Cross-Party Group on Women, Families and Justice

Tuesday 9 December 2025 6-7.30pm (Zoom meeting)

Minute

Chair: Rona Mackay MSP

Attended

MSPs

Rona Mackay	MSP
Audrey Nicoll	MSP

Non-MSP Group Members and Other Attendees

Briege Nugent	Independent Research Consultant
Janine Bonner	Families Outside
Jonathan Sher	
Kate Philbrick	
Leisha Beardmore	
Lesley Paterson	Mental Welfare Commission
Nancy Loucks	Families Outside
Rose McConnachie	Community Justice Scotland
Sara Snell	HMIPS
Sarah Rogers	Families Outside
Shumela Ahmed	Resilience Learning Partnership
Toni Groundwater	Families Outside
Tracey McFall	Scottish Recovery Consortium

Agenda Item 1

Apologies

Ailsa Davey	Families Outside
Ellen Cowan	Salvesen Mindroom Centre
Emma Mitchell	Midlothian Justice Services
Kathleen Ramsay	Fife College, SPS
Sarah Angus	Scottish Prison Service
Tracey Thompson	Early Years Scotland

Agenda item 2

Minutes of previous meeting of CPG Women, Families & Justice 9 September 2025

- Approval of minutes – proposed by Jonathan Sher and seconded by Nancy Loucks.

Agenda item 3

Women in Recovery: Exploring Women's Needs in the Scottish Recovery Landscape – contribution from Tracey McFall, Scottish Recovery Consortium, and Dr Briege Nugent, followed by discussion.

Tracey introduced the work noting there have been various stages: an evidence review; a national conference focusing on the workforce and recovery communities about what they

need in relation to a gendered space; a policy synthesis; set up a national interest group; and are now about to start some exploratory research in January.

Tracey highlighted the various outputs available from the work so far: Women in Recovery: rapid review of evidence; National Conference report; and a Policy Synthesis of gaps and opportunities in Scotland.

Briege then introduced the evidence review to the group. The review was carried out at the beginning of 2025 and included 45 papers, mainly from the USA with only five Scotland specific.

The review showed that the pathways into substance use, what sustains substance use, and the pathways out of substance use are very different for women. Briege provided some background context highlighting the stark figures: women accounted for 1/3 of all alcohol deaths in Scotland in 2023-24 with figures having more than tripled in forty years for women; the links between deprivation and substance use is very clear with alcohol specific deaths 4.5 times higher in the most deprived areas. The evidence shows there are specific issues relating to alcohol and women only – alcohol is responsible for 1 in 8 deaths in breast cancer in women aged 36-64 and has impacts on reproductive health and links to unwanted pregnancies.

In terms of drugs, the evidence shows that people in the most deprived areas are 15 times more likely to die from drug misuse and there's been a significant rise in the number of deaths where cocaine is involved from 6% to 41%.

In terms of current evidence on service provision, research from Audit Scotland has shown that even though the amount of money received by alcohol and drug services has doubled, the specialist help isn't there for women, gender responsive services aren't there, and the funding is going more to the crisis end rather than early intervention and prevention.

Most of the available research is on men by men – women in recovery have not received much attention in research. The term 'recovery' is not well defined but it can generally be seen as being about networks and connections.

In terms of pathways into substance use and reasons underpinning substance use for women, this is, in short, about abuse. For women, unlike men, abuse across the life-course is very clear in the literature and is striking and stark. Women come from families where addiction was prevalent. The reasons why women take drugs, unlike men where the literature says it is often with friends and is something they are curious about, for women it's about coping and dealing with abuse. It is a strategy to deal with all of the abuse and trauma they have lived in the past and are currently living, and to deal with depression, anxiety, and PTSD. Women carry deep shame about the abuse that they have experienced and also the substances that they are taking. There are many layers of stigma that women face when taking drugs or drinking alcohol. There is also a greater prevalence of eating disorders – this is a way of women keeping some form of control when they feel like they have no control in their lives. Abusive partners also pressure women to continue substance use, trapping them further and blackmailing them as ways of keeping them in abusive relationships. Another issue particular to women is the extent to which they are sexually exploited when there are substance use issues, with the research indicating that some 70-90% of women being sexually exploited have substance use issues. The impact of the menopause is also important – women who have been in recovery, trying to cope with the symptoms of the menopause, find themselves back taking substances. It is a juncture for women being triggered back into that lifestyle.

The research also showed that unlike men, who are able to have their life kept in order (often because they have a supportive woman in the background), for women, once they become addicted to substances, they become extremely isolated. They already feel low levels of self-esteem but become even more entrenched in that feeling of lack of self-worth and lack of self-belief. When women come to services they are on their knees. The impact of bereavement and loss of children throws women into despair and shame. Looking at the figures in terms of overdoses, there is clear evidence that when women have been through child protection proceedings, there is a spike in the number of women who have overdosed.

In terms of the effects of substance use for women, the evidence shows there are different effects for women than men in relation to substances. There is a much deeper impact for women and a much more dangerous impact for their health. Physiologically, women respond differently to substances than men – it causes greater damage to their heart and cardiovascular system and they are more likely to die. The research speaks about a 'telescope' effect – where women start taking substances, unlike men whose lives can be held together for many years because they often have good support networks around them, for women, once they start taking substances which is often in their 30s that it becomes problematic, the effects are dramatic, the things that women have built up through their lives are lost really quickly. Women get intoxicated with alcohol quicker than men, the impact of the menstrual cycle is very clear as well with a more intense impact midcycle. Women lose their lives quicker – they become sicker, they get liver problems, diabetes, anaemia, stomach problems much more intensely and much quicker than men. There's also a higher risk of infertility, repeat miscarriages, and infection.

In terms of the barriers to recovery for women, these are often linked to caring responsibilities, but mainly it's about the impact of domestic violence, and being controlled – being trapped in an abusive relationship and all the feelings that go with that – low self-esteem, feelings of guilt, shame, stigma. Women talk about not feeling that they could ask for help – they are the people that are shamed – services blame the women, when actually they've got no control in these relationships – they can't get out. Staff shortages in mental health are also a barrier and this is getting worse. The third and statutory sectors need to work better in partnership – this is also becoming more of an issue due to funding. A massive barrier is the lack of childcare which results in women not being able to go to groups and not being able to get to appointments. Fear of losing their children is also a huge issue so women mask and keep everything together until they simply can't anymore. There's also evidence that we need to consider subgroups of women including LGBTQ+, those who are neurodiverse, and women of colour but there isn't much research on this.

In terms of motivations for change, the research shows that, unlike men who change for themselves, women change for their unborn children and their children – they don't do it for themselves. Women put themselves last – they are very different from men in terms of their motivations for change. Pathways into recovery for women are about positive connections and relationships. Women can't do this alone. Men seem to be able to focus on themselves and get themselves better. Women absolutely have to do this with others. There is some research showing that sometimes women have to up and leave and move to a different area and start over again – this is known in the research as doing a 'geographical'. That time when women are beginning that journey is the most vulnerable time – they are completely on their own and women need to be doing this with others. Stable quality housing is absolutely essential to this. Women need that security – for women that have been abused they've often had their financial autonomy completely taken away from them so having that security and ability to be safe again and to begin a new life – housing is fundamental to that.

A sense of belonging is also crucial – women need to feel part of something positive – women need connections.

In terms of support that makes a positive difference, Briege noted that the key ask to take from the presentation is the need for women only spaces in Scotland. We don't have very many of them currently. Where they do exist – women think they are great. Women who are engaging in women only spaces and groups say it makes such a difference to their lives. The research looking at the trajectory for women's success shows when they are in mixed groups they don't do so well. In women only groups they have the opportunity to speak, to open up about the trauma and abuse, and begin to address and unpack the shame and stigma they've been carrying all their lives and realise this is not fault, and as a result go on to live better, longer lives. In mixed groups they don't have that to the same level. Being gender responsive and trauma-informed is so important, A lot of services use these words but don't necessarily know what this means in practice.

Briege shared she has recently carried out work in Highland with criminal justice social work and a lot of the women being interviewed said it was the first time they had ever been offered a female worker. They said when you're arrested by the police nobody asks if you're ok with the police officer being a man, if you go to the doctor nobody asks or rarely ask if you're ok being seen by a man, and the women reported that they've realised they work better with a woman. Having that basic question and also being trauma-informed thinking about the barriers to what it takes to get there – thinking about childcare, thinking about if they want to take someone with them, thinking about the space, not bringing women back to spaces where they've lost kids, have bad memories, and they're completely inhibited before they can even begin. Services need a lot more help in understanding what this actually means in practice. The research is highlighting the need to put gender-responsive services back on the map as some of that has been lost. Also of key importance is supporting women to build self-esteem, developing buddy systems, and externalising the substance as being the problem.

Non-judgemental and compassionate staff are key. This can be trained but you really need people who believe this and it's part of their core sense. Empathy needs to be core to services.

Online groups are important. Women say that having online groups would be really helpful. Once the kids are in bed that's when women have an hour or two to themselves – otherwise they can't get out to these groups so it would be great to see more of this happening.

Services working together to provide holistic support, e.g. Aberlour's mother and child recovery house in Falkirk is a really good example but it is extremely rare and we need to have far more of these types of initiatives taking place.

In terms of how women sustain recovery, Briege explained this is about the importance of relationships. It needs to be about women developing their positive identity and developing those connections within the recovery community but also within their wider community. Women's recovery is relational – it seems to be very different to men in that regard which is more about meeting physical needs. Building a positive identity which is a source of pride and shedding the shame that they've carried for so many years. Connecting with other women who have been through similar experiences – feeling that they're not alone and they can get through this. Economic autonomy – women having control of their finances – we need to be doing far more in this area.

Conclusions: It's vital for services to work together, siloing does not work. Women only spaces are vital – they are not just a nice add on – they are absolutely necessary. Services

should try and provide childcare where possible. The issue of women who have lost children or suffered a bereavement needs so much more attention. Relationship building and trust with workers takes time. Briege highlighted previous research undertaken with Circle which showed it takes about 18 months before women are able to begin to start to think about leaving the service. That's a substantial amount of time – it's very different to the 3 or 6 month model that many services currently operate with. When women come to services they are in crisis, they are distrustful, they are not able to be honest right away – it takes time to build that. Peer support is very successful and we need to do far more of that. Pregnancy can be a turning point for women – that can be the beginning of women thinking they are going to make a change, but it can also be the opposite if the right people aren't there around that person offering non-judgmental support. More outreach services for women to be able to get the connections to come to them. Services should be trained in recognising or screening for domestic violence – women need specific support to escape abusive relationships. Women need to build holistic identities in the wider community to sustain recovery. Overall, this is about relationships – women cannot do this on their own.

Tracey then updated on the second phase of this work. Following the evidence review, a deep dive was carried out into how Scotland's policies support – or fail to support – women in recovery from substance use, trauma and disadvantage.

The broad research findings are:

- Women's experience of substance use is distinct, deeply gendered and often overlooked in both research and policy.
- Women's recovery is different: shaped by trauma, poverty, abuse and caregiving.
- Recovery is more than abstinence: it's about safety, identity and belonging, and recovery can be motivated by others' needs.
- Huge fear of child removal, stigma and lack of childcare block access to support – this is something we really need to start to look at.
- Policies are fragmented: most don't consider a gendered lens or lived experience.
- Recovery Communities and organisations are undervalued outside of substance use.

Policies within the following areas were considered:

- Housing
- Health, education and work
- Mental health
- Mental health and substance use
- Justice
- Domestic abuse

Tracey looked at mental health and substance use in particular, explaining that what is critical here is the intersectionality. Where are the transition points? The transition points are in women leaving care, leaving prison, or leaving residential rehab. There was a distinct lack across all the policies about intersectionality and the intervention points that we could support women at, and in relation to substance use, the real issue is the lack of women only spaces.

What's missing in the current policy? A gendered approach in housing, mental health, justice and substance use is missing. There's an opportunity to join the dots here in relation to new policies. Support through critical transition points where there is an opportunity for intervention is missing across the policy landscape. Peer support in the broadest sense, not just recovery, and intersectional analysis of sub-populations of women are also missing.

What needs to change? We need gender specific trauma-informed spaces across all sectors. Women only recovery spaces and housing are critical. We need to recognise recovery in terms of rights – women are even more marginalised and further from their rights than other groups, how we are engaging with women to find out how to develop services and policies, intersectionality across the policies – joining the dots and tracking gender outcomes.

SRC's recent conference brought together the workforce, lived experience, and academics. SRC have put together key asks from conference attendees, including asks of SRC, the wider recovery sector, and policy makers in terms of how we can do things better in Scotland. One of the key asks relates to supporting research and evaluation – we are not doing enough research in Scotland specifically related to women.

On the back of all the work SRC have carried out, three key questions have come through that need to be explored. Question 1 – what questions do we need to ask women across Scotland? Question 2 – how do we involve women to help shape and direct this work? Question 3 – what and where is the good practice across Scotland?

Since the conference SRC have pulled together 100+ people to form a national interest group – Social Work Scotland, Public Health Scotland, academics, ADPs, CJPs, third sector, lived experience organisations, and women directly. This group has started to explore the key questions, share good practice, and shape next steps.

In terms of the next stage for this work, in January 2026 there will be 6 themed sessions to explore current research and practice: women who have lost their children, menopause and women's health, domestic violence, the justice system, gambling, and neurodiversity. There will also be a separate piece of work on residential rehab.

Tracey ended by looking back to the original question of why are we doing this? The work so far has involved speaking to the workforce, looking at the research, looking at the policies, and speaking with those with lived experience and communities. There are real opportunities coming up to take this work forward – three key policies, Scotland's Population Health Framework 2025-35, Health and Social Care Renewal Framework 2024-35 and Scotland's Pubic Service Reform Strategy. There is a massive opportunity to underpin these policies with practical ways of working in relation to this evidence base.

Discussion:
Rona Mackay thanked Tracey and Briege for this work and asked whether has this been shared with the Drugs and Alcohol Minister and the Women's Public Health Minister?

Tracey – yes this has been shared with the National Women's Health Plan team, the Drug and Alcohol Policy Division, and the Justice Division.

Rona – picked up on the point that a lot of support is happening at the crisis end and not focusing on prevention – we really need to look at this. We also need to look at getting gender specific back in focus. The Criminal Justice Committee has just completed an inquiry into substance use in prisons – currently finalising the report. Women were considered in this work but it was not gender specific.

Audrey Nicoll agreed with Rona's comments noting that the nature of the inquiry pulled the Committee towards the male prison population. Women were discussed but the key impact of drug use in prisons, the challenges and what can be done to alleviate this did largely sit with the male population.

Rona and Audrey reflected it would have been helpful to have this learning at the start of the inquiry so more of this could have been considered in the inquiry and the report.

Rona also asked about the numbers in the research – is this the tip of the iceberg in terms of women who are affected or does the research capture a good representation of the issue?

Briege explained this is probably just the tip of the iceberg. She emphasised that this is about abuse – we talk about substances but actually they are the coping mechanisms – if we reframe is as being about abuse then it shifts the way we view this whole area. It puts the onus on us to be better at helping people to get out of these situations. In terms of the Criminal Justice Committee report, it's understandable that the focus will be on men given they make up 96% of the prison population but the work about women can sit alongside this and highlight this as an area of focus that needs consideration and the need to be gender aware and gender responsive. These women are in the most crisis and they deserve help.

Toni Groundwater noted there is a lot of policy cross-overs with the work of Families Outside, with one key area relating to the high prison population. Imprisonment is arguably a women's issue – although they only make up 4% of the prison population – the wider impacts and the ripple effects are felt by women. We know over the past couple of years the female prison population has increased by 22%. That's worrying and it links to the points around early intervention and prevention. All the evidence shows that for women in prison – the driver is around trauma and the coping mechanism is around substance use. One recent research report showed 78% of women in prison have suffered a significant head injury and are spending longer in prison. We need to work together on this issue – substance use is the coping mechanism and it links to routes into justice. What can we each do to bring this into our own area of work?

Sara Snell highlighted that services that are available at HMP Stirling show the importance of holistic wraparound services including services that aren't directly about substance use e.g. gardening, and also the importance of safe spaces, and the links between the community and prison. Whether some women are ending up in custody by default and it's not the right place for them, it can be a place that can offer some opportunities although this is then quite fractured at the point at which they leave custody. Sara further noted that in terms of the importance of women only spaces – by definition there are women only spaces in prison - but they are imprisoned spaces so they don't have the same kind of therapeutic value, and the community that you may grow is not necessarily a community you can then call on when you're not in custody. There is so much from the learning in this work which is relevant but the transferability to a prison environment is quite challenging.

Briege highlighted a piece of work she carried out in Highland recently which showed a real disconnect between what Criminal Justice Social Work reports were suggesting as disposals for women and what was then being given. The reports were suggesting Community Payback Orders but judges were still sending these women to prison. A couple of women openly said when their case had been heard the judge said to them I'm going to send you to prison because I think it's the best place for you even though it was a very low level offence. It was very clear women were being up-tariffed.

Audrey noted that this work really intercepts with so much of what the Criminal Justice Committee has been looking at including the substance use inquiry, the Victims and Witnesses Bill, the Prostitution Bill – it overlaps with all of these issues. One of the concerns is the tug between funding in the preventative space but also funding of specialist services, and how to make sure there is a fair allocation of funding. Audrey expressed her interest in the point made about the greater prevalence that is being observed around eating disorders. noting she recently discussed this issue with one of her constituents a young women who was care experienced. The constituent made a suggestion that perhaps people working in

the third sector were quite across things like observing child sexual abuse but were not so familiar with responses around eating disorders and recognising them and understanding the pathways into support, and so Audrey welcomes this has been flagged in the report as a specific issue. In terms of the frameworks and strategies mentioned by Tracey, Audrey noted there is a real focus on the Population Health Framework that's come up in discussions around substance use and mental health services recently. This framework will underpin priorities and service delivery. Finally, in terms of funding the Criminal Justice Committee is just signing off the budget report, Audrey highlighted evidence from Community Justice Scotland as one stakeholder who said: "The near perpetual state of crisis in our criminal justice system can only be solved by shifting our response to crime as a society away from dealing with people through the criminal justice system and prison and instead to focus on evidence based community first approaches to addressing offending behaviour." This sums up and validates what's been discussed this evening. In this climate of everything being so tight and difficult we need to get smart and shift our decision making into the evidence base.

Rona noted the judiciary have a role to play in this – do they feel they have no alternative to prison – if they don't then we need to rectify that.

Tracey noted she has carried out work in relation to the Population Health Framework and other policy documents are there are key themes that cut across them including prevention, equity, inclusion, community based approaches, integration, workforce development – there is a massive opportunity across these policies. We're clear that reform needs to happen in Scotland and these policies offer an opportunity to join the dots. The learning from this work has been identified from a human-rights based approach – we need to take forward actions in a human-rights based way. Other key cross-overs include the forthcoming Sentencing Commission report, the SPAROW research and the Criminal Justice Committee substance use inquiry. Budgets are tight and that's even more reason for us to create some synergy across all of this work.

Jonathan Sher thanked Tracey and Briege for this work and highlighted two issues. Firstly, no one wants this to carry through to another generation, we don't want to be having the same conversation twenty years from now. The implication of that is to ask what are we going to do with girls? What can we be doing now that is going to mean that there is not a generational repeat of these same issues? This is rightly addressed towards women but we need to keep some attention on not allowing this to become intergenerational. Secondly, if focused on recovery strategies, there is a profound difference between recovery from circumstantial and relationship based issues and physiological biological issues - so whether the issue is women who have endured head injuries which has affected their brains and bodies or whether it's things like FASD. If they were born with FASD the chances of them becoming the women highlighted in this report are dramatically higher and FASD cannot be cured. So whatever recovery means, it means something different between recovery from an abusive relationship to dealing with something that is biological and physiological.

Briege agreed with Jonathan's points noting that girls and future generations weren't spoken about but this is about identifying and stopping abuse as early as possible and so work with girls is very relevant. In terms of the differentiation between something that's physiological and something that relationship based – this distinction hasn't been made in the current work so this is maybe something that will be taken forward in terms of responses and thinking.

Agenda item 4 Agency updates

Nancy Loucks – Families Outside has been carrying out training with the judiciary in relation to UNCRC and the implications for adult criminal justice. Some of the Sheriffs expressed that they want information about children but when they ask for it nobody has it, and if they do

receive information about the impact on children, they don't know what their powers are to deal with that. At the recent training session and the Sentencing Council conference it felt much more positive – there was a new intake of Sheriffs who were curious and asking lots of questions. Families Outside has also been having conversations with police and COPFS about where the gaps are in relation to supporting and recognising children with a parent / carer in the justice system.

Nancy also raised the issue of Turning Point Scotland noting there had been a Parliamentary Question about the bill for dilapidations they had been issued with and the difficulties they are having in getting responses from the local authority to their questions. TPS are taking this issue to the Ombudsman. The issue is putting their services at risk – services that are trying to do the preventative work needed. More widely, this issues shows the vulnerability of third sector organisations. Rona agreed this is a huge issue and offered her ongoing support with this matter.

Agenda item 5 AOB - It was noted that the next meeting of the CPG would be the last meeting of this Parliamentary session. The date still to be confirmed and will likely be in February or March.