



Engaging women in health and justice research: A North Wales multi-agency approach

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This article is related directly to the Seventh International Conference on Law Enforcement & Public Health (LEPH) held in Ottawa, Canada in July 2025.

ABSTRACT

Women at risk of entering the criminal justice system (CJS) often face significant disparities, such as complex health needs and experiences of trauma, yet remain underrepresented in research. This paper presents a participatory, multi-agency methodology for conducting inclusive research with this group in North Wales. Developed through collaboration between health, justice, and third-sector organizations, the approach sought to build trust, enhance engagement, and generate a richer understanding of women's health experiences. Drawing on practitioner-informed design, trauma-informed data collection, and community-based settings, the project demonstrates how cross-sector partnerships can overcome traditional barriers to participation. The paper reflects on how this model facilitated participation from a population that typically finds it difficult to engage in the research process whilst strengthening women's trust and confidence. Findings highlight the potential of collaborative, place-based research as a social innovation for building inclusion, improving knowledge translation, and informing whole-system responses to women's health and justice needs.

Key Words Women's health; multi-agency collaboration; trauma-informed care; healthcare access; inclusive health.

INTRODUCTION – CONTEXT AND RATIONALE

Women who come into contact with or are at risk of entering the criminal justice system (CJS) represent one of society's most vulnerable groups, often experiencing more complex health needs compared to men, including mental ill health, substance use, chronic pain, and socio-economic disadvantage (NHS England, 2023; Prison Reform Trust, 2021). Additionally, these women often experience further barriers to support, such as stigma, mistrust of services, and histories of trauma (Martin et al., 2020; Rabaiotti, 2024; Sheeran, 2022; Tremlin & Beazley, 2021). Despite this, systems of support and research frameworks often remain designed around male experiences (Aday & Farney, 2014), leaving many women's health needs unrecognized until crisis point (Williams et al., 2024). This is particularly problematic in Wales, with additional barriers such as longer waiting lists and lower

life expectancy compared to England, further complicating care (Bevan et al., 2014; Dayan & Flinders, 2022). These intersecting issues can discourage women from engaging with healthcare services altogether, resulting in unmet health needs that may increase the likelihood of CJS involvement (Confer et al., 2021; DeHart, 2018; DeHart et al., 2013; Pierce et al., 2017; Sheeran, 2022).

Engaging this population in health research also presents distinct challenges, with previous studies in Wales, such as Sheeran (2022), reporting that traditional recruitment methods often struggle to reach these women, resulting in small-scale case studies rather than broader, generalizable evidence. This means the voices of those at risk (who may benefit from early intervention) remain underrepresented, and empirical research capturing women's lived experiences and health barriers remains limited. While Wales-specific studies have grown in recent years (Sheeran, 2022; Rabaiotti,

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To cite: Williams, C., & Hopkins, J. (2025). Engaging women in health and justice research: A North Wales multi-agency approach. *Journal of Community Safety and Well-Being*, 10(4), 227–231. <https://doi.org/10.35502/jcswb.500>

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2024; Williams et al., 2024), few studies have included unique perspectives in North Wales, where different service structures may pose unique challenges to healthcare access.

Given these gaps, there is a need to explore how research itself can be designed to foster inclusion and trust among women at risk of CJS involvement, with traditional research designs often struggling to engage this group, particularly those who have experienced trauma or hold deep mistrust toward statutory systems. Therefore, this paper adopted a collaborative and participatory methodology to address this, grounded in trauma-informed and community-based principles. The research was designed not only to capture women's perspectives on health and service access but also to demonstrate how multi-agency collaboration can enhance participation and real-world impact. This approach positioned practitioners, researchers, and women with lived experience as partners in a shared process of inquiry, demonstrating how research can act as a mechanism of social innovation within health and justice systems.

COLLABORATIVE AND PARTICIPATORY METHODOLOGY

Overview

This study adopted a collaborative, participatory research design to understand the health needs and barriers to healthcare access faced by women at risk of entering the CJS in North Wales. Recognizing that this population has historically been difficult to engage using traditional research approaches, the study prioritized the creation of trust, safety, and partnership as central, trauma-informed, methodological principles.

The research employed a mixed-methods design, including

- 41 structured questionnaires distributed online,
- 8 semi-structured interviews,
- 1 multi-agency focus group with 16 professionals working with this population.

Recruitment materials were bilingual (Welsh and English) and distributed through both statutory and non-statutory organizations. Participation was supported by staff at the North Wales Women's Centre and local justice agencies, who played an essential role in identifying and encouraging women who would ordinarily be using their services to take part. This approach reflected a deliberate effort to move beyond conventional recruitment and delivery models, prioritizing accessibility, inclusion, and co-production at each stage.

Co-Production and Advisory Involvement

At the inception of this research, an advisory group was established to guide its methodological and practical development. The group included representatives from health, justice, and third-sector organizations in North Wales. The group's role was instrumental in co-producing the research design, particularly with issues regarding recruitment and accessibility, as well as ensuring trauma-informed principles were upheld. This included

- identifying ethical and emotional considerations when engaging women with experiences of trauma or justice involvement,
- shaping recruitment processes that prioritized trust and safety,
- ensuring that data collection tools were accessible, inclusive, and contextually relevant to North Wales.

These partnerships helped enhance access to participants, build credibility with vulnerable women and communities, and ensure the study addressed practical, real-world challenges rather than remaining theoretical.

Creating Safe and Accessible Research Environments

Research activities were hosted in safe, familiar, community-based environments, such as women's centres. These settings were intentionally chosen to reduce the perceived formality of research and to help women feel secure when discussing sensitive health and life experiences. This not only provided access to women at risk of entering the CJS but also encouraged participation and trust among women who may otherwise disengage from research due to stigma or fear of judgment.

Additionally, inclusion was another core principle of this study, embedded throughout both the design and delivery of the research. Practical steps were taken to ensure that all women, regardless of digital access, language, or circumstance, could participate fully. For instance, staff at the North Wales Women's Centre provided access to computers for any woman wishing to participate, enabling those without digital resources to complete the questionnaire independently. Recruitment materials were also made available in both English and Welsh, ensuring accessibility across linguistic communities. Furthermore, interviews were conducted within the women's centre itself, a place already familiar and trusted by participants, so that women could participate in research during their usual visits without needing to travel or adjust to an unfamiliar environment. These measures communicated respect for participants' time, safety, and circumstances, fostering a more inclusive and equitable research environment in which women's voices could be heard authentically.

Therefore, by prioritizing psychological safety and relational trust, this approach directly addressed known barriers to engaging women in research – particularly those who have experienced stigma or mistrust in statutory services.

Implementing a Multi-Agency Approach

A defining feature of this research was the multi-agency collaboration that underpinned both its design and delivery. Partners from health, justice, and the third sector worked closely with the research team to ensure that every stage of the process (recruitment, data collection, and interpretation) was informed by practical insight.

In particular, staff at the North Wales Women's Centre played a central role in ensuring the research was performed ethically and sensitively by advocating for the use of community-based venues. Additionally, this partnership played a key role in recruitment, with staff approaching women already engaged in support groups at these facilities, building on existing trust and support, and encouraging

participation. These practitioners also remained present for women during and following their participation for emotional support, if needed. This relational approach, combined with the trauma-informed principles embedded throughout, allowed women to feel supported, respected, and in control.

This collaborative structure meant that trauma-informed principles were not merely theoretical but embedded throughout the research process. Because of the creation of a safe and trusted research environment, a greater number of women at risk of entering the CJS wished to participate – a population often described as hard to engage through traditional research methods. This cross-sector approach enhanced the credibility and inclusivity of the research, demonstrating that multi-agency working can be as effective in research as it is in service delivery, particularly when engaging with marginalized populations.

Therefore, by embedding inclusion and partnership at every stage, this research model becomes an example of how participatory, cross-sector collaboration can empower women and produce richer, more meaningful data.

INSIGHTS FROM THE RESEARCH

Through its collaborative, participatory design, this research generated deep insights into the health experiences of women at risk of entering the CJS in North Wales, producing a rich and nuanced understanding of how exclusion from healthcare contributes to criminalization and how trusted, trauma-informed spaces can improve engagement with both research and support services.

Complex and Overlapping Health Needs

Consistent with previous literature, participants described a range of health challenges, including poor mental health, physical health issues, and substance use – often co-occurring and interacting in complex ways (Confer et al., 2021; DeHart, 2018; DeHart et al., 2013; Pierce et al., 2017). However, unlike previous studies focusing on women already within the CJS, these findings emphasize that such issues can be deeply entrenched before system contact, suggesting a critical need for early, preventative health support.

This insight was only achievable because of the study's community-based and trauma-informed methodology, which created spaces where women felt safe to share personal and often stigmatized experiences by conducting research in trusted community settings supported by familiar staff. As a result, the study not only captured the complexity of women's health needs but also how these challenges are shaped by social context and trauma.

Barriers to Healthcare Access and Engagement

Across all data sources, women and professionals identified persistent barriers to healthcare, including stigma, service fragmentation, and the lack of trauma-informed support. Many reported feeling dismissed or misunderstood, reinforcing patterns of non-engagement and mistrust. These accounts echo findings from Tremlin and Beazley (2021) and Martin et al. (2020), who highlight that women often disengage from services due to perceived or actual discrimination. Additionally, women with co-occurring mental health and substance use issues ("dual diagnosis") described being repeatedly turned away or passed between services, another

finding consistent with national studies (Martin et al., 2020; Moore et al., 2024; Tremlin & Beazley, 2021), despite national frameworks advocating for trauma-informed, integrated care (National Institute for Health and Care Excellence, 2016; Welsh Government, 2015).

However, the multi-agency framework used in this research helped reveal why these barriers persisted. Professionals involved in the focus group contextualized this stigma as partly a result of fragmented systems, describing a disjointed landscape where individuals were required to repeatedly retell traumatic histories to multiple services, undermining trust and engagement. By engaging both professionals and women within the same collaborative research process, this study was able to bridge these perspectives, allowing for a more holistic analysis of barriers and potential solutions. Therefore, rather than reproducing established critiques, the collaborative nature of this methodological design helped to illuminate the relational and procedural mechanisms behind disengagement from research as well as support services.

Unmet Healthcare Needs and Criminal Justice Involvement

Another major finding of this research was that participants consistently linked unmet health needs to pathways into the CJS. Many described offending as arising from crisis points where health and social needs had long gone unaddressed. These findings reinforce previous evidence that poor access to healthcare can increase vulnerability and the likelihood of offending (Lynch et al., 2017; Rice et al., 2024; Sheeran, 2022).

Again, these insights were partly achieved because of this study's methodology. By working to engage women in trusted trauma-informed environments, it was possible to overcome the difficulty of encouraging participation and reaching women who were excluded from other conventional studies by methodologies that failed to recognize their experiences (e.g., those living in unstable circumstances, mistrustful of statutory services, or disengaged from formal systems). Therefore, participants felt able to share sensitive and complex experiences of health and justice.

This methodological model also demonstrates that meaningful participation from marginalized women is both achievable with the right methodological approach and essential. It produces data that are actionable, informing prevention-focused policy and service design aimed at supporting women before crisis and criminalization occur.

THE VALUE OF COLLABORATIVE RESEARCH

While the themes of poor health, dual diagnosis, stigma, and fragmentation are not new, the way in which they were explored here offers new depth and clarity. Unlike traditional, top-down research approaches, this study's participatory, multi-agency design facilitated engagement with women who are often considered harder to engage. For instance, previous studies in Wales (Sheeran, 2022; Rabaiotti, 2024; Williams et al., 2024) have struggled to access comparable numbers of women due to mistrust and disengagement. By embedding this research within community spaces and trusted networks, it was possible to capture richer, more authentic accounts of women's complex healthcare needs.

Furthermore, this approach reflects whole-systems thinking. For instance, UK policy has increasingly highlighted the importance of cross-sector collaboration to address health inequalities and reduce offending (Alderwick et al., 2024; Annison et al., 2018; Ministry of Justice, 2018), but there remains limited empirical exploration of how such collaboration can be operationalized in research itself. By involving health, justice, and third-sector practitioners at each stage, the research was able to capture the complexity of women's experiences as well as model the integration that policy frameworks increasingly call for (Alderwick et al., 2024; Association of Police and Crime Commissioners, 2025; McManus et al., 2022). These partnerships advocated for community-based spaces, ensured participant safeguarding, and contributed to the co-development of materials that reduced communication barriers. The process demonstrated that collaborative design can improve participation and also strengthen data integrity, producing evidence grounded in authentic, contextual understanding. In this sense, this methodology itself has helped encapsulate the systemic collaboration needed to address women's intersecting needs.

This approach aligns with principles of participatory action research (Cornwall & Jewkes, 1995; Kemmis & McTaggart, 2005) and co-production (Needham & Carr, 2009), both of which advocate for research conducted with communities rather than on them. By embedding research within established networks of trust – such as women's centres – this research created an environment in which participants felt safe, respected, and heard. This is reinforced by previous research, praising women's centres for their trauma-informed, gender-responsive environments and their ability to act as “bridging institutions” – connecting women to healthcare and support in a way that feels safe and empowering (Scott & Frost, 2018; Sheeran, 2022; Women in Prison, 2022). This relational trust is critical for surfacing experiences of trauma and exclusion that are often inaccessible through more traditional methodologies.

Ultimately, this work illustrates that methodological innovation can lead to epistemic inclusivity, amplifying women's voices within research and translating lived experience into actionable knowledge. The success of this participatory, multi-agency approach suggests that collaborative engagement across government, voluntary, and research sectors can generate knowledge that is both academically robust and socially responsive. This should not be treated as a supplementary aspect of social research but as a fundamental principle of ethical and effective inquiry into marginalized populations.

CONCLUSIONS AND FUTURE DIRECTIONS

This study has demonstrated that meaningful engagement with women at risk of entering the CJS requires appropriate relationships, spaces, and systems. By embedding collaboration at every level of the research process, this project has provided an effective framework for conducting trauma-informed, participatory research with marginalized women.

Beyond its immediate findings, this study's greatest contribution lies in illustrating how participatory, multi-

agency research can actively bridge the gap between evidence and practice. Through co-design with partners across health, justice, and the third sector, the research created psychologically safe environments where women could speak openly about health inequalities and barriers to care, improving engagement, and also produced richer, more nuanced data. This model, therefore, shifts the focus from extracting data to co-creating knowledge, demonstrating that methodology itself can be a vehicle for empowerment and inclusion.

Future research should expand on this model, testing its transferability across other inclusion health contexts, such as homelessness, substance dependence, or refugee health, where similar barriers of mistrust, exclusion, and system fragmentation persist.

In conclusion, this study contributes a transferable methodological framework for conducting trauma-informed, participatory research in complex social contexts. By positioning collaboration as both a principle and a practice, it redefines what rigorous research with marginalized populations can look like: inclusive, empowering, and directly connected to systems change.

ACKNOWLEDGEMENTS

The authors would like to extend their thanks to all the women who took part in this research by completing either online questionnaires or interviews, sharing their direct experiences, and offering insight, as well as the professionals who helped facilitate this participation. The authors would also like to thank the professionals across North Wales who dedicated their time to take part in the focus group. Thanks to the advisory group for their support and guidance throughout this research.

FUNDING

This research was jointly funded by the Women's Justice Blueprint and ACE Hub Wales.

CONFLICT OF INTEREST DISCLOSURES

The authors have no conflicts of interest to declare.

ETHICAL APPROVAL AND INFORMED CONSENT

This study was approved by the HMPPS National Research Committee. At each stage, informed written consent was obtained from each participant, and a full debrief was given.

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