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# Women's Risk Needs Assessment Tool Probation module v7 Technical Report: Cognitive Interview Findings

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## Background & Aims

The failure of existing criminal justice assessment tools to adequately reflect women's risks and needs is well documented (Solinas-Saunders & Stacer, 2017; Salisbury & van Voorhis, 2010). To address this, in 2017 we independently reviewed 136 peer-reviewed tools for assessing the needs and outcomes of criminal justice involved women. We concluded that the Women's Risk Needs Assessment (WRNA) was the most validated, gender responsive and trauma-informed risk/need/responsivity tool for this population internationally (see Pemberton et al., 2019). First developed by Van Voorhis and colleagues at the University of Cincinnati in 2007, the WRNA tool is now used in 22 different jurisdictions in the US and in numerous countries, including the Czech Republic, Switzerland and Kenya. The WRNA is an assessment tool that measures a broad range of women's risks, needs and strengths across 19 scales, while also acting as a case management tool.

A validation study of the WRNA Probation module v7 is currently underway in England. It is the first study to do so in this jurisdiction and will test the accuracy and reliability of the tool and social context across different offender and population groups, also allowing comparison between regions. The validation study runs from May 2021 to June 2023 and has recruited 530 criminal justice involved women seeking support from Women's Centres following release from either police custody or prison. In the initial caseworker interview, respondents completed a baseline WRNA to identify risk, needs and strengths and to predict the future possibility of reoffending. Updates to the baseline assessment have been conducted across a period of four to six months, culminating in a final review at the end of this period. The fieldwork was undertaken across three third sector organisations: Anawim in Birmingham, The Nelson Trust in Southwest England, and Together Women in Yorkshire and Northwest England. Criminal offending data will be used to link to rates of recidivism after six to twelve months to assess the predictive accuracy of the WRNA.

During the validation study, we have examined the reliability of specific questions within the WRNA scales. While several scales within the WRNA are taken from established surveys and have already been subject to survey design testing, other questions remain untested. In addition, language used in the WRNA has been modified for use in UK settings and replaced some existing language that was deemed to be more appropriate for US settings. These amendments also warrant survey testing. Furthermore, in the early stages of the validation study, the research team identified specific questions in the WRNA that appeared to elicit a broad range of interpretations by caseworkers and service users.

The research aimed to identify sources of confusion and misinterpretation. It had the following aims:

1. To examine caseworker and service user cognition of WRNA questions;
2. To identify the range of cognition, recall, judgement, and response that underlie answers given during the WRNA;
3. To understand differences in comprehension among caseworkers and services users, as well as other socio demographic factors;
4. To identify the ways that questions might be reformulated and reworded for future use in the WRNA Probation module.

This technical report is based on findings from 22 cognitive interviews conducted with caseworkers and service users between November 2022 and January 2023.

## Research Design

## Methods

Semi structured interviews were conducted with caseworkers and service users to gain a better comprehension of the ways in which specific questions in the WRNA assessment are understood. These interviews adopted some methods commonly used in cognitive interviewing. Cognitive interviewing is commonly utilised in survey design and questionnaire refinement to assess respondent interpretation and comprehension of specific questions. The approach typically uses techniques including think aloud methods and verbal probing, either in combination or separately, to explore respondents' understanding of questions identified as potentially problematic. A semi structured interview guide was produced and incorporated both think aloud exercises and verbal probing. Interviews were recorded and analysed using qualitative analysis methods to examine problems of comprehension, recall and judgement, as well as problems associated with the sensitivity of assessment questions.

It was not possible or necessary to undertake cognitive testing of all the questions of the WRNA due to its length and the previous validation of the tool. Items for inclusion in the cognitive interview were selected based on expert review by the WRNA research team, as well as by Professor Emily Salisbury who co-created the assessment. The interview guide was designed when over 100 baseline assessments in the validation study had been completed. This meant that the research team could identify areas where caseworker and service user confusion had been reported over question meaning, or issues had been detected with response accuracy. We excluded questions where minor amendments can be made to improve cognition and restricted inclusion to those questions where deeper problems of understanding appear to lie. Before each interview commenced, respondents took part in a short exercise to practice a 'think aloud' technique. Each question was asked to respondents in full as written in the WRNA and respondents were asked to answer the question where appropriate. They were then encouraged to use the 'think aloud' technique by describing their thoughts as they answered the question. The intention was to reduce any potential impact of interviewer bias and to allow unanticipated interpretations to surface (Willis 2005). In some situations, it was inappropriate to ask respondents questions from the WRNA directly. This included interviews with caseworkers with no previous criminal justice involvement who were not directly asked if they thought they were treated fairly by the criminal justice system. Some respondents also found the 'think aloud' technique difficult to understand and implement. As a result, the technique of verbal probing was also used during interviews to identify respondents' understanding of the WRNA questions. Follow up probing questions were contained in the interview guide and were designed to examine questions where specific problems had been identified in relation to the following aspects of the WRNA:

- how respondents understood key concepts and terms (cognition)
- how respondents retrieved from memory the information needed to answer the question (recall)
- how respondents deliberated on their response to the questions (judgement)
- how respondents tailored their answers to the response categories offered (response)

As part of data collection, seven WRNAs conducted during the validation study were audio recorded. It was particularly useful to understand any variation in how the

WRNAs were being conducted, given that caseworkers are encouraged to gather formal information in an informal manner. The audio recordings provided insight into whether the essence or aim of the question was being articulated effectively by caseworkers. The recordings also provided an insight into whether the questions were being correctly interpreted because of the way they were asked. It was our intention that this would inform a reformulation of the topic guide to be used with a second phase of recruitment to test the impact such phrasing changes had on service user cognition. However, analysis of the recordings detected little deviation from the WRNA assessment questions amongst caseworkers and so modification of the topic guide was not necessary.

### **Sample**

A purposive heterogeneous sample was constructed to provide a range of experiences and perspectives and to allow the capture of potential differences in understanding of the questions. Recruitment criteria were women over the age of 18 who were fluent in English and had capacity to consent. Consequently, 22 respondents were recruited across Anawim, The Nelson Trust, and Together Women. The sample included both caseworkers (n=15) and service users (n=7) to reflect the use of the WRNA as part of the normal delivery of services in the Women's Centres. This meant that interviews included the perspectives of both service users and caseworkers. Caseworkers were also able to reflect upon their experiences of completing the WRNA with service users and explained how their service users commonly answer the questions. We specifically distinguish this in the research findings to provide clarity. Caseworkers were recruited from the pool of caseworkers completing WRNAs as part of the validation study. Service users were recruited from existing groups of peer mentors who have lived experience of the criminal justice system and who regularly attend the Women's Centres.

### **Ethics**

The study design and data collection complied fully with ethical principles, including obtaining informed consent, ensuring confidentiality and anonymity, and adopting secure processes for data handling and storage. A participant information sheet (PIS) (see appendix 2) was provided to respondents before each interview and respondents were given the opportunity to ask questions. The PIS explained the purpose of the study, respondents' roles within it, how their information would be stored and their right to withdraw. Informed consent was then obtained by interviewers by asking participants to complete a consent form prior to interview to provide written confirmation that they had understood the information in the PIS and agreed to take part in the study. Respondents were informed that they could withdraw from the study by using the contact details provided on the PIS up to four weeks post interview.

All respondent data was anonymised using codes for each interview which identified the women's centre (AW for Anawim, NT for The Nelson Trust and TGW for Together Women) and the role of the respondent (CW for caseworker and SU for service user). Therefore, respondents are not identifiable from the data published in this report. Service users were assured that their answers would remain confidential, except where they disclosed details of serious harm to themselves or others. They were informed that in these circumstances, the research team may pass the information on to external organisations without informing the respondent first. As the WRNA contains sensitive questions and answering them may cause distress to some respondents, all respondents were informed prior to interview that they could choose

not to answer specific questions and would be signposted to support services if any such issues arose.

Interviews were recorded using an encrypted digital voice recorder and transferred directly to the University of Birmingham secure Research Data Store (RDS) after interview and then deleted from the recorder. All data are stored on the RDS and will be kept there for 10 years, in line with University of Birmingham research policy. Physical copies of the consent forms were initially kept in a locked cabinet in each organisation, before being transferred to the University where they are stored in a locked cabinet in a private locked office. No other personal information (name, email address, phone number etc) was processed or stored. All respondents received a one-off gift incentive of £20 in the form of store vouchers as recognition of their contribution to the study.

### **Data Analysis**

All interviews were analysed by the research team using Atlas-Ti v8 software and a parallel process of analysis was conducted. Once the interviews were completed, details from each WRNA question were initially collated into a Microsoft Excel spreadsheet. Each question sheet contained every respondent's 'yes'/'no' answer to the question (where they were asked the questions directly), a summary of their 'think aloud' response, answers to any comprehension, judgement and general probes asked, and a space for further findings and comments. This enabled the research team to become familiar with the data and allowed for the development of a coding framework (see appendix 4). An iterative process was used to generate discrete codes for each question, drawing first from existing knowledge of the specific comprehension issues that had determined the selection of the WRNA questions to be tested. This was substantiated with interview data detailed in the spreadsheet. Codes typically related to the key constituent phrases or components of the questions and mirrored the comprehension and judgement probes asked during interviews (e.g., Q3 (49g) 'home environment', 'substance misuse'). Three members of the research team (EH, KM and DR) completed pilot analysis of the initial interviews and further refinement was made to the coding framework, before the remaining interviews were analysed. This included use of inter-rater reliability function in Atlas TI to explore potential differences in coding among team members. The same interview was independently coded to identify areas of divergence and allowed further changes to be made to the codes. This function demonstrated a high degree of fidelity between coders in terms of code use and length of quotation clipped. No remedial action was required as a result.

### **Research findings**

#### **Question 6: Were you treated fairly by Criminal Justice Officials?**

**How did the police treat you? How did the judge treat you? How did Probation treat you? How did the Prison officers treat you?**

#### **Summary of findings**

This question is included in a group of introductory questions intended to capture whether the respondent perceived their contact with the criminal justice system as 'fair' and is used to inform caseworkers' completion of the criminal attitudes scale. Respondents were asked what they understood the term 'fair' to mean, and the contextual factors they considered when determining whether they were treated fairly.

Fairness was broadly understood, with respondents drawing on principles such as proportionality, equality, dignity and respect, to inform their judgements of specific experiences of the criminal justice system. Service users drew on examples of mistreatment by police officers at the point of arrest, such as an excessive or unnecessary use of force, to inform their understanding of fairness. Moreover, experiences of the courtroom and the sentencing outcome commonly shaped their perception of fair treatment. There was also a consensus that the offence should be considered when determining fair treatment and whether the sentence was proportional to the offence. In this respect, respondents typically considered sentencing to be fair when they received a sentence that they felt was favourable or deserved, but not where they felt that the sentence of others in similar circumstances received a more favourable sentence to them. As a service user explained, “*I think I was treated fairly, because it was me who did the crime and you’ve got to do your time*” (TGW02SU). A caseworker identified this issue as follows:

*It’s a bit difficult because I think saying ‘fairly by the CJS’ is like obviously a lot of stages. You could be saying ‘do you think the sentence is just?’, but you could also be saying was there any police brutality? So there is a lot to that. You could be saying, like were the police alright with you at arrest and was that fair, but then... ‘do you think you were treated fairly at court?’ means ‘did you feel everyone in the court was respectful and do you think the sentence was fair at the end of it and then how you feel about it on probation?’...like there’s so many people involved in that, that the definition of fair is going to change at every point of that (TGW05CW)*

When reflecting on criminal justice personnel, both caseworkers and service users primarily described interactions with police. Sometimes this was extended to include a broad range of other roles, including barristers, judges, probation officers and prison officers. Where respondents reflected upon treatment within the criminal justice process, the findings suggest that one particularly bad experience dominated their judgement and their overall view of fairness.

### **The problem and the implications**

The problem with this question is that it is difficult to obtain a definitive answer due to the question capturing a wide range of diverse experiences. The implication of this is that there is a high likelihood that it fails to accurately capture overall experiences, particularly as the findings suggest that one negative experience may dominate a perception of fairness. As a result, it may not provide an accurate reflection of experiences of the criminal justice system and may fail to provide the information required for the questions that follow in the criminal attitudes scale.

### **Suggested reformulations of the question**

Further clarification would be useful to understand more about why the question is being asked. If the purpose of the question is to determine whether the service user blames the criminal justice system for being apprehended, arrested, convicted and/or imprisoned (Question 14), we suggest asking this question more directly to obtain the specific detail required.

### **Question 30: Do you have a college certificate (e.g., HNC) or university degree?**

### **Summary of findings**

This question forms part of the education scale and is intended to capture the completion of higher education qualifications that may have been studied in various diverse settings, including further education settings or prison.

Most respondents stated they did have a college certificate; however, this included a high number who described qualifications that did not meet the criteria. A minority of respondents also sought clarification before answering or changed their answers after explaining the qualifications they had obtained.

There was a consensus in understanding of the term 'University degree' as a higher education qualification awarded by a university. However, a wide range of qualifications were considered to mean 'college certificate', including diplomas and NVQs from levels 1 to 4, A' Levels, BTECs, vocational courses and English as a Second Language courses. There was an overwhelming consensus among respondents that a 'college certificate' was any post 16 certificate that had been completed at a college. This reflected a broad range of academic and vocational courses over a broad span of disciplines, at several different levels. As one caseworker explained:

*When I think of college, I think of hairdressing courses or beauty courses, or like working with animals or like carpentry...I mean you can go to college at any age but...I think of younger students, and I think of 16 to 18 year olds which is instead of A' Levels and that is the age you do A' Levels (NT05CW)*

Respondents either considered the term 'college certificate' to refer to the educational setting (any qualification obtained from a college), or they recalled the certificates themselves and the qualifications that had been achieved. In addition, most respondents stated that they were unfamiliar with the HNC as a form of qualification.

### **The problems and the implications**

The problem with the question lies with the wide interpretation by respondents. By including a breadth of qualifications across several levels post 16, the question captured qualifications below the intended threshold. Furthermore, respondents answered 'yes' to the question when the correct answer was 'no'. The implication of this is that the question will be inaccurately answered 'yes', recording that a service user has an educational strength when in fact their educational attainments fall below the level the question is intended to capture. In addition, the inclusion of a HNC as an example qualification did not assist respondents to answer accurately, as most respondents were unfamiliar with this type of qualification.

### **Suggested reformulation of the question**

This question is intended to ascertain a service user's highest level of qualification. A suggested reformulation would be to ask service users directly: **What is your highest qualification?** This would be recorded on the WRNA and then used by the caseworker to determine whether this qualification meets the level required to be an educational strength.

**Question 49g: Do you have any money to spend on yourself each week?**

### **Summary of findings**



This is a case management question intended to determine relative levels of poverty by identifying levels of disposable income that service users have. Respondents were also asked a follow up question about whether they would consider money spent on recreational drugs or alcohol to be money spent on themselves.

When caseworkers were asked directly whether they had money to spend on themselves each week, most answered 'yes'. However, most service users answered 'no'. This difference likely reflects the difference in the financial means of the two groups.

Respondents typically explained money to spend on themselves by distinguishing between luxuries and essentials. Essentials included rent, bills, food and household purchases, whereas luxuries were defined as something that may be desired but not needed. This included buying clothes or spending money on a haircut or beauty treatments, as well as leisure activities. One caseworker reflected upon the difference between luxuries and essentials as follows:

*I'd explain that that once their bills had been taken, if they wanted to go to the shop and buy a new... item of clothing could they do that? Could they buy themselves a takeaway? ... it's more like luxurious things, like if I think have I paid all my bills oh I've got £50 I can go shopping. So, I would view it more as non-essential items rather than essential items (AW01CW).*

Respondents were asked whether they would consider money spent on recreational drugs or alcohol to be money to spend on themselves. The vast majority stated that they would include this, although caseworkers reflected on the fact that their service users may not want to disclose this, and it would not be encouraged as a recreational activity. The sample captured respondents who were in recovery from substance addition, which may have had an impact on their answers.

Respondents also considered the extent to which they would include spending on others within the phrase money to spend on themselves. For instance, many respondents included money spent on their children as money spent on themselves. Some respondents stated they while they may have some additional money to spend on themselves each week, they may choose to spend it on others or to save this money. The findings suggest that some respondents interpreted the question as 'do you spend' rather than 'do you have money to spend'.

Differences emerged amongst respondents when asked whether they were basing their answer on a typical week or the most recent week. Caseworkers suggested that, in their experience, service users do not consider this across the period of a week. Instead, caseworkers noted that this is dependent on when a service user receives their income. Caseworkers suggested that this makes it difficult to provide an accurate response when asked about the period of a week. Some respondents also reflected upon the difficulty in accounting for a typical week due to seasonal expenditures such as Christmas. One caseworker explained this as follows:

*Of course, each and every week is different. Some months might be easier for a woman than others. For instance, a woman who has a child in her care y'know, certain months there are school uniforms to pay for or Christmas... (AW04CW)*

### **The problem and the implications**

The problem with this question is that there are several ways that this question could be answered based upon the circumstances of a service user. For example, a service user may struggle to identify their income over a weekly period or not be able to identify a typical week. Their answer may be determined by seasonal periods where spending may be higher, such as school holidays or Christmas. Additionally, they may include spending money on others, such as their children, rather than themselves. The question could also be interpreted as whether they do spend money on themselves, rather than whether they *have* money to spend on themselves. These discrepancies may result in service users misunderstanding the question, resulting in a caseworker inaccurately capturing whether they have any disposable income. This could lead to inaccurate recording of levels of relative poverty.

### **Suggested reformulation of the question**

A suggested reformulation of the question is: **Do you have money to spend on yourself after essentials have been paid? e.g., after bills, groceries, and rent. Do not include money spent on others i.e., children.** This is a more direct way of asking the question and avoids specifying a timeframe. It also directly addresses that others should not be included in their answer. Reframing the question in this way will allow for a more accurate account of disposable income.

### **Question 53. Is your home environment free of substance misuse?**

#### **Summary of findings**

This question is one of four questions in the housing safety scale and is intended to capture whether the respondent is living in a home environment where substance misuse is taking place, putting the client at risk of 'exposure'. All respondents answered 'yes' to the initial question.

While respondents typically included all illegal drugs within the term 'substance misuse', some linked the term to addiction to any substance, regardless of whether the substance is legal or illegal. This included legally obtained substances, such as alcohol use that formed part of an addiction, legal highs, and prescription drugs that had not been prescribed to the user. Furthermore, respondents often overlooked the recreational use of Class B drugs, particularly cannabis, when defining 'substance misuse'.

Respondents were less consistent when asked about the term 'home environment'. Issues arose when respondents considered what spaces they would include as being part of their home environment. This was particularly the case when considering communal spaces in shared accommodation. In this scenario, a consensus amongst respondents emerged that suggested communal spaces accessed as a matter of course, such as shared bathrooms and kitchens, would be included within the 'home environment'. As one caseworker explained:

*I wouldn't think of a block of flats...but if...there were different rooms sectioned off and then you have a common kitchen or a living room, essentially a shared space that everyone uses, I would class that as a home environment (TGW05CW)*

In addition, there were differing views as to who respondents would include in their home environment. They mainly distinguished between those who lived at the home and visitors.

### **The problem and the implications**

The main problem with the question lies with the uncertainty surrounding the term 'home environment'. The use of the term 'environment' may cause confusion by drawing attention to a wider area beyond the service user's home. 'Home environment' could be considered to mean the wider area where they live. The implication of this is that there may be significant differences in interpretation resulting in inconsistencies in how the question is answered by service users and captured by caseworkers. As a result, the question may not reliably capture the risk of exposure to substance misuse.

### **Suggested reformulation of the question**

A suggested reformulation of the question is: **Is your home free of substance misuse? Please include substance misuse in shared accommodation/shared living spaces.** This is a more direct way of asking the question and addresses the ambiguity caused by the term 'environment.' The additional prompt ensures that caseworkers include substance misuse taking place in shared accommodation/living spaces.

### **Question 55. Will you be living on your own for the next several months?**

**If no, who will you be living with you (relationship not name e.g., partner/family friend)?**

### **Summary of findings**

This is a case management question in the housing safety scale. It is intended to capture the respondent's subjective perception of loneliness and whether the respondent is not living with other adults. The question is important as a potential proxy indicator of social isolation.

Caseworkers reflected upon the difficulty that some service users have had when answering this question, particularly when their living arrangements are unstable or uncertain. There were different interpretations of what constituted 'living on your own' that broadly fell into two themes. For some, living alone was defined narrowly, as living with no other person. For others, living on your own was understood as living without any other adults. For the latter group, this was an important distinction because living with another adult offered the opportunity to share responsibility with someone else, such as the responsibility for paying bills and rent. Therefore, a service user who was a sole parent living with children would be living on their own. Generally, respondents noted that the age of the child(ren) living with the service user would not impact on their perception of whether the service user was living on their own.

Caseworkers reflected on experiences where service users have answered that they are living on their own when residing with their children. Where this occurred, caseworkers gave different views on how they recorded this. Some would answer 'yes' to indicate that the service user was living on their own, whereas others would override the answer to 'no' on the basis that children were living with them:

*To me it means living on my own, like I am, but I know some service users that are single parents, they say they live alone, even though*

*they don't, to them they're on their own, because they're single so I answer it for them, that they're not living alone (AW03CW).*

### **The problem and the implications**

The problem with this question is the potential for discrepancies in interpretation amongst caseworkers and service users. The findings suggest that how the question is interpreted depends on whether service users and caseworkers include living with children as living on your own. It is also dependent on whether the question is interpreted by service users and caseworkers to mean living with no other people. The result of these discrepancies is that it may not accurately be recording the circumstances of the service users. Therefore, the question in its current form may not accurately identify an area of potential need arising from or exacerbated by living alone.

### **Suggested reformulation of the question**

A suggested reformulation of this question is: **Will you be living on your own for the next several months? If no, who will you be living with you (relationship not name e.g., partner/family friend)? Please do not include children under the age of 18.** This additional prompt indicates to respondents that they should not include children under the age of 18. Further training would also ensure that caseworkers know to answer 'no' if the service user is living with children under the age of 18 but with no other adults.

### **Question 57d. Are you staying with different people you know casually?**

#### **Summary of findings**

This is a case management question in the housing safety sale. It is intended to capture whether a service user has no fixed accommodation and is staying temporarily with a series of people known to her on a short-term basis. This is commonly referred to as 'sofa surfing' in the UK.

There were a variety of interpretations as to what constituted 'people you know casually'. A minority of respondents immediately stated that they understood the question to mean sofa surfing. Some caseworkers noted that they paraphrased the question using the term sofa surfing when asking the question to a service user. Some respondents associated the term 'casually' with casual sexual relationships. There was also confusion about whether the question involved people they knew casually coming to live with them. This was in part because respondents were trying to make sense of the question by relating it back to their own settled living arrangements.

Where respondents did not mention sofa surfing, a follow up prompt asked, 'You didn't consider 'sofa surfing', can you explain why?' Some respondents confirmed that they were referring to sofa surfing but without using the term. Other respondents stated that they had not considered using the term and would also not have considered the circumstances that the term sofa surfing describes due to the current wording of the question. However, most respondents were overwhelmingly familiar with the term and accurately understood its definition. Caseworkers were confident that service users would also be familiar with the term.

### **The problem and the implications**

The primary problem with this question is the ambiguity of the phrase 'different people you know casually'. The findings suggest that this ambiguity could impair service user

comprehension and caseworker interpretation. The ambiguity of the phrase could lead to caseworkers to miss situations where service users do have precarious living arrangements because they do not interpret the phrase to denote sofa surfing. Alternatively, the ambiguity may cause respondents to interpret the question inaccurately and answer 'yes' when they do not have precarious living arrangements.

### **Suggested reformulation of the question**

A suggested reformulation of the question is: **'Are you sofa surfing? i.e., moving from place to place without a home of your own?'** This would improve comprehension of the question. All respondents were familiar with the term sofa surfing. However, to make it accessible for a wider audience, including those whose first language is not English, the question is followed by a short explanation of the meaning of sofa surfing.

### **Question 60: Have any of your close friends been in trouble with the law?**

#### **Summary of findings**

This question is the first question on the antisocial friends' scale and is intended to capture whether the respondent's immediate friendship group is involved in criminal activity. When asked the question directly, most respondents answered no.

Many respondents spoke across themes of emotional closeness, reciprocity, frequent contact, support, and trust when asked what kind of individuals they would consider to be 'close friends', which suggests a clear comprehension of the term. However, a few respondents provided a broader interpretation, including family members, intimate partners, work colleagues, associates and others in their answer. For instance, the majority of those who answered 'yes' to the question included family members and intimate partners. Two respondents noted that they did not have close friends and so they included family members instead.

Several caseworkers provided their perception of how service users interpret the phrase close friends, based on their prior experience with the WRNA. Many of these caseworkers noted that a service user may understand this term to mean those they associate with. This may include drug users or dealers, housemates in approved premises, as well as women they have spent time in prison with. One caseworker described these relationships as the friendships that the "*women revert back to or have access to*" (AW04CW). Another caseworker provided a different perspective and stated that service users have often distinguished between positive and negative influences and would not typically include negative influences in their answer.

When asked what the term 'trouble with the law' meant to them, several respondents provided a broad interpretation and included "any kind of negative contact" with the justice system, irrespective of whether there had been a criminal justice outcome. Some respondents considered this to mean any involvement with police, while another respondent specifically included receiving a warning from police. Most respondents included being arrested within their answer. Of those who did, most considered an arrest to be the minimum form of contact they would include, excluding any police involvement prior to this. Two respondents noted that they would not include a caution within the phrase 'trouble with the law', while another respondent noted they would include a caution.

Respondents provided a broad spectrum of responses, including, but not limited to, any negative contact, warnings, involvement with police, caution, arrest (including bail, a No Further Action Decision or being released under investigation), probation, and prison when asked what forms of contact with the justice system they would include. A few caseworkers described the specific offences they exclude when interpreting a service user's answer. One caseworker defined trouble with the law as having "*been arrested for a criminal act of some sort that is harmful to you or others*" (NT04CW). When asked what forms of contact she would include, she explained that she would not include being in trouble with the law for not having paid a fine. Another caseworker noted that she would not include driving related offences (TW04CW).

### **The problem and the implications**

There are two main issues with this question. The first issue is the inclusion of family members, intimate partners, and non-close friends. The findings also show that when respondents did not have close friends, they often reverted to speaking about those closest to them, such as a family member who has been in trouble with the law. Additionally, caseworkers noted that criminal justice involved women may include individuals they are associated with due criminal justice involvement or substance misuse, rather than referencing close friends. As a caseworker explicitly acknowledged, "*when the question is asked, you automatically just think, like, ooh who do I know [that's been in trouble with the law]*" (NT04CW). This suggests that the question may be heard as "do you know *anyone* who has been in trouble with the law?" The question appears to be capturing a wider range of relationships, which increases the risk of this scale being scored inaccurately should a caseworker include these relationships when recording on the WRNA.

The second issue that understandings of the phrase 'trouble with the law' differed amongst respondents, in terms of the forms of contact and the types of offences they would include. The divergent answers provided elucidate the equivocal nature of the phrase 'trouble with the law'. This creates the potential for inaccuracies between completed WRNA assessments due to different interpretations of what the phrase includes. One caseworker explained that she does not use the phrase trouble with the law, instead opting to use the phrase "*trouble with police*" (AW01CW). Another caseworker noted that the phrase is "*very Americanised*" (NT05CW). This presents evidence that the phrase may not be the most appropriate phrase within the English context.

### **Suggested reformulation of the question**

The first problem is best addressed by ensuring that caseworkers are trained effectively to be cognizant that when a service user speaks about non-close friends being in trouble with the law, the answer should be answered as 'no'. Training materials should explicitly highlight this issue, particularly for service users who have associates who have been involved in the criminal justice system or those with substance misuse issues. Caseworkers should be encouraged to probe what and whom service users consider a close friend to be.

A suggested reformulation of the question to address the issue with the phrase 'trouble with the law' is: '**Have any of your close friends been arrested or cautioned?**' This is a more specific and direct question that sets a minimum limit on what forms of criminal justice contact should be included when a caseworker is completing the WRNA.

## **Question 64: Do you associate with any positive individuals who seem to be leading constructive lives?**

### **Summary of findings**

This question forms a part of the antisocial friends' scale and is intended to capture whether the respondent is surrounded by individuals who lead pro-social lives and whom are a positive influence for the respondent. It also intends to capture whether the respondent may be at risk due to the lack of positive influences in their life. The phrase 'positive individuals' is intended to include friends, family, and others who may be a positive influence.

Three main themes emerged when respondents defined the term positive individuals. Firstly, many respondents framed positive individuals as pro-social individuals who "have aspirations and goals" (NT01CW) and who do "good deeds" for others and do not cause "harm to anyone else" (NT03CW). Secondly, a few respondents considered positive individuals to be positive influences. One caseworker described a positive individual as someone who does not negatively reinforce behaviours you are attempting to overcome (TGW05CW). Another caseworker noted that a service user will refer to a positive individual "as either someone who has never been in trouble with the law or never had an addiction" (NT02CW). This insight was supported by a few service users. For instance, one service user stated that positive individuals "are people that are not committing crime" (NT02SU). Two caseworkers also considered a positive individual to be someone they would want their children to be around. Finally, a few respondents described positive individuals via the impact they have upon them. As one service user described, they are "good people who look out for you... who have your back... who care about you" (TGW01SU). As a caseworker surmised "it's the impact they have on my life as well as everyone else around them" (NT04CW).

Respondents provided a range of meanings when asked to define the phrase 'leading a constructive life.' These included: looking after yourself and others; being employed; fulfilling caring functions; being emotionally and financially stable; paying bills on time; making good, or better, life choices; not being involved in the criminal justice system; maintaining a routine; overcoming adversity; as well as contributing to community or society. Several respondents framed 'leading a constructive life' as moving in a positive direction. A service user stated that this meant, "not going back to the criminal world again... you're going forward, not backwards" (NT02SU). In this sense, a constructive life was deemed to be one in which positive progress was being made relative to the individuals' circumstances.

A few caseworkers commented on the wording of the phrase 'leading a constructive life'. They noted that it is wordy and potentially difficult for service users to understand. Due to this, a few caseworkers noted that they paraphrase the question. A caseworker stated:

*I would say, 'do you know anybody within your friends circle that have maybe left the criminal life and turned their lives around and are doing really well?' Or it could be people that they know that have never been in trouble and just have a positive influence on their lives (TW03CW).*

Most respondents understood the term 'associating with positive individuals' to mean having contact with someone. Some respondents noted that this will depend on the frequency of the contact, the connection to that individual, and the context in which

you associate. A service user surmised that it means, “*just mixing with the right people*” (NT02SU). Several respondents also considered associating to mean being sufficiently close to the other person that they have a positive impact or input in your life, that they “*have some sort of influence, or you listen to them*” (TW01CW). Respondents considered a range of individuals and relationships within their answers including fellow service users, work colleagues, acquaintances, mentors, friends, partners, and family members.

### **The problem and the implications**

The primary problem is the paraphrasing of the question by caseworkers. The issue with this is that caseworkers may not include other positive influences, such as family members or mentors, when paraphrasing the question. The implications of this are that the scale may be scored inaccurately and positive influences in the service users' life may not be captured. Additionally, the findings suggest that service users understood what the question is intended to capture and therefore the wording of the question does not impair comprehension.

### **Suggested reformulation of the question**

The problem is best addressed by ensuring that caseworkers are trained to understand why the question is being asked and what the question is intended to capture. Training materials should focus upon how caseworkers can effectively paraphrase this question to ensure that the intended information is captured. Caseworkers should be encouraged to probe whom service users consider to be a positive individual and explore why they deem them to be leading a constructive life. The findings suggest that the question is being asked and understood in a way that is likely to capture the intended data. Therefore, no suggested reformulation has been provided.

### **Question 67: Would you describe yourself as having a strong temper or getting into a rage?**

#### **Summary of findings**

This question is the first question in the anger and hostility scale. It is intended to capture whether a respondent thinks she can regulate her emotions effectively when experiencing feelings of anger. However, as will be explained below, this intention requires reformulation.

The findings suggest that respondents generally understood the question, and when they were asked directly most respondents answered no. The few respondents who answered 'yes' had a clear understanding of the question and spoke through their inability to regulate their emotions effectively when experiencing feelings of anger. A few service users noted that they had addressed their anger via attendance at groups or completion of courses offered at the women's centre. For instance, one service user stated that she had learned to control her anger in a “*healthy way*” (NT04SU). These service users noted that they would answer 'no' due to now being able to regulate their feelings of anger.

Most respondents described the difference between temper and rage when asked what these terms meant to them. Respondents placed the terms in a scale, with rage described as “*a more intense form of temper*” (NT01SU) or anger at “*its highest peak*” (TGW01CW). A few respondents described rage as loss of control. For instance, rage was defined as being unable to “*regulate your own emotions at that particular moment*



*in time*" (AW04CW) or when "*you act without thinking*" (TGW04CW). A range of expressions were used to describe the term rage including 'losing your shit' and seeing a 'red mist'. Respondents stated that behaviours indicative of rage include throwing things, shouting, physically attacking others, and finding it difficult to calm down.

Temper was understood by several respondents to be a "*precursor to rage*" (TGW04CW). Most respondents defined this as being quick to anger. Expressions such as "*unexpected anger*" (NT04CW), "*having a short fuse*", being "*hot headed*" (AW03CW) or '*saying things in the spur of the moment*' (AW05CW) were used. Respondents described behaviours such as swearing, 'snapping', slamming doors, and "*getting shouty and flying off the handle*" (NT01SU). A few respondents described temper as being a more common state than rage. As a service user noted, "*we've all got a temper, haven't we?*". This suggests that having a temper may be perceived as a normal emotional response in certain situations but, as most respondents noted, this should not be projected onto others.

### **The problem and the implications**

The primary problem with this question is that its current wording is not sufficiently distinct from the wording of question 68. This was elucidated by a few respondents who noted the similarities between the questions in the scale (AW01CW and NT03SU). These insights suggest that respondents may not be able to distinguish between the two questions and what it is they are intending to capture. This has implications for service user comprehension and caseworker interpretation, particularly if caseworkers are scoring both answers 'yes' without distinguishing between the two questions.

The second problem is that the wording of the intention is also not sufficiently distinct from the intention of question 68. Most respondents considered the terms strong temper and rage to mean an externalisation of anger and considered the ways in which anger may be projected outwards. However, the current wording of the intention does not adequately capture this externalisation. The implication of this is that service users and caseworkers may not adequately understand what the question is intended to capture, which risks the question being answered inaccurately. A greater distinction between questions 67 and 68 is required to address these issues.

### **Suggested reformulation of the question**

A suggested reformulation of the question is: '**Do you ever show others that you are angry by expressing this out loud or directing this at others? e.g., throwing things or getting into physical confrontations.**' This is a more specific and direct question that captures whether the respondent externalises feelings of anger. A suggested reformulation of the intention is: '**whether a respondent thinks she can regulate her emotions effectively to avoid externalising feelings of anger.**' These two reformulations create a greater distinction between the wording and intention of this question and the wording and intention of question 68.

### **Question 68: Do you have trouble controlling your temper when you get upset?**

#### **Summary of findings**

This question is the second question in the anger and hostility scale. It is intended to capture whether a respondent thinks she can regulate emotions effectively when experiencing feelings of anger. Respondents generally understood the question, and when they were asked directly most respondents answered 'no'. A few respondents answered 'yes' and similarly described having a temper that had "*gotten the better of*

*them*” on occasion. Respondents predominantly defined ‘controlling your temper’ as having the capacity to exercise control and regulate one’s emotions internally. This included staying calm, walking away from a situation, not externalising or projecting feelings of anger on others, and being able to bring yourself down from a heightened state.

Respondents discussed the term ‘upset’ via two main themes. Most respondents described being upset because of sadness and described crying, being tearful or feeling down. A few respondents described being upset because of anger, irritation, or frustration. Other respondents stated that the meaning of upset depends on the trigger for the feeling. As a service user described, *“it could be upset as in angry upset or irritated upset, or somebody has said something to make me physically cry upset”* (NT01SU). This suggests a potential ambiguity in how the meaning of the word upset is understood by respondents.

### **The problem and the implications**

The primary problem with this question is that its current wording is not sufficiently distinct from the wording of question 67. As one service user responded, *“I’ve answered this already”* (NT03SU). This exemplifies that a respondent may not be able to distinguish between questions 67 and 68 and the information it is intended to capture. This has implications for service user comprehension and caseworker interpretation.

Several respondents expressed that the term ‘upset’ is not the most effective wording. As a service user noted, *“I wouldn’t associate a temper with being upset, to me upset I would be crying, to me temper is anger”* (TW03SU). This insight was also echoed by a caseworker who noted that service users will often state they if they get angry, they will cry and internalise, rather than externalise, their feelings. Several respondents stated that the question would be easier to understand if the word upset was replaced with either ‘angry’ or ‘frustrated’.

### **Suggested reformulation of the question**

A suggested reformulation of the question is: **Do you have trouble controlling your emotions when you are frustrated or angry?** The removal of the word upset removes ambiguity as to the emotional state the question is intended to capture. Additionally, the rewording of the question provides a greater distinction between questions 67 and 68.

### **Question 115+: Gambling Scale**

The gambling scale has a preamble that introduces the forms of gaming and gambling the scale is intended to capture.<sup>1</sup> Caseworkers were initially asked whether they read the preamble aloud when completing a WRNA. If a caseworker stated they do not read the preamble, they were asked how they introduce the scale. In the interviews with service users, the interviewer read out the preamble in full. Several caseworkers and service users were then asked whether they felt an introduction prompt modified by the research team would be a more effective preamble.<sup>2</sup>

Most respondents understood what the term gambling means. Two themes emerged: firstly, many respondents defined gambling in keeping with its dictionary meaning of ‘taking a risk in the hope of a desired result.’ Many respondents spoke of risk or attempting to gain back a loss or the hope of a return. As one service user noted, *“it’s either two ways that isn’t it, either disappointment or happy, which way is it gonna go?”*

(TGW01SU). Many respondents also considered the risks of gambling and its consequences, including debt, mental ill-health, and relationship breakdown.

Secondly, many of the respondents considered gambling as an addiction not unlike other forms of addiction. The loss of control associated with gambling and its potential financial and psychosocial harms were considered by several respondents. However, a few respondents stated that a gambling activity is only harmful when the behaviour becomes a problem for an individual and is dependent on factors such as frequency, amount of money spent, and the negative impacts on a service user and their relationships. Other respondents provided an opposing view, stating that any gambling activity constitutes gambling irrespective of whether this amounts to a problem or addiction.

When asked what forms of activities they would include within the term gambling, a range of activities were recognised. This included betting on horse racing and sporting events, whether online or at a bookmaker, buying scratch cards, playing poker, using slot machines, playing bingo, and betting at the casino. A few respondents considered the accessibility of online gambling. As one caseworker noted, *"it makes it more accessible than actually smoking and drinking 'coz you actually have to go out to get that, gambling you don't"* (AW01CW). Most respondents did not consider gaming within their answer. Only one caseworker stated that she will specifically ask if a service user plays games due to the potential financial harms of this. She stated, *"if they say to me, 'I don't gamble, but I play World of Warcraft and I've spent X amount of pounds on it' I would put that in as information"* (TGW01CW). One caseworker questioned the inclusion of the lottery as a form of gambling (AW01CW), while another caseworker noted that this is not typically framed as gambling due to how recognised it is within the UK (NT01CW). Another caseworker noted that gambling may also include things such as substances and belongings (NT03CW).

Most caseworkers stated that they do not read out the preamble. A range of responses were provided when asked how they introduced the scale. For example, one caseworker noted, *"I just ask them, any issues with gambling? And they say, 'no'"* (AW01CW). Several caseworkers stated that service users often state that either they do not gamble, or that they only gamble occasionally and that it is not an issue. One caseworker noted that she will paraphrase the preamble to probe *"every angle"* to explore whether this is a developing issue (NT03CW). Another caseworker noted she had not understood the range of activities that the scale is intended to capture due to her association of gambling with *"traditional"* activities such as going to the casino or betting on horses. She noted that following further training she now understands that gambling includes a wide range of activities, including online gambling (AW02CW).

The research team presented a modified introduction prompt to respondents. This prompt changed the order of the activities included in the original preamble and added additional forms of gambling and gaming. Several respondents stated that there would be a benefit to using the modified preamble. A caseworker noted that it included *"more of a varied, not so stereotypical gambling"* (AW05CW). However, several respondents stated that they did not feel that there was a benefit to modifying the preamble. There was a consensus amongst these respondents that the forms of gambling and gaming should be classed as equal.

## **The problem and the implications**

The first problem is that the preamble is not typically being read out or used as a guide by caseworkers when introducing the scale. The intention behind this scale is to capture whether a service user is gaming or gambling. However, if working practice is not standardised (by reading out the preamble) and caseworkers do not ask effective probing questions (beyond ‘do you gamble?’) then the scale may not be capturing relevant data. This increases the risk that caseworkers are missing opportunities to identify whether a service is gaming or gambling, to what degree this is an issue for them, and any risks such as mounting debt or mental health issues. Effective probing to address the range of activities that the scale intends to capture is particularly important in cases where a service user does not yet recognise their behaviour to be an issue.

The second issue was that most respondents did not include mobile phone gaming or in-app game purchases when asked to identify what kinds of activities they would include. Interestingly, many respondents who noted that the modified introduction prompt would be beneficial due to its focus upon mobile phone and online gaming, as well as other ‘non-traditional’ forms of gambling, responded as though these activities had not been included in the original preamble. While the scale is intended to capture the broad range of activities that fit within the gendered pattern of gambling and gaming activity, the findings suggest that respondents may not be fully cognizant of the popularity of online gambling and gaming products amongst women (Gambling Commission, 2022). Again, this increases the possibility of missing data and missed opportunities to identify need. It is important to note that this may in part be due to the comprehension probe asking what gambling, rather than gambling and gaming, meant to respondents.

### **Suggested reformulation of the question**

Both issues are best addressed by ensuring that caseworkers are trained effectively and are cognizant of what the scale is intended to capture. Training materials should explicitly highlight the broad range of gambling and gaming activities women engage in, particularly the popularity of online forms of these products. Caseworkers should continue to be trained to read the preamble aloud and in full. Further training could also focus upon caseworkers using effective probes. A table listing the forms of gambling and gaming included in the preamble, as well as the frequency of use and amount of money spent, would be a useful addition to help caseworkers probe the broad range of activities the scale is intended to capture.

Further clarification would be useful to understand more about the use of the scale as a means of identifying service users with a gaming problem. If the purpose of the scale is to capture the spending of money in mobile and online gaming as well as in-app game purchases, we suggest that the scale be reviewed due to the specific focus of the PGSI upon ‘gambling’ and ‘betting’. It would be useful to consider how best to elicit further information on gaming habits. Moreover, an output providing the categorisation of the service users score along the ‘non-problem, low-risk, moderate-risk, and problem’ scale would be useful for caseworkers to identify the degree to which service users are experiencing gambling harms.

### **Question 110: Does anyone in your home now use drugs or alcohol?**

#### **Summary of findings**

This question forms part of substance abuse scale and is intended to capture the use of drugs or alcohol by others who reside in the home environment, putting the service user at risk of exposure substance use.

Respondents spoke along two main themes when asked about their understanding of the term home environment. Firstly, many respondents defined the home environment as the place where they live or reside. However, several caseworkers extended their home environment to the homes of their family members. Secondly, many respondents referred to those who lived within the home environment. This included partners, children, and housemates. Several respondents included friends and others who visit the home. A few respondents included themselves within their answer, particularly when they lived alone or with young children. For instance, a caseworker expressed her confusion as to whether she should be included in the answer, stating *“anyone involved in the family should be considered in that question, which is why sometimes I do get confused because... I’m also in that home”* (NT01CW).

Two caseworkers considered the scenario where a service user resides in shared accommodation, such as a bedsit or shared house. One caseworker stated that she would not include drug or alcohol use by other residents in the bedsit and would instead make an added note that this was being consumed due to the impact this could have on a service user (TW01CW). Another caseworker stated that she would not include drug or alcohol use in shared accommodation as she would only consider the service user’s *“safe space”* to be her bedroom (NT02CW). However, the findings suggest that the service users understood that the home environment extended beyond their own bedroom when living in shared accommodation.

A few respondents stated that they would include any type of drug or alcohol use when answering this question. As one caseworker noted, *“it’s not saying they’re misusing it, are they? So, if anyone drinks, you’d say ‘yes’”* as well as *“any drug that comes under Class, A, B, or C”* (TGW02CW). Respondents referred to a wide range of drugs including, but not limited to, cannabis, crack cocaine, heroin, opiates speed, MKAT, spice, cocaine, and ecstasy. Some respondents included any substance that would impair the mind or have control of you. A few respondents included social drinking when friends came to their home. Interestingly, a few respondents, the majority of whom were service users, also considered and included the use of cigarettes when answering this question. As one service user noted, *“I mean the cost is the same, isn’t it, and the habit is just the same”* (NT03SU). A caseworker stated that service users may not include cannabis use, yet a service user explicitly stated, *“I would say ‘yes’, because weed is a drug”* (TGW02SU).

Several respondents placed caveats around what forms of alcohol or drug use they would include. For instance, some respondents included prescription drugs and pain relief, due to the risk of addiction or substance misuse, while others stated they would not include them. Several respondents framed the question through the concept of substance misuse rather than substance use. When considering alcohol, a few respondents created a distinction between use and misuse. As a caseworker noted:

*I think it depends on how much they use...with drugs it’s slightly different... any type of drugs that they tell me, ‘yeah, people use’, I would tick ‘yes’, but it depends really on [the amount of] alcohol whether I would tick ‘yes’ or not* (NT01CW).

Another caseworker stated she would include substance use outside of the home by those who reside within the service users home environment, particularly if this is likely to impact a service user (TW01CW).

### **The problem and the implications**

The first problem is that several respondents included themselves when answering the question. The question is not intended to capture drug or alcohol use by the service user. However, if this is recorded then the question may be answered incorrectly and will present a higher level of need than is accurate.

A second problem is that several respondents placed caveats around the concept of 'use'. The question is intended to capture any use of drugs or alcohol within the home environment. This is much broader than the question 'does anyone in your home now **misuse** drugs or alcohol?'. The question is also intended to capture any use of alcohol by others within the home. If a caseworker places subjective limits upon what constitutes misuse, then this increases the likelihood of the question being scored as 'no' and the risk of exposure not being captured.

A third problem is that several respondents expanded their home environment to include those of their family, due to close familial relationships. The implications of this are that caseworkers interpret a service users answer in different ways resulting in inconsistencies in working practice.

A final problem is that some caseworkers do not include drug or alcohol use in shared living spaces. This indicates a lack of comprehension as to what the term 'home environment' is intended to capture. It also indicates a discrepancy in practice between caseworkers. This could result in exposure to any substance use in shared spaces being overlooked by caseworkers and therefore the question being scored incorrectly.

### **Suggested reformulation of the question**

A suggested reformulation of the question is: '**Does anyone in your home now use any drugs or consume any alcohol, other than you?**' An additional prompt could be added that reads '**this includes both legal and illegal substances that are being used without medical supervision i.e., abuse of prescription medication**'. The addition of 'other than you' prompts respondents to not include themselves when answering the question. The addition of the prompt specifying that this includes both legal and illegal substances would help caseworkers to probe what substances the respondent is being exposed to. The addition of 'consume any alcohol' clarifies that any alcohol use in the home environment should be captured.

Additionally, further training on what the question is intending to capture and why would ensure caseworkers do not place caveats around specific terms. For instance, training should focus on caseworkers learning that home environment includes shared living spaces. This would contribute to more consistent working practice.

**Question 111: Did your drug use ever involve the use of opiates, hallucinogens, dissociative drugs, like PCP, magic mushrooms, ketamine, spice or ecstasy?**

### **Summary of findings**

This question forms part of the substance misuse scale and proved problematic due to the lack of underlying intention and measurement aim. It is unclear what the

question is attempting to capture, and why the specific categories and examples are provided. This question was only posed to caseworkers due to the challenging nature of the question and the potential sensitivity of discussing substance misuse with peer mentors.

Several respondents remarked that the list was too long, unclear, and not phrased in layman's terms that service users would use or understand. Divergent and often conflicting discourses emerged from the examples provided. One caseworker stated that the term 'opiates' was too clinical (TW04CW), another was confident that service users "would know" (TW05CW), and yet another was unsure what opiates were and was unable to provide examples (NT05CW). One respondent stated that she could "not recall service users ever disclosing PCP use" (TW04CW) and questioned the inclusion of this substance.

A recurrent theme from the findings was that the caseworkers did not find the question helpful and that it impaired their ability to casework effectively. As one respondent put it: "We need practical information. I don't need to know if it's a hallucinogen, or an opiate" (AW01CW). Another caseworker agreed that the question did not elicit useful information: "What drug are you using? When I come out of the WRNA and try to refer to CGL [local drug service], I don't know what they're using, how often, when etc." (AW03CW).

Most respondents questioned why more commonly known drugs such as heroin, cocaine or cannabis were not included, when 'party drugs', such as ecstasy were, but many admitted to not understanding all the terms and lacking general knowledge on the subject matter.

### **The problem and the implications**

The primary problem is that the question proved inadequate in capturing consistent and meaningful data that would support caseworkers in their work with a service user. The implications of this are that risk and need may be underreported as respondents may be reluctant to admit historic use of 'party drugs', or mushrooms, alongside the other drugs in the list, or may not understand the classifications and examples included in the question.

### **Suggested reformulations of the question**

This question yielded the most unprompted suggestions for reformulations from respondents. One respondent stated: "Maybe if they were separated so you could tick, which one was being used" (AW03CW), whilst another suggested using more examples, rather than classifications such as:

*Weed, hash, pills, spice, crack, coke (...) They're just examples (...)  
Because sometimes, if you just said "What is like opiates? Any use of  
opiates, hallucinogens, dissociative drugs? - People don't know what  
they are. They're like "Well what is that?" Obviously, the "opiates  
people" would probably know its heroin, but the other two ... our ladies  
are like 'well what's that then? (NT03CW)*

Further suggested reformulations saw this question thematically split it into two sections, asking:

*Which have you taken at any time in the past?" And then you could  
have an individual tick to each substance, rather than generic "yes".*

And then “Are any of these drugs what you are relying on now?”, and “Do you feel you’re addicted” or “Would you have withdrawal symptoms if you stopped?”, that would cover the now (...) and the historic use (AW05CW).

It was also suggested to change the wording to incorporate non-technical language, such as, “Do you use recreational drugs” (NT05CW).

A suggested reformulation of the question is to insert the table below into the WRNA prompt box. This reformulation presents amendments to Question 111 and Question 114 (‘You’ve got a lot to deal with at the moment. Are you currently using drugs, alcohol, or medication to deal with things?’). This addition will allow caseworkers to capture a more comprehensive picture of the service users current and historic use of substances.

<b>Drug</b>	<b>Current Usage None/Daily/Weekly/Monthly/ Occasional</b>	<b>Currently injected</b>	<b>Previous usage</b>	<b>Previously injected</b>
A. Heroin	None/Daily/Weekly/Monthly/Occasional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Methadone (not prescribed)	None/Daily/Weekly/Monthly/Occasional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Other opiates	None/Daily/Weekly/Monthly/Occasional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Crack cocaine	None/Daily/Weekly/Monthly/Occasional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Cocaine Hydrochloride	None/Daily/Weekly/Monthly/Occasional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Misused prescribed drugs	None/Daily/Weekly/Monthly/Occasional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Benzodiazepines	None/Daily/Weekly/Monthly/Occasional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Amphetamines e.g., speed	None/Daily/Weekly/Monthly/Occasional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Hallucinogens e.g., LSD, mushrooms	None/Daily/Weekly/Monthly/Occasional		<input type="checkbox"/>	
J. Ecstasy	None/Daily/Weekly/Monthly/Occasional		<input type="checkbox"/>	
K. Cannabis	None/Daily/Weekly/Monthly/Occasional		<input type="checkbox"/>	
L. Solvents (inc. gases and glues)	None/Daily/Weekly/Monthly/Occasional		<input type="checkbox"/>	
M. Steroids	None/Daily/Weekly/Monthly/Occasional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Other	None/Daily/Weekly/Monthly/Occasional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please specify other drug(s)				



**Notes (Substance Abuse):**

111. When you were using in the past, did you have a preferred drug?

<input type="checkbox"/> Heroin	<input type="checkbox"/> Methadone (not prescribed)	<input type="checkbox"/> Other opiates	<input type="checkbox"/> Crack cocaine	<input type="checkbox"/> Cannabis
<input type="checkbox"/> Cocaine Hydrochloride	<input type="checkbox"/> Misused prescribed drugs	<input type="checkbox"/> Benzodiazepines	<input type="checkbox"/> Amphetamines (e.g., Speed)	<input type="checkbox"/> Ecstasy
<input type="checkbox"/> Hallucinogens (e.g., LSD, Mushrooms)	<input type="checkbox"/> Solvents (e.g., gases, glues)	<input type="checkbox"/> Other, please specify:		<input type="checkbox"/> Steroids

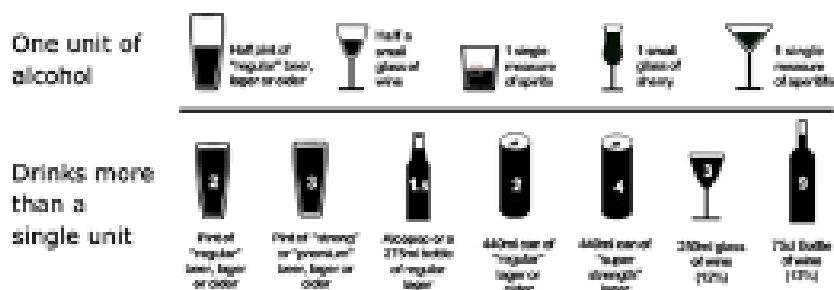
114. What substance are you using?

Substance	Method (oral, nasal, injection)	Frequency (Daily, Weekly, Monthly, Occasional)	Quantity	Current?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**AUDIT C (Screen)**

The scale above currently groups all substance use together. Whilst it asks specifically about illicit drugs, however, it does not screen for problematic alcohol use, which the AUDIT C below does.

	(0)	(1)	(2)	(3)	(4)
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4 or more times per week
How many units of alcohol do you drink on a typical day when you are drinking?	0-2	3-4	5-6	7-9	10 or more
How often have you had 6 or more units if female on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily



## Question 131: Do you have shared or full custody of your children?

### Summary of findings

This question forms part of the parenting scale, which aims to record service users' strengths in parental involvement. The question is intended to capture whether the service user's current circumstances mean that she can parent in a meaningful way. Respondents were largely confused by the phrase 'shared or full custody'. They were unsure whether the term was applicable to informal arrangements between parents and whether this referred to situations where birth parents no longer resided together. It was a common view amongst respondents that the term sounded 'official' and was linked to legal settings and proceedings involving children's services or the Family Court. One respondent explained:

*I wouldn't say its custody, because it's an agreement we've come to together as parents. It's not had any involvement from the court, it's not court ordered. So, I wouldn't call it custody. We call it 'co-parenting'. So, we do 50:50 (TGW03SU).*

Further uncertainty arose around the meaning of 'shared, or full' custody. One respondent mused:

*I have full custody! Well, with my husband. So, it's shared? Yeah? Shared! I share ... I have 50 and my husband has 50. So, the only reason why I say this is, because if I took my child out of the country for more than ... whatever, I would have to have my husband's consent, I'm sure. So, it is 50:50! Or if there was an operation. We both, as parents have to agree with stuff. So, I just think 50:50 is when you have two people in the same live-in household. Or a dad that has the same. And full custody is when there is no other person within the parental rights (NT04CW)*

There was a consensus amongst respondents that the answer was clear if children lived with and were cared for by only one parent. As one service user noted, "I'm the main parent, without me nothing would happen" (NT03SU). However, responses became less obvious and more complex when additional arrangements were in place, or when parenting referred to adoptive, step- or grandchildren (NT04SU). Several caseworkers highlighted the complexity of some service users' circumstances. They noted that this question did not adequately capture precarious circumstances:

*Some women may have children on a child protection plan, some have children in care, some have a 'child in need' plan, where they are receiving support from external organisations to support them with their parenting. Maybe that needs that little more elaboration, to see whether there are any children with social services involvement, do they have children in care? (AW04CW).*

### The problem and the implications

The problem with this question is the ambiguous meaning of the terms shared and full custody. The findings suggest that circumstances where a child does not live with both birth parents may not be captured consistently by caseworkers. The question elicited

a range of interpretations, with multiple definitions of the key phrase 'full or shared custody' considered by respondents. Discrete distinctions were only drawn between 'physical' custody' and 'contact'. A lack of understanding of what 'shared or full custody' means resulted in varied answers based on personal interpretations. The implications of this are that a service users' strengths in parental involvement may not adequately represented. The findings also suggest that the term 'custody' may be a residual 'Americanism' inappropriate in the English context.

### **Suggested reformulations of the question**

A suggested reformulation of the question is: **'Are you the main carer for the child(ren)?'** The wording of this question more appropriately captures a service user's current circumstances and whether she can currently parent in a meaningful way. The removal of legal jargon allows the question to focus upon the care providing aspect of parenting and the strength of the service user's involvement with her children as their main carer.

### **Question 138: How is your relationship with your family?**

**(Tick the row that best applies)" 'Good – just minor conflicts'; 'Mixed – conflictual some of the time'; 'Conflict most of the time'**

### **Summary of findings**

This question forms part of the family of origin scale and is intended to capture sources of familial support and conflict and to establish whether the respondent has an adequate familial support network.

Whilst most respondents did think of their immediate family of origin, including parents/guardians, siblings, and second-degree relatives, they often included spouses and minor children in their initial answer. Some respondents requested clarification on whether the family in their home constituted their 'immediate family'. Others not only included partners and children but also individuals 'like family', such as close friends.

The three options included in the scale left many respondents unsure of which to pick, with the term 'conflict' proving particularly ambiguous. One respondent stated that they did not understand what kind of conflict this question referred to, whilst another noted that they felt 'good, just minor conflicts' was the same as 'mixed, conflictual some of the time' (NT02SU). This sentiment was shared by several respondents who agreed that a certain degree of disagreement was normal. When probed further one respondent attempted to quantify the options by stating: *"I would say 80% of the time is 'good', but if it was more 50% it would be 'mixed'"* (NT03CW).

When respondents offered examples of 'conflict' with family, they often included minor children and spouses. One respondent stated, *"Whoever is in the house – household. Children. Conflict is an issue in the question, I explain: 'Who's doing the washing up in the house', 'who takes the bins out?'"* (AW01CW). Respondents also reported difficulties in selecting an adequate answer if they had particularly good relations with some family members, but fractious relationships with others (TGW02CW).

Responses varied significantly when respondents were asked what timeframe they considered when they answered the question. Some respondents reported the relationship as it was in the now, some considered the past six months, whilst others reported contemplating the past 10 years. Discussing this issue, one respondent said it may be easier to answer this question if *"they have never supported you, you know*

*the answer – conflict most of the time” (TW02CW), whilst another commented “It has always been good” (AW05CW).*

### **The problem and the implications**

Whilst there were no difficulties in comprehension, the primary problem with this question is that further probing uncovered varying definitions of whom respondents viewed as family. Due to the lack of clear definitions, respondents frequently included individuals ‘like family’, such as friends, spouses and minor children living in the same household. This resulted in inadequate indications of true familial support outside of the home. Additionally, the inclusion of individuals, such as minor children or individuals ‘like family’, may result in the caseworker not accurately scoring the family of origin section. This could result the need for additional support being overlooked.

The second problem is that there was a lack of consensus as to what conflict meant and how the interpretation of the phrases ‘Good – just minor conflicts’ and ‘Mixed – conflictual some of the time’ impacted on their answers. The implications of this are that the categories may be misinterpreted by the service user, resulting in an inaccurate picture of familial support or conflict within the scale. Additionally, the insights provided by respondents indicate that more fractious, volatile relationship patterns may render the three choices insufficient in capturing complex family dynamics.

The third problem is that varied timeframes were considered by respondents potentially resulting in discrepancies between WRNAs, should a caseworker not prompt the service user to speak to the status of their familial relationships as it is now.

### **Suggested reformulations of the question**

A suggested reformulation of the question is: ‘**Do you have any family members to support you?**’. This is a more direct question that captures sources of familial support. Additionally offering a temporal cue such as ‘**How is your relationship with your family right now?**’ or ‘**Do you have any family members offering you support right now?**’ will encourage service users to think about their current relationships and highlight to caseworkers the need to discuss how relationships may be improved if contentious at present.

**Question Q146: Is this relationship satisfying to you (i.e., does it make you happy at the present time?)**

### **Summary of findings**

This question formed part of the relationship stability scale and aims to capture respondents understanding of healthy relationships with significant others. The question is only asked of service users who report currently being in a relationship. Respondents were probed on their comprehension of the term “satisfying”, which resulted in two divergent themes. Whilst some respondents deemed it problematic or unsavoury with connotations of sexual gratification, others considered the term to be inadequate for describing a healthy positive relationship, equating the term ‘satisfying’ as meaning ‘satisfactory’.

Although all respondents reportedly understood the true meaning of the phrase, some caseworkers reported replacing the phrase ‘satisfying’ with ‘Does the relationship make you happy?’ as this appeared less contentious. As one respondent stated:

*It's a weird term, isn't it? (...) Satisfying sounds like a 'base level', like a 5 out of 10 almost. And no one wants to be in a 5 out of 10 relationship. Everyone wants to report that they're the happiest they've ever been in a relationship. But satisfying - I think means, does it meet all your basic needs? So, do you feel safe? Do you feel comforted, supported? Those sorts of things, I wouldn't think of it as "Do you feel always happy?", or "Do you have butterflies?"* (TGW04CW)

When probed on whether 'feeling safe' was important to a 'satisfying relationship', most respondents agreed that this was a critical feature of a positive relationship. However, some caseworkers noted that service users may not always be able to recognise what emotional and physical safety means. One caseworker stated:

*For some women, in answering the question, they may be attributing to look towards relationships they are in, hoping that that person might actually be, the person that they had in mind. But it might turn out that this person isn't actually that* (AW04CW).

This suggests that relationship satisfaction may be tied to a level of reflection or introspection, and this is something that service users may not be afforded in their intimate relationships.

### **The problem and the implications**

Respondents generally understood that the implied meaning of this question centred around 'non-harmful relationships'. Alternate subtexts concerning 'sexual satisfaction' or expressions of 'mere adequacy' did not negatively impact answers. However, the problem with this question is that it does not convey the depth of meaning it is intended to address. Instead, the question was largely understood 'are you (sexually) satisfied?', or "is this relationship 'ok'?". The implications of this are that the question may be misinterpreted, and the scale scored inaccurately.

### **Suggested reformulations of the question**

A suggested reformulation of the question is: **'Are you happy in this relationship at the present time?'** The rewording of the question and the removal of the term 'satisfying' provides a more direct way of asking whether the relationship is supportive and fulfilling for a service user.

### **Question 147: Do you get into relationships that are painful for you? Or is your present relationship a painful one?**

#### **Summary of findings**

This question forms part of the relationship scale. It is intended to capture whether respondents are aware of unhealthy relationship patterns. Whilst the term painful was generally understood, some respondents considered painful to mean 'abusive' and 'harmful' relationships, while others considered painful to mean an emotional separation, general incompatibility, or a lack of support within the relationship.

One respondent remarked that the question covered 'a wide subject' including question such as, *'Are they supportive of you, are they jealous of your success? Do they support you in your home work, or is it more serious? Is there any DV [domestic violence]? DA [domestic abuse]?'* (AW05CW). Other respondents suggested that every relationship had the potential to cause emotional pain, making the term 'painful' too ambiguous to meaningfully capture harmful relationship patterns. Another

respondent remarked that she did not intentionally enter painful relationships. She described entering a relationship as a “*leap of faith*” and that she only discovers that a relationship is painful once she is in it (NT03SU).

A caseworker expressed that evaluating relationships required both introspection and reflection. She noted that service users in unhealthy relationships may not be able to recognise this at the time and therefore may not provide an adequate response:

*They can recognise that they are drawn to a certain typology, and (...) they know they get drawn to unhealthy relationships. They maybe recognise after the relationship has ended, that they were drawn to an unhealthy relationship, which has had an unhelpful or negative impact on them. But they have to reflect on that afterwards, after deeming it healthy and fulfilling at the time (AW04CW).*

Some respondents also had difficulties choosing an appropriate answer. A caseworker noted, “*My relationship isn’t painful. It’s a bit of a tricky question because you can’t have a ‘yes/no’ answer. Is it painful? No, it’s not! But do you get into painful ones? ‘yes’.....! My current one isn’t, but my previous one was*” (NT03CW). The findings suggest that by simultaneously asking about both current and past relationships the wording of the question complicates a respondents’ ability to answer.

### **The problem and the implications**

The primary problem with this question is the ambiguity of the term ‘painful’. The findings suggest that the question captures situations where a relationship ended in an emotionally painful manner, even though the relationship itself was not harmful or abusive. Alternatively, respondents may not report relationships to be harmful as they may not yet be able to reflect on them objectively, thus not capturing unhealthy relationship patterns.

### **Suggested reformulations of the question**

A suggested reformulation of the question is to ask: ‘**Generally, have you found yourself in harmful relationships (in the past)?**’ This would remove the temporal cue asking about a current relationship and would focus solely upon previous partners, particularly as current relationships are already addressed in the relationship stability scale. This would also provide a more direct line of enquiry as to whether service users have found themselves in ‘unhealthy relationships’ in the past. It also presents a more sensitive wording to avoid feelings of shame or inappropriate apportioning of blame upon the service user if they have suffered abuse.

### **Question 173: Raising Children is a nerve-wracking job**

**(Strongly agree, agree, neither agree nor disagree, disagree, strongly disagree)**

#### **Summary of findings**

This statement forms part of the parenting scale. It aims to identify a support need for service users disclosing high levels of parental stress. The item is intended to capture whether a respondent deems parenting to be an overwhelming task, resulting in debilitating anxiety. The parenting scale is only administered to service users with children under 18 who they have periods of ongoing contact with and who they parent meaningfully.

Respondents generally ascribed the statement to the normalities of parenting, with most responding ‘strongly agree’. One respondent explained:

*When you have a child there is no guidebook. Parenting changes from stage to stage. (...) I've been a parent for 15 years and I still don't have a clue. Am I doing my best? Am I doing it right? Am I putting my child's needs before myself? (AW01CW)*

Of those responding 'strongly agree' most offered anecdotal evidence, citing various examples of particularly intense, but usually time-limited episodes, such as caring for a new-born child, accidents and illness, or anxieties around separation and dealing with a child's growing independence. However, many respondents also mentioned more practical concerns such as a child's "financial, emotional, and spiritual provision. "(NT04SU) or "being able to support them in basic ways- like clothing. Wanting to raise a successful child... all the traits you would want. Raising a positive person" (TGW05CW).

Whilst all respondents accepted that parenting is uniquely challenging, those who disagreed with the statement deemed the terms 'nerve wracking' and 'job' to be problematic. One respondent likened the statement to mean, "getting on my nerves, like a problem with the nerves. I don't like the term" (AW04CW).

Others also expressed strong discomfort at describing parenting in this manner. As a service user responded:

*It upsets me that word! ... They're a blessing, not nerve wracking. Of course, bringing up children is challenging, but it's not nerve wracking, I wouldn't say that... Maybe for someone who's had that [post-natal depression] then it will be a different case, maybe they will feel that it will be nerve breaking... it means you've reached breaking point, so if you have postnatal depression, that is breaking point (NT03SU)*

### **The problem and the implications**

The problem with this question is that the statement in its current formulation is inadequate for its use within the parental stress scale. Respondents who strongly agreed did so having interpreted the statement as expressing the normality of parenting. This stems from a desire to do right by their children and a deep wish to parent successfully, rather than conveying an inability to do so due to overwhelming emotions.

Given that the current wording of the statement elicited a response in favour of 'strongly agree' in the absence of debilitating anxiety, this invariably leads to an overreporting of parental stress as a need. Respondents may be flagged as requiring additional help with parenting when they do not require this. Very few respondents linked the statement with excessive, or pathological anxiety or distress, suggesting that the phrase is not sufficient in capturing the level of parental stress it aims to measure.

### **Suggested reformulations of the question**

A suggested reformulation of this statement is: '**Parenting is often overwhelming.**' Whilst many respondents agreed that parenting is 'nerve wracking', this was interpreted to mean it is 'a lot to deal with'. Using the term 'overwhelming' indicates that this 'it is too much to deal with', which would be a way of capturing the intended aim of the statement.

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# Appendix 1: Consent form

## Consent Form: Trauma, Harm and Health with Justice Involved Women: Cognitive Interview Study

If you would like to take part, please make sure you have understood the information about the project, then initial the boxes you agree with and sign this form. Thank you!

Your initials in these boxes if you agree
--

**Please write your initials in the box if you agree with the statement next to it:**

- 1) I have read and I understand the cognitive interviewing study information sheet (Version 1, January 2022) explaining what will happen when I take part in this study. I have had time to consider the information, ask questions and had any questions answered so that I am satisfied.
  
- 2) I understand that my taking part is entirely voluntary. I am free to withdraw or stop taking part at any time without giving any reason and I have 4 weeks after the interview to request my data is deleted. I understand I do not have to answer any questions I do not want to answer. Any service or support I receive, and my legal rights will not be affected whether I take part or leave the study at any time.
  
- 3) I understand that interviews will be audio recorded using an encrypted recorder and that notes will be taken for the research. The interview can take up to an hour. My information will usually only be looked at by the study research team. I agree to my interview recording to be safely and confidentially transferred to, held and processed by the University of Birmingham for this research study. My information can be kept for 10 years after the end of the research study and then it will be destroyed safely.
  
- 4) I understand that any information will be kept strictly confidential.
  
- 5) I understand that any information given by me may be used in reports, academic journal articles, books and/or presentations by the researchers but that my name and any identifying information about me will NOT appear in any material about the project. I understand that I can request feedback on the research study results by asking the researchers.
  
- 6) I agree to take part in the research study

Participant Name	Date	Signature

<i>Researcher or person taking consent</i>	<i>Date</i>	<i>Signature</i>

**When you have completed it, please give this form to your caseworker, researcher or return it in the envelope provided. Thank you!**

## Appendix 2: Participant information sheet

### **Participant Information Sheet: Trauma, Harm and Health with Justice Involved Women: Cognitive Interview Study**

#### **Your Invitation – Would you like to help us with some research?**

We are inviting you to be part of a research study.

Before you decide to take part, you should understand why the study is happening and how you can choose to be involved. Please take time to read this information carefully and you are free to talk to other people about it too. Please contact your centre Research Assistant if you have any questions. Thank you for reading this information and thinking about helping your Women's Centre by being part of this research.

#### **What is the research about?**

The research is about testing an assessment for women when they come to a Women's Centre. This assessment is called the "Women's Risk Needs Assessment" (it is sometimes called the WRNA, for short).

We are currently carrying out a Validation study for the WRNA in England. As part of this research study, we would like to find out what you think about how some of the questions are asked and to find out more about your understanding of the WRNA. This is known, in research terms, as a cognitive interview.

#### **Why have I been invited?**

You are invited to be part of this research, because you are either trained in carrying out the WRNA or are a Women's Centre peer mentor, or someone who is familiar with Women's Centres and the assessments they carry out. The researcher has decided that you might be suitable to take part, thinks it is safe for you to do so and knows that you can decide freely for yourself, with the right information, whether you want to take part or not.

#### **Do I have to take part?**

No. It's completely up to you to decide whether or not you take part in this study. You do not have to take part in the study, and not doing so will not affect your work or access to the Women's Resource Centre or other accommodation or support services. Further, it will not affect your involvement in the WRNA Validation research study, if relevant.

If you want to withdraw from the study after choosing to take part this is absolutely fine, you do not have to give a reason and your work and/or access to the Women's Centre will not be affected if you do not continue with the research. If you want to withdraw from the study after taking part, please contact us within 4 weeks of the interview and we will delete any data you have provided to the study.

#### **What will happen to me if I take part?**

You will be asked if you would like to take part by your Women's Centre Research Assistant. They will approach you either face to face or via email.

If you choose to take part in this study, you will be asked to sign a consent form to show that you agree to take part in the study. The Research Assistant will then organise a suitable time to carry out an interview with you. We anticipate that the interview will last no longer than 1 hour.

The interview will ask you about some of the specific questions within the WRNA which will help us try to understand how you interpret the WRNA and how it is presented to clients.

### **What will be happening in this study?**

The study will check users understanding of the WRNA interview questions using qualitative interviews. The interview will be audio recorded using an encrypted digicoder. Once the interview is complete, the Research Assistant, who will be taking the interview, will download and save the audio recording to the secure University of Birmingham storage. The data will be listened to and analysed using Atlas.ti (it will not be transcribed). Once analysed, we will keep your audio data in the secure UoB storage for 10 years. We may need to return to this analysis later in the project for further scrutiny, such as revalidation relating to future WRNA research. Data will only be processed and analysed by members of the University of Birmingham research team.

### **Are there any risks from taking part in the research?**

Taking part is entirely your choice and we do not think there are any risks to participating in this research. We want to know how you understand and how you answer various questions from the WRNA.

The interview will take up some of your time to complete, up to approximately 1 hour. This can be carried out at a time to suit you. It is also possible that the questions may bring up some sensitive issues.

You do not need to answer any questions you do not want to and you can take a break if you need to at any time during the interview. We have also included information on a number of support services at the end of this Participant Information Sheet.

### **Are there any possible benefits from taking part?**

Although you may find participating interesting, there are no direct benefits to you for taking part in this research. By taking part in the research you would be helping researchers to further understand the WRNA assessment, which will hopefully help in future survey design and development. By getting a deeper understanding of the WRNA, this may help to make a valuable contribution for other women using Women's Resource Centres in the future. We will give you a £20 Love2Shop voucher as a thank you for your time.

### **How will we use information about you?**

We will need to use information from you for this research project. This information will include your name, contact details and information from the interview. People will use this information to do the research or to check your records to make sure that the research is being done properly. People who do not need to know who you are will not be able to see your name or contact details. Your data will have a code number instead.

We will keep all information about you safe and secure.

Once we have finished the study, we will keep some of the data so we can check the results. We will write our reports in a way that no-one can work out that you took part in the study.

### **Can I be identified by taking part?**

No. We will store the interview data using a prefix and number (e.g. COG01) so that no individuals can be identified by anyone outside of the Women's Centre and University of Birmingham research team. Only members of the research team will be able to listen and analyse the research interviews.

The audio data collected for this study will be stored securely and only very few researchers will have access to it. We will make sure it is safe and confidentially kept:

- Audio recordings will be stored securely
- Any computer files will be encrypted (so that no-one other than the researchers in this study will be able to access them) and the computer itself password protected.

### **What will happen to the results of the research?**

The data collected from these interviews will be used to cognitively analyse a number of questions within the WRNA. This will help give us a better understanding of the questions and contribute to future WRNA assessment design and development.

We may share and publish the results in academic journals, books, reports and conference presentations, for funders, the Women's Centres and other researchers. These reports will be available on websites (for example shared by the Women's Centres and the University of Birmingham).

If you take part in the research, no one will be able to identify you in any publication or presentation by name or by any characteristics that could be used to identify you. Any quotes taken from the interviews will not identify you and will use a pseudonym. If you would like a summary of the results of the study, please contact your Centre Research Assistant <email here>

### **What will happen if I don't want to carry on with the research?**

If you decide you don't want to take part in the research this is absolutely fine. Tell your Research Assistant and all data (audio recordings) provided by you will be deleted and not used for analysis. You can withdraw within 4 weeks of the interview and you do not need to give a reason why. We need to manage your records in specific ways for the research to be reliable. This means that we won't be able to let you see or change the data we hold about you.

### **Who has reviewed the project?**

This study has been approved by the York NHS Research Ethics Committee on 12<sup>th</sup> June 2020 and the University of Birmingham Humanities and Social Sciences Ethical Review Committee on 2<sup>nd</sup> December 2019. It has also been reviewed and accepted by the MoJ National Research Committee on 14<sup>th</sup> April 2021.

### **Who is funding and organising the research?**

JABBS Foundation have kindly funded this research study. The University of Birmingham is the sponsor for this research project. Professor Simon Pemberton is the study Principal Investigator who is leading the research project. The University has in force Public Liability, Employer Liability and/ Clinical Research Insurance cover for claims for "negligent harm" and the activities here are included within that coverage.

### **What if there is a problem or I have more questions?**

If you have any concerns or questions about this study please contact your local Research Assistant or one of the wider study team: Dr Joanna Long email: [j.e.long.1@bham.ac.uk](mailto:j.e.long.1@bham.ac.uk) or Professor Simon Pemberton [s.pemberton.1@bham.ac.uk](mailto:s.pemberton.1@bham.ac.uk).

If you would like to find out more about how we use your information, please ask one of the research team or contact [dataprotection@contacts.bham.ac.uk](mailto:dataprotection@contacts.bham.ac.uk)

**Resources if you are distressed or want support**

Should you feel distressed after taking part in this research, or in the future, please talk to your Research Assistant, Caseworker, or the following resources may help you:

Samaritans - if there's something troubling you, then you can get in touch, free of charge. Available 24 hours a day, 365 days a year. Telephone: 08457 90 90 90. If you do not need an immediate response, you can also email: [jo@samaritans.org](mailto:jo@samaritans.org)

Mind - Infoline provides an information and signposting service. Available 9am to 6pm, Monday to Friday (except for bank holidays). Telephone: 0300 123 3393 or email: [info@mind.org.uk](mailto:info@mind.org.uk)

**What if I have a complaint?**

If you wish to make a complaint or raise concerns about any aspect of this study and do not want to speak to the researcher, you can contact: Catherine Needham Tel: 0121 414 3011  
[C.Needham.1@bham.ac.uk](mailto:C.Needham.1@bham.ac.uk)

**If you need the information in another format, please tell us. We will give you a copy of this information sheet to keep. If you would like a signed copy of your consent form, please ask us for one.**

**Thank you for taking the time to read this information  
and thinking about helping with this research.**

## Appendix 3: Interview guide

Before starting interview, check **consent form** has been completed and that the participant understands what the study involves and is happy to take part. Check that the digi-recorder has battery and adequate storage space.

### Cognitive Interview Guide

#### Introduction

The interviewer should introduce herself and thank the participant for her consent.

My name is XXX and I am a researcher at the University of Birmingham.

First, thank you for agreeing to take part in an interview for this research. Before we start the interview, I'd like to remind us both a little about why we are conducting this research. As you may know, we are already carrying out a research study here to validate the WRNA in England. While this study will help us test the accuracy and reliability of the assessment, there are some questions that remain untested. Furthermore, the WRNA has been anglicised and in the process different terms have been used in place of particular 'Americanisms' which warrants survey testing.

I am going to tape record the interview as it provides a more accurate record of what you have to say, and it means I can listen to what you are telling me rather than frantically trying to write down every word you say. I want to remind you that I am not recording this interview to test you but rather to make sure the assessment tool works as intended. This is so that we can get an idea of how the assessment tool works in practice and subsequently make recommendations to improve the assessment for use in England.

To do this, I am going to ask you several questions within the WRNA to evaluate your interpretation. To do this I will often be asking you to try and 'think aloud' so you are describing to me what you are thinking about as you read and answer the questions. Do you know what 'Think Aloud' means? To begin, I have a short exercise to practice.

#### Probes:

Do you have glass in your front door? Did you count that as a window? Why?

Do you have sky lights? Did you count that as a window? Why?

"Try to visualise the place where you live and think about how many windows there are in that place. As you count the windows, tell me what you are seeing and thinking about."

Many of the questions are going to be in that 'think aloud' format. Try to include as much detail as you can. Does that make sense?

It is possible that some of the questions I ask today might be quite personal or sensitive, but I want to assure you that we will treat this discussion as confidential. We will be putting together a report based on what is said in the interviews, but we will not use your real names anywhere in the report. Please don't tell me any information that is confidential about other people, I am just interested in learning about your interpretation of the questions.

Please know that there are no wrong answers, this isn't a test of what you know, we are interested in your interpretation of these questions only. We are just trying to understand how different people will interpret these questions.

If you want to stop the interview at any time just let me know and we can take a break. You do not have to complete the whole interview; if you want to take a break, or if you wish to end the interview at any point and go and do something else, please feel free to tell me and we will do that.

Do you have any questions? If you are happy, I will turn on the recorder now.

So the first question I would like to ask is about the CJS involvement part of the WRNA. Please use think aloud to answer this question.

	Question	Measurement Objective	Probes
Attitude Scale Q1+	<b>"Were you treated fairly by the CJS"</b>	To explore comprehension of the phrase "fairness", to explore judgments R make when deciding what is deemed fair, relative to their offence.	Comprehension Probe: What do you understand the term "fair" to mean? Judgment Probe: How did you conclude that you were treated fair/unfair? Retrieval Probe: Was the context of the offence taken into consideration.
Q30.	<b>Do you have a college certificate (e.g. HNC) or university degree?</b>	To capture whether R possesses a formal Qualification at Level 4, or above . Problem: The mention of college certificate often throws caseworkers off as to what this is defined as.	Comprehension Probe: What does the term ' <u>college certificate</u> ' mean to you? Judgment Probe: How did you decide how to answer this Question ? Retrieval Probe : Do you have a .... (Level 4 Qualification examples)
Q49e.	<b>Do you have any money to spend on yourself each week?</b>	To capture whether R has disposable income to spend on themselves, beyond housing, food, warmth (Poverty Question). <i>Exclude savings which is covered in 49h.</i>	Comprehension Probe: What does the term ' <u>money to spend on yourself</u> ' mean to you? What items and activities might you include? Judgment Probe: You didn't include XXX (e.g. going out, meeting friends, socialising)... can you explain why? Retrieval Probe : Is your answer based on a 'typical' week? Or have you used the most recent week? Response Probe : Would you include money, which

			is spent on recreational drug/alcohol use?
Q53.	<b>Is your home environment free of substance misuse?</b>	To capture whether R is living in a HOME environment where substances are being used (putting the client at risk of 'exposure') (e.g. bedsit with shared living space)	Comprehension Probe: When you think about your ' <u>home environment</u> ' who and what do you include in your answer? Judgment Probe: What does the term ' <u>substance misuse</u> ' mean to you? What substances would you include within this term?
Q55.	<b>Will you be living on your own for the next several months? If no, who will you be living with you (relationship not name e.g. partner/family friend)?</b>	To capture R's subjective perception of loneliness.	Comprehension Probe: What does the phrase " <u>living on your own</u> " mean to you ?
Q57d.	<b>Are you staying with different people you know casually?</b>	To capture whether R has a permanent 'abode' (formal tenancy) / some form of stability. (As opposed to 'street homelessness')	Comprehension Probe: What does the term ' <u>different people you know casually</u> ' mean to you? Judgment Probe: You didn't consider 'sofa surfing', can you explain why?
Q60.	<b>Have any of your close friends been in trouble with the law?</b>	To capture whether R's immediate friendship group is involved in criminal activity.  Problem: Badly worded question, often seems not to match further questions about committing offences with friends	Comprehension Probe: What does the term ' <u>trouble with the law</u> ' mean to you. Judgment Probe: What forms of contact with the justice system would you include? e.g. arrest, sentenced, conviction etc Judgment Probe: What kind of individuals would you consider to be " <u>close friends</u> "?
Q64	<b>Do you associate with any positive individuals who seem to be leading constructive lives?</b>	To capture whether R is surrounded by individuals who lead pro-social / constructive lives, who are a positive influence on R, or are put at risk by anti-social peers.	Comprehension Probe: What does the term ' <u>positive individuals</u> ' mean to you. Judgment Probe: What do you understand by the



			<p>phrase "<u>leading a constructive life</u>"?</p> <p>Retrieval Probe : What does "<u>associating with positive individuals</u>" mean to you?</p>
Q67	<p><b>Would you describe yourself as having a strong temper or getting into a rage?</b></p>	<p>To capture whether R thinks she is able to regulate emotions effectively when experiencing feelings of anger.</p>	<p>Comprehension Probe: What does the term "<u>rage</u>"/"<u>temper</u>" mean to you?</p> <p>Judgment Probe: Do you think there are instances where losing your temper or getting angry is justified?</p>
Q68	<p><b>Do you have trouble controlling your temper when you get upset?</b></p>	<p>Measurement Objective : To capture whether R thinks she is able to regulate emotions effectively when experiencing feelings of anger.</p>	<p>Comprehension Probe: What does "<u>controlling your temper</u>" mean to you ?</p> <p>Judgment Probe: What does being '<u>upset</u>' mean to you?</p>
Gambling Scale	<p><b>INTRODUCTION TO CLIENTS: I want to ask you if gaming or gambling online is or has ever been a problem for you. This can include about betting shops, casinos, arcades or fruit machines and betting terminals, but also spending money in online games, bingo, lottery or scratch cards, online or in app game purchases or anything like that). We are asking these questions not to judge you, but to ensure you get help if you need it and to help other women who might have similar problems in the future.</b></p>	<p>To capture whether R is 'gaming'. To explore the range of activities that fit with the gendered pattern of gambling / gaming activity. Problem: Terminology does not appear to fit with the population questioned.</p>	<p>Comprehension Probe: What does the term 'gambling' mean to you?</p> <p>Judgment Probe: What kinds of activities would you include? Can you explain why you would include these?</p> <p>Retrieval Probe: Have you played and spent money on any of the following (examples)</p> <p>Modified introduction prompt:          "The following questions will cover your experience with gambling and gaming. This takes on many forms including mobile phone gaming and in-app purchases, online gaming, lotteries, scratch cards"</p>

Q110.	<i>Does anyone in your home now use drugs or alcohol? (anyone 'other than you' )</i>	To capture whether R has opportunity to use drugs/alcohol. To capture whether R is living in a HOME environment where substances are being used (putting the client at risk of 'exposure') (even if it is a bedsit with shared living space)	Comprehension Probe: What does the term " <u>home environment</u> " mean to you ? Judgment Probe: What forms of alcohol/drug use would you include? e.g. social drinking, pain relief
Q131.	<b>Do you have shared or full custody of your children?</b>	To capture whether R has physical/legal custody of the children and is able to exercise their PR in a meaningful way.	Comprehension Probe: What does the term " <u>custody</u> " / " <u>shared custody</u> " mean to you ? Judgment Probe: When you answer this question are you thinking about the situation as it is right now, or in the past, or what it will be like in the future?
Q138.	<b>How is your relationship with your family (tick the row that best applies)?</b>	To capture whether R has familial support/conflict Problem : Doesn't accommodate for situations where there is not much of a relationship. Often not answered correctly (more than one tick)	Comprehension Probe: Who are you thinking about when you are answering this question? Judgment Probe: How sure are you that your answer fits into one of the options offered? Retrieval Probe : What kind of time period were you thinking about ?
Q146	<b>"Is this relationship satisfying to you (i.e., does it make you happy at the present time?)."</b>	To capture whether R has an understanding of healthy / good relationships with significant / intimate others.	Comprehension Probe: What does the term ' <u>satisfying</u> ' mean to you? Judgment Probe: Do you think you need to feel safe in order to have a satisfying relationship.
Q147.	<b>Do you get into relationships that are painful for you? Or is your present relationship a painful one?</b>	To capture whether R has a pattern of unhealthy relationships.	Comprehension Probe: What does the term ' <u>painful</u> ' mean to you? Judgment Probe: What kinds of relationship would you include within this term? (" <u>painful relationships</u> ")
Q173.	<b>Raising children is a nerve-wracking job.</b>	To capture whether R finds parenting anxiety provoking / causing apprehension (distinguishes between 'normal' anxieties vs debilitating forms of anxieties)	Comprehension Probe: What does the term " <u>nerve wracking</u> " mean to you ? Judgment Probe: What situations were you

		Problem : Strangely worded, often answered disagree/ strongly disagree	thinking about when you answered this question ?
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## Appendix 4: Coding framework

The colour coding refers to revised and additional reformulations of the code. Yellow highlights were amendments agreed during a research team meeting in December 2022. Purple highlights were amendments agreed during a subsequent research team meeting in January 2023. These amendments occurred as a result of pilot analysis.

1. Q1+. Were you treated fairly by the Criminal Justice System?

Code	Description
1.1 Context	Whether there was a sense that their needs/circumstances leading up to the offence were taken into consideration. Extent of responsibility taken for the offence and the extent and nature of previous criminal justice experiences.
1.2 Process	Was due process followed? Were women read their rights, was counsel provided, were appropriate procedures followed? Treated in accordance with PACE codes of practice and procedural rules.
1.3 Sentence	Perception of fairness allied to punishment. Was it proportionate? Did it take into consideration the representations of lawyers and probation officer? Did the women feel her voice was heard in court?
1.4 Treatment	Were the women treated with dignity and respect by Criminal Justice Officials?
1.5 Proportionality	Proportional criminal justice encounter: What was the response with which the R was encountered proportionate to the offence committed? (e.g., amount of police who responded to the incident, level of force used, sentencing). Double code with Sentence and Treatment.

2. Q30. Do you have a college certificate (e.g., HNC) or university degree?

Code	Description
2.1 Place of education	College education refers to the place of education, rather than a specific level, other than it usually being post compulsory secondary education.
2.2 Type of qualification	Post 16 qualifications or lifelong learning (night school GCSE s). Vocational or academic.

3. Q49g. Do you have any money to spend on yourself each week?

Code	Description
3.1 Budgeting ability and self-control	Budgeting is very individual and depends on personal priorities and circumstances and what clients deem necessary. Possible disparity between whether money can be spent or should be spent.

3.2 Luxuries vs Essentials	Disparity between the concept of Luxury (not necessary) and Essential (necessary, money has to be spent here). 'Want not Need'
3.3 Substance use spend	Concept of personal substance use, especially nicotine/cigarettes / addiction and where this falls within the budget and in luxuries/essentials
3.4 Who (yourself)	Division of family resources included in yourself. Do women consider themselves solely, or themselves plus their children?
3.5 Timeframe	Is budgeting broken down into specific units of time? Days, weeks or monthly?
3.6 Agency/Choice	Having enough money to enact your choices without consequence.

4. Q53: Is your home environment free of substance misuse?

Code	Description
4.1 Forms of Substance use	Recreational substance use (e.g., alcohol, nicotine, recreational ecstasy) vs substance misuse. Does misuse begin when it controls the user, and interferes in the user's ability to function and live Interference with functioning and living?
4.2 Who (substance use)	Which individuals are involved? Visitors or residents?
4.3 Place	What counts as home? Specifically consider the issue of shared living, and the problem of shared areas.

5. Q55: Will you be living on your own for the next several months?

Code	Description
5.1 Uncertain unstable living arrangements	Clients are not stable enough to answer a question that requires a certain amount of forethought, as only immediate housing needs are taken care of
5.2 Who (living)	What is alone? Does this need to be form of company? i.e. Are children considered or others that are cared for?
5.3 Place (living)	What counts as living with or without others? Specifically issues with shared accommodation?

6. Q57d. Are you staying with different people you know casually?

Code	Description
6.1 Sofa Surfing	Staying with family and friends without a room of your own and formal arrangement.
6.2 Fleeting fast-forming risky relationships	Women will often form bonds with others quickly, causing them to immediately spend time overnight with different people, either out of necessity / opportunity, or to expedite relationships. This might include co-dependent substance use or sexual relationships.

6.3 Unstable/precarious living	Not having a permanent fixed abode, not being settled in one place. Arrangements may vary from one day to the next.
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7. Q60: Have any of your close friends been in trouble with the law?

Code	Description
7.1 Negative justice involvement	Negative justice involvement regardless of outcome. Any involvement of agencies including the police, social services, court actions is considered 'trouble with the law', e.g., stop and search, dispersal orders, harassment orders, drug orders, restraining orders, child protection plans
7.2 Who (friends)	Regular contact, trust, reciprocity vs acquaintances. Note distinctions drawn between two.

8. Q64: "Do you associate with any positive individuals who seem to be leading constructive lives?"

Code	Description
8.1 Association	What might be considered to be an association and the nature of the relationship? Regularity of contact and permanence of that individual in the woman's life. Potential distinction drawn with acquaintances.
8.2 Acquaintanceship	Clients appear to have more acquaintances, through frequent relocations (prison, approved premises, approved/supported housing etc.) than longstanding friendships. Do they lack influence?
8.2 Pro social individual	Positive individual is economically active. Engaged in long periods of paid work or some form of paid training (apprenticeship). Aspirational individual with life goals. Living stable life without chaotic lifestyle (substance use, mental health episodes). Also including those who fulfil caring functions e.g. stay at home mum/those who are overcoming adversity.
8.3 Negative influence	Positive influence may be modelled through reverse image of negative influences. Clients may be influenced by others whom they made superficial fast-moving connections with, circumstances may prohibit the forming of close friendships (living in Prison, AP, dry houses, etc.) or resuming of old / former friendships (old drug / crime associates whom the client knew in her 'former' life).
8.4 Impact on them	Are they having a positive impact in their own life, rather than them making a wider contribution to society?

9. Q67: "Would you describe yourself as having a strong temper or getting into a rage?"

Code	Description
9.1 Difference between Temper vs. Rage	Distinction drawn between temper and rage. Are these distinct or related emotions? Potential continuum between temper through to rage driven by decreasing levels of control. <b>NB. Should record the counter position.</b>
9.2 Situational trigger	Emotional response to anger may be affected by the situation or how personal the trigger is.

10. Q68: "Do you have trouble controlling your temper when you get upset?"

Code	Description
10.1 Lack of emotional regulation and self-control	Experiencing total loss of control and inability to self-regulate when in a rage/ experiencing anger.
10.2 Upset	Divergence in understanding. Upset as an expression of anger rather than an emotional state of sadness/unhappiness
10.3 Capacity to exercise control	Avoidance of escalation in challenging circumstances with limited emotional or physical impact on others.

11. Gambling Scale

Code	Description
11.1 Masculine	Term gambling leads to a very masculine image, or a "man in the bookies" / betting
11.2 Understated problem	Female gambling is very common, but not recognised as much, unless expressly stated.
11.1 Definition Traditional practices	Traditional vs. non-traditional; harmful vs. non-harmful. Gambling takes place in casinos or betting shops and not online, or via scratchcards etc.
11.2 Risk	Gambling has a loss attached and financial/emotional consequences. Also includes positive emotions e.g. hope of gain, cost benefit.
11.3. Addiction	Gambling recognised as a form of addiction, related to other forms of addiction e.g., substance misuse

12. Q100: Does anyone in your home now use drugs or alcohol?

Code	Description
12.1 Type of Use/Misuse/Abuse	Conflicted view and challenged self-image on what constitutes substance use/misuse/abuse and where lines are drawn. Eg. Cannabis use often not counted as illicit drug use / drug abuse, in the same way as nicotine and alcohol isn't counted, as service users don't treat it as problematic substance and it is extremely common amongst service users.



12.2 Place (home drugs)	What counts as home, specific reference to the issue of shared accommodation?
12.3 Who (home drugs)	Which individuals are involved? Visitors or residents?

13. Q111: Did your drug use ever involve the use of opiates, hallucinogens, dissociative drugs, like PCP, magic mushrooms, ketamine, spice, or ecstasy?

Code	Description
13.1 Harm	Drug categorisation conflates different types of substances together that cause contrasting degrees of health and social harms.
13.2 Confusion of formal and informal terms	Official classification systems used and then exchanged for colloquial terminology. Potential misunderstanding Opiates used rather common terminology heroin, cocaine, crack cocaine. Difficulties in comprehension/understanding.

14. Q131: Do you have shared or full custody of your children?

Code	Description
14.1 Formal legal process	Regarding custody as a result of legal interventions e.g. decisions made through the family courts or child proceedings (social care involvement) - (includes shared custody).
14.2 Informal arrangements	Arrangements made between parents without any legal intervention.
14.3 Residence	Custody defined by where the child(ren) reside.
14.4 Responsibility	Custody as parental responsibility for your child, e.g. financial, parental rights.
14.5 Involvement	Whether the client is involved with child including but not limited to letterbox contact, telephone contact.
14.6 Shared custody	Distinction between whether custody is held by client outright or shared by another person.

15. Q138. How is your relationship with your family (tick the row that best applies)

Code	Description
15.1 Who counts as "Family"	Inadequate / incomplete definition / explanation / understanding leads to incorrect assumption that people 'like family' are included, as are minor children, partners. "Chosen family"
15.2 Time period	Reference period for the answer. Present vs past. Are those family members who have become estranged considered?
15.3 Conflict	Understanding of what conflict is and whether circumstances fit into the categories provided.

16. Q146: "Is this relationship satisfying to you (i.e., does it make you happy at the present time?)."

Code	Description
16.1 Sexual context	Terminology "satisfying" leads to unintended subtext of sexual satisfaction.
16.2 Conflict	Is a satisfying relationship conflict free? Or is a degree of conflict in relationships normal and to be expected?
16.3 Satisfaction of needs	Relationship provides emotional needs (respect, dignity and love) as well safety and security (financial of emotional)
16.4 Happiness	What is happiness?

17. Q147: Do you get into relationships that are painful for you? Or is your present relationship a painful one?

Code	Description
17.1 Process	Entering relationships with the knowledge that they will be painful or an inability to recognise painful relationships. Learned behaviour may mean that women are unable to recognise patterns of painful relationships at the time, or only on reflection, later on.
17.2 Pain	Distinction drawn between normal emotional states within relationships (uncertainty, worries) and harms that might result from psychological/emotional/physical abuse. Client not playing a part.
17.3 Toxic	Mutually harmful, unhealthy relationship. Potential role played by client.

18. Q173. Raising children is a nerve-wracking job.

Code	Description
18.1 Normality of parenting	Normal challenges of parenting. Distinction drawn between normal challenges of parenting and the associated concerns with 'getting it right' and overwhelming forms of anxiety.
18.2 Significant milestones (previously temporal points)	Distinction between acute moments of stress rather than permanent condition.
18.3 Subjectivity of language in the question	Questioning of value laden language e.g. 'nerve-wracking' and 'job'.
18.4 Overwhelming anxiety	Overwhelming concerns with 'getting it right' and forms of anxiety.
18.5 Challenging behaviour	Specific issues with child's extreme behaviour leading to stress and anxiety in raising them.

19. New code: 19 Suggested reformulations of the WRNA