



**Highland
Community**
Justice Partnership

HIGHLAND COMMUNITY JUSTICE PARTNERSHIP: WOMEN IN THE CRIMINAL JUSTICE SYSTEM 2024

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Executive Summary

Aims of the Study and Methods

This study was commissioned by the Highland Community Justice Partnership to understand the socio-economic factors contributing to women who have offended in Highland and the response by services. An initial analysis of quantitative data was carried out. In the main qualitative study fourteen women who had offended were interviewed. One woman had been in prison for a short sentence and was completing social work supervision, nine had or were attending social work supervision, three had also completed unpaid work and one woman had completed a DTTO within the past year. A particular limitation is that only one woman who had been in prison was interviewed. Eighteen workers from across Highland took part in interviews or focus groups.

Analysis of quantitative data

15% (109) of all criminal justice cases in the Highland in 2022/23 were women. An analysis of national data shows that in Highland, based on an assessment of social work recommendations and disposals, there is an over-use of custody and under-use of structured deferred sentences, which points to the need potentially for the judiciary to be better informed about the wide range of disposals and the challenges that arise with up-tariffing people so they get the help they need. It was also raised however by social work services that the recording of the 'main' disposal, may mean that structured deferred sentences are not being captured to the level that they happen. It was very clear that social work staff felt this was a much better option however than community payback orders for women.

Findings: Interview with the women and workers

The findings between both groups had a lot of synergy. This highlighted that poverty is the main barrier women face and workers observed that these structural challenges were often individualised. Poverty underpins the abuse, trauma, poor mental health and for many, isolation with substances used as a coping mechanism. The stigma women who have offended face is four-fold, that is judged for being poor, for being women, for being mothers and for having a criminal record. In rural areas they described feeling they were living 'in a goldfish bowl.' The fear of losing children and being judged further means the problems women experienced remained hidden, became chronic and for many, the offence, their first, was precipitated by having a mental breakdown.

"I was scared to ask for help because I did have children and it would affect me and keeping custody. But then it came to ahead well without my control. I realised the help was there all along and I could have asked for it...I know the social services are there to help and they can also be an intermediary person... Women feel judged. In hindsight you should just say you are struggling." (Emma)

Both the workers and women were concerned that the judiciary had 'up tariffed' their sentence, all be it in a well-meaning way so they could get the support they needed, but they now had a serious criminal record. Overcoming their anxieties about engaging with social work, the women really appreciated the help they had from criminal justice social work services and wished they had had this opportunity earlier, without the stigma of being

a criminal. The women felt that in comparison to other support, that is their GP, mental health services, most addiction support services, children and families social work, they felt listened to, understood, given practical and emotional support and connections made within the community.

"I suppose that was the first time anyone had been really interested in me and what my life had been which I was able to talk to her...I was saying things that I had never spoke to anyone about. I trusted her. I could cry if I wanted...She sees me for who I am...I think it can be easier to just off load. I have never talked to anyone the way I can speak to her, it goes there and then it stops. It is confidential. It is one time in your life you can be totally honest with someone." (Leanne)

The following is a summary, bringing together the women's and worker's accounts about what they felt should be developed to better support women:

Early Intervention and Prevention:

- Development of a 'trauma team' within adult social work services and SHINE + in the community so that people can get the support they need and want without the stigma of having a criminal record.
- Education in schools around positive relationships and sexual health.

Criminal Justice System

- Communication about the wide range of disposals and awareness of the challenges for example of giving people CPOs.
- Training around domestic abuse and coercive control.
- Practical and emotional support for people when they leave prison.

Health Services

- Dual diagnosis support to be available.
- Rehabilitation to be further expanded and more accessible.
- Easier access to counselling.
- GP to provide more information and signposting to local services.

Social work services

- More follow-on support when cases end and connections to community support.
- To continue to develop women only spaces and groups.
- Better communication and information sharing between children and families social work and criminal justice social work, adopting a whole family approach.

Gaps where provision is required:

- Support to deal with loss of children and miscarriages.
- Development of community hubs.
- Not all services are Highland wide and could provide more of a digital offer and pop ups.
- That all services give women the choice about the gender of staff they work with.
- GPs to be informed about wider support and signpost people appropriately.

- Further expansion of peer support, such as in recovery, addiction support services and social work services.

To conclude, the main driver of offending is poverty and this directly links to all the other problems women experience and as articulated by the workers the structural problems have become individualised. As it stands the criminal justice system is trying to support women who have reached crisis point, are alone and have limited self-worth. In many ways, the criminal justice system also appears to be doing this alone too and there is a much greater need for services to work together. This means social work services from across departments communicating better, alongside mental health services, addiction support and the recovery community. It was interesting that one of the big 'asks' was the development of community hubs. When women were most isolated, that is when their lives really unravelled.

It was continually observed that women should not need to commit a crime to get the support required. Services face significant cuts, and this has been after a decade of austerity, pandemic and ongoing cost-of-living crisis. The best way to respond to this crisis is the need to do more together sooner, so that problems don't become so entrenched. Setting up a 'trauma team' or having the third sector take on a more preventative role so people can self-refer for support linking services up, without the same fear of losing children could be a good way forward. There is also a need to link better with schools, school nurses and take the whole family approach which is greatly promoted by 'The Promise.' The lack of access to provision across Highland demands that services provide different ways of engaging, such as online or 'pop up' provision. The development of peer support is also under-utilised and could be developed in social work departments, throughcare as well as an expansion of the recovery community and the hubs. What was very clear from doing this work is that those that work and have been in this field are passionate about providing the 'right' support and this is an excellent foundation to build on. It can't just be the domain of criminal justice and those services that work in this field to design responses, to make this a community response and create a real sense of belonging it demands sectors to work together in partnership with and for those who need and want the support, for the benefit of all.

1. Introduction and Overview

A Health Check report carried out by Azets in 2020/21 confirmed that there is a higher rate of female offending/reoffending in Highland. This research had two main aims, firstly to explore the social-economic factors contributing to Highland's higher rates of women who have offended and are reoffending, and secondly, to understand how well services and interventions are meeting needs arising from these factors.

In the next section a review of evidence based on the most recent statistics is presented, reflecting on national statistics and Highland specifically. The main findings of the qualitative study are presented in sections two and three. This study was carried out between February and the end of May 2024. Fourteen women currently being supported through the criminal justice system took part in phone interviews. The interviews lasted between forty-five minutes to one hour forty-five minutes, with most being just over an hour. All received a £20 voucher by way of thanks. In addition, ten staff from across Highland supporting women who had been involved in the criminal justice system in a variety of ways took part in online focus groups. Eight further workers from across social work services and the third sector took part in phone interviews. All interviews were transcribed and for the focus groups the notes were sent to participants for further feedback. Interviews were made anonymous with pseudonyms given and some details changed where the person may have been identifiable. Interviews were analysed thematically. Drawing on the work of Nowell et al. (2017) this involved six phases, namely—becoming familiar with the data; generating initial codes; searching for themes; reviewing themes; defining and naming themes; and finally producing the report. This is a qualitative study and set out to provide depth of accounts, rather than breadth, and they provide important insights into the socio-economic factors and other challenges women have faced as well as the response by services.

The main limitations are that the widest spectrum of experience in terms of justice disposals has not been able to be established, in particular only one woman interviewed had been in prison, no one had been given a home detention curfew or deferred sentence. Moreover, these were one off interviews and relied on the women trusting in the process to be able to open up, it is therefore likely that the issues faced are under-reported.

This report will present findings from the women, unpacking the key themes, before moving on to the key findings from service providers. The final section will draw together the conclusions and recommendations reached, drawing on the breadth of data analysed from national statistics and the depth of analysis provided through the interviews.

2. Highland context and national statistics

Highland Context

Drawing from Highland Community Justice Outcome Improvement Plan 2024-2029 an overview of Highland is set out (Highland Community Justice Partnership, 2024). This states that:

- The Highlands accounts for a third of the land mass in Scotland and a population of 238,060, so around 4% of the overall population. “Each area of Highland is unique with varying challenges and needs in terms of services, infrastructure and community supports’ (ibid: 6).
- The crime rate is 394 crimes per 10,000 people which is below the Scottish average of 528 in 2022/23.
- HMP Inverness is overcrowded and there are plans to replace the current building.
- In 2022/23 there were 4,837 people taken into custody within Highland and 3,502 within the Inverness area alone.
- Recorded vulnerabilities for those taken into custody within Highland were around mental Health, substance and alcohol use.
- At the time of writing in May 2024 the prison population has hit an ‘unprecedented’ level in Scotland, and a 13% increase since the beginning of 2023 to 8,348 with the Justice Secretary calling for an emergency release of short-term prisoners (Scottish Government, 2024).

The National Strategy for Community Justice (Scottish Government, 2022) sets out four aims, that is to optimise the use of diversion and intervention at the earliest opportunity; ensure that robust and high quality community interventions and public protections arrangements are consistently available; ensure services are accessible and available to address the needs of individuals accused or convicted of an offence; strengthen the leadership, engagements and partnership working of local and national community justice partners.

Overview of the national statistics

According to the most recent statistics:

- 14,700 community payback orders were issued in 2022-23 was, up by a fifth from 2021-22 but still much lower than the pre-pandemic years (Scottish Government, 2024). The average number of hours given was 131. The successful completion rate was 73%.
- Diversion from prosecution is a process by which prosecutors are able to refer a case to a local authority or other identified agency as a means of addressing the underlying causes of offending. 2,600 diversion from prosecution orders were given, mainly for young people, with those 16 to 17 accounting for a quarter of cases, and two thirds of cases over the last four years for men.
- Fiscal work orders, that is unpaid work can be used an alternative to prosecution. These have been under-utilised, with only 140 issued in 2022/23.
- The number of structured deferred sentences was 1,300, the highest number in five years.
- There was a drop in the number of home detention curfew assessment reports to 730, the lowest in ten years.

- 44% of CJSWRs in 2022-23 recommended the use of a CPO and the main outcome for 41% of cases was this. 20% per cent recommended a CPO with supervision but no unpaid work and this was the sentence given in 10% of cases. 12% unpaid work but no supervision and this resulted in 14% of cases. 12% of reports recommended a structured deferred sentence and this resulted in 11% of cases. 6% were recommended a fine and this is what they got. Only 5% recommended custody but this was the sentence given in 12% of cases. 18% suggested some other form of sentence such as a drug treatment and testing order assessment and this was only given in 6% of cases.

Social work recommendations and disposals given

In Highland the number of people who received sentences was 711 in 2022/2023 (Scottish Government, 2024). The following table provides a breakdown of what social work reports recommended the person should be given and what sentence was given.

Sentence	Number recommended (711)	Number given (711)
Custody	26	88
Restriction of liberty order	12	15
DTTO assessment	17	29
CPO unpaid work and supervision	32	122
CPO unpaid work and no supervision	64	95
CPO supervision only	37	78
Structured deferred	34	0
Deferred sentence	42	61
Fine	39	81
Other community penalty	0	60
Admonition or discharge	0	33
Other, warrant or outcome not known	21	49
No preferred outcome given	387	

Most criminal justice social workers (387) did not give a preferred option for the sentence. However, there are a number of interesting points of note here, namely unpaid work and supervision was given to people more than three times that which was recommended. No structured deferred sentences were given according to the statistics. These figures would suggest that there may be an information gap between social work and the judiciary around the full range of options that are available and the up-tariffing of people to the harsher sentences. However, it is also important to note that when this information was presented to the Community Justice Partnership, it was raised by social work services that structured deferred sentences had been given, and these statistics therefore may only show what was classified as being the 'main' punishment.

Of the 711 people in the criminal justice system from Highland, more than half (435) were 31 years old or over. Only 15% (109) of cases were women. The numbers therefore are small.

Based on the overall statistics provided on arrivals by local authority, 1.3 per 1000 population come from Highland, this is a drop from 3.2 in 2009, which shows that the number of people from Highland going to prison has dropped (Scottish Government, 2023), but as the above indicates there is still work to be done to lower this even further.

Women in the justice system: Trauma, mental health, substance use and loss of children

Based on a quantitative analysis of women in the criminal justice system, women represent a minority of those convicted of crime and only 4% of the prison population. They receive shorter sentences and less likely to receive a custodial sentence, with reconvictions lower (Scottish Government, 2022b). Women have less confidence than men in the criminal justice system and in terms of roles within the justice system, women have less senior roles than men (Scottish Government, 2022b).

A recent report reaffirms depressingly the same vulnerabilities that have been reported consistently in research on women in the criminal justice system, namely that offending is often linked to substance use, a form of self-medication against backgrounds of abuse, trauma, poverty and mental health issues (Johnsen and Blenkinsopp, 2024; Scottish Consortium on Crime and Criminal Justice, 2006; Scottish Government, 2012; Scottish Government, 2020). 1,051 people died due to drug misuse in 2022, with opiates implicated in 80% of deaths, those living in the most deprived areas are 16 times more likely to die of drug misuse (National Records Scotland, 2023). Males are twice as likely to die from drugs as females, however, the fall in deaths in 2022 was much larger for males than females (ibid).

More women in prison have dependent children and only 17% of children whose mothers are in prison live with their fathers outside (Scottish Centre for Crime and Justice, 2023). The Scottish Drugs Deaths Taskforce (2022) highlight the stigma women, especially mothers face when they have issues related to substance use and the reluctance women have about seeking support because of the fear of having their children removed. A large proportion of women's drug related deaths that occur in the perinatal period are closely associated with child protection proceedings or having their children taken into care (ibid). Awareness of the trauma associated with losing children is only really now being openly acknowledged (Johnsen and Blenkinsopp, 2023). There is a call for services to recognise the specific needs of women such as addressing barriers around childcare, providing women only spaces and being trained in respecting women's rights and understanding domestic abuse (Scottish Drugs Deaths Taskforce, 2022).

Community justice responses and systematic challenges

The need for gender specific support for women in the community as well as prison is recognised as necessary, however, the focus has been on the development of the new HMP Stirling and the closure of the 218 Centre in Glasgow raises concerns about the 'alternatives' to prison that women now have. In Highland one of the most successful initiatives has been the Highland Custody Link Work Project, whereby women in police custody are supported to access the support they need and want, as long as they are not given a custodial sentence.

From March 2020 to March 2023 they have worked with 275 women (Graham et al. 2023). The evaluation highlights the importance of the relationships staff are able to build with people that underpin the good work, and the multiple complex needs people have in the justice system, such as mental health, trauma and that the rate of suicide in Highland is the highest in Scotland (Graham et al. 2023). It also shows the challenges within the system. In particular, it was notable that a housing application in Highland takes around a year, which is higher than the average for Scotland (ibid). It also raised the lack of GPs, and how when people did not turn up for appointments, often because of their mental health they could be struck off by the very services they want and need support from. Women's aid services are facing unprecedented demand while most funding has been the same for a decade (Together, 2024). Furthermore, social work services face serious financial pressures, staff burn out, with one in four graduating leaving the workforce within six years, and 19% are approaching retirement age (Together, 2024). Johnsen and Blenkinsopp (2024: viii) observe that many of the successes in supporting people with multiple complex needs have been down to the goodwill of 'highly committed individuals rather than evidence of tangible systems change.' McIvor (2022) calls for a public health approach to criminality, which would shift attention to the structural challenges people face.

3. Findings: Interviews with the Women

Overview

The following section presents the key themes drawn from the analysis, firstly presenting the socio-economic factors as well as the wider challenges women faced and secondly, turning to their experience of service provision.

One woman had been in prison, twelve had completed or were near completion of their supervision (one of whom had also been in prison), in addition to supervision, three women had completed an unpaid work element, and one woman had lost her licence. One other woman had been supported through the custody link worker support and another woman had completed a Drug Treatment Testing Order. Three of the women had had many offences, that is breach of the peace and shoplifting, three of the women had had a couple of breach of the peace convictions, and so for the majority of those interviewed, this was their first offence.

3.1 The Challenges

The backdrop and foreground of poverty

In the UK, current levels of poverty are 50% higher than in the 1970s, but the stigma people feel, affecting dignity, self-worth and shame can be as debilitating as material want, affecting physical and mental health, entrenching them deeper into poverty (Tyler and Campbell, 2024). As noted in the Scottish Government's Mental Health Strategy, poverty is the single

biggest driver of poor mental health (Scottish Government, 2017). Stigma is a ‘powerful glue’ that holds poverty in place (Tyler and Campbell, 2024; Walker, 2014). The reliance on statistical data in this area dehumanises, reinforces distinctions between ‘them’ and ‘us’, individualising the problem, shifting attention away from the structural issues and feeding what is referred to as poverty denialism (Tyler and Campbell, 2024, Shildrick, 2018). Essentially, the shame of poverty is an inhibitor to people talking openly about the challenges they face as a result and even becoming isolated, intersecting with other forms of disadvantage such as class, gender, sexism, race and disabilities (Tyler and Campbell, 2024). Only six women spoke openly about the challenges they faced as a result of living in poverty. The discussed the costs related to travel, being unable to afford to take taxis, having to rely on the bus and for one woman living in temporary accommodation with mould was affecting her physical and mental health. One woman spoke about how living on benefits was impossible and the only reason she had been caught shoplifting was because she didn’t have any money. Two women said that living in a particularly impoverished area meant they were surrounded by alcohol and drugs.

“The way thing are, you can’t survive on what you get. The benefits are not enough and if you are working pay is not enough. Everything has gone sky high. Benefits don’t stretch. I think people are forced into things to get money... When I was getting in trouble from shoplifting, you are shoplifting because you don’t have the money.” (Barbara)

“I was in a rough estate beside the off licence. As soon as you got out they were drinking, thieving and it meant I stopped going out. I couldn’t work so I started drinking on my own. I was so bored. I would end up going out...When you are on benefits you can’t afford to do anything. You end up taking drink and drugs out of boredom.” (Sharon)

Interestingly, although the women did not often speak openly about poverty, all spoke about the help they had from social work services to pay for travel was really helpful and this indicates the reality that all of the women were struggling financially.

The lasting legacy of abuse

Bearing in mind that these were just one-off interviews women may have under-reported issues such as abuse. However, even with these limitations, six women open up about having been abused when younger, one whilst in care, three women had been abused by their ex-partners, two physically and mentally, and the other women through coercive control, one other women had been a victim of men taking over her property when she had been at her most vulnerable. Three women did not say it openly but that there had been ‘trauma’ in their lives that they did not want to speak about. These women also said that they felt when they were going through the justice system that there was an expectation that they would share what had happened in their lives without any real thought given to how hard this was, but also not necessary. In all cases the women felt that the abuse had a lasting impact on their lives.

“Why should you have to share your story? You feel you have to, so they don’t call you these things. I felt really looked down... I think services should be trained, they should not expect you to just share everything. They ask you all sorts of questions right at the start.” (Barbara)

“The aftermath of any domestic abuse or families breaking up, how does that affect children for the rest of their lives... I think there could be more discussion with families about what they have actually gone through. Things don’t hit you until you are ok. “Did that happen?” You are learning to love yourself with that too.” (Emma)

The stigma and shame: Judged for being poor, judged for being a woman, judged for being mothers and judged for being a criminal

All interviewees felt they were judged by others, for being poor, being women and for eight of the women who were also mothers, for having failed in their role. One woman had been a young mother and had previously had support from the Family Nurse Partnership, however in the past few years she has been without any other support and really struggled. The mothers said they had been really scared to ask for help because they thought their children would be taken away. One woman who had her children removed said she felt that children and families social work lacked empathy about the challenges she faced, and their approach was in stark contrast to the criminal justice workers, who were very understanding.

“I was scared to ask for help because I did have children and it would affect me and keeping custody. But then it came to ahead well without my control. I realised the help was there all along and I could have asked for it...I know the social services are there to help and they can also be an intermediary person... Women feel judged. In hindsight you should just say you are struggling.” (Emma)

“I feel as a mother, when you relapse, people look down on you. They think you don’t care. They don’t know what is going on. They just want to judge you. It is a barrier to getting help. What is the point – they are going to judge you anyway.” (Barbara)

An important finding from this study and which echoes previous research, is that women said that coming from rural areas, they felt they were especially the subject of ridicule and lived in a ‘goldfish bowl’ (Graham et al. 2022). They were ‘known’ and given a label that was now firmly stuck, and not given permission to move beyond it. In the desistance literature, one of the biggest challenges is actually convincing others that you really have changed and in material terms for the women, it meant they were not able to move on in life or access opportunities (Nugent and Schinkel, 2016; Maruna, 2001). These different layers of judgement faced acted as barriers to asking for help, but also the women internalised these feelings of shame, compounding their lack of self-worth, and blaming themselves entirely for the situation, rather than all the other factors that conspired against them.

“I felt really judged. They judge you here in the Highlands, I have applied for voluntary jobs, and they see my name.” (Morag)

“I didn’t give a good first impression. The name has stuck. I don’t have a friend. Even though people are nice because I am doing ok. I don’t have friendships... It feels like you are in a goldfish bowl.” (Lauren)

Isolated physically and excluded

A striking finding is that all of the women said that they had become very isolated. The physical distance and costs, time and money to getting help because of the rurality was a significant barrier.

“Just where I live, lacks a lot in regards to getting help with groups or anything.” (Emma)

*“I am rural where I am so it is hard to get involved in things. The buses finish at 4pm.”
(Sharon)*

The women also felt judged as discussed above and in the more rural areas, excluded because of issues often related to substance use. The isolation for a couple made them gravitate towards other people with substance use issues and escalate their use.

“A lot of things, the problem was being on my own, I didn’t like to be alone. I never wanted to be on my own. I was drinking and taking drugs. I was more likely to then let people into my house. You think you are helping them. When you have a fear of being on your own, you are lonely. They are showing you attention.” (Lauren)

Loss of children

Three women had lost children. One of the women had been forced to have her child adopted by her parents decades beforehand; another woman had her children taken into care when her issues with substance use escalated and finally one woman had separated from her partner but the children still lived in the family home. The loss of children and the isolation they faced was in their own words, too hard to take. Both women who had been through children’s services felt that throughout the processes they had been completely forgotten about and not heard at all. The pain they felt as a result of the loss affected their mental health long-term.

“I had to hand her over and sign a form. I had given birth and so what?...The horror of my life was that she would be adopted and I would not know how well she would be treated. There are too many things in the head.” (Leanne)

“I had my children taken off me two years ago and I have had no support at all. I was told there are not here to hold my hand. They took them off me for my own doing, I was in the wrong, but I would have liked more support...The response I had was quite dismissive...They are making decisions without us being heard. It is not fair. It is not open to us. I didn’t feel able to speak. They are not getting the full picture and they are not asking us anything.... I had a house with four children and then to pure silence. It drove me crazy and that is when I started using again.” (Amy)

Impact of a head injury

Two women had been in serious accidents resulting in severe head injuries, which in turn affected their ability to make decisions. Both women said they had limited aftercare and the assessment of them being able to just get on with things on their own in hindsight had been premature.

“I must admit, mentally I was feeling quite confused. I was told everything was right...I didn’t really tell anyone that is how I felt. I felt really on my own.” (Leanne)

“The support for brain injury is not adequate, but I just got on with it myself.” (Sharon)

Mental Health Issues

Eight women described having had a mental breakdown and this being the reason for their criminal offence. The cases were all very different but a commonality was dealing with past or current abuse, alcohol use often co-occurring with mental health issues and reflecting that at this point their lives had ‘unravelling.’ One woman had tried to complete suicide at the time. One woman had also been misdiagnosed as having depression for many years and the medication she had been on actually making her now diagnosed ADHD worse. In all cases they felt as though they had hit crisis point. The interviews show that mental health issues are affected by all aspects of people’s lives, and the impact of structural issues, such as poor housing.

“I couldn’t speak to anyone. I became completely unravelled. I had alcohol in the back of that...I have epilepsy, I was in and out of hospital. One of them was life threatening...I just became more ill and then my mum and aunt died. I was self-harming and using alcohol.” (Fiona)

“I was in such a bad place. When I was arrested. It hit me like a bus. I knew I was unwell. I would get up and get the kids to school. It took every fibre of my being to do that...I was so ill. I was not eating... I had undiagnosed ADHD and I was given the wrong medication. It was no one’s fault. I was in a really bad way mentally because of everything going on, I had not processed things.. I couldn’t face anything. All this with my ex. I had not processed anything.” (Jackie)

Substance Use

Six women said they had issues related to alcohol use and three women issues related to taking drugs. As already discussed above, mental health issues, substance use and dealing with abuse were co-occurring. As also highlighted by the wider literature, substances were used as a way to self-medicate and deal with the pain, anxiety, depression, loneliness and that no one cared (Covington, 1999). Taking these substances is therefore also to do with people feeling a lack of self-worth.

“I would lose it and self-medicate with alcohol.” (Fiona)

"I would have liked to have somewhere to have went. There were no walks beside me. I am a country girl at heart. If there was something there so I could have reached out. It is that boredom. I think having a place to go. When you are on benefits you can't afford to do anything. You end up taking drink and drugs out of boredom. I think if they somewhere to go." (Sharon)

3.2 Views of services

Criminal Justice Social Work

Overcoming the fear

All of the women felt that the main support they have had that has been effective has been through their criminal justice social worker. All but one woman said that they had been anxious, intimidated and embarrassed about coming to the offices for the first time. The one woman said she preferred that the supervision happened in a professional setting and not in her home. For the other women, the reasons for their concerns were because the building itself triggered feelings around them being sentenced or being in court for other reasons, such as cases of abuse. Women also felt exposed and that people knew they were going into the building to fulfil their order. One woman said that coming into the building meant she met with people she was trying to avoid and desist from offending. One woman spoke about how she had misunderstood what would be involved and thought she would be put in an 'orange jumpsuit' to pick up litter. One woman said that she did not like that she had to sit in the waiting area with other men who sometimes could be agitated, waiting on their own social work appointments. A few praised the security staff for how welcoming they were. A couple suggested that it would be good to have a peer worker meet with the women beforehand and taken them to the appointment, or for the worker to meet them outside of the office and bring them in. One woman's worker had contacted her by phone in advance and she said this really helped.

"I think for the first time it would be good if someone was able to take you in there into the offices. I think even if you could have a home visit for the first time that would be good. The first few times you think everyone is looking at me and you feel bad. But the ones I have seen they are very helpful and they know they things to say... Well even the chap in the offices has a smile on his face when he is scanning your bag. I think their offices are comfortable, but the first visit isn't, but then you build it up. I don't feel humiliated by it now. If I have anything to say I can say it. I find it quite reasonable. I don't feel affronted. (Leanne)

"Maybe the first meetings – put it across that no one judges. Even if people are willing to say – we have been there. Don't let it bother you. Maybe get someone in who has been in there. I think it might have helped me." (Caroline)

One woman said during the pandemic her worker had met her for walks outside and she preferred this.

Women working with women

All appreciated that they had been given a female social worker and noted that this is something other professions, such as psychiatry could learn from.

Practical and flexible

The worker providing transport to help them make their appointments also helped them to build credibility, showing that they had full awareness of the challenges people may be facing. One woman appreciated that her social work appointments were set around her work.

Feeling listened to and understood

After overcoming these initial hesitations around coming into the physical building, all of the women said that the support they had from their criminal justice social worker through supervision had been really helpful and they did not feel judged. A few said it was the first time they have felt really listened to and understood and their worker really cared, they said it was like or even better than therapy. They were able to be truly honest with the worker and themselves about the challenges they had faced, making sense of their lives and the support they wanted and needed. One woman said it was the first time she had spoken about her most difficult challenges to someone in her whole life, so strong was the trust that had been built.

"I am quite a closed book when I meet someone. I don't open up right away. At first, I thought working with criminal justice, I was worried about how she would judge me. She made me feel comfortable. She goes out of her way to make sure I get the right help and support. It is mainly my anxiety and my depression. She spoke to me as well about my children. She is caring. She is not there to judge me. Some people – they do their job, a nurse or whatever and you know you get the feeling, they should not be in that job. I think she does care." (Diane)

"Criminal justice – yes, it was probably one of the best things I have ever done...She was just amazing. I clicked with her. It was a huge help. I don't know what would have happened if I hadn't...She really cared and it never felt like a tick box. She never made me feel bad. She was so lovely. Sometimes I drift in focus with my ADHD...She made me see how I could do things differently. She would go through the same sort of skills, and she had little props too, and it was a bit less clinical. Every week she would do this with me. It is so detailed, so you can tailor it to each person. So we did 'the fizz' when I feel situations and I am overwhelmed. She would explain the feeling I was having and how to deal with it. The coping mechanisms. So we don't end up having a total shed collapse." (Jackie)

"She was outstanding, she was able to help me by loosening the 'shame pit' – if you stay there you will reoffend, you need to get out of that. You are not a bad person. A lot of us in life – given that circumstances, I can see why people do these things. She was very compassionate. A lot of empathy. Firm but fair... Females working with females. I would have been more at ease. I think that has really helped, that they are women." (Fiona)

"I felt like I could be completely honest with them about how I felt. She was normal and was also interested in me. I suppose that was the first time anyone had been really interested in

me and what my life had been which I was able to talk to her...I was saying things that I had never spoke to anyone about. I trusted her. I could cry if I wanted.... It takes time. She never did or say anything that would upset me. She does understand. I feel confident with them. I feel I can offload now. In the early stages I was not too sure...She sees me for who I am...I think it can be easier to just off load. I have never talked to anyone the way I can speak to her, it goes there and then it stops. It is confidential. It is one time in your life you can be totally honest with someone. You can say if you have been hit by your parents. I couldn't talk to my children like that. That can go off in other angles, but I could be totally honest."
(Leanne)

Opening up about abuse

Three women said that they only started to make sense of their past abuse through the support they had from their social worker.

"I was able to reveal the historical abuse to the social worker who was a man. I was able to talk to him about this. I had to go in and see him once a week. I was abiding by the appointments. I then disclosed it to the social worker and then I reported it to the police through RASASH". (Sharon)

Groupwork: Learning new skills and feeling less alone

For those who had engaged in groups, they enjoyed meeting other people who had similar experiences and challenges as them, recognising they were not alone and learning strategies about how to cope better. A few mentioned the courses they had completed, such as the decider skills course or SMART as being really helpful.

"I have had unpaid work through the court placement. The groups help. I feel I understand myself more. This 'decider skills' and I have found that useful. Me and the other woman – it is drinking. I am able to share. It is a safe place." (Morag)

One woman had opted to do the 'hands on' work with the men, one had been given a placement in a charity shop and another in gardens. One woman felt that if she had gone to 'the sheds' to do her placement as opposed to the shop she would have been likely to take drugs again. One of the women was able to continue her work as a volunteer and the other woman said she would have liked to do this. Most women said the way in which their case had ended had been effective, feeling they had completed what they set out to do. A few women however felt there could have been more follow-on support.

Making connections in the community

Two women said they had been connected by their social worker to other services, with one woman continuing her community placement volunteering and another woman getting involved in a local walking group. In direct contrast, the woman who had been in prison had been moved very far away from her family and completely disconnected from her locality throughout her sentence. When she left prison she said that she found engaging in the community without support 'horrific' and was lonely. She had returned to her abusive partner, offended again and viewed this time as being at her lowest point. She felt that now a couple of years on after her sentence, her life in temporary accommodation had stalled

and she suggested that she would have benefitted from living in a 'halfway house' to be supported to reintegrate back into the community.

Would have liked the support sooner

These interviews show the value the women have placed on the support they have had and recognising the benefits of making sense of their past, taking time to know what they want and being supported to make connections in the community. All appreciated the help but said that they wish they had got this type of support sooner, and without the added stigma of being a 'criminal.' A couple reflected that it was the failings of other systems that meant they had come into the criminal justice system. One woman who had been given a DTTO said that she would have liked this to also have been given sooner, rather than repeatedly getting fines she could not pay and getting a 'big criminal record.'

"I only found about all of these things through the criminal justice system. You should not have to commit crime to get the help you need. The information should be out there and readily available. There is a high drug rate here and children being taken off you and no support." (Amy)

"I would have liked to have had the worker in my life at an earlier point. I kept asking for help and I was telling people I was not fine. I wanted support but I was not getting it. I contacted them myself and they just came out once... I was surprised how good she was. I had such a different view of what it was going to be like. I was expecting them to say – you did this or that. She believed me. She has children herself and so she got it. She took time to listen. I strongly feel like criminal justice, it sounds scary, but in actual fact, if I didn't get accused, I would not have that support. (Diane)

The Courts System

Not trauma informed

A few women said they felt that the legal professionals, that is the solicitors and judges lacked empathy. They felt there was pressure for them to reveal their trauma and they did not think there was recognition of how difficult this was. One woman who had taken her now ex-partner to court because of the abuse said the case had dragged on for more than a year with ongoing delays which were stressful. Two women said they felt that the judge had given them a more serious sentence than they deserved so they could get the help they needed, and although well-meaning was misplaced, and meant they had a criminal record that was not warranted.

"The judge didn't listen to anything about me struggling, so they gave me even more appointments. They said I would go to prison or jail. I am still trying to make them. I had a six month deferred sentence, but then I got 150 hours and supervision for a year...My life is on pause. I can't move forward in my life... I have been looking at college before but my mental health is bad. I have started my medication. I want to make that time to get that working. It is making me tired...I think the main issue was that the Sheriff didn't listen. Maybe I didn't make myself clearer. Maybe I didn't tell them enough for them to understand. I don't want to have to tell people everything too. I think people are expected to tell everything straight

*away, it is awkward. If they are asking me about my life all the time, I want it to be mine.”
(Lisa)*

Police

Mixed Views on response being trauma informed

Six women shared their recent experiences of the police. Two had a positive experience. One woman described how she had not been cuffed in front of her children when she had been arrested which she appreciated. The other woman reported the police could not understand when they did the welfare check how she had been discharged from mental health services. She said ‘I feel very sorry for them picking up the pieces of a mental health system that is broken.’ Four other women said their experience had been mixed, with some officers more understanding than others. One woman said that not being offered a female officer had been especially challenging, to the point that she did not feel comfortable to ask to go to the toilet. One woman who had been in the care system explained that she had been in trouble with the police from a young age and this meant that she found it difficult to trust them, and even when she had been experiencing extremely harmful abuse she still did not call the police. This highlights how important past experiences are in shaping views of services.

“I think when it comes to the police, when they come and speak to you. Some come across as condescending. It is like – we are still human beings, we did something wrong, but speak to us. One of them – I didn’t like it and he put me on edge. They need training on how to deal with people and how to speak to people. There are reasons for things and you should take that into consideration – for some it is an attitude, it is a power trip.” (Caroline)

“At one stage I couldn’t be around men. You hear, everyone is understaffed I didn’t want to speak to a policeman. I couldn’t get up to go to the toilet. There was no female officers. I wet myself because of it...I think women should be asked if they want to work with women, have the option of speaking to a female. It is when the men asks, you feel uncomfortable saying no. You feel awful saying, and you say it is ok.” (Lauren)

Mental Health Services

Stretched and crisis driven

Two women had a positive experiences of mental health services. One woman had a Community Practice Nurse (CPN) assigned to her for support and she said it was through this help that she was able to make sense of her alcohol misuse. She then linked herself into a detox programme and has stopped drinking. She reflected in the interview that these links could be made clearer. One other woman had been finally connected to the psychologist after waiting for a year and felt the meetings had been really helpful.

Five women said they had negative experiences with mental health services and recognise that the service is stretched and in their view crisis driven. Two women said they did not feel listened to and when they missed appointments, because of poor mental health no one

reached out to find out why. Another woman felt that her alcohol use had not been taken into account in her assessments with no connections made to addiction support or recovery services. She had also been given prolonged exposure therapy online during the pandemic, and she felt this was one of the reasons underpinning her mental health breakdown, and had since found out that this form of treatment had been discredited. One woman had been told she would have to wait for six years to get access to appropriate mental health services. One woman who had anxiety said she had learned breathing skills from her criminal justice social worker and this had been really helpful, showing a gap in her mental health provision. In addition, three women said that they would have liked counselling support.

“He should have directed me to addictions support services...He discharged me whilst I was...The mental health system is broken and people just get turfed out... I had a nervous breakdown when I was 16. The help and care I got back in the 80s was outstanding compared to what is now. It must be soul destroying for the nurses.” (Fiona)

“They are lovely workers. It is not them that are the problem, but it is the people who tell them what to do. They need to look at it...Fast track people into mental health support sooner.” (Lisa)

“My mental health – you can’t get into a mental health hospital. Prison is taking the slack for that. I have seen a lot of bad mental health. It is turning into America. I think mental health is so important. You have so many intense behaviours. I cope really well when my life is ok. With the housing – it is triggered. I don’t feel listened to...I have mould all up the house... I need the fresh start that I deserve...I am not drinking or taking drugs. I don’t harm anyone. I am trying to keep me and my cat. I am not asking much.” (Carmel)

General Practitioners

Lack of consistency and information

One woman said her GP had been very helpful and a few women said that they had limited support. They said their GP did not know what was available in the community and therefore connections that could have been made had not. One woman further north in the Highlands said that there were no consistent GPs and they were all locums, so the level of care needed was impossible to get. One woman also said that she would like to see more social prescribing happening.

“The Drs here are all locums. So you don’t have that conversation. I have never had a problem getting an appointment within a week, but you don’t know the person. The Dr I saw for the first time, he was just another person. He didn’t know other services to offer. (Jackie)

Custody Link Project

Effective support and connections

Two women had been supported by police link workers and they reaffirm the findings from the service evaluation, that workers were non-judgemental, able to build and connected women to other support, such as harm reduction services and the recovery community.

"She will work with you. You can phone her anytime. She was amazing...So it was coming up to Christmas, she sent me out all the support of what is open during Christmas, all the dates, free lunches etc. Don't be stuck over the quiet Christmas. They are small group, 3 or 4 staff. They are fabulous. She met me at Starbucks, she said to me 'you are lovely and you are not a bad person.' If you need anything just pick up the phone." (Fiona)

Women's Aid and Rape and Sexual Abuse Service Highland (RASASH)

Support to deal with trauma and to affirm rights

Women's Aid and RASASH were praised by the women for the support they gave, for listening, understanding, helping women to develop their own coping strategies and regain control over your lives. One woman had been supported to take forward a historical sexual abuse case by RASASH and said that without their support and being able to do the interview in their rooms, as opposed to having to go to the police station, this would not have been possible. One woman had used Women's Aid refuge and without this would not have been able to flee from the abuse they had faced. A few of the women said a form of the courses they had been given through the services should be taught in schools to teenagers to promote positive healthy relationships. One woman said that when she had gone back to her husband after leaving him because of the abuse, she felt Women's Aid had 'dropped' her. She has since left her husband, but said that the point at which she had gone back was when she was at her most vulnerable. Another woman explained that she had not been able to take up a space in the refuge accommodation because she had a pet and felt that there should be other options available.

"I can text my personal case worker. They also have support for the kids. So that was great... When I gave my first statement. If I had been on my own that would have been scary." (Jackie)

"I don't think I would have had the confidence to do that if it had been at the police station. I know they have to treat people better than before, but sometimes it can be pot luck. I was going in blind. When I went to meet RASASH, I felt at ease. I was able to make that statement because of her and otherwise I don't think I would." (Sharon)

Addiction Support Services

Medical approach alone not enough and need for holistic support

One woman who had taken drugs said she had engaged with addition services, but when she had been getting her opiate replacement therapy there had been limited interaction with the ever-changing nurses, which she found 'dehumanising'. She felt that on reflection this was a missed 'window of opportunity' and services should try to build relationships with consistent people offering support so they can help them holistically, providing a psychosocial rather than simply clinical response. It was when she was put in touch with

another addiction service that did just that, she was able to get the help she needed. She reflected that in her experience the MAT Standards that you get treated on the day you ask for help was not happening. One other woman was engaging in addictions counselling which she was finding beneficial and had taken a long time to get in place.

Recovery Community

Effectiveness of understanding and connection but under-utilised

Three women were attending recovery groups in the community and found the support really helpful, both to make sense of their substance use and to connect with others and services they would not have known about. One woman for example had been linked in with advocacy support. She was now attending Children's Panels to try and get her children back and said that she had been completely unaware of her rights before, but this had now changed. The general perception from interviewees was that there could be more peer support developed and that when people had a chance to come together with those who had similar issues, this is when they felt especially connected, less alone and built hope. Some women with children said they would like the opportunity for online groups to be available so they could engage in the evening when their children were asleep.

"So you can share what you are going through and be able to help someone else...People from all walks of life – just having that opportunity to hear about other things that people have come through." (Amy)

"They get me, they understand, there is no shame, judgement...it gives you hope." (Fiona)

"I would like online groups in the evening. I think I would go. I think it would help. It would be good to speak to other people if you have a problem. It would be good to even help people who have struggled... I think the caring for the kids that is hard. Get the online groups up and running. See what happens. Give us all a chance. Women only would be best. They could do a men only one too." (Barbara)

3.4 What women wanted to see being developed

- Counselling support to deal with trauma and the loss of children to be accessible.
- Creating women only groups within criminal justice but also women still having choice about whether or not they want to engage in a mixed group.
- Running online groups in the evening for women only so they can engage.
- Ensuring women have the choice across services to work with women.
- Creating women only spaces particularly in the recovery community.
- Better information about what is available in the community, in particular the recovery community and advocacy support, with the GP regarded as being key to this.
- For peer support to be further developed, to expand the recovery community, help women engage with criminal justice services, to deal with the loss of children and

support for women leaving prison. Women interviewed recognised their own strengths to connect with people and wanted the chance to do this.

- Create hubs within local communities, such as Café 1668, to help people combat isolation and alleviate poverty. One woman said this should have pop ups from different services such as Citizens Advice so people could get support to fill in forms or advice about other support. She also suggested that people within the community could support one another better through the hub, for example, sharing skills, organising walks together, growing vegetables, learning life skills and creating a sense of belonging.
- Promote prevention and early intervention by teaching young people about positive relationships.
- For wider service provision to be trained to understand domestic abuse and where to connect people to support.
- Better follow-up at the end of criminal justice interventions so women are linked in to opportunities within their local communities.
- Better emotional and practice support for women leaving prison.

4. Findings: Views from Services

This section of the report presents the challenges as reported by staff from across Highland that they feel women who have offended face, good practice, gaps or 'sticking points' in the system and what they would like to see being developed. There was a lot of synergy between the accounts showing that those interviewed have an in-depth understanding about the women they are supporting. These workers who came from criminal justice social work services and third sector organisations supporting women who had offended, are not representative in terms of their knowledge of wider service provision and this is important to take into account.

4.1 The challenges women face

Complex needs and adversities endured

Staff reported that women who come into the criminal justice system, as was also shown by the women's accounts directly, face and have faced multiple disadvantages and adversities. They live in poverty, have often had a life course of abuse and trauma affecting their mental health, have experienced bereavement, had children removed, experienced miscarriages, had poor sexual health and been exploited. Some workers felt very strongly that the problems women were facing were structural but had been individualised.

"Mental health provision is dire – personality disorder and depression – a lot of these things are situational. We are pathologizing women who have a natural response to difficult circumstances. It is a natural human reaction to abuse – fight, flight or freeze. Instead – people should say – that makes sense. If you can't put the heating on, it makes you stressed! It is not possible to live on Universal Credit."

Some workers felt that in comparison to the men they had supported, the women were 'broken', but they felt that men may be less likely to open up about their experiences to the same extent. Many workers said the women had been treated as a perpetrator of violence, whereas when the realities of the relationship were known fully, it transpired that women had been subject to years of abuse and the event that led to their criminal charge had been their one act of defence. One worker echoed past criminological literature (Batchelor, 2005), whereby women who offend were seen as 'mad' rather than 'bad', or in their words 'the hysterical one', rather than consideration of these actions being a logical choice (Young, 2012). Social workers interviewed highlighted that for people who have experienced trauma, their response of being in fight or flight are acute. Although not mentioned to the same extent by the women themselves, workers raised the burden of childcare and how women often put themselves last, and for fear of losing their children hide their own problems until they are no longer able to be hidden. In short, women come to the attention of agencies when the problems have become chronic. The lack of trust that women have towards services often because of their own background as children means that early intervention and prevention is more unlikely.

The rigidity of community payback orders and lack of trauma informed spaces

Some workers lamented that women were being given community payback orders (CPO), a high tariff sentence when a structured deferred sentence would have been more appropriate in terms of proportionality and also more flexible for the women. Criminal justice social workers described how it took time to build trust and women often struggled to make appointments, which in turn meant they breached their CPO and then had to return to court. Whereas, with a structured deferred sentence, instead a plan of support could be agreed and implemented without such a heavy emphasis on adhering to rigid guidelines. Workers said they tried to be as flexible as possible, so making appointments when it was most suitable, fitting around childcare, work commitments and providing support for transport, but the timeframe with CPOs meant that flexibility was limited. Workers also echoed the women's accounts that the offices were not trauma informed. One worker spoke about going out for walks with the women and calling them in advance of their meetings to help put them at ease. It was interesting that all of those interviewed simply took it for granted that women would be asked if they wanted to be supported by women, as they know and understand that for some women working with men is too difficult, however, this is not common practice across all other areas the women engaged in.

4.2 Good practice

Participants were clear that one of the most important things is to provide consistency of support, choice about what they do and how they engage, being flexible and responsive to needs. Services such as SHINE highlighted how they are able to take time to build relationships, something other services did not have. The women's groups that had been happening are being set up again, and workers spoke highly of the gardening, cooking, budgeting and walking groups that were possible through criminal justice support and in the wider communities. They also praised the online courses and groups accessible online such as SMART (Self Management and Recovery Training) and Narcotics online, as these helped

people from across Highland engage in support, overcoming geographical barriers. This highlights the benefits of technology and value in extending this offer in other ways, all be it, not to completely become the only form of support, with face to face still much needed. All participants recognised that services were facing particular challenges around staffing and caseloads, and the system itself was under pressure.

4.3 Systematic challenges

The following provides a summary of the frustrations staff had about the system:

Housing

- Workers were especially concerned about the lack of housing available and how this meant women remained in situations that were harmful.

Health services

- That many women have mental health issues and substance use issues co-occurring and fail to get any form of service.
- The practice of women being struck off services for failure to attend appointments is not a compassionate response and needs to change, ideally with assertive outreach offered.
- GPs do not have time to really speak to their patients and women who have experienced abuse can struggle to give coherent accounts and the current appointment system makes it impossible for people to get the help they need. GPs if not local do not always know what support is available. There is a lack of social prescribing.
- Lack of rehabilitation available.
- The focus on giving people cognitive behavioural therapy was not felt to deal with the extent of trauma many women have experienced.
- The assessment and treatment process for neurodivergence is lengthy and puts people at risk of harm.

Children and families' social work

- It was felt that children and families social work services do not always fully take account of the full circumstances surrounding abuse in the home, there needs to be better information sharing between social work and other services, and greater transparency around decision making.
- Criminal justice social work services discussed how it took a long time to build trust with women and when they passed on information to children and families social work services, it would also be good to have an agreed plan about how this was dealt with, so the relationship which was so hard won was not lost.
- Decisions to send parents to parenting programmes to be handled with sensitivity.

Criminal justice system

- The backlog of cases means people have been waiting, sometimes years, for their cases to be heard in court.
- Women are often up tarified by judges, all be it in a well-meaning way so they get the support they need, but this in turn means that they have a more serious offence in their criminal record.

- Some workers felt that the judiciary did not understand coercive control and needed more training in this area.

Access to services

- In some areas there is little support to direct women to and this strengthens the case for more use of technology and also services providing 'pop up' services in local areas.
- Restrictions to accessing distress brief interventions should be reviewed.
- Women from traveller groups are particularly difficult to engage.
- All workers reported that Women's Aid are currently overrun, and rules such as no young men being allowed in the refuge or pets mean women cannot always take up spaces with their families.
- Lack of childcare for women.

Trauma informed

- Services supporting women need to be aware that simply giving them information about other support is not enough and instead, based on experience, workers said the best support is when you help the women make the calls and support them to their initial appointments.
- The spaces that services operate within are often not trauma informed.
- All of the workers wanted a specific service to be developed for women who have lost children.
- Training for services more widely to understand domestic abuse and coercive control would be beneficial.

4.4 Suggestions for Development

The following list provides further suggestions made by participants.

Early Intervention and Prevention:

- Development of a 'trauma team' within adult social work services, so that people can get the support they need and want without the stigma of having a criminal record. This could encompass groups that also warrant attention, such as adults who lack capacity or have learning difficulties.
- Having a SHINE + service in the community so people can self-refer to understand what is available and accessible in their communities.
- Education in schools around positive relationships and sexual health.

Health Services

- More intensive support for people to be taken to appointments.
- Dual diagnosis support to be available.
- Rehabilitation for alcohol and substance use to be further expanded and more accessible.
- Easier access to counselling.

Social work services

- More provision and time allocated for cases of domestic abuse, suggested that these are really 1.5 cases.
- More follow-on support when cases end and connections to community support.
- To continue to develop women only spaces and groups.
- Delivery of Parenting Under Pressure Programme.

Gaps where provision is required

- Support to deal with loss of children and miscarriages.
- Better information to women who have had children removed and access to records.
- Employability support and access to education.
- Childcare provision
- Development of community hubs –the Joshi Project was highlighted which is hoping to set up 24 hour accessible hubs.
- Not all services are Highland wide and addressing this inequality is important, potentially looking at other ways of providing provision.
- Digital exclusion and helping people connect to organisations such as Red Chair.

Other points raised

- Support women to support themselves – e.g. seed funding to develop their own businesses
- Drawing on international good practice one participant, drawing on successful work in Canada, described a diversionary programme in Nova Scotia, whereby people have the option pre-trial of addressing and resolving the criminal behaviour without it having to be escalated.

5. Conclusions and Recommendations

The analysis of the quantitative statistics brings to the fore a number of different areas of concern, and this is mainly in relation to recommendations made by social work services and disposals given, pointing to the over-use of custody and under-use of structured deferred sentences, diversion from prosecution, drug treatment testing orders (DTTOs) and home detention curfews. From this analysis it could be deduced that there is an information gap between community justice and the judiciary in terms of the options available, and this needs to be addressed. The link between women losing children and drug related deaths is an area where there is more focus needed.

The interviews with the fourteen women highlighted the multiple complex challenges faced, with the structural challenge of poverty the main challenge of all. Women opened up about the abuse and trauma they had experienced, that substances were used as a form of self-medication and women had not sought help until it was no longer a choice because of the stigma and judgement they felt as failed women, failed mothers and in rural areas, feeling they were a focus of gossip, or 'living in a goldfish bowl'. They became isolated and lacked in self-worth.

Support was triggered by their offence which was often underpinned by a mental health breakdown. The criminal justice social work supervision they were given was extremely helpful, but they also wished this support had been possible earlier and without the further stigma of having a criminal record. They had feared coming to their appointments and did not think the building was trauma informed. Overcoming this, they felt listened to and understood by their criminal justice social worker, and began to build themselves up, recognising their strengths and potential, and valued being connected to other community support. One woman who had completed her unpaid work in community gardening continued to volunteer there and felt that people in the community had begun to see her differently. A few women said they would like more follow-on support from the service so they don't return again to being isolated. One woman who had been in prison described having no support at all showing the gaps in provision. Other services recognised as being particularly helpful were the Link Project Workers because of their non-judgemental approach and support to make meaningful connections. Women's Aid and RASASH were also praised for their holistic approach to women. Although not a 'service', a few women were engaging with their local recovery community and they really enjoyed connecting to others, building hope through the relationships and feeling a sense of belonging. It was raised that there should be more of this type of peer support developed across different fields.

In contrast to the support women said was effective for them, the women said that children and families social work services offered no support after children had been removed giving a strong impression of a service that lacked empathy. Mental health services were stretched and crisis led, and despite substance use and mental health often co-occurring, they did not link in with addiction support services which was also patchy. The police response was mixed, with some officers understanding and others not. GPs in the more rural areas were inconsistent and often did not know what was available in local communities.

Women wanted to have easier access to counselling, more support for the loss of children in particular to be developed. They wanted there to be women only groups, in criminal justice, the recovery community and more awareness generally that there should be choice if women want to work with women too. The option of on-line groups would mean childcare was not a barrier to engagement. Peer support was felt to be under-utilised and really valued when available. To address isolation the women wanted community hubs to be developed, this could be for the wider community too, but also with provision for women only spaces. They wanted services to be trained about domestic abuse so they responded and directed people appropriately to the support available. One woman who had been in prison for a short sentence said she would have liked to access a 'halfway' house to be better prepared to come back to her community. Finally, a few women felt that education around positive relationships when younger would have really helped them and could help young people today.

Workers who participated in this study came from criminal justice social work services and the third sector that supports women in this field as well as dealing with domestic abuse. All participants were acutely aware of the multiple complex needs women have and that poverty is often the biggest barrier of all. As well as echoing the women's account, they discussed the burden of care, women often putting themselves last, sexual exploitation and

that women are portrayed as being 'mad' rather than their offences often being a rational response to abuse.

Some workers reflected that structured deferred sentences would offer women more flexibility than community payback orders and felt women were sometimes uptariffed by the judiciary so they got the support they needed, well-meaning but leaving women with a serious criminal record. Building trust with the women often took significant time, requiring consistency, flexibility and understanding. The challenges raised by workers were wide ranging. The lack of housing, extent of poverty, inadequacy of social security support meant that women were struggling and some observed that the impact on mental health, a response to these structural issues had been pathologized. Gaps in service provision were a lack of support for mental health, dual diagnosis, access to rehabilitation, GPs not having knowledge of support and being limited time, women being struck off for non-attendance, Women's Aid being overrun, the lack of information between children and families social work services and need for better communication around cases, and the lack of understanding about domestic abuse and coercive control by the judiciary and wider services.

Taking the women's and workers accounts together, the following is a summary of the recommendations for what could be developed:

Early Intervention and Prevention:

- Development of a 'trauma team' within adult social work services and SHINE + in the community so that people can get the support they need and want without the stigma of having a criminal record.
- Education in schools around positive relationships and sexual health.

Criminal Justice System

- Communication about the wide range of disposals and awareness of the challenges for example of giving people CPOs.
- Training around domestic abuse and coercive control.
- Better emotional and practical support for women leaving prison.

Health Services

- Dual diagnosis support to be available.
- Rehabilitation to be further expanded and more accessible.
- Easier access to counselling.

Social work services

- More follow-on support when cases end and connections to community support.
- To continue to develop women only spaces and groups.
- Better communication and information sharing between children and families social work and criminal justice social work, adopting a whole family approach.

Gaps where provision is required

- Support to deal with loss of children and miscarriages.
- Development of community hubs

- Not all services are Highland wide and provide more of a digital offer and pop ups.
- That all services given women the choice about the gender of staff they work with.
- GPs to be informed about wider support and making connections.
- Further expansion of peer support, such as in recovery, addiction support services and social work services.

To conclude, the main driver of offending is poverty and this directly links to all the other problems women experience and as articulated by the workers the structural problems have become individualised. As it stands the criminal justice system is trying to support women who have reached crisis point, are alone and have limited self-worth. In many ways, the criminal justice system also appears to be doing this alone too and there is a much greater need for services to work together. This means social work services from across departments communicating better, alongside mental health services, addiction support and the recovery community. It was interesting that one of the big 'asks' was the development of community hubs. When women were most isolated, that is when their lives really unravelled.

It was continually observed that women should not need to commit a crime to get the support required. Services face significant cuts, and this has been after a decade of austerity, pandemic and cost-of-living crisis. The best way to respond to this crisis is the need to do more sooner, so the problems don't become so entrenched. Setting up a 'trauma team' or having the third sector take on a more preventative role so people can self-refer for support, without the same fear of losing children could be a good way forward. There is also a need to link better with schools, school nurses and take the whole family approach which is greatly promoted by 'The Promise.' The lack of access to provision across Highland demands that services provide different ways of engaging, such as online or 'pop up' provision. The development of peer support is also under-utilised and could be developed in social work departments, throughcare as well as an expansion of the recovery community and the hubs. What was very clear from doing this work is that those that work and have been in this field are passionate about providing the 'right' support and this is an excellent foundation to build on. It can't just be the domain of criminal justice and those services that work in this field to design responses, to make this a community response and create a real sense of belonging it demands sectors to work together in partnership with and for those who need and want the support, for the benefit of all.

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