Women and girls at risk:

Evidence across the life course

Key Messages from the Review

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DMSS Research

4 August 2014

The review

The purpose of this review is to inform a new cross-sector strategic alliance focused on women and girls with complex needs. It explores evidence on the risk factors associated with negative outcomes and potentially effective interventions for women and girls, including those:

- In contact with the criminal justice system
- Experiencing homelessness
- Involved in prostitution or sexual exploitation
- Experiencing mental health problems
- With drugs and/or alcohol problems.

Evidence tends to fall broadly into two categories:

- ***Research on problems, consequences, correlates and causes*** providing evidence of the trajectories of girls and women at risk and the factors that influence outcomes at different stages of the life course. However, longitudinal studies which could be of most value have published very little about gender, and the utility of other research has been limited as a result of its location within specialist silos.
- ***What works type evidence*** on the interventions that are effective in tackling causes and ameliorating negative outcomes. Much of this is undifferentiated by gender or relates to outcomes for men or boys. Outcome-focused evaluation of services for women at risk is very limited.

These limitations are a significant finding of this review and have implications for how the literature can be interpreted and applied to girls and women and for future research.

Part 1: **Gender matters**

- Girls are born into a world structured by inequality – where by virtue of their gender they are likely to earn less money than men, have less freedom than men, undertake certain kinds of work and spend more time looking after other people than men.[1]
- Gender inequality affects all women, but there is a gradient of gendered disadvantage with most white, middle class women high on the scale and poor, Black and minority women low down on it.[2]
- Prevalence research shows that girls are at greater risk of most kinds of abuse, including severe maltreatment by a parent during childhood and child sexual abuse. Compared with the sexual abuse of boys, the sexual abuse of girls is more likely to be perpetrated by family members, to begin at an earlier age and to occur repeatedly. The sexual abuse of boys is more likely to be perpetrated by non-family members, to occur later in childhood and to be a single incident.[3]
- In Britain 1 in 4 women experience physical violence perpetrated by a partner at some time in their lives and domestic violence accounts for one-quarter of all violent crime.[4]
- The children at greatest risk of poor outcomes are those who have experienced multiple forms of victimisation. There is also an accumulation of risk over the life course and those who experience abuse and violence of different kinds as children and adults have the poorest outcomes.[5]
- Although abuse occurs across all social groups, girls and women in disadvantaged circumstances are at greater risk of some kinds of abuse. Poor women are more likely to experience more extreme domestic violence and to experience sexual and physical abuse as both children and adults.[6] Women in the least advantaged groups are the most likely to suffer the most extensive abuse across the life course.[7]
- Gendered violence and abuse is a product of gendered power relations. Hence, some of the most severe abuse of girls and women occurs within the most male-dominated families, sub-cultures and coercive contexts – including trafficking[8] and gangs.[9]
- Many of the negative outcomes of violence and abuse increase the risk of further victimisation. For example, women who become homeless, misuse drugs and/or are involved in criminality are highly likely to experience further violence.
- From a young age, responses to adversity, including abuse, tend to be differentiated by gender, with boys more likely to externalise problems (and act out anger and distress through anti-social behaviour) and girls more likely to internalise their responses in the form of depression and self-harming behaviours.[10] Responses to the abuse of girls and boys also tend to be different: with girls and women more often regarded as complicit in, or to blame for, their own abuse.
- Attitudes to violence against women are tied up with gender expectations of what is seen as 'normal', or at least unexceptional, and include considerable social acceptance of some kinds of gendered abusive behaviour (e.g. sexual harassment).

1 Equality and Human Rights Commission (2010) *How fair is Britain? First triennial review*; Johnson P and Kossyk Y (2008) *Early years, life chances and equality: A literature review*, Equalities and Human Rights Commission; Gershuny J (2004) Time, through the lifecourse, in the family, in J Scott, J Treas and M Richards (eds), *The Blackwell companion to the sociology of families*, Oxford, UK: Basil Blackwell, 158 – 77.

2 Nandi A and Platt L (2010) *Ethnic minority women's poverty and economic well*, London, UK: Government Equalities Office; Bullock H (2013) *Women and poverty*, Wiley Blackwell.

3 Radford L, Corral S, Bradley C, Fisher H, Bassett C, Howat N and Collishaw S (2011) *Child abuse and neglect in the UK today*, London, UK: NSPCC; Finkelhor D (1986) *A sourcebook on child sexual abuse*, Thousand Oaks CA, USA: Sage; Kelly L, Regan L and Burton S (1991) *An exploratory study of the prevalence of sexual abuse in a sample of 16 – 21 year olds*, London, UK: University of North London: Child Abuse Studies Unit.

4 Guy J, Feinstein L and Griffiths A (2014) *Early intervention in domestic violence and abuse*, Early Intervention Foundation, http://www.avaproject.org.uk/media/148794/eif%20dva%20full%20report.pdf.

5 Scott S, Williams J, Kelly L, McNaughton Nicholls C, Lovett J, McManus S (2013) *Violence, abuse and mental health in England*, London, UK: NatCen, http://www.natcen.ac.uk/media/205520/reva-strand-1-13th-may-briefing-report-2-.pdf

6 Ibid.

7 Ibid.

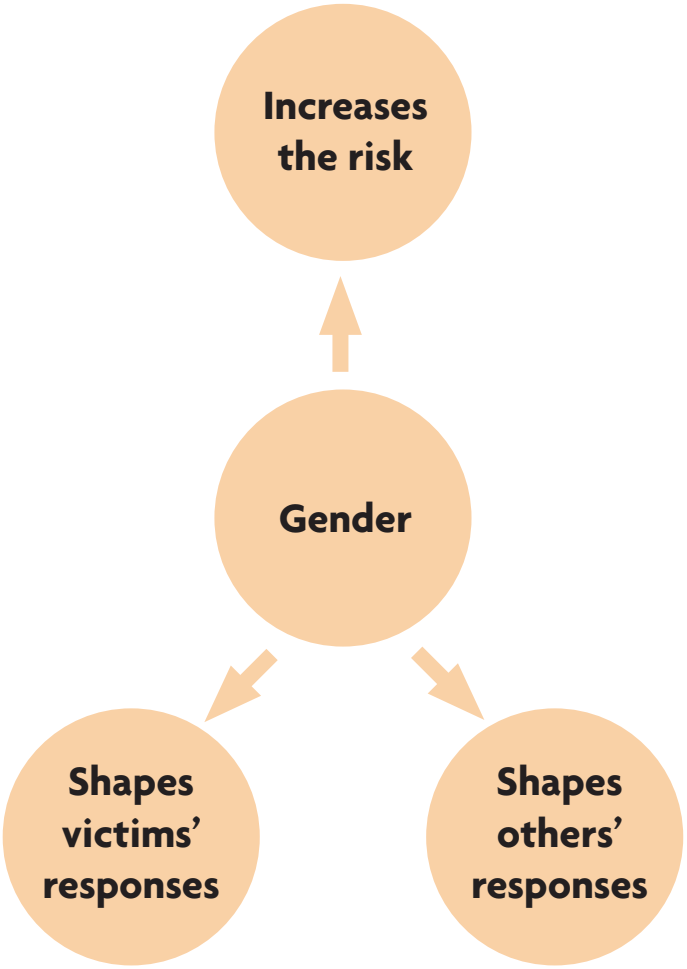
8 Turner J (2013) Violent intersections: Re-visiting the traffic in women and girls, in Y Rehman, L Kelly and H Siddiqui (eds), *Moving in the shadows: Violence in the lives of minority women and children*, Farnham, UK: Ashgate.

9 Beckett H, Brodie I, Factor F, Melrose M, Pearce J et al (2013) *'It's wrong... but you get used to it': A qualitative study of gang-associated sexual violence and exploitation*, London, UK: Office of the Children's Commissioner; Firmin C (2013) Criminal gangs, male-dominated services and the women and girls who fall through the gaps, in Rehman et al (2013), *Moving in the shadows*, op cit.

10 Green H, McGinnity A, Meltzer H, Ford T and Goodman R (2004) *Mental health of children and young people in Great Britain*, London, UK: Office for National Statistics.

The impact of gender on the experience of abuse and violence

- Gendered expectations are one of the ways in which gender inequalities are maintained. By shaping beliefs and attitudes about what it is to be a man or woman, gender socialisation normalises inequality – it makes it simply the way things are.
- There are indications that in the 21st century gender differentiation has become increasingly retrenched. As legislative barriers to formal equality have been removed, the requirement to differentiate by gender appears to be stronger than ever.[11]
- There is considerable evidence that girls and boys are socialised differently from infancy and there are differences in how parents and others behave towards them.[12] Children not only learn gender stereotypes but begin to be anxious about behaving in ways appropriate to their gender.[13]
- There are gendered hierarchies within children's relationships discernible at an early age,[14] and later in teenage relationships.[15] The pressure to conform to gender norms is pervasive in children's lives. Girls in particular identify the limits on how they feel they can be and the difficulties of dealing with everyday sexism and sexual harassment.[16]
- Gendered expectations exist but not all women and girls comply with them and some reject them entirely.[17] However, such rejection has consequences and the responses of others to the flouting of gender norms range from amused tolerance of 'tomboy' girls to social exclusion and homophobic violence.
- The characteristics girls are encouraged to develop are not well suited to exercising power, but are compatible with a position of subordination. These include being useful, pleasing and compliant, and caring for others. (These same characteristics are also a risk factor for women's mental health – making it harder for women to look after their own interests and to respond to exploitation and life stress in ways that are healthy.[18])



11 See Pink Stinks campaign website: http://www.pinkstinks.co.uk/.

12 Lytton H and Romney DM (1991) Parents' differential socialization of boys and girls: A meta-analysis, *Psychological Bulletin*, 109 (2) 267 – 96.

13 Pomerleau A, Bolduc D, Malcuit G and Cossette L (1990) Pink or blue: Environmental gender stereotypes in the first two years of life, *Sex Roles*, 22, 5 – 6.

14 Thorne B and Luria Z (1986) Sexuality and gender in children's daily worlds, *Social Problems*, 33 (3) 176 – 90.

15 Firmin C (2013) Something old or something new: Do pre-existing conceptualisations of abuse enable a sufficient response to abuse in young people's relationships and peer groups?, in M Melrose and J Pearce (eds), *Critical perspectives on child sexual exploitation and related trafficking*, Basingstoke, UK: Palgrave Macmillan.

16 Renold E (2013) *Girls and boys speak out: A qualitative study of children's gender and sexual cultures*, NSPCC and the Children's Commissioner for Wales.

17 Moore H (1994) The problem of explaining violence in the social sciences, in P Harvey and P Gow (eds) *Sex and violence: Issues in representation and experience*, London, UK: Routledge.

18 Williams J (1996) Social inequalities and mental health: Developing services and developing knowledge, *Journal of Community and Applied Social Psychology*, 6 (5) 311 – 16.

Part 2: **Gender and risks across the life course**

1: Pre-birth and the early years

- It is widely acknowledged that early disadvantage is highly significant for later outcomes and the early years must be a major focus for intervention, particularly as developmental difficulties become harder to redress as children get older.[19]
- There is strong evidence that the key risk factors in early life are poverty, poor maternal health and education, insecure-disorganised attachment, poor parenting and an impoverished home learning environment.[20]
- Domestic violence may begin or increase in pregnancy. Domestic violence during pregnancy puts a pregnant woman and her unborn child in danger. It increases the risk of miscarriage, premature birth, low birth weight, foetal injury and foetal death.[21] Screening by trained staff can increase disclosures three-fold and the act of disclosure can reduce children's experience of violence and lessen its impact.[22]
- Most of the evidence about parenting, attachment and their effects is not differentiated by gender. In fact, one of the most striking features of research into the early years is just how little reference is made to gender and how the literature frequently refers to 'parents', when closer scrutiny makes it clear that the research relates largely to mothers. However, a few studies highlight different effects of attachment[23] and of parenting behaviour on girls.[24] In relation to the prevention of 'delinquency', attachment to fathers appears to be relatively more important for boys, while attachment to mothers is more important for girls.[25]
- Analysis of the effects of childhood disadvantage by gender[26] has found very similar effects for women and men. Gendered differences that emerge show women to have the greater legacy of such disadvantage across a range of socioeconomic outcomes,[27] becoming a parent,[28] and health and well-being outcomes.[29]
- There are some well-evaluated interventions in the early years – mostly but not exclusively evaluated in the US – including home visiting programmes (notably the Family Nurse Partnership[30]), pre-school education (including programmes such as High Scope pre-school and, in the UK, Sure Start).[31] Various parent-training programmes have also been well evaluated.[32]
- Positive interventions in the early years are good for boys and girls, but there is some evidence that girls may benefit more from some programmes. For example, the latest longitudinal follow up suggests that at age 19 the positive effects of the Family Nurse Partnership were maintained for girls but not for boys.[33] There is also some evidence that the long-term benefits for girls of pre-school education (particularly in total years of schooling) are stronger than those for boys.[34]

2: The primary years

- In the primary years many of the early indicators of poor life trajectories become visible. Poverty and disadvantage remain key determinants of future outcomes and even poor children who are doing well in the early years often lose ground in the primary years.[35]

19 Hertzman C and Power C (2003) Health and human development: Understandings from life-course research, *Developmental Neuropsychology*, 24 (2 – 3) 719 – 44.

20 Waldfogel J (2004) Social mobility, life chances, and the early years, CASE paper 88, London, UK: London School of Economics. Fearon RP, Bakermans-Kranenburg MJ, van Ijzendoorn MH, Lapsley AM, Roisman GI. (2010) The significance of insecure attachment and disorganization in the development of children's externalizing behavior: a meta-analytic study. Child Development. **81(2):435-56.**

21 Krug EG (2002) *World report on violence and health*, Geneva, Switzerland: World Health Organization, 102.

22 Guy et al (2014) *Early intervention in domestic violence and abuse*, op cit.

23 Del Giudice M and Belsky J (2010) Sex differences in attachment emerge in middle childhood: An evolutionary hypothesis, *Child Development Perspectives*, 4 (2) 97 – 105.

24 Webster Stratton C (1996) Early onset conduct problems: Does gender make a difference?, *Journal of Consulting and Clinical Psychology*, 64 (3) 540 – 51.

25 Hoeve M, Stams GJJM, van der Put CE, Dubas JS, van der Laan PH and Gerris JRM (2012) A meta-analysis of attachment to parents and delinquency, *Journal of Abnormal Child Psychology*, 40 (5) 771 – 85.

26 Hobcraft J, Hango D and Sigle-Rushton W (2004) The childhood origins of adult socio-economic disadvantage: Do cohort and gender matter?, London, UK: London School of Economics, Centre for Analysis of Social Exclusion.

27 Ibid.

28 Hobcraft JN and Kiernan KE (2001) Childhood poverty, early motherhood and adult social exclusion, *British Journal of Sociology*, 52 495 – 517; Hobcraft JN and Kiernan KE (2005) The timing and partnership context of becoming a parent: Cohort and gender commonalities and differences in childhood antecedents, paper presented at the annual meeting of the Population Association of America.

29 Hobcraft JN and Mensah F (2006) The childhood origins of adult health and well-being: Do cohort and gender matter?, paper presented at the annual meeting of the Population Association of America.

30 Department of Health, The Family Nurse Partnership Programme in England, http://fnp.nhs.uk/research-and-development/published-research.

31 See for example Schweinhart L, Montie J, Xiang Z et al (2005) Lifetime effects: The High Scope/Perry pre-school study through age 40, Monographs of the High Scope Educational Research Foundation 14; National Evaluation of Sure Start (2012) *The impact of Sure Start local programmes on 7 year olds and their families*, London, UK: Department for Education, DfE Research report RR220.

32 For example NICE (2013) *Conduct disorders in children and young people*, NICE Guidance 158.

33 Eckenrode J et al (2010) Long-term effects of prenatal and infancy nurse home visitation on the life course of youths, *Archive of Pediatric and Adolescent Medicine*, 164 (1) 9 – 15.

34 Anderson ML (2008) Multiple inference and gender differences in the effects of early intervention: A reevaluation of the abecedarian, Perry preschool, and early training projects, *Journal of the American Statistical Association*, 103 (484) 1481 – 95; see also response: Heckman JJ, Moon SH, Pinto R, Savelyev PA and Yavitz AQ (2010) The rate of return to the High/Scope Perry Preschool Program, *Journal of Public Economics*, 94 (1 – 2) 114 – 28.

35 Feinstein L (2003) Inequality in the early cognitive development of British children in the 1970 cohort, *Economica*, 70 3 – 97.

- Risks to mental health include violence or family conflict, bereavement, physical and sexual abuse and long-term illness. In addition, difficulties at school, including bullying and a low sense of connection or belonging, can impact powerfully on children's well-being and have a telling effect on subsequent choices and opportunities in adolescence.[36]

- During the primary years children are most likely to be first identified as having emotional and/or behavioural problems. These are manifested differently in boys and girls. Prevalence research shows that girls are less likely than boys to have a 'mental disorder'. Most of this difference is accounted for by conduct disorders, which are around twice as common for primary aged boys as girls, and hyperkinetic disorder, which is four times more common in boys than in girls. The rates of emotional disorders are similar for boys and girls.[37]

- Some studies have suggested that conduct disorders (particularly attention deficit hyperactivity disorder in girls are under-identified and treated.[38] The kinds of behaviours that girls show may be different from boys and may not be taken as seriously.[39] This may be important as children identified with a conduct disorder are likely to perform poorly at school, suffer from social isolation, and in adolescence become involved in substance misuse and criminal behaviour.

- Girls' experience of domestic violence is a further risk factor: 25% of girls and 18% of boys have witnessed or experienced some form of partner violence at least once in their childhood.[40] In the most recent UK research 12% of children younger than age 11 had witnessed at least one incident of domestic violence or threatening behaviour in the previous year.[41] There is good evidence that girls exposed to domestic violence are more likely to become victims themselves in later life;[42] but there is also good evidence to show that harm can be dramatically reduced if the domestic violence stops.

- Interventions to identify and stop domestic violence while children are in the primary years should be a priority. Direct specialist support to mothers and children post-domestic violence has been shown to improve safety, health and well-being outcomes.[43]

- Effective interventions in the primary years include family- and school-based programmes such as The Incredible Years and parent – child interaction therapy. They emphasise working with child and family, and some programmes also involve schools.[44]

3: The teenage years

- The early teenage years are a critical point of transition in a girl's life, during which if there are problems in the family and/or in school they frequently come to a head.

- School life and peer relationships become more stressful. Girls often begin to experience more pressure to comply with gender roles, and bullying – including cyber-bullying and sexual harassment – tends to peak during the early teens.[45]

- Evidence suggests that many at risk girls reach 'breaking point' between the ages of 12 and 14, the age at which underlying vulnerability factors (childhood abuse and neglect, domestic violence, parental mental health and substance use, and family breakdown) meet a constellation of immediate risk factors. At this age girls at risk are most likely to report becoming sexually active, first being sexually assaulted, beginning to use alcohol and drugs, running away, and being suspended from school for the first time.[46]

- It is also during the early teens that girls are most likely to start offending (the peak age for offending behaviour for girls is 15);[47] 80% of girls have 'criminal careers' lasting less than 12 months, and identifying the 2 in 10 first offending girls who are at risk of ongoing involvement in crime should be a priority at this life stage.[48]

- The onset of substance misuse typically occurs during the teenage years. Young people with family problems or who have behavioural difficulties are more likely to engage in substance misuse, which may be reinforced by peer pressure. In addition to the risks to health, substance use in adolescence is linked to lower educational outcomes, more risky sexual behaviour and heightened violence.[49]

36 Walker S, Wachs TD, Grantham-McGregor S, Black M, Nelson C and Huffman C et al (2011) Inequality in early childhood: Risk and protective factors for early child development, *Lancet*, 378 1325 – 38; Foresight Mental Capital and Wellbeing Project (2008) Final project report – executive summary, London, UK: Government Office for Science; World Health Organization (2012) Risks to mental health: An overview of vulnerabilities and risk factors, background paper by WHO Secretariat for the Development of a Comprehensive Mental Health Action Plan.

37 Meltzer H et al (1999) *The mental health of children and adolescents in Great Britain*, London, UK: Office for National Statistics.

38 Biederman J et al (1999) Clinical correlates of ADHD in females: Findings from a large group of girls ascertained from pediatric and psychiatric referral sources, *Journal of the American Academy of Child and Adolescent Psychiatry*, 38 (8) 966 – 75.

39 Keenan et al (2010) Age of onset, symptom threshold and the expansion of the nosology of conduct disorder for girls, *Journal of Abnormal Psychology*, 119 (4) 689 – 98.

40 Barter C, McCarry M, Berridge D and Evans K (2009) *Partner exploitation and violence in teenage intimate relationships*, London, UK: NSPCC.

41 Radford et al (2011) *Child abuse and neglect in the UK today*, op cit.

42 Guy et al (2014) *Early intervention in domestic violence and abuse*, op cit.

43 CAADA (2014) *In plain sight: The evidence from children exposed to domestic abuse: Key findings*, Co-ordinated Action Against Domestic Abuse.

44 NICE (2013) *Conduct disorders in children and young people*, op cit.

45 Stassen Berger K (2007) Update on bullying at school: Science forgotten?, *Developmental Review*, 27 90 – 126.

46 Acoca L (1999) Investing in girls, a 21st century strategy, *Juvenile Justice*, 6 (1) 3 – 12.

47 Ministry of Justice and Youth Justice Board (2014) *Youth Justice Statistics 2012/13 England and Wales*, www.gov.uk/government/publications/youth-justice-statistics.

48 Gelsthorpe L and Sharpe G (2006) Gender, youth crime and justice, in B Goldson and J Muncie (eds), *Youth crime and justice: Critical issues*, London, UK: Sage.

49 World Health Organization (2012) Risks to mental health, op cit.

- Disengagement from education, running away from home and possibly entry into care often results in disconnection from the majority of one's peers, from normal routines and from the prospect of college and employment. Girls are at risk of meeting adults involved in drugs and crime who may offer somewhere to be and a sense of acceptance and belonging. This may result in being propelled into a premature adulthood with the associated risks of sexual exploitation and/or being drawn into gangs.[50]
- Responses to teenage girls at risk can be experienced as punitive and can be counter-productive, e.g. frequent placement moves or the use of secure accommodation.[51]
- However, 'breaking points' also offer an opportunity to intervene positively. Interventions to prevent disengagement from school, deter girls from going missing and maintain relationships either in their own families or in stable placements are particularly important.[52] Some younger teenage girls may actively seek help or be more open to support than as older teenagers or adult women, when negative life patterns have become more established.
- Difficulties such as self-harm, eating disorders and depression are often identified in adolescence and may have their roots in earlier trauma. The overriding problem for young people experiencing mental health difficulties is that so few appropriate, easily accessible services – particularly crisis services – are available.
- Comprehensive programmes addressing multiple risks including multi-dimensional treatment foster care[53] and multi-systemic and functional family therapies have been found to be effective for young men and women at risk.[54]
- Evaluations of school-based prevention programmes focusing on interpersonal violence and understanding of healthy relationships suggest that these can influence young people's attitudes.[55]
- There is evidence of promising gender specific practice with girls at risk in this age group although it is all from the US.[56] Such programmes aimed at reducing re-offending in girls have shown positive effects on outcomes such as education, employment, relationships with family and friends, self-esteem, self-efficacy and other social-psychological outcomes that may empower girls and improve their overall quality of life.[57]
- In the UK there are a number of services for sexually exploited young people and those at risk which show promise, e.g. Safe and Sound, Barnardo's network of projects[58] and the Empower programme for girls at risk of gang involvement.[59]
- Teenage pregnancy rates have fallen in recent years but there is little evidence of effective educational interventions to prevent teenage pregnancy.[60] There is evidence for programmes to support teenage mothers.[61]
- The literature suggests that effective work with teenage girls has a number of essential elements: a safe, nurturing, girl-only environment; an emphasis on positive relationships and relational safety; incorporating persistence and assertive outreach; drawing on strengths while addressing risks in the context of girls' lived experience; promoting a positive version of girlhood and womanhood; and incorporating work with families where possible.[62]

4: Into adulthood

- Young women at risk are those who are most likely to leave school with no qualifications and to be not in education, employment or training (NEET). Disconnected from alternative structures they are more likely to get involved (or further involved) in drug or alcohol misuse and may continue to be, or become, victims of sexual exploitation.

50 Beckett H et al (2013) *It's wrong... but you get used to it: A qualitative study of gang-associated sexual violence towards, and exploitation of, young people in England*, Office of the Children's Commissioner.

51 Creegan C, Scott S and Smith R (2005) *The use of secure accommodation and alternative provisions for sexually exploited young people in Scotland*, Barkingside, UK: Barnardo's; O'Neill T (2001) Children in secure accommodation: A gendered exploration of locked institutional care for children in trouble, Jessica Kingsley; Coy M (2009) 'Moved around like bags of rubbish nobody wants': How multiple placement moves can make young women vulnerable to sexual exploitation, *Child Abuse Review*, 18 254 – 66.

52 Scott S and Harris J (2006) *Missing in London: Meeting the needs of young people who run away*, Barkingside, UK: Barnardo's.

53 NREPP (2014) Multidimensional Treatment Foster Care (MTFC), National Registry of Evidence-based Programs and Practices, http://nrepp.samhsa.gov/ViewIntervention.aspx?id=48.

54 These can be found by searching the Blueprints website at http://www.blueprintsprograms.com/programResults.php; NICE (2013) *Conduct disorders in children and young people*, op cit.

55 NREPP (2014) Fourth R: Skills for youth relationships, National Registry of Evidence-based Programs and Practices, http://nrepp.samhsa.gov/ViewIntervention.aspx?id=207

56 This evidence can be found by searching the PACE website at http://www.pacecenter.org/.

57 Zahn M et al (2009) Determining what works for girls in the juvenile justice system: A summary of evaluation evidence, *Crime & Delinquency*, 55 (2).

58 Skidmore S and Scott S (2006) *Reducing the risk: Barnardo's support for sexually exploited young people, a two year evaluation*, Barkingside, UK: Barnardo's.

59 Billinghurst A (2013) *Safer London Foundation: The Empower Programme*, an independent report by ABIANDA, ABI Billingshurst and Associates.

60 Bonell C, Maiser R, Speight S et al (2013) Randomized controlled trial of teens and toddlers: A teenage pregnancy prevention intervention combining youth development and voluntary service in a nursery, *Journal of Adolescence*, 36 (5) 859 – 70; Wight D, Raab GM, Henderson M, Abraham C, Buston K et al (2002) The limits of teacher-delivered sex education: Interim behavioural outcomes from a randomised trial, *British Medical Journal*, 324 1430; Swann C, Bowe K, McCormick G and Kosmin M (2003) Teenage pregnancy and parenthood: A review of reviews, evidence briefing, London, UK: Health Development Agency, www.hda.nhs.uk/evidence.

61 Asmussen K and Weizel K (2010) *Evaluating the evidence: What works in supporting teenage parents*, London, UK: King's College: National Academy of Parenting Research.

62 Khan L, Bryce H, Saunders A and Plumtree A (2013) *A need to belong: What leads girls to join gangs*, London, UK: Centre for Mental Health; Batchelor SA (2005) 'Prove me the bam!': Victimization and agency in the lives of young women who commit violent offences, *Probation Journal*, 52 (4) 358 – 75.

- Some young women who may have had emotional and behavioural difficulties at earlier life stages may at this point become involved in adult mental health services. Young women who self-harm might well be given a diagnosis of Borderline Personality Disorder and the traumatic roots of their distress are often unrecognised. Routine enquiry about experiences of violence and abuse in mental health assessments is an essential prerequisite to providing appropriate treatment.[63]
- Young women who have been in the care system may be at particular risk at this stage if they leave care with little ongoing support and either remain estranged from their families of origin or reconnect with very troubled families.
- This will be the first experience for some young women of homelessness or very unstable living circumstances. This adds to the risk of them becoming dependent on others for accommodation and vulnerable to further exploitation and/or criminality.
- If young women have continued involvement with the criminal justice system, by this stage they may have run out of non-custodial options.
- The only 'acceptable' adult roles available to many young women are those of girlfriend and mother. At this stage of life many at risk young women are parents and either parenting alone or in unsupportive or abusive relationships. The highest prevalence of domestic violence is in the 16 – 19 age group.[64]
- Where they are in contact with services the focus is often now on their children's needs rather than their own needs. This group of young women is at greatest risk of having their children removed from them.
- On the other hand, there is also evidence that motherhood can be a protective factor – a major transition in a young women's life that enables her to turn her life around.[65]

The literature is very clear about the co-existence of different negative life experiences. For example, studies show that a high proportion of women involved in street-based prostitution have substance use problems and vice versa. Drug use and prostitution can be said to be mutually reinforcing. Women who have substance use problems and are involved in prostitution also have high rates of mental health problems, and poor physical health. Risks for these women include assault, sexual health risks, arrest and incarceration. Stigma also has a significant negative impact on self-esteem and mental health.[66]

- Similar constellations of multiple and interrelated emotional, social, economic and health problems have been identified for women in prison and homeless women.[67]
- The factors associated with women becoming homeless and/or involved in street sex work are familiar: a comprehensive review of homelessness research in the UK[68] cited housing trends, unemployment and family fragmentation as key structural factors. Other risk factors are experience of sexual or physical abuse, family disputes and instability, experience of the care system or prison, debt, drug or alcohol misuse, mental health problems, school exclusion and lack of qualifications, poor physical health, and lack of social networks.[69]
- Factors identified as important for services for women involved in prostitution and substance use include outreach services and peer support, women-only provision and childcare provision, enhancement of standard programmes to make them more specific to their needs, and integration of provision or strong case management to deal with the full range of issues experienced by women.[70]
- Women with these multiple problems frequently have difficulty in accessing the support they need. A chaotic lifestyle and a marginalised status in the community often exacerbate this. When women access support they do not always find it helpful. Indeed the familiarity and informal support women get from others in a similar situation may feel preferable to the bureaucratic responses of services.
- The evidence suggests that services that work for women at risk tend to be integrated; holistic; women-only; take women's lives, relationships and trauma histories seriously; and foster women's self-esteem and problem solving abilities. Projects such as Inspire,[71] Solace Women's Aid,[72] and one-stop women's centres such as Anawim[73] and WomenCentre[74] show promise as they fulfil these principles.

63 Read J, Hammersley P and Rudegeair T (2007) Why, when and how to ask about childhood abuse, *Advances in Psychiatric Treatment*, 13 101 – 10.

64 Guy et al (2014) *Early intervention in domestic violence and abuse*, op cit.

65 Alexander C et al (eds) (2010) *Teenage pregnancy – what's the problem?*, Tufnell Press.

66 DrugScope and AVA (2013) *The challenge of change: Improving services for women involved in prostitution and substance use*, DrugScope and Against Violence & Abuse, http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Policy/Challenge%20of%20change_policy%20briefing.pdf.

67 Corston J (2007) *The Corston report: A review of women with particular vulnerabilities in the criminal justice system*, London, UK: Home Office; Hendessi M (1991) Sexual abuse, homelessness and young women, *Youth Social Work*, 5 (Winter) 10 – 11.

68 Fitzpatrick S, Kemp P and Klinker S (2000) Single homelessness: An overview of research in Britain, Bristol, UK: Policy Press.

69 Zugazaga C (2004) Stressful life event experiences of homeless adults: A comparison of single men, single women, and women with children, *Journal of Community Psychology*, 32 (6) 643 – 54.

70 DrugScope and AVA (2013) *The challenge of change*, op cit.

71 Easton H and Matthews R (2012) Evaluation of the Inspire Women's Project.

72 Kelly L, Sharp N and Klein R (2014) *Finding the cost of freedom*, London, UK: Child & Woman Abuse Studies Unit, London Metropolitan University, http://cwasu.org/filedown.asp?file=Finding-the-Costs-of-Freedom-Executive-Summary(1).pdf.

73 Doal J (2008) How Corston style 'one stop shop' women's centres can be rolled out nationally including an action plan based upon the experience of Anawim, http://www.anawim.co.uk/documents/Rolling_out_Womens_Centres_Based_on_Anawim.

- Women with multiple problems often end up in the mental health system or secure mental health services instead of prison. When the nature and origins of patients' difficulties go unrecognised, services can be re-traumatising rather than helpful. This is particularly true for many women as post-traumatic stress disorder (PTSD) is twice as common in women as men, the difference being largely accounted for by rape – which is one of the highest risks for developing PTSD.[75]

- Understanding of the relationship between women's problems and histories is often limited within such services. Research in prisons and mental health services has shown that many staff regard anti-social behaviour as doubly deviant in women and frequently describe the women they work with as difficult, demanding, manipulative, attention seeking, aggressive or lacking in motivation.[76]

In the US, there are several specific gender sensitive, trauma informed interventions which have been well evaluated and implemented in a wide range of service settings (mental health, substance abuse, criminal justice). They include Stephanie Covington's trauma informed approach,[77] Women's Integrated Treatment (WIT),[78] Seeking Safety[79] and the Trauma Recovery and Empowerment Model.[80] Similar values underpin the model of empowerment practice in many UK Rape Crisis and Women's Aid services; and these have been described by Williams and Watson in a mental health context as 'practice informed by knowledge and understanding of the harm that can be caused by gender and other inequalities, which promotes a shared understanding that healthy relationships between staff and patients or clients are at the heart of change'.[81]

74 Duffy S and Hyde C (2011) *Women at the centre: Innovation in community*, Sheffield, UK: Centre for Welfare Reform.

75 Spitzberg BH (1999) An analysis of empirical estimates of sexual aggression and victimisation, *Violence and Victims*, 14 241 – 60.

76 Williams J, Scott S and Waterhouse S (2001) Mental health services for 'difficult' women, *Feminist Review*, 68 89 – 104.

77 Covington S et al (2008) Evaluation of a trauma-informed and gender-responsive intervention for women in drug treatment, *Journal of Psychoactive Drugs*, 5 387 – 98.

78 Messina N, Grella C and Torres S (2010) A randomised experimental study of gender responsive substance abuse treatment for women in prison, *Journal of Substance Misuse Treatment*, 38 (2).

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80 NREPP (2014) Trauma Recovery and Empowerment Model (TREM), National Registry of Evidence-based Programs and Practices, http://nrepp.samhsa.gov/ViewIntervention.aspx?id=158.

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Part 3: **Implications for the Alliance**

There are some serious limitations of the evidence we have reviewed. The Alliance may therefore wish to consider the role they can play in:

- Creating a demand for gender differences to be more routinely analysed and reported in research findings
- Influencing the agenda of research funders to give a higher priority to studies that explore issues of gender and risk and the experiences of different groups of ethnic minority and Black women and girls
- Investing in pilots of interventions based on the evidence of this review and the evaluation of which can contribute to the evidence base on effective services for women and girls
- Using the Alliance as a vehicle for developing and embedding the use of common outcome frameworks across services for girls and women at risk to enable more substantial evaluation to be implemented
- Developing wider use of feminist approaches to evaluation, which measures what matters to women and girls and enables greater reflection of the realities of women's lives, e.g. Solace evaluation[82]
- Advocating for replication of evaluations which have already been robustly evaluated (largely in the US) to assess the extent to which they are transferable to the UK context and have a positive impact on girls and women.

Despite the limitations of the available research, there are some important messages from the evidence, which the Alliance can use to inform policy influence and service development. Some of the strongest evidence relates to the early years, including some findings which suggest that early years interventions may particularly benefit girls. However, interventions in the early and primary years appear to be particularly 'gender-blind' in provision and evaluation.

Although advocates of early intervention point to the importance of services for young children to outcomes in later life, the connections between children's services and those for adult women at risk seem particularly weak. At present one of the biggest policy and practice divides remains that between children's and adults' services.

Many of those working in a range of services (particularly mental health and criminal justice) are poorly supported to work effectively with women at risk. Their training contains little or nothing about the impact of inequalities or the effects of violence and abuse, and does not prepare them for supporting and empowering women and developing services that avoid re-traumatisation and promote recovery.

Practitioners and researchers often work within 'silos' divided across different services, professional groups and academic fields. Despite the efforts of the women's voluntary sector there is therefore no 'critical mass' of advocacy, research or large scale service development with a clear focus on girls and women at risk, which can influence policy direction and lobby for appropriate commissioning and funding.

The evidence from service evaluations and research with women at risk supports a model of integrated, holistic, one-stop, women-centred services as effective in promoting and sustaining engagement and being highly valued by women at risk – even though the evidence for achieving specific outcomes is under developed.

The implications here may be for the Alliance to explore how it can:

- Influence the gender awareness of providers of services for children in the early and primary years
- Make explicit connections between policies and services for at risk women and those concerned primarily with children; the Alliance could play an important role in reaching across the adult – children service divide including through its own membership and networks
- Advocate for early interventions that are shown to have longer-term benefits for women and for more robust evaluation and explanation of these gender effects
- Encourage cross-sectoral working and research on services for women at risk
- Promote the need for staff in services to have training (including pre-registration and induction training) that gives them insight into the impacts of inequalities, violence and abuse on women's lives and enables them to work with women at risk in ways that are helpful and empowering
- Support, evaluate and showcase integrated, holistic women-centred services for women at risk
- Ensure that work takes place to increase understanding of the experience and needs of women from Black and ethnic minority backgrounds, and attend to inequalities of race, ethnicity and gender in all aspects of the Alliance's work.

82 Kelly L et al (2014) *Finding the cost of domestic violence*, op cit.

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One of the central aims of the **Pilgrim Trust** is to provide assistance to vulnerable members of society. We do this by supporting projects where our funds will make the greatest impact and where charities are having difficulty in raising funds from other sources. We currently focus our support on projects that help women and girls who have been or are at risk of being involved in the criminal justice system.

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