



JULY 2026

Care and Control: A Gendered Analysis of Tensions in Secure Care for Girls

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Introduction

Secure care is the most restrictive form of care available to young people and children in Scotland, providing residential care and intensive support to young people under the age of 18 who pose a risk to themselves or others (Scottish Government, 2025). Under the Secure Accommodation (Scotland) Regulations (2013, reg. 4) the young person's welfare is to be safeguarded and promoted under any circumstances. Despite statistics published by the Scottish Government from 2014 to 2026 and the Scottish Secure Care Census (Gibson, 2020) showing that girls constitute the minority of the secure care population, evidence suggests that their entry pathways, behaviours, past trauma exposures, and overall experiences differ notably compared to those of boys. As a result, looking into secure care through a gender lens is valuable in order to understand and unpack some tensions related to the interventions planned for them. This report does not evaluate professional practice nor critique the institutional services of secure care as a residential care body. Instead, it focuses on how secure care operates within a system where tensions and contradictions arise – especially for girls. In particular, three dimensions of gendered experiences will be explored. Firstly, the current review will delve into gender-based assumptions as interpretative lens with the purpose of highlighting how contradicting perceptions of female behaviour shape expectations. Based on this, it will then delve into the reasons why the system responds to girls' trauma histories in a certain way. And lastly, it will look into how control and liberty restriction for girls materialise and create tensions regarding upholding autonomy, rights and participation. By considering how those may be experienced differently by girls this report aims to support reflections and perspectives to ponder on among practitioners, policy makers, or any other professionals involved in secure care provision.

Methodology and Findings

This report is based on a review of institutional legislation and existing research related to girls' experiences in secure care. The first stage of the secondary research involved reviewing national and international statutory guidance, Scottish Government resources, and policy relevant to youth justice and liberty deprivation for young people under the age of 18. The main search themes included rights, welfare, safeguarding, liberty restriction, age and proportionality. Afterwards, the search shifted towards legislation and legal advocacy in order to pinpoint visibility concerns specific to women and girls' needs in justice institutions. The second stage of the literature review explored academic debates around translating legislation into practice within secure care or similar residential settings for young people. Core search themes included tensions around trauma, victimization, mental health, gender-responsive care, autonomy, safeguarding concerns, and gendered liberty restricting measures. However, since availability of Scotland-specific literature is limited, research

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drawn from the wider UK context was also included where it fit into the context and followed the flow of the argument.

Secure care principles and practice

Secure care in Scotland is guided by laws and protocols centred around children's welfare and protection rather than punishment. At a system level, the Children's Hearing System assesses a young person's needs and possible risk before approving their placement in secure care either on welfare or offence grounds (Children's Hearings (Scotland) Act, 2011). A placement is issued through a Compulsory Supervision Order when certain statutory criteria have been met, including risk of absconding, concerns over community safety, as well as evidence that the young individual may need intensive care and protection. The Scottish Children's Reporter Administration (2019) further sets out that decisions and coordination of social services should be driven by welfare principles in the best interests of the child. This framework is compliant with the Council of Europe's (2010) fundamental principles on thorough assessments of a young person's needs and other emotional, social, financial, physical, family-related, etc. factors that may affect their wellbeing positively or negatively.

At the level of practice, secure care legislation is rooted in trauma-based care dedicated to enhance understanding of the structural disadvantage and adverse childhood experiences of a young person. The Children and Young People's Centre for Justice and the Care Inspectorate (2019) emphasises rights-based expectations in practice, like protection, education and healthcare provision, and proportionality of restriction. The Secure Care Pathways and Standards Scotland (2020) build on these principles and advocate for holistic support before, during, and after leaving secure care. This further reflects the principles set out by the United Nations Committee on the Rights of the Child (2019) on deprivation of liberty being only the last resort and optimally reserved for older children. Overall, the Convention's guidance – specifically Articles 3, 12, 37, and 39 – highlights that children must maintain their protection, participation, and rehabilitation rights during periods of detention, while also maintaining a clear stance on humanity, respect, and dignity being integral to youth-justice practice (UNCRC, 1989).

From a policy-direction perspective, recent national developments reflect ongoing dedication to improving services and shifting values towards therapeutic approaches. The Scottish Government response to 'Reimagining Secure Care' (2025) and The Promise's Route Maps 2024-30 emphasize support for care-experienced individuals to transition back to the community, enabling family participation while promoting accountability and avoiding treating young people like offenders. Scotland keeps making significant progress for establishing youth-friendly and rights-informed justice, and efforts must persist to ensure the longevity of support.

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Gendered differences in secure care

Adolescence is widely recognised as a transition period to adulthood, during which young people undergo significant developmental changes. Those include risk-taking behaviour, difficulty regulating emotions, seeking instant gratification, and impulsivity (Cauffman et al, 2018). Research in behavioural neuroscience confirms that communication between the behavioural and emotional parts of the adolescent brain are not fully developed, which results in increased likelihood of poor impulse control (Cavanagh, 2022). From a developmental perspective, therefore, it is usual for adolescents to challenge boundaries, because age is associated with lacking judgement when pursuing autonomy and independence. The Scottish justice system also acknowledges these features of adolescent development, as research commissioned by the Scottish Sentencing Council recognizes that the growth of cognitive and emotional ability is ongoing during adolescence (O'Rourke et al, 2020). At the same time, a tension can emerge when understanding certain behaviours as the outcome of adolescent development and past trauma within confined environments that operate on a monitoring and risk management basis. Nolbeck (2022) validates this approach by arguing that in restrictive environments the line between age-expected and non-conforming behaviour is often blurred and that young people's actions can also be influenced by the power dynamics in such settings.

This tension is relevant to all young people placed in secure care; however, evidence suggests that it may have a greater impact on girls, despite them representing a minority of the placed children in Scotland, accounting for 12-24 per 52-60 admissions from 2023 to 2026 (Scottish Government, 2026). Evidence from England and Wales suggests that they are more likely to enter secure care due to welfare and safeguarding concerns, whereas boys are more frequently referred to secure care through the justice route (Bartlett et al, 2021; Gelsthorpe and Sharpe, 2006). Additionally, girls are more commonly identified as having experienced acute trauma, self-harm, and struggling with multiple co-occurring mental health challenges. Research from the Netherlands, England, and Wales shows that boys, on the other hand, tend to externalize their distress, engage in physical altercations with one another, and are linked with offending risks (Galadri and Settersten Jr, 2018; Bartlett et al, 2021; Khan, Harris and Sinclair, 2021; Gutterwijk et al, 2022). Alongside these differences, research highlights girls may be more often perceived as both inherently vulnerable and responsible for managing risk and behaviour, and also how those dual expectations in secure care may shape more restricting interventions that spark concern over their autonomy and welfare (Henriksen, 2017a; Ellis, 2018).

Gender stereotypes and welfare

National and international legal frameworks have set clear standards and obligations on protecting women and girls from discrimination faced across any institutional setting. The Convention on Elimination of All Forms of Discrimination Against Women (CEDAW) calls for

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institutions and authorities to discard any practice that perpetuates unequal treatment or compromises the delivery of care to women (United Nations, 1979). In fact, this effort reaches beyond discrimination with articles focusing on rejecting notions of gender inferiority and promoting consistent treatment in justice settings. Similarly, UN Women highlights that any biased gendered treatment constitutes a barrier to implementing human rights and advocates for gender-responsive reforms within justice systems worldwide (Klugman and Duncan, 2020). On a UK level, the Equality Act of 2010 reinforces the mentioned principles by establishing gender as legally protected, therefore lawful interventions are required to respond to distinct gendered needs. Specifically, it is important to consider that women and girls enter the justice system through different pathways than men and are usually faced with discrimination from society and institutions. The Interparliamentary Union (2013) links such experiences with victimisation and propose that enhanced caution be paid to women and girls, as they are often treated as negligible and retraumatised in liberty depriving settings.

Despite those well-established standards, a large body of academic literature indicates that the interpretation of girls' behaviour and past trauma is often shaped by assumptions in secure care. A common pattern across literature is related to the paradox of vulnerability and risk. Research from UK secure care suggests that girls may be positioned between needing protection and being expected to self-regulate layered further expectations around femininity and modesty (Shaw et al, 2024). As a result, welfare provision can be affected when such notions persist. According to UK-based research, associating girls with non-compliance, disobedience, and sexually harmful expressions risks compartmentalizing their behaviour from their trauma histories and criminalizing their behaviour (Fitzpatrick, 2022). Consequently, this can lead to measures targeting risk management more than addressing underlying needs. This also creates a policy tension when considered alongside the aforementioned 2013 Interparliamentary Union principles on sensitivity towards institutionalised women and girls' behaviours.

Gendered interpretations and institutional interventions are hence interconnected with wellbeing and support provision in secure care. Literature from England and Wales highlights that advanced treatment plans must respond to girls' needs efficiently - including paying close attention to empowerment, self-esteem, identity, healthy relationships and understanding how behaviour is the manifestation of trauma - in order to align with welfare goals (Sharpe, 2015). Contrary to that, when identity development, agency, and holistic support are not embedded in youth justice measures, the reasons and motivations driving behaviour may remain unaddressed, which, in turn, puts welfare and rehabilitation prospects into question (Fortune, 2018). Overall, evidence strongly suggests that gendered interpretations in secure care may lead to developing a poor understanding of behaviour and, ultimately, may have potential implications for applying welfare principles in practice.

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Trauma and restriction

Evidence in Scotland shows that although childhood adversities have a significant impact on all children placed in secure care (Gough, 2017; Gibson, 2022), girls are associated with more distinct patterns of trauma (Gibson and Whitelaw, 2024). In particular, English studies have consistently verified that girls tend to be represented in certain trauma categories: sexual abuse, neglect, unstable family dynamics, and domestic abuse are identified among girls at a higher rate (Martin et al, 2021; Staines et al, 2023). The high prevalence of gendered trauma among girls is firmly connected to direct impact on their wellbeing and to complex mental health challenges. As a matter of fact, the likelihood of depression, post-traumatic stress disorder, personality and mood disorders, as well as self-harm is disproportionately increased among girls and consistently flagged by international research on youth mental health (Van Vugt et al, 2014; Beaudry et al, 2020, Ratcliffe and Kroeze, 2021). More recent work on secure care highlights the prevalence of poly-victimization among girls. When various forms of abuse and violence overlap and occur simultaneously, girls' trauma becomes intersectional and it is significantly harder to process its origins (Mii et al, 2024). Research has further suggested that such past traumas are not isolated experiences, but are often deeply gendered and may have long-lasting impact on developing future attachments – which inevitably warrants careful consideration and specific intervention (Bright and Johnson-Reid, 2010). In light of this, it has long been established that the nature of girls' offending or experience with care services may have been partially been invisible, further validating that the lack of gender lens has a negative impact on visibility of needs (Bloom et al, 2003). Taken together, findings indicate that girls arriving in secure care have experienced overlapping histories of trauma which, raises serious concern over their needs and wellbeing.

Within secure care, such concerns may translate into use of restrictive measures with the purpose of safeguarding and ensuring the consistency and effectiveness of support. Research examining decision patterns surrounding placement in confinement suggests implementation of restrictions for girls is frequently justified as intention to protect rather than punish (Parkkila and Heikkinen, 2018). Confinement may be considered necessary and in the best interests of the child when young people are at risk of absconding, causing harm to themselves or others, or even re-offending (Youth Justice Improvement Board, 2025). For girls, those concerns are often linked to their experiences of sexual victimization, with secure care being considered as a means to defuse harmful situations by physically removing them from sources of unsafety, as highlighted in both international and Scottish research (Pasko and Chasney-Lind, 2010; Roesch-Marsh, 2013). In this sense, confinement may create conditions where professionals can keep track of girls' progress and provide stability.

At the same time, this introduces the care and control paradox as confinement on the grounds of welfare and protection is still a form of liberty restriction. Haydon (2018) notes that measures implemented with protecting intentions may involve close movement monitoring, limiting contact with family and other residents, reduced privacy and strict daily

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schedules; this may often feel like intrusion or coercion to girls with victimisation histories. As outlined earlier in this report, national and international legislation recognises that deprivation of liberty is sensible where safety may be lacking, but also emphasises proportionality, participation, and opting for the least possible restriction. The real challenge, therefore, is not whether secure care institutions should place restrictions on girls, but how risk reduction can be balanced with their support needs. Overall, the literature points out the tension between minimizing harmful behaviours and meeting therapeutic goals effectively. Lee et al (2023) argue that victimisation backgrounds add to the complexity and diversity of needs that may not be straightforward to understand and address when relying solely on standardised processes. However, the difficulty in practice lies in managing to apply all mentioned principles and gender-responsive interventions within the limited duration of the residency in secure care.

Restrictive measures and autonomy

Secure care in Scotland is a highly structured residential setting that operates through locked doors, secured windows, and fixed daily routines. According to the Care Inspectorate (2019), contact with family is limited, internet access is unavailable, and staff closely oversee residents on a 24-hour basis. Movement within facilities is restricted, and interactions in communal spaces are under close supervision at all times, while in personal spaces all items are managed and searched by staff. Furthermore, daily life follows a strict schedule and includes fixed timetables of waking, bedtime, education, outside activities, and spending recreational time in shared areas. Although secure care operates under the same fundamental structures and procedures for all residents, research shows that girls may experience the regulation and implementation of certain measures differently. Their experiences are shaped by the persistent tension: balancing provision of intensive support with maintaining participation and autonomy. Restrictive measures are implemented through protective narratives aimed at helping girls disengage from harmful influences and de-escalating situations affecting their mental health, behaviour, and wellbeing, which can ultimately have a direct impact on their agency and autonomy. (Vogel, 2017). In some cases, practices involve gendered disciplinary approaches related to sexuality and setting social boundaries. Vogel (2017) argues that interventions directed towards girls in secure care from wider context tend to be based on managing risks whereas interventions for boys may focus on setting legal boundaries. Such approaches materialise through measures aimed at downplaying sexual behaviour to conform to acceptable standards of femininity (Henriksen, 2017b). Henriksen similarly suggests that this may include forms of body-oriented management that do not typically apply to boys, such as sexual health testing, as well as monitoring of movements and interactions. At the same time, disciplinary action for boys' sexualized behaviour may not be taken at the same rate. Pasko (2017) argues that disproportionate sexuality monitoring may also be reflected in everyday practices aimed at regulating behaviour, such as decisions relating to contraception, restrictions of privacy

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during personal care, and minimising skin exposure through modest clothing to reduce the likelihood of their bodies becoming the focus of attention or a source of tension. The evidence points to a gendered governance logic behind interventions focused on scrutiny of behaviour that research suggests it may not target boys to the same extent. Secure care in Scotland is also linked with gendered disciplinary practices, including restrictions on privacy, limited control over personal space, routine, belongings, and communication with peers (Schliehe, 2013; Schliehe, 2016). The author further argues that the impact on girls' autonomy and overall experiences in secure care may be overlooked.

While there is no doubt that such measures are intended to ensure safety, they may eventually reduce girls' opportunities to exercise choice, agency, or participation in decisions around their care. Research from trauma-informed residential care suggests that despite protective intentions, such measures may risk undermining the aim a safe environment and create tensions of broader welfare aims (Hodgdon et al, 2013). Trauma-based and gender-responsive approaches are essential for ensuring trauma is addressed effectively, communication is open between service users and professionals, and an environment of trust is fostered, especially for women and girls (Gaber, Scallan and Kouyoumdjian, 2025). As far as age is concerned, Scottish legislation advocates for such approaches that are child-friendly, rights-based, while promoting empowerment, identity construction, decrease of seclusion, and understanding of structural disadvantage (Scottish Government, 2020). When those principles do not translate into practice the risk of compromising girls' voices and participation is great (Bryson et al, 2017). In fact, Gila (2023) argues that girls in residential care can provide significant insights into their own needs and experiences, suggesting that enabling their self-expression is highly beneficial for their therapeutic goals in contrast to strict autonomy limitations. Gender-responsive practice shifts attention away from pathologizing girls' behaviour and towards forming connections and improving rehabilitation prospects. Therefore, strengths-based approaches prioritise capabilities instead of focusing primarily on behavioural concerns and can contribute to more positive outcomes for girls (Fedock and Covington, 2022). Should those wider changes be absent, gendered restrictive practices upheld at a high rate may continue to shape experiences and reinforce existing tensions (Elwyn, Esaki and Smith, 2017).

Reflections on scope and methodological limitations

This report is not founded on the assumption that secure care is harmful by nature, or that policymakers and practitioners are not committed to prioritizing young people's best interests. No such conclusions were drawn before undertaking the literature review nor was there any intention to critique principles or practice. The current analysis was driven by questions emerging in the literature related to girls' experiences in secure care, and does not suggest the abolition of this system. The primary aim was to outline tensions frequently arising around safeguarding, trauma-informed and gender-responsive approaches, liberty deprivation, and risk management. The reason behind adopting a gendered focus on secure

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care should not be interpreted as suggesting that girls require preferential treatment or that boys should be seen as secondary. Instead, it is grounded in the idea that children's experiences, needs, and pathways into secure care are shaped by various structural factors. A gender lens brings forward tensions that may receive less attention, such as behaviour perceptions and specific interventions related to girls. At the same time, this report does not mean to insinuate that girls are a homogenous group and that all entering secure care share identical backgrounds and needs, or respond the same to restricting measures by default. Once again, the sole purpose is to vocalise certain issues flagged by research and addressed by statutory guidelines.

Furthermore, the decision to focus specifically on girls does not seek to imply that other groups, like gender-diverse children, do not experience significant adversity and discrimination, or do not require careful needs assessment and trauma-based care. Rather, a focused analysis better approaches sensitive topics and demonstrates the value of looking beyond broad categories and considering distinct challenges facing different demographics. It is also important to acknowledge that secure care is not one homogenized experience itself; conditions, durations of stay, dynamics between residents, staff, admission routes vary across secure units. More broadly, secure care is structured differently across countries and operates based on heterogenous institutional models and provision strategies. Therefore, the report does not suggest that practices are identical and that the above findings apply the same to all girls in the secure care system.

With regards to methodology, availability of Scottish-specific research on some aspects of girls' experiences remains limited. This report has drawn insights from broader UK and, occasionally, international literature and findings from earlier studies related to youth justice, residential care, and examination of girls' experiences. Some of the literature in this review was published more than a decade ago following the limited availability of gender-specific research of secure care in Scotland. Earlier studies were mostly used to build a foundational understanding of certain tensions and issues related to secure care. Where possible, therefore, more recent evidence was included to determine whether these studies remain consistent with contemporary evidence. Moreover, the lack of primary data may have missed fresh and up-to-date perspectives from either children or service providers. The literature review may have not identified issues related to rights and welfare that could have been pointed out by direct accounts. Similarly, not every aspect of secure care is researched evenly among the literature related to girls. There is a substantial body of evidence on trauma and adversity experienced by girls, however other areas such as their daily experiences and the impact on families of girls placed in secure care remains less covered in the literature. Finally, this report focuses on gender as a key analytical tool, yet it does not expand on other intersecting factors that may also shape children's experiences in secure care, including race, disability, sexuality, care experience, and socio-economic status.

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Conclusion

This report has examined existing evidence on girls' experiences of secure care focusing on tensions related to behaviour, trauma, and restricting practices through gender lens. Drawing on national and international policy and research it has explored how certain interventions may be experienced differently by girls. The evidence indicates that girls are more likely – but not exclusively - to enter secure care through safeguarding concerns due to their extensive histories of trauma, victimisation, and mental health struggles. Although restrictions and monitoring are intended to identify needs and protect from harm, they can also create tensions between safeguarding and enabling participation. On the whole, the literature suggests that girls' experiences in secure care are shaped by the interpretation of their behaviour, interventions, and lived trauma. Rather than casting doubt on the role of secure care itself or its compatibility with trauma-informed practice, this report highlights the significance of recognising girls' distinct needs when making decisions and delivering care.

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