

# A common sense approach

to working with women with health and wellbeing needs in the criminal justice system



Advice for:  
Crown Prosecution Service, Her Majesty's Court and Tribunal Service,  
Judiciary, Police, Prisoner escort agencies, Prison service,  
Probation services, Solicitors and Youth Justice Board.

# Foreword

Women have always been a small minority within the criminal justice system. As the 2007 Corston Report made clear, it is a system that has been designed for the overwhelming majority, who are men. From early stage interviews to rehabilitation programmes, what's evolved over many years is largely of no support for the complex needs of women.

Yet in the last 15 years, the number of women in prison has more than doubled to 4,000. Almost two-thirds are given short term sentences for non-violent offences, and the rate of imprisonment for women with no previous offences now outstrips that of men.

Such increases present a challenge to the criminal justice system. For example, studies tell us that women in prison are overwhelmingly the victims of crime themselves. More than 50 per cent have suffered domestic violence and a third have been raped. More than a third self-harm in custody, seven times the rate of men, and over 70 per cent have two or more mental health disorders.

Women who come into contact with the criminal justice system are often primary carers, with chaotic home lives characterised by severe poverty. 18,000 children are separated from such mothers by the system each year.

Prison is not the place for such women. As justice professionals, we have to ensure that there is an ever-present awareness of their needs, and of the alternatives to custody that can help them to keep away from crime by improving their health and wellbeing. With attention, commitment and care, this *Common sense guide* can help you fulfil this duty.

**Vera Baird QC**

*Police and Crime Commissioner for Northumbria*

Significant health inequalities are experienced by offenders compared to the general population. For women in prison:

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## 51%

have severe and enduring mental illness

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## 29%

of all women in prison self-harmed in 2011, compared with 7% of all men

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## 83%

of women in prison have a long-standing illness, compared with 32% of the general female population

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## More than 50%

have experienced domestic violence; one in three has experienced sexual abuse.

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Sources:  
*Statistics on Women and the Criminal Justice System 2011, Ministry of Justice; [www.womensbreakout.org.uk](http://www.womensbreakout.org.uk); [www.womeninprison.org.uk](http://www.womeninprison.org.uk)*

This is a companion guide to *A common sense approach to working with defendants and offenders with mental health problems*, published in 2010. You can download a pdf of that guide at:  
<http://www.together-uk.org/wp-content/uploads/downloads/2011/11/acommonsenseapproach.pdf>

# Introduction

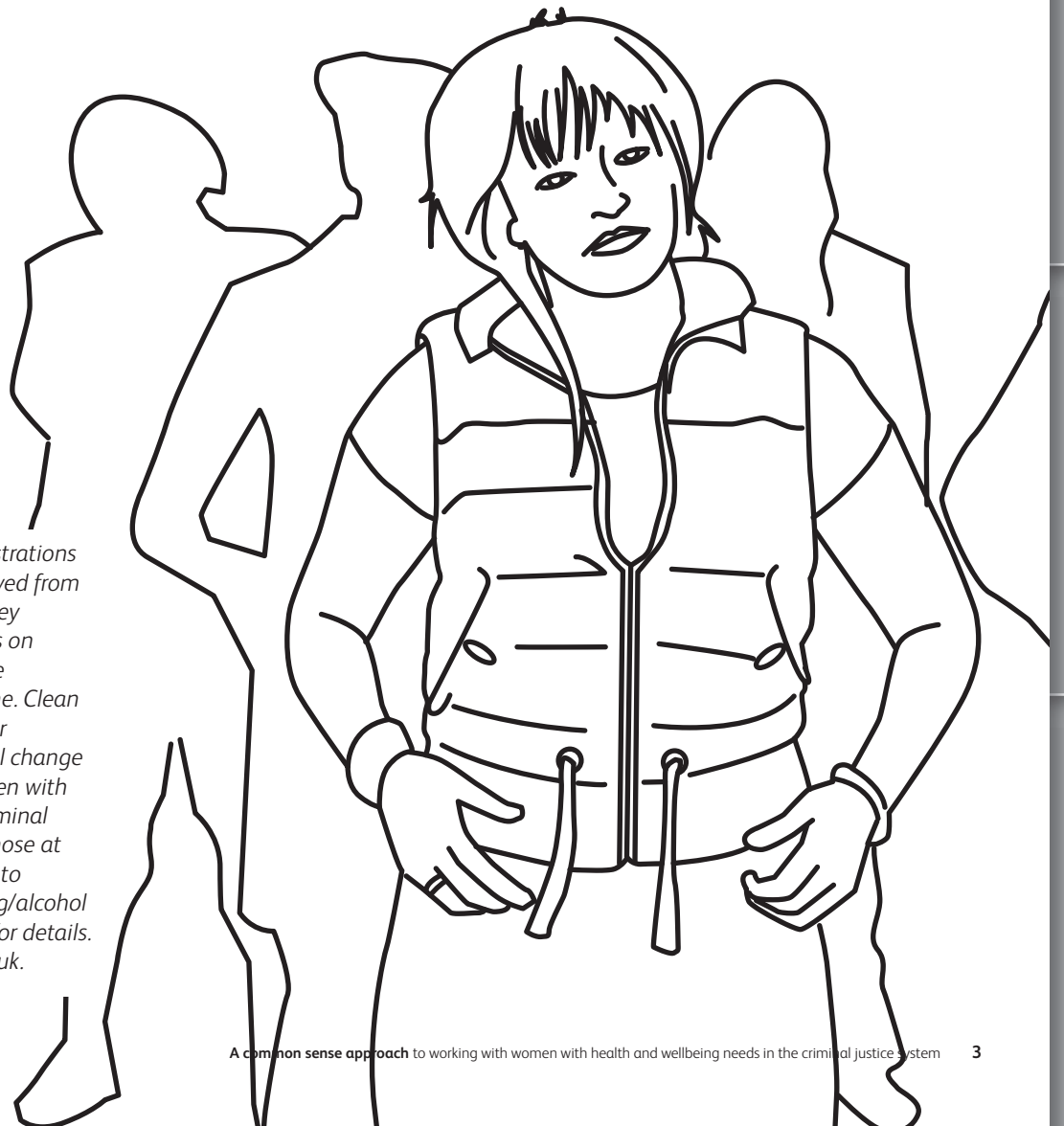
In 2011 we published *A common sense approach to working with defendants and offenders with mental health problems*. The aim was to give professionals within the criminal justice system the practical tools to recognise and respond to the mental health needs of people in custody, probation, at court or at risk of arrest.

This new guide draws on the experience of our own forensic mental health practitioners, the expertise we have developed across our criminal justice projects and our partnerships with experts in the field, including NHS Trusts and women's services. It offers criminal justice professionals nationwide a framework for recognising and responding to the mental health and wellbeing needs of the women they encounter. As a companion guide to our previous publication, it will show you what to look for, what to ask and how, and where to go for further support.

Around 80 per cent of women sent to prison are incarcerated for petty, non-violent offences. Many of them are at risk of, or already experiencing, mental health problems that may be severely debilitating. We know from reports, research and the work of Together, that the circumstances of these women are frequently overlooked and remain unaddressed. This is not least because they are often afraid to draw attention to themselves and their needs – they may be fearful of losing their children or their homes, or of the violence they may face if they speak up.

Our hope is that if more women have their wellbeing needs recognised and the causes of their offending addressed more successfully, we strengthen the case for offering vulnerable women, who may otherwise end up in our prisons, the appropriate support to remain living in their chosen communities.

**Linda Bryant,**  
*Operations & Development Manager*  
Together Forensic Mental Health Services



*Illustrations: The illustrations in this guide are derived from photos taken by Tracey Anderson of students on Clean Break's theatre education programme. Clean Break uses theatre for personal and political change and works with women with experience of the criminal justice system and those at risk of offending due to mental health or drug/alcohol needs. See page 24 for details. [www.cleanbreak.org.uk](http://www.cleanbreak.org.uk).*

# A common sense approach to working with women with health and wellbeing needs in the criminal justice system

The four step process

1. **SPOT** the potential issue(s)
2. **UNDERSTAND** the impact of the surroundings
3. **ASK** questions to find out more
4. **RESPOND**

## **IMPORTANT:**

This guidance should not replace the protocols and guidance set by your employer. It outlines approaches that we have found successful in working with women in the criminal justice system. Our guidance highlights the different needs women have compared to men and covers a broad range of circumstances, from mental health problems to domestic violence.

The guide focuses on adult women in the criminal justice system. While the information may help if you work with girls, research suggests their characteristics and needs are different. It is beyond this guide to outline appropriate responses, but you should consider contacting specialist young people's services.

## **Step 1.**

# **SPOT** the potential issue

### **High and immediate risk**

If you are concerned that a woman under your care is at immediate risk of harm – or of harming herself or someone else – turn to page 10 for the steps to ensure everyone's safety straight away.

### **Common signs of health and wellbeing problems**

If the woman you are dealing with is acting in a way that is unusual, unfamiliar or causing them distress, this may indicate a health or wellbeing problem. Common outward signs could be any of the following:

#### **Physical signs of abuse or maltreatment**

- Self-harm injuries, which may be recent.
- Presence of injuries in a variety of stages.
- Injuries the shape of objects.
- Skin infections.
- Missing teeth or hair.
- Extremely underweight.
- Indications of self-neglect, such as dirty hair, body odour, nails bitten.

**Other physical symptoms**

- Intense eye contact or avoiding eye contact altogether.
- Increased heart rate, rapid breathing, excessive sweating, headaches, nausea.
- Frequent toilet visits.

**Unusual appearance**

- Over-sexualised or flamboyant clothing.
- Wearing hats or sunglasses indoors.

**Appearing distressed, anxious or panicky**

- Reluctant to disclose information, particularly about children, a partner, housing or immigration status.
- Signs of panic – sudden feelings of intense anxiety and loss of control, difficulty breathing, trembling or shaking.
- Easily startled or crying easily.
- Expressing feelings of hopelessness or helplessness.
- Difficulty concentrating, thoughts jumping around rapidly.
- Reporting difficulty eating or sleeping, sometimes for extended periods.
- Blaming themselves and expressing guilt unnecessarily.
- Over-sensitivity to rejection or abandonment.
- Over-sensitivity to noises and sudden movements.

**Difficulty in expressing themselves coherently**

- Jumbled speech or may talk very fast.
- Difficulty concentrating and remembering things.

**Appearing uninterested or distracted**

- Finding it hard to complete simple tasks.
- Lacking interest in their surroundings.
- Difficulty expressing emotions, appearing numb.
- Quiet, listless, lacking in energy.
- Lack of interest in their appearance.
- Lack of interest in things they used to enjoy.

**Extremes of behaviour**

- Over-active and excitable.
- Becoming irritable or extremely angry without clear or sufficient reason.
- Disinhibited or overtly sexual behaviour.
- Marked suspicion about who you are and what you are asking.
- Over-anxious, wanting to leave the situation.
- Acting compulsively, eccentrically or erratically.
- Making inappropriate demands or becoming very persuasive in order to be offered more than is realistic.
- Speaking to themselves or claiming to feel, see or hear things that are not there.

**Difficulties in relationships**

- Mistrustful of professionals or people in authority.
- Incapacity to maintain long-term relationships.
- Indifferent to socialising.
- Becoming extremely guarded, irritable or anxious when you ask about their partner.

## Step 2.

# UNDERSTAND the impact of the surroundings

A woman's response to her surroundings will have an impact on her sense of emotional wellbeing and how she relates to others.

### Women are less likely to draw attention to their needs

Women are less likely than men to draw attention to themselves, so it can be easy to overlook their health and wellbeing needs. Remain observant and look for signs of neglect or abuse, particularly with women who are unusually quiet or withdrawn.

### Stress exacerbates health and wellbeing problems

Contact with the criminal justice system is stressful. Coping with it is even more difficult for someone with a wellbeing problem. Physical surroundings can trigger symptoms, too – for example, vulnerable women may find it difficult to cope with noisy police stations or a lack of privacy.

### Fear of losing their children or home

A woman is likely to be the primary carer of children. She may be anxious about being separated from them or fearful of losing them altogether. As criminal justice staff, you will have an obligation to contact social services if there is any concern about the welfare of children. She may also be afraid of losing her home if she is convicted of a crime.

### Something you are unaware of may have caused the person to become unwell or distressed

She may have been the victim of another crime, she could be afraid for herself or someone else, she may be pregnant, she may have a physical or mental health condition or have run out of medication for such a condition.

### Unfamiliar criminal justice processes

A person may find it genuinely difficult to co-operate with you as you carry out your duties because the procedures are unfamiliar or hard to make sense of. This is particularly the case if the woman struggles with speaking and understanding English.

### Fear of stigma or discrimination

Women with mental health problems or who have been victims of violence or exploitation may worry about how they will be treated if they admit to it. A woman who has been trafficked will very likely be fearful of deportation, quite possibly because she is unaware of her rights as a trafficked person.





## Step 3:

# ASK questions to find out more

Our experience in courts and the probation service has shown that women are more difficult to engage than men. They may take time to trust you and disclose information. It's important to have a non-judgemental approach.

## Be curious, ask questions, listen and explore sensitively

This may involve adapting your behaviour, asking sensitive questions and putting the woman you are with at ease. Aim to obtain what you need to refer her to an appropriate agency by showing concern and focusing on her life history and needs, rather than simply attempting to elicit information. Be wary of insisting if she is reluctant to disclose information – unless you have a statutory duty to gather it, in which case carefully explain what you need and why.

How you behave can make a difference to how she is able to cope or her willingness to use specialist services. It may also make doing your job, and ensuring her safety, easier.

## Be aware of gender and cultural sensitivities

Arrange for a vulnerable woman in custody to be interviewed by a female police officer, solicitor or practitioner, if available. Women are more likely to share sensitive information with other women.

For women with poor or no English, interpreters should be female. Be aware, however, that cultural taboos can sometimes make the woman in custody feel too ashamed to speak honestly to interpreters from their country of origin. Ensure that the interpreter's attitude is appropriate and act on any indication that they are being judgmental or intimidating towards the woman.

## Give consistent and clear explanations

Explain who you are, what your role is and what's going on. Show your work ID if you have it.

Explain why you are asking questions, the rules and

limitations of confidentiality and obtain consent to these rules. Keep the woman informed about what you are doing when you leave them. They may be confused or distressed, so reassure them with clear and consistent explanations.

Repeat questions or comments if you need to. Don't assume the woman has been through this process before.

## Avoid noisy and crowded places

If possible, take the woman away from distracting surroundings and give her privacy.

## Ask short, simple and precise questions, sensitively

If you think the woman has a physical or mental health problem, it's likely that she knows more about it than you do – so ask her.

Use straightforward language and listen actively – maintain eye contact, nod your head and say 'Yes' to indicate understanding. If using an interpreter, make eye contact with your interviewee, not the interpreter, while you are asking and listening to her translated responses. Phrase your questions as you would if you were asking the woman directly and request the interpreter to translate exactly.

Avoid talking down. If the woman is not responding, it may be due to the health or wellbeing problem that you are trying to find out about. Be patient.

## Stay calm: try to maintain a reassuring tone of voice

Avoid confrontation or argument. Acknowledge that the person is in an unpleasant situation and let her express herself if she is distressed. Avoid physical contact, however – it may be unwelcome or intrusive and you can't assume it will make her feel better.

## Persevere if the woman does not want to talk to you at all

If someone is agitated, pause and think about how you can change the way you are asking questions, or move onto another subject and return to this one later. Be careful that the woman does not feel pressured into giving a response or that repeating questions implies that you don't believe her answers. Explain that you are simply trying to clarify her situation so you can help her in an appropriate way.

## Be honest

Be clear about how much you or your agency may be able to help her (or not). Explain how the different agencies work together and how you may be able to refer her to specialist support.

Don't promise something you can't give and make it clear that there are some situations in which you can override a woman's refusal to consent to support – for example, if you feel that she is at immediate risk of harm.

If she does not accept what you are saying – perhaps because a colleague has told her something different – discuss it with your colleague present.

## Find someone she trusts

If the conversation is becoming difficult, offer to find someone the woman trusts and ask if it's ok to speak to them – this may be another professional such as a doctor or case worker. Be wary of the people around her if you suspect she is the victim of trafficking or domestic violence, however, including friends and family attending court and Probation.

## Keep the woman informed

It can be difficult for people to retain information when they are feeling anxious. It is important to give regular updates and check that the woman understands what is happening.

## QUESTIONS YOU MIGHT ASK

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The questions below are a guide to help you start building relationships and identifying the signs of any wellbeing problems. Use them alongside the Quick reference guide on pages 13 to 19 to recognise specific concerns.

### Engaging the person

- My name is ..... and I am a ..... I'm just checking how you're doing. How are you feeling at the moment?
- Can I get you anything?
- Do you understand why you're here?
- Do you need some time alone or would you like me to stay?
- You seem a bit upset. If you can stay calm, we can find out how we can help you.

### Asking about health and wellbeing

- You seem really upset/down. Is something in your life making you unhappy? Are you feeling unwell in any way?
- Can you think of anything that might help right now?
- Is there anything disturbing you? How are you managing that?
- I need to ask you some questions to keep you safe and healthy while you're here. Is that ok with you?

### Do they have any physical health problems?

Some women may have obvious signs of injury from self-harm or domestic violence. But look out also for indications of fatigue, neglect or malnutrition, and discomfort that may be associated with less visible injuries and conditions.

- Do you have any medical conditions that you know of?
- Are you being treated for anything at the moment?
- What medication have you been taking in the past year? Do you need to take anything now?
- Do you take any non-prescribed medicines?
- Do you have a GP? Have you seen them recently?
- I can't help noticing you've got an injury/you're in discomfort. Are you ok?
- Did you do that yourself?
- Would you like to see a doctor?



## How is their mental health?

Behaviour ranging from persistent low mood to sudden mood swings may be indicative of a mental health problem in its own right or of an issue in a woman's life that may be affecting her wellbeing.

- You seem really low at the moment. Is that because you're here or do you often feel like this?
- Does your mood change a lot? Does it happen without you really knowing why?
- Do you spend a lot of time alone?
- Do you ever feel like harming yourself? Have you ever done that? In what way?
- Are you feeling frightened about anything? Do you find that you sometimes feel really anxious or panicky?
- Have you ever seen a therapist or counsellor?
- Is there anything that would help you at the moment?

## Do they misuse substances?

It's important to find out quickly whether the woman is suffering from the effects of illicit drug use or alcohol – or withdrawal from these substances – as they can significantly affect her health and behaviour.

- Can you tell me if you've taken any alcohol or illicit drugs in the last 24 hours?
- How much have you had/taken? Is this usual for you?
- Would you mind telling me how you get the money to pay for your drugs/alcohol?
- Some women commit offences or put themselves at risk to get the money to pay for their drugs/alcohol. Have you ever done that?
- Are you taking any non-prescribed medicines?

## Are their relationships affecting them?

According to the 2007 Corston Report, some 50-80 per cent of women in the criminal justice system have been the victims of some kind of violence or abuse – usually by a partner or family member. Be sensitive when asking about relationships as the woman is likely to feel ashamed or fearful of repercussions.

When asking about children, be aware that she may be afraid of losing them; if she is a recent mother, she may be suffering from post-natal depression or even post-natal psychosis.

### 1. Relationships with partners

- Do you have a boy/girlfriend or partner? Does s/he live with you?
- How are things between the two of you?
- Have you separated or tried to separate from your partner within the past year?
- Do you ever feel threatened in any way by your partner?
- Has s/he ever made you do something you don't want to do?
- If you tell me about him/her, will s/he be angry with you?

### 2. Relationships with family

- Does your family know you're here? Are they being supportive?
- Are you worried about what they might think?
- Is there anyone in your family you're afraid of?

### 3. Relationships with children

- Do you have children? How old are they? Do they live with you?
- Do you have any concerns for their immediate safety?
- Are your children being looked after?
- Do you need to arrange for a relative or friend to look after your child/children?
- Are you worried that your children might be taken away from you?
- Have you recently given birth/had a miscarriage? Are you coping ok?

## Is the woman at risk in any way?

- Are you feeling safe at the moment?
- Are you concerned that someone might hurt you if you tell me about them?
- Do you feel like harming yourself at the moment? How likely is it that you'll do that?
- I'm very concerned that you're going to hurt yourself/someone else/that someone's going to hurt you and I need to ensure your safety. This is what I'm going to do...

## Step 4:

# RESPOND

## General next steps

### Establish whether the woman has had any help before

Is she receiving support from any agencies or has she done so in the past? Find out whether she would like any support and would be happy for you to find some.

### Explain the onward referral/criminal justice processes

Be clear about the process the woman is likely to go through. Explain, for example, what the court is like, what will happen there and how she will be expected to behave. If you are concerned about her, tell her what you are able to do in terms of referring her to other agencies for support. Inform her that if she is accepted, that could have a bearing on the procedures she goes through and the outcome of her case.

### Write down the information in your organisational records

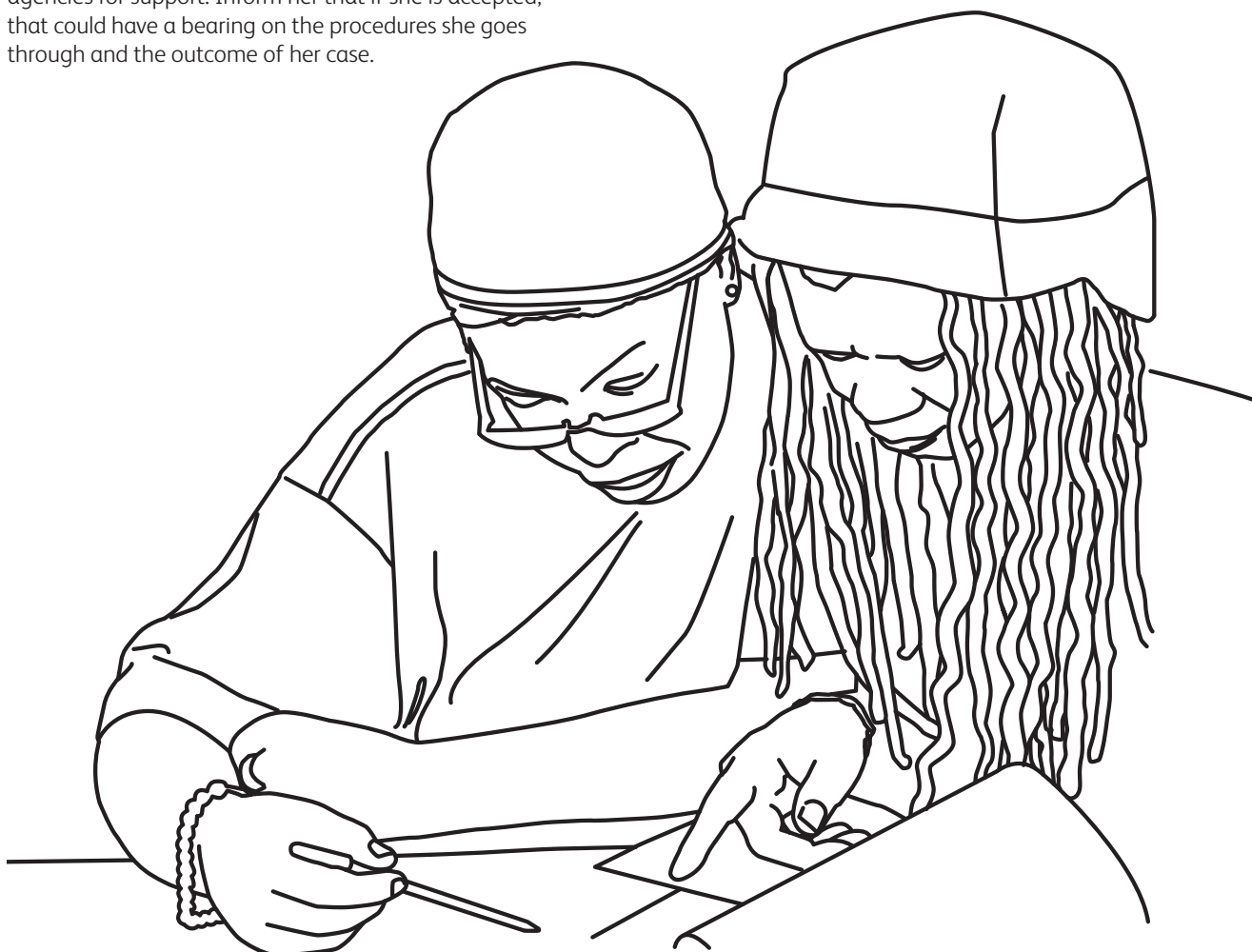
### Check your thinking with a colleague

### Contact other agencies

Consider which other agencies you need to get in touch with in order to meet the woman's needs and fulfill your own duty of care. See pages 22-25 for helpful organisations to contact.

### Create an action plan

Creating an 'action plan' with the woman will mean that you are both clear about the next steps. This might include referring her to another agency or compiling a safety plan that includes actions she can take to protect herself.



## Consent

In general, you should not take action without the woman's consent. Given the relationships that may be influencing her life, you could be putting her at greater risk when sharing information with other agencies.

However, if you feel she is at immediate risk of harm to herself or others, you may need to take emergency action. Follow your own organisation's protocols and consider which external agencies you should contact. These might include the woman's GP, social services or a specialist support service and will involve you sharing information without the woman's consent.

Do this only when you feel that your duty of care overrides the woman's reluctance to consent to support. Explain to the woman that you are doing this in her best interests, based on the information she or another professional has given you. You should also explain what the consequences are likely to be.

## Specific next steps

### If you are concerned about somebody

What you do now will depend on three factors:

**1. You are concerned that the woman's behaviour presents some immediate risks – either to her own health and safety or to that of others (including you, immediate colleagues and her children).**

Consider the following:

- Does the woman have limited insight into the situation she is in?
- Is she so distressed she cannot communicate clearly?
- Are you clear that you are acting in her best interests on the information available and the circumstances you are dealing with?

If the answer to any of these questions is 'YES', you may want to contact the following services for an immediate response:

#### Ambulance service or hospital A&E departments

Call 999 or instruct the woman to attend the local A&E. These can provide the most responsive medical treatment, particularly if the woman has harmed herself. An assessment will be made, followed by a possible referral to a duty mental health professional.

#### Local community mental health team duty service

Each NHS Trust has a duty service that can be accessed by the local community mental health teams. This team can help and advise you when it is suspected that a person is very unwell.

#### Social services

If you have any concerns about children left alone or at risk, contact the local authority social services department. Social services have a duty to make an assessment and decide on action to safeguard the children within 24 hours.

**2. You are concerned that the woman is at risk of immediate harm from someone else.**

Consider the following:

- Has the woman told you about a specific threat?
- Has she previously been the victim of violence and is there a pattern of abusive behaviour?
- Are you clear that you are acting in her best interests on the information available and the circumstances you are dealing with?

If the answer to any of these questions is 'YES', you may consider contacting the following services:

#### The police

If the woman is at home, stay on the line until the police reach her property. If she is able to leave, encourage her to go to a police station or to a friend or family member's house where she will be safe. Advise her not to return home until the person issuing the threat has been removed and protection measures put in place by the police.

#### National Domestic Violence Helpline

The 24-hour National Domestic Violence Freephone Helpline number is 0808 2000 247. The helpline is run in partnership by Refuge and Women's Aid and advisers can help the woman find emergency accommodation.

#### Legal and voluntary services

Once out of immediate danger and in a safe place, encourage the woman to seek legal advice as soon as possible. Give her contact numbers for local agencies who can refer her to appropriate solicitors.

**Whenever you are working with a woman who is at risk of harm, encourage her to keep a copy of all her important documents on her (passport, birth certificate, court orders, marriage certificate), as well as some money and a set of her house keys.**

**3. You are worried about the woman's behaviour, but don't think there is immediate risk to her own or someone else's safety.**

Consider the following. Is she:

- Able to tell you about her health and wellbeing problems in a relatively understandable way?
- Able to identify supporting relationships that she has, such as family, friends or contact with services?
- Not expressing any immediate intent to harm herself or anyone else?

If the answer to any of these questions is 'YES', you may consider contacting the following services:

#### **GP/Primary Care Services**

The GP (General Practitioner) is generally the first professional that people with a health or wellbeing problem go to – if they are registered with one. If they are not, provide them with a list of local GPs and advise them to register. GPs might suggest a number of things to help:

- Referral to a community psychological service for counselling.
- Medication.
- Referral to a specialist in a community mental health team.

GPs are a good point of contact if, with the woman's consent, you need more information, particularly about her past care. All areas will also have an out-of-hours service.

For advice on how to get the right services from a GP or how to register with one, see *A common sense approach to working with defendants and offenders with mental health problems*.

#### **Community mental health teams (CMHTs)**

CMHTs generally consist of several mental health professionals, including psychiatrists, social workers, mental health nurses, occupational therapists and support workers. They support people with more serious mental health concerns living in the community.

#### **Voluntary sector services**

There will be a range of local voluntary sector services that can offer support to women with health or wellbeing problems. Use NHS choices (below), your local MIND organisation or the information on pages 22-25 to find services in your area. If you suspect the woman is in an abusive relationship and would benefit from counselling, do not refer her to a couples counselling service.

## **Key contacts:**

### **NHS Choices - Find service**

Web: [www.nhs.uk/service directories/Pages/ServiceSearch.aspx](http://www.nhs.uk/service directories/Pages/ServiceSearch.aspx)

This allows you to find services in your locality, including mental health services, women's services and emergency departments.

# Quick reference guide: Common health and wellbeing problems experienced by women in the criminal justice system

**This section outlines signs and symptoms of health and wellbeing problems associated with mental health conditions and life circumstances commonly experienced by women who have entered the criminal justice system. It is important to note that this is a guide to how these conditions typically present themselves – it is NOT a diagnostic tool.**

You should also not expect to see the indicators immediately or all together. They may become more evident as you build relationships with a female client and she is more likely to share details if she trusts you. Listen, be non-judgemental and respond considerately and appropriately.

## A note on trauma

*Trauma of some kind underpins the lives and the behaviour of a very high proportion of women who enter the criminal justice system. The majority of female offenders, for example, have been physically or sexually abused, either as children or as adults. They are trauma survivors when they enter the system and they are at risk of being further traumatised by their experiences of the criminal justice system.*

*Trauma itself is not limited to suffering violence, but may be the result of witnessing violence or stigmatisation because of poverty, racism, loss, severe neglect, incarceration or sexual orientation. Women with trauma histories may exhibit self-destructive behaviour, which acts as a way to manage unbearable feelings and to numb emotional pain. Trauma can skew a woman's rational experience and hinder her psychological development. It is likely to be an aspect of many of the conditions described below.*

# Common mental health conditions

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For guidance on a wider range of mental health conditions than are listed here, see *A common sense approach to working with defendants and offenders with mental health problems*.

## Borderline personality disorder

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The most common personality disorder for women, borderline personality disorder (BPD) is usually associated with difficult childhood experiences, such as an absent parent or a traumatic experience of abuse. Women with BPD often suffer from other mental health conditions, too, and may well have a diagnosis attached to these. Commonly this will be depression, but may also be an eating disorder or post-traumatic stress disorder.

BPD is also known as ‘emotionally unstable personality disorder’ and is often misunderstood or overlooked for diagnosis. Women with BPD may be classed as ‘manipulative’ or as ‘attention-seekers’, rather than as someone with a mental health condition. It’s important to keep an open mind about this kind of behaviour and to understand how someone might develop BPD and how it impacts on their life and relationships.

### Signs/symptoms

- Mood swings – shifting very quickly from one emotional extreme to another without clear cause.
- Difficulty managing challenging emotions or emotional situations, usually evident with a lack of ability to control anger.
- Impulsive behaviour and engaging in damaging activities, such as reckless driving, unprotected sex, crime, substance abuse, binge eating/drinking.
- Unstable and very intense relationships. They may go into great detail about how they feel about their partner. Their sense of self may be strongly influenced by the person they are with.
- Fear of abandonment or rejection, which may lead to the woman demanding exclusive treatment or contacting you persistently.
- Self-harming and suicide attempts.

### Effects on the person

- Unstable, volatile and intense relationships.
- Strong and persistent feelings of anger, often expressed towards other people.
- Extreme emotional states – in particular, happiness

or sadness, which can lead to reckless behaviour or depression.

- Persistent lack of self-worth or a sense of purpose, feelings of emptiness.
- Self-harm, either through deliberate injuring or exposure to dangerous situations.
- Suicidal feelings, and possibly attempted suicide, as an escape from overwhelming emotions.
- Need for attention by professionals/services as she may feel invalid as a person.

### Key information

- Explore how the woman feels and find out why she feels like that.
- Show empathy and pay attention to what she says through active listening.
- Validate her experience. She may be overwhelmed by what she feels, so use phrases like “It must be awful feeling like that”, “I am sorry you went through all that”.
- Keep in mind that the woman doesn’t like feeling the way she does but cannot help it. You are there to understand and not to judge her.
- Make sure there is a safety plan if the woman discloses suicidal ideas. Explore whether she has a specific plan and contact her GP or mental health team if you have concerns about her safety. If needed, advise her to go to A&E.
- Don’t promise anything that you cannot guarantee the woman will receive or gain access to.

## Deliberate self-harm

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Women who deliberately harm themselves may do so as a way of coping with unbearable emotions or to create feelings of control when they feel their life is beyond control. Self-harming is often undiagnosed as a condition in itself, but may be linked to other conditions such as borderline personality disorder and depression, or be a response to abuse. It’s important to explore the reasons behind the behaviour as these can be very different for every individual.

Self-harm often takes the form of self-medication or self-inflicted injuries such as cutting, burning, pulling hair out and sticking things into the body. But it may be less obvious – deliberate exposure to dangerous situations, getting into fights, bingeing on food or drink or misusing substances may also be self-harming behaviour. It’s worth noting that most women who self-harm have no intention of killing themselves, although accidental death may occur.

### Signs/symptoms

- Visible cuts/burns/bruises/bald patches on head.
- Awkward behaviour (eg, visiting the toilet more often than is usual to self-harm or purge food).



- Inappropriate dress (eg, long sleeves in warm weather to cover marks).
- Sadness, hopelessness.
- Extreme emotions (including anger).

### Effects on the person

- Persistent low self-esteem.
- Avoidance of social situations or of other people, which may lead to isolation.
- Persistent, intense, feelings of shame and guilt.
- Periods of distress and agitation.
- A sense of hopelessness and feelings of powerlessness.

### Key information

- Don't be reluctant to talk openly with the person, but be sure to offer them privacy. Explore how they feel and why they self-harm.
- Listen to what they have to say and show respect for their feelings.
- If someone is injured, treat the injury if you are able to. If severe, seek medical advice or get emergency hospital treatment.
- Ascertain that there is no intention to kill themselves.
- Prompt them to engage in treatment. This will usually be via their GP.

## Eating disorders

*Many people are concerned about their weight and body image. When an eating disorder develops, however, food, weight and appearance can dominate someone's life. Eating disorders are about control and linked to thoughts, emotions and experiences that the sufferer feels they have no other way to manage.*

*Women and girls are most at risk from eating disorders such as anorexia (self-starvation and excessive exercising), bulimia (binge eating followed by purging through vomiting or laxatives) and binge eating disorder. These can lead to a variety of physical and mental health conditions.*

### Signs/symptoms

- Women with eating disorders are not necessarily severely underweight – they may also be overweight or have a near normal bodyweight.
- A preoccupation or obsession with body, weight, calories, food or nutrition.
- Wearing baggy clothes to disguise thin figure.
- Defensive/hostile when asked about food/weight.
- Constant dieting, even when weight is normal or below normal. Taking laxatives or diet pills to control weight; vomiting.
- Rapid, unexplained weight fluctuations.

### Effects on the person

- Depression, anxiety, mood swings, irritability, low self-esteem, self-harm or suicidal thoughts.
- Feelings of guilt, disgust and shame – particularly after binge eating.
- Avoiding social situations that involve food and missing meals.
- Secretiveness and withdrawal from family, friends and social activities.
- Very controlling behaviour and perfectionism.
- Weakness, tiredness and dizziness.
- Digestive, dental, menstrual and fertility problems; physical problems relating to malnutrition and dehydration, including damage to internal organs.

### Key information

- Remember that people with eating disorders are often afraid to ask for help or feel they don't deserve it.
- Focus on the woman's feelings or relationships, not on her weight and food.
- Avoid commenting on how they look, including complimenting them.
- Express your concerns about their health but respect their privacy.
- Avoid giving simple solutions.
- Take care not to come across as critical as this will make them defensive.

## Post-natal depression

*Mood changes, irritability and tearfulness are common after giving birth. But around one in ten women experience deeper, more lasting symptoms that can be classed as post-natal depression. Some women with severe post-natal depression may have thoughts of harming themselves or their baby. It is important to ask about these thoughts and discuss this with a health professional to assess the risk.*

### Signs/symptoms

- Low mood and loss of enjoyment in life. Expressing feelings of hopelessness or helplessness.
- Feeling anxious, restless or on edge.
- Poor concentration; disturbed sleep and appetite.
- Feelings of guilt and self-blame.
- Thoughts about harming themselves or their baby. Expressing a desire to commit suicide.

### Effects on the person

- Losing interest in their life and responsibilities, including taking care of their baby.
- Difficulty making decisions.
- Loss of self-confidence, avoiding friends and family.
- Difficulty bonding with their baby.
- Concern that something is wrong with their baby, regardless of reassurance from others.



### Key information

- Encourage the person to talk and show that you are listening to them.
- Give reassurance that having frightening thoughts does not mean that she is a bad mother.
- If they are talking about wanting to harm their baby, flag it up immediately to health professionals and seek advice.
- Ask about their social support and where they might be going when they leave you.
- Encourage the woman to speak to her GP or a health visitor.

## Postpartum psychosis (also known as puerperal psychosis)

*Around 1 in 1,000 women experience puerperal psychosis, a much more severe condition than post-natal depression that may cause the sufferer to lose touch with reality. Psychosis is considered the most serious form of mental illness and can be managed with medication and psychiatric help.*

*People experiencing psychosis may see, hear or feel things that are not there or express beliefs that have no basis. Sufferers often have severe mood swings, very jumbled thoughts and struggle to maintain relationships, find accommodation and keep jobs.*

*The onset of psychosis triggered by giving birth is more likely in women who already suffer from bipolar disorder. The condition usually appears rapidly, often within a week of birth, and some women experience abnormal thoughts about their baby.*

*Puerperal psychosis should be treated as an emergency. A person experiencing psychotic symptoms can put themselves, their baby and others at risk. Contact the woman's GP or your local Community Mental Health Team for advice.*

## Alcohol and substance misuse

*Men and women tend to misuse substances for different reasons and with different consequences. Women may use substances to cope with abuse or trauma, to relieve feelings of depression or to 'manage' intense emotions associated with borderline personality disorder. They may turn to prostitution to finance their addiction and are at risk of unwanted pregnancy and sexually transmitted diseases.*

### Effects on the person

- Increased vulnerability to prostitution to finance addictions and to exploitation under the influence of drugs or alcohol.
- Feelings of powerlessness.
- Low self-esteem, lack of confidence in relationships, difficulty managing her life.
- Gravitates towards dysfunctional relationships with people who can provide drugs or alcohol.

### Key information

- Explore the issues behind the substance abuse.
- Listen, be non-judgemental and try to build trust with the woman.
- If she discloses abuse or coercion linked with her substance misuse, refer to the 'Domestic violence' section on page 17.
- Find out what other needs she may have, including accommodation, finances and childcare.
- Refer her to drug services for harm minimisation.



# Health and wellbeing problems associated with life experiences

## Domestic violence and abuse

Domestic violence and abuse can be regarded as any kind of threatening behaviour between people who are or have been partners or who belong to the same family. It can range from outright violence to psychological, sexual, physical, emotional or financial exploitation – often in combination.

Domestic abuse happens across society, but some kinds of abuse are more likely to occur in black and minority ethnic communities. Whatever the cause, however, it can leave women physically and emotionally traumatised, with effects ranging from chronic injuries to suicidal feelings. In extreme cases, it can lead to death.

## Types of domestic violence and abuse

**Physical abuse:** contact intended to intimidate or cause pain or injury, including punching, slapping, kicking, biting, pulling hair out, shoving, burning and strangulation.

**Emotional or psychological abuse:** using threats and intimidation to undermine the victim's self-worth or control her freedom. Verbal or non-verbal, it ranges from shouting and name-calling to persistent criticism, public and private humiliation, blackmail or isolating the victim from family and friends.

**Rape and sexual abuse:** any situation where force or threat is used to obtain participation in unwanted, unsafe or degrading sexual activity – even if that person is a partner with whom consensual sex has occurred.

**Economic or financial abuse:** restricting the victim's access to help outside the relationship by controlling their finances. Abusers may withhold their victim's

money, make them account for every penny spent, exploit their assets or run up debts in their victim's name. Economic abuse also includes preventing someone from working, forcing them to work against their will or sabotaging their job.

**Honour-based violence (HBV):** domestic abuse as punishment for bringing shame on family by breaching honour codes set by male relatives. Breaches usually have a sexual dimension – such as unapproved boyfriends, interfaith relationships, pregnancies outside marriage or even dressing 'inappropriately'. Honour-based violence may be supported by other women and carried out by younger men co-opted to protect senior family figures.

**Forced marriage:** a marriage where one or both partners do not – or cannot – consent. Duress may include physical, psychological, financial, sexual or emotional pressure.

**Female genital mutilation:** impairment or complete removal of the labia or clitoris of young women to ensure their chastity or marital fidelity. The procedure is usually carried out without the woman's consent, anaesthetic or regard for infection. Female genital mutilation occurs in parts of Africa, the Middle East, Indonesia, Pakistan and Iraq; girls living in Britain may be taken overseas for the procedure.

## Signs/symptoms

- Fresh or healing injuries that the woman struggles to explain.
- Injuries in the shape of objects.
- Social withdrawal; narrow social relationships and little or no say in movement or contact with others.
- Fear or anxiety, particularly when a partner or family member is mentioned.
- Extremely guarded when asked about personal or family relationships.
- Missing a lot of appointments with professionals or always accompanied to appointments by partner/family member.

## Effects on the person

- Physical injury, ranging from lacerations to fractures and damage to internal organs.
- A wide range of medical conditions, including gynaecological problems, sexually transmitted diseases, pelvic inflammatory disease, irritable bowel syndrome, asthma, headaches and seizures.
- Unwanted pregnancy and miscarriages.
- Depression, anxiety and low self-esteem; suicidal feelings.
- Self-harming behaviour.
- Eating disorders.
- Repetitive, compulsive behaviour.
- Sleep disturbance.
- Post-traumatic stress disorder.

- In extreme cases, a woman may be permanently disabled or killed.

#### Key information

- Find out about the type, level and frequency of the abuse and her fears for her safety.
- She may be experiencing a range of other physical and mental health conditions as a result of the abuse, which may require treatment or support.
- Ask about her medical history, including use of prescription medication and other drugs.
- Find out whether she has had contact with support services. With her consent, make contact with agencies.
- Assess risk and compile an action plan with the woman, explaining her options clearly.
- If you feel she is at immediate risk of harm, follow the advice on page 11.

## Prostitution

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*Prostitution is strongly linked to exploitation, poverty and addiction. Women who engage in prostitution rarely do so from free choice – their prostitution may be the result of coercion or motivated by the need to pay for accommodation, food or addictions.*

*Women frequently struggle to exit prostitution. They may be afraid to ask for help, fearing stigma or the loss of their children. In some cases, they may fear that mental health symptoms will return if they stop using drugs or alcohol.*

#### Signs/symptoms

- Convictions or cautions for loitering and soliciting.
- Sexually transmitted diseases.
- Unwanted pregnancy or undergone a forced abortion.
- Injuries caused by violent attacks.
- Low self-esteem, depression; other signs of trauma.
- Homelessness and/or poverty.

#### Effects on the person

- Depression, trauma and post-traumatic stress disorder.
- Physical injuries.
- Health consequences of sexually transmitted diseases, which may be chronic and serious.
- Addiction to drugs and alcohol, taken to numb feelings of trauma or helplessness.
- Lack of control over their life, particularly if coerced to engage in prostitution.
- Disruption to family life.
- Difficulty exiting from prostitution, not least because criminalisation may be a barrier to finding employment.

#### Key information

- Take a non-judgemental and confidential approach; respect the woman's feelings and the reasons why she is engaged in prostitution.
- Encourage the woman to talk to you about her experiences and ask if she would like to exit.
- Be aware of related physical and mental health conditions and find out what support she has had with these.
- Share information about local agencies that can offer help.
- Find out about social services she receives (housing, childcare) and whether attitudes towards prostitution have affected these. Inter-agency working can reinforce support and make exiting prostitution easier.

## Human trafficking

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*Human trafficking is an organised crime, in which a person is transported, controlled and exploited – often through forced prostitution or labour, domestic servitude or other forms of slavery. Women and girls are usually trafficked for sexual exploitation.*

*Trafficking is a traumatic experience: victims are controlled through physical, sexual and psychological violence, which may include threats towards their family. Their travel documents are likely to be in the hands of the traffickers and they may be deceived into believing that if they repay large amounts of money they can buy back their freedom. They will probably have been told that they will be deported if they come to the attention of the police.*

*The level of threat and trauma involved in trafficking means it may take time for victims to disclose their experiences.*

#### Signs/symptoms

- Arrested for prostitution-related offences.
- Foreign national, possibly with little or no English.
- Travel documents not in her possession (ie, held by someone else).
- Unable to offer adequate details about their journey to the UK.
- Guarded or fearful of authorities; unwilling to disclose information, even if it helps their defence.
- Signs of physical abuse, malnutrition or maltreatment.
- Very withdrawn or excessively sexualised behaviour.
- Not knowing their address, not being registered with a GP; not knowing basic information about life in the UK.
- Having a mobile phone but not knowing their number.

**Effects on the person**

- Sexually transmitted diseases and gynaecological problems.
- Unwanted pregnancy and forced termination with no regard for their health.
- Deterioration in physical health.
- Short- and long-term injuries resulting from violence and/or torture.
- Depression, anxiety, trauma; feelings of isolation; severe mental distress.
- Drug and alcohol addiction, possibly through forced use of substances.
- Fear of exposure to family and community of their role in sex work. They may also be dealing with the consequences of rejection from family.
- Guilt, fear that a family or friends may be harmed if they expose their traffickers or return home.

**Key information**

- Put the woman at ease with a reassuring tone and non-threatening body language.
- Avoid discussion with or about them in the presence of others who are not professionals. They may still be under the control of traffickers.
- Use a professional female interpreter and ensure their attitude is not causing distress.
- Be very clear about roles and procedures. The woman may be traumatised and finding the process difficult to follow – check she understands.
- Suspected trafficking victims have the right to support (see Organisations that can help, page 22). Leaflets are available from the Ministry of Justice in various languages.
- Victims of trafficking should not be detained. Detention and removal orders can be challenged until an assessment takes place.
- Avoid promising positive outcomes that you cannot deliver. If you agree to make a referral, follow it through.
- Avoid changes in personnel and interpreters.
- Remember that even if you can secure the woman's safety, you cannot ensure that of her family – which may be more important to her.

**Particular issues that may be faced by women who are foreign nationals**

*Women who are foreign nationals are a growing population in the criminal justice system, accounting for 15 per cent of the female prison community in England and Wales in 2011. Most commonly, they are arrested for drugs offences, fraud and forgery, or for immigration-related offences.*

*Often, these have been committed for reasons that are rarely explored or taken into account as they pass through the criminal justice system: Coercion,*

*misinformation and threats are well-established as factors in offending; other women may have been trafficked into the country and forced into illegal or criminal activity. Poverty, linked to difficulties accessing employment and social services support, may also be a factor in crime.*

**Potential issues**

- Unidentified and untreated mental health conditions.
- Trauma, especially if a victim of trafficking or an asylum-seeker fleeing violence and persecution.
- Separation from family.
- Overwhelming anxiety in the face of deportation.
- Lack of access to adequate legal and immigration advice.
- Immigration interviews where gender guidelines were not observed and limited support to disclose issues such as rape, sexual assault, forced marriage, trafficking or domestic violence.
- A joint asylum claim with a husband, which may hinder disclosure of domestic violence. Lack of advice or confidence to apply for asylum separately from their husband.
- Language barriers; fear of revealing sensitive information to a male interpreter from the same background.
- No recourse to public funds; restrictions in accessing a bail address or safe accommodation, which may lead to remand for offences that are not imprisonable.

**Effects on the person**

- Extreme vulnerability.
- Difficulties in disclosing information.
- Limited ability to negotiate the criminal justice system.
- Deterioration of mental health.

**Key Information**

- When conducting interviews and making assessments, try to explore some of the issues that may lie behind offending behaviour.
- Identify and address particular practical difficulties (such as the need for an appropriate interpreter or legal advice) that may be inhibiting her.
- Help the woman access the health and wellbeing support she needs and is entitled to receive.
- Be mindful that she may have a very different experience or understanding of the criminal justice system and professionals.

# References and further reading

**Our information about the conditions described comes from a variety of sources. Use these to find out more about the health and wellbeing problems among women that you may encounter during the course of your work.**

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# Organisations that can help

A range of organisations and services support women with health and wellbeing problems. Use this information to find appropriate national and local services.

## Together

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Together is a national charity working alongside people with mental health issues on their journey towards independent and fulfilling lives. It also works to promote better understanding of mental health issues, promote best practice and influence policy. Together delivers more than 70 services throughout England, including accommodation based services, step down provision, housing related support, community support services and advocacy services in a range of settings, including high secure.

The charity's Forensic Mental Health Practitioner Service has been operating since 1993 and provides an integrated mental health assessment, liaison and intervention service in partnership with Probation and HM Court Services. Currently, the service operates in 18 locations. Three of the services are aimed at women and the production of this guide has been informed by practitioners working within these specialist services – at Thames Magistrates' Court, in partnership with East London Mental Health Trust and St Mungo's; at Westminster Magistrates' Court, in partnership with West London Mental Health Trust; and at Camberwell Green Magistrates' Court, in partnership with South London and Maudsley NHS Foundation Trust and St Mungo's.

To contact Together, call 020 7780 7300, email [contact-us@together-uk.org](mailto:contact-us@together-uk.org) or visit [www.together-uk.org](http://www.together-uk.org)

## Find local services

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### NHS Choices

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Web: [www.nhs.uk/servicedirectories/Pages/ServiceSearch.aspx](http://www.nhs.uk/servicedirectories/Pages/ServiceSearch.aspx)

*NHS Choices links to a very wide range of private and statutory health and wellbeing services. Type in a postcode to find local service providers.*

### Women's Breakout Directory Search

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Web: <http://directory.womensbreakout.org.uk/servicesloc>

*Women's Breakout represents third sector organisations working with women offenders. The Directory Search enables you to find services for women by type of service, area and specific client groups.*

## Alcohol and substance misuse

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### Alcohol Concern

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Tel: **020 7566 9800**  
Email: [contact@alcoholconcern.org.uk](mailto:contact@alcoholconcern.org.uk)  
Web: [www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk)

*Drinkline (the national drink helpline): 0800 917 8282*

*Alcohol Concern provides expertise, information and guidance on alcohol issues to professionals and organisations.*



## Drugscope

Tel: **020 7234 9730**  
Email: **info@drugscope.org.uk**  
Web: **www.drugscope.org.uk**

Helpfinder service: <http://helpfinder.drugscope.org.uk>

Drugscope is the UK's leading independent centre of expertise on drugs and provides high-quality drug information.

## Frank

Tel: **0800 776600**  
Web: **www.talktofrank.com**

Frank provides advice and information on all issues related to substance misuse. The confidential advice line is free and available 24 hours, 365 days a year. The website also provides a private email service.

## Domestic violence

### Forced Marriage Unit

Tel: **020 7008 0151**  
Email: **fmu@fco.gov.uk**  
Web: **<http://www.fco.gov.uk/en/travel-and-living-abroad/when-things-go-wrong/forced-marriage/info-for-professionals>**

Run by the Home Office, the Forced Marriage Unit provides advice, guidance and training to professionals confronted by forced marriage.

### FORWARD – (Support for victims of FGM)

Tel: **020 8960 4000**  
Web: **<http://www.forwarduk.org.uk>**

Forward campaigns against female genital mutilation and provides advice, resources and training to professionals.

## National Domestic Violence Freephone Helpline

Helpline: **0808 2000 247**  
Email: **mentalhealth@nacro.org.uk**  
Web: **www.nationaldomesticviolencehelpline.org.uk**

Run by Women's Aid and Refuge, the National Domestic Violence Helpline offers advice and information 24 hours a day to women experiencing domestic violence and others calling on their behalf.

## Women's Aid Federation of England

Tel: **0117 944 4411**  
Email: **info@womensaid.org.uk**  
Web: **www.womensaid.org.uk**  
Helpline: **helpline@womensaid.org.uk**

The key national charity working to end domestic violence against women and children with a network of more than 500 domestic and sexual violence services across the UK. The charity also runs regional helplines for Northern Ireland, Scotland and Wales.

## Eating disorders

### Anorexia and Bulimia Care (ABC)

Tel: **03000 11 12 13**  
Email: **mail@anorexiabulimiare.org.uk**  
Web: **www.anorexiabulimiare.org.uk**

Directory of counsellors and support groups:  
**<http://anorexiabulimiare.org.uk/help-directory>**

ABC is a national organisation providing advice, support and information to sufferers of eating disorders, their families, carers and professionals.

## Beat

Tel: **0300 123 3355**  
Email: **info@b-eat.co.uk**  
Web: **www.b-eat.co.uk**

Adult helpline: 0845 634 1414  
Youth helpline: 0845 634 7650

Beat provides helplines, online support and a network of UK-wide self-help groups to help adults and young people in the UK beat eating disorders.

## Mental health and wellbeing

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### Clean Break

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Tel: **020 7482 8600**  
Email: **general@cleanbreak.org.uk**  
Web: **www.cleanbreak.org.uk**

*Clean Break is a theatre education company delivering courses, qualifications, training opportunities and specialist support to aid the rehabilitation of women with experience of the criminal justice system and those at risk of offending because of mental health or drug and alcohol problems.*

### Mind

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Tel: **020 8519 2122**  
Email: **info@mind.org.uk**  
Web: **www.mind.org.uk**

Infoline: 0300 123 3393  
Legal advice service: 0300 466 6463

*The Mind Infoline is a confidential information service about mental health issues, such as where to go for help, medication, alternative treatments and advocacy. The legal advice service offers help with legal issues.*

### Nacro

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Tel: **020 7840 7200**  
Email: **helpline@nacro.org.uk**  
Web: **www.nacro.org.uk**

Resettlement Advice Service: 020 7840 6464  
Resettlement service finder: <http://www.rsfinder.info/>

*Nacro is the leading criminal justice charity in England and Wales. Its Resettlement Advice Service provides information for people on how to overcome barriers related to their offending, including health and wellbeing problems.*

### Rethink

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Tel: **0300 5000 927**  
Email: **advice@rethink.org**  
Web: **www.rethink.org**

*Rethink is a national mental health charity providing information and advice on mental health issues. It also provides local services, such as advocacy projects.*

### Samaritans

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Tel: **08457 90 90 90**  
Email: **jo@samaritans.org.uk**  
Web: **www.samaritans.org.uk**

*The Samaritans provides confidential and non-judgemental support to people who are feeling overwhelmed by emotions or distress and/or who may be feeling suicidal. They are available 24 hours a day.*

### Together

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Tel: **020 7780 7300**  
Email: **contact-us@together-uk.org**  
Web: **www.together-uk.org**

*Together is a national charity working alongside people with mental health issues on their journey towards independent and fulfilling lives.*

## Post-natal depression

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### The Association for Post Natal Illness (APNI)

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Helpline: **020 7386 0868**  
Web: **www.apni.org**

*APNI offers phone and email support to sufferers of post-natal illness, as well as husbands and families. The site also has downloadable information leaflets.*

### PNI.org.uk

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Email: **enquiries@pni.org.uk**  
One-to-one support: **onetoonesupport@pni.org.uk**  
Web: **www.pni.org.uk**

*PNI.org.uk is run by sufferers and past sufferers of post-natal illness. The site has information and advice, a support forum and offers a referral service for sufferers seeking one-to-one support.*

# Prostitution

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## Trust

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Tel: **020 8769 9156**  
Web: **[www.trust-london.com](http://www.trust-london.com)**

*Trust is a registered charity that offers specialist, holistic support to women either involved in, or with past involvement in, street prostitution. It also supports women either involved in, or at risk of becoming involved in, the criminal justice system.*

## Serious Organised Crime Agency – UK Human Trafficking Centre

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Tel: **0844 778 2406**  
Email: **[UKHTC@soca.x.gsi.gov.uk](mailto:UKHTC@soca.x.gsi.gov.uk)**  
Web: **<http://www.soca.gov.uk/about-soca/about-the-ukhtc>**

*The UK Human Trafficking Centre co-ordinates the UK's response to human trafficking and offers advice, support and makes referrals to the National Referral Mechanism 24 hours a day, seven days a week.*

*The National Referral Mechanism (NRM) is a framework for identifying victims of human trafficking and ensuring they receive the appropriate protection and support. There are a number of 'first responder' agencies that you can contact directly:*

- Barnardo's: 020 8550 8822
- Kalayaan (Migrant Domestic Workers): 020 7243 2942
- Local authorities and local authorities children's services
- Migrant Helpline: 01304 203977
- Medaille Trust (Manchester): [enquiries@medaille-trust.org.uk](mailto:enquiries@medaille-trust.org.uk)
- NSPCC National Child Trafficking Advice Centre: 0808 800 5000
- POPPY Project (England & Wales): 020 7735 2062
- Salvation Army 24 hour Referral Helpline: 0300 3038151
- UK Border Agency: [www.ukba.homeoffice.gov.uk](http://www.ukba.homeoffice.gov.uk)
- UK police forces
- Unseen (Bristol): [www.unseenuk.org](http://www.unseenuk.org)



# Acknowledgements

## **Authors:**

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For further information please contact:



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