable approach to study complex interventions and fits the explanatory purpose of the study. We outline the steps to be taken for the systematic realist review, including the selection and assessment of studies and the methods for synthesising the findings. Investigating the effects and the underlying mechanisms of support by experiential peers for individuals with criminal behaviour is relevant because the forensic setting has some unique features, and the involvement of service users might create even more tension than in other settings due to stigma and perceived risks. The findings that will be reported in the realist review will contribute to knowledge of the effects of support by experiential peers and will provide insight into which aspects remain to be studied. It might also provide formal care institutions with guidance on whether to involve experiential peers in the delivery of their services, and the conditions under which these interventions are likely to lead to positive results.

Background

Individuals who have demonstrated delinquent behaviour tend to be considered a difficult-to-reach population, due to the partly concealed nature of their behaviour and their rejection of help. Criminal participation peaks during late childhood and adolescence, and most individuals tend to desist from delinquent behaviour in early adulthood (Farrington, 1986). However, longitudinal studies show multiple trajectories (Jennings & Reingle, 2012), indicating that although this behaviour is largely normative and limited to adolescence, for a part of the population the involvement in delinquent behaviour is more severe and persistent. For these individuals, desistance might not be such an obvious development. It is therefore relevant to investigate interventions developed to stimulate, accelerate, or support this desistance process.

However, previous studies have found that adolescents and emerging adults with delinquent behaviour display an excessive need for self-reliance, which forms a barrier to care utilisation (Gulliver et al., 2010). This might partly consist of a 'normal' need for autonomy during maturation into adulthood, and, with increasing age, some of these adolescents might become more inclined towards desistance, which they tackle on their own or seek assistance for. However, the reluctance to seek or accept help might be more persistent for people who hold negative attitudes and beliefs towards (mental health) help-seeking, based on previous experiences (e.g. feeling that they had not been taken seriously) (Rickwood et al., 2007). This might also be true of those who experience a fear of stigma, including from the person who is providing the help (Jorm et al., 2007). In a study on at-risk adolescents and emerging adults, the interviewees indicated that they did not want any help, since they felt that others did not understand them, especially when they had not been through similar experiences (Lenkens, Rodenburg et al., 2019; Schenk et al., 2018). The formal care system is overrepresented by highly educated people (Mitchell & Lassiter, 2006), who in most cases do not have any personal experience of delinquent behaviour or even with growing up in a criminogenic environment. This does not imply that professional care providers without such experiences lack the capacity to help or support people who present with delinquent behaviour. Among this group are many experienced practitioners who have the necessary skills and features to connect with the target population and to contribute to behavioural change. A discrepancy in personal background between client and practitioner might even create opportunities for clients to become acquainted to a different kind of world and as such provide opportunities to increase their bridging

capital (Putnam, 2000). However, for a part of the target population this dissimilarity may result in not accepting professional help or care because they perceive or assume a mismatch between their own personal characteristics and life experiences and those of the professional practitioner. This (mis)match can be highly relevant, because studies have shown that the relationship or working alliance between a client and practitioner (whether a therapist or a probation officer) plays an important role in achieving behavioural change (Burnett & McNeill, 2005). Investigating the potential benefits of support provided by people who have a background similar to individuals who engage in delinquent behaviour is therefore an important undertaking, because it might aid us to gain a better understanding of what works for them and under what conditions. The main purpose of the study described in this protocol paper is thus to investigate the effects of support by experiential peers on desistance and related outcomes, and to provide insight into the mechanisms involved, as well as the contextual factors that affect these mechanisms.

The concept of "experiential expertise" is increasingly being implemented in mental healthcare (Chamberlin, 2005). Specifically, in mental health services with a recovery orientation, the involvement of clients has become essential (Kortteisto et al., 2018), which makes it likely that the field of criminal (juvenile) justice will follow suit. The perspectives of service users are increasingly being recognised as important in the process of designing and implementing interventions. Listening to their needs can help practitioners to develop approaches that are perceived as more meaningful and supportive of processes of change (Hughes, 2012). According to McNeill (2006), service providers who aim to affect the rehabilitation of offenders should come to see themselves more as supporters of the desistance process, of which the offender is the owner, rather than as providers of correctional treatment belonging to the authorities. A more direct way in which experiential expertise is mobilised is by letting former service users serve as peers, directly providing support and guidance to current clients or patients. This is the type of application of experiential expertise that will be central to the review described in this protocol. From here on, we will refer to this as "experiential peer support" or "support by experiential peers." This phrase does not include naturally occurring relationships between people with similar experiences and does not take into account whether someone has had any formal training. Since we are aware that having certain experiences does not necessarily qualify someone to provide support to others with complex problems, in the realist review we will make a distinction between levels

of expertise in order to take into account the effects of formal training.

Most research on the effects of experiential peer support has been conducted in a mental health service setting. In their review, Repper and Carter (2011) found some studies that report positive results of experiential peer support with respect to relapse rates, empowerment, social functioning and mental health. For the studies that found no difference between peer and non-peer staff, they concluded that this "demonstrates that people in recovery are able to offer support that maintains admission rates (relapse rates) at a comparable level to professionally trained staff" (Repper & Carter, 2011). Although these results might also be valid for the forensic setting to some extent, it remains relevant to study the mechanisms specifically in this setting, because it has several unique aspects. Firstly, according to South, Bagnall and Woodall (2017), even though individuals presenting with delinquent behaviour might be more open to advice and support coming from peers, their resistance to authority might still cause them to resist this opportunity. In addition, peers meant to support the receiver in the process of desistance or rehabilitation might in fact support risky behaviours (South et al., 2017). This could lead to deviancy training, which is an adverse (iatrogenic) effect that can occur when deviant peers are aggregated, leading to an increase of problem behaviour (Dishion et al., 1999). This risk emphasises the necessity for an evidence base for such types of intervention. Lastly, it is likely that stigma and prejudice among professional care providers are even more strongly present and persistent regarding ex-offenders than for experiential peers in other fields of (mental health) care. This makes it a more precarious situation, in which sufficient attention should be paid to the implementation of the intervention and the conditions that could increase the chances of success. Bagnall et al. (2015) conducted a systematic review of peer support in prisons, which showed that such services had a positive effect on recipients of this support, emotionally and/or practically. However, it is also relevant to take into account other settings, because not all individuals who display delinquent behaviour are sentenced to imprisonment. This holds true particularly for adolescents. In addition, this type of support might be as effective or even more effective in other settings, such as when the individual is under probation or when he or she is released from prison and working on rehabilitation and reintegration. To the best of our knowledge, this is the first systematic realist review of the effects of support by experiential peers on desistance and desistance-related outcomes in which there is an explicit emphasis on the mechanisms and contextual factors that play a role in the effect of these types of

interventions. With our review we hope to contribute to the third generation of research on the subject of peer support (the first two stages involved feasibility studies and studies of peer staff in conventional roles), which, among other things, poses questions concerning the unique aspects of support by experiential peers, the outcomes they might produce, and the active ingredients responsible (Davidson et al., 2012).

In this protocol paper we will describe the concept of experiential peer support and the types of interventions related to it. Furthermore, following a realist approach, we will present our initial programme theory and describe the mechanisms proposed to play a role in the effects of support by experiential peers on desistance and desistance-related outcomes. Lastly, we will describe the methods of our realist review and provide an overview of the steps that we will take to conduct this review.

Experiential peer support

Interventions for people who engage in delinquent behaviour provided by people with experiential expertise can serve several functions. For a systematic review of peer interventions aimed at improving health in prison settings, a typology was developed of the various forms that peer-based interventions can take (South et al., 2017). Those most relevant for our review appear to be *peer support* (providing emotional or social support, or practical aid), *peer mentors* (role models who establish a supportive relationship with their mentee), and *peer workers* (providing informational support and connecting individuals to services in the area of health or welfare). *Peer education* and *peer training* seem to have a more instrumental and didactic focus, and it is unclear to what extent there is room for a relationship to develop between the peer educator or trainer and the recipient. In practice, however, the lines between the types of interventions become blurred. Experiential peers might take on several different roles at once or might progress from one role to the next as the relationship evolves.

Despite differences in goals and tasks, interventions involving experiential peers have in common that their core is the principle of homophily, or the idea that people are more likely to connect with people similar to themselves (McPherson et al., 2001). In order to achieve social goals, such interventions involve the use of the communicative and social mechanisms that occur between people with similar experiences (South et al., 2017). Individuals might share elements of a similar reality and a common language (Buck, 2016). They might also share similar experiences, including "having been through a condition and handling multiple problems, having lived through treatment, the social

consequences of a condition (stigma) or the experience of discovering a coping strategy within oneself" (Baillergeau & Duyvendak, 2016). It is particularly important when providing support to someone going through a status transition, such as the transition from "offender" to "ex-offender," that one has experienced a similar transition (Suitor et al., 1995). For the purpose of studying the effects of peer interventions targeted at a justice-involved population, we are mostly interested in those interventions in which the provider of the support, the experiential peer, has already experienced this transition and is thus further along the desistance process. In the review, we will therefore focus on experiential peer support as involving an "asymmetrical relationship, with at least 1 designated service/support provider and 1 designated service/support recipient" (Davidson et al., 2006).

Initial programme theory

As part of the initial programme theory, in which the experiential peer support intervention is the "programme", seven mechanisms will be presented. These are hypothesised to play a role in peer support interventions, eventually leading to one or more of the desired outcomes regarding the process of desistance. We have not undertaken an attempt to construct specific context-mechanism-outcome (CMO) configurations at this stage and therefore will not make any claims regarding specific relationships between what we consider contextual factors, mechanisms, and outcomes. In order to construct this initial programme theory, we used non-empirical articles found in preliminary searches in the initial stages of the review. Our sources included theoretical sections of reviews, programme descriptions, and descriptive papers on the utilisation of experiential expertise in the support of individuals engaged in delinquent behaviour or with other problems. Insights from criminological and psychological theories were also used to substantiate the assumed link between mechanisms and outcomes.

In addition, the first author (ML) conducted semi-structured interviews, lasting between 62 and 97 minutes, with four individuals who have expertise in the subject matter. The first interviewee is an expert in the field of role models for juvenile delinquents. The second interviewee has experiential expertise in mental healthcare and the third in the forensic mental healthcare. Both use their expertise in their current positions and are well-known experts in the field of experiential expertise. The fourth interviewee is a former offender who is now working as a formal care provider. All four

interviewees were approached through e-mail. The first three interviews took place at the interviewees' offices, the fourth interview took place at the interviewee's home. The main topics of these interviews were: general opinions on support by experiential peers for the target population of individuals with delinquent behaviour, the potential benefits/effects and risks, potential mechanisms, and contextual factors that influence the effects of such interventions. If certain aspects (e.g. timing, requirements regarding the experiential peer) were not mentioned spontaneously, the interviewees were asked specifically to reflect on these. Based on the first interview and the literature, a preliminary version of the model was constructed. This model was presented to the second, third and fourth interviewee. The input of the interviewees was integrated into the description of the model and can be found in Table 1 (mechanisms) and Table 2 (contextual factors). Throughout the descriptions of the different mechanisms and contextual factors, the same tables can be consulted when referring to the interviewees. The interviewees were given the opportunity to check whether their input was correctly represented in this protocol paper and to give feedback prior to its submission.

Outcomes

We have chosen to interpret desistance as a broad concept rather than focusing on refraining from offending as the sole outcome. We made this choice for several reasons. Firstly, we aim to follow the recent emergence of positive criminology, in which the focus is on resilience and rehabilitation rather than on solely quitting criminal behaviour (Ronel & Elisha, 2011). Secondly, we consider desistance to be a process rather than a clear endpoint, encompassing a complex interaction of subjective and social factors (LeBel et al., 2008). Nugent and Schinkel (2016) propose a terminology for the various types of desistance, which is based on the distinction by Maruna and Farrall (2004), namely primary and secondary desistance, and the addition of tertiary desistance by McNeill (2016), but which does not suggest an order in time or importance. *Act-desistance* here refers to refraining from offending, *identity desistance* describes the internalisation of a new identity as a non-offender, and *relational desistance* concerns the recognition of change by others at the micro, meso and macro levels (Nugent & Schinkel, 2016). In addition to these types of desistance, we will also consider several other outcomes that are not easily categorised, namely increased social capital, positive personal development, improved mental health, and positive changes in personal circumstances, such as employment.
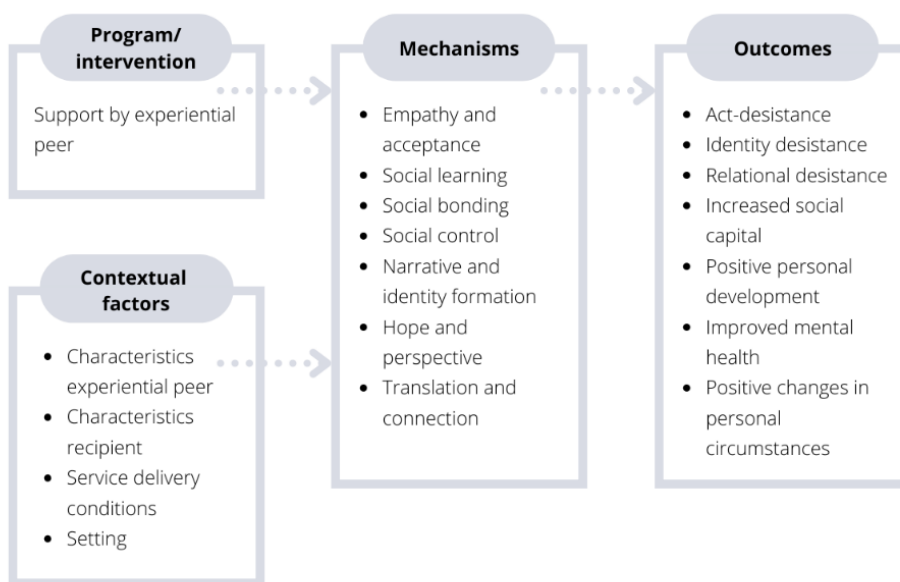
The mechanisms that will be proposed as explanations for how desistance might be achieved through support by experiential peers are likely to fall under one of three categories of theoretical explanations, as distinguished by Maruna (2001). The first category includes the so-called *ontogenic theories* that focus on maturational reform, or the idea that offenders "grow out" of their delinquent behaviour as they become older. This is not merely a passive process of becoming biologically older, as it is interpreted by some, but should rather be seen as a feeling of becoming "too old" for certain types of behaviour, after which the individual takes steps to break with (friends and lifestyles of) the past, develops new routines and settles for a less "exciting" life (Weijers, 2015). *Sociogenic theories*, which constitute the second category, are concerned with the importance of social bonds in explaining changes in delinquent behaviour across the lifespan. The third category comprises *narrative theories*. These theories stress the importance of subjective alterations in a person's sense of self and identity, which in turn are reflected in motivation, a greater concern for the future, and more consideration for others (Maruna, 2001). In conclusion, there is a broad range of desired outcomes, from reduced involvement in delinquent behaviour to positive personal development and improved personal circumstances (see Figure 1).

Mechanisms

Based on the literature and the interviews, we propose seven main mechanisms through which interventions involving experiential peer support might lead to desistance-related outcomes. For some of the mechanisms, the emphasis is on the role of the experiential peer, whereas for others it is more about how the receiver of the intervention reacts. However, for all the mechanisms the key is the interaction between the two actors. The mechanisms overlap to some extent and are not expected to operate in isolation from each other. There might be interactions between the mechanisms, and between the outcomes, and the outcomes might in turn also influence the mechanisms. In addition, some of the proposed mechanisms might also be valid for general peer support interventions or support structures in other settings. In this review, however, we will focus on what it is about receiving support from an *experiential peer*, with shared experiences of *involvement in delinquent behaviour* that might make these mechanisms particularly relevant. An overview of the mechanisms is provided in Figure 1.

Figure 1

Graphic Representation of Initial Programme Theory

Program/intervention

Support by experiential peer

Contextual factors

- Characteristics experiential peer
- Characteristics recipient
- Service delivery conditions
- Setting

Mechanisms

- Empathy and acceptance
- Social learning
- Social bonding
- Social control
- Narrative and identity formation
- Hope and perspective
- Translation and connection

Outcomes

- Act-desistance
- Identity desistance
- Relational desistance
- Increased social capital
- Positive personal development
- Improved mental health
- Positive changes in personal circumstances

Empathy and acceptance

Firstly, it is proposed that experiential peers, due to their background of similar experiences, might be more capable of experiencing empathy for others who engage in delinquent behaviour and of accepting them. In addition, according to Carl Rogers, genuine empathy and unconditional positive regard for the client are necessary conditions for personality change, such as moving from immature behaviours towards behaviours that are considered more mature (Rogers, 1957). Kindness and emotional support promote confidence and the feeling that one matters (Tolan et al., 2013), thus increasing one's sense of self-worth and self-esteem. Empathy for someone with delinquent behaviour might be easier to achieve if one has lived through similar experiences (Bagnall et al., 2015; South et al., 2014). An important aspect mentioned to some extent by interviewees 2, 3, and 4, is that the experiential peer knows what it is like to live with the same feelings of pain and distress that the individual is experiencing. In an institutionalised setting, for instance, the experiential peer knows that tension builds up prior to important (treatment) appointments, and is also familiar with the situation of confinement that one has to return to afterwards. From their own

experiences, experiential peers might be better able to understand these feelings and support the individual in processing these. When desistance has already been initiated, experiential peers might play a supportive role in its maintenance, which could be accompanied by the "pains of desistance", such as the pain of isolation, the pain of goal failure, and the pain of hopelessness (Nugent & Schinkel, 2016). Similar others might not only be considered better equipped to support individuals in distress in terms of understanding their feelings; they are also less likely to reject someone because he or she is distressed (Suitor et al., 1995). This was also mentioned by interviewees 1, 3 and 4, who believe that experiential peers can make individuals feel that they are important, and not looked down upon nor judged for their actions. While the individual might face stigma, exclusion and scepticism from others, the experiential peer will offer acceptance and inclusion (Buck, 2016).

Social learning

Through the second mechanism, social learning, the individual might learn behaviours, skills or attitudes that will support him or her in the process of desistance. It is argued that the individual learns in interaction with the experiential peer and by general social learning mechanisms, such as imitation and differential reinforcement. This is similar to the ways in which delinquent and deviant behaviour is learned, according to Akers' social learning theory (Akers et al., 1979). The content of what is modelled and learned might encompass ways in which the experiential peer is able to refrain from offending, effective problem-solving strategies, and useful skills necessary for dealing with (psychological, social, and financial) challenges related to re-entry (Davidson & Rowe, 2008). Two such challenges are not succumbing to peer pressure without losing respect and resisting tempting opportunities to acquire money illegally (De Jong, 2013). These skills are extremely important, because young offenders returning to their community find it undesirable and sometimes even impossible to isolate themselves from their "negative peers." Moreover, the opportunities and assets resulting from delinquent activities might still have an appeal for them (Martinez & Abrams, 2013). The desire to desist, which might not be inherently present in the individual, is another aspect that can be mimicked (Buck, 2016). In addition, the experiential peer might support the individual in the process of abandoning certain beliefs, attitudes, and behaviours that were once learned as survival mechanisms in settings such as prisons (Davidson & Rowe, 2008). Lastly, experiential peers might transfer knowledge to the individuals, and provide them with advice or guidance on

how to deal with the justice system, and the conditions, requirements and obligations that come with it. Peers might be considered more credible role models or sources of knowledge than staff due to their personal experiences (Bagnall et al., 2015; South et al., 2014). Credibility is considered an important factor that influences the extent to which modelled behaviour will be imitated (Bandura, 1977). An experiential peer is also more likely to be seen as a realistic role model. This is crucial, since, as interviewee 1 explained, it is not recommended to present role models who did not have to deal with similar stressors in life, because most adolescents who engage in delinquent behaviour growing up in disadvantaged situations will not be able to achieve a similar status to such role models. It is also assumed that other conditions for successfully adopting behaviour, such as having opportunities to practise the behaviour and reinforcement of this newly learned behaviour (Bandura, 1977), will be met in the ongoing relationship with an experiential peer. Lastly, having a positive role model might negate the influence of negative role models, such as friends or siblings who are involved in delinquent behaviour (Baillergeau & Duyvendak, 2016).

Social bonding

The third mechanism is the development of a social relationship. An individual with delinquent behaviour might find it easier to trust a peer than professionals (Bagnall et al., 2015), and deeper levels of similarity (attitudes, beliefs, values, personality) between individuals and experiential peers might be related to a higher quality relationship (Eby et al., 2013). Furthermore, disclosure on the part of the peer might stimulate more disclosure by the individual, possibly leading to the development of a more meaningful and close relationship (Dutton, 2018; Laurenceau et al., 1998). Adolescents or emerging adults in particular might also be more able to establish positive social bonds with others due to a positive experience and regained trust in adults (Rhodes et al., 2000). Also, as interviewee 1 and 3 explained, the individual might, with the help of an experiential peer, become better at finding closure in relationships that are not supportive of their desistance process. This does not only apply to relationships with deviant friends, but rather to damaged relationships in which the individual is still emotionally invested and which deter him or her from moving on. The resulting higher quality of social bonds might lead to desistance in several ways. According to Laub and Sampson (2001), as social capital increases, the individual is equipped with more resources for support and problem solution. Simultaneously, there is more at stake and less time, making criminal activities less attractive and opportune.

Although the individual does not have complete control over what happens at the social level, he or she does exercise human agency and can either seize opportunities that could become turning points, or ignore them (Laub & Sampson, 2001). Matching an individual with delinquent behaviour to an experiential peer might thus present an opportunity for a new relationship that can provide support and problem-solving skills.

Social control

The fourth mechanism that will be discussed is social control. Borrowing this term from the field of health psychology, it here refers to interactions within personal relationships that involve influence and regulation (Lewis & Rook, 1999). Social control might operate indirectly, for example when the individual has internalised a feeling of accountability towards the experiential peer, and therefore avoids deviant behaviour. Our interviewees, however, seemed to refer more to the direct type of social control in which someone motivates or urges an individual to quit negative behaviours or to engage in positive behaviour (Lewis & Rook, 1999). Experiential peers might recognise former own attitudes or behaviours in the person they are trying to support and will therefore be better able to see through a socially desirable act by the individual, and be quicker to ask critical questions, as interviewees 1 and 3 explained. The individual might also be more sensitive to corrections coming from someone with similar experiences. This idea, namely that experiential peers might be quicker to act to convince an individual to quit negative behaviour, might also be because they are more likely than a professional care provider to anticipate challenges related to re-entry, address these and respond to them in order to prevent escalation or relapse (Davidson & Rowe, 2008). In addition, the experiential peer, who probably has more time and flexibility, is able to monitor the process of desistance, and to detect any risks of re-offending (De Jong, 2013).

Narrative and identity formation

The fifth mechanism, 'narrative and identity formation', denotes the process of the formation of a new identity, including the self-narrative regarding someone's criminal justice involvement. It is related to the first mechanism, but the focus is more on self-acceptance rather than that of others. According to Maruna (2001), desisters differ from those who persist in crime by their self-narratives. Those who refrain from offending, presenting *redemption scripts* instead of *condemnation scripts*, tend to take responsibility for their past behaviour, and make a deliberate effort to abandon a life of crime (Maruna, 2001). This suggests that the key to desistance is not hiding or

disregarding experiences of delinquent behaviour, but rather incorporating these into one's multi-faceted identity or personal history. An experiential peer might model such an identity and provide opportunities for new roles to be practised (Buck, 2016). As interviewee 1 and 4 indicated, identity is extremely important to this population. When individuals with delinquent behaviour see that someone with a similar background who now has a "regular" job is not necessarily a "loser", this might open up opportunities to them to maintain several aspects of their identity that were previously related to their status as offender. Furthermore, whereas in other environments individuals might find their versions of reality degraded by others, the bond with another who shares a common experience allows space for marginalised perspectives and might even lead to a sense of empowerment (Buck, 2016). By believing in the individuals' abilities, which are part of the new role, they furthermore realise that they are worth something and start to believe in themselves as well (Maruna, 2001).

Hope and perspective

Experiential peers, as credible and valuable models of the idea that recovery is attainable, might furthermore instil hope and provide perspective for individuals with who engage in delinquent behaviour, which is the sixth mechanism that was mentioned in the literature (Bierbooms et al., 2017; Davidson & Rowe, 2008; Walker & Bryant, 2013), as well as by most interviewees. Seeing that others who have experienced similar situations have been able to get through them might be inspirational to those still finding their way. A significant other might not only help them to envision an alternative identity, but also an alternative future (Maruna, 2001). According to LeBel et al. (2008), hope is not only about wishing that something will change, but also entails the perceived availability of ways to achieve these goals. They find that hope, or the belief in self-efficacy, "may be a necessary if not sufficient condition for an individual to be able to desist from crime" (LeBel et al., 2008). Interviewee 3 indicated that this might be because hope leads to an increase in motivation, which stimulates the individual to actually take steps to benefit from support. Also, compared to persistent offenders, desisting offenders tend to have a stronger sense of agency (LeBel et al., 2008), which, according to Maruna (2001), is a prerequisite for resisting and overcoming structural criminogenic factors. Altogether, the individual might be more motivated to change certain aspects of his or her life, have a stronger sense of self-efficacy (since someone coming from a situation similar to theirs was also able to achieve desistance), and feel more empowered. If the individual additionally gains a sense of agency and

responsibility, there is an increased likelihood that he or she will undertake steps to refrain from offending.

Translation and connection

The seventh and last mechanism that is hypothesised to play a role in the effect of experiential peer support on desistance-related outcomes is the bridging position of experiential peers. The latter speak the same language as the recipients and know their living environment but are also familiar with the world of formal care and the justice system. The experiential peer might play a role in translating the social world to the individual, which might refer to translating professional speech into everyday language, but also to explaining the requirements of society to be included to those who may have been physically excluded from it (Buck, 2016). Moreover, the experiential peer, in contact with formal care, might speak on behalf of individuals and advocate for them. In addition, if a trustful relationship has been built between the individual and his or her mentor, the individual might be more likely to be open to seeking or accepting help (Tolan et al., 2013). The trust on which this relationship is built thus helps to link the individual to treatment and services, and experiential peers are able to help the individuals to utilise these services and support them in this engagement (Davidson & Rowe, 2008; De Jong, 2013). However, as interviewees 2 and 3 emphasised, it is crucial that individuals continue to have agency with respect to which resources they want to utilise. It should not be assumed that utilisation of care is necessarily a positive thing, because if this care is not suitable for the individual it could have detrimental effects. The experiential peer might further link individuals to educational, housing, or vocational opportunities, advise them in these areas, and accompany them to important appointments (Davidson & Rowe, 2008). It can be argued that an experiential peer thus contributes to the linking social capital the individual has, which refers to relationships that connect people across "'vertical' power differentials, particularly as it pertains to accessing public and private services" (Szreter & Woolcock, 2004). The relationship the recipients have with an experiential peer can therefore be seen as one that connects them to opportunities that might be able to help them get ahead.

Table 1

Elements Mentioned by Interviewees

Mechanism	Important elements according to interviewees
Empathy and acceptance	The experiential peer is not judgmental[1,3,4]; shows positive regard for the recipient[1]; is not occupied with truth-seeking[3]; sees the recipient as an equal[3,4]
Social learning	The recipient might learn to deal with criminogenic factors[1]; build resilience against negative imaging and stigmas[3]; acquire the wish to also contribute to society[2]. The experiential peer might help the individual to make sure that his or her survival behaviour is not carried over into the outside world[3].
Social bonding	The relationship with the experiential peer might be a trusting relationship[4]; the experiential peer might help with closure of former (negative or damaged) relationships, and dealing with this grief[1,3]
Social control	The experiential peer might be quicker to see through the client's motives[1]; might feel more comfortable correcting the client[1,4]; might be able to ask critical questions[3]
Narrative and identity formation	Through the support of an experiential peer, the recipient might be empowered (related to their identity)[1,4]; embrace the past[2]; complete his or her narrative[3]; gain a sense of agency[3]
Hope and perspective	The experiential peer might provide hope[2,3,4]; might enable the individual to envision an alternative future[1,3]; might be someone who believes in the individual[3]
Translation and connection	The experiential peer might form a connection between the individual and formal care[1,3]; might translate between the client and formal care[1]

[1]Lector juvenile delinquency & researcher; [2]Experiential peer (mental health care) & researcher; [3]Experiential peer (forensic mental health care) & trainer, [4]Experiential peer (no training) and formal care provider.

Context

Several contextual factors might influence whether the mechanisms are activated and thus whether the likelihood of desistance is increased by providing peer support by an experiential peer. In addition to consulting the literature, we spoke to our interviewees about conditions for the successful implementation of such peer support. These can be found in Table 2. Firstly, it is conceivable that the characteristics of both the individual and the experiential peer might alter mechanisms. Experiential peers might need to possess a certain level of maturity and experience (South et al., 2014).

Interviewees 2 and 3 mentioned that it might be important that experiential peers have not been involved in delinquent behaviour for a considerable amount of time in order to prevent any glorification of criminality. Some distance (in time and in attitude) towards their criminal career might also counter the risk of deviancy training. Interviewee 4, in addition, mentioned that in order for experiential peers to be taken seriously by the individual and to be respected in their roles as experiential peers, the level of criminal behaviour they were involved in needed to be "severe enough." On the receiving end of the intervention, younger individuals or those with more severe criminal careers might respond differently to peer support. The interviewees did not indicate an ideal timeframe in which the individual might be most susceptible. According to interviewee 3, experiential peer support is most important during rehabilitation or aftercare, and interviewee 1 indicated that the individual should at least be ready to take steps towards desistance. Service delivery conditions might be influential as well. The careful implementation of peer support might increase acceptance by professional staff, and thereby improve embedding in and cooperation with formal care. Proper recruitment, training and support of experiential peers (South et al., 2014), which is considered important by interviewees 1, 2 and 3, might help them to reflect on their own experiences, integrate them with those of others, and gain an understanding that what helped them might not work for someone else. Lastly, the setting of the intervention might play a role. Experiential peer support might be part of a programme in prison, but it might also be offered within a mental healthcare facility or as a voluntary service. The function and security level of the facility in which the intervention is offered might therefore affect its success (South et al., 2014).

Table 2

Contextual Factors Mentioned by Interviewees

Contextual factor	Important elements according to interviewees
Timing	Support by an experiential peer might be beneficial in various stages: before something occurs, when there are already some signals, when something has already occurred and during aftercare or rehabilitation[3]; probably the sooner the better[1]; the individual should be willing to take steps towards desistance[1]
Prerequisites of experiential peer	Experiential peers should: - be credible[1] and realistic[1] - be respected by the client[1,4] (by having displayed criminal behaviour of similar severity[4]) - be willing to learn about methodological and evidence-based practices[1] - learn how to navigate in a system with political interests and bureaucratic restrictions[1] - be able to reflect on own experiences and integrate these with those of others[2]; know what has and has not helped them, and that this might be different for someone else[2]; be capable of self-reflection[3] - not have a distancing attitude[2] - be approximately the same age as the client[2] - if applicable: have been released from prison some time ago[3] - know the difference between utilising own experiences and glorifying them[1,2,3] - focus on the client's story and adapt their support to that[3] - not be too radical in their rejection of "the system" or society[1,4]

[1]Lector juvenile delinquency & researcher; [2]Experiential peer (mental health care) & researcher; [3]Experiential peer (forensic mental health care) & trainer, [4]Experiential peer (no training) and formal care provider

Aim of the review

Through the realist review approach, the study described in this protocol paper will comprise an investigation of the effects of support by experiential peers on desistance and desistance-related outcomes, with the aim of providing insight into the mechanisms involved and the contextual factors that affect these mechanisms.

Review questions

1. What is the effect of support by experiential peers for individuals who engage in delinquent behaviour on desistance or desistance-supportive outcomes?
2. What are the mechanisms involved in these effects?
3. Which contextual factors have an influence on the mechanisms or outcomes?

Methods

Realist review

For our review, we will be mainly following the realist review processes as described by Pawson (2006) and the RAMESES guidelines as described by Wong and colleagues (Wong, Westhorp et al., 2013; Wong, Greenhalgh et al., 2013). The approach of realist review or realist synthesis was chosen because it fits the explanatory purpose of the review. While a traditional systematic review might provide evidence on whether an intervention is effective, it does not always provide insight into how or why it might work, or how it is influenced by contextual factors. Furthermore, a realist review is a suitable approach to study complex interventions (Pawson et al., 2005). Experiential peer support involves the development of a social relationship between two human beings. In addition, this is not a naturally occurring relationship, but one that operates within a formal setting. This is a complex matter: it is about more than merely putting two people together. What happens in this relationship, and whether an actual relationship develops at all, might depend on many factors. As Wong et al. (Wong, Westhorp et al., 2013) point out, what might trigger change is not the intervention itself, but rather how the participants react to the opportunities created by it. In our study, the opportunity to build a trusting relationship or to learn from another person's experiences might lead participants to think differently about their experiences and see other alternatives. A realist approach allows for testing multiple mechanisms through which these interactions might contribute to desistance. Furthermore, this approach takes into account the context that might influence the mechanisms, such as participant characteristics (of both provider and recipient of the intervention), service delivery conditions, setting, and geographical location.

In the introduction of this protocol paper, the initial programme theory, including proposed mechanisms and contextual factors, was described. In the following, we outline the search strategy and selection procedure that was utilised to source relevant studies, which will serve to refine the initial programme theory in order to

provide an evidence-based explanation for the potential effectiveness of experiential peer support. The protocol is described following the PRISMA-P[1] checklist (Liberati et al., 2009; Moher et al., 2009), added as Appendix 1. The protocol functions as a guideline, because realist reviewing allows for an iterative approach in which the activities can be tailored to the available findings.

Study inclusion criteria

Studies will be included if they were published between 1990 and 2018 in English-language journals and if they fulfil the inclusion criteria described below.

Population

We will include studies involving individuals who have displayed delinquent behaviour in the past or are still involved in delinquent activities, and who are receiving or have received an intervention involving experiential peer support. The use of illicit drugs or involvement in sex work is not considered delinquent behaviour in this study.

Intervention

Studies will be included if experiential peer support is a central element of the intervention or the intervention has a different central element (training, therapy, probation service) but is led by a peer or makes use of the difference in experiential knowledge between participants. Although it might not always be clear whether the experiential peer is a step further in the desistance process, we will aim for these types of interventions by only including those that involve asymmetrical relationships in which there is a clear role distinction between the person providing the support and the person receiving the support. This means that mutual help groups or supportive communities in which participants have equal positions and are simultaneously receiver and provider of support will be excluded. Studies will be included when the intervention is aimed at achieving desistance or desistance-supportive outcomes for the person receiving the support. These outcomes include but are not limited to:

- Positive changes in delinquent behaviour (e.g. abstinence, lower frequency, less severe types of crimes)
- Increased social network (e.g. more social bonds with others or society, higher quality relationships, increased social networks, and voluntary utilisation of suitable resources)

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[1] Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols

- Positive personal development (e.g. coping skills, self-efficacy, self-esteem, future orientation, problem-solving skills)
- Positive changes in personal circumstances (e.g. employment, education, housing)
- Improved mental health (e.g. decrease in symptoms, substance abuse)

Interventions aimed at improving participants' physical health will not be included.

Types of study

There will be no restrictions based on methodology: all types of designs, quantitative and qualitative, can be included. The reviewed studies should, however, be empirical and have gathered data on the outcomes of the intervention, mechanisms, or contextual factors that play a role. Although we exclude documents that do not contain empirical data from the review itself, we have made use of several theoretical pieces in the development of our initial programme theory. In addition, when analysing the data, we will not only look at the outcomes of the study, but also take into account the background and introduction sections of documents, as these might contain relevant information on how the intervention is expected to work or on why it did not work as expected. This information can then be compared to data found within other documents (Wong, 2018).

Search strategy

The initial systematic literature search was carried out on July 30th, 2018, using eight electronic databases: Embase, Medline, PsycINFO, Web of Science, Scopus, Criminal Justice Abstracts, SocINDEX and Google Scholar. The complete search strategy can be found in Appendix 2. Its content was determined by the first author (ML) in consultation with the second (FJL) and last author (GEN). The technical construction of the search strategy was done together with two information specialists of the Erasmus University Rotterdam over a period of two months during which several meetings took place in which the search was piloted and refined. The final search consisted of three elements, with the first part covering the target group (using keywords such as "delinquent behaviour," "crime," and "offender"), the second part being related to the setting of intervention (e.g. "probation," "detention," and "mental healthcare"), and the third part aimed at selecting papers in which an intervention involving experiential peers was investigated (e.g. "peer support," "self-help group," and "experience expert").

For this search, no proposed mechanisms or outcomes were specified in order to not exclude any unforeseen elements. Furthermore, the search strategy did not have any methodological filters, as is common for realist reviews (Wong, Westhorp et al., 2013). This first search yielded 7,976 results, with 4,867 unique results after deduplication.

After the evaluation of the results from the first search, an additional search might be done in order to refine several elements of the programme theory, as is common for realist reviews. For instance, if insufficient information is found in the initial search regarding on one or more of the mechanisms or contextual factors, this second search will serve to find relevant studies investigating these aspects in other domains, because these studies might still empirically support the programme theory. An upgrade of the search will be done before publishing the review. If necessary, this search will contain additional keywords that were found in the literature. Other methods for identifying relevant research might be used, such as reference checking and hand searching of these, which is as much used as conventional database searching in realist reviews (Pawson et al., 2005).

Selection of studies

In order to make a selection out of the 4,867 results, all titles and abstracts were read and reviewed for inclusion in light of the above-mentioned inclusion criteria. This was done by two reviewers (ML and TM) using a fast, independent method for categorising abstracts as 'Includes' or 'Excludes' in EndNote (Bramer et al., 2017). Using this method, both researchers read all abstracts and dragged articles to the custom groups 'Includes' and 'Excludes' corresponding to their verdicts. The included references of both reviewers were then combined into one library. Duplicate references, which have been included by both reviewers, were selected for full-text review. The nonduplicate references, those for which there was no initial consensus, were discussed until agreement is reached. This first selection consisted of 130 articles. The next step will be to scan the full-texts of the 'Includes', again focusing on the inclusion criteria. This will be done prior to extensively reading the articles, since it is expected that this first selection will contain a large amount of noise, because the titles and abstracts do not all contain a sufficiently detailed description of the intervention. Again, this will be done by two reviewers (ML and a research assistant) independently and, in case of any disagreement, the papers will be discussed. When necessary, a third researcher (GEN) will be involved. Depending on the quantity and quality of the findings after evaluation

of the full texts, the final selection for analysis and synthesis might be restricted to:

- A target population of adolescents and emerging adults (e.g. ≤30 years old)
- Delinquent behaviour that is not domestic abuse, intimate partner violence, or driving under the influence (DUI)
- One-on-one interventions

Restricting the study to a certain age category (in which participation in delinquent behaviour is highest) allows for a more homogenous study sample. If possible, we will exclude articles that are focused only on domestic abuse, intimate partner violence, and DUI-offences. We consider these types of offences to be of a distinct category with other underlying factors. Lastly, we are mostly interested in one-on-one interventions since these provide the clearest opportunity for real relationships to develop between the providers and the recipients.

Data extraction

The data extraction will consist of two procedures. Firstly, a research assistant will register document characteristics and study details into an Excel spreadsheet. This spreadsheet consists of several components: a) general information regarding the document, such as the year and country of publication, study funding and potential conflicts of interest; b) general information regarding the study, such as the study design, population, duration and setting; c) information regarding the participants, such as the method of recruitment, inclusion and exclusion criteria and the size and composition of the final sample (e.g. age, gender, ethnic background); and d) information regarding the type of intervention, such as whether the experiential peer support was a standalone intervention or part of a larger programme, and the characteristics of the experiential peers included in the study. 10% of this part of the data-extraction will also be done by the first author (ML) to check for consistency. The second part of the data extraction will consist of coding the included documents using the software program NVivo. This step is meant to provide an overview of the information in the documents regarding our research questions concerning mechanisms, outcomes, and contextual factors. We will make use of deductive and inductive coding. For deductive coding, we will use codes created in advance reflecting the mechanisms, outcomes, and contextual factors we have proposed in our initial programme theory. In addition, with inductive coding we have the opportunity of adding codes that originate from the data, such as mechanisms or potential (positive or

negative) outcomes that were not included in our initial programme theory. The coding will be done by the first author (ML) and 10% of the documents will be coded by the research assistant in order to check for consistency. If this consistency turns out to be satisfactory, this quality control check will be sufficient. Any disagreements will be discussed and if necessary, a third researcher (GEN) will be consulted.

Quality assessment

Next, the included papers will be assessed by two reviewers (ML and GEN) on two aspects: relevance and rigour. Articles will be more likely to contribute to the refinement of the initial programme theory if the methods used to generate the relevant data are considered suitable and credible. It is, however, important to realise that there does not need to be a relation between the rigour and the relevance of the data (Wong, 2018). For instance, a document may contain very relevant information on a relationship between a mechanism and an outcome even if this is not what was empirically tested in that specific study. In such cases, we might want to zoom in on that particular relationship in other documents or in an additional search, in order to find data that is more rigorous or trustworthy.

In order to evaluate the rigour of studies, we will use the data extraction spreadsheet. The main question for this part of the analysis is whether the data are sufficiently trustworthy and credible to justify changing or corroborating (parts of) the initial programme theory. Quantitative studies will be assessed on study design, sample size, participant selection, operationalisation of outcomes and mechanisms, and adjustment for confounders. For qualitative studies, the assessment will be based on participant selection, the extent to which data collection and analysis are described, the operationalisation of outcomes and mechanisms, and the credibility of the findings. In order to evaluate whether sections of the documents are relevant to the development of our programme theory, we will use the references that were coded with NVivo. For all coded sections, we will evaluate whether they describe an element of the programme theory that we aim to refine. Sections of the documents might refer to mechanisms, outcomes and contextual factors that were already included in the initial programme theory. They might also contain relevant information on specific CMO configurations or unforeseen, additional mechanisms, contextual factors, or outcomes. The two reviewers will score aspects of relevance and rigour as low, moderate or high using a codebook based on that used by Nagelhout et al. (2017) but adapted for the purposes of this

review.

Synthesis

We aim to refine our programme theory by identifying which outcomes are caused by the mechanisms, which specific mechanisms serve to explain these effects, and which contextual factors play a role in whether the mechanisms are activated. We will therefore seek data from the included studies to test these elements of our programme theory and investigate whether there are recurring patterns. In order to synthesise the data, we will use the output of the assessment on relevance and rigour. The first author (ML) will be in charge of this main part of the analysis. Findings will be presented to and discussed with the second (FJL) and last author (GEN). During this process, the focus will be on the interpretation of meaning of the data. If sections of documents are considered both relevant and trustworthy, we will evaluate whether the data can be interpreted as functioning as context, mechanism, or outcome. In addition, we will evaluate whether the data provide evidence for any (partial or complete) context-mechanism-outcome configurations and whether the data justify changing or corroborating (elements of) the programme theory. In order to do so, we will not only look at these relationships within each document, but also across documents (using the coded data in NVivo). If necessary, we will iteratively search for additional data to test (elements of) the refined programme theory. This could for instance entail documents of studies in other areas of mental health care in which certain relationships between contextual factors, mechanisms and outcomes have been established. We will make use of several approaches to synthesising the data, which include juxtaposing, consolidating, reconciling, adjudicating, and situating sources of evidence (Pawson, 2006). The findings might explain or complement one another, which will make it possible to build a multi-faceted explanation of success. They might, however, also contradict each other, despite similar circumstances, which will necessitate seeking an explanation. Judging studies on the basis of their methodological quality might allow for a preference for one explanation over another. Lastly, comparing studies in comparative settings will provide information on which contextual factors are important.

Finally, we will judge the coherence of the theory by looking at three aspects: consilience, simplicity, and analogy. Coherence therefore refers to whether the theory is able to explain as much as possible of the data, whether the theory is simple and does

not need additional assumptions to be able to explain the data and whether the theory fits with our current knowledge or substantive theory (Wong, 2018).

The results of the synthesis will be discussed with the review team and other experts to assess the validity and relevance. We will be careful to take into account the overall body of evidence and pay attention to the quality and the balance between desirable and undesirable effects. Based on the findings, the programme theory will be refined into a final model. The results of the analysis and synthesis will be described in accordance with the standard for reporting realist reviews, Realist and Meta-Review Evidence Synthesis: Evolving Standards (RAMESES) (Wong, Greenhalgh et al., 2013). RAMESES includes guidelines for describing the rationale for the review, any changes that were made to the review process, (the rationale regarding) the iterative search, how judgments were made regarding the selection and appraisal of papers, and the key findings.

Discussion

A realist approach will be utilised in the study described in this protocol in order to investigate the effects of support by experiential peers in relation to desistance and desistance-related outcomes. This type of systematic review allows for exploring mechanisms through which these effects occur and contextual factors that might influence these processes, thereby providing a more complete and informative account of these types of interventions aimed at individuals involved in delinquent behaviour. In this protocol paper, we presented our initial programme theory, which includes seven mechanisms: 1) Empathy and acceptance; 2) Social learning; 3) Social bonding; 4) Social control; 5) Narrative and identity formation; 6) Hope and perspective; and 7) Translation and connection.

The realist review approach ideally provides evidence for specific context-mechanism-outcome (CMO) configurations. However, it is plausible that many researchers examine a combination of mechanisms or outcomes, making the uncovering of separate CMO configurations impossible. In addition, the review will not lead to a conclusive answer regarding what makes support by experiential peers potentially effective; other theoretical explanations of how interventions with experiential expertise lead to certain outcomes could be postulated. By involving a multidisciplinary team (with backgrounds in pedagogy, criminology, psychology, sociology, and public health) and the perspectives of experiential peers in the

development of the initial model, we try to consider a wide range of viewpoints. Another challenge with realist reviews is that the iterative approach used can go on indefinitely without a predefined endpoint. In order to minimise this risk, we will thoroughly prepare the second literature search by discussing it with our team and consulting experts.

The findings of the realist review will contribute to the current knowledge on effects and mechanisms of support by experiential peers in general, and in the forensic setting in particular. By offering an overview of evidence-based mechanisms involved in such interventions, we will provide insight into which aspects remain to be studied. The findings might help professional care providers to know whether (more) effort should be put into involving experiential peers in reaching individuals involved in delinquent behaviour and supporting them in their desistance process. It might also provide them with information on the conditions under which these interventions especially lead to positive results. In addition, this study might provide professional care providers lacking such experiential similarity to the clients they are serving with tools to improve their relationship with them by learning from experiential peers. Lastly, it might provide policymakers guidance in the allocation of funding to projects making use of experiential expertise. By disseminating the findings of the realist review to policymakers and other stakeholders, we aim to contribute to the implementation of evidence-based interventions to improve outcomes for individuals who engage in delinquent behaviour and to support them in the process of desistance.

Experiential peer support and desistance from crime: A systematic realist literature review

Abstract

Although support by experiential peers (EPs) for individuals with criminal behaviour is increasing, a clear empirical basis for its effectiveness is lacking. It is also unknown what mechanisms are crucial in experiential peer support. The purpose of this review was to investigate outcomes, mechanisms, and contextual factors of individual support by experiential peers for individuals who display criminal behaviour. We conducted a systematic realist literature review to test and refine our initial programme theory, in which we proposed seven mechanisms that may play a role in the desistance-supportive outcomes of experiential peer support. We included studies focusing on asymmetrical one-on-one support for and by individuals with criminal behaviour, published in English between 1990 and April 2020. We searched Embase, MEDLINE, PsycINFO, Web of Science, Scopus, Criminal Justice Abstracts, SocINDEX and Google Scholar. 6,530 scientific papers were screened and after applying the inclusion criteria and assessing the rigour and relevance of the search results, 25 articles reporting on 19 studies about support for individuals with criminal behaviour by experiential peers were included. The findings suggest that experiential peers show empathy and have a non-judgmental approach, are considered role models, establish a trusting relationship with clients, offer hope, connect clients to other services, and have a recovery perspective on desistance. We found results indicative of act-desistance, positive personal development and improvements in mental health and personal circumstances, although study results were not consistent. The information on contextual factors was too limited for a robust analysis. We found evidence for several important mechanisms of experiential peer support: empathy and acceptance, social learning, social bonding, hope and perspective, translation and connection and recovery perspective. There is little evidence that experiential peer support for individuals with criminal behaviour leads to desistance or related outcomes. Future research should not only focus on objective measures (e.g. absence of criminal behaviour), but also on subjective measures (e.g. hope, self-esteem) and investigate long-term effects.

Background

In addition to professional knowledge, experiential knowledge is gaining more attention and appreciation in mental healthcare (Chamberlin, 2005). This is visible in the development of interventions and in the delivery of support to clients. Specifically, in mental health services oriented at recovery, the involvement of (former) clients has become important (Kortteisto et al., 2018). The field of criminal justice and the rehabilitation of individuals involved in criminal behaviour is upcoming regarding this type of 'experiential peer support'. People displaying criminal behaviour do not necessarily consider their behaviour as problematic for themselves and may therefore be less interested in help. In addition, negative attitudes towards seeking help and negative experiences with formal care might form a barrier to seeking or accepting help (Lenkens, Rodenburg et al., 2019; Rickwood et al., 2007). Experiential peers (EPs), however, might have an advantage in reaching this population, because people are more likely to connect with people similar to themselves (McPherson et al., 2001). These similarities can refer to similar experiences, such as coping with certain problems, having lived through treatment, and the social consequences of a condition or treatment (e.g. stigma) experienced (Baillergeau & Duyvendak, 2016). In addition, in the delivery of support it can help if someone has been through a similar transition (Suitor et al., 1995), such as that from 'offender' to 'ex-offender'.

Although experiential peer support in criminal justice has been increasing, a clear empirical basis for its effectiveness is lacking. It is also unknown what mechanisms are crucial in experiential peer support. Previous research has mainly focused on support by experiential peers in other areas of care. A literature review on peer support in mental health services showed that empowerment, empathy and acceptance, stigma reduction and hope are important mechanisms (Repper & Carter, 2011). It is unclear to what extent these results can be generalised to the forensic setting. First, treatment or help in this field is usually mandated by court and thus involuntary, meaning that clients might not be motivated for treatment or behavioural change. Previous research has shown that establishing a treatment relationship in a mandated setting is difficult since tasks and goals are often predetermined and there is limited confidentiality (Bourgon & Guiterrez, 2013). Second, the stigma and misconceptions surrounding peer workers in mental health services (Perkins & Repper, 2013) may be even more present for ex-offenders in similar roles, which may influence successful implementation of experiential peer support. Third, the risk of deviancy training, which is the increase of problem

behaviour that can occur when deviant peers are brought together (Dishion et al., 1999), needs to be taken into account.

A systematic review in the forensic context concluded that there is a lack of research about the impact of peer education in prison on mental health issues (Wright et al., 2011). The conclusion of another systematic review was that peer support services in prison can have a positive effect on recipients' mental health. However, the authors also point to the poor methodological quality of most studies (South et al., 2014). Although these reviews provide us with some insight into whether experiential peer support works, most studies focus on improving prisoners' health only, whereas the settings and objectives of such interventions are broader, particularly for juveniles. In addition, knowledge about what happens in the relationship between the experiential peer and the client is limited. Increasing knowledge about experiential peer support can contribute to the understanding of the mechanisms of desistance.

Experiential peer support is complex to evaluate, as it is not a standardised or protocolised intervention but a human relationship operating within a formal setting. It is insufficient to view this type of support as merely the contact between two people; in order to understand the relationship, we need to know what happens when a client and an experiential peer are brought together, and how this can lead to positive effects. We also need to know whether there are contextual factors, such as personal characteristics or setting conditions, that may influence the existence of these mechanisms or their effects on outcomes. A realist approach is suitable to study complex interventions and fits the explanatory purpose of the review (Pawson et al., 2005). As Wong and colleagues (Wong, Greenhalgh et al., 2013) describe, not the intervention in itself but how participants respond to it may trigger change. A realist approach allows us to test several mechanisms through which the interactions between the client and the experiential peer might contribute to desistance.

In this systematic realist literature review, we will investigate the effects of support by experiential peers on desistance from criminal behaviour, and the mechanisms and contextual factors that play a role in these types of interventions. We focus on experiential peer support in which there is an asymmetrical relationship, which means that there is a designated provider and a designated recipient of support (Davidson et al., 2006).

Programme theory

In this paper we test the initial programme theory regarding experiential peer support for people involved in criminal behaviour presented in our protocol paper (Lenkens, Van Lenthe et al., 2019). In the following, we briefly describe the components (mechanisms, outcomes, contextual factors) of this theory. A graphic representation of this model can be found in Figure 1.

Figure 1

Initial Programme Theory
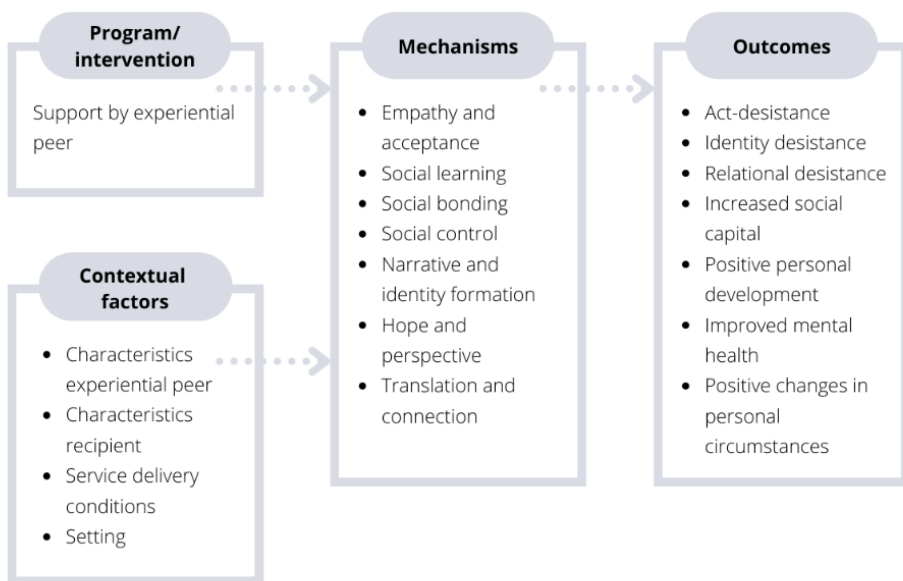
Mechanisms

We propose several mechanisms that may play a role in the effects of experiential peer support on desistance-related outcomes. These mechanisms were based on interviews with experts and existing literature (Lenkens, Van Lenthe et al., 2019). First, we proposed that experiential peers display *empathy and acceptance*. Second, the recipient may adopt new behaviours, attitudes, desires, and skills through *social learning*. Third, *social bonding* may take place with the experiential peer. Forth, the experiential peer may exert *social control* regarding the individual's behaviour. Fifth, support by an experiential peer may help in the construction of a *narrative* and the formation of a new, alternative *identity*. Sixth, an experiential peer may instil *hope* in

individuals with criminal behaviour or provide more *perspective*. Seventh, an experiential peer may *translate and connect* between the individual and other services and formal care providers.

Outcomes

The model includes three types of desistance: *act-desistance* (refraining from offending), *identity desistance* (internalisation of a new identity as a non-offender) and *relational desistance* (recognition of change by others). Other outcomes that may be achieved due to the support are *increased social capital* (social relationships of higher quality), *positive personal development* (e.g. self-efficacy, problem solving skills), *improved mental health* (decrease in symptomology) and *positive changes in personal circumstances* (e.g. employment, housing, school enrolment).

Contextual factors

Several contextual factors may influence the activation of the mechanisms. Characteristics of the individual receiving the intervention (age, severity of criminal behaviour, motivation) and the experiential peer (attitude towards criminality, specific experiences) may play a role. In addition, service delivery conditions may be important for implementation and acceptance of experiential peer support. The recruitment, training and support of experiential peers appears to be relevant. Lastly, the setting (e.g. prison, mental healthcare facility, community programme), including its function and security level, may moderate the effect of the intervention.

Method

Our realist review follows the process described by Pawson and colleagues (Pawson, 2006). After identifying the review question, an initial theory was formulated that was described briefly in the introduction and more thoroughly in our protocol paper (Lenkens, Van Lenthe et al., 2019). Our systematic realist literature review reported in line with the RAMESES publication standards (Wong, Greenhalgh et al., 2013).

Searching and selection of studies

The initial systematic literature search was done on July 30, 2018, using multiple electronic databases: Embase, MEDLINE, PsycINFO, Web of Science, Scopus, Criminal Justice Abstracts, SocINDEX, and Google Scholar. The details of this search can be found in the protocol paper (Lenkens, Van Lenthe et al., 2019), the complete strategy itself can be found in Appendix 2. This first search yielded 4867 unique results. All titles and

abstracts were independently read and reviewed for inclusion by two researchers with a fast method using Endnote (Bramer et al., 2017), leading to 130 studies. After scanning and then reading the full articles that could be retrieved (all but five), this led to a selection of 27 papers and four additional papers from reference lists of included studies. After refining our inclusion criteria, which is not uncommon according to realist method (Pawson et al., 2005), 10 papers remained. We conducted an updated second search on April 15th, 2020, using the same electronic databases. For this search we added several keywords[2] that we encountered while reading and evaluating the results from the first search. This search yielded 1663 new unique results. Following the same procedure as for the first search, this led to 33 additional includes on the basis of title of abstract, of which 21 were eventually included based on the full-text article. Two additional papers were included based on reference lists of included studies, leading to a total of 23 includes from the second search, and a final total of 33 papers (see Figure 2).

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[2] In-custody, offend*, adjudicated, peer driven, peer work*, peer coach*, peer leader*, wounded healer, ex-offender, consumer survivor, consumer provider

Figure 2

Flowchart of Literature Selection Process
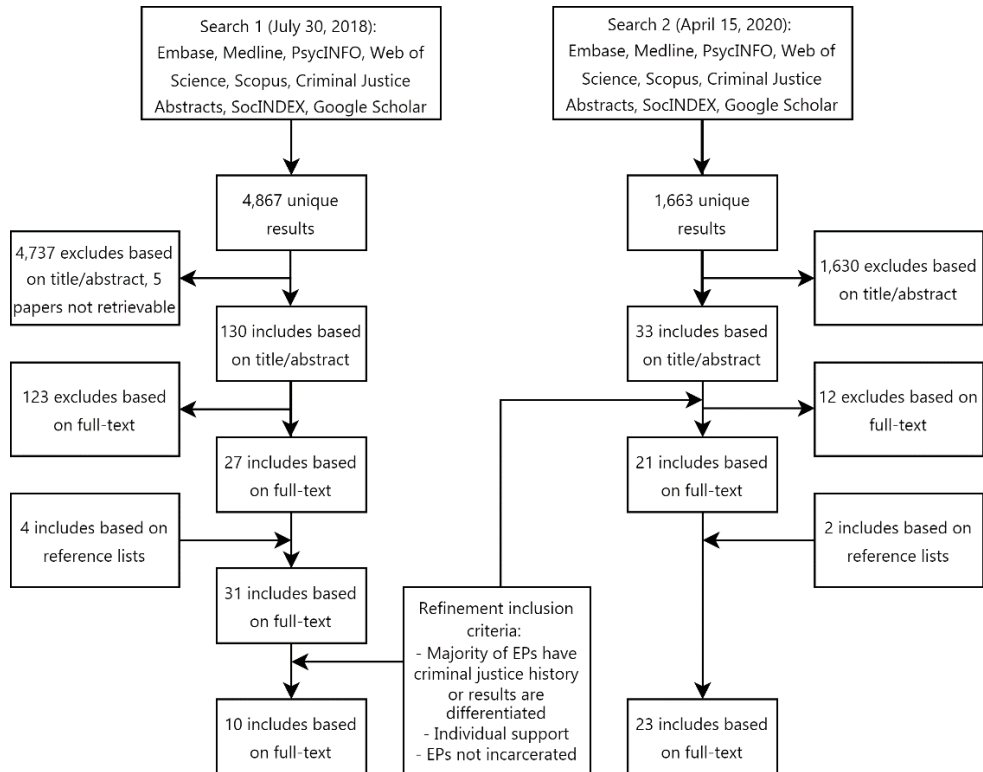
Scope of the study

We included studies that examined individual, asymmetrical experiential peer support by and for individuals with criminal behaviour. The use of illicit drugs and sex work were not considered criminal behaviour in this study. Studies focusing on individuals displaying domestic abuse, intimate partner violence and/or DUI-offences were excluded. We did not have any restrictions based on methodology. An overview of our inclusion and exclusion criteria can be found in Table 1.

Table 1

In- and Exclusion Criteria

Inclusion criteria	Exclusion criteria
Published between 1990 and April 2020 in English-language journals.	Published before 1990 and/or in non-English-language journals.
Intervention is experiential peer support or experiential peer support is the central element of the intervention.	Other intervention that does not include experiential peer support.
Intervention focused on achieving desistance(-supportive outcomes).	Intervention focused on improving participants' physical health.
Asymmetry in the relationship between provider and recipient.	Mutual help groups or interventions in prison where provider is still incarcerated.
The support is at least partly provided one-on-one.	Group interventions.
All or a majority of EPs and clients have a background in criminal behaviour and/or a criminal justice history.	Minority of EPs and/or of clients have a background in criminal behaviour and/or a criminal justice history.

Reading and evaluating literature

The research assistant and ML used a data extraction form to organise details of the literature (Appendix 3), including basic information about the paper, the aim of the study, and the methods used for collecting, recording, and analysing the data. We also described the size, composition, and selection of the sample. We registered information about the type of intervention (peer education, peer support, peer mentoring, bridging roles, other), whether it was the sole intervention or an element of a larger programme, the severity of criminal behaviour of both providers and recipients, and a description of experiential peers providing the intervention. The form also provided space for important limitations or other comments.

ML and GN established the criteria for evaluating the studies (see Appendix 4). On the basis of the data extraction form, ML and GN independently assessed the rigour and relevance (low, moderate, high). The rigour of studies was assessed based on participant selection, data collection, recording and analysis, sample size, and the description of the intervention and its providers. For qualitative papers, we additionally looked at the credibility of findings and for quantitative papers we looked at study design and adjustment for confounders. The assessment of relevance included the question whether all providers and all recipients had been involved in criminal

behaviour, whether the study focused on experiences and outcomes for recipients or providers, and whether experiential peer support was the only intervention (element) under investigation. The researchers discussed aspects of the assessment on which there was no initial agreement until consensus was reached. Each paper was given a total score for rigour and relevance (see Appendix 5).

ML coded the results of the articles from the first search using the software program NVivo, using both deductive and inductive coding. The deductive codes were based on the initial programme theory and therefore included codes for the seven proposed mechanisms, codes for the seven types of outcomes and codes for seven contextual factors (characteristics recipient, characteristics/prerequisites experiential peer, setting, support by organisation and staff, recruitment/training/supervision/monitoring, timing/duration/frequency/intensity, service delivery conditions). Based on the data, we added codes for new mechanisms and outcomes, and for several (organisational, security and personal) challenges that may be present in experiential peer support interventions. These results were transferred to an Excel file. For the results of the second search, results for mechanisms, outcomes and contextual factors were directly organised into an Excel file. Interrater reliability was checked by double coding of the results for three papers (10%) by GN and was found to be satisfactory.

Changes compared to protocol paper

As far as possible, because type of criminal behaviour was not always reported, we excluded papers that concerned domestic abuse, intimate partner violence and/or DUI-offences. We were not able to only select studies in which the recipients of the experiential peer support were below the age of 30 years. Most studies were conducted with an adult population, and there were studies in which no information on age was given for the study sample. As an additional criterion, we only included studies in which the majority of those designated as 'peer mentors' or 'peer supporters' in the sample had a criminal justice history or in which results were differentiated for those with and without a criminal justice history, since we were mostly interested in experiential peer support in this population.

Results

Rigour and relevance assessment

The rigour and relevance assessment form was not suitable for seven (included) papers due to their study designs. The first paper was based on an expert symposium where positive and negative effects of peer interventions in prison were discussed (Woodall et al., 2015). Although these expert opinions were not substantiated by data and there is little information on the specific interventions, we considered this paper to be highly valuable due to the large sample (n=54) of experts. The second paper concerned a social return on investment (SROI) study of a peer mentoring intervention that measured its financial gains instead of looking at mechanisms or outcomes (Jardine & Whyte, 2013). The other five papers reported on an ethnographic study consisting of interviews, observations and documentary analysis in which multiple peer mentoring projects were investigated (Buck, 2019a; Buck, 2019b; Buck, 2014; Buck, 2017; Buck, 2018). Not all mentoring projects in this study worked solely with experiential peers and mentees with a criminal background. We classified this study as valuable and relevant due to the broad sample of projects and in-depth reflection on the data.

Our rigour assessment of the other 26 papers led to an initial Cohen's kappa of 0.83, indicating good agreement. In total, eight full papers and the quantitative parts of two papers were assessed as having a low rigour, eleven full papers and the qualitative parts of two papers were assessed as having moderate rigour, and five papers were assessed as having high rigour (see Appendix 5). The eight full papers with low rigour were excluded from further analyses.

We assessed the relevance to the realist review of the remaining 18 papers (sixteen full papers and the qualitative part of two papers), leading to an initial Cohen's kappa of 0.77, indicating good agreement. Three papers were assessed as having a low relevance because they focused on experiential peers' own work experiences (Barrenger et al., 2017; Barrenger et al., 2019) and on a job training programme in which not all providers and recipients had a criminal justice history (Matthews et al., 2019). These papers are not necessarily less relevant for the field of experiential peer support, but the lower scores indicate that these studies are less likely to contribute to our research question. We did not exclude papers with a low relevance score but took this score into account in analysing and discussing the results. Six and nine papers were rated as respectively having a moderate and high relevance.

Characteristics included studies

An overview of the characteristics of the 25 included papers is given in Table 2, with information about papers describing the same study grouped together. Of all 19 studies, fifteen used qualitative methods, three used quantitative methods and one study was a social return on investment study (SROI). Twelve studies were conducted in the United States and seven in the United Kingdom. The interventions took place at (multiple) organisations or mentoring settings in the community (n=6), (partially) in jail, prison, or other correctional facility (n=5), at a residential drug treatment programme (n=1), at a care clinic or health centre (n=2), at a job training programme (n=1), at a social enterprise (n=1). For thirteen studies, it was explicitly mentioned that experiential peers involved in the intervention had received a training. Study participants were clients (n=5), EPs (n=4), a combination of EPs and clients (n=2), EPs and staff (n=2), clients and staff (n=1) and clients, EPs, and staff (n=2).

Table 2

Characteristics Included Studies

Author (year)	Country	Quant. / qual.	Design	Study population	Role of EP and type of intervention	Setting	Train-ing for EPs	Rigour and relevance assessment	Potential limitations for this review
Adams & Lincoln (2020)	USA	Mixed-methods → qual. part	Survey, interviews with EPs, interviews with stakeholders	EPs; survey (n=25) and interviews (n=16, mean age 49)	*Forensic peer specialist*	Several organisa-tions (unknown)	Yes	Rigour = moderate Relevance = moderate	Internal validity: limited information on data collection and recording and data analysis. Reliability: findings not always supported by data.
Barrenger et al. (2017)	USA	Qual.	Phenome-nological life history interviews	EPs (peer specialists, n=15, 85%-87% male)	*8 peer specialist/ advocate/ counsellor, 2 peer respite workers; 2 health care navigators or coaches; 2 service coordinators; 1 case manager.*	Several organisa-tions (unknown)	Yes	Rigour = moderate Relevance = low	Internal validity: limited information on data collection and recording. Not 1 specific intervention being studied. Not all recipients have criminal background.
Barrenger et al. (2019)								Rigour = high Relevance = low	
Buck (2014)	UK	Qual.	Semi-structured interviews and observa-tions	EPs (peer mentors, n=18), mentees (n=20), mentoring coordinators (n=4) and probation staff (n=2).	Several *peer mentoring* settings: probation-based project, care leavers' service, women's employment project, young women's service. Group and individual interventions.	Several mentoring settings	Yes		External validity: possible sampling bias. Reliability: analysis by single researcher. Internal validity: limited information on data collection. Not all providers and recipients have a criminal justice background. In one of the projects the relationship does not seem asymmetrical.
Buck (2017)									
Buck (2018)									
Buck (2019a)									
Buck (2019b)									

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Table 2 (continued)

Author (year)	Coun-try	Quant./ qual.	Design	Study population	Role of EP and type of intervention	Setting	Train-ing for EPs	Rigour and relevance assessment	Potential limitations for this review
Cos et al. (2020)	USA	Quant.	One-group pretest-posttest design (baseline – 6 months)	Clients (n=305; mean age 47.3; 71.7% male, 28.2% female, 0.1% transgender)	*Peer recovery specialists* providing services to individuals with substance use disorder.	Health Center	Yes	Rigour = moderate Relevance = moderate	Internal validity: intervention was not only EPS. No control group, no adjustment for confounders. Not all providers have criminal background.
Creaney (2018)	UK	Qual.	Semi-structured interviews	Children (n=20) and professionals (n=20)	*Peer mentoring:* study about potential of peer mentoring in youth justice system	N/A	N/A	Rigour = moderate Relevance = moderate	Not 1 specific intervention being studied. Study about the potential of experiential peer support in the youth justice system. Internal validity: limited information on data collection and recording and data analysis. Reliability: analysis by single researcher.
Harrod (2019)	USA	Qual.	Semi-structured interviews (for clients: initial and follow-up interview)	EPs (n=14) and clients (n=9)	*Peer mentors* for transitional job employees	Social enterprise	Yes	Rigour = moderate Relevance = high	External validity: limited information on participant selection. Internal validity: limited information on data analysis; intervention was not only EPS. Reliability: analysis by single researcher. Limited description of intervention and EPs.

Table 2 (continued)

Author (year)	Coun-try	Quant. / qual.	Design	Study population	Role of EP and type of intervention	Setting	Train-ing for EPs	Rigour and relevance assessment	Potential limitations for this review
Hodgson et al. (2019)	UK	Qual.	Participatory research & semi-structured interviews	EPs (n=2, 25-30 years) & staff members (n=4)	*Peer mentoring* for 16- to 25-year-olds involved in serious offending behaviours. Individual intervention.	Community project	Yes	Rigour = high Relevance = moderate	Transferability: small sample. Conflict of interest: one researcher worked at the project. Limited description of intervention and EPs. Focus on mechanisms and outcomes for EPs, not clients.
Jardine & Whyte (2013)	UK, Scotland	Qual.	Social return on investment study	N/A	*Life Coaches* offering support to short-term prisoners and after release.	Prison and community.	?	N/A	Limited description of intervention.
Kavanagh & Borill (2013)	UK	Qual.	Semi-structured interviews	EPs (n=8, mean age 36)	*Mentoring* for offenders in prison and/or after release. Individual intervention.	Projects that mentors offenders in prison and/or after release	Yes	Rigour = moderate Relevance = high	Transferability: small sample. Internal validity: limited information on data collection and analysis. Focus on mechanisms and outcomes for EPs, not clients.
Lopez-Humphreys & Teater (2019)	USA	Qual.	Focus groups	EPs (n=11, 9 male, 45% older than 45)			Yes	Rigour = moderate Relevance = moderate	Not 1 specific intervention being studied, study is about training for peer mentors.

Table 2 (continued)

Author (year)	Coun-try	Quant. / qual.	Design	Study population	Role of EP and type of intervention	Setting	Train-ing for EPs	Rigour and relevance assessment	Potential limitations for this review
Marlow et al. (2015)	USA	Mixed-methods → qual. part	Single group pretest-posttest design & semi-structured interviews	Clients (n=13, mean age 41, men).	*Peer mentoring* for parolees released from prison within last 30 days. Individual intervention.	Community-based	Yes	Rigour = moderate Relevance = high	Internal validity: limited information on data collection and analysis. Conflict of interest: one researcher knew three participants before their entry into the program.
Matthews et al. (2019)	USA	Qual.	Participant observation, interviews, focus groups	Staff (n=10, 5 female, majority 30-65 years); observations n=12 clients (students); interviews n=18 (8 recent graduates, 10 former graduates)	*Peer support* to assist formerly incarcerated individuals reentering the community.	Job training program	?	Rigour = high Relevance = low	Internal validity: intervention was not only EPS. Limited description of EPs. Not all providers and recipients have criminal background.
Nixon (2020)	UK	Qual.	Interviews	EPs (n=19) and staff (n=3)	*Probation peer mentors, criminal justice drugs team mentors and health trainers.* Individual intervention.	Community-based	Yes	Rigour = moderate Relevance = moderate	Internal validity: limited information on data collection and analysis. Reliability: analysis by single researcher. Limited description of intervention and EPs. Focus on mechanisms and outcomes for EPs, not clients.

Table 2 (continued)

Author (year)	Country	Quant./ qual.	Design	Study population	Role of EP and type of intervention	Setting	Training for EPs	Rigour and relevance assessment	Potential limitations for this review
Nyamathi, Zhang, Wall et al. (2016)	USA	Quant.	Randomized controlled trial	Clients (n=453 at 6-month follow-up, n=529 at 12-month follow-up, men) Based on RCT (n=600)	*Peer coaching* aimed at hepatitis A and B vaccine series completion for homeless men recently released on parole. Individual intervention.	Residential drug treatment facility	Yes	Rigour = moderate Relevance = high	Internal validity: intervention was not only EPS. Limited description of EPs.
Nyamathi, Zhang, Salem et al. (2016)				Clients (n=501 at 6-month follow-up, n=529 at 12-month follow-up, men) Based on RCT (n=600)					
Portillo et al. (2017)	USA	Qual.	Multiple method: - Review of available case files of each client - Observation and interviews with staff members Focus groups with current and former clients	Clients (case files n=69, 61 male, 6 female, 2 unspecified; focus groups n=15, 13 male, 2 female, aged 20-60) & staff members (2 EPs and 4 non-EPs; 2 male, 4 female)	Services provided by i.a. *peer navigators* for people with mental illness or emotional impairment, who are/were incarcerated and are within 90 days of discharge. Individual intervention.	Community project working with clients who are or were incarcera-ted.	?	Rigour = moderate Relevance = high	Internal validity: intervention was not only EPS; limited information on data analysis. Limited description of EPs.

Table 2 (continued)

Author (year)	Coun- try	Quant./ qual.	Design	Study population	Role of EP and type of intervention	Setting	Train- ing for EPs	Rigour and relevance assessment	Potential limitations for this review
Reingle Gonzalez et al. (2019)	USA	Qual.	Interviews (3 months into the program and 6 months later)	EPs (peer reentry specialists, n=7, 6 female) and clients (n=3, 2 male)	*Peer reentry specialists* providing services to individuals with mental health problems.	Jail and upon release	Yes	Rigour = high Relevance = high	External validity: limited information on participant selection.
Sells et al. (2020)	USA	Quant.	Pilot randomized controlled trial	Clients (male, mean age 42.55, control group (n=18), peer mentoring group (n=39))	*Peer mentoring* for men released from incarceration with high risk for criminal re-offence.	Various programs	Yes	Rigour = moderate Relevance = high	External validity: limited information on participant selection, limited sample size Internal validity: intervention was not only EPS.
Thomas et al. (2019)	USA	Qual.	Interviews, chart review	Clients (n=13; ages 26-61, women)	*Community health workers* providing support to female re-entering clinic patients (from jail and prison).	Primary care clinic	Yes	Rigour = high Relevance = high	Internal validity: intervention was not only EPS. Limited description of EPs.
Woodall et al. (2015)	UK	Qual.	Discussion groups	Delegates representing a variety of organisations and research team (n=58).	Formalized *peer-based* support services for prisoners aimed at improving their health. Group and individual interventions.	Several correctio- nal settings	?		Expert evidence, not substantiated with other data. Main focus on mechanisms and outcomes for EPs.

In the following, studies will only be discussed if a certain mechanism, outcome, or contextual factor was mentioned. The terminology for EPs (e.g. peer mentor, peer navigator, peer coach) and clients (e.g. students, mentees) varies (see Table 2). For consistency reasons, we use the terms 'experiential peer' (EP) for the provider and 'client' for the recipient of the support.

Mechanisms

The included studies provided empirical support for the proposed mechanisms. An overview of the mechanisms and how they are present in the studies can be found in Table 3.

Table 3

Main Findings with Regard to Mechanisms

Mechanism	Findings
Empathy and acceptance	• EPs have a more profound or true understanding of clients' situations and experiences (Barrenger et al., 2017; Barrenger et al., 2019; Nixon, 2020; Thomas et al., 2019) • EPs have a non-judgmental attitude (Barrenger et al., 2017; Barrenger et al., 2019; Buck, 2018; Buck, 2019a; Creaney, 2018; Harrod, 2019; Matthews et al., 2020; Thomas et al., 2019)
Social learning	• EPs act as role models (Barrenger et al., 2017; Barrenger et al., 2019; Harrod, 2019; Marlow et al., 2015; Portillo et al., 2017) • Personal experiences make EPs more credible (Harrod, 2019; Reingle Gonzalez et al., 2019) • Personal experiences make EPs less credible (Buck, 2017) • Clients are inspired to become EPs themselves (Buck, 2017; Creaney, 2018; Nixon, 2020)
Social bonding	• Trust and confidentiality are important in the EP-client relationship (Barrenger et al., 2017; Harrod, 2019; Kavanagh & Borrill, 2013; Matthews et al., 2020; Thomas et al., 2019) • Shared experiences contribute to trusting relationship (Barrenger et al., 2019; Creaney, 2018; Matthews et al., 2020) • Shared experiences contribute to easier contact or closer bond between EPs and clients (Barrenger et al., 2017; Barrenger et al., 2019; Buck, 2019a; Creaney, 2018; Harrod, 2019; Kavanagh & Borrill, 2013; Matthews et al., 2020; Portillo et al., 2017; Reingle Gonzalez et al., 2019)

Social control	• Corrections by EPs are more easily accepted (Buck, 2018; Matthews et al., 2020)
	• Importance of nondirective (Barrenger et al., 2019; Buck, 2018) and non-contemptuous approach by EPs (Harrod, 2019)
Narrative and identity formation	• Clients can practise their new identities and received praise (Creaney, 2018)
	• EPs can provide reassurance in clients' identity transition (Buck, 2019a)
Hope and perspective	• EPs provide inspiration and hope (Buck, 2014; Marlow et al., 2015; Nixon, 2020; Portillo et al., 2017)
	• EPs demonstrate that change is possible (Barrenger et al, 2019; Buck, 2017; Buck, 2019a; Creaney, 2018; Kavanagh & Borrill, 2013; Matthews et al., 2020)
Translation and connection	• EPs act as intermediary between clients and staff (Barrenger et al., 2019; Hodgson et al., 2019)
	• EPs help clients navigating the system and connect them to other services and resources (Barrenger et al., 2017; Harrod, 2019; Marlow et al., 2015; Matthews et al., 2020; Portillo et al., 2017; Reingle Gonzalez et al., 2019; Thomas et al., 2019)
Recovery perspective	• EPs understand desistance as a complex, non-linear process (Barrenger et al., 2019; Buck, 2018; Reingle Gonzalez et al., 2019)
	• Importance of agency and empowerment by EPs (Buck, 2017; Buck, 2018; Thomas et al., 2019)

Empathy and acceptance

The results of eleven qualitative papers indicated that empathy and acceptance is important in the relationship between EPs and clients. In a study about the potential of experiential peer support, a professional described that EPs may have more understanding and empathy, and several youths mentioned that those with experiential knowledge may be better able to understand them or relate to them (Creaney, 2018). Empathy may be easier for individuals who understand the 'woundedness' of others (Nixon, 2020). In a qualitative study, EPs indicated that they have a deeper and empathic understanding of clients' situations (Barrenger et al., 2019) and a truer understanding of the pain and isolation that clients experience, because of their own similar experiences (Barrenger et al., 2017). In a study among re-entering women clients indicated that they experience support, and that the EP makes them feel comfortable and understood (Thomas et al., 2019). Finally, in a qualitative study focused on the impact of experiential peer support on the mentors, an EP said to have learned to be

empathic and put themselves in someone else's shoes, and to be open and receptive to everyone (Kavanagh & Borrill, 2013).

In addition to being understood, the non-judgmental approach of EPs is a prominent theme. In a study at a social enterprise, both employees (clients) and EPs favoured such an approach by EPs. One EP mentioned that EPs do not judge clients, no matter "how horrible their past was" (Harrod, 2019). A client in another study described the EP who had supported him as able to empathise and as non-judgmental. An EP also expressed "Who am I to judge?" (Creaney, 2018). EPs saw themselves as more tolerant than other professionals (Barrenger et al., 2019) and, by refraining from judgment, offer clients space to share thoughts and experiences they do not share with other professionals (Barrenger et al., 2017). Clients also viewed EPs as non-judgmental (Thomas et al., 2019) and in a study of a job training programme, a quarter of clients felt they would be understood and not judged by EPs, thereby making it easier to talk to them and ask for help (Matthews et al., 2019). This was also found in a large qualitative study investigating four different peer mentoring interventions, in which clients experienced a sense of being openly accepted instead of being judged. EPs were perceived to be free of judgments since they had experienced judgments themselves, and understanding and judgment were considered incompatible by clients (Buck, 2018). It was also mentioned that clients articulated a desire to explore experiences without having to fear judgment or adverse consequences (Buck, 2019a). Finally, in a mixed-method study with semi-structured interviews, one client indicated to feel comfortable and accepted because his peer mentor helps him without demanding anything (Marlow et al., 2015).

In sum, these studies indicated that clients tend to feel comfortable and understood by EPs, who feel they have a more profound understanding of clients' struggles. In addition, both clients and EPs considered EPs to have a non-judgmental approach, which creates space to share experiences and thoughts that are not easily discussed with other professionals.

Social learning

Nine qualitative papers reported results suggesting social learning as a mechanism of experiential peer support, mostly referring to EPs as role models. In a study with interviews, observations, and focus groups, clients spoke about the peer advocates as role models of what someone with a mental illness diagnosis and a criminal justice record can do to successfully re-enter the community (Portillo et al.,

2017). In a study where EPs were interviewed, it was found that EPs realise that they can be a role model for others (Barrenger et al., 2017) and that they share their experiences so that others can learn from their mistakes (Barrenger et al., 2019). In another study, clients stated that they can learn from EPs' experiences, and throughout the programme, more clients started to see EPs as role models. EPs mentioned that they mentor clients by being an example and modelling appropriate workplace behaviours. One client described that certain behaviour of EPs could be transferred to clients and mimicked by them (Harrod, 2019). A study found through semi-structured interviews that peer mentors modelled recovery habits, interpersonal skills, and effective coping (Marlow et al., 2015). Studies mentioned that clients are sometimes inspired to volunteer and become EPs too (Buck, 2017; Creaney, 2018; Nixon, 2020). Studies suggested that EPs' history of criminal behaviour leads to more respect (Harrod, 2019) and that EPs' lived experiences can contribute to their credibility (Reingle Gonzalez et al., 2019). However, another study mentioned that EPs were sometimes described as inauthentic role models, because clients knew them from their previous lives as individuals involved in offending (Buck, 2017).

In conclusion, a few studies indicated that EPs consider themselves as role models who share experiences to enable clients to learn from their mistakes, but also to set an example of how to re-enter the community successfully. Clients in several studies shared this perception of EPs as role models. It is unclear whether EPs' experiences with criminal behaviour and the criminal justice system makes them more credible in the eyes of clients.

Social bonding

Ten qualitative papers addressed the quality of the relationship between EPs and clients. In a study in which mentors were interviewed, a mentor mentioned that the relationship between client and mentor is essential. Participants emphasised how the success they achieve with their clients reflects the type of relationship they have with them (Kavanagh & Borrill, 2013). EPs indicated that connecting with clients is the main focus of their support (Reingle Gonzalez et al., 2019), and felt they add trust, care and commitment, which according to them is often lacking in relations with professional caregivers (Barrenger et al., 2017). In addition, they felt that treating clients like people is important to connect with them (Barrenger et al., 2019). In a qualitative study in which re-entering women were interviewed, participants indicated that they felt cared for and understood by the staff, which contributed significantly to their satisfaction with the

programme (Thomas et al., 2019).

Studies found that both clients (Creaney, 2018; Harrod, 2019; Matthews et al., 2019) and EPs (Barrenger et al., 2017) felt they can relate to one another more authentically and easily, that a shared identity of 'criminal justice system survivor' strengthens their bond (Portillo et al., 2017), and that EPs' lived experiences are instrumental in building rapport with clients who otherwise do not ask for help (Reingle Gonzalez et al., 2019). EPs felt that their own criminal background has a positive effect on the dynamics of the relationship and enables them to work more effectively with clients. They emphasised that the success of the programme was related to this (Kavanagh & Borrill, 2013). Many clients look for advice and answers in their conversations with EPs, which gives EPs an opportunity to show their support. Talking to EPs about personal issues was mentioned more often in initial interviews than in follow-up interviews with clients. EPs mentioned that one should not force clients to open up, but instead get to know them so this occurs naturally (Harrod, 2019).

Several studies emphasised trust as essential to the relationship. EPs indicated that gaining mentees' trust and maintaining confidentiality is essential for clients to open up and deal with deeply rooted issues (Matthews et al., 2019) and for EPs to support them (Harrod, 2019; Kavanagh & Borrill, 2013). Building trust seems particularly important for the target population, who sometimes have trauma histories and difficulties with emotional regulation (Thomas et al., 2019) and have lacked supportive relationships, making them prone to be self-reliant in solving their problems (Matthews et al., 2019). Several studies suggested that identifying as a peer and having a shared history generate trust (Barrenger et al., 2019; Matthews et al., 2019). One youngster spoke about the trusted relationship he had developed with an EP and referred to their shared experiences as a reason (Creaney, 2018). Several clients of another programme indicated that the staff (including EPs) was reliable and trustworthy (Matthews et al., 2019). In another study, EPs were perceived as friends rather than authority figures. In such a relationship based upon collaborative ideals, there is potentially more space for trusting and open exchanges (Buck, 2019a).

In short, several studies described the relationship or connection between EPs and clients, which according to some studies is more easily made due to their shared identity. Trust is often mentioned as an essential component of the relationship. EPs indicate that it is essential to gain clients' trust to support them and feel like clients generally trust them.

Social control

Seven qualitative studies mentioned elements of social control. In two studies, it was mentioned that corrections or negative feedback are more easily accepted by clients when coming from EPs, who once struggled with similar problems (Buck, 2018; Matthews et al., 2019). It was suggested that recovery is related to feeling cared for, but also with a need for re-drilling (Buck, 2018) and clients accepted the necessity of being corrected (Matthews et al., 2019). Some clients even desire to be held accountable and corrected, although this should not entail yelling or belittling (Harrod, 2019). EPs in this study indicated that their mentor role includes making corrections, to prepare clients for other jobs but also to deal with difficult clients, although one EP warned about using scorn and some clients indicated being berated by EPs (Harrod, 2019). Another study described that several women felt controlled by staff, including EPs (Thomas et al., 2019). Yet, another study indicated that EPs saw themselves as nondirective; instead of trying to influence clients' behaviour directly, they provide a space for clients to fail or succeed on their own terms (Barrenger et al., 2019). This leeway was also described in a large study, where both mentors and mentees said it is important to not over-react to mistakes, since relapses are likely and part of change. Mentors seemed to strive for such support and tolerance in their work (Buck, 2018). In another paper, the same author concluded that there is a desire for a relationship in which personal experiences can be explored with less consequences (Buck, 2019a). Finally, EPs in one study indicated that it is less likely that clients will fabricate information or push them too far, since they realise the EP will notice this (Kavanagh & Borrill, 2013).

Regarding this mechanism, we conclude that there is not a clear pattern for the presence of social control, the process by which the EP (in)directly tries to influence the client's deviant behaviour. Although several studies indicated that corrections may be necessary and that they might be easier for clients to accept coming from EPs, EPs themselves tend to see themselves as nondirective and not react too strongly to mistakes.

Narrative and identity formation

The result of one study is that two young participants in the music project performed a song, thereby practicing their new identities as 'performers', and were praised for their prosocial behaviour (Creaney, 2018). Another study described that making a transition from 'offender' to 'ex-offender' can elicit feelings of losing a known reality. EPs can then provide reassurance as they have already completed this change

successfully (Buck, 2019a).

Although these studies provided some indication for this mechanism, there is not enough empirical support to include it in the model.

Hope and perspective

Eleven papers found that EPs are a source of hope and perspective for clients. One EP emphasised the importance of imparting hope in youngsters and showing that change is feasible (Creaney, 2018). In another study, it was found that EPs demonstrate that change is possible (Buck, 2016) and can be coped with (Buck, 2019a), and that EPs provide a powerful source of inspiration (Buck, 2014). The author suggested that the image of 'ex-offender' symbolises new possibilities (Buck, 2014) and that seeing someone similar to you making this change can offer a sense of security (Buck, 2019a); EPs offer a template of a future life that appears attainable regardless of problematic histories (Buck, 2017). One peer mentor who had been incarcerated for a long time indicated that small changes give participants a bit of hope for the future because he was the same (Buck, 2018). Both EPs (Barrenger et al., 2019; Kavanagh & Borrill, 2013; Nixon, 2020) and clients (Marlow et al., 2015; Matthews et al., 2019; Portillo et al., 2017) felt that seeing someone succeed despite challenging circumstances is inspirational and provides hope for clients' own future. Several EPs said that in particular those EPs who had been incarcerated can be inspirational, and that simply having a job as an 'ex-offender' is already an inspiration for clients (Barrenger et al., 2019).

These studies indicated that EPs could inspire clients and stimulate a sense of hope in them, since they embody the idea that change is possible. This was supported by statements of both EPs and clients and was described by several authors as an important theme.

Translation and connection

Nine studies described results related to this mechanism. In one study, peer mentors mentioned their value as a bridge between young people and staff (Hodgson et al., 2019). In another qualitative study, clients described this role of the EP as 'resource broker'; peer navigators connect clients to other service providers, organisations and agencies (Portillo et al., 2017). EPs saw themselves as an intermediary between clients and other professionals (Barrenger et al., 2019) and draw on their experiences with navigating the system to help their clients (Barrenger et al., 2017). EPs' knowledge of community resources helps them to refer re-entering women to necessary medical health care services. Clients indicated that EPs clear language helps

them in understanding their health situation (Thomas et al., 2019).

One study described this mechanism as an indirect way to address recidivism. Instead of concentrating directly on recidivism or rearrest, EPs in this intervention are focused on ensuring that clients' treatment, housing, employment, and income needs are met. They help clients with identifying appropriate employment opportunities, but also assist them in transportation needs (Reingle Gonzalez et al., 2019). In another study, clients mentioned several problems with which staff has helped them, such as getting an ID and getting into a better housing situation (Matthews et al., 2019). Another study mentioned that EPs refer participants to other services, mostly related to housing, drug and alcohol treatment, mental health services, education, employment and identification (Marlow et al., 2015). EPs refer clients to other services or resources for housing, education, finances, employment, mental health needs and legal issues, and one EP emphasised how important this is since clients also face challenges that cannot be fixed by only having conversations (Harrod, 2019).

These studies indicated that connecting clients to services, in particular housing, employment, or schooling services, is one of the mechanisms in experiential peer support.

Additional mechanism: Recovery perspective

Several studies described aspects of experiential peer support that cannot be categorised into one of the proposed mechanisms of the initial programme theory. This additional mechanism is best described as a recovery perspective on criminal behaviour and desistance. Desistance is conceptualised as a complex, non-linear process, and criminal behaviour is not seen as a demarcated problem that can be easily fixed by an external actor. Instead, the individual is considered as a whole person who is the owner of their own life.

Studies showed that a certain view on desistance plays a role in the support that experiential peers provide. In these studies, desistance was seen as a complex, non-linear process in which mistakes and second chances are considered normal (Barrenger et al., 2017; Barrenger et al., 2019; Buck, 2018; Harrod, 2019). EPs mentioned that they are able to sense when the time is right for a client to be discharged and that there is no universal timeline for this (Reingle Gonzalez et al., 2019). A nondirective approach was considered important, which mainly originates in respondents' own experiences with criminal behaviour and desistance (Barrenger et al., 2019). They described that it is essential to not over-react to slip-ups and they aim for an open dialogue instead of

interpreting them as risks (Buck, 2018), and one EP said that it is useless to try to persuade clients (Barrenger et al., 2017; Barrenger et al., 2019). In another study, very few EPs mentioned recidivism prevention when asked about their activities with clients; EPs seemed less concerned with the ultimate outcome of rearrest, focusing instead on connecting with clients and ensuring treatment and housing needs are met (Reingle Gonzalez et al., 2019). EPs understand the benefits of remaining supportive, while being careful not to support criminal offending (Barrenger et al., 2019). This is in contrast with approaches that directly confront criminality (Barrenger et al., 2019), or, as described by one EP, the punitive care system, that does not recognise clients as human beings who make mistakes (Barrenger et al., 2017). Respondents described their suffering as relating to 'recovery' (Buck, 2018) and motivating patients to adhere to their personal recovery goals was considered a main task of EPs (Cos et al., 2019).

In addition, agency and empowerment were described as important elements in experiential peer support. Individuals involved in offending start seeing themselves as having agency, even in difficult situations, and become co-authors of their own lives (Buck, 2018). It seems important for both EPs and clients that they feel they own the decision and the desire to change. It cannot belong to the person that intervenes or inspires them; the client needs to be independently ready to change, and inspirational role models only serve to motivate this change, not to initiate it (Buck, 2017). This idea of agency was also visible in two studies in which EPs were interviewed. Rather than telling clients what to do and trying to influence them, EPs give them space to fail or succeed on their own terms, thereby empowering them to make their own choices and enhancing self-determination and self-efficacy (Barrenger et al., 2017; Barrenger et al., 2019). Creating an environment that fosters empowerment can be done, according to EPs, by complimenting clients, showing appreciation, and trying to motivate and inspire them (Harrod, 2019). Women in another study indicated that the staff helps them understand their needs and respected specific treatment preferences of their clients, placing an emphasis on both competence and autonomy (Thomas et al., 2019).

These studies suggested that an additional mechanism may be at play in experiential peer support; a recovery-oriented attitude of EPs towards criminal behaviour and desistance.

Outcomes

The included studies provided empirical support for several proposed outcomes. An overview of these outcomes and how they present in each study can be found in

Table 4.

Table 4

Main Findings with Regard to Outcomes

Outcomes	Findings
Act desistance	• No decrease in criminal behaviour (Jardine & Whyte, 2013; Nyamathi, Zhang, Salem et al., 2016) • Possible decrease in criminal behaviour (Harrod, 2019; Sells et al., 2020)
Positive personal development	• Increase in self-esteem and skills (Marlow et al., 2015; Matthews et al., 2019) • Attitudinal and behavioural transformations (Thomas et al., 2019)
Improved mental health	• No effect on drug use (Nyamathi, Zhang, Salem et al., 2016; Nyamathi, Zhang, Wall et al., 2016) • Reduction in substance abuse and depression and anxiety symptoms (Cos et al., 2019)
Positive changes in personal circumstances	• Improvement in clients' stability (school enrolment, employment, housing) (Cos et al., 2019; Kavanagh & Borrill, 2019; Marlow et al., 2015; Matthews et al., 2019; Reingle Gonzalez et al., 2019) • No effect on employment status (Nyamathi, Zhang, Salem et al., 2016)
Increased social capital	• Difficulties improving clients' social network (Reingle Gonzalez et al., 2019)

Act-desistance

Seven papers reported information on criminal behaviour after the intervention of experiential peer support. In one RCT, in which the intensity of peer coaching differed across treatment levels, no significant group differences were found in rearrest or reincarceration rates (Nyamathi, Zhang, Salem et al., 2016). A pilot RCT study, however, found that a significantly smaller proportion of participants who received peer mentoring violated parole compared to those who did not (Sells et al., 2020). A one-group pretest-posttest study showed a decrease in criminal behaviour, but an increase in days in jail or prison (Cos et al., 2019). According to a study set at a job training programme, internal data indicated that continuing the relationship with an EP at least two years after graduation reduced clients' likelihood of reoffending by 90% (Matthews et al., 2019). A qualitative study at a social enterprise found that the dialog between EPs and clients seems to at least sometimes prevent recidivism (Harrod, 2019). Lastly, in a

study investigating the social return on investment of a peer mentoring intervention, it was found that there was no significant difference in being returned to custody between those who did and those who did not have a mentor (Jardine & Whyte, 2013).

Based on these studies and taking into account the different designs of these studies, we do not have sufficient evidence to conclude that support by EPs decreases recidivism.

Positive personal development

Three studies reported results on outcomes relating to positive personal development. In a qualitative study among re-entering women, it was found that staff provided autonomy support, which stimulated motivation and navigation skills and enabled participants to work towards personal goals such as quitting smoking and maintaining sobriety. Many participants in this study described attitudinal and behavioural transformations (Thomas et al., 2019). A study examining a job training programme indicated that staff helped clients gain self-esteem by having confidence in them first. In addition, clients learned how to persist, how to cope with failing and how to avoid risky situations (Matthews et al., 2019). A final study suggested that peer mentoring encouraged self-esteem and coping mechanisms (Marlow et al., 2015).

These studies suggested that experiential peer support may contribute to positive personal development, which encompasses self-esteem and skills regarding coping and problem solving. It should be noted that the intervention in two of three studies entailed more than experiential peer support, indicating that other programme elements may also account for any positive changes. More research is necessary to investigate this potential outcome.

Improved mental health

Four papers reported on mental health, mainly discussing participants' substance use. A RCT reported in two papers showed an overall reduction of drug use among participants, but this was not significantly associated with receiving support from an EP (Nyamathi, Zhang, Salem et al., 2016; Nyamathi, Zhang, Wall et al., 2016). Another study mentioned that seven participants experienced a drug relapse in the first month of the intervention. However, this was likely not a negative effect of peer mentoring as the study took place in a residential drug treatment facility (Portillo et al., 2017). Another study, without control group, also demonstrated a significant reduction in individuals' recent substance abuse. In addition, participants showed reduced depression and anxiety symptoms (Cos et al., 2019).

Although these studies indicated that substance use decreased, we do not have sufficient evidence to determine the exact contribution of experiential peer support for improvement in mental health.

Positive changes in personal circumstances

Six studies gave information on participants' situation regarding schooling, housing, or employment after the intervention. A RCT demonstrated that there were no differences between treatment conditions regarding employment status (Nyamathi, Zhang, Salem et al., 2016). A study without control group, however, showed that there was an increasing trend for school enrolment among participants and a significant increase in employment and monthly income during the programme (Cos et al., 2019). In a qualitative study clients talked about how staff had helped them with getting an identification card or finding better housing (Matthews et al., 2019) and one EP indicated that EPs were helping participants back into employment (Kavanagh & Borrill, 2013). No other studies gave information about changes in housing situation for clients. One study, however, did provide a potential explanation. Finding suitable housing, although a priority, was a major challenge, as re-entering individuals are not seen as homeless and therefore have to wait to be eligible for housing. EPs also struggled to ensure that any employment of the client met certain standards and was not a risk for relapse (Reingle Gonzalez et al., 2019). Participants in one study stressed the importance of the programme to their stability in the community and mentioned how their mentor had helped them find critical resources (Marlow et al., 2015).

The evidence base for positive changes in personal circumstances is unclear; although several studies gave some indications for positive outcomes relating to school enrolment and employment, this was not corroborated by rigorous quantitative findings.

Increased social capital

No studies suggested that receiving experiential peer support leads to an improvement of one's social network or social capital outside of the bond with the experiential peer. EPs indicated that improving clients' social support is challenging since friends and family members can be triggers for offending and substance use (Reingle Gonzalez et al., 2019).

Other outcomes

Several papers reported other outcomes for recipients of support by EPs. A RCT demonstrated overall improvement in health, but no significant differences between

groups. The authors concluded that the treatment level without peer coaching is less costly, and similarly effective (Nyamathi, Zhang, Salem et al., 2016). Clients in another study displayed increased behavioural health access and utilisation (Cos et al., 2019). A final study suggested that referral by an EP makes it more likely that a client will utilise these services (Harrod, 2019).

Contextual factors

The amount of information about the characteristics of EPs and clients involved in the intervention (age, gender, ethnicity, criminal background, educational level, etc.) was limited in the included studies. Information about the peer support interventions (content, frequency and intensity of support, protocol, timing) and treatment fidelity was largely lacking. In addition, for most studies we do not know whether the support provided by the EP was the sole intervention for recipients or whether they received other types of support or treatment.

Most papers did indicate whether EPs had completed a training, although this varied from a brief mention to elaborate descriptions of the training. In most studies, EPs were trained, ranging between a training of several days with monthly meetings to a five-month training including an internship. These trainings were aimed at enhancing professional skills, including services navigation (Buck, 2019b; Nyamathi, Zhang, Salem et al., 2016; Reingle Gonzalez et al., 2019; Sells et al., 2020; Thomas et al., 2019), recovery-supporting interventions (Buck, 2019b; Cos et al., 2019; Reingle Gonzalez et al., 2019), interpersonal and communication skills (Buck, 2019b; Cos et al., 2019; Marlow et al., 2015; Reingle Gonzalez et al., 2019; Sells et al., 2020), and problem-solving skills (Buck, 2019b; Nyamathi, Zhang, Salem et al., 2016). Although this suggests that training and supervision are considered important to provide experiential peer support, we did not find any differences in mechanisms or outcomes between studies in which EPs had received training and studies in which they (seemingly) had not.

Looking at the setting of the intervention (prison/jail vs. after release), we also did not find any differences in mechanisms and outcomes. Some studies suggested that the delivery of the intervention, and thereby possibly the setting, plays a role in its effectiveness. In one study, EPs indicated that they would like to work with clients for a year or more, instead of the average of eight or nine months, as they estimated that it takes up to a year for clients to become independent and their role becomes more challenging as clients become more drawn to old friends using drugs (Reingle Gonzalez

et al., 2019). Another study found no effect of timing of first contact or number of contacts on parole outcomes (Sells et al., 2020). A final study described that internal data showed that maintaining the client-EP relationship for at least two years after clients' graduation reduced their likelihood of recidivism by 90% (Matthews et al., 2019). However, these data were not controlled for confounding variables. EPs working with clients in a social enterprise indicated that their daily presence, working alongside clients, benefits their relationship (Harrod, 2019). Unfortunately, as information about delivery (frequency, intensity, duration, timing) was lacking in most studies, it is impossible to determine whether these aspects influence the mechanisms and outcomes.

In conclusion, the information on contextual factors provided in the included studies was limited and does not allow us to determine their importance to the triggering of mechanisms. We therefore retain these possibly relevant factors in our model, but do not specifically link them to the mechanisms. This results in the model as presented in Figure 3.

Figure 3

Revised Programme Theory
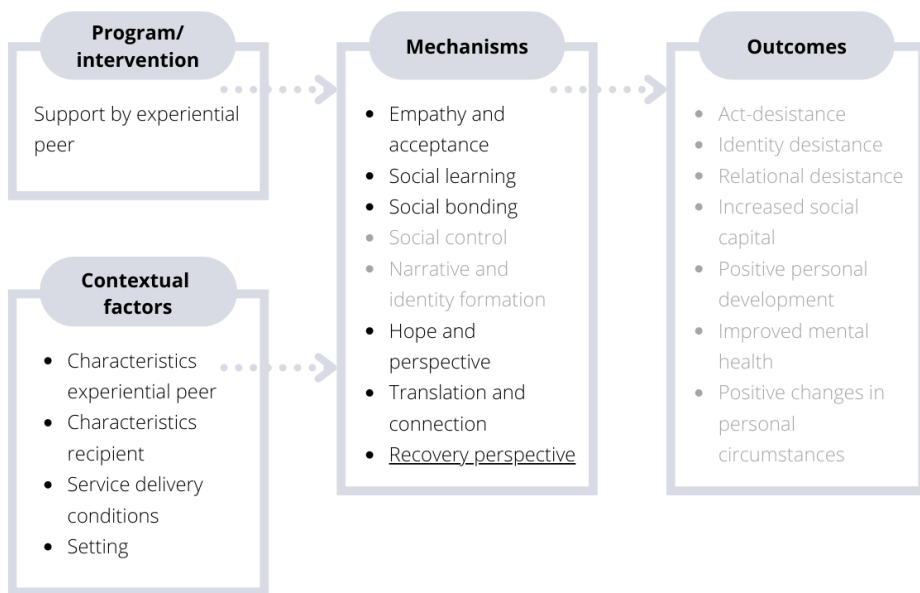
Note. For mechanisms and outcomes displayed in grey we did not find sufficient evidence. The underlined mechanism was additional to the ones we hypothesised.

Discussion

In this systematic realist literature review, we found evidence that experiential peers show empathy and have a non-judgmental approach, are considered role models, establish a trusting relationship with clients, offer hope, and connect clients to other services. We did not find enough evidence that points to the relevance of *narrative and identity formation* as a mechanism in experiential peer support. Contrary to what we hypothesised, EPs do not seem to exert much *social control*. Several studies in our review provide reason to consider a *recovery perspective* on criminal behaviour and desistance as an additional mechanism. Within this perspective, EPs aim to empower clients and emphasise their agency, see desistance as a non-linear pattern involving mistakes and relapses, and use a strengths-based approach. We did not find studies that specifically tested these factors as mediators of experiential peer support contributing to certain outcomes. We can therefore only conclude that they seem important components of experiential peer support, and not that they are (causally) related to achieving positive outcomes.

Our results do not provide sufficient evidence to conclude that experiential peer support leads to the hypothesised outcomes. There are some indications for the outcomes *act-desistance*, *positive personal development*, an *improvement in mental health*, and *positive changes in personal circumstances*, but the study designs do not allow us to draw the conclusion that these effects are due to the support provided by EPs and study results were not consistent. We found no results for the outcomes *identity* and *relational desistance*.

The information regarding contextual factors that might influence the instigation of mechanisms was too limited for a robust analysis. This means that we do not know whether certain mechanisms are more likely in specific settings or for specific people, or whether certain outcomes are more likely under specific circumstances.

The results of our study raise the question whether we are measuring the right variables, given the type of intervention. First, several elements proposed as mechanisms may also be considered important outcomes, such as increased hope and feeling understood and accepted. From a security perspective, non-recidivism is the primary goal of support for individuals involved in offending. However, from a care perspective, transformations in areas such as hope and self-esteem are in itself important to clients' quality of life. This is in line with 'positive criminology', which centres around strengthening individual resilience and talents, instead of merely

looking at criminal behaviour and risk factors (Ronel & Elisha, 2011; Ronel & Segev, 2014). Studies mainly focusing on desistance run the risk of throwing out the baby with the bathwater. Second, we did not find studies that measure long term effects of experiential peer support. As described in several studies, desistance is a complex and non-linear process for which the individual needs to be ready. In our previous qualitative study, EPs indicated that they aim to 'plant a seed' in the client's mind, but that it can take up to years before someone is able to internalise earlier lessons learned (Lenkens et al., 2020). Studies that only measure short-term effects thus potentially miss positive effects of experiential peer support that take longer to develop. Finally, several elements may be influenced by experiential peer support but may be difficult to measure, such as the mechanism narrative and identity formation and the outcomes identity and relational desistance. This also reflects the more general difficulty of evaluating experiential peer support. Although the majority of qualitative studies included in our review provided us with a richness of data and insights, the quantitative studies were not able to contribute significantly to the programme theory. This suggests that experiential peer support is too complex to be evaluated through conventional methods such as RCT's. Experiential peer support should not be understood as a specific event or a demarcated intervention, but rather conceptualised as a complex system. We tackled this in our literature review by using a realist methodological approach, and suggest that individual quantitative studies also take into account contextual factors and mechanisms when evaluating outcomes of experiential peer support.

Although our realist review is focused on outcomes for recipients of experiential peer support, it is important to note that experiential peers may also benefit from their role as EP. It gives them a purpose and an opportunity to contribute to society (Adams & Lincoln, 2019; Barrenger et al., 2017; Kavanagh & Borrill, 2013; Nixon, 2020), contributes to their financial independence (Adams & Lincoln, 2019; Barrenger et al., 2017), increases their self-esteem and (communication) skills (Kavanagh & Borrill, 2013; Woodall et al., 2015) and contributes to their empowerment (Buck, 2018; Kavanagh & Borrill, 2013; Woodall et al., 2015) and recovery (Adams & Lincoln, 2019; Reingle Gonzalez et al., 2019). This suggests that, even if research cannot unequivocally demonstrate positive (behavioural) outcomes for recipients, experiential peer support may still be promoted for the effects on providers' recovery process. Of course, experiential peer support can then only be recommended if clients appreciate the

support and if there are no risks involved for them, which should be further investigated.

Strengths and limitations

The current systematic realist literature review contributes to our knowledge of experiential peer support for individuals with criminal behaviour. The realist approach allowed us to test an elaborate model of mechanisms, outcomes, and contextual factors. The included studies represent a variety of experiential peer support interventions, in a broad range of settings. In addition, mechanisms and outcomes were described from several perspectives, mainly those of EPs and clients. This review, however, also has several limitations.

Our inclusion criteria limit the review's generalizability. We only included studies published in English journals, resulting in a sample of studies from the US and the UK, which are both high-income countries. For feasibility reasons, we excluded grey literature which may have given us more insight into the inner workings of EPS interventions. Lastly, we only looked at interventions with an asymmetrical relationship between EP (provider) and client (recipient), meaning that our results cannot be generalised to mutual support interventions.

In most studies it was unclear whether clients received additional support or treatment, and what this entailed. This seems inherent to peer mentoring, which is often a complementary source of support, but makes it difficult to attribute any effects or even mechanisms to the support by the EP. Similarly, not all providers and recipients of the interventions investigated had a criminal background, which means that we cannot know with certainty that having these particular experiences makes a difference.

It is crucial to note that the design of most studies does not allow us to falsify our initial programme theory, in particular regarding the proposed mechanisms. Most studies have investigated experiential peer support in an explorative fashion instead of testing the presence or absence of specific mechanisms. Researchers have reported their results accordingly, thus only providing positive evidence for mechanisms. This means that studies where participants mention 'empathy' as a key element will report this finding, but that we cannot conclude that this is not a key element of interventions in studies that do not report information about empathy. We can therefore discuss the amount of evidence for mechanisms, but we cannot with certainty eliminate mechanisms that are not mentioned in the studies.

Finally, the proposed model is perhaps more 'artificial' than the type of interventions studied allows for. Mechanisms may influence each other, and outcomes may also influence mechanisms. It should be noted, however, that research into these types of interventions is quite complex and that the insights that we gathered through our review form a valuable basis upon which knowledge can be further expanded.

Implications for research and practice

Future research should systematically investigate mechanisms of experiential peer support and their effects on outcomes for recipients of such support. Qualitative research examining the mechanisms for which we did not find enough evidence can help to unravel their importance to the programme theory. In addition, qualitative studies should be used to increase our knowledge of outcomes of experiential peer support from a client perspective. Longitudinal (quantitative and qualitative) quasi-experimental methods can then be used to measure differences in pre- and post-intervention variables and compare results to a comparison group receiving support from professional care providers without similar lived experiences. In conducting such research, we should not only look at more objective measures, such as absence of criminal behaviour and other indicators of stability in the community (e.g. employment), but also take into account 'softer' outcome measures, such as hope, self-esteem, and attitudes towards criminal behaviour and desistance. Additionally, it is important to investigate the development of the working alliance between clients and EPs, since a strong alliance is important for achieving positive outcomes (Flückiger et al., 2018; Shirk & Karver, 2003). In order to increase our knowledge on what works for whom under what circumstances, it is crucial that future research gathers and provides more information on contextual factors, such as characteristics (e.g. age, gender, ethnicity, educational level, criminal history) of clients and EPs, and delivery and fidelity of the intervention. More research investigating the role of formal training for EPs is also recommended, as there may be a difference in impact between EPs with and without training.

Our review also has implications for the practice of forensic care. The results suggest that involving experiential peers in the support for individuals with criminal behaviour elicits several mechanisms that are considered beneficial by both EPs and clients. Organisations that do not yet work with experiential peers could explore this possibility. Organisations providing experiential peer support should strive to stimulate

empathy, a non-judgmental attitude, and the portrayal of EPs as a positive role model. In addition, several conditions should be met to increase the potential benefits of experiential peer support. Role descriptions and expectations need to be clear (Hodgson et al., 2019; Davidson, 2015). Studies also suggest that a supportive atmosphere in which EPs and their colleagues appreciate one another and collaborate is essential for positive outcomes (Lenkens et al., 2020; Hodgson et al., 2019; Nixon, 2020). This will be easier to embed in settings familiar with a recovery-oriented perspective. Studies describe that EPs are not always considered credible role models (Buck, 2017) and may even cause risk contamination (Creaney, 2018). Studies also indicate that there is a risk of overburdening EPs (Harrod, 2019; Hodgson et al., 2019; Kavanagh & Borrill, 2013; Nixon, 2020). Organisations should therefore carefully recruit, select, and coach EPs. Lastly, organisations should avoid exploitation of EPs and compensate them financially (Woodall et al., 2015; Adams & Lincoln, 2019; Nixon, 2020; Portillo et al., 2017).

Conclusion

Our systematic realist literature review investigated the mechanisms, outcomes, and contextual factors of experiential peer support for and by individuals with criminal behaviour and involvement in the criminal justice system. We found evidence that experiential peers show empathy and have a non-judgmental approach, are considered role models, establish a trusting relationship with clients, offer hope, connect clients to other services and have a recovery-oriented approach. Regarding outcomes of experiential peer support, we found results indicative of act-desistance, positive personal development and improvements in mental health and personal circumstances, although study results were not consistent. Our realist review does not allow us to draw conclusions about which hypothesised mechanisms are mediators of the relationship between experiential peer support and outcomes. However, this study does emphasise the importance of several mechanisms in interventions with experiential peer support. Research investigating long-term effects and more broadly defined desistance-supportive outcomes is needed.

"I (really) know what you mean." Mechanisms of experiential peer support for young people with criminal behaviour: A qualitative study

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Abstract

Individuals with a criminal background are increasingly involved in support for people with criminal behaviour. However, research into what happens in the relationship between these experiential peers (EPs) and clients is scarce. This qualitative study investigates EPs' perspectives on the mechanisms of experiential peer support and how this compares to regular support by care providers without lived experiences. We interviewed seventeen EPs who provided support to young people with criminal behaviour. The results suggest that shared experiences between EPs and their clients play a central role. EPs identify with their clients, leading to empathy and a non-judgmental attitude. Clients seem to perceive EPs as credible role models who offer hope. EPs' lived experiences seem to induce a realistic view of desistance and an emphasis on a humane relationship with their client, which is characterised by equality, reciprocity, trust, and sincerity. This recovery-oriented approach towards criminal behaviour and desistance could also be utilised by non-EPs. Future research should investigate others' perspectives on and experiences with experiential peer support, in particular those of clients and co-workers.

Introduction

Individuals with lived experiences are increasingly involved in mental health care services offering support to several populations, including people with psychiatric disorders or substance abuse problems. So-called 'experiential peers' (EPs) are particularly active in recovery-oriented mental health services (Kortteisto et al., 2018), which is not surprising since the recovery movement places great value on empowerment of clients and recognition of their perspectives. The involvement of EPs is also becoming more common in the forensic field, which is concerned with individuals who display criminal behaviour and have subsequently gone through the judicial system. Several large cities in the United States have seen an expansion of state-funded peer mentoring initiatives with youths involved in the criminal justice system (Lopez-Humphreys & Teater, 2019) and in the United Kingdom peer mentoring was a central component of the 2012 government plans to transform rehabilitation of prisoners (Buck, 2018). In the Netherlands, the importance of recovery-oriented interventions, including experiential peer support, is increasingly being recognised in forensic mental health care. Around one quarter of the organisations in this field indicate to work with experiential peers, and an even higher number have expressed the ambition to incorporate this in their treatment or are making plans accordingly (Bierbooms et al., 2017). In 1965, sociologist Donald R. Cressey already wrote about involving 'criminals in the rehabilitation of criminals', saying that individuals who have displayed criminal behaviour, but who are now 'on the right track', are the best messengers of anticriminal verbalisations because they know both the feeling of guilt and the absence thereof regarding committing crimes (Cressey, 1965). Maruna (2001) also argues that the self-narrative of those who desist from offending often involves transforming one's own history of offending into a source of knowledge, and that these people are often drawn to positions as 'wounded healers', for instance as youth workers or drug counsellors (Maruna, 2001). Experiential peers may be helpful in reaching the forensic population, which could promote more suitable care and favourable outcomes regarding individuals' behaviour. The incorporation of peer mentoring fits with the risk-need-responsivity model, a guiding framework for treatment of individuals with criminal behaviour (Andrews et al., 2011). The responsivity principle seems particularly relevant for these interventions, as it concerns tailoring the intervention to the individual, thereby paying attention to demographics, readiness to change and personality. More recently added principles such as respect for the person, providing a human service and

staff relational skills, also form reasons for incorporating EPs. Research has shown that treatments following these principles are associated with significant reductions in recidivism, whereas interventions failing to adhere to them yield minimal reductions in recidivism (Andrews et al., 2011).

To achieve behavioural change, a strong relationship or alliance between the client and the practitioner is important (Burnett & McNeill, 2005). A strong alliance has been emphasised as a critical element of psychotherapy, and research has shown a modest but significant positive relation with clinical outcomes in adults (Martin et al., 2000; McCabe & Priebe, 2004) and in youths (Kazdin et al., 2005; Kazdin et al., 2006; McLeod, 2011). This alliance is particularly important for youths with externalising behavioural problems (McLeod, 2011; Shirk & Karver, 2003) and has shown to be highly predictive of probation success (Hart & Collins, 2014). However, attachment difficulties, a risk factor for criminal behaviour (Hoeve et al., 2012; Zegers et al., 2008), can hinder the building of a relationship (Smith et al., 2010). Establishing a good alliance is also more difficult for individuals who have had professional help before or who have negative expectations of help (Van Hattum et al., 2019). Our previous study on at-risk adolescents demonstrated such expectations: several participants indicated not wanting any help, especially from someone who did not experience what they were experiencing, as these care providers would not understand them (Lenkens, Rodenburg et al., 2019).

Establishing a strong alliance may be easier for individuals who have had similar experiences to the juveniles they aim to support. An experiential peer may have an advantage over other care providers, since people are more likely to connect with people similar to themselves (McPherson et al., 2001) and deep-level similarities between individuals enhance the quality of the relationship (Ghosh, 2014). Similarity may refer to experiences such as coping with problems, receiving treatment, or facing stigma (Baillergeau & Duyvendak, 2016), or going through a major life transition (Suitor et al., 1995), such as that from 'offender' to 'ex-offender'. There may also be more agreement on goals and tasks between EPs and juveniles. EPs may have a different focus and approach to the perceived problem than a care provider without these experiences. Being persons convicted of offences themselves, they may have a better understanding of juveniles' actual needs, instead of focusing on needs prioritised by other actors.

In our previous paper, we presented a theoretical model regarding seven

potential mechanisms of experiential peer support for individuals with criminal behaviour (Lenkens, Van Lenthe et al., 2019). First, it might be easier for EPs to have empathy for individuals with criminal behaviour (Bagnall et al., 2015; South et al., 2014) and to make them feel accepted and included (Buck, 2017). Second, clients might learn specific skills, behaviours, attitudes, or knowledge (Davidson & Rowe, 2008) from the EP who is a credible and realistic role model (Bagnall et al., 2015; South et al., 2014). Third, it might be easier to establish a trusting and meaningful relationship with EPs (Bagnall et al., 2015; Eby et al., 2013; Laurenceau et al., 1998; Dutton, 2018), which might also influence clients' other relationships and their social capital (Rhodes et al., 2000). Fourth, EPs might exert (in)direct control over the client's behaviour, by detecting and correcting risky behaviour (Davidson & Rowe, 2008; De Jong, 2013). Fifth, EPs might model and stimulate self-acceptance and positive identity development (Buck, 2017; Maruna, 2001). Sixth, clients might gain hope and perspective by witnessing that recovery is attainable (Davidson & Rowe, 2008; Walker & Bryant, 2013; Bierbooms et al., 2017). Seventh, EPs might play a bridging role between clients and formal institutions and additional services (Davidson & Rowe, 2008).

The area of mental health services has a longer history of peer support, and research in that field tells us something about potentially relevant mechanisms. Empowerment, empathy and acceptance, stigma reduction and hope seem to play an important role (Repper & Carter, 2011). Although these mechanisms resemble our theoretical model, it is unclear whether they can be generalised to the forensic setting. Criminal behaviour is not necessarily perceived as problematic by the offending person, and treatment or help is often mandated by court and therefore involuntary. Thus, motivation for treatment or behavioural change is not guaranteed. Specific research into the forensic setting is also necessary to rule out 'deviancy training', a negative social learning effect that can occur when bringing together individuals with criminal behaviour (Dishion et al., 1999).

Previous research investigating experiential peer support in the forensic field has found that EPs feel they have a deeper understanding of the client's situation and the pain they are dealing with (Barrenger et al., 2017; Barrenger et al., 2019) and clients view them as non-judgmental (Matthews et al., 2019; Thomas et al., 2019; Buck, 2018; Collica-Cox, 2018). Several studies have found that both EPs and clients see EPs as role models (Collica-Cox, 2018; Portillo et al., 2017; Barrenger et al., 2017), although it is unclear whether EPs' lived experiences contribute to their credibility (Reingle Gonzalez et al.,

2019) or rather make them inauthentic (Buck, 2016). It has also been shown that witnessing someone who has succeeded despite a problematic history can be inspirational and provide hope (Kavanagh & Borrill, 2013; Marlow et al., 2015; Portillo et al., 2017; Buck, 2014; Buck, 2016; Buck, 2019; Matthews et al., 2019; Barrenger et al., 2019). In addition, studies have found that building a trusting relationship is important (Kavanagh & Borrill, 2013; Matthews et al., 2019; Barrenger et al., 2019; Thomas et al., 2019) and that it may be easier for EPs to achieve this with clients due to their shared identity (Barrenger et al., 2017; Portillo et al., 2017; Reingle Gonzalez et al., 2019). Lastly, studies showed that EPs act as a bridge between clients and staff (Hodgson et al., 2019; Barrenger et al., 2019) and that they make referrals or connect clients to services related to housing, mental health, education, and employment (Marlow et al., 2015; Portillo et al., 2017; Thomas et al., 2019).

Although these studies provide insight into mechanisms of the relationship between EPs and their clients, this is the first study that specifically focuses on a predetermined set of mechanisms and examines these in a structured manner, while leaving space for additional mechanisms to arise from the data. In addition, whereas in many studies the sample consisted of support providers with and without a criminal background, making it difficult to disentangle specific mechanisms, we only included experiential peers with a criminal justice history. This study focuses specifically on support provided to adolescents and young adults. The mechanisms at play may be different than for the adult population. It is important to establish an empathic, collaborative, and equal relationship with youngsters (Creaney, 2018), perhaps even more since the power differences with care providers is larger for young as compared to older people. In addition, role models may be of particular importance in learning behaviour and becoming more resilient during this stage of identity formation (Hurd et al., 2009). Lastly, we contribute to the existing body of research by asking participants to compare their own role and the support they provide with that of care providers without lived experiences. In this study, when speaking about 'regular care providers' or 'care providers without lived experiences' we refer to those individuals who provide support, guidance, and treatment to these youngsters in a professional context, varying from social workers to psychologists.

This paper studies the support of experiential peers with a criminal background to young individuals who display criminal behaviour . We focus on experiential peers who provide individual support to clients in the context of a formalised relationship.

Additionally, we focus on support in which the relationship is asymmetrical, meaning that there is a designated provider and a designated receiver of support (Davidson et al., 2006), thereby excluding mutual support interventions. By analysing the relationship between EPs and their clients, we may better comprehend what works in this type of experiential peer support and why. The aim of this paper is therefore to examine the mechanisms of experiential peer support present in the relationship between EPs and clients that may lead to favourable outcomes for clients. We do this from the perspective of EPs, who have had multiple experiences supporting young people with criminal behaviour and are likely able to reflect on past personal and professional experiences with some distance. Our main research questions are: *1) What are mechanisms in the relationship between EPs and their clients? and 2) How do EPs compare their approach and support to that of professional caregivers without lived experiences?*

Methods

We conducted a qualitative study in which we interviewed seventeen EPs who provided individual support to adolescents and young adults with delinquent behaviour. We describe our methods according to the Consolidated Criteria for Reporting Qualitative Research (COREQ) (Tong et al., 2007).

Main researcher

The interviewer is the first author of this paper (ML), who was 31-32 years old at the time of interviewing. She had prior experience in interviewing adolescents with criminal behaviour and no personal experience with the judicial system herself. ML spoke to experts in this field and constructed a theoretical framework regarding experiential peer support (Lenkens, Van Lenthe et al., 2019). This led to a positive-critical attitude towards experiential peer support. The interview was for most participants the first time they met the interviewer, after communicating through phone, e-mail, or social media.

Participants

We recruited participants through purposeful sampling. Starting from an overview of organisations in the Netherlands known to work with experiential peers (Bierbooms et al., 2017), we contacted forensic mental health care institutions, (juvenile)

detention centres, volunteer organisations, rehabilitation centres, and probation officers, asking them whether they worked with EPs. When they did, we received the EPs' contact information and we contacted them directly. In addition, we spread our recruitment message through LinkedIn, the IVO Research Institute newsletter, and our personal contacts. We also actively approached experiential peers through e-mail and LinkedIn. EPs were invited to participate if they a) had been involved in criminal behaviour, and b) provided one-on-one support to young people (16-30 years old) involved in criminal behaviour. We initially intended to focus the study on 16- to 23-year-olds, following the Dutch criminal law for adolescents, but since experiential peer support is not as common in forensic youth care compared to adult care, we decided to expand our range, still encompassing the peak of the age-crime curve and the age at which most individuals desist from crime (Hirschi & Gottfredson, 1983).

Our final sample consisted of seventeen experiential peers who were given pseudonyms. All approached EPs who fulfilled the inclusion criteria agreed to participate in the study. The mean age of our sample, consisting of fourteen men and three women, was 37.5 years (sd=10.37). Twelve EPs were born in the Netherlands; of these, four EPs had at least one parent who was born abroad. All EPs had committed at least one criminal offence and twelve EPs had been incarcerated in a juvenile and/or adult correctional facility. Offences mentioned were fraud, drug trade and trafficking, robbery, possession of weapons and theft. Five EPs explicitly mentioned they committed crimes to support their drug addiction. Twelve EPs worked or volunteered for an organisation, two had their own (counselling or coaching) business, and three EPs combined both. Although most organisations had close connections to the criminal justice system, only three EPs (Robert, Matthew, and Richard) worked at an official criminal justice setting with mandated care, and two EPs (Mark and Melissa) worked at facilities where a proportion of clients received care mandated by court. Two EPs (James and Michael) worked for the same organisation in the hospitality sector that provides coaching and employment for youngsters with multiple problems. At least fourteen EPs had provided support to more than one client. The nature of their roles and tasks varied due to the different settings they worked in. Fifteen EPs provided to some extent emotional support to their clients. They had conversations with their clients about how they feel, listened to them, and tried to support them in their recovery process. Four of them also used sports or storytelling to facilitate these conversations. Nine EPs helped clients in finding a job and writing application letters. Seven EPs helped their clients

with other practical matters, such as suitable housing, debt assistance applications, and transportation. Six EPs had a bridging position between clients and other staff, advocated for their clients or accompanied them to meetings. EPs' background in training and education varied widely (Table 1).

Table 1

Characteristics of Experiential Peers

Pseudonym	Gender	Age	Work setting of EP	Roles, tasks, and focus	Paid position	Education as professional caregiver or experiential peer
Melissa	F	38	Assisted living facility for i.a. ex-detainees (criminal justice)	Emotional support Employment Practical support	Y	Education or training as EP and as professional care provider (mbo4[1])
Brian	M	40	Social services	Emotional support Employment Practical support Bridging position	N	None
Joshua	M	25	NGO[2]	Emotional support Employment	N	Several skills courses
Samantha	F	27	Youth care & self-employed	Emotional support Bridging position	Y	Education or training as professional care provider
Steven	M	59	Day treatment programme	Emotional support	Y	None (started with education or training as EP but did not complete)
Robert	M	48	Forensic addiction clinic (criminal justice)	Emotional support Bridging position	N	Education or training as EP and currently enrolled in education or training as professional care provider (mbo4)
Matthew	M	23	Forensic addiction clinic (criminal justice)	Emotional support Bridging position	N	Education or training as EP + currently enrolled in education or training as professional care provider (mbo4)

Andrew	M	29	NGO & self-employed	Emotional support Employment	Y	Several skills courses
David	M	39	Self-employed	Emotional support Employment	Y	None
Daniel	M	40	NGO & self-employed	Emotional support Employment	Y	None
Mark	M	51	Assisted living facility for ex-detainees (criminal justice)	Practical support	N	None
Richard	M	50	Forensic addiction clinic (criminal justice)	Emotional support Bridging position	Y	Education or training as EP + education or training as professional care provider (hbo[3])
James	M	29	Business in hospitality sector	Emotional support Employment Practical support	Y	None
Jason	M	37	Own foundation	Emotional support Employment Practical support	Y	Education or training as professional care provider (mbo4)
Michael	M	44	Business in hospitality sector	Practical support	Y	None
Chris	M	31	Youth work organisation	Emotional support Employment Practical support	Y	Education or training as professional care provider (mbo)
Stephanie	F	28	Organisation for addiction care	Emotional support	N	None

[1] mbo: secondary vocational education, level 1 (assistant training) to level 4 (middle-management training); [2] NGO: non-governmental organisation; [3] hbo: higher professional education

Procedure and setting

We conducted the interviews between February 2019 and July 2019. They took place at EPs' workplaces (n=11), in a café (n=4), at the researcher's office (n=1) and at the EP's house (n=1). A research intern was present during three interviews. We asked participants to sign for informed consent and they received €20 to compensate for their time. The interviews lasted between 47 and 128 minutes (m=82, sd=22) and were audio-recorded and transcribed verbatim.

Data collection

We conducted semi-structured interviews using an interview guide. First, we asked participants about demographic characteristics, their role as an EP, and whether they had received any relevant training. We also asked them about their criminal justice history, such as whether they had been incarcerated and when the last time was that they had been involved in the criminal justice system. We asked participants to describe the support they provided to clients, the extent to which they disclosed their backgrounds and the perceived effects of their support. We also asked them specifically about the seven proposed mechanisms of experiential peer support (empathy and acceptance, social learning, social bonding, social control, narrative and identity formation, hope and perspective, and translation and connection). For instance, regarding social control we asked whether they felt their own experiences play a role in how they approach clients' deviant behaviour, and more explicitly asked them whether they are more likely to detect such behaviour or say something about it to their clients. We also asked participants to reflect on whether they worked differently from professional caregivers without lived experiences, in general and with reference to the mechanisms. This could refer to (former) colleagues or professional caregivers they had been in contact with as clients. Lastly, we asked participants about the conditions under which experiential peer support works, prerequisites for both clients and experiential peers, and the feedback they had received on their role as EP. After the first four interviews we decided to slightly adjust the interview guide to make it shorter and less cumbersome.

Analysis

We used the adaptive theory approach, which combines the use of extant theories and theory developed from data collection (Layder, 1998). In our analysis, we

started with codes derived from the theoretical model with seven proposed mechanisms. In addition, our interviews contained many open-ended questions which yielded in-depth answers allowing for new mechanisms or themes. Coding and analyses were a continuous iterative process in which we examined common themes and connected theoretical concepts to respondents' answers. We used the software program NVivo for coding, analysis and writing memos. We used thematic analysis to identify concepts or themes (e.g. empathy, judgment, role model) related to the relationship between client and experiential peer. Authors ML and LD independently assigned codes to fragments that were relevant for the research. After three interviews, the interviewers studied the fragments of each code to ensure they belonged to the same code. They compared and discussed the codes and developed a preliminary codebook with their definitions, and evaluated overlap in coding for the first eleven interviews. For codes with the least agreement, ML studied the codes more thoroughly, and adjusted, merged, or subdivided them where necessary. This led to a final codebook with 90 codes covering sixteen main themes, with definitions supplemented by examples. We then used this codebook to adjust the coding of the first eleven interviews and to code the remaining interviews. Interviews 12 to 16 did not add any new codes, which indicates that saturation was reached. However, since we had only two female participants in our sample, we recruited another female EP. This last interview, coded by ML only as it took place later, did not yield any new codes. For all interviews, ML looked at the themes and subthemes based on both coders' judgment and eliminated those fragments that did not belong to a particular theme. Subsequently, ML looked at the connections between themes, focusing on the mechanisms and EPs' perspectives on whether their approach differed from that of non-EP colleagues. Lastly, GN and FL checked the categorisation and interpretation of a part of the results.

Results

Shared experiences

At the foundation of the relationship between experiential peers and their clients lie shared experiences of criminal behaviour and its consequences, specifically the experience of imprisonment and the loss of freedom and autonomy. EPs also see similarities with their clients regarding personal circumstances, especially when growing up. Their clients often have to deal with difficult family circumstances, peer pressure and

living in a deprived area. EPs also talked about shared struggles in life. When asked about the most important similarities to his clients, Jason responded: 'Hopelessness, sorrow, addiction, the victim role. (...) Loneliness, problems with family, low self-esteem, feelings, having problems they have never talked about, debts, etcetera.'

All EPs at least partially disclosed their background to their clients and all but one said they were open about their involvement in criminal behaviour, although the amount of detail they share with clients varied. They seemed to take conscious decisions about what they disclose and to whom, and for instance do not share details about their criminal history if the client is eager for sensation. The example of James clearly demonstrates this:

> If you're candid and sincere, others will follow that example. If you see it has a negative impact, you shouldn't do it [disclose]. I don't tell them everything. If I tell them how much money I made... I'm not going to tell them. That's not what I want to impart. I want to show them the other side of the story...the negativity that it has brought. You need to be very careful with what you tell and show these youngsters.

EPs mainly saw positive effects of their self-disclosure, such as increased disclosure by the client. Other reasons for self-disclosure were to inspire or motivate clients by setting an example or to shock or warn clients.

Shared experiences and mutual identification between EPs and their clients seemed to activate several mechanisms in our sample, which are displayed in Figure 1. First, EPs identify with their clients' personal characteristics and situation, which leads to empathy and a non-judgmental attitude. Second, clients may identify with EPs, perceiving them as credible role models who provide hope. Third, due to EPs lived experiences, they feel like they have insight in what works in the approach or treatment of the target group. They appear to have a more realistic view on desistance, and aim for a humane relationship with the client, characterised by sincerity, equality, reciprocity, and trust.

Figure 1

Mechanisms of Experiential Peer Support (based on the data)
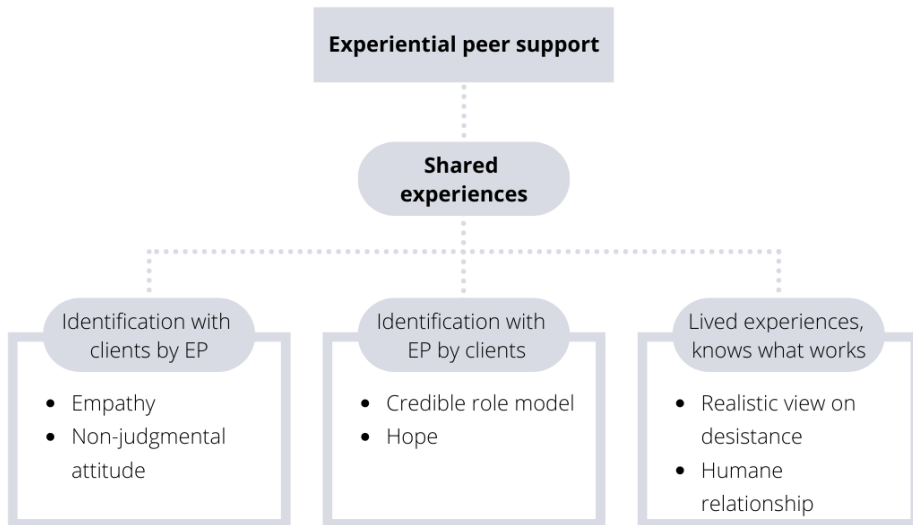
Empathy and a non-judgmental attitude

Experiential peers identify with their clients, leading them to believe that they can understand how clients feel and that they are better able to empathise with them, since they have similar experiences. They, for instance, know what it feels like to be incarcerated. David:

> The feeling of the empty moment when the cell door closes, the feeling you get every time you hear those guards' boots close to your door... Some tap at your door on purpose or drop the lid three or four times. The feeling that comes with that, you cannot feel that. You cannot understand that.

EPs understand how certain situations and circumstances may lead adolescents to become involved in criminal behaviour, what it is like to be seen as a criminal, and that life after prison is difficult. This profound understanding of isolation, pain and rejection is considered different from that of formal care providers who have gained their knowledge through education. In that sense, the frequently used phrase 'I understand what you mean' can only be true for EPs.

In addition to experiences of criminal justice involvement, EPs are also familiar with the judgment and stigma associated with these experiences, which seemed to influence their perception of clients. EPs felt they are less judgmental than their colleagues without lived experiences, and that they are more likely to look at the person

instead of the criminal act or possible diagnosis. Richard: 'I was very resistant to reading clients files, not because I was not capable of doing so, but because I didn't want to. I always thought it would distort the view of the person in front of me.' EPs also warned for a self-fulfilling prophecy; if we label these adolescents as problematic, dangerous, or bad people, they may start to live up to these expectations. EPs felt it is important to look at deeper causes of the behaviour, since this may help to prevent relapse. According to David, professional care providers focus heavily on the circumstances leading to a specific crime. He felt they are hesitant to touch upon a deeper level because of the emotions that it may evoke. Not all EPs were convinced of structural differences in judgment compared to regular care providers. According to them, someone who is very judgmental of this population would not work in this field. In addition, several EPs indicated that they themselves also have difficulties understanding certain criminal behaviour, especially sex offences.

A credible role model offering hope

In addition to identification of experiential peers with clients, EPs feel that their clients also identify with them, and seem as one of their own. EPs felt they are seen as role models by the clients they support. An important aspect to this position is that the EP's background gives legitimacy to what he or she says. Daniel: 'When you talk to youngsters you notice that they often say, "You understand, you come from the streets, so I don't have to explain it to you." And: "What is she doing here? She just graduated, doesn't have any experience, I'm not going to take her seriously, what is she going to do for me?"' This credibility may also contribute to a feeling of hope. As Samantha explained, it matters who tells you that 'everything will be OK'. Said by someone with a privileged position in society, who has had a normal upbringing and drives an expensive car, this message will not be as motivating and inspiring as when it is conveyed by someone similar to you. Witnessing that someone with a troubled past can achieve things can stimulate hope and a belief within clients that they too can accomplish something in life.

This position as a role model may make clients more likely to cooperate or willing to learn from the EP. EPs talked about skills or attitudes they try to teach or stimulate in their clients, including being assertive and asking for help, expressing their emotions, dealing with substance cravings, adding structure to daily life, taking responsibility for oneself, creating a social network and being in time for appointments.

EPs try to stimulate self-awareness in their clients, by discussing negative aspects or consequences of their behaviour, digging more deeply into the causes of this behaviour or by confronting them. In response to clients bragging about their criminal behaviour, most EPs show their disapproval or emphasise the negative aspects. According to Matthew, this is more powerful than coming from a regular care provider since the latter is already assumed to disapprove of such behaviour.

When asked about the effects of their endeavours, EPs indicated that clients start acting more responsibly and become more motivated. For some clients, EPs had literally become a role model: these clients aspire to become EPs themselves. EPs also mentioned that some clients had become more confident. However, they also acknowledged that the increase in clients' self-esteem or self-efficacy may be limited. As Steven said, 'the faith that something will succeed, these boys don't have that. They really don't know any better than that everything fails. Things don't come easy to them.'

Realistic view on desistance

In addition to the mutual identification that takes place, EPs' lived experiences also contribute to their approach. Based on their own experiences of desistance as a non-linear and complex process, EPs may have a more realistic understanding of desistance from crime and the difficulty of pursuing a normative lifestyle. They indicated that the process of desistance takes time and that making mistakes is sometimes necessary for growth.

EPs indicated that they could see through their clients' behaviour when they lie, manipulate, give socially desirable responses or dodge certain questions. Stephanie: 'I always recognise it when someone is beating around the bush. You just know that from yourself. And I definitely point that out to them. I cannot help them if they're not being honest.' EPs also believed they recognise and interpret certain risk situations more accurately than other professionals. Boris, for instance, mentioned that in the facility he works at, he sees things that his colleagues will not notice, such as clients displaying odd behaviour. Chris indicated that he is better able to recognise the type of criminal behaviour someone is involved in. Professional care providers may react differently to certain situations, by being more startled or disappointed when there is deterioration or insufficient progress. Steven explained:

> I can also become disappointed in a client; when I've done a lot and when we're
> back to square one, when he has committed another crime. But even then, you still

don't give up. I know how hard it is to reach a turning point. And that youths keep making mistakes. You just need to take account of that. That threshold is a bit higher for me than for someone else.

Although EPs may support the process of desistance, this process is eventually considered the responsibility or the choice of the client. For clients who are not motivated or ready to change, or who have not yet hit rock bottom, there is little an external person can do. In those situations, EPs felt they cannot initiate or accelerate the desistance process. A few EPs mentioned that they try to plant a seed by making a comment that leaves an impression. Andrew:

If they have been in touch with me once… I always plant a seed and when it comes out, I don't know, but at least it is planted. And they come back when they're ready for it, it can take a year or a few months.

When asked about the effect of their support to clients, EPs indicated that some clients may have become more motivated to desist and actually quit criminal behaviour, but many seem to have a relapse or deliberately choose the criminal path due to limited alternatives. Chris:

There are boys with a very low [intellectual] level for whom this whole situation is quite hopeless. It's either the criminal path, hoping they will score and make lots of money, or shut off their brains and go work in some factory for the rest of their lives for a minimum wage. That offers little prospect.

A humane relationship: sincerity, equality, reciprocity, and trust

Lastly, experiential peers' experiences seem to contribute largely to the type of relationship they strive for with their clients, characterised by sincerity, equality, reciprocity, and trust. For EPs, this theme represented the main difference compared with regular care providers. First, EPs demonstrate a sincere drive to help these young people, which seems largely related to their own experiences with the formal care system. They go beyond what is expected of them, try to arrange things quickly for their clients and are often available outside working hours. Brian:

Officially I work two days a week. But I always pick up my phone, I always call back, whether it's eleven in the evening or the morning, I'm always there. But also simply because I feel, if someone calls you and they need you, come on, I'm not going to tell them "Yeah you can call me back tomorrow, or Thursday, then I'm at work again".

EPs stand up for their clients, do not give up on their clients, and see opportunities for them. They focus on strengths and qualities, and support clients in the development of their talents. Several EPs mentioned that some care providers do not have sincere intentions with the target population or are not genuinely committed to their job and only do it for the money. Most EPs discussing this did not work at regular care facilities. Therefore, it is possible that this sentiment stems more from previous experiences they had with their own care professionals. Daniel and Chris expressed how they feel that sincere interest in the wellbeing of clients is more important than any lived experiences a care provider may have. Daniel:

> Genuinely caring is the most important thing. That's something youths can impeccably detect. Do you care about how a boy is doing or what help he wants to receive? If you really care, they will feel it, and then it doesn't matter whether you have a criminal record or whether you come from a safe family. They are just going to see: "Hey, are you real with me and do you want to help me?" And then they will help you, you know, to help them.

Secondly, EPs emphasised the equality between them and their clients, sometimes expressed as being seen as 'one of them'. According to Chris, a sense of equality is necessary because clients who see you as an authority may not open up. Joshua also believed this 'outsider position' of the EP is important to establish a connection with clients:

> If you lump them all together, the probation officers, the child protectors, the group leaders, the behavioural experts... they chose this job and in principle they belong to the system. They are the ones that lock you up at night and open your door in the morning, and lock you back up if you do something wrong, and they [clients] feel that they are all part of the system. I am an outsider to this system. I had a similar past, I come from an outside organisation, so I really am an outsider, I think that's the biggest difference.

EPs talked about how they try to change the power relations, by giving clients some control over the situation or sitting next to them instead of opposite each other. The way EPs interact with clients, for instance by greeting them the way youths greet each other, the language they use and their approachability, also contribute to this atmosphere of equality. In addition, the time EPs spend with clients outside of prison often has an informal character, such as eating pizza or working out in the gym. EPs emphasised the perceived unequal status of many professional caregivers. They

described them as people who grew up in protective environments and who have had everything served to them on a silver platter.

A third aspect of the relationship, related to equality, is reciprocity, which means that EPs also open up about themselves instead of only asking this from the client. EPs comparing their own reciprocity to regular care providers' approach saw a clear difference. They felt that many professionals do not show the same level of vulnerability towards their clients. As David said, to connect with clients it may help to sit in front of the client as a person, not as a job title. Robert explained why this is important:

> There are indeed colleagues who share a bit about their home situation or whatever, but that is not even close to what we do (...). I am not above someone, that's also not what I convey, but I am for sure not beneath anyone. Equality, that's what my position depends on.

By sharing their own struggles, EPs show clients that they are not the only one, which normalises the situation and reduces shame. EPs indicated that their self-disclosure leads to more openness on the clients' end, who share more about their personal stories, struggles and emotions, thus becoming more capable of expressing their needs. This is a major step for juveniles who have developed a street mentality in which demonstrating vulnerability means losing face. Daniel, however, pointed out that eliciting disclosure from the client should not be the objective.

> I don't know if that should be the approach: if I tell something, I hope that he will tell me something. You share that [personal experiences] just because you want to share because you care, or you want to show: "I have also been through stuff". He needs to decide for himself what he wants to share or not. And that takes time.

The fourth element of the relationship that is highly valued by EPs is (mutual) trust. According to EPs, clients seem to trust them more than other care providers; clients share information with them that they will not share with others. EPs emphasised how important this is; many clients have long histories with formal care in which they have been disappointed and rejected repeatedly, leading to a strong sense of distrust. EPs strive to be trustworthy; they talk to clients about confidentiality and they make sure to keep their promises. Some EPs do not express any disapproval of their clients' behaviour, to establish or retain the trusting bond with their client. In the first stage of the relationship, Chris is reluctant to show any disapproval of the delinquent behaviour.

> If you can talk with them about certain things on the street...it can be very practical: the cutting of drugs, the prices, how you can deal drugs in a profitable way...that

gains respect from clients. I try to create an opening and gain their trust. The moment I have that, I can take on a more advising and brother-like role and say "Hey, that's not okay".

Daniel described how some clients are open about their criminal behaviour to him because they consider him as one of them. This can create a dilemma; if it is too damaging or dangerous, he must do something with the information, but this could also mean a breach of trust.

Discussion

This study investigated the mechanisms in the relationship between EPs and their clients, and how EPs compare their approach and support to that of care providers without lived experiences. At the core of this relationship lie their shared experiences, their mutual identification and EPs' lived experiences that influence the support they provide. This leads to four main mechanisms.

First, EPs recognise the situation their clients are in and the struggles they experience. They feel this makes them more capable to understand and empathise with clients, especially regarding experiences such as being incarcerated, being labelled as 'criminal' and trying to desist from crime. In addition, most EPs believe they are less judgmental than regular care providers. They look at the person and the deeper roots of the behaviour, such as the need to belong, instead of focusing on a specific criminal act.

Second, clients may be more likely to identify with EPs than with normal care providers without similar experiences. The EP as someone who has successfully passed the desistance process can provide hope and perspective for one's own future. In addition, a role model with lived experiences is considered more credible than someone with a different (and more privileged) starting point in life.

Third, EPs' own experiences with desistance seem to shape their view on this process. They consider it a non-linear process and are willing to give clients multiple chances. They recognise risk factors and behaviours, but they deem the desistance process as belonging to the client, which can only occur if the client is ready and motivated, and which they can support but on which their influence is limited.

Fourth, EPs draw on their own experiences, mainly as former clients, to give shape to the relationship with their own clients. They put a large emphasis on the 'humanity' of the relationships they pursue with their clients. This relationship is

characterised by equality, reciprocity, trust, and sincerity.

Although presented as separate themes, these mechanisms seem strongly related and appear to interact. Identifying with clients, for instance, not only increases empathy, but also stimulates a humane approach with an emphasis on strengths, as EPs also remember how they were treated as clients. In addition, not only does the recovery view on desistance make EPs less likely to overreact to slip-ups, but this is also influenced by the fact that they aim to build and maintain a trusting relationship with their clients.

Looking at our proposed mechanisms (Lenkens, Van Lenthe et al., 2019), we see that these results largely confirm the importance of *empathy and acceptance* and *hope and perspective*, although the perceived effect on self-efficacy is limited. Regarding *social learning*, EPs seem to hold a position as role model, but the skills they try to convey to juveniles seem less directly aimed at non-recidivism and more at creating stability and strengthening protective factors. The most striking difference, regarding the proposed mechanism of *social bonding*, is the emphasis on the quality of the relationship and not the mere existence of a relationship. *Social control* seems less prominent; although EPs seem to detect risk behaviour, their response to it varies. *Narrative and identity formation* was not a prominent theme in our data, which may be the case because this process takes place internally and is difficult to observe from an outsider point of view. We did learn that EPs display elements of *translation and connection*, but rather consider this one of their roles, as elaborated upon in the description of the sample, than a mechanism occurring in the relationship between EPs and clients.

The current study adds to our proposed model (Lenkens, Van Lenthe et al., 2019) the emphasis on the quality and humanity of the relationship between EPs and clients, and EPs' realistic view of desistance. The focus on the person instead of his or her behaviour reflects a shift also visible in mental health care; from a disease or disability centred model aimed at fixing or healing to a client-centred model in which 'recovery' has an important role (Slade, 2010). The way EPs talked about desistance shows a large resemblance to the characteristics of personal recovery, which is described as an active and individual process, of gradual trial and error, aided by a supportive environment but also attainable occur without professional intervention (Leamy et al., 2011). This parallel has been previously drawn by Best et al., (2016), who point to the importance of changing social networks and identities for both processes (Best et al., 2016). Several

recovery processes play a key role in the relationship between EPs and their clients, such as connectedness, hope and optimism about the future and empowerment (Leamy et al., 2011). To advance the individual's personal power, treatment partnerships are important (Corrigan, 2002). Although originally described in a mental health care context, the way these partnerships arise resembles the approach of EPs in our sample. First, care providers' focus should be on endorsing recovery instead of on assuming poor outcomes (Corrigan, 2002). This is in line with 'positive criminology', which looks at the individual's whole (including strengths and talents), rather than mainly looking at criminal behaviour and risk factors (Ronel & Elisha, 2011; Ronel & Segev, 2014). EPs in our sample seemed focused on the future instead of past criminal behaviour and described their non-EP colleagues as being more negative towards clients when they make mistakes, whereas EPs realise that the process of desistance takes time and that small steps matter. Second, care providers should strive for collaborative decision making instead of a unilateral treatment plan. The latter can be perceived as coercion, which can lead to reactance in the client (Corrigan, 2002), while a sense of autonomy is important for motivation and behavioural change (Deci & Ryan, 2008). In our sample, EPs collaborate with their clients by aiming for a more equal and reciprocal relationship and by supporting clients' autonomy. For non-EP care providers to become more recovery- or desistance-supportive in their approach to clients, there may be skills or attitudes to be learned from EPs.

Some mechanisms may be more natural to EPs, but they could still be utilised by care providers without such experiences. EPs for instance mentioned a similar 'pain' or 'struggle' as their clients. This suggests that the advantage EPs gain from (disclosing) personal experiences is not exclusive to those with criminal behaviour. People with a history of addiction or mental illness for example, could also support individuals with criminal behaviour. In addition, the relationships that regular care providers have with their clients may also benefit from care providers being more vulnerable and open about themselves and showing more of their personal side and struggles. EPs in our study indicated that formal care providers also have something to offer, since everyone has personal experiences that can be valuable for this work. Such an approach, however, might be at odds with what they have learned about professional distance and requires careful consideration of content, timing and goal of self-disclosure and the type of client in front of them (Knox & Hill, 2003; Peterson, 2002; Murphy & Ord, 2013).

Strengths and limitations

This qualitative study has contributed to the knowledge regarding experiential peer support for adolescents and young adults with criminal behaviour. In addition to the data on previously conceived mechanisms (Lenkens, Van Lenthe et al., 2019), the interviews gave insight into how EPs compare their approach to that of non-EPs and the importance of a recovery-oriented mindset. As an additional positive aspect, some experiential peers indicated that through the interview they had become more aware of their work and how they use their own experiences to help other people.

Since we used purposive and convenience sampling and relied on gatekeepers of several organisations to provide us with contact details of the EP, our sample may be selective. Although there was a 100% response rate, it is plausible that we mainly interviewed experiential peers that were satisfied, confident and aware of the work they do. Further research should aim for a more random sample. In addition, future research should consider more perspectives than those of EPs. We need clients' perspectives to learn more about potential effects and mechanisms. In preparation of this article, we interviewed five young adults about mechanisms, effects, and contextual factors of their relationship with the EP. These interviews suggested agreement with the mechanisms as described by the EPs. More research and a larger sample are necessary to gather more information on how clients perceive this relationship. We also need employers' and co-workers' perspectives to learn more about conditions under which experiential peer support may flourish.

During the interviews, we noticed that some conceptual distinctions were not as clear-cut. The explicit focus on criminal behaviour may be unwarranted, as shared experiences of for instance substance abuse seemed more important for some EPs. In addition, many EPs worked with both adults and youths. Although we asked them to keep the latter group in mind, we cannot rule out that some situations they have described may refer to their adult clients.

We asked interviewees about specific mechanisms. Without these prompts, participants may not have mentioned these mechanisms. However, we have no indication that this led participants to be untruthful as their answers were varied and they also sometimes answered that a mechanism was not present. We noticed that the proposed mechanism of 'narrative and identity formation' was difficult to explore during the interviews. Additional research should find new ways of investigating this mechanism, starting by asking clients about their perspective. It is also important to

note that, in comparing themselves with non-EP care providers, some EPs seemed to base their opinion partially on their own experiences as clients. These are valid but may be outdated as forensic youth care is an everchanging field.

Implications

Research has not kept pace with the proliferation of experiential peer support, specifically in the forensic field. It is important that studies consider effects of experiential peer support and the conditions that stimulate potential positive effects, such as training or education, supervision and guidance by the organisation, and an EP's distance from criminal behaviour. Future research should study which personal characteristics and acquired skills are necessary to provide adequate experiential peer support without becoming overburdened. One important risk that should be considered is that some EPs do not denounce their clients' criminal behaviour for the sake of establishing a trusting bond. This may give clients the impression that this behaviour is acceptable. Another aspect that could be investigated is the timing of experiential peer support, since the effectiveness of such support might depend on the client's stage of desistance (Weijers, 2015).

The role of experiential peers needs to be further clarified to know which effects to measure (Davidson, 2015). If it is unclear what EPs can offer and how they should do that, it is difficult to determine their added value to the existing care. Furthermore, several aspects need to be addressed to improve organisational support for EPs and collaboration between EPs and their non-EP colleagues. While several EPs had received negative reactions from colleagues, some also seemed to have a one-sided view of care providers as privileged and insincere. For some EPs, their own negative experiences had led to a general distrust of formal care. These mutual prejudices seem to hinder optimal utilisation of and interaction between the strengths of both. Non-EPs can learn from an EP's experiences how it feels to be incarcerated and how hard it is to get back on track. For the EP, who often does not have the same level of education, it can be helpful to learn from a non-EP-colleague the necessary professional skills and the theoretical knowledge about criminal behaviour and desistance. By working together, EPs may pave the way for clients' receptiveness to more specialised help. Respectful and appreciative collaboration may also lead to an overall more recovery-oriented perspective within the organisation, in which the client perspective becomes more important. Collaboration may thus be able to improve the care for adolescents and

young adults with criminal behaviour. These youths often come from disadvantaged backgrounds in which recognition and appreciation were lacking. Regaining trust in one person that they can relate to, even if it is minimal, can be a first step away from criminal behaviour and towards desistance.

Chapter 7

Experiential peer support for young people engaging in criminal behaviour: The experiences of four clients

Lenkens, M., Nagelhout, G. E., Engbersen, G., & Van Lenthe, F. J. Experiential peer support for young people engaging in criminal behaviour: The experiences of four clients. [PhD thesis chapter]

Abstract

Individuals with criminal backgrounds are increasingly involved in providing support for others who have engaged in criminal behaviour. However, research into what happens in the relationships between these experiential peers (EPs) and clients is scarce, in particular regarding young recipients of EP support. This qualitative study explored the perspectives of four clients receiving EP support. We interviewed four clients aged between 20 and 32 years who had engaged in criminal behaviour and who had received this type of support. The results illustrate that, to varying extents, participants experienced the mechanisms of empathy and acceptance, social learning, hope and perspective, and social bonding in their relationships with the EPs. Social control was not described by the clients as an important mechanism. Instead, participants characterised the EPs' responses to specific deviant behaviour as reflecting a recovery perspective. Although this study has provided us with insights into how EP support is experienced and valued by those on the receiving end, the very small sample and potential for selection bias prevent us from making generalisations. Future research should aim for a larger and more diverse sample. Nevertheless, these explorative interviews illustrate that several of the mechanisms described by EPs are also recognised by clients.

Introduction

Experiential peer (EP) support for individuals who have engaged in criminal behaviour is increasingly common, but empirical evidence for its effectiveness is largely lacking. Research into what happens in the relationship between the EPs and clients is also scarce, in particular regarding the young recipients of this support. It is important to gain more insight into clients' experiences to increase our knowledge of EP support and improve its practice.

In our previous study, several at-risk youths indicated that they would be more open to support from people with whom they have shared identities or experiences (Lenkens, Rodenburg et al., 2019). This preference for help from others with similar lived experiences is evident in the growing practice of EP support in the field of criminal justice and offender rehabilitation (Lopez-Humphreys & Teater, 2019; Buck, 2018, Bierbooms et al., 2017). People who are similar to each other are more likely to connect and to like one another (McPherson et al., 2001; Berscheid & Reis, 1998).

For a systematic realist literature review, we developed a programme theory proposing several mechanisms that may play a role in EP support (Lenkens, Van Lenthe et al., 2019). The hypothesised mechanisms of EP support are (1) empathy and acceptance, (2) social learning, (3) social bonding, (4) social control, (5) narrative and identity formation, (6) hope and perspective, and (7) translation and connection. We also used this programme theory in our qualitative study, for which we interviewed 17 EPs (Lenkens et al., 2020). In this previous qualitative study, we found that EPs felt that their lived experiences made them better able to empathise with clients and less judgemental than regular care providers (*empathy and acceptance*). They also felt that they were considered credible role models (*social learning*), who could provide hope (*hope and perspective*). Where EPs emphasised the importance of the quality of the relationship with clients (*social bonding*), it seemed that they did not all attempt to influence their client's deviant behaviour (*social control*). Furthermore, EPs viewed desistance as a non-linear process in which the client is the active agent.

The research question was as follows: how do young people receiving experiential peer support reflect on this type of support and which mechanisms of experiential peer support do they experience? In this chapter, we analyse the experiences of four young individuals who have received support from EPs. Since we were not able to find more young people willing to participate, this small sample of interviewees serves merely as an illustration of the proposed mechanisms of EP support,

seen from the perspective of the recipients of such support.

Methods

Procedure

Clients participating in this study were recruited through snowball sampling. We asked the EPs we had interviewed for our previous study (Lenkens et al., 2020) to ask their clients if they would be willing to participate in this investigation. Of the 17 EPs we interviewed, four connected us to a total of five clients. We additionally attempted to recruit participants through our network, but this was not successful. One professional connected us to another client, but at the beginning of the interview it became clear that this individual had not received support from care providers with lived experiences of criminal justice involvement and desistance.

The first author conducted the interviews between April and May 2019. The interviews each lasted between 52 and 68 minutes, with an average of 59 minutes. The interviews took place at the location in which clients received the support: a day-treatment programme for young men with multiple problems, a business in the hospitality sector, a forensic addiction clinic, and a youth work organisation venue. The participants signed an informed consent form and received €20 compensation upon completion. The interviews were transcribed verbatim. For all participants, the interview was the first time they had met the interviewer.

Participants

For this illustrative study, we spoke to young adults who had received support from an EP. Clients were invited to participate if they a) had engaged in criminal behaviour when they were between the ages of 16 and 30 years old, b) had received one-on-one support from an experiential peer when they were between the ages of 16 and 30 years old, and c) had received this support no longer than 5 years ago.

During the interview with one of the five young adults, it became clear that he did not understand the interview questions. For this reason, we excluded that interviewee and will elaborate here only on the findings of the other four interviews. The participants were one woman and three men, aged 20, 21, 26, and 32 years old and all born in the Netherlands. In the description of the results, the participants' names have been pseudonymised and their ages are not mentioned to ensure anonymity.

Instrument

For the interviews, we used a topic list covering five subject areas: 1) general information and stage of desistance (e.g. "Do you ever think about quitting criminal behaviour?"); 2) relationship with the EP (e.g. "How would you describe the relationship you have with the EP?" and "What does the EP share about him-/herself and does that affect how much you share about yourself?"); 3) effects (e.g. "Do you feel certain things in your life have improved since receiving support by the EP, and if so, to what extent do you think the EP's personal experiences play a role in this?"); 4) mechanisms (open questions such as, "Do you feel that there are differences in the way the EP does things compared to regular care providers?" and "Do you feel that you and the EP have certain things in common?", followed by specific questions about the seven proposed mechanisms); and 5) contextual factors (e.g. "Do you think anyone with a criminal justice background could become an EP?" and "Do you think every young person would benefit from support from an EP?"). The topic list was used as a conversation guide. Questions were not always phrased verbatim; and in the case of closed questions, participants were invited to elaborate on their answers.

Analysis

We used the initial programme theory that was described in the protocol paper for our systematic realist literature review (Lenkens, Van Lenthe et al., 2019) to deductively code the interview transcripts. A table was used to structure relevant information in the interviews for each mechanism. The coding and structuring of the information were performed by the first author. The results from the tables were used for the case descriptions below. In these descriptions, we give information about the clients' situations at the time of the interview, their attitudes towards criminal behaviour and desistance, their experiences of the support received from EPs, and the mechanisms that may have played a role in this relationship.

<p style="text-align:center;">**Results**</p>

Peter

At the time of the interview, Peter has been staying at the forensic addiction clinic for a month. He acknowledges that he has a problem with drugs and requested that the judge place him in this institution. He started using soft drugs (marijuana) at the age of 14 and began using hard drugs (ecstasy, speed) when he left his parental

home at 17. Currently, his primary addiction is to GHB. He finds this more intense than any other drug he has tried. It is more addictive, and the resulting criminal behaviour is more serious. Regarding this link between his addiction and the criminal behaviour, Peter explains that the drugs make him less aware of what he is doing, and he engages in criminal behaviour to obtain the financial means to support his addiction and to fit in with his group of friends. Peter has previously been convicted for attempted murder, but most of his delinquent behaviour revolves around crimes against property (burglary, theft, fraud, and handling stolen goods). In the interview, Peter comes across as very motivated to work on his problems and to improve his situation, partly also because he wants to be a good role model for his son. He is convinced that if he can achieve abstinence from drugs, he will no longer engage in criminal behaviour. He also knows that he can be easily influenced by "deviant" friends, which is why he is no longer in contact with them.

In previous clinics, Peter has had contact with professionals with experience of criminal behaviour and addiction. He says, "From those people I learned the most. They knew what they were talking about and understood it better". These EPs were open about the time that they had spent using drugs and the paths that they had taken to reach their current situations. Talking to EPs also made him realise that, even after reaching abstinence, recovery from addiction will probably always be part of his life.

In the clinic where he is currently staying, Peter primarily sees the EP in a group setting. During these meetings, they talk about their personal experiences, coping with disappointment, and how one can gain strength. In other group meetings not run by EPs, Peter largely hears things that he already knows from previous clinics. When asked how he feels about the EP sharing personal information, Peter says,

> I appreciate him doing that because he doesn't have to, of course; but he does it to establish a trusting bond. He shares personal stuff and because of that, the other person – or at least that's the case for me – will also more easily share things about themselves that they are ashamed of or would rather keep to themselves.

Peter feels as if this is a safe environment in which to share the things he has done in the past and of which he is not proud, especially since he is with someone else who has done and experienced similar things. Some of the regular care providers at the facility also share details of their private lives, but many do not: "If I talk to them, they want to know a lot about me, but I actually don't know anything about them". This makes Peter feel reserved and distrustful. As he

is staying there for a long time and seeing them daily, it would be nice to know a bit more about them: "I don't need to know where they live or in what kind of house or what car they drive. But at least something – about their hobbies or what they like doing – it doesn't have to be the very important stuff". He feels he could be more open about himself if care providers were more open about themselves.

Although Peter respects all the care providers working at the clinic, he describes his respect for the EP as different. He respects the "regular" care providers for having done their training and developing their knowledge. He respects the EP because he has lived a similar life to himself but found the strength to leave this life behind, work on himself, and reach a point where he is able to help other people. He feels that the EP does this without any self-interest: "I feel that this is not as much the case for the regular care providers – for them it is more part of the job, whereas the EP does it because he wants us to have good future".

Peter feels that the EP does not necessarily understand him better, but he understands him more quickly. He explains, "With regular care providers, you need to tell them a lot before they have some idea of what's going on. With the EP, this is less true; he notices and senses things more quickly". Peter also says that for someone who does not use drugs and who has never engaged in criminal behaviour, it is difficult to understand the "buzz" that comes with it and, by extension, why someone would continue such behaviour even after having been imprisoned.

Peter considers the EP to be more of a role model to him than other care providers because he has fought hard to be where he is. Peter believes that most regular care providers come from good backgrounds and that things probably came easily to them. The EP, on the other hand, is a living example that if one works hard enough, one can succeed. He also notes, however, that an EP may be at risk of viewing their own way as the *only* way.

Virginia

Virginia first engaged in criminal behaviour at the age of 14. She has been imprisoned for several periods in her life, usually for violent crimes. At the time of the interview, she is volunteering in the hospitality sector and receiving training

on-the-job to become a coach and to help young people. She is being coached by several EPs. She first had contact with an EP when she was out in her neighbourhood with some friends. Although Virginia's first thought was, "What do you want?", the EP quickly convinced her that he genuinely wanted to help. She began to trust him because he had good intentions and because he shared some of his experiences from his own past with her. This made an impression on her: "That's where my motivation started. I mean, if he could achieve all this, so can I". At that time, Virginia was also in contact with probation officers, but she feels that they could not really help her: "I feel like the EP did his work with his heart, and not just for the money. Probation officers...just do what they do because it's their job and don't show interest in young people". Virginia did have another counsellor (without relevant lived experience) who supported her and was interested in how she was doing, and she feels that having a connection and building a trusting bond is the most important element of this. Trusting someone can be difficult for her, and she wonders if someone will disappear once they achieve their goals.

The EP shares things about his personal life and past, and this makes Virginia more open about her own story. She says, "I knew that if I shared my story with him, he would know what I was talking about". She feels this is important because someone who does not know what she is talking about will not be able to give feedback or really help her: "If you have done your higher professional education and all the knowledge you have comes from books or an internship...you will not be able to help someone with a criminal history because you will never be able to understand them". She feels that what she has in common with the EP is the struggle that they have both experienced. According to Virginia, it is important to remain optimistic, but it is a struggle to remain motivated, to maintain hope, and to surround oneself with the right people.

Unlike probation officers, who only say "You have to do this or that", the EP does not only tell her what she can change, he also discusses ways of dealing with the problems. When confronting her about her behaviours, EPs are also less likely to simply tell her what will happen if she does not take the correct action. Instead, they remind her of her goals and future. In her contact with EPs, Virginia notices that the focus is on who she is, where she wants to go, and how they can help her, whereas probation and court focus more on the past, which can make

her unhappy. She says, "If, to achieve something, I have to explain to 30 care providers what I have been through, never mind". From the EPs she works with, Virginia has learned that everyone deserves a second chance and that it is vital to seize on all opportunities if you want to make your dreams come true.

According to Virginia, not all individuals with lived experiences of criminal behaviour are suitable to become EPs. It is necessary to have found closure. Virginia sees that some people with a criminal past still have the same attitudes as before, being closed, angry, and alert: "You cannot help those young people if you still have to look over your shoulder".

Ivar

Ivar is homeless and dealing with debts at the time of the interview. The judge has ruled that, for the safety of Ivar's family members, he cannot live at home anymore. Ivar has been involved in arson, selling drugs, vandalism, and violence. Child protection services have been involved, but he has never been imprisoned for any of his delinquent behaviour. Ivar is not currently engaging in criminal behaviour. As he says, "I am trying to stay strong and make something of my future. I have thrown away so many years". However, he is planning on doing "things" for a little while to earn some extra money. Ivar thinks he will eventually desist once he returns to his studies. Engaging in criminal behaviour gives him "a headache" and he feels guilty that selling drugs affects other people's lives:

> It makes me think, what am I doing? I am ruining this other person. I know a lot of guys who don't care. They are relentless. They say, "it's money, right? It's food". But if I eat from that money, it tastes...but...

Even so, the temptation to commit a crime when he is out of money feels overwhelming. He explains that he could simply call someone and start today.

Ivar has been coming to the organisation where the EP works for several years now. He speaks to the EP occasionally and sees him as an older brother. The EP told Ivar about his contact with the police and confided that he had spent time in prison. He also told Ivar that he had begun to invest in himself, obtaining a degree and finding work. For Ivar, the fact that the EP shared this was a sign of trust. Ivar also shares things with the EP but does not feel that he is more open simply in return for the EP's openness about his own background. Ivar does not consider the EP to be more of a role model

than his colleagues and respects them equally. He feels that he has good connections with regular care providers with good intentions. He is, however, more likely to approach the EP to talk to him because he feels the EP understands him better due to his own lived experiences. In addition to both having engaged in criminal behaviour, they also share a religious background. Ivar feels less shame when interacting with the EP than with other care providers of the same religious background. Ivar feels the EP understands the clients:

> I feel like someone with a background like that [delinquent behaviour] is more likely to understand you. It's the way he acts, the way he approaches things, that shows he understands you. Someone who only studied for this job… they may never be able to say something about what another person has been through, they can never judge you for that.

Someone with a criminal background is also better able to understand what it is like to spend time in jail, how it feels to be isolated, and why the trauma that this causes makes people more distant and dismissive of authorities.

The EP encourages Ivar to try harder and do better, regardless of what has happened in the past. He now thinks differently about his future due to his contact with the EP, as he now realises that even with a criminal record, one can make something of the future. However, this is the responsibility of the individual: eventually, it is the individual who must take action. According to Ivar, EPs may be better able to inspire others to make the right choices, as they are sincere.

Fons

At the time of the interview, Fons has an ankle monitor. Upon its removal, he will begin his training to become a mariner. He feels he is suitable for such a job because, having been institutionalised in residential youth care and having served several prison sentences, he knows he has no problem with staying in one place and being alone. He has primarily committed money-related crimes but has also been involved in violent crime. When he has his life back on track – without the ankle monitor, and with a stable income, housing, and a driver's licence – Fons considers going back to school because he was previously enrolled in higher secondary education and feels it would be a waste to not do something with his intelligence. He says that he does not intend to engage in criminal behaviour anymore, but "you never know what the day may bring. In essence, I want to stay away from it because it comes which too much negativity. But I cannot

guarantee that I will stay away from it". Money would be his main reason to continue offending, since this can make him "independent, rich and happy". Later in the interview, Fons suggests that he will only quit offending once he has earned a large sum of money from criminal activities.

Fons and the EP have regular contact via WhatsApp, and they sometimes talk at the day-treatment programme in which Fons is enrolled. Fons feels that the EP tries to keep him on the right track, whilst at the same time allowing him to be himself: "He wants everything to be okay but does not want me to change who I am. I like that. He does not ask things of me that I cannot do". Fons feels that other care providers sometimes underestimate his intelligence and speak down to him because his appearance means that he comes across as a "gang member". According to Fons, they seek to elicit socially desirable behaviour and want young people to just say "yes" and "amen". Fons feels that he is more open with the EP than with regular care providers, talking about things that he could not share with regular care providers and feeling the need to be no one other than himself:

> I'm really like a chameleon; I can fit everywhere. But I don't think that's a good thing 'cause it can make you lose yourself. That's something I need to be careful with because I have spent quite some time in institutions. You become socially desirable. When I see someone, I can already tell from the look of his face what it is that he wants from me.

According to Fons, the EP's background makes him more accepting of his clients. The EP is also more used to complexities and is not as easily shocked by things. Fons, however, does not tell the EP about criminal behaviour in which he may be currently involved because he wants to protect the EP. He would not want the EP to have to decide what to do with this information, and he would not want the EP's colleagues to doubt the EP's professionalism.

Fons feels that the EP is more likely to truly understand him: "How can someone who does not understand me come up with solutions for my problems? Impossible". Fons does not trust the EP more than other care providers he has contact with and feels that others also have good intentions and want the best for him. However, he does respect the EP more than others, due to his lived experiences, and would not as quickly talk back to him.

Fons does not feel that he has changed due to his contact with the EP but points out that they have only been talking extensively for approximately three months. He

does consider the EP a role model, but this does not contribute to the hope he has for himself. Fons explains that he already had confidence in his future. He has always been hopeful, feeling that his future will be brighter, and he is convinced that he will do well because he tries his best every day. When asked what the EP thinks of his behaviour, Fons says that the EP would prefer that he does not engage in any criminal behaviour but that he knows like no other that he is not able to stop Fons. When other care providers tell Fons that he should find a job or go to school, Fons is annoyed: "I am already working on that. I don't like talking about it as if I have given up hope". The EP, on the other hand, knows that there is no use in telling a young person, "Don't do this or that", as they will only quit once they hit rock bottom. Everyone needs to learn from their own mistakes.

When asked about the right timing for support by an EP, Fons says that adults will be more open to this type of support. As an adult, he can think more rationally about the choices he needs to make, and he has come to realise that he does not have to repair everything himself: "You can ask for help, you don't have to make it harder for yourself". EPs should be intelligent and have a good heart. When asked whether he feels regular care providers should also disclose more about their personal experiences, Fons responds in the affirmative. According to him, it would be helpful to have a role model who has had a complex life but who has not displayed any criminal behaviour, proving that this life course is also possible.

> How is that possible? Because the reason I can't get offending out of my head is because I don't want to be poor and I haven't gotten many opportunities and I was born already with a disadvantage in life, with my father gone and my mother using hard drugs.

Mechanisms

All four of the interviewees indicated that the EPs share their personal experiences with their clients, to various extents. Two clients indicated that they are also more likely to open up about their own experiences due to this self-disclosure by the EP. Regarding the proposed mechanisms, interviewees described elements of empathy and acceptance, social learning, hope and perspective, and social bonding. All four clients mentioned that the EPs understand them better or more quickly than regular care providers, due to their shared experiences. Two participants said that the EP is a role model, with one participant mentioning that the EP's life has been less privileged

than those of the other care providers. The EP is considered an example of succeeding despite difficulties, which the interviewees associated with "self-esteem", "motivation", "hope", and "inspiration". Two participants explicitly expressed a conviction that EPs have more sincere intentions than regular care providers do. One participant said that he trusts the EP more than his colleagues, whilst another said that he does not necessarily trust the EP more but is more open to him than he is to other care providers. Two participants also mentioned characteristics of the EPs (availability and language) that make them more accessible or approachable.

Regarding social control, the interviewees said that the EPs tend to be less confrontational and judgemental in their responses to behaviour that they might not agree with. Instead, according to the interviewees, EPs try to encourage clients to make the right choices, whilst clearly placing the responsibility with the clients themselves, aware that the clients already know that what they are doing is not okay. The latter seems to reflect a realistic view of criminal behaviour and a recovery perspective on desistance, which we also saw in the interviews with the EPs.

Discussion and conclusion

This chapter has illustrated how four young individuals experience the support they receive from an EP. It has also provided some validation for several mechanisms found in the interviews with EPs (Lenkens et al., 2020). The interviews revealed that the mechanisms of empathy and acceptance, social learning, hope and perspective, and social bonding are all experienced to some extent by the participants. Social control was not described by the clients as an important mechanism in their relationships with the EPs. Instead, participants characterised the EPs' responses to specific deviant behaviours as reflecting a recovery perspective.

These results are in line with those of other studies conducted among recipients of EP support. Previous studies of clients in the same age category are scarce. The studies in our literature review (Lenkens et al., submitted) primarily concerned adult populations, although participants' ages were not reported in many papers. In these studies, the participants indicated that they felt understood and described the EP as non-judgemental (Buck, 2018; Creaney, 2018; Matthews et al., 2019). Clients in these studies also saw EPs as role models (Creaney, 2018; Harrod, 2019; Portillo et al., 2017) and found it inspirational to see someone succeeding despite challenging circumstances, explaining that this provided hope for their own futures (Creaney, 2018;

Marlow et al., 2015; Matthews et al., 2019; Portillo et al., 2017). Studies of clients have shown that clients feel they can relate more authentically and easily to staff with relevant lived experiences (Creaney, 2018; Harrod, 2019; Matthews et al., 2019), with a shared history and experiences contributing to trust in the relationship (Creaney, 2018; Matthews et al., 2019). Participants in a study concerning the potential for EP support in the youth justice system indicated that they value empathic and collaborative relationships with EPs (Creaney, 2018). Our study adds to this knowledge, as we interviewed young people and present results comparable to those of (primarily) older populations in other studies.

However, social control has been highlighted in previous studies involving clients. In these studies, the participants mentioned that corrections were more easily accepted when they came from EPs (Buck, 2018; Matthews et al., 2019), with some clients needing to be re-drilled, corrected, and held accountable (Buck, 2018; Harrod, 2019; Matthews et al., 2019). One of these studies, however, reaches similar findings to our investigation, with both mentees and mentors emphasising the importance of not overreacting to mistakes and with mentors striving for support and tolerance (Buck, 2018). In another paper, the same author explains that the relationship between EP and client is one in which personal experiences can be explored with fewer consequences (Buck, 2019a). For clients, it seems important to have agency in their situations and in the choices that they make (Buck, 2017). Women in another study felt that staff (including EPs) helped them to understand their needs and to respect them, emphasising both competence and autonomy (Thomas et al., 2019).

Although the current study has provided us with insight into how EP support is experienced and valued by those on the receiving end, its very small sample does not allow us to make any generalisations. In addition, it is possible that selection bias occurred. The clients we spoke to were approached by the EPs who support them. It is therefore plausible that we spoke only to clients with whom the EPs have positive relationships and in whom they had seen the positive effects of their own support. Most EPs were not able to refer clients to us. When asked why the young people did not want to participate, the EPs indicated that these clients did not feel comfortable telling their stories and that the incentive of €20 was not very interesting to them. In addition, support by EPs is more commonly provided to older adults than to younger individuals. This may also explain the limited amount of research conducted on younger populations.

Future researchers should aim for larger and more diverse samples. A larger sample could allow for saturation of the data in qualitative research to increase validity. In addition, a larger and more diverse sample would also allow researchers to (quantitatively) analyse the influence of individual characteristics, differences in peer roles, and important contextual factors. EPs could still serve as gatekeepers for recruiting participants, but researchers should attempt to be more involved in the recruitment process. Nevertheless, these explorative interviews have illustrated that several mechanisms mentioned by EPs are also recognised by clients.

Chapter 8

General discussion

Main findings

In this study we explored the support needs of youth with risk behaviour (including criminal behaviour) and investigated a type of formal support that may fit these needs. This type of support, intentional unidirectional peer support, is a formalised mentorship type of peer intervention (Barker et al., 2020). This involves an asymmetrical relationship in which the client is the designated recipient of the support and the experiential peer – who has similar experiences to the client – is the designated provider of the support (Davidson et al., 2006). We focused on individuals with lived experiences of criminal behaviour and/or involvement in the criminal justice system.

In **Chapter 2**, we considered the perspectives of at-risk youth regarding their multi-problem situations and explored their needs for support. We conducted semi-structured interviews with young people with varied (externalising) problems and risk factors and found that participants expressed a strong need to be(come) self-reliant. This was evident in their statements on independence, their self-reported coping strategies when faced with problems, their expressed reluctance to seek or accept help, and their efforts to move towards desistance from crime. For some, this need for self-reliance was accompanied by a distrust of others, related to previous negative experiences in social interactions. Several participants seemed more open to support from someone with similar characteristics or experiences.

In **Chapter 3** we investigated the relationship between the working alliance and outcomes (treatment motivation, delinquent behaviour, and school/work enrolment) in a small sample of young men with multiple problems participating in a day-treatment programme. The working alliance consists of the bond between the clients and their counsellors, their agreement on goals, and their collaboration on tasks. We found a significant association between the Task component of working alliance and treatment motivation. The absence of other significant associations may be related to the small sample size of the study. Another explanation is that working alliance may not contribute sufficiently to these outcomes in this population, who have a wide range of complex problems, are often dealing with traumas from the past, and have a long history of formal care involvement.

In **Chapter 4**, we presented the initial programme theory for a systematic realist literature review of experiential peer support. We developed this programme theory based on theoretical papers, programme descriptions, and interviews with experts in the field of peer support and juvenile delinquency. We proposed seven mechanisms

that might play a role in the (potential) effects of experiential peer support:

- empathy and acceptance
- social learning
- social bonding
- social control
- narrative and identity formation
- hope and perspective
- translation and connection

In addition, we proposed that experiential peer support might contribute to the outcomes of act-desistance, identity-desistance, relational desistance, increased social capital, positive personal development, improved mental health, and positive changes in personal circumstances. Finally, we described several contextual factors that might influence whether the mechanisms are activated and therefore whether the likelihood of desistance is increased by experiential peer support. These included characteristics of the provider and recipient of the support, service delivery conditions (including recruitment, training, and support of experiential peer), and setting.

In **Chapter 5**, we used our initial programme theory to conduct a systematic realist literature review on experiential peer support for individuals engaging in criminal behaviour. We included articles that investigated support for individuals engaging in criminal behaviour by experiential peers described as 'peer mentors', 'peer or life coaches', 'peer navigators', and '(forensic) peer recovery specialists' or 're-entry specialists'. We found that experiential peers show empathy and take a non-judgmental approach (empathy and acceptance), are considered role models (social learning), establish a trusting relationship with clients (social bonding), offer hope (hope and perspective), connect clients to other services (translation and connection), and have a recovery perspective on desistance. We also found results indicative of act-desistance, positive personal development, and improvements in mental health and personal circumstances, although these results were not consistent. The information on contextual factors was too limited to support a robust analysis. Although the available studies do not allow us to draw any conclusions with regards to causal relationships between mechanisms and outcomes, this realist review did contribute to an overview of the important mechanisms of experiential peer support for individuals engaging in criminal behaviour.

As reported in **Chapter 6**, we conducted a qualitative study of experiential peers'

perspectives on the mechanisms of experiential peer support and how they compare their support and approaches to those of care providers without similar lived experiences. We interviewed experiential peers who provide support to young people engaging in criminal behaviour. The results suggest that the shared experiences of experiential peers and their clients play a central role. Experiential peers identify with their clients, leading to empathy and a non-judgemental attitude (empathy and acceptance). Clients perceive the experiential peers as credible role models (social learning), who offer hope (hope and perspective). The experiential peers' lived experiences seem to induce an emphasis on having a humane relationship with the client (social bonding), characterised by equality, reciprocity, trust and sincerity, and a realistic view of desistance.

In **Chapter 7**, we illustrated how four young clients reflected on the support that they had received from experiential peers. These clients reported that they felt better and more quickly understood by experiential peers than by regular care providers and felt that experiential peers were less judgemental in their responses to certain behaviours of the clients (empathy and acceptance). The participants felt that the experiential peer was a role model (social learning) and that, having "succeeded" despite their own difficulties, the experiential peers inspired self-esteem, motivation, and hope (hope and perspective). The experiential peers furthermore inspire their clients to make the right choices and understand that the clients themselves are responsible for their desistance (recovery perspective).

Reflection on the main findings

Our first study found that at-risk youth with multiple problems and risk factors have experienced situations in which they have felt rejected, abandoned, and misunderstood, not only in their personal relationships – with their parents, for example – but also in their interactions with formal institutions, such as school, mental health care, and the police. Previous research has shown that such negative experiences can make individuals distrustful of care providers and pessimistic about the benefits of receiving support (Rickwood et al., 2007). The dismissive attitude towards social resources increases the risk of isolation and disconnection (Kools, 1999; Samuels & Pryce, 2008). However, several young people in our study indicated that they would be more open to support from someone with similar experiences to their own. They assumed, sometimes based on previous experience, that someone more similar to

themselves would be better able to truly understand them and sincerely empathise with them. This may reflect a need not only to be understood, but also to be seen as "normal", inspired by their experiences of rejection, abandonment, and judgement. We considered it important to further investigate this idea, as this type of support might be able to reach young people in ways that support by regular care providers cannot.

To investigate what support from someone with similar lived experiences has to offer for young people engaging in criminal behaviour, we conducted a realist review and two qualitative studies based on interviews. Experiential peer support in the area of criminal justice has seen rapid growth in recent decades (Bierbooms et al., 2017; Buck, 2018; Lopez-Humphreys & Teater, 2019). However, the empirical base for this practice was still largely lacking. In our review (Chapter 5), we found indications of several positive outcomes, such as act-desistance, positive personal development, and improvements in mental health and personal circumstances. However, inconsistencies in the study results and the primarily non-experimental study designs mean that we are unable to conclude that experiential peer support contributes to desistance or desistance-supportive outcomes in clients. However, the studies in our review, having primarily qualitative designs, did provide us with insights into important mechanisms of experiential peer support. In addition, our qualitative study, in which we interviewed experiential peers who provide support to young people (Chapter 6), produced similar results. The interviews with four young clients (Chapter 7) also provide an illustration and small-scale validation of these mechanisms. Here, we reflect on these combined results.

The foundation of the relationship between the client and the experiential peer is their shared experiences and perceived similarities. In addition to noting the similarities between themselves and their clients in terms of criminal behaviour and its consequences, such as criminal justice involvement and imprisonment, the experiential peers in our qualitative study talked about shared life struggles. They referred to growing up in difficult circumstances, having problems with substance use, being unable to talk about problems, and wanting to belong. These shared experiences seemed to activate a process of mutual identification. The experiential peer identifies with the client, leading to empathy and acceptance, which may be described as a profound and lived understanding of what clients may be going through, as well as a non-judgemental attitude towards them. The client also identifies with the experiential peer, who is perceived as a credible role model due to having had a similar,

underprivileged background, creating the potential for social learning and resulting in hope for and perspective on their own situation. Experiential peers bring to the relationship their own lived (client) experiences and an intention to provide better care. This results in an emphasis on social bonding through investment in a humane relationship. In addition, experiential peers have personally experienced desistance, providing them with a recovery perspective. Figure 1 presents a schematic overview of the key mechanisms found in our studies. In this figure, several previously described mechanisms have been grouped together since our findings indicate that they are very closely linked. For instance, social learning takes place because experiential peers are considered credible, and what they model is a narrative that offers hope and perspective. In the following sections, the four main categories of mechanisms will be discussed in depth.

Figure 1

Schematic Overview of the Main Mechanisms in Experiential Peer Support
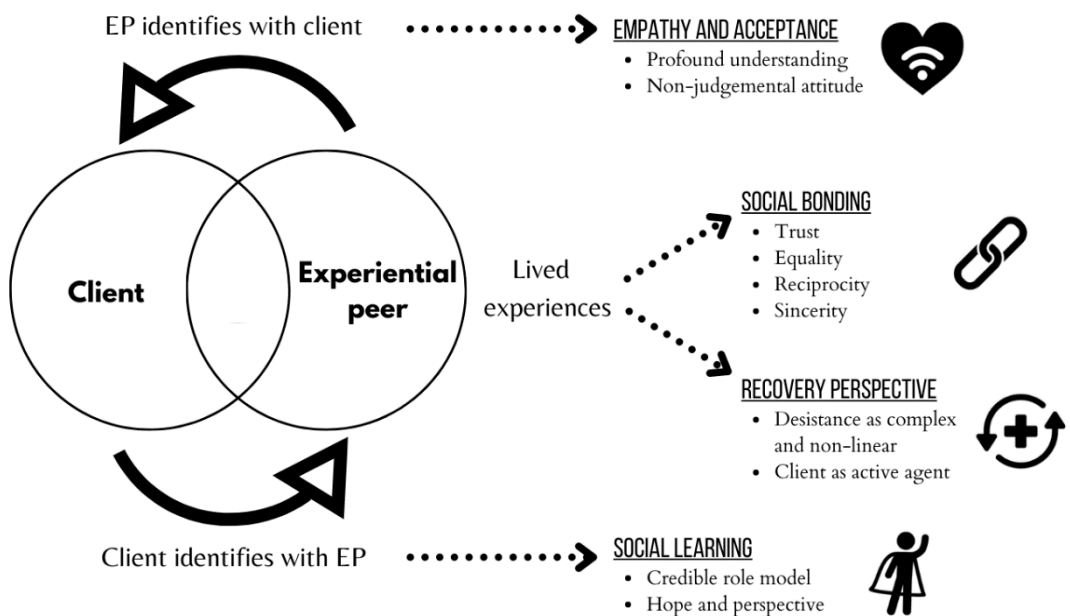
Empathy and acceptance

First, experiential peers show empathy and have an accepting, non-judgemental approach towards clients. The experiential peers in our interviews indicated that they knew what it could feel like to be incarcerated and to re-enter the community. They felt that their profound lived experiences of struggling with isolation, pain, and rejection had led to deeper forms of understanding than those of other care providers who had acquired their knowledge through education and training. The four young people we interviewed also felt that experiential peers understood them better or more quickly than other care providers did. In addition, the results of our review suggest that clients tend to feel understood by experiential peers, and the experiential peers and clients in several studies described the experiential peers' approach as non-judgemental and creating a space in which to share experiences and thoughts not easily discussed with other professionals. According to psychologist Carl Rogers (1957), genuine empathy and unconditional positive regard for a client are necessary conditions for personality change, allowing a move from 'immature' behaviours towards those considered 'mature'. Frankel and colleagues (2012) argue that this occurs because the unconditional positive regard of the therapist conflicts with the individual's conditional regard of self, providing an opportunity to create a new identity. In other words, the individual who thinks of himself as a lesser person and then encounters someone who fully accepts him may re-evaluate this perception of self. Research shows that the therapist's empathy predicts client outcomes in psychotherapy, especially where the empathy is client-rated (Elliott et al., 2018). For at-risk youth and young people engaging in criminal behaviour, the mere belief that someone with similar experiences is likely to see things from their perspective and understand them may contribute immediately to a feeling of being understood. Our results do not allow us to make objective claims about how experiential peers' empathy compares to that of regular care providers without similar lived experiences, as the comparisons in our study were made by experiential peers and their clients. However, our findings nonetheless have an important signalling value, as they reflect the perceptions of experiential peers and clients. This implies that although regular care providers may have as much (or more) empathy for their clients with criminal justice involvement, this is not perceived to be the case by their (former) clients.

A potential risk for experiential peers, however, is that they may inappropriately assume understanding of how a client feels, based solely on how they themselves have

felt in similar situations. A recent study indeed found that having had similar experiences was associated with more difficulty in accurately identifying another person's negative emotions (Israelashvili et al., 2020). This suggests that the support experiential peers provide should not be based solely on their own experiences, but rather taken together with consideration of the lived experiences of others. This practice could be developed through training and coaching (Van Bakel et al., 2013).

Social learning

Second, experiential peers are considered role models who offer hope and perspective for the future. They may display certain behaviours, attitudes, and desires that a client could imitate, thereby facilitating a social learning process. In our qualitative study, experiential peers talked about stimulating their clients to be assertive, to express their emotions, to deal with substance cravings, and to take responsibility for themselves. According to our interviewees, experiential peers' lived experiences give legitimacy and credibility to the messages they attempt to convey to their clients in their words or by their behaviour. Both our qualitative studies and our realist review found that witnessing the success of someone with a troubled past shows that change is possible and feasible, thus giving hope, inspiration, and motivation. Research has shown that when an individual is supporting someone through a status transition, it is helpful for that individual to have experienced a similar transition themselves (Suitor et al., 1995). Relating this to the process of desistance, someone transitioning from 'offender' to 'non-offender' may therefore profit from someone who has already moved from a deviant to a more normative identity. This may instil hope in clients that they will be able to achieve this. From a social comparison perspective, individuals are likely to compare their opinions and abilities with those of other people similar to them (Goethals, 1986). Having an example of someone similar to themselves who has broken with old behaviour, old friends, and the norms of street culture (such as not showing vulnerability) may provide motivation for the client to do the same.

Experiential peers also model what Maruna (2001) describes as a 'redemption script'. This is the narrative of a desisting offender, which differs from a 'condemnation script', the narrative of a persistent offender. Maruna's research found that, in the condemnation script, the narrating offender feels as if their life story was written a long time ago and that they are doomed to a life of crime and punishment. For this individual, the most important turning points in their life took place during their childhood; they have accepted their fate, do not appear to feel agency in their situation,

and have no hope for change. Redemption scripts, on the other hand, are recovery stories that describe how a person came to live a productive and worthy life because of their past experiences. Instead of rejecting their troubled past, they connect these experiences to the present, as if 'making good' were the only possible outcome, thereby maintaining their sense of identity and protecting themselves against shame. In addition, part of 'making good' is the desire to give something back to society (Maruna, 2001). Experiential peers clearly demonstrate such a redemption script: they maintain a connection to their old self and use these past experiences to give back to society by supporting others in similar situations.

Social bonding

Third, our results show that the quality of the relationship between the experiential peer and the client is important. A connection may be established more quickly, easily, and authentically with experiential peers than with other care providers due to the identity the experiential peer shares with the client (Barrenger et al., 2017; Creaney, 2018; Harrod, 2019; Matthews et al., 2019; Portillo et al., 2017; Reingle Gonzalez et al., 2019). Establishing trust is crucial for the experiential peer, especially when in contact with clients who have experiences of trauma, a lack of supportive relationships, difficulties with emotional regulation, or long histories of formal care (Matthews et al., 2019; Thomas et al., 2019). Additionally, the experiential peers we interviewed talked about reciprocity and its contribution to equality in the relationship. However, although our results indicate that the relationship between clients and experiential peers is important, it remains unclear whether this relationship has the potential to prevent recidivism.

According to social penetration theory, the process of 'self-disclosure' – where individuals intentionally reveal information about themselves – is an important aspect of the bonding process, allowing the relationship to advance from a shallow to a more intimate level (Altman et al., 1981). By talking openly about their experiences and sharing their personal struggles, experiential peers show clients that they are not alone. This normalises the situation, reduces shame, and may lead to more openness on the client's end. Although self-disclosure is believed to contribute to closeness and intimacy in personal, voluntary relationships, it is unclear to what extent this applies to involuntary relationships, such as those between care providers (including experiential peers) and clients in a forensic setting.

Several experiential peers in our interview study felt that 'regular' care providers

should strive to share more of their personal experiences. This indirectly echoes criticism of the way in which care in the forensic setting is currently arranged. Self-disclosure by regular care providers has been considered controversial (Hill & Knox, 2002) and receives little attention and serious consideration in therapist training (Henretty & Levitt, 2010). However, most quantitative studies have found that self-disclosure by therapists has a positive effect on clients and that clients perceive therapists who self-disclose as warmer and more likeable (but not more trustworthy or empathetic) and self-disclose more to therapists who self-disclose to them (Henretty & Levitt, 2010). A recent literature review on service user recovery and the use of experiential knowledge by mental health professionals found some indications of positive outcomes, such as increased hope, trust, and motivation (Karbouniaris et al., 2020). It is important to further investigate the potential effects of self-disclosure by care providers with and without relevant lived experiences in the forensic field, with careful consideration of the goal, content, and timing of self-disclosure (Knox & Hill, 2003; Murphy & Ord, 2013; Peterson, 2002).

Recovery perspective

Fourth, our studies found that experiential peers have a view of criminal behaviour, recidivism, and desistance that can best be described as a recovery perspective. From this perspective, desistance is seen as a process in which the client is an active agent. McNeill and colleagues (2012) consider this respect for agency to be one of the main principles of desistance in criminal justice practice. Another principle is the need for realism concerning the difficulty and complexity of the process of desistance (McNeill et al., 2012). In our studies and others included in our review, experiential peers saw desistance as a complex and non-linear process. They did not immediately interpret mistakes as risks, but rather as a sometimes necessary part of the growth process and a topic for conversation. Experiential peers also felt that it was not useful to attempt to persuade clients to desist. The clients we interviewed agreed with this; and they indicated that experiential peers understand that clients already know that engaging in criminal behaviour is not a good thing. The experiential peers' support is not directly targeted at refraining from offending, but rather focused on strengthening coping and problem-solving skills and promoting circumstances that are conducive to desistance. Experiential peers also know that desistance is not limited to the mere act of quitting criminal behaviour, which is in line with the distinction between act-desistance (refraining from offending), identity-desistance (internalising a new non-

offending identity), and relational desistance (the recognition of that new identity by the social environment; (Nugent & Schinkel, 2016).

Social control and narrative and identity formation

Although our realist review and qualitative interview study provided evidence for most of the proposed mechanisms in our initial programme theory, two hypothesised mechanisms were not corroborated by the empirical data. Concerning the mechanism of social control, we expected that experiential peers would attempt – directly and indirectly – to influence their clients' deviant behaviour. We believed that they would be better able to detect and monitor deviant attitudes and behaviour that put clients at risk of reoffending and that they would be quicker to correct these. In addition, we expected clients to be more sensitive to corrections from someone with similar experiences. Our realist review reached mixed results regarding social control. Several studies indicated that behavioural corrections may be necessary and that they might be easier for clients to accept from experiential peers. However, experiential peers tended to see themselves as nondirective and did not react strongly to mistakes. Furthermore, social control was not an important theme in our own qualitative studies. Although experiential peers appeared able to easily detect risk behaviour, their responses to it varied. Several experiential peers indicated that, to establish or retain the trust and bond with their client, they chose not to express strong disapproval of their clients' behaviour. This tension between social bonding and social control suggests that role clarity is important for clients (who need to know what they can share confidentially), for experiential peers, and for their co-workers. It is also plausible that less focus on social control – whether because it is not part of the experiential peer's job description or because they do not feel comfortable exercising it – allows a higher quality relationship to develop between the experiential peers and their clients.

With regards to the mechanism of narrative and identity formation, we expected that experiential peers would contribute to their clients' self-acceptance and the development of a new non-deviant identity. However, in our review, we did not find sufficient support for this mechanism; and in the interviews we conducted, the experiential peers appeared hesitant or unable to reflect on this process, which may not be visible to an outsider. In addition to being a more internal process, it may require more time than the duration of the studies included in the realist review or in our own studies. Since we know from the experts we interviewed for Chapter 4 and from previous research (Rocque et al., 2016) that the development of a new identity is an

important aspect of the desistance process, future research may use life-course interviews or narratives as a methodological tool to better investigate this process of identity transformation in clients.

Translation and connection

Finally, we found indications for the mechanism of translation and connection, but do not consider it a main mechanism. 'Translation' refers to the bridging role of the experiential peer between clients and (other staff members of) institutions. 'Connection' refers to experiential peers linking clients to treatments, services, and educational, housing, or vocational opportunities. Several studies in our realist review mentioned that experiential peers may be seen as a bridge or intermediary between clients and other professionals. In addition, the studies revealed that experiential peers helped clients with their housing, employment, and transportation needs and referred them to other services. In our qualitative study in which we interviewed experiential peers, however, we found that these actions were strongly related to the formal role of the experiential peer and less likely to reflect a naturally occurring mechanism in the relationship. The mechanism seems, for instance, less applicable for experiential peers who are not part of a larger organisation. In addition, the mechanism of translation and connection is to a lesser degree part of the relationship between the experiential peer and the client than the other mechanisms we described, although it may influence the relationship in a positive way. With an experiential peer advocating for them or connecting them to necessary services to improve their situation, clients may, for instance, feel more seen and acknowledged.

Contextual factors

In our study, we aimed to investigate contextual factors that may contribute (positively or negatively) to outcomes and mechanisms of experiential peer support. Experiential peer support varies in how it is implemented and put into practice, for instance in terms of recruitment, selection, training, supervision, and coaching of experiential peers. Important personal characteristics to consider may be the experiential peer's distance from criminal behaviour (in time, attitude, and social network) and the client's age and criminal career. Finally, the setting in which the support is provided (whether the client is incarcerated, for instance) might play a role. Unfortunately, the information on contextual factors in the studies in our realist review is too limited to support a robust analysis. Most studies described the experiential peers' training as ranging from several days, with monthly meetings, to five months,

including an internship. These training sessions were aimed at enhancing professional skills, including services navigation, recovery-supporting interventions, interpersonal and communication skills, and problem-solving skills. This suggests that training and supervision are considered important for providing experiential peer support, which corresponds to the *What Works* principle of professionalism (Van der Laan & Slotboom, 2008). However, in our review we did not find any differences between the mechanisms and outcomes of studies in which experiential peers had received training and those of studies in which they (seemingly) had not. It must be noted, though, that the large variety of peer support types and study designs make it difficult to draw firm conclusions about the role of training for experiential peers. There is an ongoing debate about the quality demands for experiential peers and their professionalisation, making it even more important to investigate the value of training for them. In addition, we found no differences in mechanisms and outcomes across settings (prison and jail vs. community). As information about delivery (frequency, intensity, duration, timing) was lacking in most studies, it was not possible to determine whether these aspects were influencing the mechanisms and outcomes. Similarly, we were unable to differentiate between different client age groups. An additional contextual factor that demands attention is the work environment in which the experiential peer support takes place. The findings of our own qualitative study suggest that mutual prejudices may hinder optimal collaboration between experiential peers and their colleagues.

Methodological considerations

Our study has provided insights into the needs of at-risk youth, supporting an overview of the important mechanisms of experiential peer support in the forensic field. There are, however, several methodological considerations that should be taken into account when considering the findings.

We attempted to incorporate client perspectives by interviewing at-risk youth and using self-report questionnaires for young adults. However, with regards to the mechanisms of experiential peer support, the focus was on the experiential peers themselves. We sought to complement this perspective by recruiting young people who had received support from an experiential peer, but this proved to be more difficult than expected. The experiential peers we interviewed were unable to refer us to many young clients. They also indicated that young people may not wish to share their stories. At-risk youth have often shared their stories with many care providers without

seeing their situations improve; thus, researchers wishing to engage with this population should be clear about their intentions and about the implications of youth participation in studies. This means that although care providers such as experiential peers are important as gatekeepers, personal contact with young people and investment in gaining their trust are also required. If possible, youth input should be used to improve the practice of care for these individuals, so that they see that sharing their stories is not futile. Since we spoke to only a small number of young people who had received support by an experiential peer, we cannot reach firm conclusions about whether clients have the same experiences regarding their relationships with experiential peers. It is important to note, however, that the primary rationale for this study came from young people themselves (Chapter 2) and that, in the few interviews we did conduct, individuals receiving experiential peer support (Chapter 7) agreed with what the experiential peers described. In our realist review, we included studies with diverse populations of clients, experiential peers, other staff members, or a combination of these.

In addition, the experiential peers in our study reflected on how their approaches to supporting clients compared to those of regular practitioners without relevant lived experiences of criminal behaviour and involvement in the criminal justice system. It is important to emphasise that these suggestions were based on the perspectives of experiential peers and do not necessarily reflect the (current) practices or perspectives of the care providers without relevant lived experiences.

Whilst our realist review in Chapter 5 and our qualitative study in Chapter 6 contribute to knowledge of the important mechanisms in experiential peer support, the study results did not allow us to conclude that these mechanisms function as mediating factors between the intervention of experiential peer support and potential outcomes. This is partly due to the nature of experiential peer support. This type of support is often part of a larger treatment programme, in which the client also receives therapy or counselling by practitioners without relevant lived experiences. In addition, most clients will have received other types of support or care prior to receiving support by an experiential peer. It is therefore difficult to determine the mediating factors or effects of experiential peer support, as positive outcomes may also reflect the cumulative effect of multiple (past) interventions.

We limited our study to experiential peer support provided within an asymmetrical relationship between a provider (experiential peer) and a recipient (client).

However, this nonetheless encompassed a large variety of roles, tasks, and settings. Although these different roles ('peer mentor', 'peer navigator', and 're-entry specialist') have overlapping characteristics, their differences may be important for promoting certain mechanisms and outcomes. To facilitate research into how differences in settings, roles, and treatment goals affect the outcomes of experiential peer support, it is important that interventions are described more accurately (Fuhr et al., 2014; Lloyd-Evans et al., 2014). In our own qualitative study, we interviewed a variety of experiential peers, but the sample was not sufficiently large to permit us to compare different categories and make claims about the influence of certain roles, tasks, or settings.

Using our initial programme theory as a guide in the interviews and realist review, we were able to test several predetermined mechanisms and outcomes. To our knowledge, this is the first study to systematically assess a set of mechanisms in a range of experiential peer support interventions. A disadvantage of this approach is that we may have missed other important mechanisms. We attempted to counteract this by taking a thorough approach to the development of the theory, including literature and expert views. In our qualitative analyses, we also asked open questions and used a coding procedure that allowed for additional mechanisms or outcomes, such as the mechanism of a recovery perspective.

Implications for practice

The findings of our studies suggest that both experiential peers and clients value certain aspects of the support and of their relationship. Therefore, organisations serving justice-involved individuals who do not yet work with experiential peers could explore doing so. In the Netherlands, peer support from individuals with previous involvement in the criminal justice system is typically seen in forensic mental health care. Remand centres and prisons could learn from these practices. It is important that implementation of experiential peer support is done diligently to increase the likelihood of success. Careful selection is important, as not all individuals with criminal justice involvement are suitable to be experiential peers. Education and training of experiential peers can improve skills and increase awareness of mechanisms such as empathy, a non-judgemental attitude, and positive role modelling. Although many interventions in the included studies included training, this professionalisation of the experiential peers could be considered an organisational attempt to exert power over their practice and thereby ensure their conformity (Buck, 2019b). A balance should therefore be sought;

experiential peers should be equipped with the necessary skills, without attempting to take away their individuality and uniqueness. In addition, a work environment that is supportive of the practice of experiential peer support is necessary. Staff members – in particular, care providers without relevant lived experiences – need to be informed about and involved in the decision-making process. Resistance is more likely when there is distrust, stigma, competitiveness, and a lack of clarity about the experiential peer's role. This should be addressed and staff commitment to the practice of experiential peer support must be secured to make it a success. Training for experiential peers and regular staff should also address the mutual prejudices that may emerge.

Practitioners without lived experiences of criminal behaviour and desistance may also benefit from the knowledge of their colleagues in experiential peer roles. They may learn from them about the pains of imprisonment (Haggerty & Bucerius, 2020) and of desistance (Nugent & Schinkel, 2016). They may also cultivate the mechanisms described by experiential peers: through training and coaching, they can work on their own empathy skills and non-judgemental attitude, focus on building relationships with their clients, instead of adopting a directive or confrontational approach, and bring their clients into contact with relevant role models.

At a broader level, by incorporating experiential peer support into their treatment, organisations may make a gradual shift to a recovery perspective. McNeill (2006) argues that the practice of offender management and treatment should be embedded in an understanding of the process of desistance. He suggests that offender management services should see themselves as supporters of the desistance process – which belongs to the desister – and less as providers of correctional treatment (McNeill, 2006). This new paradigm shifts the focus to the viewpoint of those involved in criminal justice. Recognising former offenders' expertise in their own situations and desistance process also gives legitimacy to the idea that they possess valuable knowledge that may be utilised in the treatment or management of others involved in criminal justice. In addition, the growth of experiential peer support by and for individuals with involvement in criminal behaviour is in line with positive criminology, which emphasises that successful rehabilitation goes beyond simply ceasing to engage in criminal behaviour (Ronel & Elisha, 2011), advocating for criminal justice personnel to provide human closeness, demonstrate optimism and hope, and reveal routes to social integration (Ronel & Segev, 2014).

Implications for future research

Based on the findings and limitations of our study, we make several recommendations for future research. First and foremost, we argue that it is important to take into account the complexities of this type of intervention when choosing a research methodology. Merely assessing whether experiential peer support leads to fewer criminal offences does not do justice to the complex process of desistance and the intricacies of the relationship between two individuals who share not only a criminal record, but often also experiences of growing up in unstable family situations, with a history of formal care and rejection by society. According to Ronel and Elisha (2011):

> Methodologies that place too much weight on assessment and evaluation of therapy programs instead of the change process experienced by clients in different aspects of their lives are liable to be skewed toward finding weaknesses and failure, whereas emphasis on recovery as a circular, continual process including different types of interventions, stumbling, progress, and regression, as well as 'spontaneous' recovery among dropouts from institutional therapy programs is likely to lead to identification of many more cases of success.

A suitable approach would therefore be to conduct research over a longer period of time, among the same individuals, using qualitative methods to disentangle the effects of experiential peer support. Additionally, quantitative measures could be used to assess the mediating role of mechanisms for several outcomes. Attention should be paid not only to behavioural measures, such as the extent of someone's reoffending or whether someone has a paid job, but also to psychosocial measures, such as self-esteem, self-efficacy, hope, and attitudes towards criminal behaviour. These measures, which show some overlap with what we have described as 'mechanisms', are more proximal outcomes and smaller steps towards desistance that are more likely to be affected and are therefore more measurable in the short-term.

Second, in our study, we focused on the mechanisms in the relationship between experiential peers and their clients (also referred to as 'who works'). Future studies could advance our empirical knowledge of experiential peer support and 'what works' by investigating the type of support that experiential peers provide. In their realist synthesis, Barker et al. (2020) describe the types of support found in the literature on peer support in general. They distinguish five types of social support: informational (most common), companionship, emotional, instrumental, and appraisal (least common). These have not yet been investigated empirically in terms of provision of

support for individuals involved in the criminal justice system. It would also be valuable to investigate the specific interventions that experiential peers use. It is not only important that a client feels understood, accepted and treated as a human being, it is also crucial to gain more knowledge about what experiential peers do and say in their contact with clients.

Third, future research should further investigate the relationship between experiential peers and clients. Interviews with pairs of clients and experiential peers to observe their interactions would contribute to our knowledge of the quality of these relationships, how they develop, and the extent to which the parties experience them similarly. In addition, it would be useful to investigate the importance of a strong working alliance, paying attention to the emotional bond between experiential peer and client, but also to their agreement on goals and their collaboration on tasks. In a recent realist synthesis by Barker et al. (2020) investigating the change mechanisms of intentional unidirectional peer support, the working alliance is described as a primary mechanism of successful peer support, although it is unclear to what extent the included studies looked at the components of the goals and tasks. In the resulting model in this synthesis, a strong working alliance is also expected to strengthen social support and to counteract the negative effects on self-evaluation of upward social comparisons with the experiential peer as a role model (Barker et al., 2020). Similarly, it would be useful to investigate the effects of a negative or weak working alliance between the experiential peer and their client.

Fourth, it is important to examine the factors that may influence experiential peer support and its effects. This includes contextual factors – such as the setting in which the support is given and the training that the experiential peer receives – and characteristics of both the client and the experiential peer, including their skills. Research should also consider other aspects that may (positively or negatively) influence the relationship between the experiential peers and clients, including other shared experiences and identities, such as gender, socioeconomic background, ethnic-cultural background, and the presence of psychiatric problems.

Fifth, research should consider additional perspectives, such as those of practitioners without relevant lived experiences and those of clients. Using qualitative methods (including observational studies), we could compare relationships and interactions with clients of experiential peers and other practitioners. More research is needed among young people and emerging adults receiving experiential peer support.

Whilst conducting our realist review, we found that most research is focused on adults. Specific attention to younger age categories would be valuable, as these individuals are at a different point in their criminal careers and may have different needs in relation to experiential peer support.

Final remarks

The involvement of experiential peers in the support of young people engaging in criminal behaviour, for instance in correctional programming and rehabilitation programmes, is a promising intervention, as it provides clients with living proof that change and desistance is possible. Support from an experiential peer can instil hope in the client and offer opportunities for (un)learning behaviour from a credible and accessible role model. In addition, for (young) individuals with negative experiences who tend to be self-reliant and dismissive towards utilising formal resources, receiving support from an experiential peer with shared experiences can be appealing and eventually pave the way for other types of formalised support by practitioners without lived experiences.

However, the practice of experiential peer support emphasises ideas of personal responsibility and self-improvement, which connect with the notions of self-reliance that many of these young people have internalised. This could be problematic, since it can distract us from the structural and societal factors that also underlie criminal behaviour and recidivism. In addition to providing experiential peer support, we should work to increase clients' opportunities in society (Creaney, 2018; McNeill & Weaver, 2010). This means that re-entering individuals should be able to find suitable housing, a stable income, and a meaningful way of spending the day and that they should be approached and treated in non-stigmatising ways. It is also important to note that, whilst hope may increase in response to contact with an experiential peer, options may be limited for some clients with mild intellectual disabilities, a low educational level, or a social network that lacks role models who earn money in an honest way. We should also keep in mind that experiential peer support cannot be a substitute for other forms of professional support for this target population, especially for individuals with complex problems such as mental disorders and substance use issues.

In addition to the potential benefits of experiential peer support for clients, it is important to note that experiential peers themselves may benefit from this role. This is an opportunity for them to 'make good'; it provides a new, more normative identity, a

purpose, and an opportunity to contribute to society, thereby advancing their own empowerment and recovery. It may also strengthen their financial independence, self-esteem, and coping and communication skills. Creating these opportunities for those who have desisted from crime can advance their development and their process of rehabilitation (Ronel & Elisha, 2011).

Finally, our focus has been on the relationship between the client and the experiential peer, which clearly does not exist in a vacuum. Besides their role as providers of support, experiential peers often advocate for clients and can be critical of the care system that they have personally experienced. They can use their own experiences of what they did and did not appreciate whilst in care to improve provision for current clients (Van Bakel et al., 2013) and they can help to ensure that the voices of lived experience are heard, thereby reducing social inequity and stigma (Barker et al., 2020). Experiential peer support can thus contribute to building a society that accepts and empowers people with a history of criminal behaviour, rather than rejecting, excluding, and stigmatising.

References

Ackerman, S. J., & Hilsenroth, M. J. (2001). A review of therapist characteristics and techniques negatively impacting the therapeutic alliance. *Psychotherapy: Theory, Research and Practice, 38*(2), 171-185. https://doi.org/10.1037/0033-3204.38.2.171

Ackerman, S. J., & Hilsenroth, M. J. (2003). A review of therapist characteristics and techniques positively impacting the therapeutic alliance. *Clinical Psychology Review, 23*(1), 1-33. https://doi.org/10.1016/s0272-7358(02)00146-0

Adams, W. E., & Lincoln, A. K. (2020). Forensic peer specialists: training, employment, and lived experience. *Psychiatric Rehabilitation Journal, 43*(3), 189-196. https://doi.org/10.1037/prj0000392

Agnew, R. (2001). Building on the foundation of general strain theory: Specifying the types of strain most likely to lead to crime and delinquency. *Journal of Research in Crime and Delinquency, 38*(4), 319-361. https://doi.org/10.1177/0022427801038004001

Akers, R. L., Krohn, M. D., Lanza-Kaduce, L., & Radosevich, M. (1979). Social learning and deviant behavior: A specific test of a general theory. *American Sociological Review, 44*(4), 636-655. https://doi.org/10.2307/2094592

Altman, I., Vinsel, A., & Brown, B. B. (1981). Dialectic conceptions in social psychology: An application to social penetration and privacy regulation. *Advances in Experimental Social Psychology, 14*, 107-160. https://doi.org/10.1016/S0065-2601(08)60371-8

Andrews, D. A., & Bonta, J. (2010). Rehabilitating criminal justice policy and practice. *Psychology, Public Policy, and Law, 16*(1), 39-55. https://doi.org/10.1037/a0018362

Andrews, D. A., Bonta, J., & Hoge, R. D. (1990). Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior, 17*(1), 19-52. https://doi.org/10.1177/0093854890017001004

Andrews, D. A., Bonta, J., & Wormith, J. S. (2011). The risk-need-responsivity (RNR) model: Does adding the good lives model contribute to effective crime prevention? *Criminal Justice and Behavior, 38*(7), 735-755. https://doi.org/10.1177/0093854811406356

Andrews, D. A., Guzzo, L., Raynor, P., Rowe, R. C., Rettinger, J., Brews, A., & Wormith, J. S. (2012). Are the major risk/need factors predictive of both female and male reoffending? A test with the eight domains of the level of service/case management inventory. *International Journal of Offender Therapy and Comparative Criminology, 56*(1), 113-133.

https://doi.org/10.1177/0306624X10395716

Bagnall, A.-M., South, J., Hulme, C., Woodall, J., Vinall-Collier, K., Raine, G., Kinsella, K., Dixey, R., Harris, L., & Wright, N. M. J. (2015). A systematic review of the effectiveness and cost-effectiveness of peer education and peer support in prisons. *BMC Public Health, 15*(1), Article 290. https://doi.org/10.1186/s12889-015-1584-x

Baillergeau, E., & Duyvendak, J. W. (2016). Experiential knowledge as a resource for coping with uncertainty: Evidence and examples from the Netherlands. *Health, Risk & Society, 18*(7-8), 407-426. https://doi.org/10.1080/13698575.2016.1269878

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review, 84*(2), 191-215. https://doi.org/10.1037/0033-295X.84.2.191

Barker, S. L., Bishop, F. L., Bodly Scott, E., Stopa, L. L., & Maguire, N. J. (2020). Developing a model of change mechanisms within intentional unidirectional peer support (IUPS). *European Journal of Homelessness, 14*(2), 161-191. https://www.feantsaresearch.org/public/user/Observatory/2020/EJH_142_Final_version/EJH_14-2_WEB.pdf#page=161

Barnhoorn, J., Broeren, S., Distelbrink, M., De Greef, M., Van Grieken, A., Jansen, W., Pels, T., Pijnenburg, H., & Raat, H. (2013). *Client, professional- en alliantiefactoren: Hun relatie met het effect van zorg voor jeugd.* Verwey-Jonker Instituut. https://www.verwey-jonker.nl/wp-content/uploads/2020/07/De-impact-van-client-professional_5240_web-2.pdf

Barrenger, S. L., Hamovitch, E. K., & Rothman, M. R. (2019). Enacting lived experiences: Peer specialists with criminal justice histories. *Psychiatric Rehabilitation Journal, 42*(1), 9-16. https://doi.org/10.1037/prj0000327

Barrenger, S. L., Stanhope, V., & Atterbury, K. (2017). Challenging dominant discourses: Peer work as social justice work. *Journal of Progressive Human Services, 29*(3), 185-205. https://doi.org/10.1080/10428232.2017.1399036

Bellamy, C., Kimmel, J., Costa, M. N., Tsai, J., Nulton, L., Nulton, E., Kimmel, A., Aguilar, N. J., Clayton, A., & O'Connell, M. (2019). Peer support on the "inside and outside": Building lives and reducing recidivism for people with mental illness returning from jail. *Journal of Public Mental Health, 18*(3), 188-198. https://doi.org/10.1108/JPMH-02-2019-0028

Bernecker, S. L., Levy, K. N., & Ellison, W. D. (2014). A meta-analysis of the relation between patient adult attachment style and the working alliance. *Psychotherapy Research, 24*(1), 12-24. https://doi.org/10.1080/10503307.2013.809561

Berscheid, E., & Reis, H. T. (1998). Attraction and close relationships. In D. T. Gilbert, S. T. Fiske, & G. Lindzey (Eds.), *Handbook of social psychology* (4th ed., pp. 193-281). McGraw-Hill.

Best, D., Irving, J., & Albertson, K. (2016). Recovery and desistance: What the emerging recovery movement in the alcohol and drug area can learn from models of desistance from offending. *Addiction Research & Theory, 25*(1), 1-10. https://doi.org/10.1080/16066359.2016.1185661

Beyers, W., Goossens, L., Vansant, I., & Moors, E. (2003). A structural model of autonomy in middle and late adolescence: Connectedness, separation, detachment, and agency. *Journal of Youth and Adolescence, 32*(5), 351-365. https://doi.org/1024922031510

Bierbooms, J., Barendregt, C., Martinelli, T., Lorenz, K., Dijkslag, D., & Van Bokkem, S. (2017). *Ervaringsdeskundigheid in de forensische GGz: Een overzicht uit literatuur en praktijk.* GGzE. https://ivo.nl/wp-content/uploads/2018/11/2017-06-Ervaringsdesk-in-forensische-GGZ-Onderzoeksrapportage.pdf

Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research & Practice, 16*(3), 252-260. https://doi.org/10.1037/h0085885

Bottrell, D. (2009). Understanding 'marginal' perspectives: Towards a social theory of resilience. *Qualitative Social Work, 8*(3), 321-339. https://doi.org/10.1177/1473325009337840

Bourgon, G., & Guiterrez, L. (2013). The importance of building good relationships in community corrections: Evidence, theory and practice of the therapeutic alliance. In P. Ugwudike & P. Raynor (Eds.), *What works in offender compliance: International perspectives and evidence-based practice* (pp. 256-275). Palgrave Macmillan. https://doi.org/10.1057/9781137019523_15

Bramer, W. M., Milic, J., & Mast, F. (2017). Reviewing retrieved references for inclusion in systematic reviews using EndNote. *Journal of the Medical Library Association, 105*(1), 84-87. https://doi.org/10.5195/jmla.2017.111

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. https://doi.org/10.1191/1478088706qp063oa

Brezina, T. (2008). Recognition denial, need for autonomy, and youth violence. *New Directions for Youth Development* (119), 111-128. https://doi.org/10.1002/yd.276

Buck, G. (2014). Civic re-engagements amongst former prisoners. *Prison Service Journal,* (214), 52-57. https://www.crimeandjustice.org.uk/sites/crimeandjustice.org.uk/files/PSJ%20214%20July%202014.pdf

Buck, G. (2016). *Peer mentoring and the role of the voluntary sector in [re]producing 'desistance': Identity, agency, values, change and power* [doctoral dissertation, Keele University]. http://hdl.handle.net/10034/620328

Buck, G. (2017). "I wanted to feel the way they did": Mimesis as a situational dynamic of peer mentoring by ex-offenders. *Deviant Behavior, 38*(9), 1027-1041. https://doi.org/10.1080/01639625.2016.1237829

Buck, G. (2018). The core conditions of peer mentoring. *Criminology & Criminal Justice, 18*(2), 190-206. https://doi.org/10.1177/1748895817699659

Buck, G. (2019a). "It's a tug of war between the person I used to be and the person I want to be": The terror, complexity, and limits of leaving crime behind. *Illness, Crisis & Loss, 27*(2), 101-118. https://doi.org/10.1177/1054137316684452

Buck, G. (2019b). Politicisation or professionalisation? Exploring divergent aims within UK voluntary sector peer mentoring. *Howard Journal of Crime and Justice, 58*(3), 349-365. https://doi.org/10.1111/hojo.12305

Burnett, R., & McNeill, F. (2005). The place of the officer-offender relationship in assisting offenders to desist from crime. *Probation Journal, 52*(3), 221-242. https://doi.org/10.1177/0264550505055112

Castonguay, L. G., Constantino, M. J., & Holtforth, M. G. (2006). The working alliance: Where are we and where should we go? *Psychotherapy: Theory, Research, Practice, Training, 43*(3), 271-279. https://doi.org/10.1037/0033-3204.43.3.271

Chamberlin, J. (2005). User/consumer involvement in mental health service delivery. *Epidemiology and Psychiatric Sciences, 14*(1), 10-14. https://doi.org/10.1017/S1121189X00001871

Chinman, M., George, P., Dougherty, R. H., Daniels, A. S., Ghose, S. S., Swift, A., & Delphin-Rittmon, M. E. (2014). Peer support services for individuals with serious mental illnesses: Assessing the evidence. *Psychiatric Services, 65*(4), 429-441. https://doi.org/10.1176/appi.ps.201300244

Collica-Cox, K. (2018). Prisoner HIV peer educators as wounded healers: When you take the woman out of prison, you don't need to take 'prison' out of the woman. *Prison Service Journal,* (238). https://www.crimeandjustice.org.uk/publications/psj/prison-service-journal-238

Collins, M. E. (2001). Transition to adulthood for vulnerable youths: A review of research and implications for policy. *Social Service Review, 75*(2), 271-291. https://doi.org/10.1086/322209

Corrigan, P. W. (2002). Empowerment and serious mental illness: Treatment partnerships and community opportunities. *Psychiatric Quarterly, 73*(3), 217-228. https://doi.org/10.1023/A:1016040805432

Cos, T. A., LaPollo, A. B., Aussendorf, M., Williams, J. M., Malayter, K., & Festinger, D. S. (2020). Do peer recovery specialists improve outcomes for individuals with substance use disorder in an integrative primary care setting? A program evaluation. *Journal of Clinical Psychology in Medical Settings, 27*, 704-715. https://doi.org/10.1007/s10880-019-09661-z

Creaney, S. (2018). Children's voices – are we listening? Progressing peer mentoring in the youth justice system. *Child Care in Practice, 26*(1), 22-37. https://doi.org/10.1080/13575279.2018.1521381

Cressey, D. R. (1965). Social psychological foundations for using criminals in the rehabilitation of criminals. *Journal of Research in Crime and Delinquency, 2*(2), 49-59. https://doi.org/10.1177/002242786500200201

Davidson, L. (2015). Peer support: Coming of age of and/or miles to go before we sleep? An introduction. *The Journal of Behavioral Health Services & Research, 42*(1), 96-99. https://doi.org/10.1007/s11414-013-9379-2

Davidson, L., & Rowe, M. (2008). *Peer support within criminal justice settings: The role of forensic peer specialists*. The CMHS National GAINS Center. https://static1.squarespace.com/static/599ee1094c0dbff62a07fc13/t/59af1347dbe3974ceaa105ce/1376071906957/ForensicPeerGAINSCenter+1.pdf

Davidson, L., Bellamy, C., Guy, K., & Miller, R. (2012). Peer support among persons with severe mental illnesses: A review of evidence and experience. *World Psychiatry, 11*(2), 123-128. https://doi.org/10.1016/j.wpsyc.2012.05.009

Davidson, L., Chinman, M., Sells, D., & Rowe, M. (2006). Peer support among adults with serious mental illness: A report from the field. *Schizophrenia Bulletin, 32*(3), 443-450. https://doi.org/10.1093/schbul/sbj043

De Jong, J. D. (2013). *Rolmodellen en het risico op recidive: Een mentor als positief rolmodel ter vermindering van criminaliteit van jonge Amsterdamse veelplegers*. Rebond/Gemeente Amsterdam, Directie Openbare Orde en Veiligheid. http://rebond.nl/wp-content/uploads/2014/07/Rolmodellen-en-het-risico-op-

recidive-De-Jong-2013-def.pdf

De Vries, S. L. A., Hoeve, M., Assink, M., & Stams, G. J. J. M. (2015). Practitioner review: Effective ingredients of prevention programs for youth at risk of persistent juvenile delinquency – recommendations for clinical practice. *The Journal of Child Psychology and Psychiatry, 56*(2), 108-121. https://doi.org/10.1111/jcpp.12320

Deci, E. L., & Ryan, R. M. (2008). Self-determination theory: A macrotheory of human motivation, development, and health. *Canadian Psychology/Psychologie Canadienne, 49*(3), 182-185. https://doi.org/10.1037/a0012801

Diener, M. J., & Monroe, J. M. (2011). The relationship between adult attachment style and therapeutic alliance in individual psychotherapy: A meta-analytic review. *Psychotherapy, 48*(3), 237-248. https://doi.org/10.1037/a0022425

DiGiuseppe, R., Linscott, J., & Jilton, R. (1996). Developing the therapeutic alliance in child-adolescent psychotherapy. *Applied & Preventive Psychology, 5*(2), 85-100. https://doi.org/10.1016/S0962-1849(96)80002-3

Dishion, T. J., McCord, J., & Poulin, F. (1999). When interventions harm: Peer groups and problem behavior. *American Psychologist, 54*(9), 755-764.

Donnell, C. M., Lustig, D. C., & Strauser, D. R. (2004). The working alliance: Rehabilitation outcomes for persons with severe mental illness. *The Journal of Rehabilitation, 70*(2), 12-18. https://www.proquest.com/scholarly-journals/working-alliance-rehabilitation-outcomes-persons/docview/236292072/se-2?accountid=13598

Drapeau, S., Saint-Jacques, M.-C., Lépine, R., Bégin, G., & Bernard, M. (2007). Processes that contribute to resilience among youth in foster care. *Journal of Adolescence, 30*(6), 977-999. https://doi.org/10.1016/j.adolescence.2007.01.005

Drieschner, K. H., Lammers, S. M. M., & Van der Staak, C. P. F. (2004). Treatment motivation: An attempt for clarification of an ambiguous concept. *Clinical Psychology Review, 23*(8), 1115-1137. https://doi.org/10.1016/j.cpr.2003.09.003

Dutton, H. (2018). Mentor self-disclosure in youth mentoring relationships: A review of the literature about adults disclosing to non-familial adolescents in intervention settings. *Adolescent Research Review, 3*, 57-66. https://doi.org/10.1007/s40894-017-0065-0

Eby, L. T. d. T., Allen, T. D., Hoffman, B. J., Baranik, L. E., Sauer, J. B., Baldwin, S., Morrison, M. A., Kinkade, K. M., Maher, C. P., Curtis, S., & Evans, S. C. (2013). An interdisciplinary meta-analysis of the potential antecedents, correlates, and consequences of protégé perceptions of mentoring. *Psychological Bulletin, 139*(2),

441-476. https://doi.org/10.1037/a0029279

Elliott, R., Bohart, A. C., Watson, J. C., & Murphy, D. (2018). Therapist empathy and client outcome: An updated meta-analysis. *Psychotherapy, 55*(4), 399-410. https://doi.org/10.1037/pst0000175

Eltz, M. J., Shirk, S. R., & Sarlin, N. (1995). Alliance formation and treatment outcome among maltreated adolescents. *Child Abuse & Neglect, 19*(4), 419-431. https://doi.org/10.1016/0145-2134(95)00008-V

Elvins, R., & Green, J. (2008). The conceptualization and measurement of therapeutic alliance: An empirical review. *Clinical Psychology Review, 28*(7), 1167-1187. https://doi.org/10.1016/j.cpr.2008.04.002

Emmerling, M. E., & Whelton, W. J. (2009). Stages of change and the working alliance in psychotherapy. *Psychotherapy Research, 19*(6), 687-698. https://doi.org/10.1080/10503300902933170

Farrington, D. P. (1986). Age and crime. *Crime and Justice, 7*, 189-250. https://doi.org/10.1086/449114

Fergus, S., & Zimmerman, M. A. (2005). Adolescent resilience: A framework for understanding healthy development in the face of risk. *Annual Review of Public Health, 26*, 399-419. https://doi.org/10.1146/annurev.publhealth.26.021304.144357

Field, A. (2014). *Discovering statistics using IBM SPSS Statistics* (4th ed.). Los Angeles: Sage Publications.

Fitzpatrick, C. (2011). What is the difference between 'desistance' and 'resilience'? Exploring the relationship between two key concepts. *Youth Justice, 11*(3), 221-234. https://doi.org/10.1177/1473225411420528

Fitzpatrick, M. R., & Irannejad, S. (2008). Adolescent readiness for change and the working alliance in counseling. *Journal of Counseling & Development, 86*(4), 438-445. https://doi.org/10.1002/j.1556-6678.2008.tb00532.x

Florsheim, P., Shotorbani, S., Guest-Warnick, G., Barratt, T., & Hwang, W. (2000). Role of the working alliance in the treatment of delinquent boys in community-based programs. *Journal of Clinical Child Psychology, 29*(1), 94-107. https://doi.org/10.1207/S15374424jccp2901_10

Flückiger, C., Del Re, A. C., Wampold, B. E., & Horvath, A. O. (2018). The alliance in adult psychotherapy: A meta-analytic synthesis. *Psychotherapy, 55*(4), 316-340. https://doi.org/10.1037/pst0000172

Frankel, M., Rachlin, H., & Yip-Bannicq, M. (2012). How nondirective therapy directs: The

power of empathy in the context of unconditional positive regard. *Person-Centered & Experiential Psychotherapies, 11*(3), 205-214. https://doi.org/10.1080/14779757.2012.695292

Fuhr, D., Salisbury, T., De Silva, M. J., Atif, N., Van Ginneken, N., Rahman, A., & Patel, V. (2014). Effectiveness of peer-delivered interventions for severe mental illness and depression on clinical and psychosocial outcomes: A systematic review and meta-analysis. *Social Psychiatry and Psychiatric Epidemiology, 49*, 1691-1702. https://doi.org/10.1007/s00127-014-0857-5

Ghosh, R. (2014). Antecedents of mentoring support: A meta-analysis of individual, relational, and structural or organizational factors. *Journal of Vocational Behavior, 84*(3), 367-384. https://doi.org/10.1016/j.jvb.2014.02.009

Giordano, P. C., Cernkovich, S. A., & Rudolph, J. L. (2002). Gender, crime, and desistance: Toward a theory of cognitive transformation. *American Journal of Sociology, 107*(4). https://doi.org/10.1086/343191

Goethals, G. R. (1986). Fabricating and ignoring social reality: Self-serving estimates of consensus. In J. M. Olson, C. P. Herman, & M. P. Zanna (Eds.), *Relative Deprivation and Social Comparison* (1st ed., pp. 135-157). Hillsdale, NJ: Erlbaum.

Goldstein, E., Warner-Robbins, C., McClean, C., Macatula, L., & Conklin, R. (2009). A peer-driven mentoring case management community reentry model: An application for jails and prisons. *Family & Community Health, 32*(4), 309-313. https://doi.org/10.1097/FCH.0b013e3181b91f0d

Grainer, D., & Higham, D. (2019). When assets collide: The power of lived experience. *Prison Service Journal,* 242, 38-43. https://www.crimeandjustice.org.uk/sites/crimeandjustice.org.uk/files/PSJ%20242%20March%202019_Prison%20Service%20Journal.pdf

Grant, K. E., Compas, B. E., Thurm, A. E., McMahon, S. D., & Gipson, P. Y. (2004). Stressors and child and adolescent psychopathology: Measurement issues and prospective effects. *Journal of Clinical Child & Adolescent Psychology, 33*(2), 412-425. https://doi.org/10.1207/s15374424jccp3302_23

Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review. *BMC Psychiatry, 10*, Article 113. https://doi.org/10.1186/1471-244X-10-113

Haggerty, K. D., & Bucerius, S. (2020). The proliferating pains of imprisonment. *Incarceration, 1*(1), 1-16. https://doi.org/10.1177/2632666320936432

Harder, A. T., Knorth, E. J., & Kalverboer, M. E. (2012a). A secure base? The adolescent-staff relationship in secure residential youth care. *Child & Family Social Work, 18*(3), 305-317. https://doi.org/10.1111/j.1365-2206.2012.00846.x

Harder, A. T., Knorth, E. J., & Kalverboer, M. E. (2012b). Securing the downside up: Client and care factors associated with outcomes of secure residential youth care. *Child & Youth Care Forum, 41*, 259-276. https://doi.org/10.1007/s10566-011-9159-1

Harrod, C. (2019). The peer mentor model at RecycleForce: An enhancement to transitional jobs programs. *Journal of Offender Rehabilitation, 58*(4), 327-351. https://doi.org/10.1080/10509674.2019.1596190

Hart, J., & Collins, K. (2014). A 'back to basics' approach to offender supervision: Does working alliance contribute towards success of probation? *European Journal of Probation, 6*(2), 112-125. https://doi.org/10.1177/2066220314543747

Hawkins, E. H. (2009). A tale of two systems: Co-occurring mental health and substance abuse disorders treatment for adolescents. *Annual Review of Psychology, 60*, 197-227. https://doi.org/10.1146/annurev.psych.60.110707.163456

Henretty, J. R., & Levitt, H. M. (2010). The role of therapist self-disclosure in psychotherapy: A qualitative review. *Clinical Psychology Review, 30*(1), 63-77. https://doi.org/10.1016/j.cpr.2009.09.004

Hill, C. E., & Knox, S. (2002). Self-disclosure. In J. C. Norcross (Ed.), *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients* (1st ed., pp. 255-265). Oxford University Press.

Hill, T. (2005). *Allians under tvång: Behandlingssamarbete mellan elever och personal på särskilda ungdomshem [Sham alliance: Treatment collaboration between delinquent youths and staff in correctional institutions]*. [doctoral thesis]. http://urn.kb.se/resolve?urn=urn:nbn:se:liu:diva-4910

Hirschi, T. (1969). *Causes of delinquency*. Berkeley, CA: University of California Press.

Hirschi, T., & Gottfredson, M. (1983). Age and the explanation of crime. *American Journal of Sociology, 89*(3), 552-584. https://doi.org/10.1086/227905

Hodgson, E., Stuart, J. R., Train, C., Foster, M., & Lloyd, L. (2019). A qualitative study of an employment scheme for mentors with lived experience of offending within a multi-agency mental health project for excluded young people. *Journal of Behavioral Health Services & Research, 46*(1), 140-150. https://doi.org/10.1007/s11414-018-9615-x

Hoeve, M., Stams, G. J. J. M., Van der Put, C. E., Dubas, J. S., Van der Laan, P. H. & Gerris,

J. R. M. (2012). A meta-analysis of attachment to parents and delinquency. *Journal of Abnormal Child Psychology, 40*(5), 771-785. https://doi.org/10.1007/s10802-011-9608-1

Hofstede, G. (2011). Dimensionalizing cultures: The Hofstede Model in context. *Online Readings in Psychology and Culture, 2*(1). https://doi.org/10.9707/2307-0919.1014

Horvath, A. O., & Greenberg, L. S. (1989). Development and validation of the working alliance inventory. *Journal of Counseling Psychology, 36*(2), 223-233. https://doi.org/10.1037/0022-0167.36.2.223

Hughes, W. (2012). Promoting offender engagement and compliance in sentence planning: Practitioner and service user perspectives in Hertfordshire. *Probation Journal, 59*(1), 49-65. https://doi.org/10.1177/0264550511429844

Hurd, N. M., Zimmerman, M. A. & Xue, Y. (2009). Negative adult influences and the protective effects of role models: A study with urban adolescents. *Journal of Youth and Adolescence, 38*(6), 777-789. https://doi.org/10.1007/s10964-008-9296-5

Israelashvili, J., Sauter, D. A., & Fischer, A. H. (2020). Different faces of empathy: Feelings of similarity disrupt recognition of negative emotions. *Journal of Experimental Social Psychology, 87*, Article 103912. https://doi.org/10.1016/j.jesp.2019.103912

James, N., & Harvey, J. (2015). The psychosocial experience of role reversal for paraprofessionals providing substance misuse and offender treatment: An interpretative phenomenological analysis. *Journal of Forensic Practice, 17*(1), 31-42. https://doi.org/10.1108/JFP-10-2014-0032

Jardine, C., & Whyte, B. (2013). Valuing desistence? A social return on investment case study of a throughcare project for short-term prisoners. *Social and Environmental Accountability Journal, 33*(1), 20-32. https://doi.org/10.1080/0969160X.2013.768088

Jennings, W. G., & Reingle, J. M. (2012). On the number and shape of developmental/life-course violence, aggression, and delinquency trajectories: A state-of-the-art review. *Journal of Criminal Justice, 40*(6), 472-489. https://doi.org/10.1016/j.jcrimjus.2012.07.001

Jorm, A. F., Wright, A., & Morgan, A. J. (2007). Where to seek help for a mental disorder? National survey of the beliefs of Australian youth and their parents. *Medical Journal of Australia, 187*(10), 556. https://doi.org/10.5694/j.1326-5377.2007.tb01415.x

Kağıtçıbaşı, C. (2005). Autonomy and relatedness in cultural context: Implications for self

and family. *Journal of Cross-Cultural Psychology, 36*(4), 403-422. https://doi.org/10.1177/0022022105275959

Kanninen, K., Salo, J., & Punamäki, R-L. (2000). Attachment patterns and working alliance in trauma therapy for victims of political violence. *Psychotherapy Research, 10*(4), 435-449. https://doi.org/10.1093/ptr/10.4.435

Karbouniaris, S., Abma, T., Wilken, J. P., & Weerman, A. (2020). Use of experiential knowledge by mental health professionals and its contribution to recovery: Literature review. *Journal of Recovery in Mental Health, 4*(1). https://jps.library.utoronto.ca/index.php/rmh/article/view/35243/27004

Karver, M. S., Handelsman, J. B., Fields, S., & Bickman, L. (2006). Meta-analysis of therapeutic relationship variables in youth and family therapy: The evidence for different relationship variables in the child and adolescent treatment outcome literature. *Clinical Psychology Review, 26*(1), 50-65. https://doi.org/10.1016/j.cpr.2005.09.001

Kavanagh, L., & Borrill, J. (2013). Exploring the experiences of ex-offender mentors. *Probation Journal, 60*(4), 400-414. https://doi.org/10.1177/0264550513502247

Kazdin, A. E., Marciano, P. L., & Whitley, M. K. (2005). The therapeutic alliance in cognitive-behavioral treatment of children referred for oppositional, aggressive, and antisocial behavior. *Journal of Consulting and Clinical Psychology, 73*(4), 726-730. https://doi.org/10.1037/0022-006X.73.4.726

Kazdin, A. E., Whitley, M., & Marciano, P. L. (2006). Child–therapist and parent–therapist alliance and therapeutic change in the treatment of children referred for oppositional, aggressive, and antisocial behavior. *Journal of Child Psychology and Psychiatry, 47*(5), 436-445. https://doi.org/10.1111/j.1469-7610.2005.01475.x

Keij, I. (2000). *Standaarddefinitie allochtonen.* Centraal Bureau voor de Statistiek.

King, A. J., & Simmons, M. B. (2018). A systematic review of the attributes and outcomes of peer work and guidelines for reporting studies of peer interventions. *Psychiatric Services, 69*(9), 961-977. https://doi.org/10.1176/appi.ps.201700564

Knox, S., & Hill, C. E. (2003). Therapist self-disclosure: Research-based suggestions for practitioners. *Journal of Clinical Psychology, 59*(5), 529-539. https://doi.org/10.1002/jclp.10157

Kools, S. (1999). Self-protection in adolescents in foster care. *Journal of Child and Adolescent Psychiatric Nursing, 12*(4), 139-152. https://doi.org/10.1111/j.1744-6171.1999.tb00063.x

Kortteisto, T., Laitila, M., & Pitkänen, A. (2018). Attitudes of mental health professionals towards service user involvement. *Scandinavian Journal of Caring Sciences, 32*(2), 681-689. https://doi.org/10.1111/scs.12495

Kukla, M., & Bond, G. R. (2009). The working alliance and employment outcomes for people with severe mental illness enrolled in vocational programs. *Rehabilitation Psychology, 54*(2), 157-163. https://doi.org/10.1037/a0015596

Laub, J. H., & Sampson, R. J. (2001). Understanding desistance from crime. *Crime and Justice, 28*, 1-69. https://doi.org/10.1086/652208

Laub, J. H., & Sampson, R. J. (2003). *Shared beginnings, divergent lives: Delinquent boys to age 70.* Harvard University Press.

Laurenceau, J.-P., Barrett, L. F., & Pietromonaco, P. R. (1998). Intimacy as an interpersonal process: The importance of self-disclosure, partner disclosure, and perceived partner responsiveness in interpersonal exchanges. *Journal of Personality and Social Psychology, 74*(5), 1238-1251. https://doi.org/10.1037/0022-3514.74.5.1238

Layder, D. (1998). *Sociological practice: Linking theory and social research.* London: Sage.

Lazarsfeld, P. F., & Merton, R. K. (1954). Friendship as social process: A substantive and methodological analysis. In M. Berger, T. Abel & C. H. Page (Eds.), *Freedom and control in modern society* (pp. 18-66). Octagon Books.

Leamy, M., Bird, V., Le Boutillier, C., Williams, J., & Slade, M. (2011). Conceptual framework for personal recovery in mental health: Systematic review and narrative synthesis. *The British Journal of Psychiatry, 199*(6), 445-452. https://doi.org/10.1192/bjp.bp.110.083733

LeBel, T. P., Burnett, R., Maruna, S., & Bushway, S. (2008). The 'chicken and egg' of subjective and social factors in desistance from crime. *European Journal of Criminology, 5*(2), 131-159. https://doi.org/10.1177/1477370807087640

Lenkens, M., Nagelhout, G. E., Schenk, L., Sentse, M., Severiens, S., Engbersen, G., Dijkhoff, L., & Van Lenthe, F. J. (2021). 'I (really) know what you mean'. Mechanisms of experiential peer support for young people with criminal behavior: A qualitative study. *Journal of Crime and Justice, 44*(5), 535-552. https://doi.org/10.1080/0735648X.2020.1848608

Lenkens, M., Rodenburg, G., Schenk, L., Nagelhout, G. E., Van Lenthe, F. J., Engbersen, G., Sentse, M., Severiens, S., & Van de Mheen, D. (2019). "I need to do this on my

own" resilience and self-reliance in urban at-risk youths. *Deviant Behavior, 41*(10), 1330-1345. https://doi.org/10.1080/01639625.2019.1614140

Lenkens, M., Van Lenthe, F. J., Schenk, L., Magnée, T., Sentse, M., Severiens, S., Engbersen, G., & Nagelhout, G. E. (2019). Experiential peer support and its effects on desistance from delinquent behavior: Protocol paper for a systematic realist literature review. *Systematic Reviews, 8*, Article 119. https://doi.org/10.1186/s13643-019-1036-2

Lewis, M. A., & Rook, K. S. (1999). Social control in personal relationships: Impact on health behaviors and psychological distress. *Health Psychology, 18*(1), 63-71. https://doi.org/10.1037/0278-6133.18.1.63

Liberati, A., Altman, D. G., Tetzlaff, J., Mulrow, C., Gøtzsche, P. C., Ioannidis, J. P. A., Clarke, M., Devereaux, P. J., Kleijnen, J., & Moher, D. (2009). The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate healthcare interventions: Explanation and elaboration. *Journal of Clinical Epidemiology, 62*(10). https://doi.org/10.1016/j.jclinepi.2009.06.006

Lincoln, K. D. (2000). Social support, negative social interactions, and psychological well-being. *Social Service Review, 74*(2), 231-252. https://doi.org/10.1086/514478

Lloyd-Evans, B., Mayo-Wilson, E., Harrison, B., Istead, H., Brown, E., Pilling, S., Johnson, S., & Kendall, T. (2014). A systematic review and meta-analysis of randomised controlled trials of peer support for people with severe mental illness. *BMC Psychiatry, 14*, Article 39. https://doi.org/10.1186/1471-244X-14-39

Lopez-Humphreys, M., & Teater, B. (2019). Transformations of the self: Learning from the experiences of returned citizens participating in peer mentor support training. *Urban Social Work, 3*(2), 136-155. https://doi.org/10.1891/2474-8684.3.2.136

Lopez-Humphreys, M., & Teater, B. (2020). "It's what's on the inside that counts": A pilot study of the subjective changes among returned citizens participating in a peer-mentor support initiative. *Journal of Social Service Research, 46*(6), 741-755. https://doi.org/10.1080/01488376.2019.1656699

Luijks, M.-J. A., Bevaart, F., Zijlmans, J., Van Duin, L., Marhe, R., Doreleijers, T. A. H., Tiemeier, H., Asscher, J. J., & Popma, A. (2017). A multimodal day treatment program for multi-problem young adults: Study protocol for a randomized controlled trial. *Trials, 18*, Article 225. https://doi.org/10.1186/s13063-017-1950-3

Lustig, D. C., Strauser, D. R., Rice, N. D., & Rucker, T. F. (2002). The relationship between working alliance and rehabilitation outcomes. *Rehabilitation Counseling Bulletin,*

46(1), 24-32. https://doi.org/10.1177/00343552020460010201

Machin, S., Marie, O., & Vujić, S. (2011). The crime reducing effect of education. *The Economic Journal, 121*(552), 463-484. https://doi.org/10.1111/j.1468-0297.2011.02430.x

Marlow, E., Grajeda, W., Lee, Y., Young, E., Williams, M., & Hill, K. (2015). Peer mentoring for male parolees: A CBPR pilot study. *Progress in Community Health Partnerships: Research, Education, and Action, 9*(1), 91-100. https://doi.org/10.1353/cpr.2015.0013

Martin, D. J., Garske, J. P., & Davis, M. K. (2000). Relation of the therapeutic alliance with outcome and other variables: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 68*(3), 438-450. https://doi.org/10.1037/0022-006X.68.3.438

Martinez, D. J., & Abrams, L. S. (2013). Informal social support among returning young offenders: A metasynthesis of the literature. *International Journal of Offender Therapy and Comparative Criminology, 57*(2), https://doi.org/10.1177/0306624X11428203

Maruna, S. (2001). *Making good: How ex-convicts reform and rebuild their lives.* American Psychological Association. https://doi.org/10.1037/10430-000

Maruna, S., & Farrall, S. (2004). Desistance from crime: A theoretical reformulation. *Kölner Zeitschrift für Soziologie und Sozialpsychologie, 43*, 171–94.

Matthews, E., Bowman, R., Whitbread, G., & Johnson, R. (2019). D.C. Central Kitchen: Peer mentoring, structure and self-empowerment play a critical role in desistance. *Journal of Offender Rehabilitation, 59*(1), 22-43. https://doi.org/10.1080/10509674.2019.1670319

Mattos, L. A., Schmidt, A. T., Henderson, C. E., & Hogue, A. (2017). Therapeutic alliance and treatment outcome in the outpatient treatment of urban adolescents: The role of callous-unemotional traits. *Psychotherapy, 54*(2), 136-147. https://doi.org/10.1037/pst0000093

McCabe, R., & Priebe, S. (2004). The therapeutic relationship in the treatment of severe mental illness: A review of methods and findings. *International Journal of Social Psychiatry, 50*(2), 115-128. https://doi.org/10.1177/0020764004040959

McLeod, B. D. (2011). Relation of the alliance with outcomes in youth psychotherapy: A meta-analysis. *Clinical Psychology Review, 31*(4), 603-616. https://doi.org/10.1016/j.cpr.2011.02.001

McNeill, F. (2006). A desistance paradigm for offender management. *Criminology &*

Criminal Justice, 6(1), 39-62. https://doi.org/10.1177/1748895806060666

McNeill, F. (2016). Desistance and criminal justice in Scotland. In H. Croall, G. Mooney, and R. Munro (Eds.). *Crime, justice and society in Scotland* (pp. 200-216). London: Routledge.

McNeill, F., & Weaver, B. (2010). *Changing lives? Desistance research and offender management.* SCCJR Project Report No. 03/2010. https://www.sccjr.ac.uk/wp-content/uploads/2012/11/Report_2010_03_-_Changing_Lives.pdf

McNeill, F., Farrall, S., Lightowler, C., & Maruna, S. (2012). *How and why people stop offending: Discovering desistance.* Institute for Research and Innovation in Social Services. http://eprints.gla.ac.uk/79860/1/79860.pdf

McPherson, M., Smith-Lovin, L., & Cook, J. M. (2001). Birds of a feather: Homophily in social networks. *Annual Review of Sociology, 27*, 415-444. https://doi.org/10.1146/annurev.soc.27.1.415

Merton, R. K. (1968). The Matthew effect in science. *Science, 159*, 56-63. https://doi.org/10.1126/science.159.3810.56

Mitchell, D. A., & Lassiter, S. L. (2006). Addressing health care disparities and increasing workforce diversity: The next step for the dental, medical, and public health professions. *American Journal of Public Health, 96*(12), 2093-2098. https://doi.org/10.2105/AJPH.2005.082818

Moffitt, T. E. (1993). Adolescence-limited and life-course-persistent antisocial behavior: A developmental taxonomy. *Psychological Review, 100*(4), 674-701. https://doi.org/10.1037/0033-295X.100.4.674

Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G. (2009). Preferred Reporting Items for Systematic reviews and Meta-Analyses: The PRISMA statement. *PLoS Medicine, 6*(7), Article e1000097. https://doi.org/10.1371/journal.pmed.1000097

Moore, D. S., McCabe, G. P., & Craig, B. (2017). *Introduction to the practice of statistics* (9th ed.). W.H. Freeman & Co.

Mulder, E., Brand, E., Bullens, R., & Van Marle, H. (2010). Risk factors for overall recidivism and severity of recidivism in serious juvenile offenders. *International Journal of Offender Therapy and Comparative Criminology, 55*(1), 118-135. https://doi.org/10.1177/0306624X09356683

Murphy, C., & Ord, J. (2013). Youth work, self-disclosure and professionalism. *Ethics and Social Welfare, 7*(4), 326-341. https://doi.org/10.1080/17496535.2012.760639

Nagelhout, G. E., Hummel, K., De Goeij, M. C. M., De Vries, H., Kaner, E., & Lemmens, P.

(2017). How economic recessions and unemployment affect illegal drug use: A systematic realist literature review. *International Journal of Drug Policy, 44*, 69-83. https://doi.org/10.1016/j.drugpo.2017.03.013

Nixon, S. (2020). 'Giving back and getting on with my life': Peer mentoring, desistance and recovery of ex-offenders. *Probation Journal, 67*(1), 47-64. https://doi.org/10.1177/0264550519900249

Nugent, B., & Schinkel, M. (2016). The pains of desistance. *Criminology &Criminal Justice, 16*(5), 568-584. https://doi.org/10.1177/1748895816634812

Nyamathi, A. M., Zhang, S., Salem, B. E., Farabee, D., Hall, B., Marlow, E., Faucette, M., Bond, D., & Yadav, K. (2016). A randomized clinical trial of tailored interventions for health promotion and recidivism reduction among homeless parolees: Outcomes and cost analysis. *Journal of Experimental Criminology.* 12, 49-74. https://doi.org/10.1007/s11292-015-9236-9

Nyamathi, A. M., Zhang, S., Wall, S., Hall, E. A., Salem, B. E., Farabee, D., Faucette, M., & Yadav, K. (2016). Drug use and multiple sex partners among homeless ex-offenders: Secondary findings from an experimental study. *Nursing Research, 65*(3), 179-190. https://doi.org/10.1097/NNR.0000000000000150

Olsson, C. A., Bond, L., Burns, J. M., Vella-Brodrick, D. A., & Sawyer, S. M. (2003). Adolescent resilience: A concept analysis. *Journal of Adolescence, 26*(1), 1-11. https://doi.org/10.1016/S0140-1971(02)00118-5

Olver, M. E., Stockdale, K. C., & Wormith, J. S. (2011). A meta-analysis of predictors of offender treatment attrition and its relationship to recidivism. *Journal of Consulting and Clinical Psychology, 79*(1), 6-21. https://doi.org/10.1037/a0022200

Ortega, A., & Alegría, M. (2002). Self-reliance, mental health need, and the use of mental healthcare among island Puerto Ricans. *Mental Health Services Research, 4*(3), 131-140. https://doi.org/1019707012403

Pawson, R. (2006). *Evidence-based policy: A realist perspective*. Sage publications.

Pawson, R., Greenhalgh, T., Harvey, G., & Walshe, K. (2005). Realist review – a new method of systematic review designed for complex policy interventions. *Journal of Health Services Research & Policy, 10*(1_suppl), 21-34. https://doi.org/10.1258/1355819054308530

Pentina, I., Bailey, A. A., & Zhang, L. (2018) Exploring effects of source similarity, message valence, and receiver regulatory focus on yelp review persuasiveness and purchase intentions. *Journal of Marketing Communications, 24*(2), 125-145.

https://doi.org/10.1080/13527266.2015.1005115

Perkins, R., & Repper, J. (2013). Prejudice, discrimination and social exclusion: Reducing the barriers to recovery for people diagnosed with mental health problems in the UK. *Neuropsychiatry, 3*(4), 377-384. https://doi.org/10.2217/npy.13.34

Peterson, Z. D. (2002). More than a mirror: The ethics of therapist self-disclosure. *Psychotherapy: Theory, Research, Practice, Training, 39*(1), 21-31. https://doi.org/10.1037/0033-3204.39.1.21

Pitt, V., Lowe, D., Hill, S., Prictor, M., Hetrick, S. E., Ryan, R., & Berends, L. (2013). Consumer-providers of care for adult clients of statutory mental health services. *Cochrane Database of Systematic Reviews,* (3), Article CD004807. https://doi.org/10.1002/14651858.CD004807.pub2

Portillo, S., Goldberg, V., & Taxman, F. S. (2017). Mental health peer navigators: Working with criminal justice–involved populations. *Prison Journal, 97*(3), 318-341. https://doi.org/10.1177/0032885517704001

Potter, C. C., & Jenson, J. M. (2003). Cluster profiles of multiple problem youth: Mental health problem symptoms, substance use, and delinquent conduct. *Criminal Justice and Behavior, 30*(2), 230-250. https://doi.org/10.1177/0093854802251007

Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist, 47*(9), 1102-1114. https://doi.org/10.1037/0003-066X.47.9.1102

Prochaska, J. O., Velicer, W. F., Rossi, J. S., Goldstein, M. G., Marcus, B. H., Rakowski, W., Fiore, C., Harlow, L. L., Redding, C. A., Rosenbloom, D., & Rossi, S. R. (1994). Stages of change and decisional balance for 12 problem behaviors. *Health Psychology, 13*(1), 39-46. https://doi.org/10.1037/0278-6133.13.1.39

Putnam, R. D. (2000). *Bowling alone: The collapse and revival of American community*. Simon & Schuster.

Reingle Gonzalez, J. M., Rana, R. E., Jetelina, K. K., & Roberts, M. H. (2019). The value of lived experience with the criminal justice system: A qualitative study of peer re-entry specialists. *International Journal of Offender Therapy and Comparative Criminology, 63*(10), 1861-1875. https://doi.org/10.1177/0306624X19830596

Repper, J., & Carter, T. (2011). A review of the literature on peer support in mental health services. *Journal of Mental Health, 20*(4), 392-411. https://doi.org/10.3109/09638237.2011.583947

Resnick, G., & Burt, M. R. (1996). Youth at risk: Definitions and implications for service

delivery. *American Journal of Orthopsychiatry, 66*(2), 172-188. https://doi.org/10.1037/h0080169

Rhodes, J. E., Grossman, J. B., & Resch, N. L. (2000). Agents of change: Pathways through which mentoring relationships influence adolescents' academic adjustment. *Child Development, 71*(6), 1662-1671. https://doi.org/10.1111/1467-8624.00256

Rickwood, D. J., Deane, F. P., & Wilson, C. J. (2007). When and how do young people seek professional help for mental health problems? *The Medical Journal of Australia, 187*(S7), S35-S39. https://doi.org/10.5694/j.1326-5377.2007.tb01334.x

Rocque, M., Posick, C., & Paternoster, R. (2016). Identities through time: An exploration of identity change as a cause of desistance. *Justice Quarterly, 33*(1), 45-72. https://doi.org/10.1080/07418825.2014.894111

Roest, J. J., Van der Helm, G. H. P., & Stams, G. J. J. M. (2016). The relation between therapeutic alliance and treatment motivation in residential youth care: A cross-lagged panel analysis. *Child and Adolescent Social Work Journal, 33*, 455-468. https://doi.org/10.1007/s10560-016-0438-4

Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*(2), 95-103. https://doi.org/10.1037/h0045357

Ronel, N., & Elisha, E. (2011). A different perspective: Introducing positive criminology. *International Journal of Offender Therapy and Comparative Criminology, 55*(2), 305-325. https://doi.org/10.1177/0306624X09357772

Ronel, N., & Segev, D. (2014). Positive criminology in practice. *International Journal of Offender Therapy and Comparative Criminology, 58*(11), 1389-1407. https://doi.org/10.1177/0306624X13491933

Roode, A., & De Graaf, P. (2017). *Risicojongeren cohortanalyse 2012 en achtergrondanalyse 2014*. Gemeente Rotterdam, Onderzoek en Business Intelligence. https://onderzoek010.nl/handlers/ballroom.ashx?function=download&id=345

Rozie, J., & Vandermeersch, D. (2017). De zin van de korte gevangenisstraf in vraag gesteld. *Rechtskundig Weekblad, 9*, 323-335. https://repository.uantwerpen.be/docman/irua/947950/146242.pdf

Ryan, R. M., & Deci, E. L. (2000). Intrinsic and extrinsic motivations: Classic definitions and new directions. *Contemporary Educational Psychology, 25*(1), 54-67. https://doi.org/10.1006/ceps.1999.1020

Safran, J. D., Muran, J. C., & Eubanks-Carter, C. (2011). Repairing alliance ruptures. *Psychotherapy, 48*(1), 80-87. https://doi.org/10.1037/a0022140

Sampson, R. J., & Laub, J. H. (1997). A life-course theory of cumulative disadvantage and the stability of delinquency. *Developmental theories of crime and delinquency* (1st ed., pp. 133-162). Routledge. https://doi.org/10.4324/9780203793350-4

Samuels, G. M., & Pryce, J. M. (2008). "What doesn't kill you makes you stronger": Survivalist self-reliance as resilience and risk among young adults aging out of foster care. *Children and Youth Services Review, 30*(10), 1198-1210. https://doi.org/10.1016/j.childyouth.2008.03.005

Sapienza, J., & Masten, A. (2011). Understanding and promoting resilience in children and youth. *Current Opinion in Psychiatry, 24*(4), 267-273. https://doi.org/10.1097/YCO.0b013e32834776a8

Scheidel, C. (2017). *Elke jongere telt, programma Rotterdamse risicojongeren 2016-2020.* Gemeente Rotterdam. https://www.rotterdam.nl/wonen-leven/elke-jongere-telt/Programmaplan_ElkeJongereTelt_juni2017.pdf

Schenk, L., Sentse, M., Lenkens, M., Engbersen, G., Van de Mheen, D., Nagelhout, G. E., & Severiens, S. (2018). At-risk youths' self-sufficiency: The role of social capital and help-seeking orientation. *Children and Youth Services Review, 91*, 263-270. https://doi.org/10.1016/j.childyouth.2018.06.015

Schinkel, M., & Whyte, B. (2012). Routes out of Prison using life coaches to assist resettlement. *The Howard Journal of Criminal Justice, 51*(4), 359-371. https://doi.org/10.1111/j.1468-2311.2012.00724.x

Sells, D., Curtis, A., Abdur-Raheem, J., Klimczak, M., Barber, C., Meaden, C., Hasson, J., Fallon, P., Emigh-Guy, M. (2020). Peer-mentored community reentry reduces recidivism. *Criminal Justice and Behavior, 47*(4), 437-456. https://doi.org/10.1177/0093854820901562

Shirk, S. R., & Karver, M. (2003). Prediction of treatment outcome from relationship variables in child and adolescent therapy: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 71*(3), 452-464. https://doi.org/10.1037/0022-006X.71.3.452

Smith, A. E. M., Msetfi, R. M., & Golding, L. (2010). Client self rated adult attachment patterns and the therapeutic alliance: A systematic review. *Clinical Psychology Review, 30*(3), 326-337. https://doi.org/10.1016/j.cpr.2009.12.007

South, J., Bagnall, A., & Woodall, J. (2017). Developing a typology for peer education

and peer support delivered by prisoners. *Journal of Correctional Health Care,* *23*(2), 214-229. https://doi.org/10.1177/1078345817700602

South, J., Bagnall, A., Hulme, C., Woodall, J., Longo, R., Dixey, R., Kinsella, K., Raine, G., Vinall-Collier, K., & Wright, J. (2014). A systematic review of the effectiveness and cost-effectiveness of peer-based interventions to maintain and improve offender health in prison settings. *Health Services and Delivery Research, 2*(35), 1-218. https://doi.org/10.3310/hsdr02350

Spear, H. J., & Kulbok, P. (2004). Autonomy and adolescence: A concept analysis. *Public Health Nursing, 21*(2), 144-152. https://doi.org/10.1111/j.0737-1209.2004.021208.x

Stiles, W. B., Glick, M. J., Osatuke, K., Hardy, G. E., Shapiro, D. A., Agnew-Davies, R., Rees, A., & Barkham, M. (2004). Patterns of alliance development and the rupture-repair hypothesis: Are productive relationships U-shaped or V-shaped? *Journal of Counseling Psychology, 51*(1), 81-92. https://doi.org/10.1037/0022-0167.51.1.81

Suitor, J. J., Pillemer, K., & Keeton, S. (1995). When experience counts: The effects of experiential and structural similarity on patterns of support and interpersonal stress. *Social Forces, 73*(4), 1573-1588. https://doi.org/10.1093/sf/73.4.1573

Sykes, G. M. (1958). The pains of imprisonment. *The society of captives: A study of maximum security prison* (pp. 63-83). Princeton University Press.

Szreter, S., & Woolcock, M. (2004). Health by association? Social capital, social theory, and the political economy of public health. *International Journal of Epidemiology, 33*(4), 650-667. https://doi.org/10.1093/ije/dyh013

Tandon, S. D., Dariotis, J. K., Tucker, M. G., & Sonenstein, F. L. (2013). Coping, stress, and social support associations with internalizing and externalizing behavior among urban adolescents and young adults: Revelations from a cluster analysis. *Journal of Adolescent Health, 52*(5), 627-633. https://doi.org/10.1016/j.jadohealth.2012.10.001

Thomas, K., Wilson, J. L., Bedell, P., & Morse, D. S. (2019). "They didn't give up on me": A women's transitions clinic from the perspective of re-entering women. *Addiction Science & Clinical Practice, 14*, Article 12. https://doi.org/10.1186/s13722-019-0142-8

Tolan, P., Henry, D., Schoeny, M., Bass, A., Lovegrove, P., & Nichols, E. (2013). Mentoring interventions to affect juvenile delinquency and associated problems: A systematic review. *Campbell Systematic Reviews, 9*(1), 1-158. https://doi.org/10.4073/csr.2013.10

Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-Item checklist for Interviews and focus groups. *International Journal for Quality in Health Care, 19*(6), 349-357. https://doi.org/10.1093/intqhc/mzm042

Ungar, M. (2011). The social ecology of resilience: Addressing contextual and cultural ambiguity of a nascent construct. *American Journal of Orthopsychiatry, 81*(1), 1-17. https://doi.org/10.1111/j.1939-0025.2010.01067.x

Van Bakel, M., Van Rooijen, S., Boertien, D., Kamoschinski, J., Liefhebber, S., & Kluft, M. (2013). *Ervaringsdeskundigheid. Beroepscompetentieprofiel*. GGZ Nederland, Trimbos-instituut, HEE! & Kenniscentrum Phrenos. https://www.trimbos.nl/docs/b10fcf95-1729-4466-a6ae-529f6183d79a.pdf

Van Binsbergen, M. H. (2003). Motivatie voor behandeling: Ontwikkeling van behandelmotivatie in een justitiële instelling [doctoral dissertation]. Universiteit Leiden.

Van der Laan, A. M., & Blom, M. (2006). *Jeugddelinquentie: Risico's en bescherming. bevindingen uit de WODC monitor Zelfgerapporteerde Jeugdcriminaliteit 2005.* The Hague: WODC.

Van der Laan, A. M., Beerthuizen, M. G. C. J., & Boot, N. C. (2021). *Monitor jeugdcriminaliteit 2020. Ontwikkelingen in de jeugdcriminaliteit in de eerste twee decennia van deze eeuw.* WODC. https://repository.wodc.nl/bitstream/handle/20.500.12832/3058/Cahier%202021-09-volledige-tekst.pdf?sequence=11&isAllowed=y

Van der Laan, P., & Slotboom, A. M. (2008). Wat werkt? In I. Weijers (Ed.), *Justitiële interventies: Voor jeugdige daders en risicojongeren* (pp. 113-124). Boom Juridische Uitgevers.

Van der Sluys, M. E., Zijlmans, J., Popma, A., Van der Laan, P. H., Scherder, E. J. A., & Marhe, R. (2020). Neurocognitive predictors of treatment completion and daytime activities at follow-up in multiproblem young adults. *Cognitive, Affective, & Behavioral Neuroscience, 20*, 1103-1121. https://doi.org/10.3758/s13415-020-00822-4

Van Duin, L., Bevaart, F., Paalman, C. H., Luijks, M-. A., Zijlmans, J., Marhe, R., Blokland, A. A. J., Doreleijers, T. A. H., & Popma, A. (2017). Child Protection Service interference in childhood and the relation with mental health problems and delinquency in young adulthood: A latent class analysis study. *Child and Adolescent Psychiatry*

and Mental Health, 11, Article 66. https://doi.org/10.1186/s13034-017-0205-0

Van Duin, L., Bevaart, F., Zijlmans, J., Luijks, M-. J. A., Doreleijers, T. A. H., Wierdsma, A. I., Oldehinkel, A. J., Marhe, R., & Popma, A. (2018). The role of adverse childhood experiences and mental health care use in psychological dysfunction of male multi-problem young adults. European Child & Adolescent Psychiatry, 28, 1065-1078. https://doi.org/10.1007/s00787-018-1263-4

Van Hattum, M., De Greef, M., Van der Rijken, R., Golbach, M., & Scholte, R. (2019). Werkzame factoren in de jeugdhulpverlening: Alliantie, cliëntfactoren en professionalfactoren. https://www.bergop.info/wp-content/uploads/2019/10/Eindrapport-werkzame-factoren-in-de-jeugdhulp.pdf

Vertommen, H., & Vervaecke, G. A. C. (2006). Werkalliantievragenlijst (W.A.V.) - vorm cliënt. Departement Psychologie, K.U. Leuven.

Vigilante, K. C., Flynn, M. M., Affleck, P. C., Stunkle, J. C., Merriman, N. A., Flanigan, T. P., Mitty, J. A., & Rich, J. D. (1999). Reduction in recidivism of incarcerated women through primary care, peer counseling, and discharge planning. Journal of Women's Health, 8(3), 49-415. https://doi.org/10.1089/jwh.1999.8.409

Walker, G., & Bryant, W. (2013). Peer support in adult mental health services. Psychiatric Rehabilitation Journal, 36(1), 28-34. https://doi.org/10.1037/h0094744

Walters, G. D. (2015). Working alliance between substance abusing offenders and their parole officers and counselors: Its impact on outcome and role as a mediator. Journal of Crime and Justice, 39(3), 421-437 https://doi.org/10.1080/0735648X.2015.1053967

Wampold, B. E. (2015). How important are the common factors in psychotherapy? An update. World Psychiatry, 14(3), 270-277. https://doi.org/10.1002/wps.20238

Ward, T., & Brown, M. (2004). The good lives model and conceptual issues in offender rehabilitation. Psychology, Crime & Law, 10(3), 243-257. https://doi.org/10.1080/10683160410001662744

Warner-Robbins, C., & Parsons, M. L. (2010). Developing peer leaders and reducing recidivism through long-term participation in a faith-based program: The story of Welcome Home Ministries. Alcoholism Treatment Quarterly, 28(3), 293-305. https://doi.org/10.1080/07347324.2010.488534

Webb, C. A., DeRubeis, R. J., Amsterdam, J. D., Shelton, R. C., Hollon, S. D., & Dimidjian, S. (2011). Two aspects of the therapeutic alliance: Differential relations with depressive symptom change. Journal of Consulting and Clinical Psychology, 79(3),

279-283. https://doi.org/10.1037/a0023252

Weijers, I. (2015). Jonge veelplegers groeien eruit, tenzij ze slagen. In I. Weijers, & C. Eliaerts (Eds.), *Jeugdcriminologie: Achtergronden van jeugdcriminaliteit* (pp. 532-552). Boom Lemma Uitgevers.

Wexler, L. M., DiFluvio, G., & Burke, T. K. (2009). Resilience and marginalized youth: Making a case for personal and collective meaning-making as part of resilience research in public health. *Social Science & Medicine, 69*(4), 565-570. https://doi.org/10.1016/j.socscimed.2009.06.022

Wild, W. E. (2011). Probation officer role orientation, helping alliance, and probationer readiness for change: The impact on juvenile offender recidivism. *PCOM Psychology Dissertations*. Paper 197.

Wong, G. (2018). Data gathering in realist reviews: Looking for needles in haystacks. In N. Emmel, J. Greenhalgh, A. Manzano, M. Monaghan & S. Dalkin (Eds.), *Doing realist research* (pp. 131). SAGE Publications Ltd.

Wong, G., Greenhalgh, T., Westhorp, G., Buckingham, J., & Pawson, R. (2013). RAMESES publication standards: Realist syntheses. *BMC Medicine, 11*, Article 21. https://doi.org/10.1186/1741-7015-11-21

Wong, G., Westhorp, G., Pawson, R., & Greenhalgh, T. (2013). *Realist synthesis: RAMESES training materials.* https://www.ramesesproject.org/media/Realist_reviews_training_materials.pdf

Woodall, J., South, J., Dixey, R., De Viggiani, N., & Penson, W. (2015). Expert views of peer-based interventions for prisoner health. *International Journal of Prisoner Health, 11*(2), 87-97. https://doi.org/10.1108/IJPH-10-2014-0039

Wright, N., Bleakley, A., Butt, C., Chadwick, O., Mahmood, K., Patel, K., & Salhi, A. (2011). Peer health promotion in prisons: A systematic review. *International Journal of Prisoner Health, 7*(4), 37-51. https://doi.org/10.1108/17449201111256899

Zack, S. E., Castonguay, L. G., Boswell, J. F., McAleavey, A. A., Adelman, R., Kraus, D. R., & Pate, G. A. (2015). Attachment history as a moderator of the alliance outcome relationship in adolescents. *Psychotherapy, 52*(2), 258-267. https://doi.org/10.1037/a0037727

Zegers, M. A. M., Schuengel, C., Van IJzendoorn, M. H. & Janssens, J. M. A. M. (2008). Attachment and problem behavior of adolescents during residential treatment. *Attachment & Human Development, 10*(1), 91-103. https://doi.org/10.1080/14616730701868621

Zijlmans, J., Van Duin, L., Jorink, M., Marhe, R., Luijks, M-. J. A., Crone, M., Popma, A., & Bevaart, F. (2020). Disentangling multiproblem behavior in male young adults: A cluster analysis. *Development and Psychopathology, 33*, 149-159. https://doi.org/10.1017/s0954579419001652

Zolkoski, S. M., & Bullock, L. M. (2012). Resilience in children and youth: A review. *Children and Youth Services Review, 34*(12), 2295-2303. https://doi.org/10.1016/j.childyouth.2012.08.009

Appendix

Appendix 1 – PRISMA-P 2015 Checklist

Section/topic	#	Checklist item	Information reported Yes	No
ADMINISTRATIVE INFORMATION				
Title				
Identification	1a	Identify the report as a protocol of a systematic review	☒	☐
Update	1b	If the protocol is for an update of a previous systematic review, identify as such	☐	☒
Registration	2	If registered, provide the name of the registry (e.g., PROSPERO) and registration number in the Abstract	☐	☒
Authors				
Contact	3a	Provide name, institutional affiliation, and e-mail address of all protocol authors; provide physical mailing address of corresponding author	☒	☐
Contributions	3b	Describe contributions of protocol authors and identify the guarantor of the review	☒	☐
Amendments	4	If the protocol represents an amendment of a previously completed or published protocol, identify as such and list changes; otherwise, state plan for documenting important protocol amendments	☐	☒
Support				
Sources	5a	Indicate sources of financial or other support for the review	☐	☐
Sponsor	5b	Provide name for the review funder and/or sponsor	☐	☐
Role of sponsor/funder	5c	Describe roles of funder(s), sponsor(s), and/or institution(s), if any, in developing the protocol	☐	☐
INTRODUCTION				
Rationale	6	Describe the rationale for the review in the context of what is already known	☒	☐

Section/topic	#	Checklist item	Information reported	
			Yes	No
Objectives	7	Provide an explicit statement of the question(s) the review will address with reference to participants, interventions, comparators, and outcomes (PICO)	☒	☐
METHODS				
Eligibility criteria	8	Specify the study characteristics (e.g., PICO, study design, setting, time frame) and report characteristics (e.g., years considered, language, publication status) to be used as criteria for eligibility for the review	☒	☐
Information sources	9	Describe all intended information sources (e.g., electronic databases, contact with study authors, trial registers, or other grey literature sources) with planned dates of coverage	☒	☐
Search strategy	10	Present draft of search strategy to be used for at least one electronic database, including planned limits, such that it could be repeated	☒	☐
STUDY RECORDS				
Data management	11a	Describe the mechanism(s) that will be used to manage records and data throughout the review	☒	☐
Selection process	11b	State the process that will be used for selecting studies (e.g., two independent reviewers) through each phase of the review (i.e., screening, eligibility, and inclusion in meta-analysis)	☒	☐
Data collection process	11c	Describe planned method of extracting data from reports (e.g., piloting forms, done independently, in duplicate), any processes for obtaining and confirming data from investigators	☒	☐
Data items	12	List and define all variables for which data will be sought (e.g., PICO items, funding sources), any pre-planned data assumptions and simplifications	☒	☐

Section/topic	#	Checklist item	Information reported	
			Yes	No
Outcomes and prioritization	13	List and define all outcomes for which data will be sought, including prioritization of main and additional outcomes, with rationale	☒	☐
Risk of bias in individual studies	14	Describe anticipated methods for assessing risk of bias of individual studies, including whether this will be done at the outcome or study level, or both; state how this information will be used in data synthesis	☒	☐
DATA				
Synthesis	15a	Describe criteria under which study data will be quantitatively synthesized	☐	☐
	15b	If data are appropriate for quantitative synthesis, describe planned summary measures, methods of handling data, and methods of combining data from studies, including any planned exploration of consistency (e.g., I^2, Kendall's tau)	☐	☐
	15c	Describe any proposed additional analyses (e.g., sensitivity or subgroup analyses, meta-regression)	☐	☐
	15d	If quantitative synthesis is not appropriate, describe the type of summary planned	☒	☐
Meta-bias(es)	16	Specify any planned assessment of meta-bias(es) (e.g., publication bias across studies, selective reporting within studies)	☐	☒
Confidence in cumulative evidence	17	Describe how the strength of the body of evidence will be assessed (e.g., GRADE)	☒	☐

Appendix 2 – Search strategy

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('offender'/de OR 'crime'/exp OR 'conduct disorder'/de OR 'antisocial personality disorder'/de OR *'delinquency'/exp OR 'recidivism'/de OR 'prisoner'/exp* OR (*((conduct OR 'antisocial personality') NEXT/3 (disorder*))* OR delinquen* OR recidivis* OR criminal* OR crime* *OR* offender* OR convict* OR perpetrator* *OR prisoner* OR desistance* OR felon* OR detainee* OR inmate* OR incarcerated OR parole* OR justice-involved*):ab,ti) **AND** ('caregiver'/de OR 'community care'/exp OR 'social care'/de OR 'psychosocial care'/de OR 'social work'/de *OR 'behavioural health care'/de OR 'mental health service'/de OR 'peer counseling'/de OR 'counseling'/de OR 'aftercare'/de* OR 'probation'/de *OR 'prison'/de OR 'criminal justice'/de OR 'juvenile court'/de OR 'reintegration'/de OR 'correctional institution'/de OR 'incarceration'/de OR 'imprisonment'/de* OR 'community reintegration'/de OR 'community based rehabilitation'/de OR 'experiential education'/de *OR 'vocational rehabilitation'/de OR 'rehabilitation care'/de OR 'support group'/de OR 'group counseling'/de OR 'caregiving'/de* OR (caregiv* OR ((care) NEAR/3 (giver* OR giving* OR provider* OR community OR network*)) OR ((behaviour* *OR behaviour* OR mental) NEXT/3* (care OR service*)) OR ((social *OR psychosocial* OR psychiatr* OR psycholog**) NEXT/1 (service* OR case OR work* OR care)) *OR carer** OR probation* OR *((community) NEXT/3 (network* OR project OR service**)) OR ((*self-help* OR selfhelp OR *support*) NEXT/1 (group*)) OR ((peer) NEAR/3 (mentor* OR interven* OR support* *OR approach* OR counsel* OR program**)) OR rehabilitat* OR recover* OR reintegrat* *OR prison* OR penitentiar* OR jail* OR forensic OR desistance OR incarcerat* OR detention OR parole* OR aftercare OR ((youth OR outreach) NEXT/1 (work)) OR ((criminal OR juvenile) NEXT/1 (justice OR court)) OR imprison* OR ((correctional OR penal) NEXT/1 (institution* OR facilit*)) OR ((group) NEXT/1 (intervention*)) OR ((experiential) NEXT/1 (learning OR education)) OR ((diversion OR recovery OR re-entry OR reentry OR outreach)* NEAR/3 (program*))):ab,ti) **AND** ('peer counseling'/de OR 'experiential education'/de *OR 'support group'/de OR 'personal experience'/de* OR (((peer*) NEAR/3 (support* OR help* *OR counsel** OR led OR based OR deliver* OR educat* OR worker* OR mentor* OR interven* OR tutor* OR mediat* OR advoca* OR advisor* OR navigator* OR provide* *OR specialist* OR teach* OR facilitat* OR practice* OR model* OR approach**)) OR ((experien*) *NEAR/3* (expert* OR lived OR knowledge OR education *OR learning*)) OR ((mutual) *NEXT/1* (support* OR help* *OR aid**)) OR ((*self-help* OR selfhelp *OR support*) NEXT/1 (group*))):ab,ti) **NOT** ('Conference Abstract' OR Editorial)/it

Medline Epub (Ovid): 1107
(*Antisocial Personality Disorder/* OR Criminals/ OR exp Crime/ *OR Juvenile Delinquency/* OR Conduct *Disorder/* OR Prisoners/ OR (*((conduct OR "antisocial personality") ADJ3 (disorder*))* OR delinquen* OR recidivis* OR criminal* OR crime* *OR* offender* OR convict* OR perpetrator* *OR prisoner* OR desistance* OR felon* OR detainee* OR inmate* OR incarcerated OR parole* OR justice-involved*).ab,ti.) **AND**

(Caregivers/ OR Community Networks/ OR exp Social Work/ *OR Self-Help Groups/ OR exp Mental Health Services/* OR Community Reintegration/ OR Rehabilitation/ *OR Psychiatric Rehabilitation/* OR Experiential Education/ *OR Prisons/ OR Counseling/ OR Rehabilitation, Vocational/* OR (caregiv* OR ((care) ADJ3 (giver* OR giving* OR provider* OR community OR network*)) OR ((behaviour* OR behaviour* OR mental) *ADJ3* (care OR service*)) OR ((social OR psychosocial* *OR psychiatr* OR psycholog**) *ADJ1* (service* OR case OR work* OR care)) *OR carer** OR probation* OR *((community) ADJ3 (network* OR project OR service**)) OR ((self-help OR selfhelp OR *support*) ADJ1 (group*)) OR ((peer) ADJ3 (mentor* OR interven* OR support* OR approach* OR counsel* OR program*)) OR rehabilitat* OR recover* OR reintegrat* *OR prison* OR penitentiar* OR jail* OR forensic OR desistance OR incarcerat* OR detention OR parole* OR aftercare OR ((youth OR outreach) ADJ1 (work)) OR ((criminal OR juvenile) ADJ1 (justice OR court)) OR imprison* OR ((correctional OR penal) ADJ1 (institution* OR facilit*))* OR ((experiential) ADJ1 (learning OR education)) OR ((diversion *OR recovery OR re-entry OR reentry OR outreach*) ADJ3 (program*))).ab,ti.) **AND** (*Self-Help Groups/* OR (((peer*) ADJ3 (support* OR help* *OR counsel** OR led OR based OR deliver* OR educat* OR worker* OR mentor* OR interven* OR tutor* OR mediat* OR advoca* OR advisor* OR navigator* OR provide* *OR specialist* OR teach* OR facilitat* OR practice* OR model* OR approach**)) OR ((experien*) *ADJ3* (expert* OR lived OR knowledge OR education *OR learning*)) OR ((mutual) ADJ1 (support* OR help* *OR aid**)) OR ((self-help OR selfhelp *OR support*) ADJ1 (group*))).ab,ti.) **NOT** (congresses OR editorial).pt.

PsycInfo (Ovid): 1831
(*Antisocial Personality Disorder/ OR exp Perpetrators/* OR exp Crime/ *OR exp Criminal Behavior/* OR Conduct *Disorder/* OR Prisoners/ OR Recidivism/ OR Parolees/ OR (*((conduct OR "antisocial personality") ADJ3 (disorder*))*) OR delinquen* OR recidivis* OR criminal* OR crime* *OR* offender* OR convict* OR perpetrator* *OR prisoner* OR desistance* OR felon* OR detainee* OR inmate* OR incarcerated OR parole* OR justice involved*).ab,ti.) **AND** (Caregivers/ OR Community Networks/ OR exp Social Services/ *OR Support Groups/ OR exp Mental Health Services/ OR Counseling/ OR Group Counseling/ OR Peer Counseling/ OR Rehabilitation Counseling/* OR Reintegration/ OR Rehabilitation/ OR Parole/ *OR exp Psychosocial Rehabilitation/ OR Criminal Rehabilitation/ OR exp Correctional Institutions/ OR Outreach Programs/* OR (caregiv* OR ((care) ADJ3 (giver* OR giving* OR provider* OR community OR network*)) OR ((behaviour* OR behaviour* OR mental) *ADJ3* (care OR service*)) OR ((social OR psychosocial* *OR psychiatr* OR psycholog**) *ADJ1* (service* OR case OR work* OR care)) *OR carer** OR probation* OR *((community) ADJ3 (network* OR project OR service**)) OR ((self help OR selfhelp OR *support*) ADJ1 (group*)) OR ((peer) ADJ3 (mentor* OR interven* OR counsel* OR support* OR approach* OR counsel* OR program*)) OR rehabilitat* OR recover* OR reintegrat* *OR prison* OR penitentiar* OR jail* OR forensic OR desistance OR incarcerat* OR detention OR parole* OR aftercare OR ((youth OR outreach) ADJ1 (work)) OR ((criminal OR juvenile) ADJ1 (justice OR court)) OR imprison* OR ((correctional OR penal) ADJ1 (institution* OR facilit*))* OR

((group) ADJ1 (intervention OR counseling)) OR ((experiential) ADJ1 (learning OR education)) OR ((diversion *OR recovery OR re-entry OR reentry OR outreach*) ADJ3 (program*))).ab,ti.) **AND** (*Peer Tutoring/ OR Peer Counseling/* OR (((peer*) ADJ3 (support* OR help* OR counsel* OR led OR based OR deliver* OR educat* OR worker* OR mentor* OR interven* OR tutor* OR mediat* OR advoca* OR advisor* OR navigator* OR provide* *OR specialist* OR teach* OR facilitat* OR practice* OR model**)) OR ((experien*) *ADJ3* (expert* OR lived OR knowledge OR education *OR learning*)) OR ((mutual) ADJ1 (support* OR help* *OR aid**)) OR ((self-help OR selfhelp *OR support*) ADJ1 (group*))).ab,ti.) **NOT** (congresses OR editorial).pt.

Cochrane Central (trials): 49

(((((conduct OR "antisocial personality") NEXT/3 (disorder*))* OR delinquen* OR recidivis* OR criminal* OR crime* *OR* offender* OR convict* OR perpetrator* *OR prisoner* OR desistance* OR felon* OR detainee* OR inmate* OR incarcerated OR parole* OR justice-involved*):ab,ti **AND** ((caregiv* OR ((care) NEAR/3 (giver* OR giving* OR provider* OR community OR network*)) OR ((behaviour* *OR behaviour* OR mental*) NEXT/3* (care OR service*)) OR ((social *OR psychosocial* OR psychiatr* OR psycholog**) NEXT/1 (service* OR case OR work* OR care)) *OR carer**OR probation* OR *((community) NEXT/3 (network* OR project OR service**)) OR (("self help" OR selfhelp OR *support*) NEXT/1 (group*)) OR ((peer) NEAR/3 (mentor* OR interven* OR support* *OR approach* OR counsel* OR program**))OR rehabilitat* OR recover* OR reintegrat* *OR prison* OR penitentiar* OR jail* OR forensic OR desistance OR incarcerat* OR detention OR parole* OR aftercare OR ((youth OR outreach) NEXT/1 (work)) OR ((criminal OR juvenile) NEXT/1 (justice OR court)) OR imprison* OR ((correctional OR penal) NEXT/1 (institution* OR facilit*)) OR ((group) NEXT/1 (intervention*))* OR ((experiential) NEXT/1 (learning OR education)) OR ((diversion *OR recovery OR re-entry OR reentry OR outreach*) NEAR/3 (program*)):ab,ti **AND** ((((peer*) NEAR/3 (support* OR help* OR counsel* OR led OR based OR deliver* OR educat* OR worker* OR mentor* OR interven* OR tutor* OR mediat* OR advoca* OR advisor* OR navigator* OR provide* *OR specialist* OR teach* OR facilitat* OR practice* OR model* OR approach**)) OR ((experien*) NEAR/3 (expert* OR lived OR knowledge OR education *OR learning*)) OR ((mutual) NEXT/1 (support* OR help* *OR aid**)) OR ((self-help OR selfhelp *OR support*) NEXT/1 (group*)):ab,ti

Web of Science (Core Collection all sciences): 1012

TS=((((((conduct OR "antisocial personality") NEAR/2 (disorder*))* OR delinquen* OR recidivis* OR criminal* OR crime* *OR* offender* OR convict* OR perpetrator* *OR prisoner* OR desistance* OR felon* OR detainee* OR inmate* OR incarcerated OR parole* OR justice-involved*)) **AND** ((caregiv* OR ((care) NEAR/2 (giver* OR giving* OR provider* OR community OR network*)) OR ((behaviour* *OR behaviour* OR mental*) NEAR/2* (care OR service*)) OR ((social *OR psychosocial* OR psychiatr* OR psycholog**) NEAR/1 (service* OR case OR work* OR care)) *OR carer**OR probation* OR *((community) NEAR/2 (network* OR project OR service**)) OR ((self-help OR selfhelp OR *support*) NEAR/1 (group*)) OR ((peer) NEAR/2 (mentor* OR interven* OR

support* *OR approach* OR counsel* OR program**)) OR rehabilitat* OR recover* OR reintegrat* *OR prison* OR penitentiar* OR jail* OR forensic OR desistance OR incarcerat* OR detention OR parole* OR aftercare OR ((youth OR outreach) NEAR/1 (work)) OR ((criminal OR juvenile) NEAR/1 (justice OR court)) OR imprison* OR ((correctional OR penal) NEAR/1 (institution* OR facilit*)) OR ((group) NEAR/1 (intervention*))* OR ((experiential) NEAR/1 (learning OR education)) OR ((diversion *OR recovery OR re-entry OR reentry OR outreach*) NEAR/2 (program*)))) **AND** ((((peer*) NEAR/2 (support* OR help* OR counsel* OR led OR based OR deliver* OR educat* OR worker* OR mentor* OR interven* OR tutor* OR mediat* OR advoca* OR advisor* OR navigator* OR provide* *OR specialist* OR teach* OR facilitat* OR practice* OR model* OR approach**)) OR ((experien*) NEAR/2 (expert* OR lived OR knowledge OR education *OR learning*)) OR ((mutual) NEAR/1 (support* OR help* *OR aid**)) OR ((self-help OR selfhelp *OR support*) NEAR/1 (group*))))) **AND** DT=Article

Scopus: 1652

TITLE-ABS-KEY((((*((conduct OR "antisocial personality") PRE/2 (disorder*))* OR delinquen* OR recidivis* OR criminal* OR crime* *OR* offender* OR convict* OR perpetrator* *OR prisoner* OR desistance* OR felon* OR detainee* OR inmate* OR incarcerated OR parole* OR "justice-involved"*)) **AND** ((caregiv* OR ((care) W/2 (giver* OR giving* OR provider* OR community OR network*)) OR ((behaviour* *OR behaviour* OR mental*) PRE/2 (care OR service*)) OR ((social *OR psychosocial* OR psychiatr* OR psycholog**) PRE/1 (service* OR case OR work* OR care)) *OR carer** OR probation* OR *((community) PRE/2 (network* OR project OR service**)) OR ((self-help OR selfhelp OR *support*) PRE/1 (group*)) OR ((peer) W/2 (mentor* OR interven* OR support* *OR approach* OR counsel* OR program**)) OR rehabilitat* OR recover* OR reintegrat* *OR prison* OR penitentiar* OR jail* OR forensic OR desistance OR incarcerat* OR detention OR parole* OR aftercare OR ((youth OR outreach) PRE/1 (work)) OR ((criminal OR juvenile) PRE/1 (justice OR court)) OR imprison* OR ((correctional* OR penal*) PRE/1 (institution* OR facilit*)) OR ((group) PRE/1 (intervention*))* OR ((experiential) PRE/1 (learning OR education)) OR ((diversion *OR recovery OR re-entry OR reentry OR outreach*) W/2 (program*)))) **AND** ((((peer*) PRE/2 (support* OR help* OR counsel* OR led OR based OR deliver* OR educat* OR worker* OR mentor* OR interven* OR tutor* OR mediat* OR advoca* OR advisor* OR navigator* OR provide* *OR specialist* OR teach* OR facilitat* OR practice* OR model* OR approach**)) OR ((experien*) W/2 (expert* OR lived OR knowledge OR education *OR learning*)) OR ((mutual) PRE/1 (support* OR help* *OR aid**)) OR ((self-help OR selfhelp *OR support*) PRE/1 (group*)))))
Limit to document Type: Article OR Review

Criminal Justice Abstracts: 352
Fieldnames searched: AB OR TI OR SU OR KW
("offender" OR "crime" OR "conduct disorder" OR "antisocial personality disorder" OR "delinquen*" OR "recidivis*" OR "criminal*" OR "convict*" OR "perpetrator*" OR "prisoner*" OR "desistance" OR "felon*" OR "detainee*" OR "inmate*" OR

"incarcerated" OR "parolee*" OR "justice-involved") **AND** ("caregiv*" OR "care provider" OR "community care" OR "community project" OR "community network*" OR "community service*" OR "mental health service*" OR "mental health care" OR "behavioural health care" OR "behavioural health service*" OR "social care" OR "psychosocial care" OR "psychiatr* care" OR "psycholog* care" OR "social service*" OR "social case work" OR "social work*" OR "care network" OR "probation" OR "prison*" OR "penitentiar*" OR "jail" OR "forensic" OR "criminal justice" OR "recovery program*" OR "desistance" OR "juvenile justice" OR "juvenile court" OR "correctional institution" OR "correction facilit*" OR "penal institution" OR "penal facility*" OR "incarcerat*" OR "detention*" OR "imprison*" OR "parole" OR "aftercare" OR "youth work*" OR "outreach work*" OR "experiential education" OR "experiential learning" OR "care provider*" OR "carer*" OR "peer counsel*" OR "peer mentor*" OR "peer interven*" OR "self help group" OR "selfhelp group" OR "rehabilitat*" OR "reintegrat*" OR "recover*" OR "diversion program*" OR "recovery program*" OR "re-entry program*" OR "reentry program*" OR "outreach program*" OR "support group*" OR "group counsel*" OR "group intervention" OR "peer support*" OR "peer approach*" OR "peer program*") **AND** ("peer teach*" OR "experiential learning" OR "support group*" OR "experiential education" OR "peer support*" OR "peer help*" OR "peer counsel*" OR "peer led" OR "peer educat*" OR "peer worker" OR "peer mentor*" OR "peer interven*" OR "peer tutor" OR "peer mediat*" OR "peer based" OR "peer deliver*" OR "peer advoca*" OR "peer advisor*" OR "peer navigator*" OR "peer provide*" OR "peer specialist" OR "peer facilitat*" OR "peer practice*" OR "peer model*" OR "peer role model*" OR "peer approach*" OR "experien* expert" OR "expert experience" OR "experiential knowledge" OR "lived experience" OR "mutual support" OR "mutual help" OR "mutual aid" OR "self help group" OR "selfhelp group")

SOCIndex: 765
[SU] (((((((((((((DE "DELINQUENT behaviour") OR (DE "CRIME")) OR (DE "CONDUCT disorders in adolescence")) OR (DE "ANTISOCIAL personality disorders")) OR (DE "RECIDIVISM")) OR (DE "RECIDIVISTS")) OR (DE "CRIMINALS")) OR (DE "EX-convicts")) OR (DE "PRISONERS")) OR (DE "PAROLEES")) OR (DE "DESISTANCE from crime")) OR (DE "CRIMINAL behaviour")) OR (DE "JUVENILE delinquency")) **OR** [AB OR TI OR KW] ("offender" OR "crime" OR "conduct disorder" OR "antisocial personality disorder" OR "delinquen*" OR "recidivis*" OR "criminal*" OR "convict*" OR "perpetrator*" OR "prisoner*" OR "desistance" OR "felon*" OR "detainee*" OR "inmate*" OR "incarcerated" OR "parolee*" OR "justice-involved*")
 AND
[SU] ((((((((((((((((((((((((DE "CAREGIVERS") OR (DE "SOCIAL case work")) OR (DE "SOCIAL support")) OR (DE "SOCIAL services")) OR (DE "COMMUNITY mental health services")) OR (DE "MENTAL health services")) OR (DE "PROBATION")) OR (DE "COUNSELING")) OR (DE "REHABILITATION")) OR (DE "JUVENILE delinquents -- Rehabilitation")) OR (DE "REHABILITATION of criminals")) OR (DE "JUVENILE courts")) OR (DE "CORRECTIONAL institutions")) OR (DE "JUVENILE detention")) OR (DE "DETENTION of persons")) OR (DE "imprisonment")) OR (DE "DESISTANCE from

crime")) OR (DE "VOCATIONAL rehabilitation")) OR (DE "jails")) OR (DE "DIVERSION programs")) OR (DE "PAROLE")) OR (DE "AFTERCARE services")) OR (DE "EXPERIENTIAL learning")) OR (DE "SUPPORT groups")) OR (DE "GROUP counseling")) **OR** [AB OR TI OR KW] ("caregiv*" OR "care provider" OR "community care" OR "community project" OR "community network*" OR "community service*" OR "mental health service*" OR "mental health care" OR "behavioural health care" OR "behavioural health service*" OR "social care" OR "psychosocial care" OR "psychiatr* care" OR "psycholog* care" OR "social service*" OR "social case work" OR "social work*" OR "care network" OR "probation" OR "prison*" OR "jail" OR "penitentiar*" OR "forensic" OR "criminal justice" OR "recovery program*" OR "desistance" OR "juvenile justice" OR "juvenile court" OR "correctional institution" OR "correction facilit*" OR "penal institution" OR "penal facilit*" OR "incarcerat*" OR "detention*" OR "imprison*" OR "parole" OR "aftercare" OR "youth work*" OR "outreach work*" OR "experiential education" OR "experiential learning" OR "care provider*" OR "carer*" OR "peer counsel*" OR "peer mentor*" OR "peer interven*" OR "self help group" OR "selfhelp group" OR "rehabilitat*" OR "reintegrat*" OR "recover*" OR "diversion program*" OR "recovery program*" OR "re-entry program*" OR "reentry program*" OR "outreach program*" OR "support group*" OR "group counseling" OR "group intervention" OR "peer support*" OR "peer approach*" OR "peer program*")

 AND

[SU] ((((DE "PEER teaching") OR (DE "EXPERIENTIAL learning")) OR (DE "MUTUAL aid")) OR (DE "SUPPORT groups")) **OR** [AB OR TI OR KW] ("peer teach*" OR "experiential learning" OR "support group*" OR "experiential education" OR "peer support*" OR "peer help*" OR "peer counsel*" OR "peer led" OR "peer educat*" OR "peer worker" OR "peer mentor*" OR "peer interven*" OR "peer tutor" OR "peer mediat*" OR "peer based" OR "peer deliver*" OR "peer advoca*" OR "peer advisor*" OR "peer navigator*" OR "peer provide*" OR "peer specialist" OR "peer facilitat*" OR "peer practice*" OR "peer model*" OR "peer role model*" OR "experien* expert" OR "expert experience" OR "peer approach" OR "experiential knowledge" OR "lived experience" OR "mutual support" OR "mutual help" OR "mutual aid" OR "self help group" OR "selfhelp group")

Google Scholar: 200 (top relevant refs)
delinquent|delinquency|criminal|crime|offender
caregiver|*probation|rehabilitation*|"social|psychosocial care"|"peer|group
counseling|mentor|*intervention|support*" "peer
counseling|*intervention|support|mentor"*

Appendix 3 – Data extraction form

Information paper		
Authors		
Title		
Year of publication		
Country		
Conflict(s) of interest		
Study funding		
Aim of study		
Methods		
General	Design (e.g. experimental, observational, quantitative/qualitative, comparison/control group, longitudinal/cross-sectional, pre-test/posttest)	
	Data collection and recording	
	Data analysis	
	Study population (from which study participants are drawn) --> intervention recipients or providers? Or others?	
	Study duration	
	Study setting (description of location, number of locations, etc.)	
Participants	Participant selection	
	Sample size	
	Composition (age, gender, ethnic background)	
	Severity of delinquent behaviour	
Intervention	Name of the intervention (if applicable)	
	Contact with EP: individual/group-based	
	Peer education / peer support / peer mentoring / bridging roles / other	
	Sole element or part of larger program	
	Description of intervention	
	Criteria for or description of experiential peers	
Limitations		
Other comments		

Appendix 4 – Rigour and relevance assessment forms

Quantitative studies

Rigour

	Low rigour (1)	Moderate rigour (2)	High rigour (3)
1. Study design	Cross-sectional studies	Longitudinal studies (with or without non-random control group)	Experimental studies
2. Sample size of intervention group	<30 respondents	≥30 respondents	≥100 respondents
3. Participant selection	Not reported	- Not reported, but reference included to another publication with more detailed methodological information - Everything else	- Probability sampling, stratified random sampling, or something similar - Snowball sampling or something similar which is described in detail and performed with attention for sample quality - All intervention participants were selected
4. Data collection and recording	Hardly or not described	Everything else	Replicable
5. Adjustment for confounders	- Not reported - No	Yes	
6. Description of intervention			
6a. Description of content	Not or hardly described	Description of intervention: goals, tasks, activities, form	
6b. Description of experiential peers	Not or hardly described	Description of experiential peers: conditions, background (e.g. training), skills, characteristics	
Total score on rigour	Total score between 7 and 13 points → low rigour	Total score between 14 and 16 points → moderate rigour	Total score between 17 and 18 points → high rigour

Relevance

	Low relevance (1)	Moderate relevance (2)	High relevance (3)
1. Study population			
1a. - Providers	Some do not have a background of criminal behaviour and results have not been split accordingly	Some do not have a background of criminal behaviour but results have been split accordingly	All participants have background of criminal behaviour / criminal justice involvement.
1b. - Recipients	Some do not have a background of criminal behaviour and results have not been split accordingly	Some do not have a background of criminal behaviour but results have been split accordingly	All participants have background of criminal behaviour / criminal justice involvement.
2. Study			
2a. Focus on EPs or recipients?		The study examines experiences of and outcomes for EPs, not recipients.	The study examines (at least) experiences of and outcomes for recipients.
2b. What is being studied?	Training for EPs OR the option of implementing experiential peer support OR not one specific program/intervention including peer mentoring / individual peer support due to other reasons	An intervention that consists of peer mentoring / individual peer support but also includes other elements (e.g. support by others than EP) and results have not been split accordingly	The individual peer mentoring/support element of an intervention/program or more elements of an intervention/program but results have been split accordingly
Total score on relevance	Total score between 5 and 7 points → low relevance	Total score between 8 and 10 points → moderate relevance	Total score between 11 and 12 points → high relevance

Qualitative studies

Rigour

	Low rigour (1)	Moderate rigour (2)	High rigour (3)
1. Participant selection	Not reported	Everything else	Clear description of participant selection
2. Data collection and recording	Hardly or not described	Everything else	- Clear description of data collection and recording - Collected data is recorded and transcribed
3. Analyses	Hardly or not described	Everything else	- Clear description of how judgments have been reached, by whom, and on what basis - Judgments have been reached after discussion between investigators
4. Credibility of the findings (read results section of the paper before coding)	Generalized findings are reported without any possibility to check this against data (e.g. no quotations)	Everything else	Reported findings are clearly linked to and supported by data (e.g. quotations clearly match generalisations)
5. Description of intervention			
5a. Description of content	Not or hardly described	Description of intervention: goals, tasks, activities, form	
5b. Description of experiential peers	Not or hardly described	Description of experiential peers: conditions, background (e.g. training), skills, characteristics	
6. Sample size	n ≤ 5 or not reported	n > 5	Saturation was reached
Total score on rigour	Total score between 7 and 13 points → low rigour	Total score between 14 and 16 points → moderate rigour	Total score between 17 and 18 points → high rigour

Qualitative studies

Relevance

	Low relevance (1)	Moderate relevance (2)	High relevance (3)
1. Study population			
1a. - Providers	Some do not have a background of criminal behaviour and results have not been split accordingly	Some do not have a background of criminal behaviour but results have been split accordingly	All participants have background of criminal behaviour / criminal justice involvement.
1b. - Recipients	Some do not have a background of criminal behaviour and results have not been split accordingly	Some do not have a background of criminal behaviour but results have been split accordingly	All participants have background of criminal behaviour / criminal justice involvement.
2. Study			
2a. Focus on EPs or recipients?		The study examines experiences of and outcomes for EPs, not recipients.	The study examines (at least) experiences of and outcomes for recipients.
2b. What is being studied?	Training for EPs OR the option of implementing experiential peer support OR not one specific program/intervention including peer mentoring / individual peer support due to other reasons	An intervention that consists of peer mentoring / individual peer support but also includes other elements (e.g. support by others than EP) and results have not been split accordingly	The individual peer mentoring/support element of an intervention/program or more elements of an intervention/program but results have been split accordingly
Total score on relevance	Total score between 5 and 7 points → low relevance	Total score between 8 and 10 points → moderate relevance	Total score between 11 and 12 points → high relevance

Appendix 5 – Results rigour and relevance assessment

Quantitative studies

Reference	Rigour								Relevance				
	1. Study design	2. Sample size of intervention	3. Participant selection	4. Data collection and recording	5. Adjustment for confounders	6a. Description of content	6b. Description of EPs	Total rigour score	1a. – Providers	1b. – Recipients	2a. Focus on EPs or recipients?	2b. What is being studied?	Total relevance score
Adams & Lincoln (2020)	1	1	2	2	1	2	2	11					
Cos et al. (2020)	2	3	3	3	1	2	2	16	1	3	3	2	9
Marlow et al. (2015)	2	1	2	3	1	2	2	13					
Nyamathi, Zhang, Wall et al. (2016)	3	3	3	3	2	1	1	16	3	3	3	2-3	11-12
Nyamathi, Zhang, Salem et al. (2016)	3	3	2	3	1	2	2	16	3	3	3	2	11
Sells et al. (2020)	3	2	2	3	2	2	2	16	3	3	3	2	11
Bellamy et al. (2019)	1	3	1	2	1	2	2	12					
Goldstein et al. (2009)	1	2	1	1	1	1	1	8					
Lopez-Humphreys & Teater (2020)	2	2	3	3	1	n/a	2	13					
Vigilante et al. (1999)	2	2	1	2	1	2	1	11					
Warner-Robbins & Parsons (2010)	1	3	3	1	1	2	2	13					

Qualitative studies

Reference	Rigour							Total rigour score	Relevance				Total relevance score
	1. Participant selection	2. Data collection and recording	3. Analyses	4. Credibility of the findings	5a. Description of content	5b. Description of EPs	6. Sample size		1a. - Providers	1b. - Recipients	2a. Focus on EPs or recipients?	2b. What is being studied?	
Adams & Lincoln (2020)	3	2	2	2	2	2	2	15	3	3	2	1	9
Barrenger et al. (2017)	3	2	3	3	1	2	2	16	3	1	2	1	7
Barrenger et al. (2019)	3	3	3	3	1	2	2	17	3	1	2	1	7
Creaney (2018)	3	2	2	3	1	1	2	14	1	3	3	1	8
Harrod (2019)	2	3	2	3	1	1	2	14	3	3	3	2	11
Hodgson et al. (2019)	3	3	3	3	2	2	2	18	3	3	2	2	10
Kavanagh & Borrill (2013)	2	2	2	3	2	2	2	15	3	3	2	3	11
Lopez-Humphreys & Teater (2019)	2	3	3	3	n/a	2	2	15	3	3	2	1	9
Marlow et al. (2015)	2	2	2	3	2	2	2	15	3	3	3	3	12
Matthews et al. (2019)	3	3	3	3	2	1	2	17	1	1	3	2	7
Nixon (2020)	3	2	2	3	1	1	2	14	3	3	2	2	10
Portillo et al. (2017)	2	3	2	3	2	1	2	15	3	3	3	2	11
Reingle Gonzalez et al. (2019)	2	3	3	3	2	2	2	17	3	3	3	3	12
Thomas et al. (2019)	3	3	3	3	2	1	2	17	3	3	3	2	11
Grainer & Higham (2019)	1	1	1	2	2	2	1	10					
James & Harvey (2015)	2	2	2	3	1	1	2	13					
Schinkel & Whyte (2012)	1	2	1	3	2	1	2	12					

Summary

In this thesis, we explored the support needs of youth with risk behaviour, including criminal behaviour, and investigated a type of support that may meet these needs. This type of support is provided by experiential peers (EPs), or individuals who have similar experiences to their clients. We focused on individuals with lived experiences of criminal behaviour and/or involvement in the criminal justice system. Our research focused on asymmetrical, intentional[1] relationships in which the client is the designated recipient of the support and the experiential peer the provider of the support.

We aimed to answer the following research questions:

1. What are the support needs of at-risk youth?
2. What is the relationship between the client-counsellor working alliance and relevant outcomes such as treatment motivation, criminal behaviour, and school or work enrolment?
3. What are the mechanisms of experiential peer support for individuals engaging in criminal behaviour?

What are the support needs of at-risk youth?

In **Chapter 2**, we examined how at-risk youth think about the (multiple) problems that they have, and we explored their needs for support. We interviewed adolescents and young adults with varied (externalising) problems, such as school truancy and involvement in criminal behaviour. We found that they expressed a strong need to be(come) self-reliant. For instance, they wanted to be independent and solve their own problems, were reluctant to seek or accept help, and seemed rather determined to quit offending without help from others. For some, this need for self-reliance seemed to be paired with a strong distrust of other people, which seemed to be related to negative experiences with others in the past. The participants told us that they had felt let down by their parents or that they had experienced racism and discrimination. Several youths seemed more open to receiving support from someone similar to them, including those with similar experiences.

What is the relationship between the client-counsellor working alliance and relevant outcomes such as treatment motivation, criminal behaviour, and school or work enrolment?

In **Chapter 3**, we investigated the relationship between the working alliance and

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[1] In contrast to relationships that occur and develop naturally.

several outcomes for young men with multiple problems participating in a day-treatment programme. The working alliance consists of the bond between the clients and their counsellor, their agreement on goals, and their collaboration on tasks to achieve these goals. In our study, we investigated the relationship between the working alliance and the outcomes for treatment motivation, criminal behaviour, and enrolment in school or work, which we measured using questionnaires. We only found that participants who indicated that they engaged in more collaboration on tasks also had higher scores for treatment motivation. The absence of other significant associations may be related to the small sample size of the study. Another explanation is that the working alliance may not contribute sufficiently to these outcomes in this population, who have a wide range of complex problems, are often dealing with traumas from the past, and have a long history of formal care involvement.

What are the mechanisms of experiential peer support for individuals engaging in criminal behaviour?

In **Chapter 4**, we developed a theoretical model of experiential peer support, which we later tested in our literature review. We developed this model, our initial programme theory, based on theoretical papers, programme descriptions, and interviews with experts in the field of peer support and juvenile delinquency. We propose seven mechanisms that might play a role in the (potential) effects of experiential peer support:

- empathy and acceptance
- social learning
- social bonding
- social control
- narrative and identity formation
- hope and perspective
- translation and connection

Our model also includes possible effects of experiential peer support. These proposed effects are that the individual may quit offending, no longer see themselves as 'criminal', and not be seen by others as 'criminal'. In addition, the support could lead to a stronger social network, improved skills (for coping with difficult situations and solving problems), fewer mental health issues, and improved personal circumstances (such as work or housing).

Finally, we described several factors that could influence the presence of the mechanisms and thereby increase the chances of desistance (refraining from offending) and other positive outcomes. These factors concern characteristics of the experiential peer and of the client, service delivery conditions (including recruitment, training, and support of experiential peer), and setting (prison-based, community-based).

In **Chapter 5**, we used our initial programme theory to conduct a literature review on experiential peer support for individuals engaging in criminal behaviour. We searched systematically for scientific articles describing research on experiential peer support for individuals engaging in criminal behaviour. We selected the articles that were most relevant to our research question. We found that experiential peers show empathy (they are able to imagine what a situation must be like for another person) and do not judge clients quickly (empathy and acceptance). They are seen as living proof of what is possible and as a role model (social learning), and they develop a trusting bond with clients (social bonding), offering hope (hope and perspective) and connecting or referring clients to other services (translation and connection). In addition, our results seem to suggest that an additional mechanism could be in play, which we describe as a "recovery perspective". This means that experiential peers understand that desistance is a complex process and that they stress the agency and empowerment of the client. Regarding the potential outcomes of experiential peer support, we found some indications that clients in receipt of experiential peer support engage less in criminal behaviour, show improvements in certain skills, have fewer mental health issues, and have better personal circumstances, although the study results were not consistent. The information on other factors – such as the experiential peer and client characteristics – was too limited to support an analysis. Although we cannot draw any conclusions on which mechanisms cause which outcomes based on the available studies, our literature review does provide an insight into the primary mechanisms of experiential peer support for individuals engaging in criminal behaviour.

As reported in **Chapter 6**, we conducted a qualitative study of experiential peers' perspectives on the mechanisms of experiential peer support and how they compare their support and approaches to those of care providers without similar lived experiences. We interviewed experiential peers who provide support to young people engaging in criminal behaviour. The results suggest that the shared experiences of experiential peers and their clients play a central role. Experiential peers identify with their clients, leading to empathy and a non-judgemental attitude (empathy and

acceptance). Clients perceive the experiential peers as credible role models (social learning), who offer hope (hope and perspective). The experiential peers' lived experiences seem to induce an emphasis on having a humane relationship with the client (social bonding), characterised by equality, reciprocity, trust and sincerity, and a realistic view of desistance.

In **Chapter 7**, we illustrated how four young clients reflected on the support that they had received from experiential peers. These clients reported that they felt better and more quickly understood by experiential peers than by regular care providers and felt that experiential peers were less judgemental in their responses to the clients' behaviours (empathy and acceptance). The participants felt that the experiential peer was a role model (social learning) and that, having "succeeded" despite their own difficulties, the experiential peer inspired self-esteem, motivation, and hope (hope and perspective). The experiential peers furthermore inspire their clients to make the right choices and understand that the clients themselves are responsible for their desistance (recovery perspective).

Figure 1.

Schematic Overview of Main Mechanisms in Experiential Peer Support
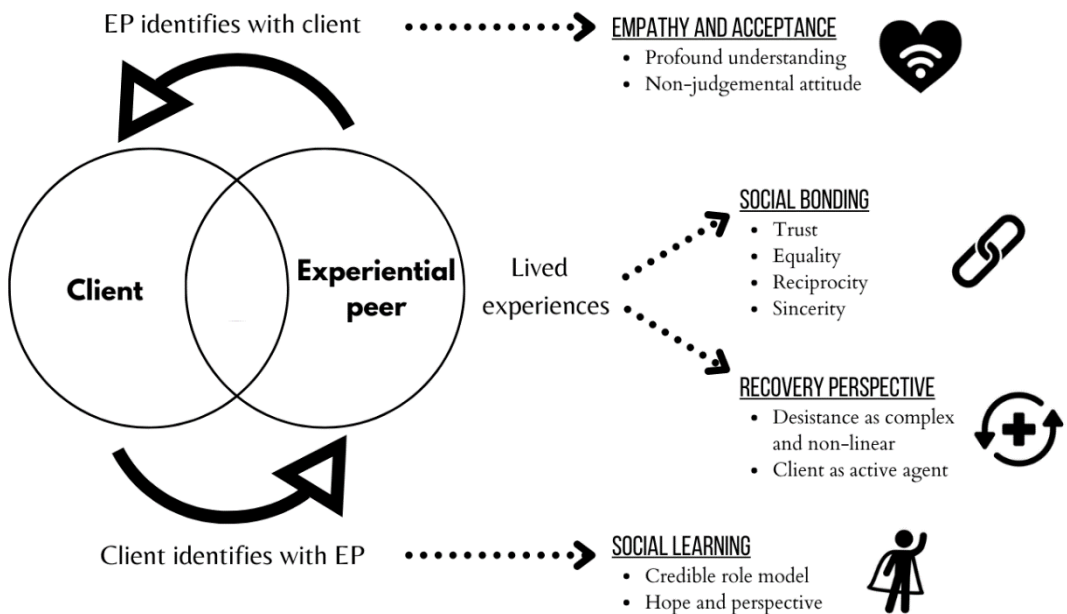
In conclusion, in our study – the literature review, the interviews with experiential peers, and the interviews with clients – we found empirical evidence for the several mechanisms proposed in our initial programme theory (see Figure 1). First, experiential peers show empathy and do not judge their clients quickly, though formal training may be necessary to prevent experiential peers from projecting their own lived experiences and emotions on the client. Second, clients see experiential peers as credible role models, who do not deny their backgrounds but rather use them as a reason to improve their lives and to do good. Experiential peers also provide hope because they have "succeeded" despite a troubled past. Third, a trusting bond may develop more easily or quickly between experiential peers and clients because of their shared identities, because experiential peers share more of their personal stories and because experiential peers find equality and reciprocity important. Fourth, experiential peers have a recovery perspective on desistance and understand that it is a complex and non-linear process.

Social control was not found to be an important mechanism. Some interviewees suggested that there is a tension between correcting deviant behaviour (which can be part of social control) and maintaining a trusting relationship. In our study, we also found no evidence for the mechanism of narrative and identity formation, which may be because it is an internal process that is (inevitably) difficult to measure. Finally, although translation and connection may be part of what the experiential peer does, this seems to be related to their formal role and is not a clear mechanism in the relationship between experiential peer and client.

Implications for practice

The findings of our studies suggest that both experiential peers and clients value certain aspects of the support and of their relationship. Therefore, organisations serving justice-involved individuals who do not yet work with experiential peers could explore doing so.

To increase the likelihood of success, it is important that experiential peer support is organised in a careful and thoughtful manner. Specific attention should be paid to the recruitment, selection, and training of experiential peers. To create a work environment that is supportive of the practice of experiential peer support, organisations should involve other staff members in the decision-making process and address possible resistance and (mutual) prejudices. Practitioners without lived experiences of criminal behaviour and desistance may benefit from the knowledge of

their colleagues in experiential peer roles. They could learn about their experiences of imprisonment, desistance, and re-entry. In addition, these practitioners may be encouraged and stimulated to adopt a more personal approach in their own practice. If necessary, they may work on their empathy skills, invest in their relationships with clients, and carefully explore whether they also wish to share more about themselves. By making experiential peer support part of the treatment, organisations can acknowledge and utilise former offenders' expertise of the desistance process.

Implications for research

Our study focused on the mechanisms that may occur in the relationships between experiential peers and their clients. On this basis, we make several recommendations for future research. First, long-term research is necessary to examine whether certain mechanisms lead to certain outcomes, taking into account the complexities of experiential peer support. When conducting research in the field of experiential peer support for this population, it is important that the observed outcomes are not limited to behavioural outcomes such as criminal behaviour and recidivism (relapse). It is probable that psychosocial outcome measures, such as self-esteem, hope, and attitude towards criminal behaviour, better reflect the potential added value of support by an experiential peer.

Second, future studies could improve scientific knowledge about experiential peer support by focusing on "what works" and investigating the type of support that experiential peers provide and how they do this exactly.

Third, future research should further investigate the relationship between experiential peers and their clients. These studies should pay attention to the emotional bond between experiential peer and client, but also to their agreement on goals and their collaboration on tasks.

Fourth, more research is necessary on the factors that can influence the presence of mechanisms and thereby the potential outcomes of experiential peer support. It may be worthwhile to investigate the characteristics of both the experiential peers (e.g. how long ago the experiential peer engaged in criminal behaviour, whether the experiential peer received training or education for this role) and the clients (age, criminal career); the setting (prison-based or community-based); and the timing.

Fifth, since our study focused primarily on the perspectives of the experiential peers themselves, future research should strive to include more (young) clients and practitioners without relevant lived experiences.

Final remarks

The involvement of experiential peers in the support of young people engaging in criminal behaviour is promising. However, it emphasises personal responsibility and self-improvement, which should not lead us to neglect the structural and societal factors underlying criminal behaviour and recidivism. In addition, experiential peers cannot be a substitute for other forms of professional support. Experiential peer support is additional support that can stimulate a feeling of being understood, accepted and acknowledged, and that can inspire hope, motivation and self-esteem. For (young) individuals with negative experiences who tend to be self-reliant and dismissive towards utilising formal resources, receiving support from an experiential peer with shared experiences can be appealing and eventually pave the way for other types of formalised support by practitioners without lived experiences. In addition to the potential benefits of experiential peer support for clients, it is important to note that experiential peers themselves may benefit from this role. This is an opportunity for them to "make good", thereby contributing to their empowerment and recovery.

Finally, the relationship between the client and the experiential peer does not exist in a vacuum. Besides their role as providers of support, experiential peers often advocate for clients and can be critical of the care system that they have personally experienced. They can help to ensure that the voices of lived experience are heard, thereby contributing to building a society that accepts and empowers people with a history of criminal behaviour, rather than rejecting, excluding, and stigmatising.

Samenvatting (Dutch summary)

In dit onderzoek verkenden we de behoeften van jongeren met risicogedrag, waaronder betrokkenheid bij criminele activiteiten, aan ondersteuning en hulp. Daarnaast onderzochten we een vorm van ondersteuning die mogelijk bij hun behoeften aansluit. Het gaat hierbij om ervaringsdeskundige ondersteuning[1]: een vorm van ondersteuning waarbij de ene persoon de ervaringsdeskundige[2] is, die de ondersteuning biedt, en de andere persoon de cliënt, die de ondersteuning ontvangt. We richtten ons in het onderzoek op cliënten die betrokken zijn (geweest) bij criminele activiteiten en ervaringsdeskundigen met eigen ervaringen op het gebied van crimineel gedrag en/of een strafrechtelijk verleden.

Ons doel was om de volgende onderzoeksvragen te beantwoorden:

1. Wat zijn de behoeften van risicojongeren aan ondersteuning of hulp?
2. Wat is het verband tussen de cliënt-begeleider werkalliantie en relevante uitkomsten zoals behandelmotivatie, crimineel gedrag en dagbesteding (school of werk)?
3. Wat zijn mechanismen van ervaringsdeskundige ondersteuning voor mensen die crimineel gedrag vertonen?

Wat zijn de behoeften van risicojongeren aan ondersteuning of hulp?

In **Hoofdstuk 2** onderzochten we hoe jongeren tegen hun eigen problemen aankeken en of ze daarbij ondersteuning of hulp wilden. We interviewden jongeren en jongvolwassenen met verschillende soorten problemen, zoals spijbelen en betrokkenheid bij criminele activiteiten. Uit dit onderzoek kwam naar voren dat deze jongeren het belangrijk vonden om zelfredzaam te zijn of te worden. Zo wilden ze graag onafhankelijk zijn en hun eigen problemen oplossen, waren ze niet snel geneigd hulp te vragen of te accepteren, en waren ze redelijk vastberaden om zonder hulp van anderen te stoppen met criminele activiteiten. Bij sommigen leek de behoefte om zelfredzaam te zijn gepaard te gaan met een sterk wantrouwen in andere mensen. Dit leek vaak te komen door negatieve ervaringen met anderen in het verleden. Jongeren vertelden bijvoorbeeld dat zij zich in de steek gelaten hadden gevoeld door hun ouders,

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[1] We doelen hier op ondersteuning binnen een professioneel kader, in tegenstelling tot 'natuurlijke' vormen van ondersteuning die vanzelf ontstaan.

[2] We zijn ons bewust van de discussie over deze term en over de eisen die hieraan verbonden (zouden moeten) zijn. In de Engelstalige hoofdstukken gebruiken we de term 'experiential peer'. In dit hoofdstuk houden we gemakshalve de term 'ervaringsdeskundige' aan, met daarbij in gedachten dat niet alle personen naar wie wij op deze manier verwijzen een opleiding tot ervaringsdeskundige hebben afgerond.

of te maken hadden gehad met racisme en discriminatie. Een aantal jongeren leek meer open te staan voor ondersteuning als deze zou worden gegeven door iemand die op hen lijkt, bijvoorbeeld iemand met vergelijkbare ervaringen.

Wat is het verband tussen de deelnemer-begeleider werkalliantie en relevante uitkomsten zoals behandelmotivatie, crimineel gedrag en dagbesteding (school of werk)?

In **Hoofdstuk 3** onderzochten we de relatie tussen de werkalliantie en verschillende uitkomstmaten voor jonge mannen met multiproblematiek die deelnamen aan een traject met een dagprogramma. Een werkalliantie bestaat uit de band of relatie tussen de cliënt en de hulpverlener, de mate waarin zij het eens zijn over de doelen van de hulpverlening en de mate waarin zij samenwerken aan taken om deze doelen te behalen. In onze studie keken we naar de samenhang van deze werkalliantie (tussen cliënten en hun begeleider) met behandelmotivatie, crimineel gedrag en het hebben van een dagbesteding in de vorm van school of werk. Hiervoor maakten we gebruik van vragenlijsten. We vonden alleen dat deelnemers die aangaven dat zij meer of beter samenwerkten aan taken met hun hulpverlener, een hogere score op behandelmotivatie hadden. Dat we geen andere significante verbanden vonden kan komen doordat we een kleine steekproef hadden. Het is ook mogelijk dat voor deze doelgroep, bij wie meerdere complexe problemen spelen, die vaak trauma's uit het verleden hebben en die een lange hulpverleningsgeschiedenis kennen, het hebben van een goede werkalliantie met een begeleider niet voldoende is om positieve resultaten te behalen.

Wat zijn de mechanismen van ervaringsdeskundige ondersteuning voor mensen die crimineel gedrag vertonen?

Voor **Hoofdstuk 4** maakten we een theoretisch model over ervaringsdeskundige ondersteuning, om deze later te testen in onze literatuurstudie. We ontwikkelden dit model op basis van theorieën, beschrijvingen van praktijkprogramma's en interviews met vier deskundigen op het gebied van *peer support* en jeugdcriminaliteit. In ons model stelden we zeven mechanismen voor die zouden kunnen bijdragen aan effecten van ervaringsdeskundige ondersteuning:
- empathie en acceptatie
- sociaal leren

- sociale binding
- sociale controle
- narratief en identiteitsvorming
- hoop en perspectief
- vertaling en koppeling

Ook namen we in ons model de mogelijke effecten van ervaringsdeskundige ondersteuning op. Deze mogelijke effecten zijn dat iemand zou kunnen stoppen met criminaliteit, zichzelf niet meer als crimineel ziet en ook door anderen niet meer als crimineel gezien wordt. Daarnaast zou de ondersteuning kunnen leiden tot een beter sociaal netwerk, verbeterde vaardigheden (bijvoorbeeld voor het omgaan met lastige situaties of het oplossen van problemen), minder psychische klachten en betere persoonlijke omstandigheden, zoals het hebben van werk of een woning.

Tot slot beschreven we verschillende contextuele factoren die ervoor kunnen zorgen dat de mechanismen aanwezig zijn en dus dat de kans op het stoppen met criminele activiteiten en andere positieve uitkomsten na ervaringsdeskundige ondersteuning groter is. Het gaat dan om kenmerken van de ervaringsdeskundige, kenmerken van de cliënt, de inrichting van de ondersteuning (zoals werving en training van ervaringsdeskundigen) en de omgeving waarin de ondersteuning wordt geboden (in detentie of daarbuiten).

In **Hoofdstuk 5** gebruikten we ons theoretisch model voor een literatuurstudie naar de ervaringsdeskundige ondersteuning van personen met crimineel gedrag. Op een systematische manier zochten we naar wetenschappelijke artikelen over onderzoek naar ervaringsdeskundige ondersteuning van personen met crimineel gedrag. We selecteerden de artikelen die het meest relevant waren voor onze onderzoeksvraag. We vonden dat ervaringsdeskundigen empathie laten zien (zich kunnen voorstellen hoe het voor de ander is) en niet snel oordelen over cliënten (empathie en acceptatie), gezien worden als een levend voorbeeld van hoe het ook kan en als een rolmodel (sociaal leren), een vertrouwensband met cliënten krijgen (sociale binding), hoop bieden (hoop en perspectief) en cliënten koppelen aan of doorverwijzen naar andere diensten (vertaling en koppeling). Daarnaast hebben we een extra mechanisme gevonden, dat we omschrijven als het herstelperspectief. Dit betekent dat ervaringsdeskundigen begrijpen dat het stoppen met crimineel gedrag een ingewikkeld proces is waar de cliënt een actieve rol in heeft. Wat betreft uitkomsten vonden we resultaten die erop lijken te wijzen dat cliënten die ervaringsdeskundige ondersteuning krijgen minder

crimineel gedrag vertonen, verschillende vaardigheden verbeteren, minder psychische klachten hebben en in betere persoonlijke omstandigheden leven, al kwamen de resultaten van verschillende studies niet altijd overeen. De informatie over de contextuele factoren, zoals kenmerken van ervaringsdeskundige en cliënt, was te beperkt om goed mee te kunnen nemen in ons onderzoek. Hoewel we op basis van de beschikbare studies niet kunnen zeggen welke mechanismen welke uitkomsten veroorzaken, droeg onze literatuurstudie bij aan inzicht in de belangrijkste mechanismen van ervaringsdeskundige ondersteuning.

In **Hoofdstuk 6** deden we een kwalitatief onderzoek naar welke mechanismen volgens ervaringsdeskundigen zelf een rol spelen in de ondersteuning die ze geven en hoe ze hun eigen ondersteuning en aanpak zien in vergelijking met die van hulpverleners zonder ervaringskennis. We interviewden ervaringsdeskundigen die jonge mensen met crimineel gedrag ondersteunen of begeleiden. De resultaten laten zien dat de gedeelde ervaringen van ervaringsdeskundigen en cliënten een belangrijke rol spelen. Ervaringsdeskundigen herkennen zich in cliënten, wat leidt tot empathie en een niet-veroordelende houding (empathie en acceptatie). Volgens ervaringsdeskundigen zien cliënten hen als geloofwaardige rolmodellen (sociaal leren) die hoop bieden (hoop en perspectief). Ervaringsdeskundigen vinden het belangrijk om een menswaardige relatie met hun cliënten te hebben (sociale binding), waarin sprake is van gelijkwaardigheid, wederkerigheid, vertrouwen en oprechtheid, en hebben door hun eigen ervaringen een realistische kijk op het stoppen met crimineel gedrag.

In **Hoofdstuk 7** lieten we zien hoe vier jonge cliënten kijken naar de ondersteuning die zij van ervaringsdeskundigen hebben ontvangen. Deze cliënten vertelden dat zij zich beter en sneller begrepen voelden door ervaringsdeskundigen dan door hulpverleners zonder ervaringskennis. Ook vonden ze de ervaringsdeskundigen minder veroordelend in hun reactie op bepaald gedrag (empathie en acceptatie). De deelnemers zagen de ervaringsdeskundige als een rolmodel (sociaal leren), die 'geslaagd' was in het leven ondanks bepaalde moeilijkheden. Hierdoor kregen cliënten meer hoop, motivatie en zelfvertrouwen (hoop en perspectief). Ervaringsdeskundigen lijken hun cliënten te stimuleren om de juiste beslissingen te maken en begrijpen dat de cliënt zelf verantwoordelijk is voor het stoppen met criminaliteit (herstelperspectief).

Figuur 1.

Overzicht van de belangrijkste mechanismen in ervaringsdeskundige ondersteuning
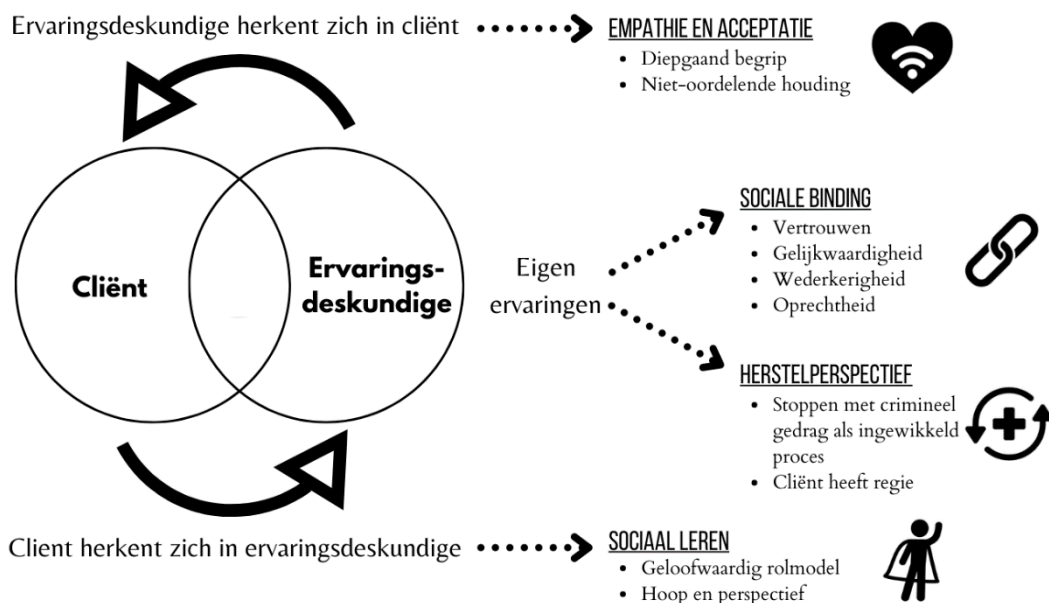
In ons onderzoek – de literatuurstudie, de interviews met ervaringsdeskundigen en de interviews met jonge cliënten – vonden wij dus bewijs voor verschillende mechanismen die we in ons theoretisch model voorstelden (zie Figuur 1). Ten eerste, ervaringsdeskundigen laten empathie voor cliënten zien en oordelen niet snel over cliënten. Een opleiding kan wel nodig zijn om ervoor te zorgen dat ervaringsdeskundigen niet te snel voor de cliënt invullen hoe deze zich voelt. Ten tweede, cliënten zien ervaringsdeskundigen als geloofwaardige rolmodellen die hun achtergrond niet ontkennen maar hierin juist een reden vinden om hun leven te beteren. Ook bieden ervaringsdeskundigen hoop aan cliënten omdat ze 'geslaagd' zijn ondanks een moeilijk verleden. Ten derde, tussen cliënten en ervaringsdeskundigen ontstaat mogelijk makkelijker of sneller een vertrouwensband vanwege hun gedeelde identiteit, doordat ervaringsdeskundigen wat meer van hun persoonlijke verhaal delen en doordat zij gelijkwaardigheid en wederkerigheid belangrijk vinden. Ten vierde, ervaringsdeskundigen hebben een herstelperspectief als het gaat om het stoppen met

crimineel gedrag en begrijpen dat dit proces ingewikkeld is en niet in een rechte lijn verloopt.

Sociale controle kwam niet als belangrijk mechanisme naar voren. Een aantal geïnterviewden noemden dat er een spanning is tussen het corrigeren van afwijkend gedrag (wat bij sociale controle kan horen) en het behouden van de vertrouwensband met de cliënt. In ons onderzoek vonden we ook geen bewijs voor het mechanisme narratief en identiteitsvorming, wat mogelijk komt doordat dit een proces is dat zich binnen een persoon afspeelt en (daardoor) lastig te meten is. Tot slot, hoewel ervaringsdeskundigen mogelijk wel dienstdoen als vertaler en koppelaar, lijkt dit meer onderdeel van hun takenpakket dan een duidelijk mechanisme in de relatie tussen ervaringsdeskundige en cliënt.

Lessen voor de praktijk

Onze resultaten wijzen erop dat zowel ervaringsdeskundigen als cliënten bepaalde aspecten van de ondersteuning en hun relatie waarderen. Organisaties die werken met cliënten die betrokken zijn geweest bij criminele activiteiten en nog niet werken met ervaringsdeskundigen zouden deze mogelijkheid kunnen verkennen.

Om de kans op succes te vergroten is het belangrijk dat ervaringsdeskundige ondersteuning zorgvuldig georganiseerd wordt. Er moet aandacht zijn voor het werven, selecteren en trainen van ervaringsdeskundigen. Om te zorgen voor een ondersteunende werkomgeving en voldoende draagvlak, zouden organisaties ook de andere medewerkers moeten betrekken bij het besluitvormingsproces en mogelijke weerstand en (wederzijdse) vooroordelen moeten aankaarten. Hulpverleners zonder ervaringskennis van crimineel gedrag en het stoppen daarmee kunnen voordeel hebben van de kennis van hun collega's in ervaringsdeskundige rollen. Ze kunnen leren van hun ervaringen met gevangenschap, met het stoppen met criminaliteit en met de terugkeer in de vrije samenleving. Daarnaast kunnen hulpverleners zonder ervaringskennis aangemoedigd en geholpen worden om ook op een meer persoonlijke manier contact te maken met cliënten. Ze kunnen (waar nodig) werken aan hun empathische vaardigheden, investeren in de relatie met hun cliënten en onderzoeken of ze ook wat meer van zichzelf kunnen en willen delen. Door ervaringsdeskundige ondersteuning onderdeel te maken van de behandeling, erkennen en gebruiken organisaties de expertise van ex-cliënten als het gaat om het stoppen met crimineel gedrag.

Suggesties voor onderzoek

Ons onderzoek richtte zich op de mechanismen in de relatie tussen ervaringsdeskundigen en hun cliënten. We geven een aantal adviezen voor toekomstig onderzoek. Ten eerste is langdurig onderzoek nodig om te onderzoeken in hoeverre de mechanismen leiden tot bepaalde uitkomsten, waarbij rekening wordt gehouden met de complexe aard van ervaringsdeskundige ondersteuning. Bij onderzoek naar ervaringsdeskundige ondersteuning bij deze doelgroep zou niet alleen moeten worden gekeken naar het gedrag van cliënten, bijvoorbeeld of zij terugvallen in criminele activiteiten. Waarschijnlijk laten uitkomstmaten als zelfvertrouwen, hoop en hoe iemand denkt over crimineel gedrag de mogelijke toegevoegde waarde van ervaringsdeskundige ondersteuning beter zien.

Ten tweede, toekomstig onderzoek kan onze wetenschappelijke kennis over ervaringsdeskundige ondersteuning vergroten door zich te richten op 'wat werkt' en door te kijken naar het soort ondersteuning dat ervaringsdeskundigen bieden en hoe zij dat precies doen.

Ten derde, onderzoekers zouden nader onderzoek moeten doen naar de relatie tussen ervaringsdeskundigen en hun cliënten. Hierbij moet aandacht zijn voor de emotionele band, maar ook voor de mate waarin de ervaringsdeskundige en cliënt het eens zijn over de doelen van de ondersteuning en hoe goed zij samenwerken aan de taken en activiteiten die nodig zijn om deze doelen te behalen.

Ten vierde, meer onderzoek is nodig naar contextuele factoren die invloed kunnen hebben op de aanwezigheid van de mechanismen en daarmee de eventuele uitkomsten. Daarbij spelen kenmerken van zowel de ervaringsdeskundige (bijv. hoe lang geleden deze betrokken was bij criminele activiteiten, of deze een opleiding tot ervaringsdeskundige gevolgd heeft) als cliënten (leeftijd, criminele loopbaan), omgeving (in detentie of in de open samenleving) en timing mogelijk een rol.

Ten vijfde, aangezien dit onderzoek zich voornamelijk richtte op het perspectief van ervaringsdeskundigen zelf, zouden andere onderzoekers moeten proberen om meer (jonge) cliënten en professionals zonder ervaringskennis aan onderzoek mee te laten doen.

Tot slot

De ondersteuning van jonge mensen met crimineel gedrag door ervaringsdeskundigen is veelbelovend. Het legt echter ook de nadruk op persoonlijke verantwoordelijkheid en zelfverbetering, wat er niet toe moet leiden dat we structurele

en maatschappelijke oorzaken van crimineel gedrag en recidive over het hoofd zien. Ervaringsdeskundige ondersteuning is ook geen vervanging voor andere vormen van professionele hulpverlening. Het is aanvullende ondersteuning die kan zorgen voor het gevoel begrepen en geaccepteerd te worden, en voor meer hoop, motivatie en zelfvertrouwen. Ook kan ondersteuning door een ervaringsdeskundige met vergelijkbare ervaringen bij (jonge) mensen met weinig vertrouwen in de hulpverlening de weg vrij maken voor ondersteuning door professionals zonder ervaringskennis. Naast de mogelijke opbrengsten van ervaringsdeskundige ondersteuning voor cliënten, is het belangrijk op te merken dat ervaringsdeskundigen zelf ook baat kunnen hebben bij deze rol. Het biedt hen de gelegenheid om iets goeds te doen en draagt daarmee mogelijk bij aan hun zelfvertrouwen en herstel.

Tot slot, het contact tussen de client en de ervaringsdeskundige vindt niet plaats in een vacuüm. Naast hun rol als ondersteuner komen ervaringsdeskundigen vaak ook op voor cliënten en kunnen zij kritisch zijn over het hulpverleningssysteem waarmee zij persoonlijke ervaringen hebben. Ze kunnen ervoor zorgen dat het perspectief van de ervaringskennis wordt gehoord, en bijdragen aan een samenleving die mensen met een strafrechtelijk verleden accepteert, in plaats van afwijst, uitsluit en stigmatiseert.

Dankwoord, curriculum vitae & portfolio

Dankwoord (Acknowledgements)

De afgelopen jaren heb ik met veel plezier aan dit project gewerkt. Dat komt niet alleen door de interessante thema's, maar ook door de ruimte die ik heb gekregen om het project naar eigen wens en inzicht invulling te geven én door de mensen met wie ik heb samengewerkt en van wie ik veel heb geleerd.

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verwachte vorm of die überhaupt niet van de grond kwamen. Hier hebben we ongetwijfeld veel van geleerd, maar ik ben blij dat we uiteindelijk toch allebei onze weg hebben gevonden. We hebben veel gelachen (bijvoorbeeld om de vele onuitspreekbare afkortingen die we voor REI...eh...EUYL hadden bedacht) en niemand die zo goed als jij begrijpt waarom herstelhoekjes op conferenties en symposia van onschatbare waarde zijn. Ik vond onze werktripjes ook altijd heel relaxed, en vind het mooi dat we naast gedeelde werkinteresses het ook goed met elkaar kunnen vinden. Komt vast door onze *deep-level similarities*!

Simone en Nienke, ik vind het heel leuk dat jullie mijn paranimfen wilden zijn. Voor jullie beiden geldt dat collegialiteit uiteindelijk is uitgegroeid tot een waardevolle vriendschap en daar ben ik heel blij mee!

Simone, wat is het leven toch wonderlijk hè? *Self-disclosure* was zeker een belangrijk onderdeel van het begin van onze vriendschap. Wij hebben elkaar gevonden in onze fascinatie voor het menselijke zijn en denken (inclusief of misschien wel vooral dat van onzelf), wat er in principe op neerkomt dat we nooit uitgepraat raken en dat we weten dat we op dagen dat we écht hard moeten werken, we beter niet in elkaars buurt kunnen zijn. Ik bewonder je oog voor je medemens, en op momentjes van paniek ben ik altijd erg blij met jouw geduld en relativeringsvermogen. Daarnaast leer je me dat je kunt verschillen van mening zonder een meningsverschil te krijgen. Tot slot ben ik blij dat je met jouw kritische blik en taalgevoel hebt meegekeken met de Nederlandstalige stukken in dit proefschrift (behalve met dit stukje dus vergeef me de mogelijke fouten).

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altijd een fijn en gezellig clubje geweest van integere onderzoekers die allemaal een groot hart hebben voor de mensen om wie het uiteindelijk gaat. Zo'n omgeving vind ik heel prettig om in te werken omdat het me er dagelijks aan herinnert waarvoor ik het doe. Daarnaast heb ik veel van jullie geleerd over het zijn van een goede onderzoeker, wat ik erg op prijs stel.

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Sinds anderhalf jaar heb ik er een nieuwe groep collega's bij, van de afdeling Ortho- en Gezinspedagogiek bij de Erasmus Universiteit Rotterdam. We hebben elkaar nog maar weinig 'in het echt' gezien maar ik wil jullie bedanken voor de prettige werkomgeving, het aanstekelijke enthousiasme waarmee jullie je werk doen en de vaak inspirerende overleggen en bijeenkomsten. Annemiek, bedankt voor je interesse in mijn proefschrift en de kans die ik heb gekregen om bij de EUR een mooi vervolgproject uit te voeren.

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En tot slot, om met de wijze woorden van Calvin Cordozar Broadus[1] te spreken, "I wanna thank me. I wanna thank me for believing in me. I wanna thank me for doing all this hard work. I wanna thank me for never quitting. I wanna thank me for trying to do more right than wrong."

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[1] Ook wel bekend als Snoop Dogg.

Curriculum vitae

Margriet Lenkens was born on February 19, 1987, in Oploo, The Netherlands. In 2005 she completed her secondary education (VWO) at Elzendaalcollege, Boxmeer. She went on to study at University College Maastricht (UCM), where she chose a concentration in social sciences with a focus on psychology and research methods. As part of this bachelor program, she studied at the psychology faculty of the Universidad Autónoma de Guadalajara, Mexico, for a semester. She graduated summa cum laude for her Bachelor of Arts in 2009. Margriet worked as a tutor for UCM, teaching courses in psychology, writing skills and research skills. After a premaster programme of six months, she started studying the master's degree track *Forensische Orthopedagogiek* (Forensic Orthopedagogy, Pedagogical Sciences) at Utrecht University from which she graduated cum laude in 2011. During her master's programme, Margriet did an internship at *De Bascule*, a forensic youth psychiatric day treatment programme in Amsterdam. After graduation, Margriet worked as a research assistant at the Utrecht University Medical Center, as a pedagogue at De Bascule, and as a teacher in the department of Pedagogical Sciences at Utrecht University, where she taught courses for the minor Youth and Criminality. In 2015, Margriet started her PhD within the project *Vulnerable youth in major cities*, a collaboration between IVO Research Institute, Erasmus Medical Center, and Erasmus University Rotterdam. During her PhD project, Margriet obtained a master's degree in Health Sciences with a specialisation in Medical Psychology, at the Netherlands Institute for Health Sciences (NIHES). From September 2020 onwards, she has been working for the IVO Research Institute as a researcher on various projects. As of November 2020, she has also been working as a researcher within the *Youth and Families* programme of the Erasmus University Rotterdam.

Portfolio

Scientific publications

Lenkens, M., van Lenthe, F. J., Schenk, L., Sentse, M., Severiens, S., Engbersen, G. & Nagelhout, G. E. (submitted). Experiential peer support and desistance from crime: A systematic realist literature review.

Lenkens, M., Nagelhout, G. E., Marhe, R., Luijks, M.-J., Harder, A. T., & van Lenthe, F. J. (submitted). The relationship between working alliance and treatment motivation, delinquent behaviour and school/work enrolment in young men with multiple problems.

Lenkens, M., Nagelhout, G. E., Schenk, L., Sentse, M., Severiens, S., Engbersen, G., Dijkhoff, L., & van Lenthe, F. J. (2021). "I (really) know what you mean". Mechanisms of experiential peer support for young people with criminal behavior: A qualitative study. *Journal of Crime and Justice*, 44(5), 535-552. https://doi.org/10.1080/0735648X.2020.1848608

Lenkens, M., van Lenthe, F. J., Schenk, L., Magnée, T., Sentse, M., Severiens, S., Engbersen, G., & Nagelhout, G. E. (2019). Experiential peer support and its effects on desistance from delinquent behavior: Protocol paper for a systematic realist literature review. *Systematic Reviews, 8*, 119. https://doi.org/10.1186/s13643-019-1036-2

Lenkens, M., Rodenburg, G., Schenk, L., Nagelhout, G. E., van Lenthe, F. J., Engbersen, G., Sentse, M., Severiens, & Van de Mheen, D. (2019). "I need to do this on my own". Resilience and self-reliance in urban at-risk youths. *Deviant Behavior, 41*(10). https://doi.org/10.1080/01639625.2019.1614140

Schenk, L., Sentse, M., **Lenkens, M.**, Nagelhout, G. E., Engbersen, G., & Severiens, S. (2021). Instrumental mentoring for young adults; a multi-method study. *Journal of Adolescent Research, 36*(4). https://doi.org/10.1177/0743558420979123

Schenk, L., Sentse, M., **Lenkens, M.,** Nagelhout, G. E., Engbersen, G., & Severiens, S. (2020). An examination of the role of mentees' social skills and relationship quality in a school-based mentoring program. *American Journal of Community Psychology, 65*(1-2), 149-159. https://doi.org/10.1002/ajcp.12397

Schenk, L., Sentse, M., **Lenkens, M.**, Engbersen, G., van de Mheen, D., Nagelhout, G. E., & Severiens, S. (2018). At-risk youths' self-sufficiency: The role of social capital

and help-seeking orientation. *Children and Youth Services Review, 91*, 263-270. https://doi.org/10.1016/j.childyouth.2018.06.015

Other publications

Lenkens, M., Nagelhout, G. E., Engbersen, G., & Van Lenthe, F. J. Experiential peer support for young people with criminal justice involvement: The experiences of four clients. [PhD thesis chapter]

Margriet Lenkens (januari 2021). Empathie, hoop of menselijkheid - de waarde van de ervaringsdeskundige. [podcast]

Margriet Lenkens (mei 2020). Wees een mens, ook (of juist?) in het forensische werkveld. *Onderzoeksinstituut IVO.* [blog]

Margriet Lenkens (november 2019). De ervaringsdeskundige 2.0: Menselijkheid en hoop in de jeugdhulpverlening van de toekomst. *Tijdschrift voor Orthopedagogiek.*

Annemiek Harder & Margriet Lenkens (juli 2019). Jeugdzorgprofessionals moeten empathischer zijn. *Sociale Vraagstukken.* [article]

Margriet Lenkens (juli 2019). Empathie, hoop en waardevolle lessen: wat heeft de 'ervaringsdeskundige' te bieden voor jongeren met crimineel gedrag? *Onderzoeksinstituut IVO.* [blog]

Margriet Lenkens (mei 2019). Risicojongeren: een pantser van autonomie. *Onderzoeksinstituut IVO.* [blog]

Margriet Lenkens (augustus 2018). "Je kan me snappen, maar je kan me nooit begrijpen". *Onderzoeksinstituut IVO.* [blog]

Loïs Schenk & Margriet Lenkens (juni 2018). Mentoring van jongeren: Werkzame elementen. *Onderzoeksinstituut IVO.* [factsheet]

Presentations

Lenkens, M. (2021, May 12). *Individual support by experiential peers in the forensic field.* International Network of Criminal Justice, online.

Lenkens, M. (2020, June 19). *Individuele ondersteuning door ervaringsdeskundigen.* Digitale Marktdag Nederlandse Vereniging voor Criminologie, online.

Lenkens, M. (2020, May 6). *Onderzoek naar ondersteuning door ervaringsdeskundigen aan personen met crimineel gedrag.* Ervaringsdeskundigenplatform Expertisecentrum Forensische Psychiatrie, online.

Lenkens, M. (2020, April 28). *Verdiepingssessie literatuuronderzoek met realist-methode*. Onderzoeksinstituut IVO, webinar.

Lenkens, M. (2019, June 11). *Individual support by experiential peers in the forensic field*. Stockholm, Sweden, Stockholm Criminology Symposium.

Lenkens, M. (2019, March 21). *Ervaringsdeskundigheid in het forensische veld*. Erasmus Urban Youth Lab Symposium.

Lenkens, M., & Schenk, L. (2018, May 15). *Self-reliance, social capital and help seeking in at-risk youth: A qualitative study*. Wageningen, The Netherlands, VNOP Conference.

Lenkens, M., & Schenk, L. (2018, March 15). *What are desirable mentor features for establishing fruitful mentor-mentee relationships?* Berlin, Germany, European Mentoring Summit.

Lenkens, M., & Schenk, L. (2017, September 11). *Panel discussion: Mentoring*. Rotterdam, The Netherlands, Werkconferentie Elke Jongere Telt.

Other activities

- Member of editorial board *Forensische Leerlijn Ervaringsdeskundigheid* (EFP & GGZ Ecademy, e-learning modules for experiential peers and organisations working with experiential peers in the forensic field).
- Member of advisory committee of project 'LeefMEE' (MEE Rotterdam Rijnmond, mentoring project for adults with a mild intellectual disability engaging in criminal behaviour).
- Participant in project 'Back to the future' (KFZ-J, project aimed to establish a research agenda in the field of youth forensic care).

Courses

NIHES

Course		ECTS
CC01	Study Design	4,3
CC02	Biostatistical Methods I: Basic Principles	5,7
EP03	Biostatistical Methods II: Classical Regression Models	4,3
M-RES	M Research	32,6
MP01	Introduction to Psychology in Medicine	5,7
MP02	The Placebo Effect	1,4
MP03	Psychopharmacology	1,4
MP05	Preventing Failed Interventions in Behavioral Research	1,4
HS11	Quality of Life Measurement	0,9
ESP11	Methods of Public Health Research	0,7
ESP21	Pharmaco-epidemiology	0,7
ESP45	Primary and Secondary Prevention Research	0,7
ESP61	Social Epidemiology	0,7
ESP70	Fundamentals of Medical Decision Making	0,7
PU03	Site Visit to the Municipal Health Service Rotterdam	0,3
ESP01	Principles of Research in Medicine and Epidemiology	0,7
HS02	Public Health Research Methods	5,7
HS15	Health Services: Research and Practice	0,9
ESP41	Introduction to Global Public Health	0,7
ESP42	Methods of Health Services Research	0,7

Other courses

Course
Erasmus MC - Scientific Integrity
Erasmus MC - Writing a Competitive ZonMw Proposal
EGS3H - Doing the Literature Review
EGS3H - Advanced Research Methods 1: Qualitative Data Analysis
EGSL - Academic Writing in English