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A Systematic Review of Interventions for Imprisoned Women with Experience of Domestic Violence and Abuse

Abstract

Globally, the rate of domestic violence and abuse (DVA) in the female prison population is estimated to be high. This review explored the evidence on interventions for women with experience of DVA in prison and post-release during the resettlement period. The databases Web of Science, Scopus, ProQuest (Social Sciences Premium Collection) and several secondary databases were searched and supplemented with additional searching techniques (hand and citation searching, along with a search for grey literature). A total of 11 studies were included in the review. The main themes are: underpinning theory; design and delivery of interventions; positive impacts to mental health and emotional well-being; impact to social connectedness; improved knowledge about DVA; improved parenting knowledge; support in prisons outside of interventions; and post-prison and resettlement. Overall, the review found a dearth of rigorous evidence with only two studies which addressed the post-release period.

Keywords: criminal justice system, female offenders, intimate partner violence, maternal imprisonment, maternal incarceration

1. Introduction

Global estimates suggest that as many as 714,000 women and girls are held in penal institutions throughout the world, and it is estimated that this number has increased by about 50% since 2000 (World Prison Brief, 2017). Approximations of how many of these women are mothers are mostly high (Prison Reform Trust, 2017). In America, projected figures suggest that between 65-80% of women in prison are mothers of children under 18 (Casey-Acevedo et al., 2004). In Australia, estimates suggest that almost half of women in prison have at least one child aged under 16 years (Newman et al., 2011) but when accounting for ethnicity, Sullivan

et al. (2019) suggest that more than 80% of Aboriginal women in prison are mothers. International comparisons are problematic due to insufficient administration, differences in reporting mechanisms for women and varied operationalization of the categories of ‘mother’ and ‘child’ (Codd, 2020). In Finland, for example, there is a lack of systematic record-keeping about parental status with this information lacking for as many as 73% of all prisoners (Enroos, 2010). It has been argued that mothers may be averse to giving self-reports about parental status due to fears about potential, punitive involvement from child welfare services (Codd, 2020).

Globally, academics and policymakers have become increasingly concerned about the growing population of imprisoned woman along with the complexity of needs and experiences of mothers in prison and their children (Flynn, 2014; Codd, 2020). Scholarship highlights how imprisonment can severely alter, disrupt or even terminate mothering, having a damaging and lasting impact on women (Rogers, Lockwood & Speake) and their children (Minson, 2019). In her review of women’s prisons in the United Kingdom (UK), Baroness Corston (2007: i) described the impact of maternal imprisonment on children as “nothing short of catastrophic”. Separation from their children is often cited by mothers as the worst aspect of imprisonment (Rees et al., 2017) as women face the emotional struggles of negotiating maternal identity and mothering (Baldwin, 2017). The sense of loss and rejection around separation can motivate women to self-harm and attempt suicide (Borrill et al., 2005). A significant proportion of mothers in prison have no or irregular contact with their children throughout their sentence (Women in Prison, 2012). Conversely, Pitman and Hull (2021: 5) note that “maternal identity is vastly underused as a rehabilitation asset”.

This review set out to examine the interventions targeting imprisoned mothers with experience of domestic violence and abuse (DVA). This is because the impacts of maternal imprisonment are exacerbated and heightened for women who have histories of trauma and abuse (Casey-Acevedo et al., 2004; Coston, 2007). However, due to the very limited

scholarship on imprisoned mothers with DVA experience, the review broadened to include all imprisoned women. Research from around the world suggests that a large proportion of the female prison population have histories of trauma and abuse. For example, Valenzuela and Alcazar-Campos (2019) estimate that in Spain around 50% of women in prison have experienced DVA with similar figures, of 57%, reported for England and Wales (Prison Reform Trust, 2017), but a higher estimate in the USA, with indications of between 70-90% women in prison (Jones, 2020). The estimates of imprisoned women with DVA histories, however, are likely to be greatly understated (Gelsthorpe et al., 2007). In this review the term DVA is operationalised as an umbrella category that captures the abusive behaviour of one person towards another, and where there is a personal connection to each other through family or intimacy (United Nations, 2023). This behaviour includes physical, sexual, cyber, economic (financial and material), psychological and verbal abuse, along with coercive and controlling behaviours. There is growing scholarship exploring women's experiences of DVA and their criminalization and while the co-existence of DVA and offending is now better recognised, the links between these and mothering remain poorly understood overall (Roberts, 2019). As highlighted by Day and Gill (2020), DVA manifests differently across socio-economic groups and cultural contexts and, unsurprisingly, there are additional and compounding challenges for imprisoned women from Black and minoritized backgrounds and for women with additional needs (e.g., substance use, and mental health) and from low socioeconomic backgrounds. These subgroups are some of the most marginalized women in society (Day et al., 2018). DVA impacts not only their offending, but also their ability to seek help, engage with services, heal from past trauma, and avoid reoffending (Day et al., 2018; Day & Gill, 2020). This body of work illuminates the complex intersections of DVA, criminalization and women's imprisonment which draws sharply into focus the need for the provision of appropriate, accessible, and validated interventions in prison and post-release

during resettlement period. This scholarship also demonstrates the urgency of this study and need for future research.

2. Current Study

The aim of this systematic review was to evaluate and synthesize literature reporting on the effectiveness of interventions that address DVA for mothers who are in, exiting, or have recently been released from prison, considering what types of interventions work, for whom, and in which contexts. The research questions were:

- How effective are interventions that address domestic violence and abuse (DVA) when used with mothers in, exiting, or recently released from prison?
- What factors affect the impact of interventions (e.g., mode of delivery, setting, duration, individual versus group setting)?

As noted earlier in this paper, the population was broadened to include all women due to the dearth of studies that focused solely on mothers despite the literature suggesting that many women in prison are mothers. This adjustment is indicated in the rest of the paper as we refer to ‘women’ and not ‘mothers’.

2.1 Defining Interventions

An intervention refers to the act or process of intervening. Interventions may comprise a variety of programs or a singular intervention which can occur in any setting (see Table 1). Globally, evidence on empirically validated interventions for DVA is lacking in relation to women in the criminal justice system and particularly for subgroups of victim-survivors of DVA; for example, minoritized women (Trabold et al., 2020). This review examined studies on interventions in which the main aim is to address historic or current DVA, its impacts, and which are targeted at or available to women who are in, exiting, or have recently exited prison. In terms of the latter, we implemented a twelve-month timeframe as the post-release period for

women who are subsequently released on license and subject to mandatory license conditions, such as attending appointments with an offender manager.

Table 1 Typology of interventions

Type of intervention	Description	Example
Advocacy	Interventions inform victim-survivors of their rights, and the services available to them. Activities might include emotional and practical support, impartial advice, general information relating to criminal justice pathways and safety planning.	Domestic Violence Advocates or Advisors
Psychosocial & skill-building	Group or individual programs that use education and training to improve awareness, knowledge, and/or skills related to DVA or parenting among a group of individuals (for example female offenders, mothers, etc).	The Freedom Programme You and Me, Mum
Therapeutic support	Group or individual counselling that provides victim-survivors of violence with emotional, psychological and social support.	Trauma-informed counselling, Cognitive Behavioral Therapy
Outreach	Outreach support for victim-survivors deemed to be at low-medium risk of harm from DVA. Interventions include home visits, emotional and practical support, impartial advice, general information relating to criminal justice pathways and safety planning. Interventions inform victim-survivors of their rights, and the services available to them, and improve knowledge of the different forms, risk factors, and consequences of violence.	Outreach visits in the community, home visitation
Peer support	Group or individual support where people use their own experiences to help another. Support includes sharing knowledge or experiences and includes emotional, social or practical help. It commonly refers to an initiative consisting of trained supporters, and can take a number of forms such as peer mentoring, reflective listening, or counselling.	Local mentoring schemes, peer groups
Technology-based intervention	Support provided using mobile, wireless and web-based platforms, such as through smartphone apps, text messaging, and online support.	isafe, iCan Plan for Safety

2.2 Method

The review was conducted in compliance with the Preferred Reporting Items for Systematic Reviews and Meta-Analysis guidelines (Page et al., 2021).

2.3 Inclusion Criteria

Primary studies and evaluations were included representing all types of research design (quantitative, qualitative or mixed-methods). Operationalising the United Nations (2023) definition of DVA, we examined studies on interventions in which the main aim is to address historic or current DVA, its impacts, and which are targeted at or available to women who are in, exiting, or have recently exited prison. In terms of the latter, we implemented a twelve-month timeframe as the post-release period for women who are subsequently released on license and subject to mandatory license conditions, such as attending appointments with an offender manager. In order to be eligible for inclusion, studies had to be published since 2007. This date marked the publication of the Corston Report in the UK which has had international influence reflected in the United Nations Rules for the Treatment of Female Prisoners and Non-Custodial Measures for Women Offenders (UNODC, 2014); known as the ‘Bangkok Rules’. Studies had to be available in English or suitable for translation using Google Translation services due to the language restrictions of the research team. Reviews of existing literature were not eligible for inclusion.

2.4 Search Strategy

The search strategy aimed to identify research from across diverse disciplines and used a combination of keywords and terms relating to the population, intervention, comparator, and outcome (PICO) framework (see Table 2 below). The search terms employed comprised four distinct clusters of concepts, based around: i) domestic violence and abuse and related terms ii) imprisonment and related terms; iii) mothering and related terms vi) interventions and related terms (see Supplementary Material for an example search).

Table 2 PICO Framework

P	Population	Mothers; female victim-survivors of DVA; and female offenders either in, exiting, or recently released from prison.
I	Intervention	Any intervention identifiable in our typology that addresses DVA (physical, sexual, psychological, or emotional abuse, coercive control, financial and material abuse), current or previous.
C	Comparator	No intervention.
O	Outcome	DVA victimization; social and relationship norms; increase in self-efficacy in relation to relationships, conflict and abuse; risk and safety planning; parenting; mother-child relationships; health including substance misuse and mental health.

To ensure coverage of relevant research, including from criminology, sociology, psychology, public health, social policy and social work, the following databases were selected as primary sources: Web of Science; Scopus; and ProQuest (Social Sciences Premium Collection). Several secondary databases were also searched. These searches were supplemented with additional searching techniques, including hand searching of four top journals in relevant fields; citation searching from the reference lists of included studies; citation searches from previously published literature reviews; and direct contact with authors of published studies. Journals searched included: Violence Against Women; the Journal of Interpersonal Violence; the International Journal of Criminology; and the International Journal of Offender Therapy and Comparative Criminology. Journals were selected on the basis of their topic focus, impact factor/ranking and international focus.

A web-based search was also conducted to identify ‘grey’ literature such as organisational reports and evaluations. Searches were run in Google and Google Scholar with simplified keyword searches. In addition, the websites of several relevant organisations were searched for publications including: the United Nations; UN Women; Women Against Violence Europe; and the Global Network of Women’s Shelters.

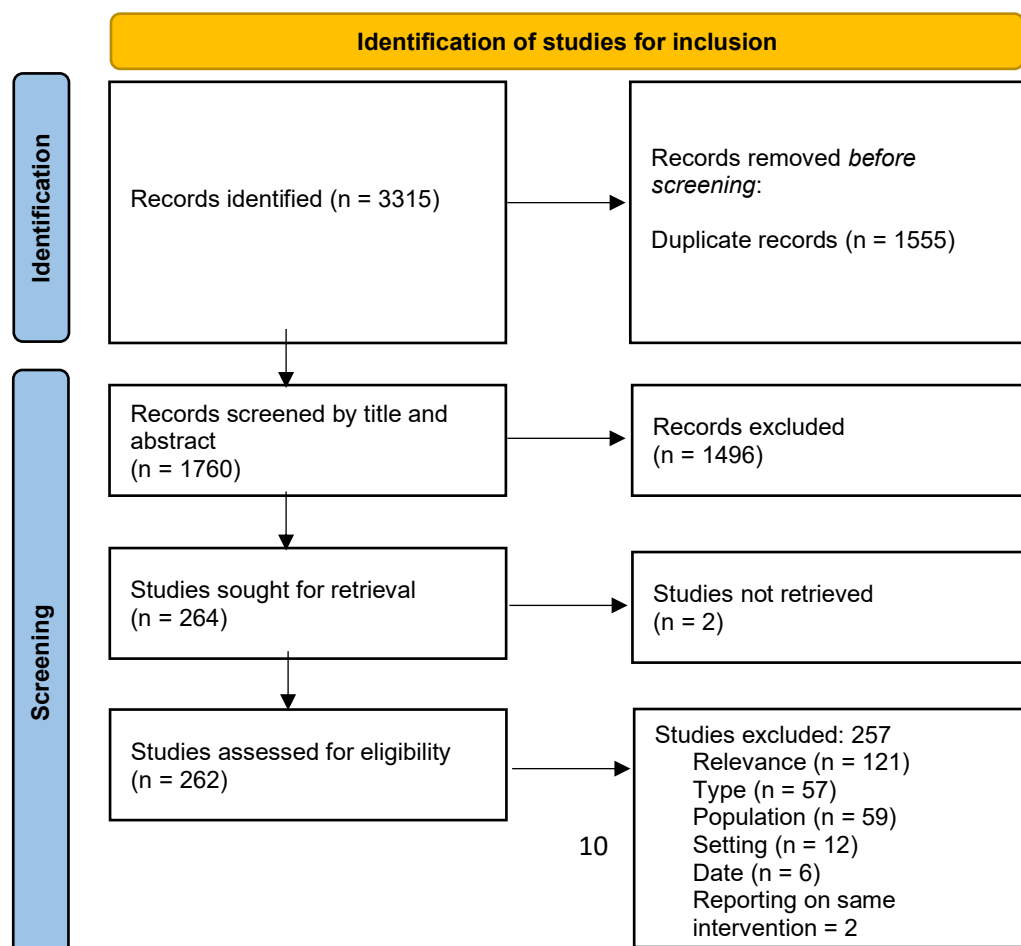
2.5 Study Selection and Data Extraction

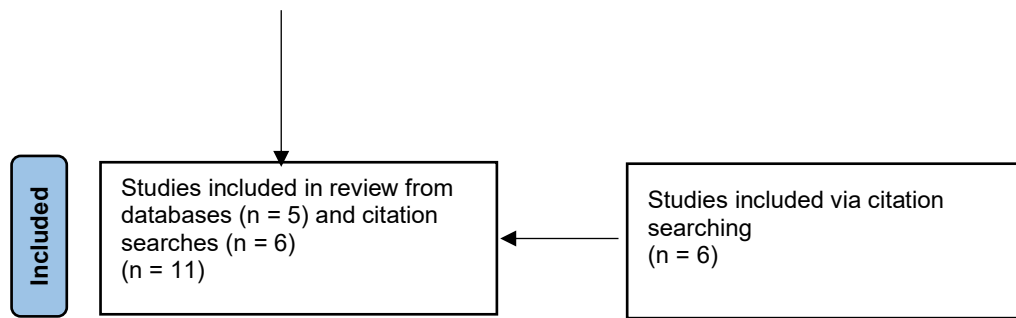
A total of 1,760 references were identified from the searches following exclusion of duplicates. An initial screening of titles and abstracts was carried out by two researchers to exclude irrelevant material (for example, studies which focused solely on men, or only on perpetrators of violence). Screening questions were used and 1,496 studies were excluded at this stage. After obtaining full texts, where possible, of the remaining 262, a preliminary reading of the material was undertaken using a screening tool to exclude texts on the basis of: population; type (of text, e.g., editorials were excluded); date (studies published before 2007 were excluded); relevance (e.g., texts excluded on relevance might not include an intervention); and setting (where the study was conducted, for example, in a community setting and participants’ offender status was not clear). Discrepancies at the initial screening or full text reading were dealt with in discussion with a third researcher.

A total of 257 studies were excluded following full-text reading. In total, 11 studies were selected for inclusion. The PRISMA diagram (see Figure 1) illustrates the overall number of texts screened, through the different stages of screening and selection, to the final number of texts selected for inclusion. Once all eligible studies had been identified, data and study characteristics were extracted using a matrix to record relevant information. The extraction matrix included information on: publication details; study characteristics; participant characteristics; intervention descriptors and design; control or comparison descriptors; inclusion/exclusion criteria; primary/secondary outcomes; study fidelity, results and findings.

Quality appraisal was undertaken by two reviewers using CASP tools for studies reporting randomized controlled trials (RCT), cohort studies and qualitative research and the 2018 version of the Mixed Methods Assessment Tool (MMAT) to appraise all mixed-methods studies (Hong et al., 2018; CASP, 2020). These tools were selected because all can be used for appraisal of quantitative, qualitative and mixed-methods research within a mixed-methods systematic review. NVivo12 was used to aid data management and analysis. Extracted data were initially coded, and themes were iteratively developed through an internal process of validity and reliability testing. The extraction matrix guided thematic analysis as data were thematically coded in accordance with the matrix headings (Braun & Clarke, 2006). Review results are reported narratively in this paper. While it is possible to undertake a metanalysis with just two quantitative studies, the heterogeneity of outcome measures across the included studies meant that it was not possible to pool the results.

Figure 1 PRISMA Flow Diagram





2.6 Description of Included Studies

A total of 11 studies were included from the USA (n=8), the United Kingdom (n=2) and Australia (n=1) (see Table 3 for an overview of study characteristics). Studies reported 10 distinct interventions, with two studies (one from the UK and one from the USA) reporting on the ‘Healing Trauma’ intervention. Interventions were primarily group-based, mostly delivered through a program design which required attendance at a fixed number of sessions and only two studies (Fuentes, 2014; Wendt & Fraser, 2019) described additional one-to-one support offered in complement to the group sessions. One study referred to a standalone mandatory session on DVA for all women prisoners (Fuentes, 2014). All interventions were focused on DVA not parenting and, as such, these were available to women prisoners who had experienced DVA whether mothers or not. Most interventions (n = 9) were delivered in prison and a very small number (n=2) were delivered in the community after women’s release from prison. When studies report interventions that contain elements that address DVA (e.g., program content in module format), often this is unclear or not explicitly reported in the published studies. Therefore, we have been careful to only report aspects of studies that pertain to DVA and have not included more general evaluations of studies such as those pertaining to trauma which report improvements to trauma symptoms in general (as these are widely reported but mostly there is no linkage with DVA specifically).

Table 3 Characteristics of studies

Authors/ publication year	Study location	Intervention name	Intervention delivery	Study design	Sample	Model or theory
Faris & Miller (2010)	US	Family Preservation Project	8 direct service programs including family reunification program, advocacy, resource center (with various groups)	Two-phased, sequential mixed-method approach with survey and small group interviews	n=283 survey, n=24 small group interviews, women in one prison site	Trauma-informed, psychoeducation approach
Fogel et al. (2015)	US	POWER	Manual-based 8 x 1.5-hour group sessions delivered over 4 weeks	Randomized controlled test	n=265 intervention group, n=256 control group of women in prison	Behaviour change model
Ford et al. (2013)	US	SGT (Supportive group therapy)	Manual-based 12-session therapy in groups n=10-12	Randomized controlled test comparing SGT with a trauma-informed program (TARGET)	n=34 in SGT, n=38 in TARGET, women in a state prison	Not stated
Fuentes (2014)	US	Trauma-based program	3-hour mandatory DVA session, voluntary parenting or DVA classes	Mixed-method (life history interviews, focus groups and questionnaire)	n=30 interviews, 9 focus groups of 5-10 women in a large county jail	Trauma theory, gender-responsive model
Messina & Calhoun (2019)	US	Healing Trauma	Manual-based 6 x 1.5-hour session in groups of up to 10 women with participant handbook (prison staff trained to deliver)	Mixed-method pilot study (use of 29 measures to assess 10 primary outcomes, in-depth qualitative interviews).	n=37 outcome measures, n=21 interviews, women in Secure Housing Unit (SHU)	Trauma theory, ACES, Cognitive Behavioral Theory

Petrillo, Thomas & Hanspal (2019)	UK	Healing Trauma	Manual-based 6 x 1.5-hour session in groups of up to 10 women with participant handbook, peer facilitated (prison staff trained prisoners to peer-facilitate)	Mixed-methods pilot study (pre/post program questionnaires, post-program focus groups).	n=30 questionnaires, 6 focus groups of 3-6 women across 7 prisons	Trauma theory, relational theory, pathways theory and addictions theory, gender responsive
Pritchard, Jordan & Jones (2014)	US	Post-prison support Group	Group for formerly incarcerated women who had killed or seriously assaulted their intimate partners.	4 focus groups of women (in DVA shelter, in prison, in jail, and post-release support group)	n=8 women post-release from prison	Not stated
Roe-Sepowitz et al. (2014)	US	The Esuba program	Manual-based 2-hour weekly group sessions over 12 weeks	One-group pretest/post-test design with completion of the Esuba Survey.	n=320 women from 34 Esuba groups across 5 prisons	Trauma theory, psychoeducation approach
Rousseau et al. (2019)	US	TIMbo (trauma informed mind body)	Manual-based 16 group sessions run twice weekly, peer-facilitated sessions including yoga and mindfulness techniques.	Pilot study using pre-/post-program assessments including validated measures (4 scales) and qualitative open-ended questions.	n=12 women in a medium secure prison.	Trauma theory, psychoeducation approach, gender-responsive model.
Watkins (2019)	UK	The Freedom Programme	Manual-based 12-week program of groupwork.	Qualitative (semi-structured interviews, participant observation)	n=14 interviews with prisoners, n=4 program facilitators, across two prisons	The Duluth Model (DVA results from male violence against women)
Wendt & Fraser (2019)	Australia	Healthy Relationships Program (HRP)	8 modules running for 2 hours on a weekly basis over 8 weeks) involving structured content and 1-2-1- informal support time.	Semi-structured interviews pre- and post-program	n=8 women in prison in a division preparing for release	Gender-responsive psychoeducation approach

3. Results

3.1 Synthesis of Findings

There are nine themes: motivation to participate in programs; underpinning theory; design and delivery of interventions; positive impacts to mental health and emotional well-being; impact to social connectedness; improved knowledge about DVA; improved parenting knowledge; support in prisons outside of interventions; and post-prison and resettlement.

3.2 Motivation to participate in programs

Almost half of the included studies described women's motivation to participate in programs, with some women viewing prison more broadly as a means of accessing support and getting relief from problems in the outside world (Fuentes, 2014; Pritchard et al., 2014; Messina & Calhoun, 2019; Petrillo et al., 2019; Wendt & Fraser, 2019). In an evaluation of the Australian-based Healthy Relationships Program (HRP) the main motivation for participation included: being victim/survivors of DVA; wanting to learn new strategies and ways of communicating in intimate relationships; and the desire to mend relationships with their children (Wendt & Fraser, 2019).

Women described their expectations that better knowledge about DVA (such as how to recognize the warning signs and toxic relationships) would enable them to: end abusive relationships in a timely fashion; create a safe home following their release from prison; and, if needed in the future, to use nonviolent strategies for conflict resolution (Fuentes, 2014; Messina & Calhoun, 2019; Wendt & Fraser, 2019). Participants in the HRP evaluation recognised that their substance and alcohol misuse was a maladaptive coping mechanism (Wendt & Fraser, 2019). Three women specifically named substance dependence as a reason for wanting to participate in the program as they wanted to understand how their addiction and abusive intimate relationships intersected in their lives.

For some women the anticipated benefits of participation were based on the desire to improve their mental health and emotional wellbeing. For example, some women volunteered to take part in the HRP to build confidence and self-worth, pre-empting those improvements as helping to prevent them from getting involved in future abusive relationships post-release (Wendt & Fraser, 2019). Some women who participated in the US-based Healing Trauma (HT) program had seen the positive impact that HT had on others particularly in relation to managing trauma symptoms, and the change observed in others served to motivate these women (Messina & Calhoun, 2019). One woman noted “my motivation was I’m trying to better myself and help my life” (Messina & Calhoun, 2019). In the UK study of Healing Trauma, women articulated their motivation as stemming from the anticipation that the learning gained from their participation would help them to avoid future re-offending. They felt motivated to overcome offending-related behaviors if they better understood factors that contributed to this behaviour, including abuse and relationship-related factors (Petrillo et al., 2019).

For all but one intervention (a 3-hour mandatory DVA class), women were expected to self-select. The evaluator of the Freedom Programme noted that whilst one facilitator thought that self-selection for participation in the program was seen positively as women have ‘choice’, but another facilitator highlighted that some women do not “even know what [DVA] is” and would not recognize themselves as victims/survivors and therefore would not view themselves as eligible for the program (Watkins, 2019).

3.3 Underpinning theory

Whilst two studies failed to state the interventions' underpinning theory, the remaining reports were explicit and most (n = 6) adopted trauma theory or a trauma-informed approach. A trauma-informed approach seeks to: *realize* the widespread impact of trauma and understands paths for recovery; *recognize* the signs and symptoms of trauma in clients, families, and staff; *respond* by fully integrating knowledge about trauma into policies,

procedures, and practices; and to actively avoid *re-traumatization* (SAMHSA, 2014). It was not explicit in the reporting of studies on trauma-informed interventions, how these align with the wider prison system, organization, culture, or practices; that is, were the benefits of women's participation in trauma-informed interventions for DVA congruent with or enhanced/negated by women's everyday lived experience of prison life?

Overall, studies reported mixed outcomes which aligned with these principles, with some practices or experiences illuminating the conflict between a trauma-informed intervention and other aspects of the support. For example, one woman reported that she learnt techniques to manage the symptoms of trauma, but her ability to practice these outside of the group setting was inhibited by the lack of privacy which was an everyday aspect of prison life. Only one intervention was designed with a specific DVA framework (the Duluth model) as the underpinning theory (Watkins, 2019). Four were explicit in the design enabling a gender-responsive program (Fuentes, 2014; Petrillo et al., 2019; Rousseau et al., 2019; Wendt & Fraser, 2019). Four studies explicitly stated that interventions were designed using a psychoeducation model while others were clearly underpinned by the principles of psychoeducation albeit this was not explicitly stated. Psychoeducation refers to the process of providing education and information to better understand a condition or experience and originated in mental health treatment (Roe-Sepowitz et al., 2014).

3.4 Design and delivery of interventions

Most interventions adopted a groupwork design with a number of positive relational and therapeutic outcomes reported and few studies found negative aspects of groupwork other than those noted below. For instance, complementary therapies, including yoga and mindfulness techniques, were reported to benefit women in the evaluation of TIMbo (Rousseau et al., 2019), and the US evaluation of Healing Trauma reported that women enjoyed participating together in arts and crafts whilst talking “instead of all talking and reading” (Messina & Calhoun, 2019).

In terms of group sizes, this ranged from a minimum of three to a maximum of ten. Only one study reported specifically on group size with participants highlighting that the small size enabled trust to build and as a result “once one person shares some deep feelings about what they’ve been through then it makes you want to share a little bit” (Messina & Calhoun, 2019).

The length and duration of programs was explored in a modest number of studies. For example, the brief nature of the Healing Trauma program, lasting six sessions, while described positively as a first step in the process of recovery and change (Petrillo et al., 2019), was also described in negative terms (lacking in follow up support). One participant in the UK evaluation highlighted that the workbook that women were given to complete outside of scheduled sessions had raised things for her that she wanted to talk about, but because Healing Trauma is a brief intervention, sessions had already ended (Petrillo et al., 2019).

A small number of studies reflected on the prison as the setting for program delivery (Faris & Miller, 2010; Fogel et al., 2015; Watkins, 2019). While not explicitly designed for the prison setting (nor was the prison setting explicitly commented upon), the evaluation of the Freedom Programme (FP) did note a mismatch in program aims - to develop ways of thinking and behaviour for protection in the future - and the views of the facilitators who thought that the aim was merely to raise awareness about DVA and give information about where to access support if needed (Watkins, 2019). The FP evaluator highlighted challenges that she observed with the program’s implementation and manual-based design as she noted that facilitators operated mechanically, strictly following the manual without checking understanding, probing further, or eliciting deeper participant discussion (Watkins, 2019).

Four studies described how facilitators received training; usually a one-day session on the program curriculum (Fogel et al., 2015; Messina & Calhoun, 2019; Petrillo et al., 2019; Rousseau et al., 2019). Two studies reported that prisoners were trained to be peer facilitators (Petrillo et al., 2019; Rousseau et al., 2019) with one offering a comprehensive ‘train the

trainer' course (consisting 100 hours of certificated training) (Rousseau et al., 2019). The impact of training or ongoing training needs were not evaluated, just described. Of note, only one study explored the ways in which facilitators were supervised through the delivery period, noting that supervision was not routinely offered, despite the emotive and sensitive subject, and there was little evidence of monitoring of delivery (Watkins, 2019).

Researchers who evaluated the Australian, Healthy Relationships program (HRP) (Wendt & Fraser, 2019), noted that forming relationships with program facilitators was key to recruitment for the HRP as well as ensuring the continued engagement of women during its delivery (Wendt & Fraser, 2019). The facilitator group included men reflecting that many prison officers were men. Some participants expressed surprise at seeing a male facilitator for the HRP but noted that it was good to have a positive male role model. One woman said: "I think it's important to show that not all men are like that (abusive)" (Wendt & Fraser, 2019, p. 135). Similarly, some participants attending the FP appreciated having a male facilitator/role model, but some felt constrained in what they could say, and they reported that this impeded their own learning (Watkins, 2019). Watkins (2019) observed that during the delivery of the FP there was an issue with facilitators (men and women) not challenging judgmental and stereotypical comments that women made during sessions (about both men and women). Also, as facilitators of the FP steadfastly followed the manual, links made to the impact of DVA on children were not made or drawn out of discussions nor did facilitators encourage participants to explore how they could use what they had learned in future and post-release.

The value of a facilitator sharing her relevant lived experience was noted in one study and beneficial in creating a respectful, safe space (Messina & Calhoun, 2019). In addition, women noted that by sharing her personal experiences the facilitator had shown that "they're human too". In a different study, participants similarly appreciated those facilitators who shared relevant lived experiences; nearly all participants stressed the merit of having substance

abuse counsellors who were themselves recovering from dependency (Fuentes, 2014). One study evaluated a standalone DVA group session, which was mandatory for all prisoners and the author commented that women valued the personalities of facilitators as more important than the content (Fuentes, 2014). Further, the sessions that women reported positively were those with facilitators who were described as enthusiastic, who appeared as “wanting to teach in the jail” and who demonstrated the qualities of patience and warmth.

Few studies made reference to diversity issues in terms of delivery and facilitation. For example, the evaluator of the Freedom Programme observed several group sessions noting that there were no references to diversity issues or DVA in other cultures, or within lesbian relationships for example, during the delivery of the FP despite women of different nationalities, cultures and sexualities attending the program in prison (Watkins, 2019).

3.5 Positive impacts to mental health and emotional well-being

3.5.1 Improved mental health

Interventions that were trauma-informed, and used psychoeducation, sought to advance understanding about the mental health impacts of DVA (Faris & Miller, 2010; Roe-Sepowitz et al, 2014; Messina & Calhoun, 2019; Petrillo et al., 2019; Rousseau et al., 2019). Several studies used validated outcome measures demonstrating improvements to mental health conditions. Measures used in the evaluation of Healing Trauma US program, pre- and post-intervention survey, indicated a decrease in psychological distress with significant decreases in depression, anxiety, and PTSD symptomology over time (Messina & Calhoun, 2019). However, other studies reported only minor improvements or results that were not statistically significant, or studies had small sample sizes and were not generalizable. For instance, while delivered in 8 of 12 of the women’s prisons covering England and Wales at the time of evaluation, only 30 out of 170 participants of the Healing Trauma UK program completed both

pre- and post-program questionnaires meaning a small and possibly unrepresentative sample, and a lack of robust, generalizable data.

3.5.2 Increased self-regulation and self-efficacy

The Healing Trauma (UK) study found that women were able to ‘reconnect with emotions’ (Petrillo et al., 2019) and in the US evaluation participants described better coping skills alongside the ability to recognise, accept and control anger (Messina & Calhoun, 2019). Improved self-regulation was reported elsewhere (Ford et al., 2013; Petrillo et al., 2019; Rousseau et al., 2019). Some studies cited specific tools acquired such as positive self-talk, meditation and breathing techniques as useful in reducing the ongoing symptoms of trauma, such as flashbacks and night terrors (Petrillo et al., 2019; Rousseau et al., 2019), and improving emotional regulation (Ford et al., 2013). Only one study reflected the challenges of using such techniques in the prison environment with one participant noting that in prison “nothing is private” (Rousseau et al., 2019) meaning that owing to a perceived lack of privacy, women were not able to practice new techniques outside of sessions.

3.5.3 Increased self-compassion, reduced shame, and self-blame

Women who participated in the Freedom Programme described how increased knowledge of the types of abuser and of abuse helped them to feel less shame and to see that they were “not at fault for what had happened” (Watkins, 2019). The reports of reduced shame and self-compassion were linked to better coping (Petrillo et al., 2019; Rousseau et al., 2019).

3.5.4 Improved self-esteem, self-acceptance, and self-awareness

Most studies reported that women had improved self-esteem, self-confidence and an enhanced emotional awareness resulting from participating in the program or group (Messina & Calhoun, 2019; Petrillo et al., 2019; Rousseau et al., 2019; Watkins, 2019). This was not necessarily linked to behaviour change however (Watkins, 2019).

3.5.5 Empowerment

While there was diversity in the degree to which women contributed during group sessions, for those that were able to share their experience of DVA many felt a sense of empowerment (Messina & Calhoun, 2019; Petrillo et al., 2019; Watkins, 2019) and validation (Wendt & Fraser, 2019). The evaluation of Healing Trauma (UK) illustrated the benefits of value and power of “telling your story” in a space where women had similar experiences (Messina & Calhoun, 2019; Petrillo et al., 2019). An evaluation of the Esuba program confirmed that participants adopted the program’s perspective of seeing things in the future from a position “of self-awareness and power” (Roe-Sepowitz et al, 2014). Facilitators for the Freedom Programme felt that the group structure was empowering for quieter women albeit a proportion of these same prisoners found the expectation to contribute as “nerve-racking” (Watkins, 2019). However, negative outcomes or a lack of change in emotional well-being were rarely reported (albeit this does not mean that there were no negative outcomes nor lack of meaningful change). The evaluators of TIMbo reported that one participant believed that it did not change her view of herself or others, and another reported that she had “more work to do” to develop compassion and forgiveness for others (Rousseau et al., 2019).

3.5.6 Impact to social connectedness

Through attending group sessions, women reported increased social connections with other women (Messina & Calhoun, 2019; Petrillo et al., 2019; Rousseau et al., 2019; Watkins, 2019). In Healing Trauma sessions (UK and US) women valued sharing stories and listening to others who had been through similar experiences. This connectedness was facilitated through trust between participants and facilitators, enabling women to feel safe enough to share their experiences of DVA without the fear of being judged. The creation of safe space was important to Healing Trauma participants; in an otherwise hostile environment, participating in the program offered respite (Messina & Calhoun, 2019; Petrillo et al., 2019). One participant summed up her experience of participating in a DVA support group: “[I realized that] I am not

alone in having been degraded this way and I am not alone in healing from it. All these years I felt like it was my fault” (Fuentes, 2014, p. 97).

Similarly, the success of Supportive Group Therapy (SGT) emphasized its relational aspects (Ford et al., 2013). Participants from the Healthy Relationships program spoke positively about the group dynamics in that they felt safe and free to discuss their experiences both during and in-between scheduled group sessions (Wendt & Fraser, 2019). This is noteworthy given prison environments often engender inordinate distrust amongst those in prison. Furthermore, women reported that participating in groups enabled them to connect with other women whom they had not spoken to previously (Messina & Calhoun, 2019; Watkins, 2019). In this instance, the bonds that were forged between prisoners were described as lasting beyond the group itself, hence improving social connectedness more generally for female prisoners. This led to a reduction in social isolation. An evaluation of Healing Trauma (UK) reported that in addition to the strong bonds observed between group participants, there were also more meaningful social connections developed between prisoners and peer facilitators who had been trained by prison staff to deliver the intervention (Petrillo et al., 2019).

3.6 Improved knowledge about DVA

Researchers evaluating the HRP stated that all participants reported to have learned that relationship abuse is neither acceptable nor normal (Wendt & Fraser, 2019). For these women, abuse had been present across their lifespan and they felt more comfortable naming and talking about it because of participation in the HRP. Specifically, women learned about conflict resolution and accountability (Wendt & Fraser, 2019). The Esuba intervention was reported to have helped women understand the connections between their previous experiences of abuse and their own emotive and behavioral reactions (Roe-Sepowitz et al., 2014). An important finding was that hearing stories from others enabled women to make sense of their own abuse. Research shows that lack of awareness of victimization impedes processing life experiences,

limits, and directly affects women's autonomy and self-efficacy, including the decisions that women make regarding their relationships. Improved knowledge had a significant impact for one woman who described that as a result of enhanced understanding about what constitutes DVA and the channels of support open to her, she took legal redress and obtained a restraining order against her abusive ex-partner (Petrillo et al., 2019).

In a randomized controlled trial that compared two interventions – SGT (supportive group therapy) with TARGET (a psychoeducation group) – overall, the research team found small differences in outcomes between the two interventions. They did find that new understanding led to an increase in a sense of forgiveness when women participated in TARGET, but the more therapeutic intervention (SGT) did not have the same results (Ford et al., 2013). In fact, women involved with SGT were less forgiving when reflecting on their DVA experiences (Ford et al., 2013). Participants in the US evaluation of Healing Trauma, spoke about developing the ability to “let go” of the past (Messina & Calhoun, 2019).

The facilitators of the Freedom Programme described how women valued acquiring ‘improved knowledge’ about DVA, but there was no attention paid to establishing whether greater understanding would lead to behaviour change and what that would entail: the discussion was confined to knowledge acquisition about types of abusers and types of abuse behaviour with limited attention paid to the application of learning (Watkins, 2019). Similarly, there was no discussion about how this new knowledge (or future behaviour change) could be sustained once women had left prison and were focused on resettlement (Watkins, 2019). In addition, the researcher observed that in group discussions some of the assumptions about male behaviour were simplistic and a few women thought that aspects of the course content were unrealistic and did not reflect real life (Watkins, 2019).

Only one intervention included a mandatory three-hour DVA class (Fuentes, 2014). Although this session was initially met with resistance from many participants as immaterial

to their lives, the majority of participants in Fuentes' evaluation admitted surprise at realizing the diverse behaviors that constituted interpersonal violence. More importantly, many were able to recognize for the first time that they were survivors in need of healing and support, and subsequently, voluntarily joined the weekly DVA support group on offer (Fuentes, 2014).

3.7 Improved parenting knowledge

Women across studies reported wanting to improve their knowledge of the impact of DVA on their children and program facilitators made space for these participants in order for them to focus on their mothering identity and role (Wendt & Fraser, 2019). In Fuentes's (2014) study, attendance at a parenting class reportedly helped one woman envisage how she could "break the cycle" as she learned how to parent in a way so that she was not treating her children in the same abusive way that she had been treated. Most of the women interviewed indicated their understanding that DVA exposure can have lasting effects for children, some of whom will carry emotional and/or behavioral problems into adulthood (Wendt & Fraser, 2019). Knowing how to help their children heal from the trauma and abuse they witnessed or experienced themselves was part of the women's search for knowledge about how to break a generational cycle.

3.8 Support in prisons outside of interventions

Some studies identified the issue that support outside of the scheduled interventions was problematically absent; e.g., for the women who needed support after a program had come to an end (Petrillo et al., 2019; Watkins, 2019). For women who accessed the Freedom Programme, there was no selection process, which was a positive in terms of accessibility, but conversely this meant that facilitators had no insights into individual needs or histories of women and were, therefore, unable to assess if women needed support outside of scheduled group sessions (Watkins, 2019). Similarly, the evaluation of Healing Trauma (UK) described

it as a first step in the process of recovery and change (Petrillo et al. 2019) but failed to describe the subsequent support or interventions to support the next step in that very process.

Good practice was observed in relation to Healing Trauma as following each the six sessions, women were given a choice of returning to their work role as a distraction to the potentially upsetting content of the program and there was a program facilitator on hand to support women should they need it (Petrillo et al., 2019). Conversely, while another researcher found that women did not criticize any aspect of the support that they experienced, they found aspects of prison life outside of sessions reinforced or exacerbated existing trauma that women were experiencing; e.g., the treatment of women by some officers was described as disrespectful with abuses of power commonly reported, particularly around practices of yelling (Fuentes, 2014). Many studies emphasized the one-to-one counselling needs of women in prison but, overwhelmingly, this was frequently described as an intervention that was unavailable.

3.9 Post-prison and resettlement

Most interventions were delivered in prisons (and/or jails in the US) yet across studies women were future-oriented and motivated to avoid future domestically violent relationships (Wendt & Fraser, 2019). One woman described being empowered to “notice things (abuse) before getting into a relationship” (Petrillo et al., 2019, p. 35) and this was framed as being equipped to identify “warning signs” in another study (Petrillo et al., 2019; Watkins, 2019, p. 132). Some women identified wanting to reflect on previous abuse to gain insights about why their ex-partners had been violent as they did not want to be “manipulated to stay again” in future (Wendt & Fraser, 2019, p. 131). However, Watkins (2019) found a lack of focus on the practical application of knowledge developed during Freedom Programme sessions meaning that women may lose what they learned when back in the community.

During the HRP evaluation women shared that by participating in the program they learned they still have a long healing process ahead of them (Wendt & Fraser, 2019). Women saw the HRP as a starting point in understanding their past experiences and insights into how they might contemplate their futures – something which they needed to build on post-release. Through participating in the HRP some women felt more confident to talk about their issues and seek help sooner if they needed it. Some women said that learning about the support available from formal services outside of prison enabled them to feel optimistic and more confident to reach out to the agencies after their release from prison (Wendt & Fraser, 2019).

An RCT of POWER reported in the six-month follow-up period after women were released from prison. Researchers measured outcomes for participants who completed POWER three months after their release from prison and noted that they reported significantly less physical abuse from their spouses or intimate partners than control participants did (Fogel et al., 2015). Six months after release from prison the research team observed additional positive changes in psychosocial constructs, and significant reductions in DVA along with significant increases in social support.

The post-prison support group illustrated the intersecting and ongoing nature of women's needs; for instance, around DVA and housing, mental and physical health, and difficulties in securing employment (Pritchard et al., 2014). The research team described the barriers to the recognition of these complex and multiple needs as linked to the challenges of having an offender status and/or being former prisoners; there was a double stigma of having a history of both abuse and prison. They also drew attention to the 'start again' syndrome noting that these women typically have to rebuild their lives following release from prison with few resources; a factor that challenged the post-prison recovery process. At the time of the evaluation, all members of the support group had experienced another abusive relationship following their release from prison.

4. Discussion

In 2007, the publication of a UK-based review of women's imprisonment had global impact (Corston, 2007). The Corston Report contributed to a greater recognition worldwide that there needs to be a distinct approach to address the multiple and complex needs of the female prison population (Finer, 2020). In Canada this led to a greater recognition of the need for a more integrated, holistic and gender-sensitive response to women involved in the criminal justice system (Chartrand and Kilty, 2017). Similarly, in Australia, Stubbs and Baldry (2017) note how the review triggered renewed pressure from activists and the prison workforce to address the structural issues that led to the imprisonment of women and raised awareness of the dire need to transform women's prisons. Corston's recommendations led to the creation of the United Nations Rules for the Treatment of Female Prisoners and Non-Custodial Measures for Women Offenders; known as the 'Bangkok Rules' (UNODC, 2014). Adopted by the UN General Assembly in 2010, it is a set of 70 principles for the gender-sensitive support of female offenders and prisoners, and advocates more community-based alternatives to custody.

Ten years after the adoption of the Bangkok Rules, an analysis of the world's female prison population found an increase, not a decrease, of 105,000 more women in prison (Penal Reform International, 2020). At the same time, the multiple, complex needs that women in prison have, including DVA and trauma, remained prolific, at levels identified by Corston. This review explored evidence from across the globe to capture the evidence-base appraising DVA interventions for this population, but we found only a modest body of research despite the widely acknowledged gravity of this global problem. In addition, there was an alarming paucity of evidence the effectiveness of existing programmes and a lack of research on community-based interventions for women post-release ($n = 2$).

The included studies ($n=11$) represented just three Global North countries: the USA, Australia, and the UK. While the socio-cultural and welfare conditions are similar across these

countries and, therefore, some useful inferences can be made, it is also apparent that evidence is not freely available for much of the Global North and Global South. In addition, some of the programs had been designed for community-based delivery (unrelated to offending or criminal justice), and specific issues relating to their delivery in a prison setting were not explored. This lack of robust evidence in terms of what works for who and in which contexts means that our conclusions about the effectiveness of interventions that address DVA for women in prison or post-prison are made tentatively. A clear conclusion was reached, however, in that women in prison, and female ex-prisoners in particular, are an under-researched and under-served population.

Only a small number of studies (n=4) described women's motivation to address their experiences of DVA, including the desire to heal from ongoing trauma, to understand the ways that DVA had impacted them and to learn new strategies for relationships with children and future partners. Only one study included a mandatory 'three-hour domestic violence class' (Fuentes, 2014) with the others requiring women to self-select to participate. Self-selection is highly problematic for several reasons. There is wide recognition of the multiple barriers to women's recognition of their experiences as abuse as well as to help-seeking and accessing support, which are heightened for minoritized women (Femi-Ajao et al., 2020). Pritchard et al. (2014) argue that imprisonment is a symbolic barrier to help-seeking which operates both during imprisonment and post-prison as, for example, women fear violating the terms of their license and being returned to prison. They argue that the stigma of the combined ex-prisoner and victim status serves as a barrier to seeking help. Mandatory participation in a DVA intervention on entry to prison would help to combat the problem of women who have experienced DVA but have yet to recognize and name their experience as DVA. This is not an ideal solution as mandation can breed contempt and resistance.

Mostly studies found that trauma-focused DVA interventions were beneficial in terms of improvements to mental health and trauma symptoms. In the qualitative studies, or qualitative strands of mixed-methods studies, change resulting from women's engagement was mostly positive. However, quantitative studies, which used validated outcome measures, identified more modest outcomes ranging from reductions in symptoms of conditions such as depression, anxiety, and psychological distress (Petrillo et al., 2019), to a variation in changes such as improvement to the severity of PTSD symptoms but little change to affect regulation (the ability to regulate emotions) (Ford et al. 2011). Overall, studies suggest that such interventions can have a positive effect, however, it was also reported that there was a pressing need for, but lack of, one-to-one counselling and professional support within the prison environment, but outside of scheduled interventions.

It is important to note that female imprisonment creates the conditions for further abuse by perpetrators, or proxies, as contact with children may be restricted or denied as a means of further punishing or controlling the mother (Flynn, 2014). Concerningly, in combination, the experiences of DVA, imprisonment, and separation from their children can be traumatic, trapping mothers in a "vicious cycle of victimisation and criminal activity" (Prison Reform Trust, 2017, p. 4). This is relevant as research exists which questions the timing of providing therapeutic intervention when there is ongoing victimization; although it is also recognised that this issue is under-explored in scholarship (Bailey et al., 2019).

Our analysis highlights existing problems with the delivery of manual-based programs. Most programs were manual-based with variation in the provision of training and supervision for facilitators; in some cases, this resulted in a lack of skilled group facilitation or expert knowledge of the topic (Watkins, 2019). Two studies reported that interventions were peer-facilitated but neither assessed this approach to facilitation (Petrillo et al., 2019; Rousseau et al., 2019). Further investigation could have explored the provision of supervision and

debriefing for peer facilitators, and whether the quality of delivery was evaluated. Variability in relation to provision, lack of management oversight and inconsistency of deliver methods, along with the inconsistency in the effective linking of such interventions to resettlement planning, means that there is little evidence of robust systems of support.

In 2007 Corston advocated for a holistic and women-centered approach, and what does emerge from the literature is that a multi-method approach, which combines different types of activities (arts-based, therapeutic or spiritual activities), enabling women to heal through sharing with other women and creativity, is welcomed (Fuentes, 2014; Roe-Sepowitz et al., 2014). Several studies provided evidence of gender-sensitive programs reflecting the original recommendations of the Corston Report. For example, one study strongly advocated for small numbers in groupwork as women found the sharing of experiences to be empowering and beneficial in developing empathy, mutual trust, and mutual support. The relational aspects of small groupwork were found to enhance women's well-being through social connectedness both inside and outside of scheduled sessions.

A counter-narrative was also found within the studies drawing attention to the context of prison life meaning that small groupwork was exposing in prison where "nothing is private". Thus, the review revealed the inherent challenges of delivering interventions for highly personal, private, sensitive, and potentially retraumatizing experiences in the context of the public, highly regulated, corrective setting of a prison. This reflects existing research and a European-wide study exploring female imprisonment found that those women with histories of DVA encountered prison life as more difficult to manage (MacDonald, 2013). Women in MacDonald's study described the prison environment as infantilizing; it demanded complicity and removed their autonomy. This was echoed in a UK-based study by Crewe et al. (2017), which found that women struggled with the loss of control over their intimate daily practices,

nutrition, clothing, and ability to maintain contact with their children. Both studies found that women's experiences reproduced many of the dynamics of abuse previously experienced.

A small number of studies did report outcomes that were future-oriented. For example, the Healthy Relationships Program reported that participants felt better prepared to avoid or cope with abuse in the future (Wendt & Fraser, 2019). However, the primary focus for most interventions seemed to be on mental health needs, and supporting women to manage trauma symptoms (as well as reducing reoffending). Thus, most interventions were delivered with currency in mind; that is, in supporting women to manage in the present, with a distinct lack of focus on the prevention of future DVA. There was also an absence of specific detail in relation to future DVA risk assessment, safety planning nor in relation to formal safeguarding processes both for women and their children, in prison and/or during resettlement. The lack of future focus for women exiting prison and for the resettlement period is problematic.

This is not to say that understanding and good practice does not exist, but that an evidence-base - developed from high quality, rigorous research - to support and validate interventions in the resettlement period is needed. This is cogent as maternal imprisonment can lead to shame and hopelessness which can trigger a return to self-destructive behaviors which, after release from prison, may impact successful resettlement and reunification with children and families (Baldwin, 2017; MacDonald, 2013). Other research has uncovered the impacts of DVA, such as mental ill-health, has implications for successful resettlement when released from prison (Hart-Shuford et al., 2018). It can mean that women return to abusive partners (Valenzuela & Alcazar-Campos, 2019).

It is acknowledged that family and child contact are integral to women's coping in prison and post-release, and family relationships and connectedness have been described as a 'rehabilitation asset' (Farmer, 2019; Pitman & Hull, 2021). Studies, however, mainly reported increased social connectedness and reduced social isolation within the prison setting,

neglecting the social and relational outcomes in relationships with current/ex intimate partners, children, or other family. This reflects the lack of association between the provision of DVA support and family work. In addition, whilst the outcome of improved social connectedness and reduced isolation in prison is positive for those women engaged in the interventions, sample sizes of reported studies were mostly small, and there was no sense of greater longevity as studies again focused on currency, reporting on the immediate outcomes experienced during engagement with the intervention. Again, this reflects the lack of consistent attention paid to the development and sustenance of skills and knowledge to be used in the future and in the longer-term in relationships with children and/or current, future, or ex-partners.

This review highlights several issues with regards to addressing DVA for women in prison or post-prison. For example, there is a distinct lack of evidence-based programs or one-to-one interventions that are widely and routinely available (and, as previously stated, there was a dearth of studies reporting DVA interventions for women after their release from prison). It is highly likely that there are evaluations of small, localized interventions but these are not publicly available, the interventions themselves are not widely available and, it can then be surmised, that such interventions are lacking validation and accreditation. Thus, whilst the commitment to addressing DVA and its impacts on women in prison and post-release is explicit, there is little evidence of substantial change in practice since the publication of the Corston Review, nor is there evidence of consistency, accessibility and parity, nor widescale availability, of interventions that address DVA victimization.

Finally, one of evidence review aims was to explore the intersectional identities of women with experience of DVA in prison or post-release and their diverse experiences, needs, and engagement with available interventions. Overall, the review found there to be a distinct lack of attention paid to diversity or intersectional identities and characteristics. When diversity was reported in the studies, significant gaps in provision and access were recognised,

particularly for women in prison with Gypsy, Roma, Traveler, Black and other minoritized identities, with intervention work not always accounting for cultural needs. This has implications for the diverse needs of women in prison in relation to DVA support and family work, and in terms of ensuring equity of provision for and access to interventions.

Implications for policy, practice, and research

There are several policy and practice implications arising from this review. First, interventions designed for women with needs relating to DVA in prison and post-release should equip women with skills, knowledge and coping techniques for the present and the future. Second, interventions are needed which enable mothers to understand the impacts of DVA on children and to equip them with the skills and knowledge for re-establishing positive mother-child relationships during and on release from prison. Third, interventions should center strengths-based approaches which rely upon the maternal identity as a ‘rehabilitation asset’.

In addition, more rigorous research is needed to facilitate and advance understand what works for whom and in which contexts (prison or community) for women with needs relating to DVA. To enable evidence-informed responses from policy and practice, research should examine the barriers and facilitators to help-seeking for women in prison and post-release. In terms of diversity, research is needed to understand the impact of intersecting factors of ethnicity, culture, religion, language, nationality and/or immigration status for women in this population. Finally, future research should focus on the needs of women following their release from prison in relation to DVA, mothering, the mother-child relationship, and other intersecting needs (e.g., mental health, employment, housing) to reflect a holistic approach to needs and risk assessment and management.

5. Limitations

Of those included studies, there were none that addressed the needs and experiences of mothers specifically. The majority of research was undertaken with small sample sizes (even when the authors of the study noted that a considerably higher number of women had taken part in the intervention) and may indicate issues with sample and selection bias. We found methodological issues such as variation in terminology across studies which can pose challenges for meta-analysis and meta-synthesis. There are limitations of this review in terms of our methods as this was a funded project with a relatively short timescale; therefore, we had limited time to search for relevant grey literature and we acknowledge there may be some studies, published as grey literature and not peer-reviewed articles, which we did not find. We also acknowledge the limits of using single reviewers for some stages of the review.

6. Conclusion

It has long been recognised that trauma and DVA are commonly found in the histories of women in prison (Corston, 2007; UNODC, 2014). Yet whilst the co-existence of DVA and offending is now better recognised, the links between these and mothering remain poorly understood overall (Roberts, 2019). This systematic review set out to synthesise evidence of interventions for mothers in prison and post-release, but found a dearth of literature reporting studies that appraised interventions addressing DVA and maternal imprisonment and therefore we broadened the population of interest to all imprisoned women. Most studies focused on DVA but not through a prevention or family lens and so neglected to help women to understand the impacts on children, the mother-child relationship nor to understand future concerns such as the reunification with children and strategies to avoid retraumatising children and themselves. This is problematic as it suggests a lack of robust evidence that points to what helps mothers with experience of DVA in prison and post-release. In addition, we were unable to explore the experiences of women from an intersectional perspective as there was a lack of attention paid to diversity and marginalised identities in the available literature. This is not to

say that studies reported negatively in relation to existing interventions. On the contrary, often there were very positive outcomes for women. Overall, however, our findings support Robert's claim that the links between DVA, offending, and mothering remain poorly understood and, we argue, this link is not reflected in the support currently available.

Declaration of Generative AI and AI-assisted technologies in the writing process

The authors used no AI tools or AI-assisted technologies in the writing process.

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*indicates papers included in the final sample.

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