Glasbrint Cyfiawnder i Fenywod
Women's Justice Blueprint

Hyb ACE Cymru
ACE Hub Wales

Understanding the Health Needs of Women at Risk of Entering the Criminal Justice System in North Wales

By **Connie Williams**
On behalf of the Women's Justice Blueprint and ACE Hub Wales

Abbreviations

ACE	Adverse Childhood Experience
ADHD	Attention Deficit Hyperactivity Disorder
CJS	Criminal Justice System
GP	General Practitioner
GRT	Gypsy, Romany, or Traveller
HMPPS	His Majesty's Prison and Probation Service
NICE	National Institute for Health and Care Excellence
PTSD	Post-Traumatic Stress Disorder
TBI	Traumatic Brain Injury

Abstract

Women at risk of entering the Criminal Justice System (CJS) often face significant health disparities. Yet, research predominately focuses on those already within the system, with limited attention to women in Wales, particularly North Wales. This study investigates the healthcare needs, barriers to access, and the role of unmet health needs in CJS involvement for this population. Findings from a mixed-methods approach, including a questionnaire (N=41), interviews (N=8), and a focus group (N=16), reveal a high prevalence of mental health conditions, substance use, and unmet physical health needs, alongside barriers such as stigma, dual diagnosis, and negative experiences with healthcare professionals. This research highlights the need for gender-specific, trauma-informed, and holistic healthcare approaches, as well as early intervention strategies, to reduce health inequalities and prevent vulnerable women from entering the CJS. These insights address a critical gap in the literature and provide valuable implications for policymakers and practitioners.

Contents

Roadmap

This report begins by providing a comprehensive Background, contextualising this research within the broader policy landscape, including Welsh Government initiatives and frameworks addressing women's healthcare and criminal justice involvement. The Literature Review explores existing evidence on women's healthcare needs, barriers to access, and the intersection between health and criminal justice, highlighting critical gaps in the research, particularly in North Wales. The Methodology outlines the mixed-methods approach employed in this study, incorporating quantitative data from questionnaires, qualitative insights from interviews, and a focus group with professionals to provide a rich and multifaceted understanding of the issues. The Results section presents key findings from these data sources, shedding light on the healthcare challenges faced by women at risk of entering the Criminal Justice System (CJS) and the barriers encountered in accessing care. These findings are further examined in the Discussion, which connects the results to existing literature, emphasising the need for holistic, trauma-informed, and gender-sensitive approaches to healthcare. Finally, the Conclusions summarise the key insights, discuss implications for policy and practice, and identify avenues for future research to address ongoing gaps and ensure better support for women at risk of CJS involvement.

Background

Women who come into contact with, or are at risk of entering, the CJS face a multitude of complex and interconnected challenges that extend far beyond offending behaviour. They represent one of society's most vulnerable groups, often grappling with histories of domestic abuse, sexual exploitation, poverty, substance misuse, and homelessness (NHS England, 2023). These issues are often deeply intertwined, creating cycles of disadvantage that are difficult to escape. Due to this vulnerability, women in the CJS often experience higher rates of healthcare problems compared to men and are less likely to receive support for these issues (Annison et al., 2019), with a lack of gender-sensitive and trauma-informed care leaving many women's healthcare needs unmet (Plugge & Fitzpatrick, 2005; Prison Reform Trust, 2022).

These unmet health needs are not only limited to women already within the system but also those at risk of entering it. For instance, women living in vulnerable or precarious circumstances, such as those in poverty or experiencing domestic abuse, often face significant barriers to accessing primary healthcare services. These barriers include stigma, a lack of trust in service providers, and logistical challenges (Moore et al., 2024; Tremlin & Beazley, 2021; Martin et al., 2020). This is critical, as without timely access to support, many of these women could remain at greater risk of entering the CJS.

This issue becomes particularly concerning in Wales, where healthcare is a devolved matter. This means that the Welsh Government oversees healthcare policies, funding, and service provision independently of England (NHS Confederation, 2024), whilst the CJS remains under the jurisdiction of the UK Government. This divergence creates a unique dynamic that can influence how health needs are identified, supported, and addressed in Wales. These differences may result in disparities in the accessibility and quality of healthcare for women within or at risk of entering the CJS in Wales and requires independent analysis. Furthermore, there are

no women's prisons in Wales, meaning women sentenced to custody serve their sentence in England – approximately 101 miles from home (Prison Reform Trust, 2019) – and return to Wales upon release. This creates challenges for women re-entering a healthcare system with different priorities, funding structures, and service provision, ultimately contributing to the healthcare disparities experienced by this population.

Policy Background

The UK Government has recognised the importance of addressing these issues through the 2018 Female Offender Strategy, which aims to reduce the number of women entering the CJS. The strategy emphasises early intervention and diversion programmes to address the root causes of offending, prevent re-offending, and improve support services for women (Ministry of Justice, 2018). These principles form the foundation of efforts to create a more equitable and effective justice system for women.

In Wales, the approach to addressing these challenges is informed by the devolved nature of healthcare and social services alongside the non-devolved justice system. The Welsh Government has affirmed its commitment to supporting women in the CJS and those at risk of entering it, stating: "We remain committed to doing everything we can to support women in the justice system and those who may be at risk of entering the CJS'' (Senedd, 2022). This commitment reflects an understanding of the need for a collaborative, gender-specific approach to improve outcomes for women and communities alike.

To address the complexities of the devolved/non-devolved context, the Welsh Government, the UK Government, and policing in Wales have worked in partnership to 'provide a joined-up approach that acknowledges the gender-specific needs of women, promotes positive well-being, and supports successful long-term outcomes to reduce reoffending' (Ministry of Justice, 2019).

Glasbrint Cyfiawnder i Fenywod
Women's Justice Blueprint

The Women's Justice Blueprint 2019 and the Whole System Approach

Launched in 2019, the Women's Justice Blueprint seeks to build on and accelerate the positive transformation of services in Wales in terms of better considering the distinct needs of women who are in or at risk of entering the Criminal Justice System. The Blueprint was jointly published by the Welsh Government and the Ministry of Justice, with support from Police and Crime Commissioners in Wales. This includes reducing the number of women entering the CJS in the first instance through a focus on effective early intervention and prevention strategies, whilst also strengthening pathways into support for women at all stages of their justice journeys. (Ministry of Justice, 2019).

A central feature of the Blueprint is the Whole Systems Approach, which provides a coordinated and integrated framework for reducing the number of women entering the CJS. This model aims to deliver personalised, trauma-informed support that addresses the root causes of offending while promoting safer communities and improving outcomes for vulnerable women at risk of entering the CJS.

Literature

Understanding the health needs of women at risk of entering, or within, the CJS is critical for addressing vulnerabilities that may contribute to criminal behaviour. Existing research highlights the multifaceted nature of these needs, including mental health challenges, substance use, physical health concerns, and systemic barriers to accessing appropriate care. These factors often intersect and compound, creating circumstances that may increase the likelihood of criminal involvement and will be discussed in this section. However, much of this research examines the combined experiences of women in England and Wales, offering limited insight into the unique challenges faced by women in Wales. This distinction is important, as women in Wales may encounter specific geographic and systemic factors that shape their healthcare access and interaction with the CJS.

Women's Health and Justice in Wales

Men and women already involved in the CJS in England and Wales have been found to have significantly worse health than that of the general population (Brooker et al., 2020; Skinner & Farrington, 2023; Williams et al., 2024). In addition, mortality rates among individuals with offending histories are also notably higher than those in the general population (Piquero et al., 2014; Skinner & Farrington, 2023). However, despite only constituting 4% of the prison population in England and Wales (National Audit Office, 2022), women within the CJS often exhibit heightened healthcare needs compared to men in similar circumstances (Agenda, 2021). This is particularly problematic in Wales, where women are found to face additional barriers such as longer waiting lists and lower life expectancy compared to England (Bevan et al., 2014), meaning that a person in Wales is more likely to die than a person of the same age in England' (Dayan & Flinders, 2022). These combined factors highlight the critical need for attention to the intersection of women's health and justice in Wales.

Mental Health

Mental health issues are disproportionately prevalent among women in the CJS, with women in prison in England being five times more likely to experience a mental health condition than women in the general population (Hidayati et al., 2023). This is also higher than rates of mental health conditions seen in men, with the Prison Reform Trust (2021) reporting that 71% of women in prison in England in 2020 reported having a mental health condition upon entry to prison, compared to 46% of men.

However, as stated above, there are no female prisons in Wales, and therefore these statistics only reflect the experiences of women in English prisons, making it difficult to disaggregate the data and understand the specific needs of Welsh women in the CJS. While these England and Wales figures suggest that Welsh women in the CJS likely face similar levels of mental health challenges, there remains a lack of clarity about their unique experiences or geographical distribution within Wales. This limitation hampers efforts to create targeted interventions for this population, particularly given the distinct cultural, demographic, and systemic factors that may influence healthcare access in Wales. Despite this, limited evidence does suggest similar trends for Welsh women in the CJS. For example, Williams et al. (2024) found that women on probation in Wales exhibit significantly higher rates of mental health conditions compared to women in the general population.

As these figures are drawn from women already within the CJS, they exclude women in earlier stages of the justice system or those at risk of entering it. Research by Sheeran (2022) provides a rare insight into this population, using case studies to demonstrate that mental illness was highly prevalent before women entered into the CJS in Wales. However, while case studies provide detailed insights, their small-scale nature limits generalisability to the broader

population of women at risk of entering the CJS in Wales. For instance, research in Scotland provides further context on this, indicating that 67% of detained women experienced mental health difficulties prior to their arrest suggesting that mental health challenges are deeply entrenched before formal CJS contact in Scotland (Mental Welfare Commission for Scotland, 2014). By systematically collecting and analysing data from a larger population, this study provides a comprehensive picture of the prevalence and nature of mental health challenges among women before their involvement in the CJS. This approach not only strengthens the validity of findings but also provides a clearer basis for developing evidence-based early intervention strategies.

The absence of comparable systematic data in Wales represents a critical gap. Whilst Sheeran's work highlights the prevalence of mental illness among Welsh women, a more robust and systematic approach is needed to fully understand the scale and complexity of these challenges. Developing such evidence is essential for informing policy and practice in Wales, enabling the design of targeted early intervention strategies to address mental health vulnerabilities before they escalate into criminal justice involvement.

Substance Use

Substance use is a well-documented factor associated with contact with the CJS, with individuals on probation worldwide exhibiting higher rates of substance misuse compared to the general population (Sirdifield et al., 2020). For women within the CJS in England and Wales, this issue is particularly pronounced, as 46% of women report a drug or alcohol problem upon entry into prison, compared to 27% of men (Prison Reform Trust, 2021).

For women at risk of entering the CJS, substance use also plays a significant role. Research by the Ministry of Justice (2013) found that women within the CJS in England and Wales were more likely to experience elevated levels of alcohol and Class A drug use compared to the general population, as well as being more likely to attribute their offending to support someone else's substance use or addiction, compared to men. Pierce et al. (2017) further reported higher rates of opiate use among women at the point of arrest compared to men and the general population. Both these pieces of research therefore indicate a gendered dimension to substance use. However, Pierce et al.'s study excludes data from Welsh populations due to healthcare devolution, which has significant implications for understanding the experiences of women in Wales.

Sheeran (2022) provides some further insight into substance use among women in Wales specifically, finding that substance use was a common factor among women in case studies before they entered the CJS. This research adds to the growing evidence that substance use is a significant vulnerability for women at risk of offending in Wales. However, as with Sheeran's findings on mental health, this work is based on case studies rather than a systematic collection and review of data, limiting its generalisability and the extent to which it can inform broader policy or practice.

Additionally, the overlap between mental health and substance use is another critical issue in the UK, with 75-85% of UK prisoners estimated to have a 'dual diagnosis' involving mental health problems and alcohol or drug misuse (Bradley, 2009). This dual diagnosis often arises because individuals use substances to cope with mental health symptoms or trauma, or substance use itself exacerbates or triggers mental health issues (Kessler, 2004). These interactions create a cycle of vulnerability, compounding the challenges faced by women who are at risk of offending.

Overall, while research from England and Wales combined offers valuable insights, it often fails to distinguish the unique experiences of women in Wales. The absence of robust, Wales and gender-specific data on substance use among women at risk of entering the CJS creates challenges for developing early intervention and prevention strategies and without addressing this gap, interventions may overlook the specific vulnerabilities of Welsh women at risk of entering the CJS, perpetuating cycles of offending.

Physical Health

The physical health of women at risk of entering, or within, the CJS remains an underexplored area in research, with most studies focussing predominately on mental health (Skinner & Farrington, 2023). Existing evidence in England and Wales highlights significantly poorer physical health outcomes for both men and women in prison, compared to the general population (Harris & Condon, 2006; NHS England, 2023). These findings are also reflected in mixed-gender samples of people on probation in Wales specifically (Williams et al., 2024; Rabaiotti, 2024). However, research that focuses on the physical health needs of women at risk of entering the CJS is lacking. This gap is critical, as women in this group often have complex vulnerabilities, such as homelessness, substance use, and experiences of domestic violence, which could exacerbate their physical health problems and increase their likelihood of offending (Prison Reform Trust, 2015).

For instance, one concerning area that is often overlooked is the heightened risk of traumatic brain injury (TBI) among women in the CJS. In Wales, Brainkind (2024) reported that 80% of women in the CJS screened positive for a history of TBI, a finding that is also reflected in broader UK prison samples (O'Rourke et al., 2018). These injuries can have profound implications for cognitive functioning, decision-making, and overall health, potentially increasing the risk of offending (Wong et al., 2020) and demonstrating the impact physical health can have on behaviour and mental wellbeing.

The link between physical and mental wellbeing is further supported by studies showing that patients with chronic physical conditions are more likely to develop psychiatric disorders compared to healthy individuals (Nabi et al., 2008; 2010; Surtees et al., 2008; Ohrnberger et al., 2017). While these studies focus on English populations, they underscore the need for research that considers the interrelated nature of physical and mental health, particularly in the Welsh context. The absence of Welsh-specific data on physical health among women at risk of entering the CJS means that current evidence cannot fully inform the development of appropriate, holistic, and integrated care pathways for this population. Additionally, the separation of mental and physical health in research and practice can exacerbate the fragmentation of care, making it more difficult for women to access the holistic support they need.

Understanding the physical health needs of women at risk of entering the CJS is crucial for developing targeted interventions that address both their physical and mental health vulnerabilities. Without this holistic approach, the separation of mental and physical health care in practice may continue to undermine efforts to reduce the likelihood of offending and improve outcomes for women in Wales.

Barriers to Accessing Healthcare

Women in the CJS face numerous barriers in accessing healthcare, many of which are rooted in broader societal and systemic issues. In general, healthcare in Wales has been criticised for failing to adequately recognise and respond to the unique health experiences of women, as noted in the Welsh Government's Quality Statement for Women and Girls' Health (2022). Whilst the subsequent Women's Health Plan (NHS Wales, 2024) acknowledges these concerns and aims to address them, the only reference to women in the CJS within it is the statement that 'high numbers of women in prison and those in contact with the CJS experience poor physical and mental health and many are living with trauma'. While this statement highlights some of the challenges, it does not delve into the specific barriers faced by these women, nor does it explore how the healthcare system might better address their unique needs within the context of the CJS. This oversight underscores the gap in literature and policy regarding the healthcare experiences of women at risk of entering or within the CJS.

Furthermore, the current healthcare framework often bases diagnostic criteria and treatment protocols on male experiences, leading to the undervaluation and dismissal of women's symptoms and health needs (NHS Wales, 2024). Older women in prison, for instance, frequently report their health concerns being

overlooked compared to male prisoners (Aday & Farney, 2014). While there is a call for more gender-sensitive healthcare interventions, the issue extends beyond gender sensitivity alone, demonstrating a need to address the structural inequalities and disparities in outcomes that affect women, particularly those within the CJS. These systemic issues create significant barriers to accessing the care that women need, further exacerbating their vulnerabilities and health challenges.

Additionally, for women in the CJS, stigma is another significant barrier to healthcare access. This has been identified in several systematic reviews, with stigma from healthcare professionals being listed as having negative consequences on people's well-being, treatment adherence, community integration, and criminal behaviour (Moore et al., 2024; Tremlin & Beazley, 2021; Martin et al., 2020). This issue has also been found in Wales specifically, with Rabaiotti (2024) finding that individuals in the CJS often lack confidence in healthcare professionals, stemming from negative past experiences or perceived bias. This mistrust often prevents individuals from seeking help, further exacerbating existing health disparities. Additionally, people with substance use issues, particularly women, have also been found to experience self-stigma, where negative stereotypes about one's identity are internalised onto one's sense of self. This means that women apply stigma and shame to themselves by viewing what they do as who they are, rather than seeing what they do as something external that can be overcome. This can cause reduced self-efficacy, self-esteem, and the ability to actively seek care for oneself (Newman & Crowell, 2023). Therefore, addressing stigma at both the individual and systemic level is critical to reducing health inequalities and lowering offending risk.

Additionally, women in or at risk of entering the CJS often have additional, often co-occurring complex needs that further hinder their ability to engage with healthcare services. For instance, women experiencing domestic abuse may struggle to attend appointments due to safety concerns or coercion – where the abusive partner restricts their freedoms and controls whom they see through violence and fear (Beckwith et al., 2023; Broughton & Ford-Gilboe, 2016). Additionally, women are often the primary caregivers of children, with a fifth of women entering prison in England and Wales being lone parents (Vince & Evison, 2021). This means that challenges such as access to childcare or fear of social services may disproportionately affect women's ability to engage with healthcare services.

These intersecting issues highlight the importance of adopting a holistic, trauma-informed approach to healthcare for women in or at risk of entering the CJS. Understanding and addressing the structural and personal barriers they face is critical to improving engagement with healthcare services. However, research into these barriers remains limited, particularly for women at risk of entering the CJS. Investigating these barriers in more depth, particularly within the context of Wales, is essential for developing effective, tailored interventions that can meet the complex and co-occurring needs of this population.

Link to CJS Involvement

Unmet healthcare needs can play a significant role in pathways to offending, particularly for women. Although this specific link has not been thoroughly researched, the available evidence highlights the need for a deeper understanding of how health disparities contribute to criminal behaviours and involvement with the CJS.

Substance use in particular has been a heavily researched contributory factor towards an individual's likelihood of committing a crime. This is because women who use drugs or alcohol are frequently more likely to engage in acquisitive crimes to support their addiction (Pierce et al., 2015; Keay, 2014), or the addiction of a partner (Prison Reform Trust, 2021). Additionally, substance use in women is frequently linked to histories of trauma, with many using drugs or alcohol as a coping mechanism to self-medicate or manage the effects of complex trauma, including domestic violence and abuse (Rivera et al., 2019). This self-medication can act as both a symptom

of underlying vulnerabilities and a driver of offending behaviour (Prison Reform Trust, 2021). Those with substance misuse issues are also more likely to suffer from poverty and homelessness (Thompson et al., 2013), further key contributing factors to offending (Pemberton et al. 2019).

Additionally, untreated mental ill health has also been found to increase vulnerabilities that can significantly increase the risk of criminal involvement. For instance, multiple pieces of research in the US by Dehart et al. (2013; 2018) found that when examining an association between life experiences and offending, mental illness was a strong indicator, therefore demonstrating the need for research into the existence of this link in Wales.

Physical health problems, a far more under-researched area, could also potentially increase an individual's likelihood of coming into contact with the CJS, particularly chronic pain conditions or injuries. These have been known to drive individuals toward illegal activities, such as theft or drug-related offences, to obtain pain relief or financial resources (Confer et al., 2021). Therefore, without appropriate healthcare interventions, these patterns are likely to continue, creating a cycle of poor health and criminal behaviour.

Ultimately, whilst this research remains valuable, there remains a critical gap in research exploring the relationship between unmet healthcare needs and criminal involvement in Welsh women. Understanding this connection is essential to develop clearer insights into the root causes of offending behaviour and develop early intervention strategies.

North Wales Focus

While there is some limited existing research on the healthcare needs of women within Wales, there remains a lack of focus on North Wales. For instance, Sheeran (2022) and Williams et al. (2024) included all of Wales in their research, but their findings do not specifically address regional differences. Additionally, Rabaiotti (2024) was largely comprised of responses from South Wales, leading to an underrepresentation of responses from the North. This regional imbalance is particularly noteworthy given the potential geographic and sociocultural factors in the North that could influence women's access to healthcare and the CJS. For instance, North Wales is managed by a single health board – Betsi Cadwaladr University Health Board – whereas South Wales is covered by five health boards. While North Wales does have a smaller population, this single-board structure means resources are stretched across a broader area, which could have implications for healthcare accessibility and service delivery. Additionally, North Wales is notably more rural than South Wales, which could have impacts on service delivery and accessibility across the two regions. Finally, since 2019, the North Wales Police and Crime Commissioner has funded diversion initiatives (such as the Checkpoint service) for women across North Wales, providing an alternative to prosecution by identifying and supporting relevant needs and pathways out of the CJS, whilst also addressing the underlying causes of offending behaviour. This initiative is supported by numerous support services in the region, further emphasising the importance of understanding the specific healthcare and support needs of women in this region. Given these factors, North Wales offers a distinct and underexplored context for research on women at risk of entering the CJS, making it a valuable focus for this study.

About This Research

From the review of the literature, it is evident that there is a significant gap in understanding both the physical and mental healthcare needs of women at risk of entering the CJS. Existing research overwhelmingly focuses on male or mixed-gender samples, women already in prison, or geographical areas outside of Wales, with most Welsh studies concentrating on South Wales. This creates a lack of insight into the experiences of women in the community, women who have not yet entered the CJS, and women in other regions of Wales.

This research aims to address these gaps by focusing on women at risk of entering the CJS in North Wales. It will explore their healthcare needs, the barriers they may face in accessing support, and how unmet healthcare needs may contribute to their likelihood of offending. By focussing on this underrepresented population and geographical area, the research will provide valuable insights into the unique challenges faced by women in more rural areas of Wales, offering an evidence base to inform policies and interventions tailored to their needs.

Research Aims

1. **Identify the healthcare needs of women at risk of entering the CJS in North Wales.**
2. **Explore any barriers these women face in accessing healthcare services.**
3. **Examine how unmet healthcare needs contribute to offending behaviours.**

Methodology

This study adopts a mixed methods approach to investigate the primary healthcare needs of women prior to entering the CJS in North Wales. The methodology includes three distinct phases: a quantitative survey, qualitative interviews, and a qualitative focus group with practitioners which will be discussed in this section.

Questionnaire

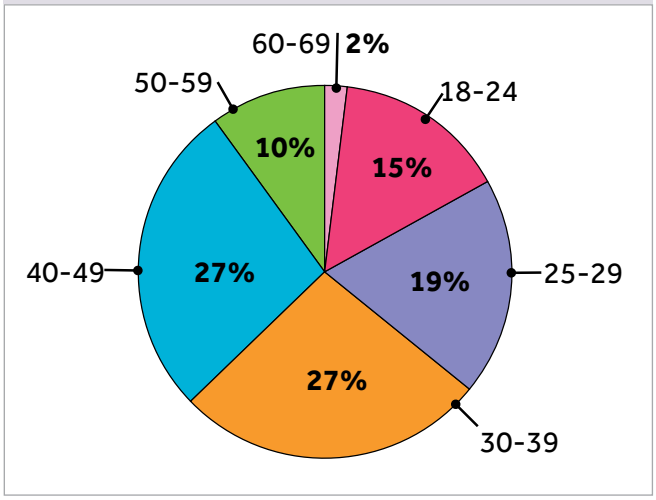
A questionnaire was designed to develop a deeper understanding of the health needs of women at risk of entering the CJS within North Wales, as well as identifying any barriers they may have faced, and how this could link to CJS involvement. The questionnaire was accessible online from November-December 2024, in both English and Welsh. Recruitment for the questionnaire was conducted via posters available in both English and Welsh with accessible QR code links taking you to the online questionnaire platform. These posters were displayed in all North Wales probation offices, as well as various women's centres, and through the North Wales Women's Centre Facebook page. It was stated that all women at risk of entering or with experience in the CJS were eligible to take part. Staff at probation offices and women's centres also encouraged women attending their services to participate. To address potential barriers, computer facilities were also made available at the North Wales Women's Centre for those who lacked access to devices or the internet. To reduce the risk of participant distress, any woman with severe mental illness or cognitive impairment was not permitted to take part. Men were also not permitted to take part, and no incentives were offered.

The questionnaire was composed of a total of 30 close-ended questions to gather quantitative data. However, participants completing the questionnaire were guided through an online platform designed to streamline their responses. For instance, if a participant answered 'No' to having ever used substances, they would be immediately redirected to the next section, bypassing all other substance use questions. This feature ensured that participants only answered questions pertinent to their experiences, reducing response fatigue and improving data accuracy. Informed consent was given, and all questions were optional.

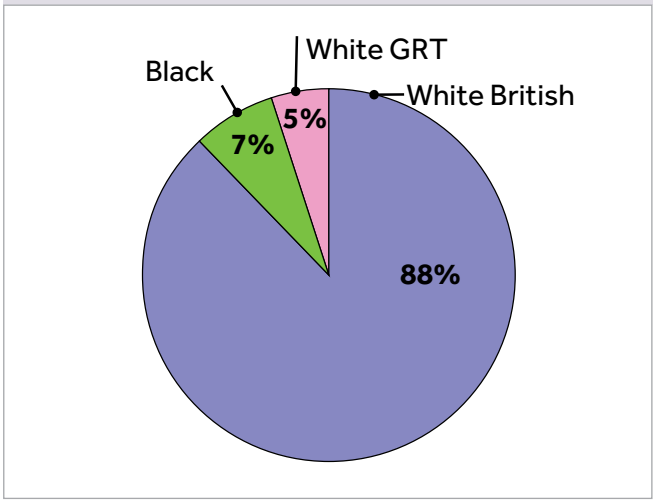
Respondents' age group, ethnicity, and stage of the CJS were gathered. To accurately reflect participants' experiences, they were able to select that they had experienced multiple stages of the CJS. For example, some participants may be on probation after being incarcerated, whilst others may be on probation without previous experience of prison (e.g., community order, suspended sentence). Allowing multiple selections ensured that the data reflected the complexity of participants' interactions with the CJS. No other personal or identifiable information was collected.

Forty-one women participated in the questionnaire, representing a range of ages and ethnic backgrounds. Participants' ages ranged from 18-69, with the majority falling between the ages of 30 and 49. Most participants identified as White British, while smaller numbers identified as Black or White Gypsy, Roma and Traveller. A detailed breakdown of participant ages and ethnicities is provided below:

Percentage of Participants per Age Category



Percentage of Participants per Ethnicity category



Criminal Justice Involvement

Out of the 41 participants, ten (24.4%) reported having no prior contact with the CJS, with one (2.4%) identifying as being at risk of arrest. Eleven participants (26.8%) stated they had been arrested, while another eleven participants (26.8%) indicated they had served time in prison. Fourteen participants (34.1%) reported being on probation at the time of the study.

Table 1: *Participant Involvement with the CJS*

Category	Number of Participants (%)
No prior contact	24.4%
At risk of arrest	2.4%
Been arrested	26.8%
Been to prison	26.8%
On probation	34.1%

Note: *Percentages exceed 100% as participants could select multiple categories to reflect their experiences.*

It should also be noted that some participants selected only one option (e.g., 'been to prison') without selecting related categories such as 'been arrested', which may reflect individual interpretation of the question or distinct experiences within the CJS.

Interviews

A 19-question semi-structured interview guide was designed to gather information to develop a broader and deeper understanding of the health needs of women at risk of entering the CJS in North Wales. These questions focussed on their health needs, barriers to accessing care and how this related to them being involved in the CJS and were all focussed on their experiences prior to CJS entry. Throughout November-December 2024, women attending support groups at the North Wales Women's Centre and Wrexham Probation Office were invited to participate in private, one-to-one semi-structured interviews with the researcher. These women were those who would ordinarily be attending these services on these dates and were approached in a consistent and unbiased manner, with all attendees being invited to participate. All interviews were conducted in a private room at the location, with only the participant and the researcher present. All participants were offered the opportunity to have a member of staff present for support, but all declined. Each interview was audio-recorded and transcribed, and lasted approximately 20 minutes. To ensure participant well-being, all interviewees were offered mental health and well-being resources during the debrief.

Eight women participated in the interviews, all of whom had experience with the CJS. Among these, five women had been arrested without serving prison time, while three had been previously incarcerated. All women were White in ethnicity. Participants ranged in age from 25-59, with the majority aged 30-49.

Focus group

A 10-question semi-structured guide was created for the focus group, aimed to gather professional perspectives on the healthcare needs of women at risk of entering the CJS. Questions addressed gaps in service provision, systemic barriers, and strategies for improvement. This focus group took place on a date in November 2024, at the North Wales Women's Centre, and lasted two hours. Sampling was conducted via Ministry of Justice employees, who identified professionals working with women at various stages of the CJS to be contacted by the researcher via a large-scale email invitation to participate.

The focus group consisted of sixteen professionals working with women at various stages of the CJS. This included fifteen women and one man. One of these professionals was from the Police, one from His Majesty's Court Service, six from His Majesty's Prison and Probation Service, three from healthcare services, and five from non-statutory services. The session followed a semi-structured conversational format, was audio recorded, and included a note-taker to document key points. Participants received the focus group information sheet and a list of questions in advance to prepare if they wished.

Data Analysis

Data was analysed using a mixed methods approach to ensure a comprehensive exploration of the research questions. Quantitative data from the questionnaires was analysed using descriptive statistics, including frequencies, percentages, and means, to identify trends and key findings.

Thematic analysis was employed to analyse qualitative data from interviews and the focus group. Initial coding identified key concepts, which were then grouped into themes reflecting healthcare needs, barriers, and intersections with criminal justice involvement.

Limitations

Whilst this study contributes to the knowledge base on the health needs of women within the CJS and any barriers they have experienced accessing these, the research has several limitations that may impact the generalisability of the findings.

Firstly, while the sample size was appropriate for exploring key trends and themes in this small population, the findings may not be generalisable to all women at risk of entering the CJS, particularly outside North Wales. Additionally, as participants were recruited through North Wales Women's Centre and probation offices, this may have excluded women who were not currently engaged in services, potentially skewing the data towards those already receiving some form of support.

Additionally, this study used methods that required self-reporting. This is a limitation as it means that participants may not be able to accurately recall events or may wish to withhold information due to fear of judgment.

Ethics

This study was approved by the HMPPS National Research Committee.

Results

Questionnaires

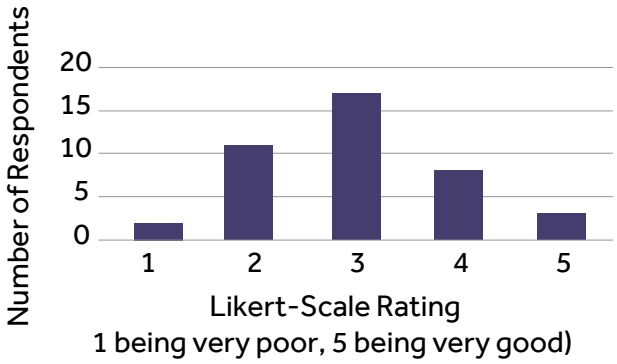
This section presents the results from questionnaires with women from various stages of the CJS, with questions focussed on experiences prior to entering the CJS. Descriptive statistics (percentages, means, and frequencies) were used to identify how prevalent healthcare needs are within this population, any challenges these women face in accessing healthcare, and how unmet healthcare needs can contribute to CJS involvement.

General Health & Wellbeing

Participants were asked to rate their general health, general mental health, pain frequency, and healthcare access. The following summarises the key findings:

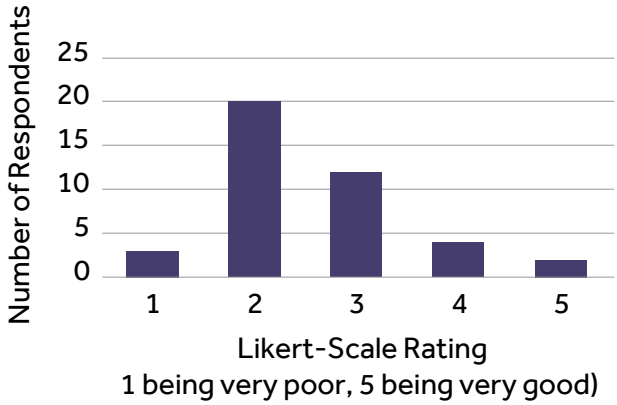
General Health: Participants were asked to rate their general health on a 5-point Likert scale, where 1 represented 'very poor' and 5 represented 'very good'. The average rating for general health was 2.98, indicating that most participants perceived their general health as average to poor.

How would you rate your General Health & Wellbeing?



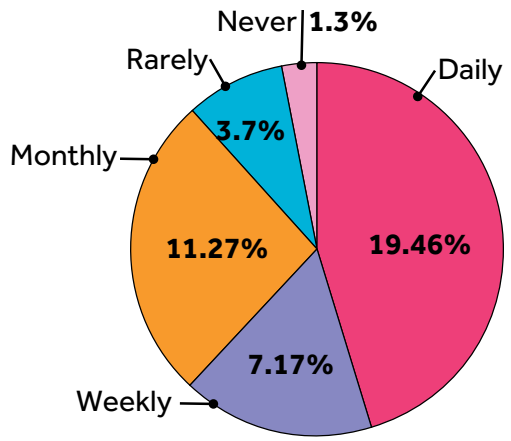
General Mental Health: Participants were asked to rate their general mental health on a 5-point Likert scale, where 1 represented 'very poor' and 5 represented 'very good'. The average rating was 2.56, suggesting that participants perceived their general mental health as average to poor.

How would you rate your Mental Health & Wellbeing?



Pain Frequency: Participants were asked to select how frequently they experienced pain from the options; Daily, Weekly, Monthly, Rarely, or Never.

How often do you experience pain?



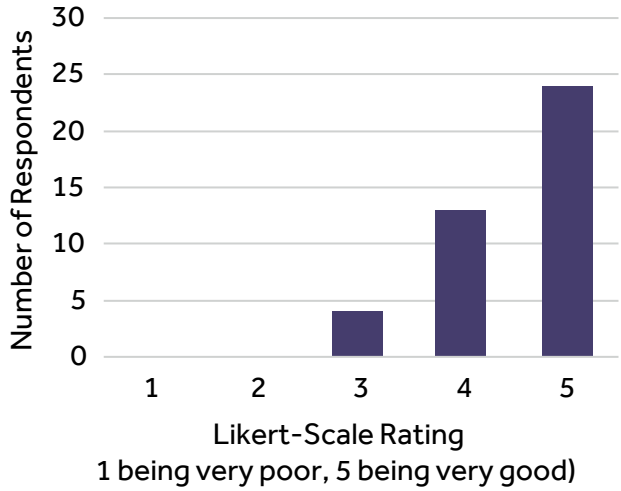
The data indicated that 46% of participants experience pain daily, while 17% reported experiencing pain weekly, with 9.75% experiencing pain rarely, or never.

Accident & Emergency (A&E) attendance: Participants were asked whether they had attended A&E as a patient in the last 12 months. Twenty-five participants (61%) reported that they had, whilst sixteen reported they had not (39%).

Desire for more healthcare support: When asked whether they would like more support with their health and wellbeing from health services, 63% responded Yes, whilst 37% responded No.

Importance of healthcare: Participants were also asked how important healthcare is to them on a Likert 5-point scale, with 1 being 'not important' and 5 being 'very important'.

How important is healthcare to you?



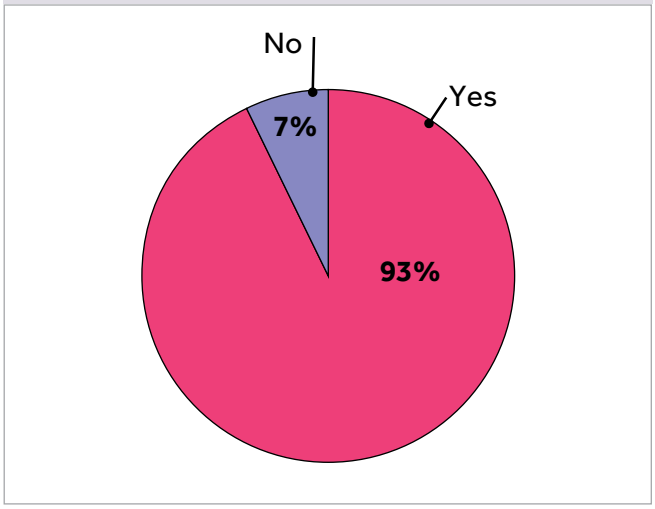
All respondents gave a rating of 3 or higher, with 90% of respondents rating healthcare as either important, or very important, highlighting the high value they place on healthcare.

Mental Health

Participants were asked a series of questions regarding their mental health experiences and access to mental health treatment. The key findings from this section are presented below:

Mental Health History: When asked whether they had ever experienced any mental health issues in their lifetime, thirty-eight (93%) participants responded affirmatively, whilst three (7%) stated they had not.

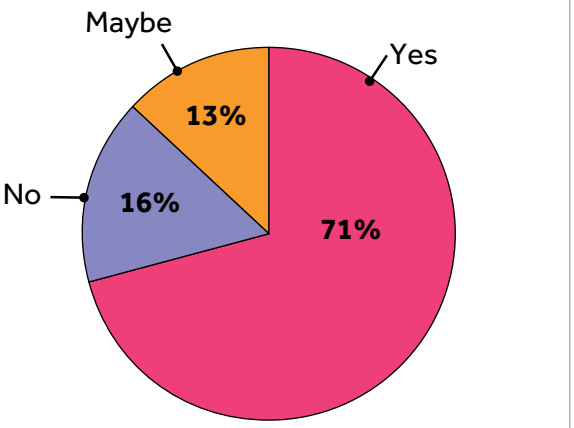
Have you ever experienced any mental health issues in your lifetime?



Access to Mental Health Treatment: Participants were asked whether they had ever experienced any difficulties in accessing treatment for their mental health needs. Thirty-five respondents (92.1%) stated Yes, whilst three respondents stated No (7.9%).

Impact of Mental Health on Criminal Justice Involvement: Participants were asked if they felt that their mental health had contributed to difficulties in their lives that could lead to previous or future involvement in the CJS.

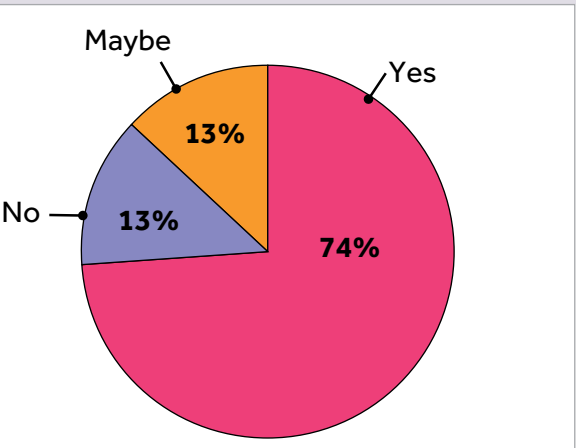
Do you feel that your mental health has contributed to difficulties in your life that could lead to previous or future involvement in the criminal justice system?



A majority (71%) of respondents acknowledged that their mental health had contributed to difficulties in their lives that may have led to or could lead to involvement in the CJS.

Desire for More Mental Health Support: When asked whether they would like more help to be available from healthcare services for mental health, the responses were:

Would you like more help to be available from healthcare services for mental health?



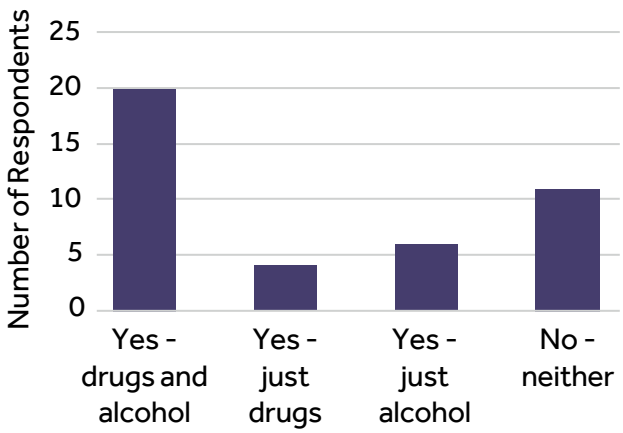
The majority of respondents (74%) expressed a desire for more mental health support.

Substance Use

Participants were asked a series of questions regarding their substance use, including regarding attempts to seek professional help, and the potential impact of substance use on healthcare access and criminal justice involvement.

Substance Use as a Coping Mechanism: When asked if they had ever used drugs or alcohol to cope with challenges in their life, the responses were as follows:

Have you ever used substances to cope with challenges in your life?



A total of thirty participants (73%) reported using either drugs, alcohol, or both as a coping mechanism, highlighting the prevalence of substance use as a way of managing life's challenges in this population. Eleven (27%) participants stated that they had not.

Seeking Professional Help for Substance Use: Of those that had responded Yes to using substances, these asked whether they had ever tried to seek professional help from healthcare services for their substance use. Twenty-five participants (83.3%) responded Yes, whilst five (16.7%) responded No.

Receiving Help for Substance Use: Among those who sought help, participants were asked whether they received assistance for their substance use. Twelve responded Yes, whilst fifteen responded No.

Impact of Substance Use on Healthcare Access: Participants were asked whether they felt their substance use had made it harder to access healthcare. Twenty-one (70%) responded Yes, five (16.7%) responded No, and four (13.3%) responded Maybe.

Substance Use and Criminal Justice Involvement: When asked whether they felt that their substance use had contributed to difficulties in their life that could lead to previous or future involvement in the CJS. Twenty-four (80%) responded Yes, three (10%) responded No, and three (10%) responded Maybe.

Desire for More Substance Use Support: Participants were asked whether they would like more help to be available from healthcare services for substance use. Nineteen (63.3%) responded Yes, whilst eleven (36.7%) responded No.

Physical Health

Participants were asked about their physical health conditions, their experiences accessing treatment, and the potential impact of physical health on their involvement with the CJS. The key findings are as follows:

Prevalence of Physical Health Conditions: The majority of participants 63.4% (26 participants) reported having at least one physical health condition, while 36.6% (15 participants) indicated they had no physical health conditions.

Difficulties in Accessing Treatment: When asked if they had ever experienced difficulties in accessing treatment for their physical health needs, twenty-two respondents (53.7%) stated Yes, whilst seventeen (41.5%) stated No, and two (4.9%) responded Maybe.

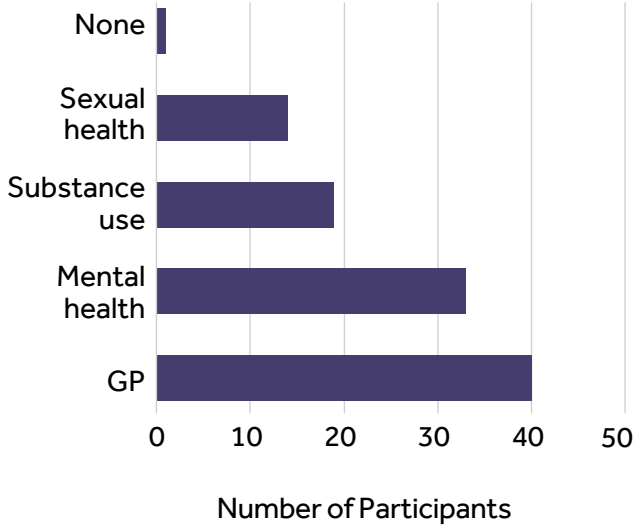
Impact of Physical Health on Criminal Justice Involvement: Participants were asked whether they felt their physical health needs had contributed to difficulties in their life that could lead to previous or future involvement with the CJS. Twelve participants (29.3%) responded Yes, twenty-eight (68.3%) responded No, and one (2.4%) responded Maybe.

Barriers to Healthcare Access

Participants were asked about their access to healthcare services, and any barriers they may have experienced when seeking care.

GP Registration and Access to Services: The majority of participants (95.1%) were registered with a General Practitioner (GP), with only two participants (4.9%) reporting they were not registered. When asked which healthcare services they had accessed or attempted to access during their lifetime, the most frequently reported were: GP services (40 participants), mental health services (33 participants), substance use services (19 participants) and sexual health services (14 participants). One participant reported having never accessed any healthcare services.

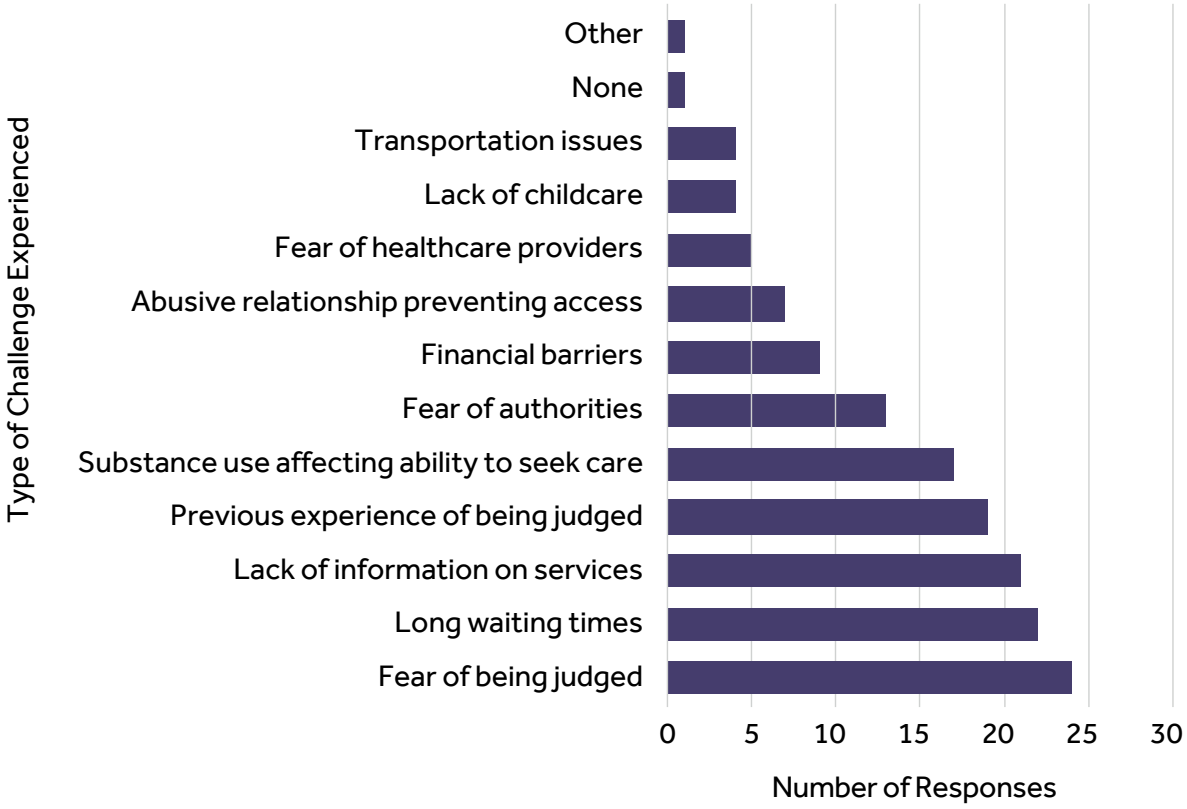
What healthcare services have you accessed/attempted to access in your lifetime?



Unmet Healthcare Needs: When participants were asked if they have ever been unable to access a healthcare service when needed, thirty-four (82.9%) said Yes, with seven (17.1%) stating No.

Barriers to Healthcare Access: Participants identified a range of challenges when trying to access healthcare services.

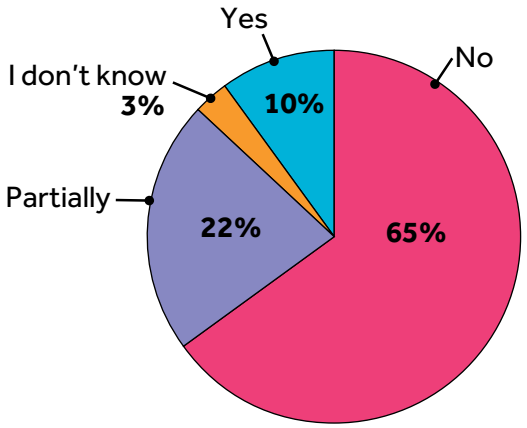
Challenges Accessing Healthcare



'Fear of being judged' was the most common response selected, with 64.9% of participants identifying this as an issue they have experienced. This was closely followed by 'long waiting times' (59.5%) and 'lack of information on services' (56.8%). Only one participant indicated no challenges by selecting 'none', and one listed 'other' as a response.

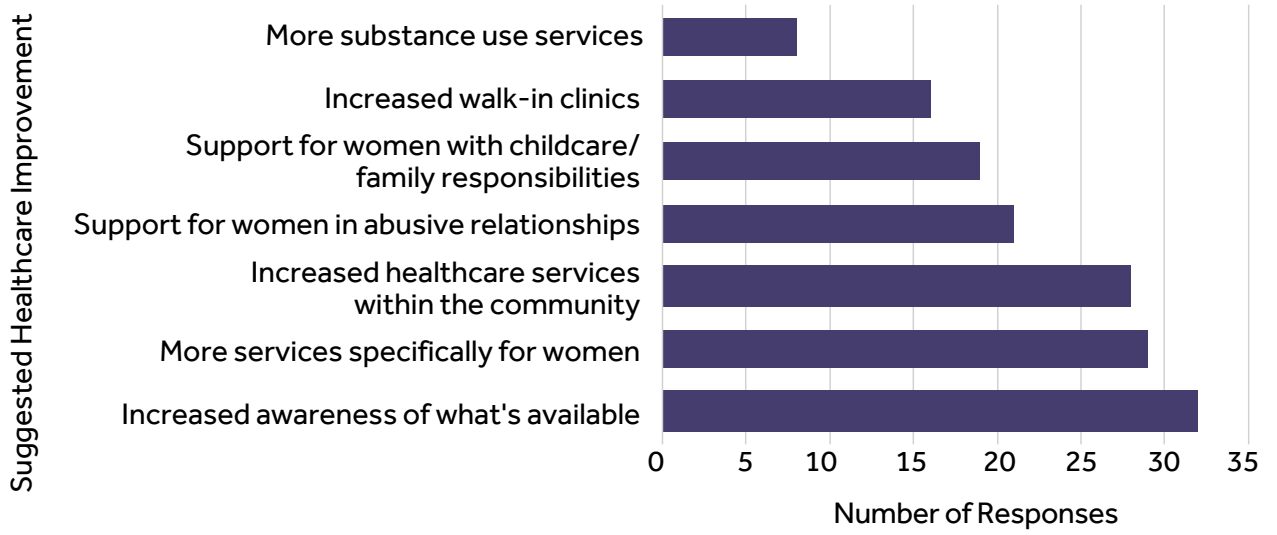
Healthcare Services Being Gender Specific: Participants were asked whether they felt healthcare services were matched to the needs of women specifically. Four participants (10%) stated Yes, twenty-six (65%) stated No, nine (22.5%) stated Partially, and one (2.5%) stated I Don't Know.

Do you feel that healthcare services arematched to the needs of women specifically?



Improving Healthcare Access: Participants were asked what more could be done to improve access to healthcare services.

What more could be done to improve access to healthcare services?

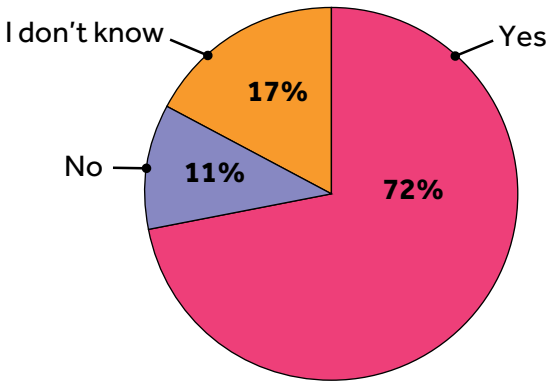


'Increased awareness of what's available' was the most common response given, with 82.1% of participants selecting this. This was closely followed by 'More services specifically for women' with 74.4% of participants, and 'Increased healthcare services within communities' with 71.8%. 'More substance use services' was the least common response given, with only 20.5% of respondents selecting this.

Crime Prevention

Finally, participants were asked about their involvement in the CJS. Participants that stated they have had previous involvement in the CJS were then asked whether they felt that access to better healthcare services could have prevented their involvement. Twenty-six participants (72.2%) stated Yes. A smaller number of six participants (16.7%) believed that 'Maybe' better healthcare access could have prevented their CJS involvement, and four participants (11.1%) did not believe that better healthcare access would have prevented their CJS involvement.

Do you feel that access to better healthcare could have prevented your involvement with the criminal justice system?



Interviews

This section presents the findings from interviews with women who have had experience with the CJS, with questions focussed on their experiences prior to entering the system. Through thematic analysis five themes were identified: General Poor Health, Barriers to Healthcare Access, Healthcare and Criminal Justice Involvement, the Impact of Domestic Abuse, and Gender Inequalities in Healthcare. These themes highlight the interconnected challenges women face in accessing appropriate healthcare, the role of gender in shaping healthcare experiences, and how unmet health needs contribute to CJS involvement. The following results provide an in-depth look at these issues and their implications.

General Poor Health

A recurring theme throughout the interviews was the overall poor health of participants, characterised by severe mental health conditions, physical health issues, and substance use problems. These interconnected and often co-occurring health challenges reflect the complex and multifaceted needs of this population and highlight systemic inadequacies in addressing their healthcare.

Prevalence of Severe Health Conditions

Every participant in the study disclosed living with significant mental health issues prior to entering the CJS. Conditions such as depression, anxiety, PTSD, and other mental health disorders were common. For instance:

> *"I'd struggled with suicidal thoughts for most of my life."*

> *"I didn't really realise how bad it was...but looking back my mental health had been bad since I was nineteen."*

Similarly, physical health problems were also frequently reported, ranging from chronic conditions to acute health crises. These illnesses, compounded by mental health struggles, created substantial barriers to maintaining a stable and healthy lifestyle.

> *"I was basically in pain every single day."*

This interconnectivity of poor mental health and physical health was evident, with self-neglect being a key consequence of untreated mental health issues. Participants described how their struggles with depression or anxiety often led to neglecting basic self-care, such as maintaining hygiene, seeking medical attention, or engaging in regular physical activity:

> *"I would struggle to look after myself...get out of bed, brush my teeth."*

This neglect, in turn, can exacerbate physical health conditions and contribute to the development of new ones, creating a cycle of declining health.

Substance Use Problems

Substance use emerged as a critical issue among participants, with many describing longstanding struggles with drugs or alcohol. For some, substance use was a coping mechanism for many underlying trauma or mental health issues:

> *"After I lost my mum, I started drinking."*

> *"My abusive partner got me into drugs."*

For others, substance use led to a cascade of further health and social challenges, including neglect of self-care and healthcare needs:

> *"I didn't attend any follow-up appointments because I was back on drugs."*

This highlights the cyclical nature of substance use and poor health, where one issue perpetuates the other, further entrenching participants in poor health outcomes.

Barriers to Healthcare Access

The women interviewed identified significant barriers to accessing both physical and mental healthcare services, many of which were exacerbated by stigma, substance use, long waiting times, and dismissive attitudes from healthcare professionals. These barriers often led to unmet health needs, with some participants reporting that their healthcare struggles contributed to a cycle of worsening health and, in some cases, involvement with the CJS.

Mental Health and Substance Use

Dual diagnosis – where women experience co-occurring mental health and substance use disorders – was expressed to be a notable challenge by several participants, with many participants describing a complex interplay between drug or alcohol misuse as a coping mechanism for mental health issues, including anxiety, depression, and PTSD. For many, substance use acted to self-medicate, offering temporary relief but exacerbating their mental health issues over time. For example, one participant described alcohol use as a way to numb her mental health struggles, which in turn worsened her symptoms and contributed to criminal justice involvement. Another participant reported that her substance use began as a method of coping with grief and trauma, ultimately leading to her developing mental health issues and further complicating factors in both her personal life and interactions with healthcare services.

However, despite this common problem, many women stated they had experienced difficulties accessing healthcare services because of this, with services either treating one while neglecting the other, or refusing to offer support until substance use has terminated. One participant, for example, stated that:

> *"If there had been more of the mental health side, that wouldn't have led to the alcohol, that wouldn't have led to the drugs. And if you have both, they won't help you. Sometimes you actually have to lie and say, you know, no I'm not on the drugs just for you to get help."*

This statement reflects the importance of addressing mental health issues before it leads to substance use and the difficulty of receiving treatment that simultaneously tackles both problems. It also underscores the frustration and desperation some women feel when trying to access help. This feedback highlights the need for more integrated treatment plans that recognise and address the overlap between mental health and substance use, particularly as many participants noted that their substance use was a way to manage symptoms such as anxiety and depression.

Dismissive Nature of Mental Health Professionals

One prominent issue highlighted was the dismissive nature of mental health professionals, particularly in response to women's attempts to address the root causes of their issues. Many participants expressed frustration at being given medication without being listened to or having their concerns adequately addressed:

> *"They kinda just fob you off or they diagnose you with the same thing that's easier for them, instead of actually going to the underlying problem."*

This quote reflects the common sentiment amongst participants that mental health professionals often opt for quick, superficial solutions, such as prescribing medication, rather than engaging with the complexities of underlying causes such as trauma, substance use, or unresolved childhood issues. This approach left many feeling unheard and unsupported, exacerbating their mental health struggles.

Moreover, many participants discussed the lack of early intervention in mental healthcare, which they felt could have mitigated some of the mental health and substance use challenges they faced:

> *"I think if it was nipped in the bud when I was a kid, I wouldn't have made the decisions I did as an adult, stayed in a relationship that I shouldn't have done, and then got into situations...and I don't think I would have*

ended up drinking the way I was drinking if I'd have dealt with those issues."

This quote underlies the importance of mental health professionals addressing healthcare issues early in life to prevent long-term negative consequences, including involvement with unhealthy relationships and harmful coping mechanisms like alcohol use.

Stigma from Healthcare Professionals

Stigma from healthcare professionals was also a major barrier to accessing care. Many women recounted experiences of being judged or dismissed, particularly when seeking mental health support. One participant recalled an encounter in A&E after a suicide attempt, saying:

"The nurse was really dismissive with me, as if, oh you're attention seeking."

Another participant described her experience with a doctor:

"I found with one of my doctors when I was speaking to him, he was rolling his eyes."

Participants stated that these dismissive behaviours not only reinforced feelings of stigma but also discouraged women from pursuing further help, leaving them to cope with their struggles alone.

Lack of Follow-up Care

The lack of follow-up care was also a reoccurring issue, with several women expressing frustration over the lack of continuity and support once they had accessed physical healthcare services. For example, one participant stated:

"There's no follow up in regards to results, I have to chase them up myself. There's no check in."

Participants stated that this lack of proactive care contributed to feelings of neglect and a sense of disconnection from the healthcare system.

Another participant shared a similar experience when accessing mental health services:

"I went to two therapy sessions and phoned in sick for the third one. No one even chased up to see why I didn't go back."

Many participants stated that this lack of follow-up care reinforces a sense of isolation and abandonment, leading to further disengagement from services.

Additionally, participants acknowledged that their substance use often complicated their ability to personally engage with healthcare services. One participant noted:

"When you're on drugs, nothing else matters."

This quote encapsulates the diminished capacity for self-care and personal well-being many women with substance use problems experience, presenting a further risk to their physical and mental health. This provides further evidence that healthcare services should be providing adequate follow-up care, given the fact that these women may already be neglecting their health and well-being. Without intervention, the needs of these women may continue to be dismissed.

Healthcare and Criminal Justice Involvement

Participants frequently highlighted a connection between their unmet healthcare needs and their involvement in the CJS. Several women described how a lack of timely, appropriate, and accessible healthcare contributed to decisions and circumstances that ultimately led to criminality. Others reflected on how intervention at the point of arrest provided access to support that had previously been unavailable. This section explores these links.

Missed Opportunities for Early and Preventative Care

A recurring theme across interviews was the absence of timely, preventative healthcare interventions that could have addressed participants' needs before they escalated into criminal behaviour. Participants highlighted missed opportunities for both primary prevention, such as early support and education to address vulnerabilities before issues arose, and secondary prevention, where clear warning signs were evident but not adequately addressed by healthcare providers.

Many participants described how unrecognised struggles earlier in their lives (such as childhood abuse) created a pathway toward poor mental health, substance use and eventually criminality:

> *"If I'd had the help and support regarding what I was going through beforehand, I would have had the tools to maybe not pick up the bottle..."*

Another participant emphasised how a lack of secondary prevention once mental health deteriorated ultimately shaped her decisions, circumstances, and criminal involvement:

> *"If they would have done it in the first place, I probably wouldn't have been behind them bars."*

These reflections highlight the critical role that early intervention could have played in breaking cycles of harmful behaviours and preventing further health struggles or criminal behaviour. Delayed or absent care left participants without the tools to manage their mental health and substance use challenges, ultimately perpetuating cycles of disadvantage and vulnerability.

The CJS as a Point of Intervention

For some participants, involvement with the CJS became the first point at which they accessed the help they had long needed. While this was not the preferred route to support, it underscored the gaps in healthcare provision outside of the justice system. One participant expressed:

> *"I'm actually glad I was arrested because I've got the help that I needed."*

Another participant shared a similar experience, noting that her arrest served as a turning point for accessing the support she had been seeking.

> *"Because when I really needed the help was when I ended up being arrested."*

These reflections highlight the role of the CJS as an unintended safety net for individuals whose healthcare needs were unmet elsewhere. However, participants also described how reliance on the CJS for access to care was indicative of systemic failures in healthcare, where intervention came too late to prevent criminal involvement.

The Impact of Domestic Abuse and Trauma

A significant theme that emerged from the data was the profound impact of domestic abuse and trauma on women's healthcare needs and their ability to access services. Many participants disclosed experiences of domestic abuse that shaped their physical and mental health, as well as their coping mechanisms. These experiences influenced their interactions with healthcare systems, often creating additional barriers to seeking and receiving appropriate care.

Trauma as a Catalyst for Health Issues

Participants consistently linked their understanding of trauma to specific experiences of domestic abuse, framing it as a driving force behind their health struggles. For many, the traumatic experiences of violence and coercion in abusive relationships were central to their narratives and shaped their mental health, substance use, and coping behaviours. One participant clearly articulated this connection:

> *"I didn't drink before I got into a violent relationship."*

This association between domestic abuse and trauma was echoed by others, who saw their substance use as a response to traumatic experiences:

> *"I've took them drugs because I've got trauma."*

Here, participants used the word 'trauma' in a way that implicitly connected it to their personal histories of abuse, suggesting that they viewed it as a consequence of specific events. This highlights how domestic abuse acts as a catalyst for health issues, illustrating the need for healthcare services to address these underlying experiences in a holistic and trauma-informed way.

Trauma and the CJS

For some participants, the unaddressed impact of trauma led directly to criminal justice involvement. One participant shared how her undiagnosed PTSD contributed to a violent encounter with police that ultimately resulted in her arrest:

> *"I didn't know I had PTSD at the time, so then that's led to me being arrested at that time."*

This quote illustrates how participants viewed PTSD as a distinct condition that shaped their behaviours and decisions. In this case, the participant suggested that awareness of her PTSD might have helped her regulate her behaviour or avoid the arrest altogether. However, this also highlights a critical gap in trauma-informed care: if professionals had recognised and addressed the participant's experiences of trauma earlier, the development of PTSD, and the subsequent criminal involvement may have been prevented or mitigated. This underscores the importance of early intervention and trauma-informed approaches within healthcare systems.

Barriers to Accessing Trauma-Informed Care

Many participants noted that their experiences of domestic abuse left them with mental and physical healthcare problems, which made engagement more challenging. Additionally, the stigma surrounding substance use and mental health – often exacerbated by the trauma of abuse – further compounded these challenges. Participants' accounts suggest that healthcare systems are not adequately equipped to address the complex interplay of domestic abuse, trauma, and health outcomes.

Gender Inequalities in Healthcare

Participants frequently highlighted experiences of gender-based disparities in accessing and receiving healthcare. Many women felt that healthcare systems did not adequately meet the needs of women and described instances where men appeared to receive preferential treatment.

Unequal Access to Care

Several participants explicitly stated that they believed men and women were treated differently in healthcare settings, with men often receiving quicker and more effective support for their health needs compared to women. One participant observed:

> *"My brother had a problem with drink, and he seemed to get help straight away...but there's a woman I knew, and she asked for help a couple of times, but she didn't get the same treatment as him."*

Another participant expressed frustration at witnessing male friends receive timely healthcare interventions despite their struggles with substance use, in stark contrast to her own experiences:

> *"I've got [male] friends, and they've had help straight away even though they're well in their drugs, and it's like what's the difference with the man and the woman?"*

These accounts suggest a systemic bias in healthcare access, where men are perceived as deserving of immediate support, while women's needs are overlooked or delayed.

Gendered Assumptions About Strength and Resilience

Participants also reflected on how societal expectations about gender roles and strength contributed to disparities in healthcare treatment. Many felt that men were taken more seriously when they sought help because they are culturally expected to endure hardships silently. As one participant explained:

> *"Men like to be strong. That's how they're raised. I had a friend that suffered from depression and when he asked for help, he was seen really quickly, because men don't ask for help. And that's where the difference is. We're just expected to get on with it."*

Another participant echoed this sentiment, describing how women's greater willingness to seek help was often misinterpreted as weakness or over-exaggeration, resulting in their concerns being dismissed:

> *"They're not doing anything really. And I don't think they would do that with a man. I think men are treated differently."*

These reflections highlight the double standard in healthcare responses, where men's help-seeking behaviours are prioritised as rare and serious, while women's are dismissed as routine or less urgent.

Another key issue raised by participants was the impact of gendered stereotypes on how pain and symptoms are perceived and treated. One participant noted:

> *"Our pain tolerance is higher...so we don't get the same level of pain relief that men do...so men do get treated different."*

This belief reflects a broader concern about gendered assumptions within healthcare, where women's symptoms may be underestimated or dismissed due to stereotypes about their physical resilience.

Lack of Understanding of Women's Needs

Overall, participants expressed frustration with what they perceived as a lack of understanding of women's unique health needs by healthcare providers. One participant summarised this sentiment:

> *"God, no, I think...there's no understanding which doesn't make sense in this day and age, of what we're actually going through."*

This lack of understanding was seen as a barrier to effective care and compounded feelings of being overlooked or dismissed.

Focus Group

The focus group provided valuable insights into the key barriers and challenges professionals believe women face in accessing healthcare prior to their involvement with the CJS. Through a series of discussions with professionals in the field, it became clear that healthcare for women is often complicated by a range of factors, including systemic issues, lack of awareness, and the intersectionality of various social determinants such as mental health, substance use, and domestic violence. The following section outlines the key themes that emerged from the focus group, focusing on the complexities of healthcare access for women and the significant impact it has on their overall health and well-being.

Complexity and Fragmentation of Healthcare Services

A prominent theme that emerged from the focus group was the complexity and fragmentation of healthcare services, which creates significant barriers to women accessing appropriate care. This theme highlights how the healthcare system is difficult to navigate, not only for the women themselves but also for the professionals trying to support them. Participants discussed how women often face confusion and frustration when attempting to access healthcare, and this is exacerbated by systemic issues that contribute to uneven service delivery.

Navigation Challenges

The professionals noted that healthcare access varies significantly across North Wales. For example, healthcare professionals pointed out that GPs in certain areas require online booking, while others operate a phone-in system. For women who may be fleeing domestic violence or moving between areas, this lack of consistency in accessing services can make it difficult to maintain continuity of care. Additionally, these women may also have limited access to communication tools, such as phones, which further causes further isolation and prevents them from accessing support. This disjointedness is also particularly problematic for women who face other vulnerabilities, such as homelessness or a loss of a support network due to their personal circumstances.

Lack of Awareness of Services

Another significant barrier identified was the lack of awareness among women regarding the range of services available to them. Many professionals reported that women are frequently unaware that they can access support through pharmacies, minor injury units, or opticians without needing to go through a GP or A&E.

> *"I didn't know until recently that you can get prescriptions from the pharmacist for UTIs, chest infections, common ailments. That's a really good service that many women and working professionals don't know about."*

This limited knowledge means that women may only seek help in urgent situations, often presenting at A&E for issues that could have been addressed earlier or through other means. The professionals observed that this over-reliance on GPs and emergency services clogs up already overstretched systems and delays care, often worsening health outcomes.

Confusion for Healthcare Professionals

It was also acknowledged that even healthcare professionals face confusion when trying to navigate the system to help women in need. The lack of clear pathways for women with complex healthcare needs means that professionals are often uncertain about how best to support them. This can lead to delays in diagnosis and treatment, further exacerbating health problems. The professionals emphasised that healthcare workers must be better equipped with the knowledge of available services and how to guide women through them effectively.

"Even as professionals, it's hard to navigate the system ourselves. Imagine how confusing it is for women already overwhelmed by other challenges."

Barriers to Mental Health Support

Mental health challenges emerged as a critical area of concern, with the focus group emphasising the significant barriers women face in accessing appropriate mental health support. Professionals highlighted the prevalence of mental health conditions such as anxiety, depression, and post-traumatic stress disorder (PTSD) among women prior to their involvement in the CJS. However, accessing effective and timely mental health care remains a persistent struggle.

Misdiagnosis and Limited Understanding of Complex Conditions

A reoccurring issue identified by the professionals was the frequent misdiagnosis of women's mental health conditions. They explained that many women are commonly diagnosed with anxiety or depression as a default, even when underlying symptoms of personality disorders, autism, or attention deficit hyperactivity disorder (ADHD) are present. This misdiagnosis often stems from a lack of understanding about how complex conditions present in women, as well as the tendency to oversimplify mental health challenges due to time constraints and systemic pressures.

"We find that every single woman that comes into custody has a diagnosis of anxiety or depression. Every single one."

"There is a crossover. Alongside your ADHD, autism, you have your anxiety and depression and PTSD. It's a symptom of all that chaos the women have lived with."

Professionals noted that this oversimplification not only leads to inappropriate treatment plans, such as incorrect medications, but also prevents women from accessing the specialised care they need. For example, women with undiagnosed neurodivergence are often left without support that could help them manage their symptoms effectively, further exacerbating their struggles.

"I think the problem many women face...just being fobbed off with anxiety and depression and given a pill and saying oh, no, we'll see you in six months and check again. That then becomes a bigger problem because it keeps having a knock-on effect."

Additionally, women who are diagnosed with more complex mental health issues, such as personality disorders, often are not provided with information to help them understand their diagnosis. This leads to confusion and inability to access appropriate treatment:

"A challenge I have experienced with a lot of women is that they will be given a diagnosis of a personality disorder, but they don't understand what that means for them. So, there's no explanation for them."

Impact of Motherhood

The group also identified significant internal and external parenting barriers that prevent women from seeking mental health support. The stigma surrounding mental health remains a powerful deterrent, with many women fearing judgement or discrimination if they admit to needing help. This stigma is often amplified for mothers, who may worry about losing custody of their children if they disclose mental health struggles, leading many to mask their struggles and avoid seeking help altogether. This fear is further compounded by societal judgments that frame women with mental health issues as 'unfit' mothers, perpetuating shame and isolation.

"For some women they feel there is a stigma around mental health and if their child, for example, is known to social services they might try their best to mask that and not seek help and give the presentation that there aren't any issues."

Additionally, professionals highlighted practical barriers, such as childcare responsibilities, which disproportionately affect women. These responsibilities make it difficult for them to attend appointments or engage in consistent treatment plans, particularly when services are inflexible or inaccessible.

Breakdowns in Continuity of Care

Professionals also highlighted the fragmented nature of mental health services, particularly when women move between areas. This is especially common for women fleeing domestic violence, who may relocate frequently. The lack of communication and information-sharing between healthcare providers means that women often must repeatedly retell their stories, which can be retraumatising. Additionally, gaps in continuity of care leave many women without the consistent support needed to manage their conditions effectively.

"They're retraumatised by having to tell their story over and over again to different services. There's no joined-up approach."

Substance Use and Dual Diagnosis

Substance use was identified by professionals as a pervasive issue among women prior to their involvement in the CJS. The focus group emphasised that substance use and mental health challenges are often deeply intertwined, creating complex needs that are rarely addressed in holistic or effective manner. Stigma, service refusal, and a lack of gender-specific support exacerbate the challenges women face in accessing the help they need.

High Prevalence

Professionals described substance use as highly prevalent within this population, with many women using drugs or alcohol as a means of coping with trauma, domestic abuse, and mental health struggles.

Dual Diagnosis

Dual diagnosis – where women experience co-occurring mental health and substance use disorders – was identified as a significant challenge. Professionals explained that women with dual diagnosis often face discrimination or outright refusal of services, with mental health providers unwilling to treat individuals actively using substances. Conversely, treating mental health conditions without addressing substance use can be counterproductive, leaving women in a cycle of untreated or partially treated issues.

This lack of integrated care creates significant obstacles for women, many of whom use substances as a coping mechanism for trauma or mental health challenges. The professionals emphasised the need for more holistic approaches that address both issues simultaneously, rather than forcing women to choose which aspect of their health to prioritise.

"Dual diagnosis is such a huge issue. Mental health services won't treat them if they're using, but without support they keep self-medicating."

Systemic Barriers to Access

Professionals noted the lack of gender-specific substance use services as a major gap in provision. They stated that women require safe and supportive environments where their unique needs, as a result of trauma they have experienced, can be met. Additionally, professionals stated that women's vulnerability to exploitation can increase when seeking help from non-gender specific services. The lack or absence of gender-specific services may mean women are at greater risk of harm from unsafe environments or they may fall victim to predatory behaviours in mixed gender settings, such as those associated with county lines operations or sex work, making it more difficult for them to access the support they need safely.

Long waiting lists and a lack of follow-up for missed appointments were also identified as significant barriers to accessing substance use services. Professionals noted that women's chaotic lifestyles, often shaped by trauma and caregiving responsibilities, make it challenging

to adhere to rigid appointment schedules. When women miss appointments, they are often removed from service lists without follow-up, further entrenching their struggles.

The Role of External Organisations

Professionals in the focus group highlighted the important role that external organisations, such as Women's Centres, play in supporting women's health needs. These organisations were described as safe and trusted spaces where women are more likely to disclose personal and sensitive information, including experiences of trauma and its impact, substance use, and mental health challenges.

> *"Some women might be frightened to disclose anything to police, or probation, because they're statutory. They might be worried about judgement or having their children taken off them. Whereas Women's Centres are voluntary. You often find a lot more will disclose problems they're having."*

The professionals acknowledged that the tailored and supportive approach of these organisations often made women more comfortable disclosing issues and being effectively signposted to the correct healthcare service.

> *"I think we underestimate the power of third sector organisations because they will promote health services and statutory services as much as possible, and work alongside probation. And to some people, third sector services may be adequate on its own. And for others, it could signpost them to extra support."*

However, while the value of these organisations was widely recognised, their integration with existing healthcare systems appeared limited, leaving a gap in the coordination of care.

Discussion

The data presented in this research has highlighted the multifaceted healthcare challenges faced by women within or at risk of entering the CJS in North Wales, shedding light on critical gaps in the current literature. Additionally, this research is not only contributing to the body of inclusion health and justice research in Wales (Rabaiotti, 2024; Irwin & Whitear, 2020; Jones, 2020; 2022; Perett et al., 2020; Williams et al., 2023), but distinguishes itself by focussing solely on women at risk of entering the CJS. By focusing on North Wales specifically, an under-researched region, it adds a unique geographical dimension to the literature, addressing disparities in research coverage between North and South Wales. Finally, by using the experiences of women at risk of entering the CJS as a focal point, this study provides valuable insights into how inadequate access to healthcare can contribute to criminal involvement. These findings, as well as their importance in addressing structural barriers and social determinants of health, will be discussed in this section, offering a crucial addition to the current literature.

Summary of Findings

Questionnaire

Participants reported generally poor health, with the majority describing their mental and physical health as average to poor. A large majority also stated that they experienced daily pain. Regarding mental health, the vast majority stated that they had a history of diagnosed and undiagnosed mental health conditions, with almost all experiencing difficulties accessing mental health services in the past. Substance use was common and commonly reported as a barrier to accessing healthcare. Other significant barriers to healthcare reported included 'fear of judgement', 'long waiting times', and 'a lack of information on what's available'. The majority of participants affirmed that their lack of mental health and substance use support had contributed to CJS involvement, with a minority stating that physical health had contributed to this. Generally, participants felt that healthcare services were not matched to the specific needs of women.

Interviews

Participants highlight poor health, both physical and mental, often compounded by substance use. Commonly reported barriers to accessing care included stigma from healthcare professionals, dismissive attitudes, and dual diagnosis complications. Many described unmet health needs that contributed to their CJS involvement, with domestic violence and trauma also playing a pivotal role in shaping healthcare needs and access. Participants felt that healthcare often fails to address the specific needs of women.

Focus Group.

Professionals identified significant barriers to healthcare access for women including fragmented services, misdiagnosis, dual diagnosis, as well as problems relating to motherhood and childcare, including stigma. The importance of third-sector organisations in bridging gaps and encouraging women's engagement with healthcare was also emphasised.

Health Needs of Women

Regarding the health needs of women at risk of entering the CJS, this study aligns closely with previous literature, demonstrating a particularly high prevalence of poor mental and physical health, as well as substance use within this population. Findings revealed that mental health issues and substance use are critical factors influencing women's health needs and their potential involvement in the CJS (Bartlett & Hollins, 2018; Bergh et al., 2011; Aday & Farney, 2014). However, while much of the prior research focuses predominately on women already within the CJS, this study addresses an important gap by examining women at risk of entering the CJS, demonstrating these health challenges are prevalent in this group as well as the importance of early intervention.

Furthermore, this study expands on earlier work by giving greater consideration to physical health needs, which are often overlooked. This research has found that not only are severe physical health conditions and daily pain common within this population but also highlighted the strong link between physical and mental health. For instance, interview participants described how mental health challenges often led to neglecting their physical health, emphasising the interconnected nature of these issues. Therefore, these findings provide a more comprehensive understanding of women's healthcare needs and highlights the interconnected nature of physical and mental health within this vulnerable population.

Barriers to Healthcare Access

This study has also highlighted significant barriers women at risk of entering the CJS have experienced during their lifetime. For example, many participants reported a fear of being judged or experiencing dismissive attitudes from healthcare professionals, which deterred many from seeking help. This sentiment was echoed by professionals, who stated that women often fear judgement from healthcare workers or social services and avoid seeking help because of this. This is supported by previous findings that stigma is a significant barrier for women already within the CJS (Tremlin & Beazley, 2021; Martin et al., 2020; Moore et al., 2024), or for those with both mental health problems and substance use issues (Evans-Lacko & Thornicroft, 2010; Mao-Sheng, 2021). However, while previous research has highlighted self-stigmatisation as a major barrier for women within the CJS or those with substance use issues, it is noteworthy that the participants in this study did not express feelings of shame or internalised stigma. Instead, external stigmatisation – real or perceived – was identified as a primary barrier to care. These findings align with existing evidence advocating for trauma-informed and holistic approaches to healthcare (Public Health Wales, 2022), which emphasise the importance of addressing the root causes of vulnerability, such as experiences of abuse or trauma. This is also supported by the finding that domestic violence emerged as a key barrier in this research, impacting both women's healthcare needs and access to care. Such approaches are essential for ensuring that healthcare systems can effectively engage with and support women with complex needs in an empathetic way, ultimately reducing the risk of CJS involvement.

Furthermore, participants in this study emphasised that healthcare in Wales is not gender-specific, reflecting criticisms already highlighted in the Welsh Government Quality Statement for Women and Girl's Health (2022). These findings reaffirm the importance of gender-sensitive healthcare provision, particularly for women at risk of entering the CJS. The 2024 *Women's Health Plan for Wales* provides a timely framework to address these

shortcomings, advocating for improvements in tailored care that align with the needs of women in this population. However, despite its focus on gender-specific healthcare, the 2024 plan fails to explicitly recognise the additional needs of women within or at risk of entering the CJS.

Dual Diagnosis

A significant barrier identified in this research is that of dual diagnosis. This theme was consistently highlighted across interviews, questionnaires, and the focus group, with women detailing how they had been refused access to services due to their substance use prior to entering the CJS. This finding is particularly concerning, as it directly contradicts the formal guidelines on services from the National Institute for Health and Care Excellence (NICE, 2019), which states that 'people over 14 are not excluded from mental health services because of coexisting substance use or from substance use services because of coexisting mental illness'. However, as found in this research and previous work, this is still a common problem that occurs (Evans-Lacko, & Thornicroft, 2010; Staiger et al., 2010), leaving many individuals unsupported.

Additionally, in Wales, the co-occurrence of mental health and substance use problems is formally acknowledged by the 2015 *Service Framework for the Treatment of People with Co-occurring Mental Health and Substance Misuse Problems* (Welsh Government, 2015), aiming to ensure individuals with these intersecting challenges receive integrated and accessible care. However, this study's findings indicate that the ambitions of this framework are not reflected in the lived experiences of women at risk of entering the CJS. Participants' accounts reveal a lack of integrated services and ongoing exclusion based on dual diagnosis, demonstrating a critical gap between policy aspirations and the realities of service delivery.

This discrepancy highlights the urgent need for healthcare providers in Wales to adopt a more integrated approach to dual diagnosis, addressing mental health and substance use issues together in a holistic manner. Such an approach is essential for meeting the complex needs of women at risk of entering the CJS, ensuring that they can access the comprehensive and empathetic support required to improve their outcomes.

Whole-Systems Approach

Findings from this research also underscore the need for healthcare to adopt a more holistic, whole-systems approach. Both participants and professionals highlighted that current services are often fragmented and confusing, with a great lack of awareness of what services are available. Some participants also stated that this lack of a whole-systems approach can often mean women are required to retell their stories to numerous individuals, which can often be re-traumatising. This echoes calls in the literature for better coordination and integration of care, with evidence suggesting that multi-agency approaches (the bringing together of criminal justice, statutory, and third-sector organisations), will yield better outcomes for individuals with complex needs (Ministry of Justice 2018b). This should involve good communication, liaison between services (Byng et al., 2012), and holistic and integrated care (Annison et al., 2019).

Additionally, this research has underscored the intrinsic link between physical health, mental health, and substance use, reinforcing that fragmented services addressing these needs separately are insufficient. For example, the high prevalence of mental health conditions in this population was often linked to substance use as a coping mechanism, while mental health struggles led to some women neglecting their physical health. These findings suggest that these aspects of health do not exist in isolation; rather, they interact in complex ways that influence women's overall well-being and ability to access care.

This study further highlights the pivotal role of third-sector organisations, particularly Women's Centres, in promoting access to healthcare. Both women and professionals praised these Centres for bridging gaps in care, offering a safe and non-stigmatising environment, and encouraging engagement with other services. Women's Centres were viewed as

invaluable for their ability to signpost women to appropriate healthcare services during primary interventions, providing practical and emotional support that prevents symptoms or trauma from worsening. This aligns with the recommendations from the Corston Report (Corston, 2007), which advocated for Women's Centres to act as a 'one-stop shop' for holistic criminal justice services.

Previous research has shown that Women's Centres in England and Wales deliver safe, non-stigmatising support (Radcliffe & Hunter, 2013), and independent analyses have demonstrated that the socio-economic benefits of these Centres outweigh their costs, by focussing on prevention and early intervention to reduce long-term demands on healthcare services (Women in Prison, 2022). This is supported by the findings of this research, which demonstrate that women and professionals found that these Centres allowed women to better access services. However, research has demonstrated that the full potential of Women's Centres and their benefits are not recognised, due to unsustainable funding (Women in Prison, 2022).

In Wales, efforts are underway to integrate community mental health and wellbeing services into Women's Centres (Equality and Social Justice Committee, 2023). This research provides robust evidence to support these initiatives, reinforcing the value of Women's Centres in delivering holistic, integrated, and accessible care for women with complex needs.

Healthcare and Criminal Justice Involvement

A key contribution of this study is its focus on the direct link between unmet healthcare needs and criminal justice involvement in women. This connection suggests that addressing healthcare needs early, particularly in mental health and substance use, could prevent women from entering the CJS. By focusing on early intervention, healthcare could become a tool to divert vulnerable women away from the CJS, reducing future criminal justice involvement and addressing the root causes of offending behaviour. This is supported by Lynch et al. (2017), who found that effective mental healthcare support was directly linked to participants' number of convictions. Additionally, research by Rice et al. (2024) found a similar link, demonstrating that improving access to healthcare had a direct impact on recidivism. These findings suggest that early healthcare interventions for women at risk of entering the CJS could be an effective method in preventing offending, providing an opportunity to disrupt the cycle of vulnerability and criminality. However, it should be noted that both these studies used a mixed-gender sample, and that further investigation into a female population should be encouraged to understand the impact these interventions have on women.

Additionally, it should also be noted that for many interview participants, the CJS acted as a critical point of intervention – often the first time they received adequate healthcare support, most notably for severe mental health diagnoses. While this highlights the potential for the CJS to connect vulnerable women with services, it also underscores a significant failure of early intervention mechanisms. This can have detrimental impacts on an individual, with delays in accessing care exacerbating mental health conditions, perpetuating substance use, and deepening cycles of trauma and disadvantage, making recovery ultimately more challenging. Additionally, this absence of proactive intervention also results in higher public expenditure (Bereford, 2018), with resources required not only for CJS processes, such as police involvement, legal proceedings, and incarceration, but also for the intensive healthcare services that often become necessary at a later stage. This suggests that earlier healthcare interventions could prevent many women from becoming involved with the CJS in the first place, thereby reducing the burden on public systems.

Conclusions

Implications

The findings of this research provide several key implications for healthcare and criminal justice policy and practice, particularly in the context of supporting women at risk of entering the CJS in North Wales.

Firstly, the research highlights the urgent need for trauma-informed and gender-specific care within healthcare settings. Many participants reported that their experiences with healthcare were shaped by stigma, dismissive attitudes, and a lack of sensitivity to their gender and experience of trauma-related needs, and how this ultimately led to their criminal justice involvement. Therefore, healthcare professionals must understand the importance of empathetic, trauma-informed care when speaking with any individual, particularly those with complex needs and histories of trauma.

Additionally, given the interconnected nature of healthcare identified in this research, professionals should take a more holistic approach towards assessing a woman's needs. For instance, instead of viewing conditions in isolation, there should be greater recognition of how one issue may mask or exacerbate another, particularly in situations where both mental health issues and substance use are prevalent. Therefore, a more integrated approach to service provision – where healthcare professionals proactively consider the full scope of a woman's health needs – could improve engagement with services and lead to better long-term outcomes.

Moreover, this research has also highlighted the potential for preventative healthcare approaches that can disrupt cycles of vulnerability and criminality, particularly when focussed on vulnerable women, demonstrating the need for early intervention strategies in all sectors, including healthcare, to reduce the number of women entering the CJS.

Findings also reinforce the critical role of third-sector organisations, such as Women's Centres, in bridging gaps in care. Women's Centres have proven to provide practical and emotional support that prevents the escalation of trauma and symptoms and were praised by both women and professionals in this research for their ability to reduce stigma and offer holistic care. Policymakers should capitalise on these benefits by ensuring sustainable funding and continuing to expand the role of Women's Centres in healthcare, as outlined by the Equality and Social Justice Committee. The socio-economic benefits of these Centres, including their potential to reduce long-term healthcare and criminal justice costs, further support this investment.

Additionally, whilst recent Welsh Government policies related to women's health and wellbeing reflect positive ambitions, this research shows these goals are not consistently reflected in the lived experiences of women. There is a critical need to align policy objectives with practical implementation, ensuring that women's unique needs, particularly those within or at risk of entering the CJS, are addressed comprehensively.

Future Research

This study highlights critical healthcare needs and barriers faced by women at risk of entering the CJS in North Wales, as well as the link this has to CJS involvement. However, further research is essential to build on these findings and address gaps in the evidence base.

For instance, whilst this research focussed on North Wales, there is a clear need for studies that encompass all regions of Wales to provide a comprehensive understanding of women's healthcare needs and barriers across the country. Differences in urban and rural settings, resource availability, and service provision must be explored to inform equitable policy and practice across Wales. This diversity should also be increased with a larger sample size in future research, to ensure findings are generalisable and reflective of the broader Welsh population. This should include women from different socioeconomic backgrounds, ethnicities, and age groups. Additionally, there is a significant gap in the literature in understanding the needs of women who are not already engaging in well-being services. These women are often the most vulnerable and at risk of falling through the cracks, yet their voices are frequently absent from research. Innovative recruitment strategies and outreach efforts are required to ensure their inclusion in future studies.

Finally, as identified in this study, the relationship between unmet healthcare needs and entry into the CJS remains underexplored. Future research should delve deeper into this link, examining how early intervention and improved healthcare access could prevent CJS involvement. Longitudinal studies could provide valuable insights into the long-term impacts of healthcare interventions on offending behaviours.

Conclusions

This research has shed light on the critical healthcare needs of women at risk of entering the CJS in North Wales, an underrepresented and vulnerable population. It has highlighted the prevalence of unmet mental and physical health needs, significant barriers to accessing care, and the role of these unmet needs in contributing to CJS involvement. By situating these findings within the broader context of existing research, this study underscores the necessity of trauma-informed, gender-specific, and holistic approaches to healthcare, as well as the importance of early intervention and integrated service pathways.

The insights gained from this research not only fill a significant gap in the literature but also provide a foundation for future work aimed at preventing criminal justice involvement and addressing health inequities. By improving the accessibility, sensitivity, and coordination of healthcare services, policymakers and practitioners have the opportunity to make meaningful change that empowers vulnerable women and reduces the burden on the CJS.

Recommendations

This research provides critical insights into the healthcare needs of women at risk of entering the CJS in North Wales and offers several recommendations for policymakers and practitioners. These recommendations aim to address the barriers identified, enhance service delivery, and ultimately reduce the number of women entering the CJS.

1. Address Barriers to Healthcare Access

a. Stigma, long waiting times, and lack of information on available services were consistently identified as barriers. Participants with dual diagnosis also experienced additional barriers, such as judgement or inability to access services. Therefore, health strategies should prioritise reducing stigma within healthcare, including public awareness campaigns and the development of non-judgemental, inclusive service environments.

2. Prioritise Early Intervention and Preventative Healthcare

a. This research highlights how unmet healthcare needs contribute to offending behaviours, emphasising the need for early intervention to deter women from entering the CJS. Therefore, preventative strategies should be developed to target the healthcare needs of women at risk of CJS involvement in Wales, particularly mental health and substance use.

3. Implement Trauma-Informed and Gender-Specific Care

a. The findings demonstrate that healthcare in Wales is often not tailored to women's specific needs, with participants highlighting the lack of gender-sensitive approaches and experiences of stigma and dismissal. Trauma-informed care must be embedded into all services interacting with vulnerable women, including healthcare.

b. Whilst trauma-informed frameworks do exist within Wales (ACE Hub Wales, 2022), efforts should be made to ensure training specifically focuses on providing empathetic, non-judgmental, and sensitive gendered care in all sectors, particularly healthcare.

4. Expand and Integrate Community-Based Services

a. Participants frequently emphasised the importance of community-based organisations, such as Women's Centres, in improving access to sensitive and empathetic healthcare services. These spaces reduce confusion, address stigma, and provide holistic care tailored to women's needs. Therefore, these services should be better incorporated into the existing healthcare model.

5. Streamline and Improve Service Pathways

a. Healthcare services in this research were perceived as fragmented, confusing, and re-traumatising, with women often having to retell their trauma to many different professionals across services. A whole-systems approach is necessary to ensure continuity and collaboration.

a. Services should be aware of how health can be interconnected, with poor physical health often exacerbating mental health and vice versa. Therefore, professionals should take the time to gain a more holistic understanding of the woman they are supporting.

6. Promote Data Collection and Research

a. This study has highlighted significant gaps in the literature regarding women at risk of entering the CJS, particularly in North Wales. Ongoing research is essential to inform future interventions and monitor progress.

References

ACE Hub Wales. (2022). *Trauma-Informed Wales: A Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity.* https://traumaframeworkcymru.com/wp-content/uploads/2022/07/Trauma-Informed-Wales-Framework.pdf

Aday, R., & Farney, L. (2014). Malign Neglect: Assessing Older Women's Health Care Experiences in Prison. *Journal of Bioethical Inquiry, 11*, 359-372. https://doi.org/10.1007/s11673-014-9561-0

Agenda (2021). *Young Women's Justice Project Literature Review.* https://www.agendaalliance.org/documents/25/YWJP_Literature_Review.pdf

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

Archambault, K., Joubert, D., Brown, G. (2013). Gender, Psychiatric Symptomatology, Problem Behaviors and Mental Health Treatment in a Canadian Provincial Correctional Population: Disentangling the Associations between Care and Institutional Control. *International Journal of Forensic Mental Health, 12*(2). https://doi.org/10.1080/14999013.2013.787560

Bartlett, A., & Hollins, S. (2018). Challenges and mental health needs of women in prison. *The British Journal of Psychiatry, 212*(3), 134-136. https://doi.org/10.1192/bjp.2017.42

Bergh, B. J., Gatherer, A., Fraser, A., & Moller, L. (2011). Imprisonment and women's health: concerns about gender sensitivity, human rights and public health. *Bulletin of the World Health Organisation, 89*(9), 689-694. https://www.scielosp.org/pdf/bwho/v89n9/a16v89n9.pdf

Beckwith, S., Lowe, L., Wall, L., Stevens, E., Carson, R., Kaspiew, R., MacDonald, J. B., McEwen, J., Willoughby, M., & Gahan, L. (2023). *Coercive Control Literature Review.* https://aifs.gov.au/sites/default/files/2023-07/2304_Coercive-control-literature-review_July2023.pdf

Beresford, S., Earle, J., Loucks, N., & Pinkman, A. (2020). 'What About Me?' The Impact on Children when Mothers Are Involved in the Criminal Justice System. In *Mothering from the Inside* (pp. 67-83). Emerald Publishing Limited.

Benenden (2023). *Gender Health Gap.* https://www.benenden.co.uk/media/9367/benenden-health-gender-health-gap-report-2023.pdf

Beven, G., Karanikolos, M., Exley, J., Nolte, E., Connolly, S., & Mays, N. (2014). *The four health systems of the United Kingdom: how do they compare?* https://researchonline.lshtm.ac.uk/id/eprint/1649072/1/140411_four_countries_health_systems_full_report.pdf

Brainkind. (2024). *Complex Lives: Women, brain injury, and the criminal justice system in Wales.*

Brooker, C., Sirdifield, C., & Marples, R. (2020). Mental health and probation: A systematic review of the literature. *Forensic science international, Mind and law, 1,* https://doi.org/10.1016/j.fsiml.2019.100003

Broughton, S., & Ford-Gilboe, M. (2016). Predicting family health and well-being after separation from an abusive partner: role of coercive control, mother's depression and social support. *Journal of Clinical Nursing, 26*(15-16), 2468-2481. https://doi.org/10.1111/jocn.13458

Byng, R., Quinn, C., Sheaff, R., Samele, C., Duggan, S., Harrison, D., Owens, C., Smithson, P., Wright, C., Annison, J., Brown, C., Taylor, R., Henley, W., Qureshi, A., Shenton, D., Porter, I., Worthington, C., & Campbell, J. (2012). *COCOA: Care for Offender Continuity of Access.* https://www.choiceforum.org/docs/coco.pdf

Confer, L. M., Boman, J. H., Pryor, C., Mowen, T. J., & Hemez, P. (2021). Theft, Opioid Pills, Unemployment, and Insurance: A Longitudinal ministry of justice 2023 women class a drugsAnalysis of American Counties in the Wake of the Opioids Crisis. *Journal of Drug Issues, 51*(3). https://doi.org/10.1177/0022042621998690

Corston, J. (2006). *The Corston Report.* https://webarchive.nationalarchives.gov.uk/ukgwa/20130128112038/http:/www.justice.gov.uk/publications/docs/corston-report-march-2007.pdf

Dayan, M., & Flinders, S. (2022, June 9). *How well is the NHS in Wales performing?.* https://www.nuffieldtrust.org.uk/news-item/how-well-is-the-nhs-in-wales-performing

DeHart, D. D. (2018). Women's Pathways to Crime: A Heuristic Typology of Offenders. *Criminal Justice and Behaviour, 45*(10). https://doi.org/10.1177/0093854818782568

Dehart, D., Lynch, S., Belknap, J., Dass-Brailsford, P., & Green, B. (2013). Life History Models of Female Offending: The Roles of Serious Mental Illness and Trauma in Women's Pathways to Jail. *Psychology of Women Quarterly, 38*(1). https://doi.org/10.1177/0361684313494357

Evans-Lacko, S., & Thornicroft, G. (2010). Stigma among people with dual diagnosis and implications for health services. *Advances in Dual Diagnosis, 3*(1), 4-7. https://doi.org/10.5042/add.2010.0187

Jones, D. (2022). *A Health Inclusion Needs Assessment for Cardiff and the Vale of Glamorgan: Full Report.*

Jones, R. (2020). *Prison, probation and sentencing in Wales: 2019 factfile.* https://www.cardiff.ac.uk/__data/assets/pdf_file/0010/2446129/Prison,-Probation-and-Sentencing-in-Wales-2019-Factfile.pdf

Harris, F., Hek, G., & Condon, L. (2007). Health needs of prisoners in England and Wales: the implications for prison healthcare of gender, age and ethnicity. *Health & social care in the community, 15*(1), 56-66. https://doi.org/10.1111/j.1365-2524.2006.00662.x

Hidayati, N. O., Suryani, S., Rahayuwati, L., Fitrasanti, B. I., & Ahmad, C. (2023). A Scoping Review of Correctional-Based Interventions for Women Prisoners with Mental Health Problems. *Journal of Social Sciences, 12*(8), https://doi.org/10.3390/socsci12080452

Irwin, H., & Whitear, B. (2020). *A rapid health needs assessment of people that are homeless within the Cwm Taf Morgannwg University Health Board footprint.* https://ctmuhb.nhs.wales/about-us/our-board/committees/population-health-and-partnerships-committee/population-health-partnerships-committee-meeting-papers/7-april-2021/2-4-1-appendix-1-health-needs-assessment-for-homeless-people-in-ctmuhb-pdf/

Keay, S. (2014). *Health and offending behaviour.* https://www.lancashire.gov.uk/media/899791/health-and-offending-updated-links-oct-2016.pdf

Kessler, R. C. (2004). The epidemiology of dual diagnosis. *Biological Psychiatry, 56*(10), 730-737. https://doi.org/10.1016/j.biopsych.2004.06.034

Lynch, S. M., DeHart, D. D., Belknap, J., Green, B. L., Dass-Brailsford, P., Johnson, K. M., & Wong, M. M. (2017). An Examination of the Associations Among Victimization, Mental Health, and Offending in Women. *Criminal Justice and Behavior, 44*(6). https://doi.org/10.1177/0093854817704452

Martin, K., Taylor, A., Howell, B., & Fox, A. (2020). Does criminal justice stigma affect health and health care utilization? A systematic review of public health and medical literature. *International Journal of Prisoner Health, 16*(3), 263-279. https://doi.org/10.1108/IJPH-01-2020-0005

Mental Welfare Commission for Scotland. (2014). *Mental health of women detained by the criminal courts.* https://www.mwcscot.org.uk/sites/default/files/2019-06/women_offenders_final_report.pdf

Moore, K. E., Phillips, S., Kromash, R., Siebert, S., Roberts, W., Peltier, M., Smith, M. D., Verplaetse, T., Marotta, P., Burke, C., Allison, G., & McKee, S. A. (2024). The causes and consequences of stigma among individuals involved in the criminal legal system: A systematic review. *Stigma and Health, 9*(2), 224-235. https://psycnet.apa.org/doi/10.1037/sah0000483

Ministry of Justice. (2013). *Statistics on Women and the Criminal Justice System 2013.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/380090/women-cjs-2013.pdf

Ministry of Justice. (2018a). *Female Offender Strategy.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/719819/female-offender-strategy.pdf

Ministry of Justice. (2018b). *A Whole System Approach for Female Offenders.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/719771/guide-to-whole-system-approach.pdf

Ministry of Justice (2019). *Female Offending Blueprint for Wales.* https://www.gov.wales/sites/default/files/publications/2019-05/female-offending-blueprint_3.pdf

Ministry of Justice (2022). *Women and the Criminal Justice System 2021.* https://www.gov.uk/government/statistics/women-and-the-criminal-justice-system-2021/women-and-the-criminal-justice-system-2021#offence-analysis

Ministry of Justice. (2025). *Safety in Custody Statistics, England and Wales: Deaths in Prison Custody to December 2024 Assaults and Self-harm to September 2024.* https://www.gov.uk/government/statistics/safety-in-custody-quarterly-update-to-september-2024/safety-in-custody-statistics-england-and-wales-deaths-in-prison-custody-to-december-2024-assaults-and-self-harm-to-september-2024

National Audit Office. (2022). *Improving outcomes for women in the criminal justice system.* https://www.nao.org.uk/wp-content/uploads/2022/01/Improving-outcomes-for-women-in-the-criminal-justice-system.pdf#:~:text=Women%20are%20a%20minority%20in%20the%20CJS%20and,to%20serve%20a%20sentence%20over%20the%20same%20period.

Nabi, H., Kivimaki, M., De Vogli, R., Marmot, M. G., & Singh-Manoux, A. (2008). Positive and negative affect and risk of coronary heart disease: Whitehall II prospective cohort study. *British Medical Journal, 337.* https://doi.org/10.1136/bmj.a118

National Institute for Health and Care Excellence [NICE]. (2016). *Coexisting severe mental illness and substance misuse: community health and social care services.* https://www.nice.org.uk/guidance/NG58 eva

Nabi, H., Hall, M., Koskenvuo, M., Singh-Manoux, A., Oksanen, T., Suominen, S., Kivimaki, M., & Vahtera, J. (2010). Psychological and Somatic Symptoms of Anxiety and Risk of Coronary Heart Disease: The Health and Social Support Prospective Cohort Study. *Biological Psychiatry, 67*(4), 378-385. https://doi.org/10.1016/j.biopsych.2009.07.040

Newman, B. N., & Crowell, K. A. (2023). The intersectionality of criminality and substance use self-stigmas. *Stigma and Health, 8*(2), 212-222. https://psycnet.apa.org/doi/10.1037/sah0000293

NHS England (2023). *A review of health and social care in women's prisons.* https://www.england.nhs.uk/wp-content/uploads/2023/11/prn1912-a-review-of-health-and-social-care-in-womens-prisons.pdf

NHS Confederation. (2024, August 4). *How is the NHS structured in Wales?.* https://www.nhsconfed.org/articles/how-nhs-structured-wales

NHS Wales. (2024). *The NHS Wales Women's Health Plan.* https://executive.nhs.wales/functions/networks-and-planning/womens-health/the-womens-health-plan-for-wales/

Ohrnberger, J., Fichera, E., & Sutton, M. (2017). The relationship between physical and mental health: A mediation analysis. *Social Science & Medicine, 195*, 42-49. https://doi.org/10.1016/j.socscimed.2017.11.008

O'Rourke, C., Linden, M. A., Lohan, M., & Bates-Gaston, J. (2016). Traumatic brain injury and co-occurring problems in prison populations: A systematic review. *Brain Injury, 30*(7), 839-854. https://doi.org/10.3109/02699052.2016.1146967

Pemberton, S., Balderston, S., & Long, J. (2019). Trauma, Harm and Offending Behaviour: What works to address social injury and criminogenic need with criminal justice involved women? INITIAL FINDINGS. *University of Birmingham.* https://www.birmingham.ac.uk/Documents/college-social-sciences/social-policy/publications/trauma-harm-and-offending-behaviour.pdf

Perrett, S. E., Gray, B. J. G. L. E. D., & Brooks, N. J. (2020). Exploring health and wellbeing in prison: a peer research approach. *International Journal of Prisoner Health, 16*(1), 78-92. https://doi.org/10.1108/IJPH-03-2019-0019

Pierce, M., Hayhurst, K., Bird, S. M., Hickman, M., Seddon, T., Dunn, G., & Millar, T. (2017). Insights into the link between drug use and criminality: Lifetime offending of criminally-active opiate users. *Drug Alcohol Dependence, 179,* 309-316. https://doi.org/10.1016/j.drugalcdep.2017.07.024

Plechowicz, L. (2015). 'Seven: Women's centres'. In *Women and Criminal Jusitce.* Bristol, UK: Policy Press. Retrieved Feb 4, 2025, from: https://doi.org/10.51952/9781447319337.ch007

Piquero, A. R., Farrington, D. P., Shepherd, J. P., & Auty, K. (2011). Offending and Early Death in the Cambridge Study in Delinquent Development. *Justice Quarterly, 31*(3), 445-472. https://doi.org/10.1080/07418825.2011.641027

Plugge, E., & Fitzpatrick, R. (2005). Assessing the health of women in prison: a study from the United Kingdom. *Health care for women international, 26*(1), 62–68. https://doi.org/10.1080/07399330590885768

Prison Reform Trust. (2015). *Bromley Briefings Prison Factfile.* https://prisonreformtrust.org.uk/wp-content/uploads/old_files/Documents/Bromley%20Briefings/old%20editions/Factfile%20Autumn%202015.pdf

Prison Reform Trust. (2019, October 14). *Deputy Minister to address conference on delivering more effective responses to offending by women.* https://prisonreformtrust.org.uk/deputy-minister-to-address-conference-on-delivering-more-effective-responses-to-offending-by-women/#:~:text=The%20average%20distance%20from%20home%20for%20Welsh%20women,less%20likely%20to%20result%20in%20a%20woman%20reoffending.

Prison Reform Trust. (2021). *Why focus on reducing women's imprisonment?.* https://prisonreformtrust.org.uk/wp-content/uploads/old_files/Documents/Women/Why%20women%202021%20briefing%20FINAL.pdf

Prison Reform Trust. (2022). *Why focus on reducing women's imprisonment?.* https://prisonreformtrust.org.uk/wp-content/uploads/2022/08/Why-women-2022-briefing.pdf

Rabaiotti, E. (2024). People on probation as an inclusion health group: Exploring needs, barriers and service provision in Wales. *Probation Journal, 71*(4), https://doi.org/10.1177/02645505241247291

Radcliffe, P., & Hunter, G. (2016). 'It Was a Safe Place for Me to Be': Accounts of Attending Women's Community Services and Moving Beyond the Offender Identity. *The British Journal of Criminology, 56*(5), 976-994. https://doi.org/10.1093/bjc/azv093

Rameckers, S. A., Emmerik, A. P., Bachrach, N., Lee, C. W., Morina, N., & Arntz, A. (2021). The impact of childhood maltreatment on the severity of childhood-related posttraumatic stress disorder in adults. *Child Abuse & Neglect, 120*. https://doi.org/10.1016/j.chiabu.2021.105208

Ran, M-S., Hall, B. J., Su, T. T., Prawira, B., Breth-Peterson, M., Li, X-H., Zhang, T-M. (2021). Stigma of mental illness and cultural factors in Pacific Rim region: a systematic review. *BMC Psychiatry, 21*(8). https://doi.org/10.1186/s12888-020-02991-5

Rice, S. M., Baker, D. G., Purcell, R., & Chanen, A. (2024). Offending behaviour and mental ill-health among young people: Reducing recidivism requires integration with youth mental health care. *Journal of Global Health.* https://doi.org/10.7189/jogh.14.03001

Rivera, E. A., Phillips, H., Warshaw, C., Lyon, E., Bland, P. J., & Kaewken, O. (2015). An applied research paper on the relationship between intimate partner violence and substance use. *National Center on Domestic Violence, Trauma & Mental Health.* https://anrows.intersearch.com.au/anrowsjspui/bitstream/1/20130/1/IPV-SAB-Final202_29_1620NO20LOGO.pdf

Sahle, B. W., Reavley, N. J., Li, W., Morgan, A. J., Yap, M. B. H., Reupert, A., & Jorm, A. F. (2021). The association between adverse childhood experiences and common mental disorders and suicidality: an umbrella review of systematic reviews and meta-analyses. *European Child & Adolescent Psychiatry. 31,* 1489-1499. https://doi.org/10.1007/s00787-021-01745-2

Senedd. (2022). *Written Response by the Welsh Government to the report Equality and Social Justice committee concerning Women's Experiences in the Criminal Justice System.* https://senedd.wales/media/jqtnicw2/gen-ld15836-e.pdf

Sheeran, E. (2022). *Identifying Women's Pathways to Offending and the Primary Prevention and Early Intervention Opportunities for Women at Risk of Offending in Wales.* https://business.senedd.wales/documents/s134338/Public%20Health%20Wales%20Identifying%20Womens%20Pathways%20to%20Offending%20Report.pdf

Sirdifield, C., Brooker, C., & Marples, R. (2020). Substance misuse and community supervision: A systematic review of the literature. *Forensic Science International: Mind and Law 1.* https://doi.org/10.1016/j.fsiml.2020.100031

Skinner, G. C. M., & Farrington, D. P. (2021). Health of Convicted Persons in the Third Generation of the Longitudinal Cambridge Study in Delinquent Development. *International Journal of Offender Therapy and Comparative Criminology, 67*(8), 757-782. https://doi.org/10.1177/0306624X211066837

Skinner, G. C. M., & Farrington, D. P. (2023). What we know and need to know about physical health and mortality in non-incarcerated offenders: A narrative review. *Aggression and Violent Behavior, 70,* 1-15. https://psycnet.apa.org/doi/10.1016/j.avb.2023.101827

Springer, K. W., Sheridan, J., Kuo, D., & Carnes, M. (2007). Long-term physical and mental health consequences of childhood physical abuse: Results from a large population-based sample of men and women. *Child Abuse & Neglect, 31*(5), 517-530. https://doi.org/10.1016/j.chiabu.2007.01.003

Staiger, P. K., Thomas, A. C., Ricciardelli, L. A., Mccabe, M. P., Cross, W., & Young, G. (2010). Improving services for individuals with a dual diagnosis: A qualitative study reporting on the views of service users. *Addiction Research & Theory, 19*(1), 47-55. https://doi.org/10.3109/16066351003637278

Surtees, P. G., Wainwright, N. W. J., Luben, R. N., Wareham, N. J., Bingham, S. A., & Khaw, K. T. (2008). Psychological distress, major depressive disorder, and risk of stroke. *Neurology, 70*(10), 788-794. https://doi.org/10.1212/01.wnl.0000304109.18563.81

Bradley. (2009). *The Bradley Report.* https://lx.iriss.org.uk/sites/default/files/resources/The%20Bradley%20report.pdf

Thompson, R. G., Wall, M. M., Greenstein, E., Grant, B. F., Hasin, D. S. (2013). Substance-Use Disorders and Poverty as Prospective Predictors of First-Time Homelessness in the United States. *American journal of public health, 103*(2), 282-288. https://doi.org/10.2105/AJPH.2013.301302

Tremlin, R. C., & Beazley, P. (2021). A systematic review of offender mental health stigma: commonality, psychometric measures and differential diagnosis. *Psychology, Crime & Law, 30*(2), 125-149. https://doi.org/10.1080/1068316X.2022.2072842

Vince, C., & Evison, E. (2021). *Invisible Women: Understanding women's experiences of long-term imprisonment.* https://prisonreformtrust.org.uk/wp-content/uploads/2022/02/invisible_women.pdf

Welsh Government. (2022). *Quality statement for women and girls' health.* https://www.gov.wales/sites/default/files/pdf-versions/2024/12/2/1733845450/quality-statement-women-and-girls-health.pdf

Welsh Government. (2015). *Service Framework for the Treatment of People with Co-Occurring Mental Health and Substance Misuse Problems.* https://www.gov.wales/sites/default/files/publications/2019-02/service-framework-for-the-treatment-of-people-with-a-co-occurring-mental-health-and-substance-misuse-problem.pdf

Williams, O., Gray, B. J., Perrett, S. E. (2024). Identifying the public health needs of a UK probation cohort: a cross-sectional analysis. *Journal of Public Health, 46*(1), 12-19. https://doi.org/10.1093/pubmed/fdad183

Williams, O., Gray, B. J., Perrett, S. E. (2024). Identifying the public health needs of a UK probation cohort: a cross-sectional analysis. *Journal of Public Health, 46*(1), 12-19. https://doi.org/10.1093/pubmed/fdad183

Women in Prison. (2022). *The Value of Women's Centres.* https://womeninprison.org.uk/media/downloads/The-value-of-Womens-Centres-report.pdf

Wong, J. Y., Choi, A. W., Wong, J. K., Lai-Han, Z., Cheung, K., Lau, C., Kam, C., & Fong, D. Y. (2020). Impact of mild traumatic brain injury on physical, mental and cognitive functioning of abused women admitted to emergency units. *Health & Social Care in the Community, 30*(2), 428-434. https://doi.org/10.1111/hsc.13218

Worthington, P. (2019, October 21). *Is healthcare in Wales really that different?.* Wales Centre for Public Policy. https://wcpp.org.uk/commentary/is-healthcare-in-wales-really-that-different/

Glasbrint Cyfiawnder i Fenywod
Women's Justice Blueprint

Hyb ACE Cymru
ACE Hub Wales

ACE Hub Wales
2 Capital Quarter,
Tyndall Street,
Cardiff
CF10 4BZ

www.acehubwales.com

acehubwales-

/acehubwales

ISBN 978-1-83766-595-2