



National Offender  
Management Service

# Better Outcomes for Women Offenders

September 2015

# Table of Contents

Introduction	
Summary.....	4
The women we manage.....	5
What works in reducing reoffending, keeping women safe and creating better lives?.....	6
A strategy for the rehabilitation of women managed in custody or in the community.....	13
References	

# Introduction

The National Offender Management Service's (NOMS) [Commissioning Intentions](#) emphasise the need for the delivery of services and interventions to be responsive to individual needs and characteristics. This is to maximise the benefits of services delivered, and to ensure that they are delivered in ways that offenders are most likely to respond to.

This document, the Commissioning Principles for Women Offenders, represents a continued commitment by NOMS to improving outcomes for women who commit crime. The Principles will help to ensure that resources are targeted on areas that are most likely to make a difference to women's lives, both with regard to reducing reoffending, and to helping women live safer, more fulfilling lives in the community. They will support NOMS Commissioning Intentions in the provision of services for women offenders.

The Principles, which apply to both young adult and adult women, take into account:

- The requirement to meet the particular needs of female offenders under the Offender Rehabilitation Act 2014 (ORA)
- Relevant recommendations from the [Women's Estate Review](#)

The Principles are based on the best available evidence of 'what works' in helping women who offend to live safe, offence-free lives, promoting desistance, managing the effects of domestic violence, and helping women to exit sex work. Information from a variety of sources has been synthesised. Sources include internal management information, as well as theory, literature and research relevant to understanding the particular needs of women and what works for women. Women who offend are not a homogenous group and need to be responded to as individuals. This document will be further informed by future guidance on improving outcomes for Black, Asian and Minority Ethnic (BAME) offenders.

The Principles do not comment on specific policies. Separate but related guidance, concerning the commissioning of women offender health services, is in development. Such guidance will provide more detailed recommendations for the commissioning of mental health and substance misuse services for women.

# Summary

## Identified priority needs

- i. **Substance misuse**  
Stabilise and address individual need, in particular address class A drug use, binge and chronic drinking.
- ii. **Mental health**  
Expedite access to services that address mental health need, in particular anxiety and depression, personality disorder, post - traumatic stress disorder, and trauma.
- iii. **Emotion Management**  
Help women to build skills to control impulsive behaviour and destructive emotions.
- iv. **A pro-social identity**  
Be positive towards, about, and around women, and encourage them to help and be positive towards others.
- v. **Being in control of daily life and having goals**  
Motivate women to believe that they belong and fit in to mainstream society, where they can work to achieve their goals.
- vi. **Improve family contact**  
Help women to build healthy and supportive family relationships, especially with their children.
- vii. **Resettle and build social capital**  
Help women to find somewhere safe to live, to learn how to manage their money, access education, and improve their employability.

## Allocating resources

One way of determining how best to allocate resources is to segment the caseload by offence type and risk of reoffending. Up-to-date segmentation data is provided on the NOMS Hub for persons responsible for commissioning and delivering services to meet offending needs. A summary of recent segmentation data identifies that:

1. The majority of women serving sentences are in the community, and will be managed by Community Rehabilitation Companies (CRCs)
2. The majority of women are serving sentences for violent or acquisitive crimes.

# The women we manage<sup>1</sup>

## Women in custody

Over the last ten years, the number of women in prison has fallen. In 2004, women represented 6% of the prison population. In 2014, they accounted for less than 5% of the prison population. The proportion of foreign national women in prison has also been falling since 2007.

## Women in the community

Since 2007, the number of women under supervision as a result of a Community Order (CO) or Suspended Sentence Order (SSO) has fallen by around 23%. During this time, women have consistently accounted for around 16% of all those supervised under a CO or SSO. The most common requirements for women on these orders were supervision and unpaid work. On average, women had shorter orders, and were more likely to successfully complete their orders, than men.

## Women's offending

In 2013, a third of women cautioned for or convicted of offences in England and Wales were first-time offenders. Nearly half of all the indictable convictions of women were for shoplifting, compared with just under a quarter of indictable convictions for men. The next most common offence among women was violence against the person, around a third of which was accounted for by Actual Bodily Harm. Drugs offences were the next most common, although the proportion of women in prison for these types of offences has dropped considerably, from 25.2% in 2009 to 13.8% in 2014.

## Women's reoffending

The most recent statistics indicate that women convicted of theft or robbery had the highest rates of reoffending, although this was half that of men convicted for the same offences. On average, the rate of proven reoffending among women over a one-year follow-up in 2012 was 18.5%, lower than that among men (27.7%).

The statistics suggest that, while women convicted of crime tend to have committed less serious offences and have lower rates of proven reoffending than men, those who do end up in custody can be challenging to manage, having poorer outcomes than men in relation to prison misconducts and higher rates of self-harm.

# What works in reducing reoffending, keeping women safe and creating better lives?

In order to reduce reoffending among women and keep women who commit crime safe, the best available evidence suggests that there are seven priority targets for support and intervention.



## i. Addressing substance misuse problems

Class A drug use is associated with reoffending generally among women, but particularly among those who commit acquisitive offences.<sup>2</sup> Binge drinking is associated with risk of any reoffending, but is particularly important in the prediction of violent reoffending among women.<sup>3</sup> Chronic drinking is also predictive of violent reoffending.<sup>4</sup> These are therefore important targets for interventions aimed at reducing reoffending among women.

### What should we do?

There is good evidence that cognitive-behavioural substance misuse programmes for women, particularly prison-based programmes with a community through-care component and a focus on skills development, are effective in reducing rates of reoffending among women.<sup>5</sup>

Therapeutic communities, and community-based interventions that offer substance misuse services, are also effective in reducing recidivism among women with substance misuse issues. Early indications suggest that community-based opioid maintenance treatment is also effective in this area.<sup>6</sup>

## **ii. Addressing mental health issues**

Mental health issues are prevalent among women who commit crime. There is also evidence to suggest that some mental health issues are linked to criminal behaviour among women. For example, anxiety and depression have been associated with recidivism among women.<sup>7</sup> Anxiety and depression were reported as issues relevant to 49% of the women in prison who took part in a Ministry of Justice Survey.<sup>8</sup>

### **What should we do?**

Helping women to cope with stress could improve health outcomes. There is also evidence that social support, particularly in the form of emotional support, can help reduce levels of stress among women who have been victims of domestic violence.<sup>9</sup> Much of this work is provided through co-commissioned services in partnership with the National Health Service England and Public Health England.

## **Personality Disorder**

Evidence suggests that in early adulthood, among those who have demonstrated antisocial behaviour, girls are more likely receive a diagnosis of Borderline Personality Disorder or to develop substance dependence. Boys are more likely to receive a diagnosis of Antisocial Personality Disorder.<sup>10</sup> Among girls who go on to engage in antisocial behaviour or offending in early adulthood, the rates of psychiatric co-morbidity are higher than they are for boys.<sup>11</sup> As such, it is particularly important that women managed by NOMS receive comprehensive psychiatric assessments.

### **What should we do?**

Women should be assessed for, and receive treatment to help manage symptoms of, personality disorders. The Women Offender Personality Disorder Pathway offers a range of services to meet the needs of women diagnosed as having a personality disorder. These include treatment and progression services in prisons and approved premises, as well as independent mentoring and advocacy and enhanced community support. Full

details are available in the Brochure of Offender Personality Disorder Services for Women, available on request from [pd@noms.gsi.gov.uk](mailto:pd@noms.gsi.gov.uk).

### **Domestic violence and sex work**

The Corston report<sup>12</sup> estimated that around half of women in custody have a history of domestic violence; a report by Women in Prison (2009)<sup>13</sup> indicated that 80% of the women surveyed reported such victimisation. Of the women assessed using OASys, 67% of those in custody or managed in the community by the NPS, and 61% of those managed in the community by the CRCs, indicated that they had been victims of domestic violence. Over a third of these women were considered to have a problem with their current partner. Between 19% and 28% of women with a full OASys were assessed as perpetrators of domestic violence.<sup>14</sup>

Domestic violence affects people in a variety of ways, and has been linked to substance misuse, self-harm, and mental health problems such as depression, anxiety and Post Traumatic Stress Disorder (PTSD). Being a victim of domestic violence is also a predictor of violent reoffending among women.<sup>15</sup>

Similarly, being involved in sex work is associated with a number of negative health outcomes. There are high levels of self-reported substance misuse.<sup>16</sup> Experiences of violence, trauma, and significant mental and physical health problems, including PTSD, are common among those involved in prostitution.<sup>17</sup>

### **What should we do?**

Advocacy services, which help women explore and access services in the community, and identity and achieve personal goals, can help women who have suffered domestic violence. Such interventions can improve overall well-being and reduce the chances of physical re-abuse, as can legal advocacy, which helps women with civil and criminal matters.<sup>18</sup>

Short-term trauma-focused counseling<sup>19</sup> and cognitive-behavioural approaches to managing trauma<sup>20</sup> have also been found to be effective in improving the health of women who have suffered domestic violence. For victims of domestic violence, social support, particularly in the form of emotional support, can help women to cope better with stress.<sup>21</sup>



Evidence suggests that failing to treat trauma-related symptoms among women involved in sex work, and who are recovering from substance misuse problems, can place individuals at high risk of relapse.<sup>22</sup> Similarly, some research suggests that failure to address substance misuse among those receiving treatment for trauma-related symptoms impairs outcomes and can place people at risk for further re-victimisation.<sup>23</sup>

While there is little robust research in this area, the available evidence suggests that integrated approaches to managing substance abuse and trauma, as opposed to sequential or parallel treatment of these issues, may be effective in reducing trauma symptoms, retaining women in treatment, reducing risky sexual behaviour and improving mental and physical health.<sup>24</sup>

### **iii. Building skills in emotion management and reducing impulsivity**

Recent, large-scale research tells us that impulsivity is an important predictor of any reoffending among women, and temper control is a strong predictor of women's violent reoffending.<sup>25</sup> These are, therefore, priority targets for reducing recidivism among women.

The parts of the brain associated with impulse control, and regulation and interpretation of emotions, are the last to mature, and continue to develop well into adulthood.<sup>26</sup> This means that control over impulses and emotions is likely to be poorer among younger adult women managed by NOMS.

Problems with emotion regulation are also implicated in self-harm, which is particularly prevalent among women in prison. While women made up around 5% of the prison population in 2013, they accounted for 25.8% of the self-harm incidents in prisons in that year, and around 15% of people in prison recorded as having self-harmed in that year were women.<sup>27</sup>

### **What should we do?**

Cognitive skills programmes target impulsivity and self-regulation, and have been found to reduce rates of reoffending.<sup>28</sup> There is evidence to suggest that 'gender-neutral' cognitive skills programmes can be experienced as responsive to the needs of women who take part.<sup>29</sup>

Dialectical Behaviour Therapy (DBT) is a promising approach to helping reduce rates of self-harm. The approach treats self-harm as a problem with

emotion regulation.<sup>30</sup> Further commissioning guidance will be available in the commissioning guidance for women's offender health services, which is currently in development.

#### **iv. Helping women develop and maintain a pro-social identity**

A feature common to women who have successfully desisted from crime is that they developed a pro-social identity. This helps them to cope with setbacks, increasing resilience to some of the challenges they face in the community.<sup>31</sup> Forming a robust, pro-social identity has also been implicated in helping women exit sex work.<sup>32</sup>

Younger women are particularly susceptible to the influence of peers, as they are still in the process of developing a stable identity. It is particularly important to promote the development of a healthy, pro-social identity in younger adults, to provide a positive influence on their development, and to help young women become more self-sufficient and less reliant on others.

It is also important to mitigate the impact of any negative peer influence on the development of younger women's identities. Evidence suggests that there are gender differences in the expression of antisocial behaviour among maturing boys and girls. Girls tend to display less physical aggression but more relational forms of aggression, such as ostracism of peers, non-physical bullying, and manipulation, than do boys.<sup>33</sup>

#### **What should we do?**

Psychological research suggests that activities that expose people, particularly young adults, to positive, pro-social peers, and activities that encourage engagement with and contribution to the community (to 'do good'), can support the development of a more pro-social identity (to 'be good').<sup>34</sup> In prisons, this could mean becoming peer mentors, and engaging in user councils. In the community, community payback schemes and other reparation opportunities could be utilised as a 'do good, be good' activity.

Targeting bullying behaviour and helping younger women to build healthier, more positive relationships with each other will help reduce the level of negative peer influence they might be subjected to. This could aid the development of healthier and more robust identities.

Staff who work with women should be mindful of language and labels. They should reinforce any signs of a pro-social identity and activity, and explicitly recognise positive attributes of women's characters.

#### **v. Helping women to believe in their ability to control their lives and achieve their goals**

There is evidence to suggest that lack of self-efficacy, which is a belief in one's ability to achieve a certain goal or outcome, is a predictor of reoffending among women.<sup>35</sup> Belief in their ability to control their lives and cope with challenges is a common feature of those women who desist from crime,<sup>36</sup> and may help women to manage some of the effects of domestic violence<sup>37</sup> and exit prostitution.<sup>38</sup>

Self-efficacy is different from self-esteem. Self-esteem is about someone's general sense of worth, while self-efficacy is about someone's belief in their ability to effect change, to achieve a goal. There is strong evidence to suggest that three things predict whether or not someone will engage in a behaviour:<sup>39</sup>

1. The person's attitude towards the behaviour;
2. The person's belief about what others think about that behaviour;
3. The person's belief in their ability to engage in that behaviour (self-efficacy)

#### **What should we do?**

This suggests that, in order to help women desist from offending, we need to:

- Motivate women to see desistance from crime as a good thing that they want to achieve;
- Help women to build or maintain a pro-social network that also believes desistance is a good thing;
- Help women to believe that they can successfully desist from offending.

Staff can convey these positive expectations, and provide healthy, pro-social role models for the women they work with.

## **vi. Improving family contact**

Evidence suggests that lack of closeness with family is a predictor of reoffending among women,<sup>40</sup> while family support is a protective factor and is associated with reduced rates of reoffending.<sup>41</sup>

### **What should we do?**

We should make efforts to ensure that women, where appropriate, have timely and regular access to members of their family who are important to them or can support them to live a crime-free life. Rather than just facilitating contact, the emphasis should be on helping women to build better, healthier, and supportive relationships with family members, especially their children.

## **vii. Helping women to settle and build their social capital**

A large proportion of women serving sentences in custody or in the community are assessed as having needs relating to education, training or employment. Achieving stable and secure housing, and having the means to be self-reliant through employment, is thought to be important in helping women exit sex work.<sup>42</sup> There is good evidence that addressing these factors should help to reduce rates of reoffending and promote desistance among women.<sup>43</sup> Similarly, addressing general educational needs can reduce reconviction rates among women.<sup>44</sup>

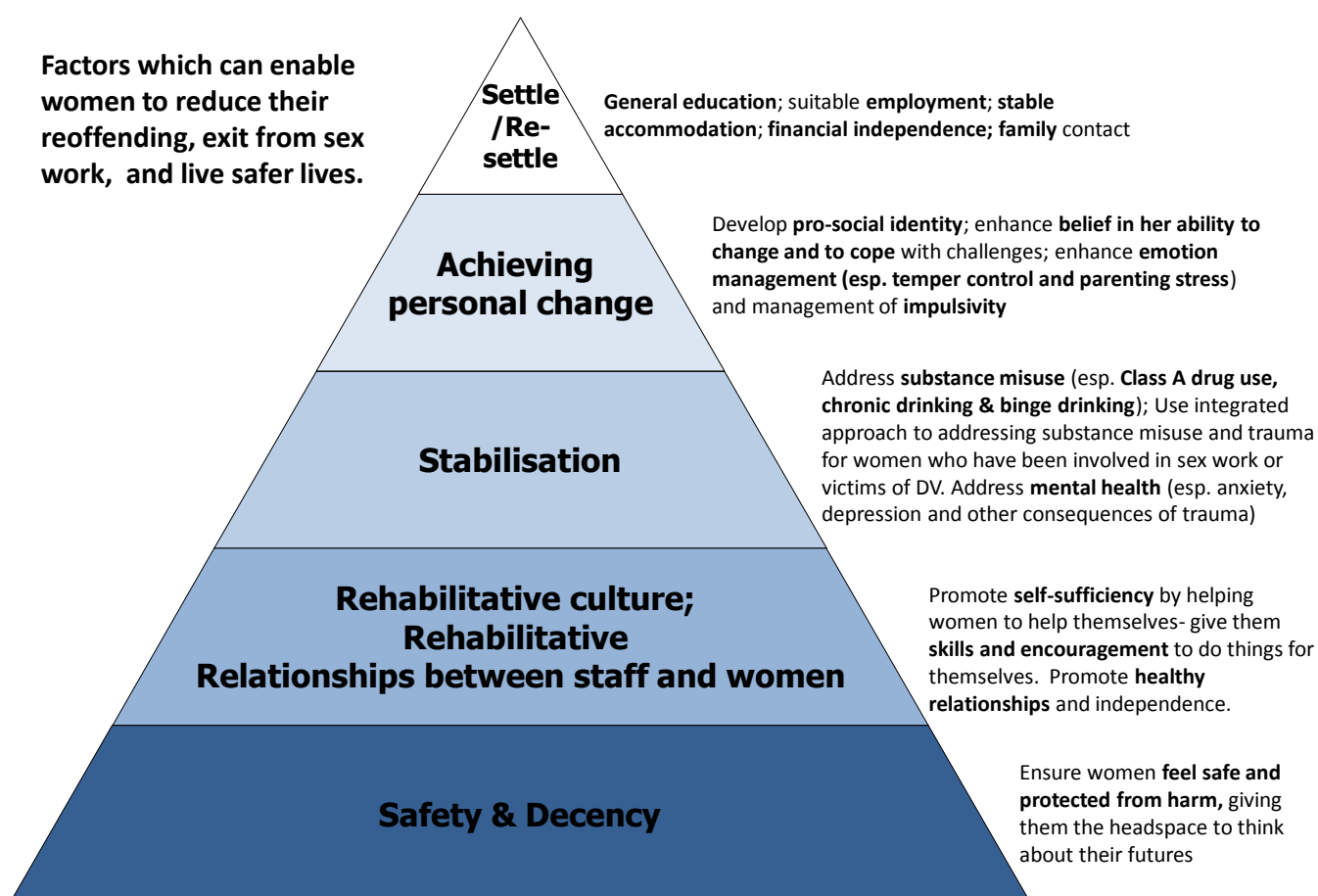
Managing finance and debt problems, and achieving financial independence, is also important in helping women to reintegrate into society, move away from exploitative relationships and sex work,<sup>45</sup> and may help to reduce the chances of reoffending.<sup>46</sup>

### **What can we do?**

We can help women obtain and maintain stable accommodation, education, and meaningful employment, and we can help women access services and resources in their community to assist with finance, child care, and other caring responsibilities. Staff should encourage and help women to develop the skills to explore and access these services, promoting their self-sufficiency.

# A strategy for the rehabilitation of women managed in custody or in the community

The best available evidence suggests that there are seven key areas that we should pay attention to in order to help women live safer, offence-free lives. The process through which we hope to bring about change in women who have offended is set out in Figure 1.



**Figure 1. Hierarchical model of women's rehabilitation needs**

The rehabilitation model in Figure 1 simplifies what is a complex process. While there is logic to presenting needs in a hierarchy, in reality it is likely that providers and staff will need to address many of these layers simultaneously, particularly those operating in the community. Women may well move back and forth between various layers in a non-staged way, but the model provides a simple way of describing the key needs and concerns that those working with women who have committed crime should consider and respond to.

### A. Safety and decency

In order to engage women in rehabilitation, they must first feel safe and protected from harm. We must provide a safe and decent environment for the women we work with, an environment in which they do not feel vulnerable or at risk of victimisation. For some, this could involve provision of women-only spaces, interventions or services. For others this may mean advice and assistance in accessing services that can help them exit abusive relationships or sex work.

### B. Rehabilitative culture

Relationships between staff and the women they work with are a key vehicle for motivating women to change, conveying that others believe they can change, building self-efficacy and self-sufficiency, and appropriately challenging women to become more capable and independent. Relationships with staff and between staff can act as a pro-social model of healthy relationships.

### C. Stabilisation

Many women managed by NOMS have been victims of domestic violence or other trauma such as trafficking, and many suffer from mental health issues. Some are involved in prostitution, and many have substance misuse problems. Helping women to achieve mental and physical stability is a priority that will help women to achieve better health outcomes and reduce vulnerability to further abuse. It will also help to ready women for work aimed at changing their thinking and emotion management, and to create and take advantage of opportunities to build a better life for themselves.

### D. Achieving personal change

Helping women to build more positive, pro-social identities, and enhancing their belief in their ability to change and have more control over their lives, can help them to cope better with setbacks they may face when resettling into the community. Helping women to better regulate their emotions and impulses can help to improve both health and reoffending outcomes.

### E. Settle/Resettle

Securing stable and secure accommodation, finding meaningful and appropriate employment, improving relationships with family and facilitating

supportive family contact, addressing general educational needs, and helping women gain financial independence are all key to helping women to live better, offence-free lives.

Table 1 summarises the key priorities for interventions with women and what works to address those targets. It is important to note that the evidence base is still variable in its quality and restricted in size.

All interventions for women who are victims of domestic or sexual violence should adhere to the NOMS framework *Supporting Women Offenders who have Experienced Domestic or Sexual Violence*. There is promising evidence that suggests that programmes that adopt a gender-responsive approach — that is, an approach that is built on theories of women’s crime, taking into account the characteristics of women who offend and factors that affect the response of women to interventions — have good outcomes.

It is by acknowledging and responding to the particular needs of women, through the provision of targeted and evidence-based activities, training, services and interventions, that we have the best chance of improving the outcomes of the women managed by NOMS and CRCs.

Target	What works/is likely to be effective	What is less likely to be effective
Addressing substance misuse, with a focus on Class A drug use, binge drinking and chronic drinking	Cognitive-behavioural programmes, particularly prison-based programmes with focus on skills development and community through care; therapeutic communities; opioid maintenance in community	Services aimed solely at improving awareness of the effects of substance misuse, without building life and coping skills Services that use 'scare tactics'
Mental health, including anxiety and depression, personality disorder, self-injury and managing effects of DV and sex work	Advocacy interventions; social support; mentoring; trauma-focussed cognitive-behavioural programmes; short-term trauma-focussed counselling	Services that only signpost to other services
Emotion regulation (impulsivity and temper control, parenting stress)	Cognitive skills programmes; mindfulness techniques; dialectical behaviour therapy	Long-term, non-specific counselling
Pro-social identity	Building a positive, robust, pro-social identity; activities that enable people to do good for their community or for others; interventions or activities that help people change the way they describe themselves	Services aimed solely at increasing awareness of the effects of crime on others, which might engender guilt or shame and a negative view of the self, without a focus on building a stronger, healthier identity. Services that could be experienced as punitive.
Belief in ability to change and achieve goals	Enhancing belief in ability to achieve personal goals, and building confidence in ability to be self-sufficient (self-efficacy)	Services focussed solely on building self-esteem, particularly those that encourage self-esteem to be contingent on external characteristics, such as attractiveness
Family contact	Contact that facilitates and builds skills to develop closer, healthier family relationships and secures family support	Activities or services that solely facilitate contact, without a concomitant focus on improving the quality of relationships
Resettlement and building social capital	Services or interventions that help women get the skills to explore and utilise services; facilitating safe and secure accommodation; meeting educational needs; securing appropriate and meaningful employment; helping women become financially independent	Services aimed solely at signposting to other services, or that have no focus on developing skills to sustain involvement in resettlement activities

*Table 1. What works and what is available to meet the priority needs of women managed by NOMS.*



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