

Women offenders

Summary of qualitative research findings

May 2009

This report is not a statement of Government opinion or policy. The views and opinions expressed in this report are those of the interviewees and reflected via independent analysis undertaken by Policis. Findings are based on individual interviews with 30 women including women in prison, women offenders in the community and women and girls at risk of offending. Analysis does not reflect the life experiences and opinions of all women offenders or women and girls at risk of offending. The document includes quotes from respondents. While the words, ages and circumstances of the respondents are accurate, names have been changed to ensure anonymity.

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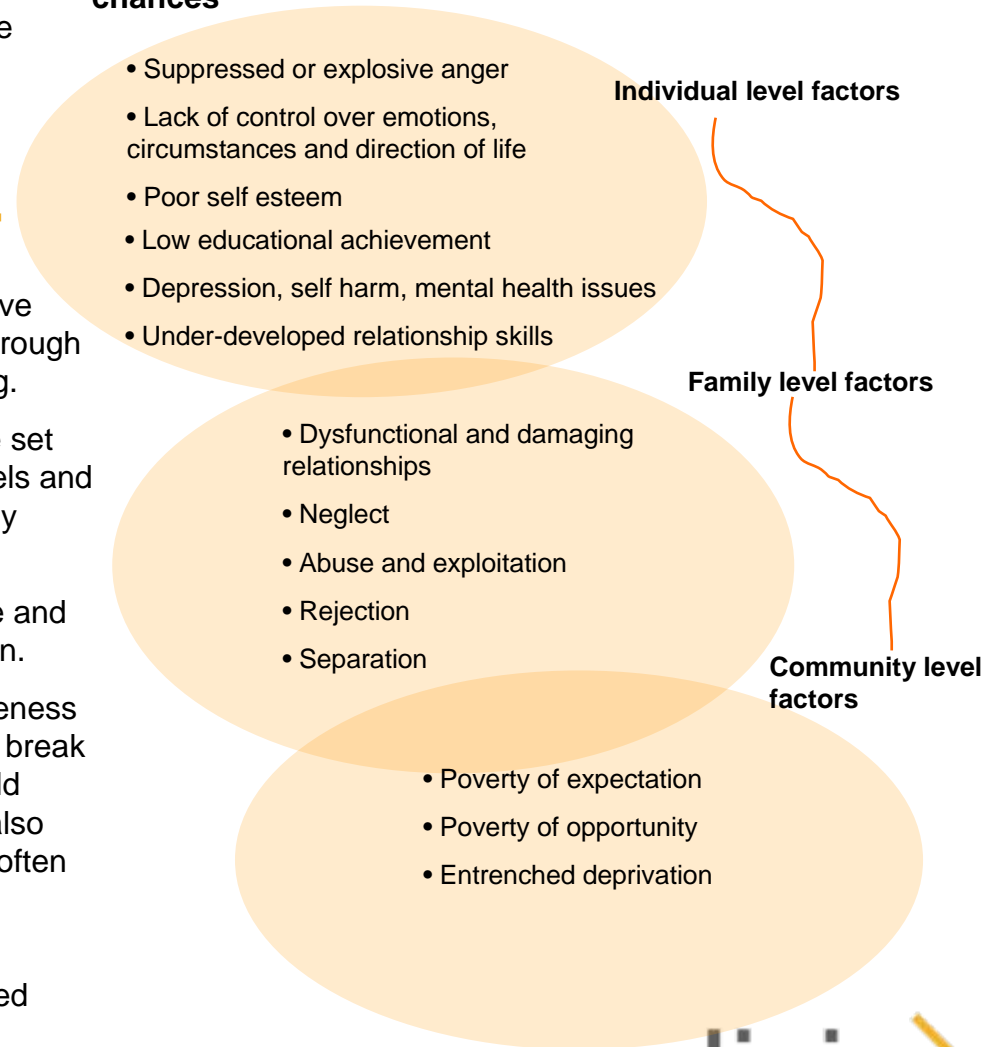
Executive summary

Research Aims: The aim of this research is to contribute to the growing evidence-base around women offenders. This small scale research investigates pathways and life experiences of 30 women prisoners, women offenders in the community and women at risk of offending. It investigates their routes into offending, interactions with public services, experience of the criminal justice system and pathways through it.

Summary

- The most disadvantaged women interviewed appear to have experienced a series of risk factors that moved inexorably through deeply deprived and dysfunctional life histories into offending.
- Women with the most troubled backgrounds felt they were set up to fail, most often citing the absence of positive role models and past experiences of interactions with others which had deeply damaging effects.
- Most women interviewed felt that the cycle of disadvantage and offending had been transmitted from generation to generation.
- There appear to be opportunities to strengthen the effectiveness of interventions. Interventions seem to have been too late to break the cycle and did not help develop characteristics which could have deterred them from criminal behaviour. Interventions also appear not to have been sufficiently coordinated to address often complex, inter-linked problems.
- For women interviewed who were able to break cycles of disadvantage, it seems that coherent, intensive and integrated interventions helped to develop resilience against criminal behaviour.

Connecting threads across life histories and pathways to offending come together to reduce life chances



Women aspired to a normal family life in a stable and secure home. However, their default expectation was most frequently of failure

Women of different ages and those from different backgrounds expressed their aspirations in strikingly similar terms.

- Aspirations included having a stable relationship with a partner, children being brought up in a happy, secure and safe environment and having the opportunity to earn a reasonable wage.
- Women across different age ranges and circumstances suggested that while they had positive aspirations, realising them would be hard. The default expectation expressed by those interviewed was of failure and disappointment or feelings that they did not deserve a normal life. Some were unable to see how they would attain a normal life.
- The majority of women interviewed were from a background of entrenched, multi-generational poverty characterised by worklessness and welfare dependence, financial pressure, debt, domestic violence and few alternative role models. They typically described ultra local horizons, bounded by estates in the urban inner city. Values were expressed as insular; options were limited, peer pressure constant and there was little sense of alternative pathways.

"In my heart, I just wanted to have a family, I wanted to be a good mum. Not like my mum. But didn't have the skills, the only thing I knew how to do was to take drugs."

Janice, 22

Criminal lifestyles, anti-social behaviour and substance misuse were described as features in many women's lives, frequently defining family relationships and the fabric of estate life.

- It is evident from those interviewed that their sense of self was fundamentally shaped by dysfunctional family relationships and a deeply unhappy childhood.

"My mum was an alcoholic. My dad was a drug addict. He's still a druggie now. I don't like him. I want to kill him. He was living with my mum and abusing her... that's why the social services took me away."

Samantha, 15

"I hope that I end up with a nice boyfriend, two kids and a good job... I think everyone wishes for that... but I think I'm going to fail at everything I want to do for some reason."

Becky, 14

Respondent's sense of self was shaped by a dysfunctional family background

Women offenders in the sample described themselves and their relationships with others in similar terms.

- Some women described their world view as one in which violence, drugs and alcohol abuse were pervasive and defined the texture of relationships. Respondents across different age ranges and circumstances suggested they had very few positive role models and experienced low self esteem and confidence.
- When asked about emotions they had felt during childhood, their predominant emotions were frequently described in terms of deeply felt anger and alienation, often accompanied by a profound sense of rejection, inadequacy, despair, regret and shame. A common thread in discussions was recollecting a lack of control and feelings of powerlessness.
- Most women interviewed described a crowded, noisy, chaotic, conflict and crisis-filled life. Some said neglect was a frequent feature. Others cited funds being diverted from food and bills and experience of taking on caring responsibilities for younger siblings and sometimes, being shuttled between relatives, other carers or social services.

"From my earliest memories, well before I was put into care, I was always living in constant fear... I witnessed a lot of violence, you know, and I was quite scared when I had to go out in the street in the middle of the nights to get an ambulance to my mum... so when I was actually taken in care, that was a relief to me. But when I look back, that is when my problems started."

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Nisha, 21

Family life was most often described as complex, unpredictable and dangerous.

- Respondents often cited complex relationships and family structures where mothers were the pivotal, constant figures. Several respondents across different age ranges and experience of disadvantage remember serial step-dads, grandmothers with a major caring role, complex sibling or half-sibling relationships and an extended family with multiple aunts and uncles, not always blood-relations.
- In some cases, extended family was viewed as a protective factor, moderating the impact of neglect or providing an escape route from violence and abuse. Some women indicated that serial relationships and extended family created conditions for abusive and sexually exploitative relationships.
- Experience of domestic violence was very common. Most often, mothers were the victims but children, particularly step-children were also attacked. Many suggested that as witnesses of domestic violence, they sought to, or were forced to, protect another parent or siblings.

Against this background, mental health issues were commonplace amongst those interviewed.

- Parents, particularly mothers, were often described as being depressed, which compounded difficulties in protecting and nurturing children. Self-harm was frequently described as a feature of past or current behaviour.

Attitudes and behaviours arising from dysfunctional family life shaped interactions with others as girls grew up

Experience of dysfunctional family life including parental drug and alcohol misuse, poor mental health, witnessing domestic violence and shifting relationships

School

- Withdrew or disengaged
- Bullied or bullying
- Violent attacks
- Frequent or extended absences
- Underperformance
- Lack of aspiration

Community

- Stayed away from or ran away from home
- Mixed with older children
- Drawn into anti-social behaviour, alcohol, drugs and estate crime

Opposite sex

- Young girls tended to mix with older boys
- Early sexual activity
- Frequently sexually exploited
- Abusive relationships
- Mode of interaction often violence based

Transition to young adulthood was fraught with uncertainty and risk

Early pregnancy could be stabilising but more frequently set up a new generation for the cycle of damage.

- Several adult women offenders interviewed became pregnant at an early age and in most cases, conceptions were unplanned.
- Circumstances were often a poor fit with the needs of both mother and baby. Drugs and alcohol were a feature of lifestyles, housing was typically inappropriate and income was low.
- Some, particularly the very young, appeared ill-equipped to cope with unrealistic expectations, a lack of skills and resources and absence of positive parenting models. Many women were conscious that the cycle of damage was being extended to the next generation.
- For a few women, early pregnancy was cited as a stabilising factor and gateway to services and accommodation.
- Where social services removed children, women experiencing care proceedings viewed it as a trigger for a downward spiral into despair.

"I'm not being funny. I'm stuck in 24/7 now so I'm going to be used to it if I have a kid... I'm so used to babysitting my brothers and my little sister and now I'm still stuck in the house, I'll be able to have one (baby) and it won't be so boring."

Susan, 15

Some adult and adolescent respondents reported they had left home very young, 12-14 onwards. Moving in with friend's or boyfriend's families, sofa surfing or rough sleeping were common.

- Some suggested that this created a catch 22 situation. Too young to claim welfare benefits, they fell into criminal lifestyles to meet basic needs. Examples of crimes committed during this time away from home included shoplifting, errands for drug dealers and exploitation for sexual favours or as a sex worker.
- Those who moved home often did so to live with older boyfriends, particularly where the relationship provided alternative accommodation and escape from an unhappy or unsafe home. In a few cases, partners had an established criminal lifestyle into which some of the women and girls interviewed were more or less knowingly drawn.

"I just knew I had to get out of the house. So I just stayed here there and everywhere, squats and more squats and people's sofas and floors... I was about fourteen and there were people who used drugs, and I started using and shoplifting and it went from there."

Pippa, 18

Women in the sample saw their offending as an extension of a lifestyle and lack of options

Responses suggest that multiple risk factors came together to shape propensity to offend and pathways into offending.

- Both adult and adolescent women in the sample expressed a paucity of expectation and lack of accessible, alternative role models. Women in the sample spoke about having few options as well as no coherent appreciation of consequences.
- Exposure to criminal lifestyles and the normalisation of offending behaviour in their family and social context was often the first step.
- Efforts to escape an unhappy and unsafe home or care environment exposed vulnerable and volatile individuals to a series of risk factors for offending; proverbial ‘bad company,’ culture of anti-social behaviour, drug and alcohol abuse and lack of funds for basic needs and drugs habits.
- Several women suggested that relationships tended to help accelerate their route into offending. Their inability to manage anger and violent interactions with others, exploitative relationships with men or being drawn into partner’s criminal activity was frequently expressed.

“Yeah, bad company, bad influences. Desperation, greed, you know, an opportunity comes to do something and you had no intention of doing it and because it’s in your face and you’re with them guys, you go for it.”

Orla, 34

Violence, drugs and alcohol triggered offences and accelerated offending.

- Violent incidents were often the trigger for exclusion from school, street affray offences and more serious attacks. Most claimed to have bottled up feelings, expressed little trust in adults or peers. Some girls experienced underdeveloped relationships and were liable to explosive interactions where threatened or challenged.
- Respondents painted a picture of drugs and alcohol being ubiquitous within the lifestyle in estates. Substances offered a means of escape, combating boredom and making connections with peers. First offences amongst adult and adolescent offenders in the sample were often drug offences but many were also drug/alcohol driven.
- Some respondents felt that older partners accelerated their route into crime. Amongst those who had experience of institutions such as care homes or secure units, some sought to return to the security of institutional life – prison.

“I got in with a bad crowd who were using drugs and then I ended up in jail when I was seventeen for assault. It were bad assault. I beat this girl up when I were living in a shared house... she told staff that I pinched stuff off her so I got kicked out. I went back a couple of weeks later and beat her up really bad.”

Nisha, 21

Women's experiences of public service interventions by life-stage and service sector

	Early childhood	Growing up	Teenage girls	Young women	Mature women
Police	DV services Drug units	DV services Drug units	Community Policing Drug Units YOT Sex worker services	DV services Community Policing/ Drugs / Sex workers services	DV services Community Policing/ Drugs /Vice teams/Sex worker services
Health services	GP A & E Maternity services	GP A & E CAMHS	GP A & E CAMHS Substance misuse	GP A & E AMHS Substance misuse	GP A & E AMHS Substance misuse
Education		Schools Educational Psychology Pupil referral units	Schools Educational Psychology Pupil referral units		
Social services	Child protection Foster placements Children's homes	Child protection Foster placements Children's homes Secure units	Targeted services Teenage pregnancy Foster placements Children's homes Secure units	Child protection	Child protection
CJS			Youth offending teams Court services	Court services Probation services Offender Management Prison	Court services Probation services Offender Management Prison

Respondents had mixed experiences of universal services. Problems were not necessarily picked up unless warranting social services intervention

There were significant differences between women with different life histories in the extent of early interaction with public services and in effectiveness of interventions.

- Police and domestic violence services appear to have been the first and most frequent point of contact in early years. Services were crisis driven, often focused on the primary victim (mother) and the violence to children was often left unreported for fear they would be taken away.
- In some cases, the extended family compensated for neglect. Unless the neglect was extreme, it may not have come to the notice of social services.
- At school, pupils with dysfunctional family backgrounds presented as either withdrawn or disruptive, in both cases, they were frequently absent.

"I'm not standing there and watching my mum get beat up and basically near enough seen her die [step-father throttling mother]. So I rang 999... and so the police got there and they were, like, 'Oh Great, not this family again'. It's because the police had been called to that address 78 times and that's through violence."

Andrea, 26

High incidence of exclusion from school with a mixed picture of whether they were offered effective alternative services.

- There was considerable variation in descriptions of school-based interventions. Variation appeared to depend on relationships with and effectiveness of individual teachers. Much of the school's efforts were seen by respondents to be focused on stabilising the teaching environment and securing school safety.
- Typically, difficult pupils with high risk of offending quickly developed a history of more or less, permanent exclusions, often following violent incidents. There were considerable variations within this sample in how exclusion was perceived to have been managed and whether constructive alternatives were put in place.
- Broadly, the women who said they had been in local authority care were more likely to suggest they experienced a coherent strategy from education services. For example, they were more likely to be referred to alternative education and offered a range of services. Where social services did not have formal responsibility, referrals to and take-up of alternative services were less likely and excluded girls suggested they were more likely to drift.

"They wouldn't let me back there because I was fighting the last time they did and because I was pregnant they didn't want to take any chances in case I lost the baby."

Pippa, 18

Where educational services were able to engage individuals, they were viewed as having a protective effect

Where alternative education services were able to engage with those excluded from school, some adolescent and adult respondents felt it helped to build key protective factors, including basic literacy and numeracy skills.

- Women and girls with experience of alternative education provision suggested it worked best when literacy and numeracy was integrated with classes around thinking and life skills. Some girls and adult women suggested this worked to increase self-awareness and stimulated a greater sense and consideration of consequences of actions.
- Where exclusion from school resulted in an extended period away from school without alternative educational provision, drug and alcohol abuse seemed more likely as did forming exploitative relationships and engaging in anti-social behaviour.
- Other respondents did not engage with alternative educational provision. Low take-up or infrequent attendance was often caused by a negative view on perceived benefit, a default expectation of failure or competing pressures and options.

“With Choices and Connections I was doing my English and Maths and I gained more out of it than I would have done if I was still in school so I’m just happy that they did boot me out of school and I went there because I gained a lot more than I would have done anywhere else... They’ve made me realise a lot of things and I’ve realised that the criminal stuff is not the road to be going on.”

Lucy, 16

Community mental health services appear from women’s responses to have been most effective for those in crisis while others in the sample appeared unaware of support available.

- There was considerable variation in extent to which respondents thought GPs were able to pick up problems and make effective referrals. Community and Child and Adolescent Mental Health Services appear to have been most effective for crisis interventions, especially in more serious cases such as persistent self-harm and attempted suicide, serious depression, life threatening eating disorders and dangerous personality disorders.
- The most frequent point of interaction for those with serious problems and those most likely to offend appears to have been Accident and Emergency (A&E) and with emergency services more generally.
- Some of those at risk of self harm or with little control over their anger appeared to have had little or no contact with mental health services prior to offending. In many cases, those at risk of offending had simply been unaware that help and support might have been available. Some may have had difficulty articulating or recognising mental health problems.

Social services and Youth Offending Teams were seen by some respondents as limited in effectiveness

Social service interventions and relationships with social workers were felt to have been of mixed quality and effectiveness.

- In some cases, social workers provided important and valued support, but most typically in a context of crisis. Some respondents described relationships with social workers as inconsistent or shallow engagement.
- Women who had contact with Youth Offending Teams suggested that they had made key referrals. Targeted services, offering intensive engagement and coordinated range of services appear to be viewed positively by younger girls and women in the sample.
- Examples of effective support cited by respondents included intensive one to one working, counselling, thinking/relationship skills, connections to education and employment opportunities, support for accommodation, access to benefits and teenage pregnancy programmes.

"In a way he [social worker] did help me. But in a way he never. If I had an appointment and I didn't go, he would ring and give me a lecture but then he would make appointments to see me and I'd be in and he'd ring me about ten minutes beforehand and say 'I can't come today.'"

Andrea, 26

Mixed picture on effectiveness and use of substance misuse services.

- Several respondents with problem drug and alcohol use had not had any interaction with misuse services prior to offending.
- Many suggested they were caught in a long-term cycle of using, followed by a cycle of treatment and detox and then relapse after a relatively short period of being clean. More appeared to have been in substitution than abstinence regimes, which were seen by those respondents who participated in them as ineffective in addressing underlying addiction and issues.
- Long waits for residential rehabilitation and treatment services were cited several times. Amongst those who had participated in residential treatment, there was some evidence of clear success in sustained change and moving away from dependence. 12 step type / NA type programmes where available were reported as effective.
- Respondents identified several critical factors for effective support. These were empathetic, non judgemental but focused and realistic support workers, intensive support to address both addiction and underlying issues, effective help in making a break from their lifestyle and social circle of users, housing and facilitation of access to benefits.

For respondents without children, prison was often regarded as one facet of their lifestyle

Respondents who had a background of being in and out of local authority or foster care appeared to adapt more readily to the criminal justice system (CJS) and were more likely to accept prison as one facet of a lifestyle. They were also less likely to view it as a deterrent.

- Similarly, respondents for whom offending, community and custodial sentences had been part of their social context appeared better able to cope. They had some understanding that punishment and prison would be a potential outcome of their behaviour and expressed some familiarity of what they could expect from court, community and custodial sentences. They were more likely to anticipate consequences and plan around them.
- Long term problem drug users in the sample saw relatively frequent, short term custodial sentences as a way of life and some suggested it was a respite from the struggle of street life and an opportunity to get clean.

Women with no experience of community or custodial sentences felt anxious about the prospect of prison or probation.

- Amongst respondents who were mothers, the key concern was with children. Mothers in the sample reported anxieties around practical arrangements and prospects for maintaining links with children. For those with substantial drug habits, the experience seemed to have been largely filtered through concerns about the availability of drugs and the potential treatment regime.

Most women recalled explanations of process by police and court staff but often, this information was not fully grasped.

- Many appeared to disengage, becoming resigned and depressed. Others adapted more quickly, particularly if they were from an institutional background. Women with more experience of the CJS or those for whom the experience of arrest and court processes was familiar in social circles, appeared more likely to take custodial sentences in their stride. A similar feeling was cited by those who had experience of secure units, those in a constant cycle of remand – release – re-offending and those who had friends, family or partners with histories of offending and custodial sentences.

“I was devastated. I was shoplifting to buy speed. I was 16, I think, just after Naomi (daughter) was born... I used to hang about with people who were older than me and all of them had been arrested as well... it wasn't an option (not shoplifting even though realised could get arrested) because I needed the money to buy drugs.”

Sandra, 30

The initial transition to prison could be traumatic and determined how well offenders were set up to manage and respond to their sentence

Arrival in prison and the initial transition to prison life was a difficult period for all.

- Respondents recollected being scared and withdrawn at their first time in custody. Self-harm or even attempted suicide was expressed as a common response to the change in circumstances and on-going depression was a feature for many.
- For those with children, the most pressing and distressing issue was to do with child care and relationships with children.
- Women prisoners in the sample offered mixed reports on prisoner management at induction, but clearly, offenders exhibited a range of more or less tractable and aggressive behaviour.
- Prolific offenders who were likely to have a drug habit were initially most concerned about the drug regime and how detox would be managed. Often, problem drug users welcomed the prospect of being able to get clean more quickly and some relief from the constant battle to acquire funds to feed habits.
- Respondents with mental health issues and who were taking a range of medication were also frequently concerned with prescription medicine regime.

"I wasn't expecting it. I didn't even have a chance to say goodbye to my children... I didn't have time to tell them and (named child aged 3) doesn't even know I am here. I don't let anyone of my family visit me here. I don't let anyone of my family visit me here. It's very hard."

Ellen, 23

For women with families, prison had a disruptive and often deeply damaging impact on family life.

- The key determinant of how women felt about their experience of the CJS was whether or not they had children. For respondents with children, the experience was much more distressing and impacts deeply felt. It was particularly difficult and distressing where mothers were unable to explain to children or when children were too young to understand.
- In most cases, women also lost their homes and contact with families varied from frequent to non-existent. Their children were often reported as emotionally disturbed, performing poorly or bullied in school.

"I was so scared of going down there (following conviction) but they were pretty good at [prison], like 'right, let's crack on.' You know, 'Get to work' so I was working at the laundry there, you know, I had counselling there once a week as well... I didn't take an overdose or anything, so I got through it quite good."

Janice, 30

Prison could offer opportunities to acquire skills and build self awareness to the point where respondents could think of changing their life course

Once in prison, some women offenders were remorseful and increasingly found it a deterrent to future re-offending.

- Some treated it as a familiar facet of life and continued drug misuse and other risky behaviours within the prison system. Several women suggested they were too impacted by depression, low self esteem or a range of mental health issues to engage with learning and growth opportunities.
- Some problem drug users in the sample saw prison as an opportunity to get clean but had a mix of expectations on whether this could be sustained outside.
- Some women saw prison as an opportunity to learn new skills and re-think their life course. For example, several suggested prison was an opportunity to build confidence, relationship, communication, anger management and thinking skills and a chance to think about an alternative vision for the future.

Those leaving custody had a mix of expectations, concerns, hopes and fears around implications of return to the outside world.

- Experiences of re-settlement support varied from non-existent to comprehensive. Major concerns included housing, recovering children, re-building family life and access to benefits. Some hoped to find a job. A minority had concerns about returning to violent and abusive partners or preventing such partners from re-entering their life.
- For some women in custody, the prospect of release itself was difficult. Doubts on the ability to cope, fear of the unfamiliar and expectation of failure and re-offending were significant.

"If I knew what I know now, life would be so different... I'm slowly getting my confidence back... I'm an orderly, so the work I do is quite important... It's been sort of recognised that I'm not nothing like he (abusive partner) put me down as I'm studying as well which has boost my confidence because I know I can do it. I've got plans for the future."

Sharon, 35

Non-custodial sentences were seen by respondents as less damaging

Non-custodial sentences were clearly less disruptive and distressing for the respondents with experience of them and the impact on family life was far less profound.

- The community sentence element was often regarded as worthwhile, and even enjoyable as a learning and service experience.
- There were some real successes in changing direction and mind-set, enhancing life chances for individual women and their families. For example, some women undertaking community sentences cited stabilised lifestyle and housing arrangements, addressing financial problems and achieving sustained recovery from drug and alcohol addiction as key benefits.
- In other instances, interventions were seen as less successful, at either keeping women out of prison or in influencing life chances. Many, particularly with complex lifestyles or difficult family responsibilities found it difficult to keep appointments and arrangements. A number of breaches appear to have arisen from chaotic lifestyles and inadequate support. Drug users may not have been motivated to change or suitable treatment was unavailable. A significant minority simply did not engage with opportunities offered and were much more difficult to influence as a result.

"I got put under a supervision order for shoplifting and Class C possession (17 year old heroin and crack addict – fled violent father) and I just couldn't stick to that, you know, where I was living, I just couldn't make it to my appointments... I was out all night working (sex worker) and got back at nine in the morning. I was knocked up, gagging out for brown. I breached about six times."

Fiona, 17

Success in enhancing life-chances and preventing re-offending appears to require multi-dimensional support.

- According to a few women with experience of community sentences, they were more likely to be successful and re-offending prevented when support was intensive and focused. Some women highlighted effectiveness of community sentences which offered service integration or coordinated support including counselling, life skills, parenting, housing, and access to benefits and employment.
- Proactive management of drug and alcohol misuse was defined by a few respondents as support which worked with the individual to create motivation for sustained change. In some women's opinions, proactive management meant helping them to move from maintenance and substitution to rehabilitation and recovery and a comprehensive, multidimensional support package in parallel to monitoring of abstinence.

"I feel really positive this time. Yeah in a way I feel like the criminal justice system is working for me this time. They're saying that if I complete my treatment, I'll be housed. Which will be my first stable home for five years or something. I'm just trying to address all my issues. I feel very motivated because of how dark things got before."

Sue, 25

Women offender typologies

There were many common themes but also differences in life experiences of respondents and interactions with public services. Through this small scale study of 30 women offenders and girls and women at risk of offending, we identified five main pathways. Women's needs and pathways into offending are invariably complex and likely to cut across the five pathways identified here. The following pathways refer specifically to women who were interviewed for this research.

1. Chaotic families
2. Local authority managed childhood
3. Addiction driven
4. Partner led
5. Opportunists/financially driven

The various pathways appear to have:

- Distinctive characteristics and needs
- Some differences in pathways into offending
- Different patterns of interaction with public services

Respondents' reported interactions with public services by life stage and pathway

	Early childhood	Growing up	Teenage girls	Young women	Mature women
Chaotic families	DV services A & E Child protection	DV services / A & E Child protection CAMHS Pupil referral units	YOT A & E CAMHS Teenage pregnancy	DV services A & E AMHS Substance Misuse Child protection	DV services A & E AMHS Substance Misuse Child protection
Local authority managed childhood	DV services A & E Foster placements Children's homes	DV services / A & E CAMHS Pupil referral units Foster placements Children's homes	YOT A & E / CAMHS Teenage pregnancy Children's homes Secure units	DV services A & E AMHS Substance Misuse Child protection	DV services A & E AMHS Substance Misuse Child protection
Addiction driven	DV services A&E	DV services A & E CAMHS Pupil referral units	YOT A & E CAMHS Substance misuse	A & E AMHS Substance misuse Child protection	A & E AMHS Substance misuse Child protection
Partner driven	DV services A&E	DV services A & E	DV services A & E CAMHS	DV services A & E AMHS	DV services A & E AMHS
Opportunists					GP Debt advice

Chaotic family: Life history and pathways into offending

Family life was dysfunctional.

- Parents were typically alcoholics or drug users as were much of the family and social circle. Violence and unpredictable parenting was frequently a feature. The family were commonly high profile trouble makers within the community and well known to police and social services.
- One or both parents may have had a history of offending and of community and custodial sentences. Home life was likely to have been unstable with children being moved between family members or in and out of social care.
- Girls may have been desperate to escape an unhappy home life, maximising time spent away from home and a high propensity to run away. Running away increased risk and vulnerability to exploitation, particularly by older boys and sexual predators more generally. High risk of drug and alcohol abuse. Girls from such backgrounds lacked positive role models.



Chaotic family: Case study

Donna, 35. Prolific shoplifter and long time drug user

- Violent, alcoholic mother, absent father, series of step dads, all drug users.
- Abused by step dad's brother over a period of years. Ran away from home continually aged 8-11.
- In and out of children's home till at the age of 13, she returned to her mother. Ran away again and on the streets aged 13-14. Fell in with an older boyfriend with an established criminal lifestyle and drug habit aged 14, soon began drinking heavily and used drugs, mainly heroin.
- Moved in with his family aged 14 and became pregnant a little after her 15th birthday. Donna's daughter was born before she reached 16. Excluded after fighting at school and received home tutoring while pregnant.
- First arrested for shoplifting aged 16 to feed a growing drug habit, received bail.
- In prison for the first time aged 17 and spent next 18 years in and out of prison, largely short sentences for shoplifting, during all of which she continued to take drugs.
- In 2006, received her first long sentence of 22 months, made a serious suicide attempt following miscarriage and boyfriend received a long sentence of five years.
- Took a series of courses during her long sentence and decided to change life and make a serious effort to tackle drug habit and stay out of prison. She was released on licence under supervision of a probation officer.
- Donna made strenuous efforts to stay away from her old social circle and adopt new patterns of behaviour. She received intensive support from her rehabilitation team, drug worker, key worker and probation officer. She is currently undertaking courses, counselling and is intending to move into new accommodation. So far, she has succeeded in delivering clear tests and is looking forward to the future.

"I think I've grown up finally. It's taken eighteen years for me to grow up but I've got there. It's going to be hard. I just don't want a life like I've had the last eighteen years... I'm just glad I finally took up the offer of the support that I've got now. I knew it was there before, but I've never wanted to do anything about it because I didn't want to come off drugs... Now I want to break the cycle. I want a better life for me and my daughter. I've missed so much of her life."

Donna, 35

Local authority managed childhood: Life history and pathways into offending

Local authority social services had assumed parental responsibility.

- Childhood typically featured a series of placements with foster parents or periods spent in children’s homes. Girls suffered low self esteem and high propensity to mental health issues.
- Relationships were often troubled and expectations low. Often, girls lacked positive relationship models and separation or loss was a recurring theme. They were vulnerable to exploitative and abusive relationships and were at high risk of being bullied or bullying others
- They showed high risk of drug and alcohol abuse and were often desperate to break away from care infrastructure. Running away was often a feature as was the embracing of damaging relationships and lifestyles which were pursued to create an alternative to care.
- Conversely, they may have found it difficult to cope outside the institutional structure, self-determination and decision making was difficult and they may have lacked life skills.
- Progression through secure units, remand and custody felt like a continuation of the familiar and the known.



Local authority managed childhood: Case study

Tracey, 32. Series of violent offences following childhood permeated with violence and lifetime spent in care and institutions

- Mother was an alcoholic who self-harmed frequently, had a series of public order offences. Father was unknown, two step-dads both of whom were violent to mother. Tracy was taken into care at the age of six after mother tried to kill her and threatened to burn the house down. She felt relief when taken into care, a chance to escape violence. She was bullied at school because of her mother's reputation for fighting.
- Tracy was lonely in care and ran away constantly to her mother, who frequently attacked her. She would run back to the children's home. Tracy was quiet and withdrawn until puberty, when she began making older friends. By the age of 12, she became sexually active and started drinking and sniffing glue. Again started to run away from children's home and at age 13, placed under a care order and placed in semi-secure unit following fights and truancy. Remained in secure unit until aged 16 after which she was released into her mother's care.
- Tracy would drink with her mother who continued to be violent towards her. She developed a drug habit, became pregnant aged 17 and by the time her baby was born, was addicted to heroin. At age 18, Tracy was arrested for Grievous Bodily Harm (GBH) and received a 5 year sentence of which she served 4 years. Her son was adopted following her conviction and sentence. She was released to live with her mother where she began to drink heavily and got back into drugs.
- Established a new relationship with a problem drug user. Approached social services for support with daughter and daughter taken into foster care, allowed daily visit for first three months. Allowed to take baby home for mornings thereafter, baby collected midday and drinks in the afternoons. Attended a drug clinic, on methadone and stays clean for some months. Broke off relationships with former circle in effort to stay clean but continued to drink.
- Attacked former boyfriend when drinking. Charged with GBH and was taken to prison. Daughter was also adopted. Attack resulted in an Indeterminate Sentence for Public Protection, now coming up to nine years inside. Goes through rehabilitation programme and takes courses. Having refused parole on four occasions, feels she has 'lost all hope' for the future.

Addiction-driven: Life history and pathways into offending

Background does not necessarily feature deprivation or dysfunctional family.

- In some cases, women had experienced significant downward social mobility. Longstanding mental health issues may have been a feature in some cases with some women having a history of eating disorders, compulsive or addictive behaviour.
- The pathway into drug abuse and addiction will have frequently begun in teenage years or later through relationships with partners who are drug users. Life is subsequently defined by addiction, most frequently heroin or crack. Habit was financed in a variety of ways, sometimes in combination but typically through drug dealing, sex work or prolific shoplifting and robbery.
- Against this background, addiction driven offenders were among those with the most entrenched patterns of offending and the most frequent offenders. Among the serial addiction driven offenders, experience within the CJS typically included both custodial and non-custodial sentences. History of addiction and offending may have included clean periods (sometimes but not always in prison) which have tended to be followed by relapse and a return to using.

Early childhood	Growing up	Teenage girls	Young women	Mature women
Troubled childhood	Single parent / step family	Eating disorders	Addiction	Addiction
Some conflict / domestic violence	Separation / loss / rejection	Withdrawn / frequently bullied	Prolific offending / sex work to support habit	Prolific offending / sex work to support habit
Broken relationships	Some abuse	Exploitative relationships	Self harm/ suicidal	Entrenched cycle of offending and punishment
Some parents alcoholic / drug users	Withdrawn / frequently bullied	Self harm/ suicidal	Entrenched cycle of offending and punishment	Cycle of use/ clean up/ relapse
Parents may have mental health issues	Self harm / eating disorders	Alcohol / drug abuse	Cycle of use/ clean up/ relapse	Serial failure of substitute programmes
Often not deprived background	Some under-perform but can also be precocious	Feelings anaesthetised	Prison can provide respite	Prison entrenches lifestyle

Addiction-driven: Case study

Eloise 29. Troubled middle class girl with history of severe eating disorders, whose addiction led to decade of sex working and prolific shop-lifting

- Mother was a teacher and father, a businessman. No family history of crime but mother was a heavy drinker and violent. Father was often depressed and frequently suicidal. Parents split up when Eloise was aged 6. She felt unwanted by parents when they both established new relationships and families. Eloise was a high achiever at school but troubled family life and pattern of bulimia and anorexia began at age 11.
- Long periods of hospitalisation and residential units for eating disorders, suicide attempts and episodes of self harm throughout teen years. Party lifestyle, originally recreational drugs and drink, exploitative relationships with men developed into serious drug use and heroin and crack habit by age 20.
- Sex work and prolific shoplifting to feed heroin habit led to homelessness and constant arrests (30 arrests in 2 previous years alone). Chaotic lifestyle resulted in constant breaches of orders for community sentence, so pattern of remand and short sentences over the next 8 years.
- Constant crisis interventions when not in prison. Cycle of get clean-relapse-use-offending, accompanied by a series of overdoses and suicide attempts. Currently on probation and has engaged with 12 step programme for the first time. In residential rehabilitation and beginning to feel confident of recovery.
- Eloise is receiving intensive support from a variety of workers from different services, attends various eating disorder and other treatment groups for counselling.
- Fragile but beginning to gain confidence that recovery internalised and that she may be able to survive and thrive outside and build an alternative lifestyle.

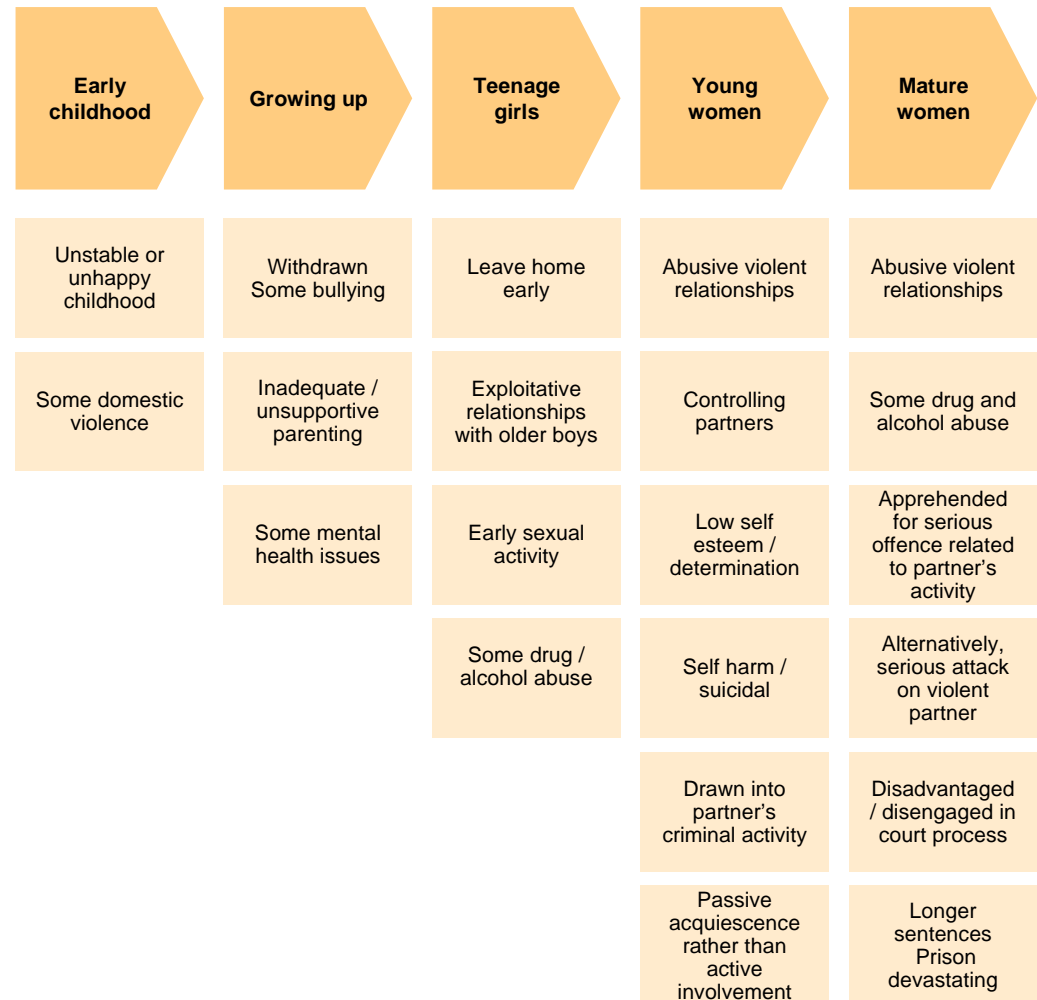
“I didn't think I would ever break out of the cycle... It was the depression, the hopelessness really and feeling absolutely stuck in my life a lot of the time. Not feeling that I had any power to change how I felt. I was just very heavily bulimic or anorexic or drinking heavily. I just felt out of control. The only time eating wasn't a problem was when I was using, the heroin, you know. My whole world was deteriorating and getting more and more chaotic and more and more consequences were happening, you know, attacks, losing my place, working to earn money... so the turning point was when I did discover NA and I got some hope that there were people like me who had recovered.”

Eloise, 27

Partner-driven: Life history and pathways into offending

Background may have been unhappy childhood and dysfunctional relationships but not necessarily deprivation or family history of criminal activity or substance abuse.

- Family life was likely to have featured domestic violence and abusive relationships. Relationships with men were frequently controlling and abusive, often violent.
- Pathway into offending arose from relationships with men who are involved in criminal activity, some of it serious. Alternatively, women finally attack abusive or violent partner. These women often have low self esteem and little sense of self-determination.
- Involvement in partner’s criminal activity tended to be relatively passive/minor, even unknowing. Partners offences more likely to be serious and/or violent crimes so that some of these women are amongst those serving the longest sentences.



Partner-driven: Case study

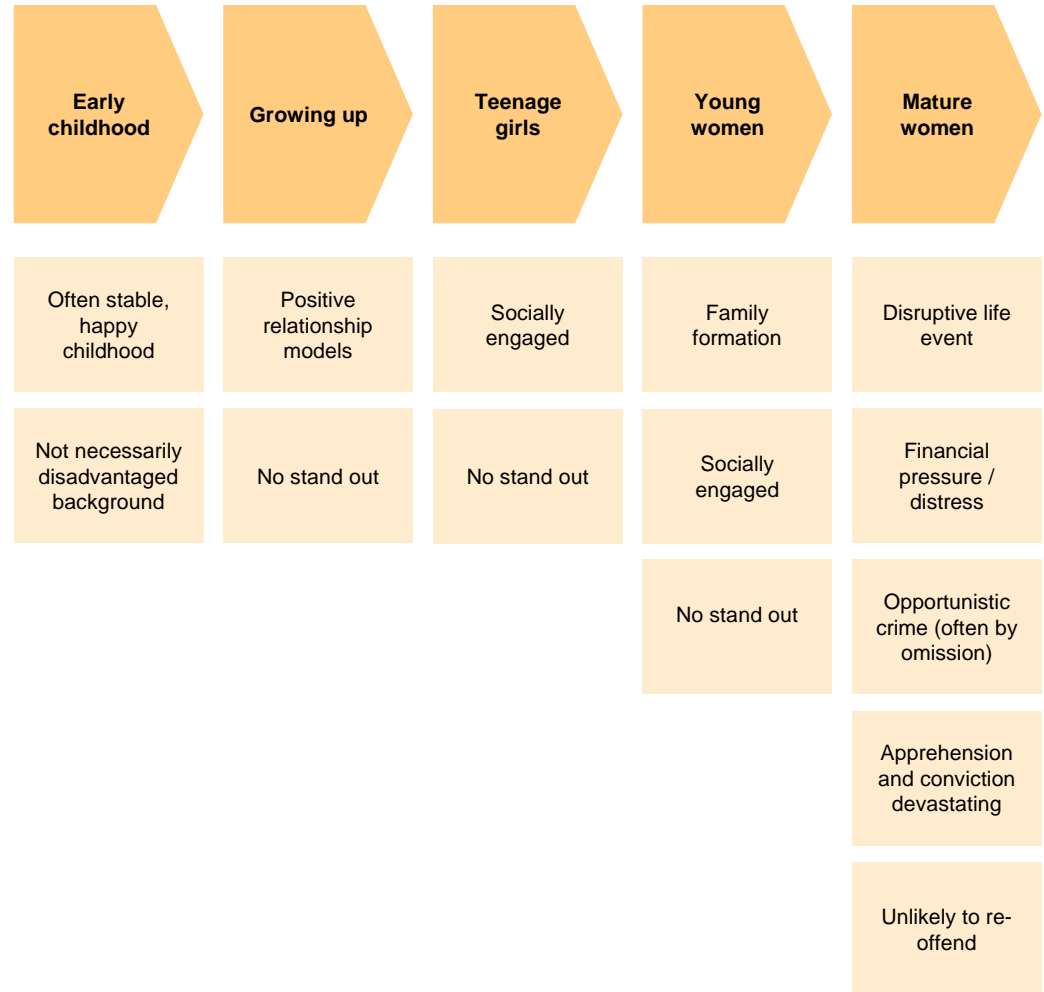
Michelle: 38, serving life for murder of her violent and abusive partner

- In July of year of offence, became pregnant and pressured by partner to have termination. After being badly beaten, she put a hosepipe in her own car in a further suicide attempt but was rescued by a neighbour.
- 28 day section followed, from which discharged early because she was concerned to keep her job. Hospital very busy at this stage and she is not prioritised for assessment. A follow up appointment was made, which she attends and her medication is increased. Little continuity in psychiatric care.
- Abusive behaviour escalates. She left her partner after a further violent attack and moved to another town to escape him. Children were sent temporarily to live with ex husband during summer holidays. She began to drink relatively heavily.
- Partner pursued her with abusive texts suggesting she would be better off dead and included suggestions that he is having affair with her mother. She visited mother to address accusation and drunken argument ensued.
- Took a knife and drove to abusive partner's house, subsequently stabbing him in altercation when he returned home, also drunk. She called an ambulance and police and was arrested at the scene. Partner died later that night. She claimed to have been unaware that injuries serious and was grief-stricken at his death.
- She subsequently became deeply depressed and suicidal, did not fully engage with her defence process and did not fully consider the possibility that she could face a long sentence or murder charge. Solicitor had assured that she would receive 5 – 7 years on manslaughter and advised against plea of diminished responsibility. Did not consider alternative outcomes.
- Difficult to ascertain fully from her account but court does not appear to have considered history of domestic violence or psychiatric background.
- Convicted of murder and given life sentence with tariff of twelve years. Has now served five years. Has not seen children, now teenagers, who live with her ex-husband and hostile new wife.
- Early years deeply depressed and made several suicide attempts. Has now had extensive counselling, taken up various self-esteem and assertiveness courses and prepared for employment.
- Feels different and more confident person – closer to herself before she met abusive partner.
- Anticipates being released aged 45.

Opportunist / financially driven: Life history and pathways into offending

Life histories strikingly different to that of other women offenders.

- Means were modest but background is less likely one of poverty, though immediate background to the offence in some cases in debt or money worries. Not the same history of abusive and dysfunctional relationships.
- Less likely also to have had issues with self-esteem and self-determination. Offences were typically fraud, including benefit fraud. Offences were opportunistic and relatively small scale albeit potentially sustained over a long period.
- Offences often not seen as criminal activity at the point committed, usually omission rather than active fraud and no real sense of potential consequences. Similarly, no real thought to alternative means of addressing problems.



Opportunist / financially driven: Case study

Anne: 28, Single mother on probation following benefit fraud

- Single parent with three children, one of whom, aged five, had seriously disruptive emotional and behavioural problems, which had dominated her life.
- Happy and secure childhood. Mother was foster mother to many children over years. Parents had split up but were close.
- Mental health was good. Involvement with health services focused around her son. Had resisted diagnosis of depression and offer of medication because she believed her problems were practical not a mental health issue.
- Had on: off relationship with partner from whom she has now split. He was working at time of offence.
- Behavioural problems of son forced her to give up work and become full time carer as she was unable to find appropriate educational facility and no-one willing to look after him. As a result she had fallen into problems with unmanageable debt.
- Began to claim benefit as single mum while partner working as part of effort to get on top of debt.
- Aware that doing wrong but at same time had not really considered that she was committing crime or that consequences potentially serious.
- Fraud detected by benefits agency who stopped her benefit and referred her for prosecution.
- No previous experience of police or CJS. Seriousness of situation only really dawned on her in court when possibility of custodial sentence was raised.
- Judge took view that prison sentence inappropriate in view of difficulties with finding alternative care for son and received two year probationary sentence.
- Deeply ashamed and humiliated. No temptation to repeat fraud or become involved in any other crime.
- Financial problems have worsened as a result and there is now possibility that she will lose social housing as a result of arrears on rent.
- Probation officer facilitating access to support for son, access to debt advice.

