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Public understanding of the physical health of forensic clients within the United Kingdom

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Abstract. *Objectives*: Extant health-related discussion pertaining to forensic clients focuses on mental health. Through a qualitative lens, this study examines perceptions of physical health interventions for forensic clients. *Methods*: Ten general population participants engaged in online semi-structured interviews; analysed using thematic analysis. *Results*: Three overarching themes were generated. Participants recognised how physical exercise [1] can promote rehabilitation, [2] lacks investment, and [3] requires community support when forensic clients are reintegrated into society. The promotion of mental, physical, and social well-being in forensic clients necessitates careful consideration across well-being measurements, in-depth research, and public and private initiatives with a renewed emphasis on the significance of physical health-related interventions. *Conclusion and Implications*: Though buy-in from the general population is key to successful rehabilitation, this research design does not allow us to tap into the niche experiences and individual differences of both the participants and individuals within forensic settings which might underpin such viewpoints. Future exploration outside of the United Kingdom remains important to access cultural variation.

Keywords: Rehabilitation, Physical Health, Interventions, Prisoner Health, Forensic Clients.

Introduction

Discourse pertaining to the health of individuals incarcerated in forensic settings (referred to in this study as forensic clients) focuses on the high prevalence of mental health disorders (Tyler et al., 2019). However, forensic clients also face broader *physical* health concerns, including co-occurring chronic and acute ailments and physical disabilities (Skeem et al., 2011). Indeed, mirroring mental health data, forensic clients report more physical health conditions than the general population, both prior to and during their incarceration (Bronson et al., 2015; Nowotny et al., 2016), with criminal activity associated with poor physical health (Piquero et al., 2011). Though such data is largely cross-sectional in nature, forensic clients are more likely to have histories of drug and/or alcohol abuse, neglect, and poor nutrition habits; indices of poor physical health (Merkt et al., 2020). Consequently, such evidence suggests that incarceration has a pervasive negative effect on forensic client health, which might be further amplified through anguish, family separation, isolation, fear of victimisation, and restricted access to care (Haesen et al., 2019).

General Strain Theory (GST; Agnew, 1992) remains a relevant theoretical explanation linking physical health impairment and criminal behaviour, wherein poor physical health is thought to impede professional, financial, and/or social goals. Such strain is amplified when poor physical health is comorbid with discomfort, suffering, or anguish (Stogner & Gibson, 2014); potentially manifesting in deviant behaviour and anger as a result of maladaptive coping strategies (Stogner & Gibson, 2010). On a biological level, this resonates with physical exercise being associated with endorphin-driven stress protection (Chan et al., 2019). Despite access to exercise areas and gyms, both associated with decreased depression (Buckaloo et al., 2009), few forensic clients meet recommended guidelines for physical activity (HM Inspectorate of Prisons, 2024). Indeed, prolonged cell time renders forensic clients sedentary, which negatively impacts their emotional stability, ability to socialise, and their mental and physical health (DeViggiani, 2007). This position aligns with the Good Lives Model (GLM; Ward, 2007), wherein rehabilitative interventions seek to help individuals flourish through the promotion of positive, holistic life changes.

The Social Exclusion Unit (2002) recognised the relationship between physical health and mental health and offending behaviours, emphasising the demand for robust systems to follow-up on forensic clients' successful resettlement, maintenance of medication, and adequate social support and housing. Although expenditure on prison healthcare increased following the 2021 Spending Review, funding remains insufficient in practice. The resulting deficit, paired with mounting court backlogs and prisons operating near capacity (Davies et al., 2022), has been compounded by reductions in staff numbers and experience, further constraining the quality and consistency of healthcare provision (Coomber, 2023).

Thus, with the physical health of forensic clients being directly (Baybutt et al., 2019) and indirectly (Link et al., 2019) impacted through

the presence of mental health conditions, there exists a newfound awareness for the importance of a multi-faceted supportive approach towards the reintegration of forensic clients upon forensic clients (Semenza & Grosholz, 2019). In turn, however, this would benefit from broader public support, who, when educated about forensic psychology, have recently been shown to display more rehabilitative support and less punitive judgements of individuals with convictions (Hammond et al., 2024). Rothwell et al. (2021) investigated perceptions of forensic clients and perceived rehabilitation efficiency; concluding that relative to individuals educated in forensic psychology, the public reported harsher views towards forensic clients, as well as greater doubts over rehabilitative potential. In practice, this suggests a need for broader research-based education on forensic psychology-based issues as an effective means of reducing punitive beliefs and increasing faith in rehabilitation. It is also significant to note those working in rehabilitative settings show more positive attitudes towards rehabilitation (Lea et al., 1999), whereas those working in law enforcement have shown more negative attitudes towards rehabilitation (Socia & Harris, 2016); meaning there is need to better understand the role of forensic knowledge in informing interactions and policy-informed interventions and preventions for forensic clients (Hirschfield & Piquero, 2010).

Though there is variability in public punitiveness (O'Hear & Wheelock, 2016), particularly if participants have been victims of crime (Vuk et al., 2020), reformers continue to challenge political environments which shift the criminal justice system to a more rehabilitative orientation. Furthermore, it is also significant to consider the influential role of the media in facilitating stigma and stereotyping forensic clients, as demonstrated by Cohen's (1972) Moral Panic Theory, wherein society labels a deviant group as the "enemy" and directs greater hostility towards them (Tolson & Klein, 2015). This asserts how forensic clients can be perceived as a threat to societal values and interests, especially when presented in a stereotypical fashion. Indeed, mainstream media holds a strong influence in generating and spreading panic, which can lead to a surge in calls for punitive legislation on forensic clients (Burchfield et al., 2014).

Taken together, there remains a lack of understanding of societal judgements of forensic clients and their rehabilitative success, especially from the perspective of contemporary rehabilitative models that target a forensic clients' physical health. This paper aimed to build on extant literature by using a qualitative lens to investigate the following research question: What do members of the UK general population understand about the role of physical health interventions inside and outside of forensic settings, and what, if anything, do they believe about the wider role of physical health in offending behaviour.

METHODOLOGY

Design and Participants

An exploratory qualitative design was used to elicit understanding of the role of physical health in offending behaviour and judgements towards health-related interventions (both inside and outside forensic settings) using semi-structured interviews. Ten participants (age range = 19-51 years, 7 women and 3 men) were recruited via opportunity sampling, with an iterative analytic approach that enabled us to have confidence that our data was sufficiently saturated (Boehnlein et al., 2020). All participants were aged 18 years or over, fluent in English, and based in the UK to control for variation in legislation and rehabilitative pathways.

Procedure

This study was approved by an institutional college research ethics committee (Ref: ETH2122-5456). After accepting an electronic invitation, participants were presented with an electronic survey hosted via Qualtrics, which allowed them to provide consent, answer demographic questions (i.e., age and sex), and identify a pseudonym to which their quotes would be attributed in order to further protect their anonymity. Next, participants were invited to an online interview using Microsoft Teams, which has been shown to yield comparable data quality to face to face interviews (Archibald et al., 2019). Each participant was interviewed using semi-structured interviews, the schedules of which were informed by gaps in our reviewed literature, and piloted with topic-naïve research methods students within the host institution. Finally, participants were provided with debrief material and given the opportunity to omit any data they had provided. All interviews were conducted between May 2023 to September 2023 and lasted between 45 and 60 minutes.

Data Analysis

Data was analysed using thematic analysis (TA); guided by Braun and Clarke's (2006) six-phase approach where interviews were transcribed verbatim and anonymised by (AJ), before being collaboratively coded by (AJ) and (SW) to enhance rigour. Next, common concepts and themes were identified as patterns of shared meaning, reviewed, defined, and agreed upon within the broader research team (Braun & Clarke, 2019).

Reflexivity

The research team advocates for the fair treatment of forensic clients and their rehabilitation, and comprises a mixture of genders, ages, and expertise in forensic and health psychology. (AJ) and (SW) are female students of forensic psychology, who approached the interviews and coding in an open-minded fashion so as to encourage a diverse range of opinions and reasoning. (AB) is a female Health Psychologist and senior academic, who helped guide the interview schedule and inferences of the data. (DF) is a senior male academic who oversaw the conceptualisation and

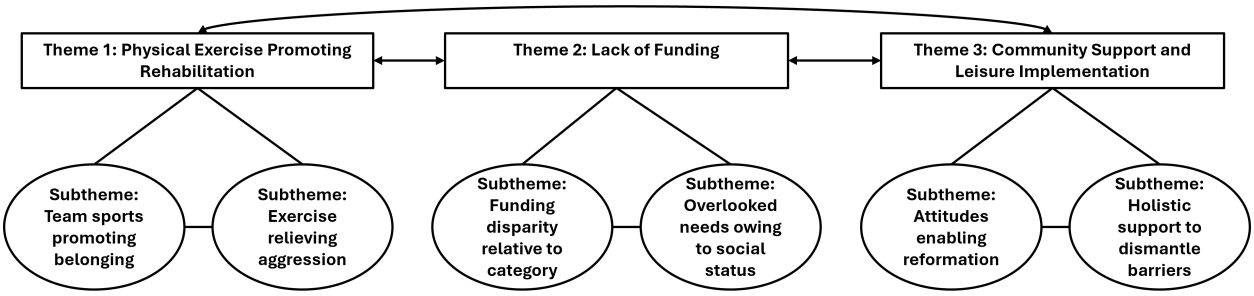
management of the project. All members of the research team contributed equally to the inferences and conclusions made, and drew upon their experiences and knowledge to help situate data within extant theoretical frameworks.

RESULTS

Within this dataset, three main themes (each with two subthemes) were identified: [1] Physical exercise promoting rehabilitation, [2] Lack of funding, and [3] Community support and leisure implementation. Figure 1 presents a thematic map to show how the relationship between the themes and subthemes. Our open access materials evidences participant demographics and whether specific subthemes were present throughout their individual transcripts (see: https://osf.io/shu46/?view_only=3f2bc7420e6040a988c4e6e13df22efc).

Figure 1:

Thematic Map of Themes and Subthemes



Theme 1: Physical Exercise Promoting Rehabilitation.

Participants acknowledged how the benefits of physical activity promote positive mental wellbeing broadly and proposed that this may minimise experiences of frustration in forensic clients. Participants highlighted how, with community support and public funding, implementing physical programmes could encourage forensic clients to adopt society's values by building meaningful connections and bonds with the general population.

Subtheme 1.1: Team sports promoting belonging.

This subtheme centred on how being part of a sports teams can influence reform of morals and values, as individuals become adopted into their sub-culture. Consequently, through building meaningful connections, ones' peers support them as part of the multi-faceted approach to holistic rehabilitation.

"So their minds on on something else rather than potentially the offence caused or any future offences caused. Yeah. And and you do meet people, UM, different types of people in different sports. Which one of those people may be able to help them in the future… speaking from experience, you know, like whenever I play football it's it's, you know, it makes me just feel like a better person. It just, you know, you I guess you kind of just forget what you're doing. You don't know what the reality is, you know, what the, you know, what is going on in the world" **(Trevor)**

The notion that physical exercise can preoccupy a forensic client's "*mind on something else*" away from deviant thoughts reaffirms that exercise can have a positive effect on not just the physical body but also improve mental wellbeing by allowing forensic clients to reflect on their criminal thoughts and behaviours. Furthermore, the suggestion that this can inspire forensic clients to "*forget what you're doing… what is going on in the world*" promotes this intervention as a means of temporary escape and stress reduction, reinforcing wider recognition of the connection between physical activity and psychological wellbeing. This is reiterated by the belief that "*you don't know what the reality is*", detailing how exercise can alleviate negative thoughts in a therapeutic manner to temporarily disregard the consequences of deviant behaviour by optimising a physical outlet as a legitimate coping strategy. This is consistent with Buckaloo et al. (2009), who noted that exercise advocated in forensic populations relates to a reduction in depressive symptomology.

Additionally, the recommendation that experiencing physical exercise as a group activity with "*different types of people*" may "*help them in the future*" shows the participant's interest in investing in programmes that promote interaction between forensic clients and the public through a shared interest in exercise; facilitating their reintegration by fostering social bonds. Consequently, this highlights how exercise as a means of goal-orientated activity can encourage a forensic client to reflect on their priorities and develop a constructive identity change as opposed to satisfying a need to fulfil deviant tendencies. Moreover, the use of the word "*future*" implies the participant's optimistic attitude towards this intervention, presenting group physical exercise as an investment–for forensic clients to sustain personal development and social inclusion

Subtheme 1.2: Exercise relieving aggression.

This subtheme focused on the benefits exercise offers, allowing an individual to ground themselves in their physical body by exerting internal stresses and anger. Therefore, it suggested making these activities a habitual routine can motivate an individual to be mindful of how their physical and mental health are interlinked. This further supports our sample's understanding of how a forensic client's mental and physical health are interrelated, wherein additional awareness could encourage policy makers to consider the importance of funding these services to best support rehabilitation.

"What do you know if they haven't got physical outlet for any anger issues that they might have or frustrations, then I think it might manifest in bad behaviour. Whereas if they're given a physical outlet, whether it be running or dog walking or you know, a prison gym, then even something like skipping, then it might just help have a positive mind frame." **(Angela)**

The idea that a lack of physical exercise can result in "*anger issues*" and "*frustrations*" may offer forensic clients a constructive outlet for emotional regulation and stress management, as opposed to maladaptive coping strategies such as substance abuse or delinquency. Thus, deconstructing the phrase "*manifesting in bad behaviour*", we see how our participants believe that if we can decrease the likelihood of forensic clients using substance misuse as a coping mechanism, this might instead encourage them to seek a physically healthy and prosocial route to reformation. Additionally, investing in "*physical outlets*", such as a "*prison gym*", for forensic clients is reflected upon here, acknowledging known benefits of physical exercise on mental and physical states. A "*positive mind frame*" inevitably elicits goals for forensic clients to strive towards, whereby they can visualise their long-term goals throughout this rehabilitative-focused process, becoming attuned to how their body and mind best manage their anger and frustration to take control of their reformation. Although, the participant's repetition of "*might*" in this extract may indicate a lack of direct experience with the topic under investigation, or that they are unsure as to how exercise may or may not benefit others. Nonetheless, the acknowledgment of links between physical health-related interventions and rehabilitation signifies a shift towards a less punitive approach to the treatment of forensic clients.

Theme 2: Lack of Funding.

This theme highlighted our participants' understanding that a lack of funding in forensic settings can have negative ramifications for a forensic client's physical health and quality of life. Participants described disparities in funding they perceived from different prisons, depending on a client's needs and government financing, which underscored a negative tone when discussing the reality of rehabilitation.

Subtheme 2.1: Funding disparity relative to category.

This subtheme implied that funding for forensic clients may change as a function of crime type and/or specific forensic settings. Perhaps, this indicates that society only wishes to rehabilitate those who have committed less serious crimes, and who they deem more capable of rehabilitation; having deviated less from societal norms and values.

"I think it's probably prison dependent, depending on on how much funding the prison receives. I've seen some that do have a athletics track outside athletics field, but I've also seen some that have barely any…space available for that… I think you know there's always work that can be done with these situations. It just depends on the type of crime they've committed." **(Melissa)**

Melissa indicates inner conflict when reviewing the extent that prisons should be funded, weighing up the specific crime against the likelihood of rehabilitation. The phrase "*prison dependent*" indicates that members within our sample perceive individuals within different prison categories as having different access to physical health programmes, and that cross-prison funding varies; accounting for variation in prison facilities. The comparison Melissa makes when describing that they have "*seen some that do have an athletics track*" but also how they have "*also seen some that barely have any space for that*" highlights how differences in prison facilities are attributed to differences in space and funding to utilise the space. As they did not overtly discuss implications of access to physical health interventions in private prisons, this may indicate poor understanding of private prisons, congruent with low experience of all settings.

Alternatively, the acknowledgement that there is "*barely any space for that*" suggests awareness of the need to take a more rehabilitative approach to prison systems. Acknowledgement of space restrictions highlights potential difficultly in implementing physical health interventions within some prisons. Nonetheless, the reaffirmation that "*there's always work that can be done*" indicates that Melissa understands that the facilities are able to be improved, yet financial limitations remain. While this extract gestures support for rehabilitation, the notion that access to rehabilitative services may "*depend on the crime they've committed*" conditions this on a practical and moral evaluation such as offensive severity and the forensic client's incentive to reform and reintegrate. Melissa maintains that their opinion remains conflicted in relation to the reality of access to adequate physical health-related interventions, and how this can be criticised dependent on a forensic client's crime severity without knowing their unique motivation for rehabilitation.

Subtheme 2.2: Overlooked needs owing to social status.

This subtheme closely echoes the consequences of Agnew's (1992) General Strain Theory, discussing how, due to the constraints on funding for forensic clients, they are disregarded by society. Consequently, recognition of this can manifest into deviant and criminal thoughts and behaviours as rehabilitation is not an accessible path for them.

"It seems to be very limited because it's on a much smaller scale and they're. I mean there isn't the funding for it, so therefore there isn't…Really enough, and they can't cater for every situation just due to lack of staff and equipment. And just from what and just because of that kind of lack of funding in that kind of area and. Just due to it being such a small number of people in terms of the population, I feel like it's probably. Kind of forgotten about, to an extent." **(Finley)**

Finley demonstrated how the lack of funding in forensic settings is perhaps a result of the prison population being perceived as "*much smaller*" than the general population, implying there exists less pressure on the government to re-evaluate their rehabilitation-focused programmes as their wellbeing and health are not prioritised like law-abiding citizens. This is further evidenced by claims that forensic clients are "*forgotten about*", illustrating that once an individual enters a forensic setting, their physical and mental health are not valued the same as when they were connected to society, thus reinforces the concern that funding is restricted for those who are negatively labelled and not perceived capable of rehabilitation, detaching them from any hope of reintegrating with society.

Specifically, the discussion of a "*lack of staff and equipment*" demonstrates awareness of the strains on the criminal justice system to fully support forensic clients through the creation and implementation of accessible physical health programmes. Although data indicates policy makers express significantly harsher negative perceptions regarding rehabilitative programmes (Socia & Harris, 2016), the extract highlights that there is an awareness of limited funding and resources for forensic clients, and their needs are forgotten as they are in a minority, presenting the notion that the majority are catered for in funding decisions.

Theme 3: Community Support and Leisure Implementation.

This theme portrays how members of our sample are in favour of offering community support to enable a forensic client to feel a part of a meaningful society who feel a degree of responsibility for everyone's quality of life and accomplishments. Throughout this theme, participants discuss cycles of reoffending and provide insight into how the wider public may play a significant role in helping forensic clients become positive members of society, in turn, supporting their desistance.

Subtheme 3.1: Attitudes enabling reformation.

This subtheme summarises our sample's awareness of the difficulties faced by forensic clients to avoid recidivism once they are labelled a "*criminal*". Additionally, it proposes that everyone in society has a role to play in transforming negative depictions of those who have committed a crime; moving from the belief that they are incapable of reformation, to actively supporting them back into society.

"Then I think it's it's up to members of the public as well because we want these people to have a fulfilling life and you've gotta be able to step up and be, you know, be brave enough to take somebody on because then you could give that person that chance to actually change, break their cycle and move forward in their life. But if if people don't give them a chance, then they're never gonna break that cycle and never be able be rehabilitated because they've always be viewed on us as some young criminal." **(Marie)**

Marie discusses the powerful sense of accountability she believes the public conveys in favour of community support to aid a forensic client's rehabilitation, utilising the collective noun "*we*" to emphasise collective support. The acknowledgement that the community can help to "*break their cycle*" highlights how this participant is aware of the various challenges and obstacles faced by forensic clients when they are released back into society, thus, this indicates that they have empathy to recognise their power as a law-abiding citizen in society, not hindered by negative perceptions. This is further supported by the remark that the public must be "*brave enough*" to play an active role in a forensic client's rehabilitation as it indicates there may be social and moral barriers that prevent individuals from going against the norm that perceives people with convictions to have no capacity for reformation. Consequently, this extract indicates that a steady change in belief systems expressed by the public may create a snowball effect over time whereby greater support felt by forensic clients may help with their successful reintegration with society's morals and values.

Additionally, the idea that a lack of community support and diverse access to rehabilitation may result in a forensic client to "*always be viewed as some young criminal*" suggests that forensic clients may be viewed in an immature light due to their past, despite any desire to change their life course. Furthermore, it is presented that Marie views people who have committed offences as young and therefore unable to be rehabilitated because of their age, or perhaps due to their age it is likely that they are to reoffend. Therefore, this evokes the dangerous ramifications labelling can have on forensic clients, indicating that members of society must reform how we perceive and distribute opportunities amongst members of society to allow them to successfully integrate into the adult social sphere. On the other hand, the continuance of the "*young*" label indicates that forensic clients may be inclined to continue to attempt to achieve their life goals through illegitimate means as they are unable to access the opportunities

available to law-abiding adults in society. Consequently, this indicated that, no matter how little, support for a forensic client upon their release into society builds up their social mobility, attitude to reform and improves their quality of life to successfully reintegrate.

Subtheme 3.2: Holistic support to dismantle barriers.

This subtheme emphasised that mental support alone is less likely to promote rehabilitation in forensic clients, however, greater support in employment and social mobility deters individuals from continuing on their criminal path as they become open to the benefits and opportunities society offers.

"I think we do have a very large degree of responsibility when it comes to reengaging. Umm offenders back into society or whether that is being supportive in employment or just day-to-day society. To be able to be more trusting of people who have been in prison and to be able to offer equal opportunities…in order to be able to reengage ex-prisoners back into a functioning society without… others being hostile towards them". **(Ella)**

Ella reinforces the notion that members of society hold significant roles in rehabilitating and reintegrating clients back into society as the belief that "*we do a have a large degree of responsibility*" strongly indicates positive outcomes of community support. The proposition that society should be supportive in "*employment or just day to day society*" details the need for holistic support that takes the time to improve each obstacle a forensic client faces and work with them on an interpersonal level to ensure their values and skills benefit our society, as well as dissolving the panic-based myths about forensic clients (Koon-Magnin, 2015). This is further supported by the idea that the public should be more "*trusting*" of forensic clients upon their release, indicating that individuals may experience cognitive dissonance where they have difficulty considering whether a forensic client genuinely wants to rehabilitate and can be trusted in legitimate avenues of employment or social settings. This suggests that fostering increased community support and positive societal perceptions of forensic clients would be beneficial. This may work to positively change the ways in which the public view this group and support their successful integration into society.

Furthermore, the idea that communities should "*offer equal opportunities*" suggests that any societal hierarchies that limit social mobility should be eradicated, thus improving the quality of life for those affected as the negative effects of labelling and poor funding into public services decrease. On the other hand, not addressing this structural need continues "*others being hostile towards them*", evoking how forensic clients are seen as outcasts and not deserving of reformation. The urgency to "*reengage*" forensic clients into a "*functioning society*" demonstrates a responsibility, perceived by the participant to be the public, to play a part in

rehabilitating forensic clients to decrease the likelihood of recidivism.

DISCUSSION

This study gleaned insight from a general UK sample to begin to understand societal opinions on the need for physical health-related interventions for forensic clients. In line with research stating how the physical health of forensic clients can be both directly (Baybutt et al., 2019) and indirectly (Link et al., 2019) impacted through the presence of mental health conditions, our findings reflect support for physical health interventions to reduce aggressive thoughts and behaviours that are associated with offending behaviours.

Participants discussed how they perceived physical exercise to positively promote rehabilitation and mental health. Findings emphasised how participants understood disparities in funding across the prison estate, and how this is reflected in the different facilities available to forensic clients. This echoes Agnew's (1992) General Strain Theory as stress brought on by minor health conditions may facilitate delinquent coping: when access to healthcare is restricted, people may be compelled to find illegitimate and criminal ways to deal with these pressures. In light of the Performance Tracker (2022), which highlighted funding into prison healthcare decreased by 8% in 2021/22, it is vital to fund physical health services where physical health conditions and concerns can be supported to prevent the onset of developing criminal behaviours, as poor health may be a strain that forensic clients ameliorate with criminal actions (Stogner & Gibson, 2014). Additionally, our findings showed how community support and a continued shift towards less punitive attitudes (O'Hear & Wheelock, 2016) were seen as key factors for supporting forensic clients reintegrate back into society following a custodial sentence, which may have positive effects for their desistance. Consequently, this supported the notion that a multifaceted strategy, including community support, upon release back into society is a key contribution to reformation and desistance for forensic clients (Purohit et al., 2024).

Our findings from our sample highlighted how members of the public understood physical health and rehabilitation to be linked, whereby a lack of attention paid to improve a forensic client's physical health may decrease their quality of rehabilitation and reintegration into society. This reaffirms the findings of Link et al. (2019), which emphasised the significance of moving towards a fresh perspective that views returning forensic clients' health as a broader issue rather than one with unique needs. The analysis further mirror pillars of Ward et al.'s (2007) GLM by emphasising the importance of social support and positive relationships; assisting forensic clients in forging meaningful connections with family, friends, and others as part of their daily lives. The GLM may help foster an environment conducive to promoting physical health and rehabilitation.

Although public punitiveness continues to fluctuate depending on social and economic changes, as well as media representations of ignorance or higher reoffending rates (Seriser, 2017), future research may benefit from exploring how such interventions in forensic settings can be fuelled by public support to encourage policy makers to invest in holistically oriented rehabilitative methods (Falco & Turner, 2014).

The body of data supporting the advantages of improved psychological well-being for both mental and physical health has grown over the past few decades (Pressman et al., 2019). However, a significant proportion of the public health community continue to overlook such work, and call for further research into the links between physical health and motivation to reform in forensic clients (Jenkins et al., 2023). Despite the benefits for domains of health psychology, mounting evidence to support a paradigm shift towards a more holistic approach to rehabilitation is evident (VanderWeele et al., 2020).

Limitations

Despite the valuable contribution of this research, our results must be discussed in light of several limitations. First, we did not ascertain if participants had been personally impacted by crime, which we know is a predictor of more punitive views of forensic clients (Vuk et al., 2020); this may also contribute to variation in how they perceive physical health interventions for forensic clients. Second, we cannot extrapolate our findings beyond the confines of the study despite some participants generalising their views within their interviews (e.g., Marie: "we *(the public)* want these people (*forensic clients*) to have a fulfilling life"). Third, our ten participants were predominantly white and female, which does not represent the full spectrum of public attitudes towards forensic clients and physical health interventions. Finally, although the use of qualitative methods is not a limitation in this context, quantitative research investigating judgments of physical health interventions for forensic clients utilising larger and representative samples would further complement the data presented here, and provide a better all-around view of the current beliefs of the public. Such research would provide a foundation for future work to explore how physical health interventions impact rehabilitation and consequently public backing of these.

Implications

Our results have several implications across stakeholder groups involved in the management, rehabilitation, and social reintegration of forensic clients. For forensic practitioners and service providers (e.g., psychologists, intervention facilitators, prison staff), there is need to further recognise and position physical health as a meaningful component of rehabilitation, and to start exploring means by which this facet of health could be further embedded into existing programmes and systems. Based on our data, there is need for transparency here. For policy makers, given

societal understanding of low resources, exploration of alternative resource allocation methods and institutional priorities that favour physical health could facilitate holistic wellbeing and ensure continuity of care once forensic clients begin to reintegrate back into society. Moreover, for third-sector organisations (e.g., charities, community groups), the focus would be to inform educational programme development pertaining to physical health in a way which also reduces stigma. Finally, the general public also have an important role to play through engaging in campaigns and votes pertaining to criminal behaviour, as well as – eventually – helping to foster a social climate of reintegration given their influence on the success of integration.

Conclusion

This study explored how our sample of ten individuals understand and perceive physical health interventions for forensic clients. Participants discussed their support for greater financial investment into interventions and emphasised the role of the wider community in encouraging rehabilitation in interactions with forensic clients during re-integration to support reformation. These findings contribute towards a body of future research that will investigate which, and to what extent, physical health interventions impact rehabilitation in forensic clients, and to the extent this is aided by public backing in investment in innovative, effective, and holistic rehabilitative programmes.

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Availability of Data and Material: Raw transcripts are not available for this study, however the interview schedule can be found here: https://osf.io/shu46/?view_only=3f2bc7420e6040a988c4e6e13df22efc

Conflict of Interest: The authors declare no conflicts of interest.

Author's Contributions: AJ, DF, and AB planned and designed the study, and obtained ethical approval. AJ collected data. AJ and SW analysed the data and drafted the manuscript. DF and AB edited the final manuscript. DF oversaw the project to completion.

Ethical Approval and Informed Consent: The work was approved by the University of Derby's College of Health, Psychology, and Social Care Research Ethics Committee (ETH2122-5456), and all participants gave informed consent prior to data collection.

References

Agnew, R. (1992). Foundation for a general strain theory of crime and delinquency. *Criminology, 30*, 47–87. https://doi.org/10.1111/j.1745-9125.1992.tb01093.x

Annison, J., Byng, R., & Quinn, C. (2019). Women offenders: Promoting a holistic approach and continuity of care across criminal justice and health interventions. *Criminology & Criminal Justice*, *19*(4), 385-403. https://doi.org/10.1177/1748895818773805

Archibald, M. M., Ambagtsheer, R. C., Casey, M. G., & Lawless, M. (2019). Using zoom videoconferencing for qualitative data collection: perceptions and experiences of researchers and participants. *International Journal of Qualitative Methods*, *18*, 1609406919874596. https://doi.org/10.1177/1609406919874596

Baybutt, M., Dooris, M., & Farrier, A. (2019). Growing health in UK prison settings. *Health Promotion International*, *34*(4), 792-802. https://doi.org/10.1093/heapro/day037

Boehnlein, T., Kretschmar, J., Regoeczi, W., & Smialek, J. (2020). Responding to stalking victims: Perceptions, barriers, and directions for future research. *Journal of Family Violence*, *35*, 755-768. https://doi.org/10.1007/s10896-020-00147-3

Bronson, J., Maruschak, L. M., & Berzofsky, M. (2015). *Disabilities among prison and jail inmates, 2011–12*. Washington: Bureau of Justice Statistics. Retrieved from www.bjs.gov/content/pub/pdf/dpji1112.pdf

Buckaloo, B. J., Krug, K. S., & Nelson, K. B. (2009). Exercise and the low-security inmate: Changes in depression, stress, and anxiety. *The Prison Journal*, *89*(3), 328-343. https://doi.org/10.1177/0032885509339508

Burchfield, K., Sample, L. L., & Lytle, R. (2014). Public interest in sex offenders: A perpetual panic. *Criminology, Criminal Justice Law & Society*, *15*, 96.

Chan, J. S., Liu, G., Liang, D., Deng, K., Wu, J., & Yan, J. H. (2019). Special issue–therapeutic benefits of physical activity for mood: a systematic review on the effects of exercise intensity, duration, and modality. *The Journal of Psychology*, *153*(1), 102-125. https://doi.org/10.1080/00223980.2018.1470487

Cohen, S. (1972). Moral panics and folk devils. *London: MacGibbon & Kee*.

Coomber, A. (2023). What do IMBs tell us about prison today? Howard League for Penal Reform. https://howardleague.org/blog/what-do-imbs-tell-us-about-prison-today/

Davies, N., Hoddinott, S., Fright, M., Nye, P., Pope, T., Shepley, P., & Richards, G. (2022). *Performance Tracker 2022: Public services after two years of Covid*. Institute for Government.

De Viggiani, N. (2007). Unhealthy prisons: exploring structural determinants of prison health. *Sociology of Health & Illness*, *29*(1), 115-135. https://doi.org/10.1111/j.1467-9566.2007.00474.x

Delli Carpini, M. X. (2005). News from Somewhere: Journalistic Frames and the Debate over 'Public Journalism.'. *Framing American Politics*, 21-53. https://doi.org/10.2307/j.ctt6wrbqk

Falco, D. L., & Turner, N. C. (2014). Examining causal attributions towards crime on support for offender rehabilitation. *American Journal of Criminal Justice*, *39*, 630-641. https://doi.org/10.1007/s12103-013-9231-5

Haesen, S., Merkt, H., Imber, A., Elger, B., & Wangmo, T. (2019). Substance use and other mental health disorders among older prisoners. *International Journal of Law and Psychiatry*, *62*, 20-31. https://doi.org/10.1016/j.ijlp.2018.10.004.

Hammond, C., Knošková, K., Fido, D., & Wallace, L. (2024). A comparative analysis of public educational needs in the rehabilitative care of individuals who have committed serious criminal offences: A cross cultural study. *Forensic Science International: Mind and Law, 5*, 100130. https://doi.org/10.1016/j.fsiml.2024.100130

Harper, C. A., & Hogue, T. E. (2015). The emotional representation of sexual crime in the national British press. *Journal of Language and Social Psychology*, *34*(1), 3-24. https://doi.org/10.1080/1068316X.2014.989170

Herbert, K., Plugge, E., Foster, C., & Doll, H. (2012). Prevalence of risk factors for non-communicable diseases in prison populations worldwide: a systematic review. *The Lancet*, *379*(9830), 1975-1982. https://doi.org/10.1016/S0140-6736(12)60319-

Hirschfield, P. J., & Piquero, A. R., (2010). Normalization and legitimation: Modeling stigmatizing attitudes toward ex-offenders. *Criminology*, *48*(1), 27-55. https://doi.org/10.1111/j.1745-9125.2010.00179.x

Jenkins, M., Wilson, O., Richards, J., Huthwaite, M., Skirrow, P., Grant, E., & Every-Palmer, S. (2023). The association between motivation and physical activity among forensic and rehabilitation inpatients in Aotearoa New Zealand. *The Journal of Sport and Exercise Science*, *7*(2), 9–17. https://doi.org/10.36905/jses.2023.02.02

Koon-Magnin, S., (2015). Perceptions of and support for sex offender policies: Testing Levenson, Brannon, Fortney, and Baker's findings. *Journal of Criminal Justice*, *43*(1), 80-88. https://doi.org/10.1016/j.jcrimjus.2014.12.007

Lancaster, R. N., (2011). *Sex panic and the punitive state*. University of California Press.

Lea, S., Auburn, T., & Kibblewhite, K. (1999). Working with sex offenders: The perceptions and experiences of professionals and paraprofessionals. *International Journal of Offender Therapy and Comparative Criminology*, *43*(1), 103-119. https://doi.org/10.1177/0306624X99431010

Link, N.W., Ward, J. T., & Stansfield, R. (2019). Consequences of mental and physical health for reentry and recidivism: Toward a health-based model of desistance. *Criminology*, *57*(3), 544-573. https://doi.org/10.1111/1745-9125.12213

Mayr, A., & Machin, D. (2011). *The language of crime and deviance: An Introduction to Critical Linguistic Analysis in Media and Popular Culture*. Bloomsbury Publishing.

Merkt, H., Haesen, S., Meyer, L., Kressig, R. W., Elger, B. S., & Wangmo, T. (2020). Defining an age cut-off for older offenders: a systematic review of literature. *International Journal of Prisoner Health*, *16*(2), 95-116. https://doi.org/10.1108/IJPH-11-2019-0060

Mier, C., & Ladny, R. T. (2018). Does self-esteem negatively impact crime and delinquency? A meta-analytic review of 25 years of evidence. *Deviant Behavior*, *39*(8), 1006-1022. https://doi.org/10.1080/01639625.2017.1395667

Nowotny, K. M., Cepeda, A., James-Hawkins, L., & Boardman, J. D. (2016). Growing old behind bars: Health profiles of the older inmate population in the United States. *Journal of Aging and Health,* 28(6), 935–956. https://doi.org/10.1177/0898264315614007.

O'Hear, M. M. & Wheelock, D. (2016). Public Attitudes Toward Punishment, Rehabilitation, and Reform: Lessons from the Marquette Law School Poll. *Faculty Publications, 678.* http://scholarship.law.marquette.edu/facpub/678.

Oliver, J. J., & MacLeod, A. K. (2018). Working adults' well-being: An online self-help goal-based intervention. *Journal of Occupational and Organizational Psychology*, *91*(3), 665-680. https://doi.org/10.1111/joop.12212

Piquero, A. R., Shepherd, I., Shepherd, J. P., & Farrington, D. P. (2011). Impact of offending trajectories on health: Disability, hospitalization and death in middle-aged men in the Cambridge study in delinquent development. *Criminal Behaviour and Mental Health*, 21, 189–201. https://doi.org/10.1002/cbm.810.

Pressman, S. D., Jenkins, B. N., & Moskowitz, J. T. (2019). Positive affect and health: What do we know and where next should we go? *Annual Review of Psychology*, *70*, 627-650. https://doi.org/10.1146/annurev-psych-010418-102955

Purohit, N., Stephenson, Z., & Stenfert Kroese, B. (2024). Exploring Factors Related to the Process of Desistance from Crime: A Qualitative Study of Females in the UK. *Journal of Forensic Psychology Research and Practice*, 1–25. https://doi.org/10.1080/24732850.2024.2393352

Rothwell, M., Fido, D., & Heym, N. (2021). Perceptions around adult and child sex offenders and their rehabilitation as a function of education in forensic psychology independent of traditionalism and perpetrator sex. *Forensic Science International: Mind and Law, 2,* 100039. https://doi.org/10.1016/j.fsiml.2020.100039.

Semenza, D. C., & Grosholz, J. M. (2019). Mental and physical health in prison: how co-occurring conditions influence inmate misconduct. *Health & Justice*, *7*(1), 1-12. https://doi.org/10.1186/s40352-018-0082-5

Serisier, T. (2017). Sex crimes and the media. In *Oxford Research Encyclopedia of Criminology and Criminal Justice*. https://doi.org/10.1093/acrefore/9780190264079.013.118

Skeem, J. L., Polaschek, D. L., Patrick, C. J., & Lilienfeld, S. O. (2011). Psychopathic personality: Bridging the gap between scientific evidence and public policy. *Psychological Science in the Public Interest*, *12*(3), 95-162. https://doi.org/10.1177/1529100611426706

Socia, K. M., & Harris, A. J. (2016). Evaluating public perceptions of the risk presented by registered sex offenders: Evidence of crime control theater? *Psychology, Public Policy, and Law*, *22*(4), 375. https://doi.org/10.1037/law0000081

Social Exclusion Unit. (2002). *Reducing re-offending by ex-prisoners.* https://www.bristol.ac.uk/poverty/downloads/keyofficialdocuments/Reducing%20Reoffending.pdf

Stogner, J., & Gibson, C. L. (2010). Healthy, wealthy, and wise: Incorporating health issues as a source of strain in Agnew's general strain theory. *Journal of Criminal Justice*, 38, 1150–1159. https://doi.org/10.1016/j.jcrimjus.2010.09.003.

Stogner, J., Gibson, C. L., & Miller, J. M. (2014). Examining the reciprocal nature of the health-violence relationship: Results from a nationally representative sample. *Justice Quarterly*, *31*(3), 473-499. https://doi.org/10.1080/07418825.2012.723029

Tolson, D., & Klein, J. (2015). Registration, residency restrictions, and community notification: A social capital perspective on the isolation of registered sex offenders in our communities. *Journal of Human Behavior in the Social Environment*, *25*(5), 375-390. https://doi.org/10.1080/10911359.2014.966221

Tyler, N., Miles, H.L., Karadag, B., & Rogers, G. (2019). An updated picture of the mental health needs of male and female prisoners in the UK: prevalence, comorbidity, and gender differences. *Social Psychiatry and Psychiatric Epidemiology*, *54*, 1143-1152. https://doi.org/10.1007/s00127-019-01690-1

VanderWeele, T. J., Chen, Y., Long, K., Kim, E. S., Trudel-Fitzgerald, C., & Kubzansky, L. D. (2020). Positive epidemiology? *Epidemiology*, *31*(2), 189-193.

Vuk, M., Applegate, B. K., Ouellette, H. M., Bolin, R. M., & Aizpurua, E. (2020). The pragmatic public? The impact of practical concerns on support for punitive and rehabilitative prison policies. *American Journal of Criminal Justice*, *45*, 273-292. https://doi.org/10.1016/j.jcrimjus.2014.12.0

Ward, T., Mann, R. E., & Gannon, T. A. (2007). The good lives model of offender rehabilitation: Clinical implications. *Aggression and Violent Behavior*, *12*(1), 87-107. https://doi.org/10.1016/j.avb.2006.03.004