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Domestic abuse and mothers in prison or on release: an evidence review

Final report



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Glossary

BME	Black and minoritised ethnic communities
CJS	Criminal Justice System
CRCs	Community Rehabilitation Companies
DVA	Domestic violence and abuse
FOS	Female Offender Strategy
FP	Freedom Programme
GRT	Gypsy, Roma, and Travellers
HMI Prison	Her Majesty's Inspectorate of Prisons
HMI Probation	Her Majesty's Inspectorates of Probation
HMPPS	Her Majesty's Prison and Probation Services
HRP	Healthy Relationships Programme
MARAC	Multi-Agency Risk Assessment Conferences
MBU	Mother and Baby Unit
NGOs	Non-governmental organisations
NOMS	National Offender Management Service
ROTL	Release on Temporary Licence options
SPFTPF	Strengthening Prisoners' Family Ties Policy Framework
VAWG	Violence against women and girls

Foreword

There is heightened awareness now of the links between women's imprisonment and their experience of abuse and exploitation but sadly this is slow to translate into systems change. Women who have been victims of serious violence and coercion but never received the help they needed, are themselves still being harshly punished for generally minor offences. Perhaps even more shocking is the wilful neglect of the impact on children of their mother's imprisonment; and while separation from their children is recognised to be a distinct and gendered pain of imprisonment for women, there is still very little support on offer. This fraught intersection of domestic abuse, mothering and offending is overdue for investigation which makes this a landmark report.

A constant cry from policy makers, service providers and funders, under pressure to improve outcomes for women in the criminal justice system, is for evidence of the effectiveness of interventions and initiatives. This authoritative review of research and policy will therefore be welcomed by all those advocating for change and those responsible for delivering it. Its focus on mothers experiencing or at risk of domestic abuse is important not least because of the oft-perceived tension between safeguarding and support. Victim-blame and stigma mean women can be reluctant to disclose domestic abuse for fear their children will be removed. Their fears and mistrust are well-founded and constitute a significant barrier to both research and practice. Interventions to encourage disclosure are identified here as examples of good practice in need of both replication and further scrutiny.

The conduct of this review coincided with the Covid-19 pandemic and while the number of women in prison fell as a result of court closures, the proportion held on remand increased and conditions for imprisoned women deteriorated. In February 2022, as this research project was drawing to a close, the prisons inspectorate published a critical briefing paper based on visits to five of the 12 women's prisons in England, highlighting record levels of self-harm. The impact of Covid restrictions on women with children was acute as family engagement work ceased at the start of the pandemic and was very slow to restart, especially face-to-face visits and child-resettlement leave.

This evidence review comes at a critical time, hard on the heels of the UK Parliament's Justice Committee Inquiry into the government's Female Offender Strategy, a flurry of related reports, the re-organisation of probation services and passage of the Domestic Abuse Act 2021. There is a renewed upsurge of concern about the ubiquity of male violence against women, but strategic responses to this rarely connect with interventions for women offenders. This systematic review of a wide range of evidence sources on the gendered dynamics of the criminal justice system will surely inform and spur action to close the yawning gap between rhetoric and reality when it comes to women in prison.

Jenny Earle (Prison Reform Trust, Women's Programme Director, 2012 – 2020)

Member of Research Project Advisory Group

Executive Summary

Background and context

In recent years scholarship has contributed to a growing concern about the needs and experiences of mothers in prison and their children.¹ A 1997 Home Office census indicated that over 60% of women in prison are mothers to dependent children under the age of 18, affecting more than 17,000 children each year.² This is likely to be higher as information about the mothering status of women in prison is not routinely collated.³ The growing body of work in this area highlights how imprisonment can severely alter, disrupt, or even terminate mothering, having a damaging impact on both women⁴ and their dependent children.⁵ In her influential review, Baroness Corston (2007: i)⁶ described the impact of maternal imprisonment on children as “nothing short of catastrophic”.

At the same time, reports have indicated that at least 60% of women in prison in England and Wales have experienced domestic violence and abuse (DVA).⁷ In this study we have adopted the Home Office (2018)⁸ definition of DVA which includes physical, sexual, psychological, and financial abuse, and coercive control, as well as harmful practices such as forced marriage, ‘honour’-based violence, and female genital mutilation. Whilst the co-occurrence of DVA and offending is now better recognised, the links between these and mothering remain poorly understood overall.⁹ This is significant for many reasons including that, whilst some mothers who experience DVA will prioritise the protection of their children, for others, DVA can severely disrupt mothering in both similar and divergent ways to that of maternal imprisonment.^{10 11}

In policy terms, both the Corston Report (2007) and the Female Offender Strategy (FOS) (2018)¹² have brought increased visibility to the vulnerabilities of women in prison, including those with experiences of DVA, and to the specific issues relating to mothers in prison. The Farmer Review for Women,¹³ commissioned as part of the FOS, highlighted the ongoing challenges for mothers in prison whilst, at the same time, recognising that strengthening the family relationships of female prisoners, particularly with their children (and defining such relationships as a ‘rehabilitation asset’), was key to supporting better outcomes for women in prison. As a result of Lord Farmer’s review there has been increased political interest in mothers in prison, and at the time of writing this report there is an ongoing enquiry into the issue; albeit one that is set against a backdrop of inconsistent and insufficient data on maternal imprisonment.¹⁴ It is also written at the end of the pandemic period which brought many challenges for women in prison as family contact was ceased and slow to restart.

The project

The main aim of the study was to conduct an evidence review comprising: i) a systematic literature review; and ii) a policy analysis. The primary objective of the systematic review was to evaluate and synthesise global 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*. We examined global literature to establish if there is anything to be learned from practice in other countries. In addition, the policy analysis set out to describe and evaluate central government policy documents and reviews pertaining to England and Wales for mothers with past/current experience of DVA who are serving or have recently served a prison sentence. We set out to establish how policies frame the problem of mothering, DVA, offending and rehabilitation and

equally how they reflect and address the intersecting issue of mothering, DVA, offending and rehabilitation.

A total of 17 studies were included in the systematic literature review ($n = 11$ described interventions,^{15 16 17 18 19 20 21 22 23 24 25}, $n = 12$ described women's experiences^{18 19 20 21 22 25 26 27 28 29 30 31}). In total 84 policy documents or reports were included in the policy analysis. A thematic analysis has been useful in combining the findings of both work streams in order to build a picture that describes the evidence-base for interventions and the main themes of policy directives and implementation of policy to address mothers' experiences of DVA in prison or post-prison.³²

Main findings

Meeting the needs of female offenders with experience of DVA

It is widely accepted that the rates of DVA experienced by women in prison is high. However, we found a mixed picture regarding the presence of a supportive environment in which women could make disclosures, albeit there was evidence of some good practice with peers often trained to support others in this regard.^{33 34 35 36 37} One means of countering this would be to require all women to participate in a mandatory session focussing on DVA on entry to prison to empower women and to encourage their self-selection for further DVA-specific intervention. Training for prison and probation staff in relation to supporting women to make disclosures is needed. Future training or mandated intervention should be evaluated to understand its acceptability and subsequent outcomes. The review also found there to be a significant gap in robust evidence to show that the needs of these women are met through targeted intervention in prison or on release during resettlement. Moreover, the evidence revealed that provision related to DVA is either not meeting needs at all or is of variable availability. The policy analysis recognised family work to be of vital importance, particularly in maintaining and/or repairing familial relationships and there is evidence of good practice here too. However, there was very limited reference made to the intersection of DVA and mothering, impacts to children or the mother-child relationship. This linkage was similarly lacking in the studies on DVA interventions. Of concern, the need to safeguard women and their children in prison and on women's release from prison got little attention in reports on interventions and policy. Rather, the common focus was on mental health needs and reducing reoffending. These findings reflect the focus on the present, rather than both meeting current needs *and* having a future focus in relation to abuse prevention, relationships, safety and well-being.

Interventions to address DVA

Where research was found which had evaluated interventions, this mostly reports the findings from pilot studies or small samples, and generalisations are not possible. Outcomes are often reported to be positive by participants, but questions remain in terms of some delivery arrangements (with little evaluation of delivery and facilitation) and sites for delivery (prison versus community). Most interventions were delivered in prison, with an alarming lack of robust evidence about DVA interventions for women on their release from prison. Most studies were based in the US, with a clear implication for the need for future research on UK-based interventions. Policy documents also identified too much variation in provision in terms of consistency, management oversight and in the effective linking of such interventions to resettlement planning. Policy documents lacked specificity about what type of interventions

should be available and how they should be delivered. Finally, while the policy documents evidence widespread training across the estate in relation to trauma-informed practice, a gap in DVA specific knowledge persists. Therefore, we conclude that there is little evidence of substantial change in practice since the publication of the Corston Review, nor is there evidence of consistency in terms of available interventions that address DVA victimisation.

Interventions to support family work

We found minimal reference to the intersection of mothering, DVA and offending overall although, and conversely, we uncovered significant reference to the importance of maintaining and developing prisoners' familial relationships ('rehabilitation assets') in policy. Examples of good practice were identified, such as overnight contact and family bonding centres ^{68, 72, 73}, but again gaps in practice were found, e.g., inconsistencies in the family support worker role. Very limited reference is made to the challenges for women in prison in maintaining or developing relationships owing to their likely experiences of being in abusive relationships, and what this may mean for contact with their children during custody and the impact on their resettlement. Prevailing challenges were acknowledged in relation to maintaining contact with many women receiving no visits from their children and families during their sentence. Similarly, whilst the need for programmes delivering parenting skills and wider relationship skills is recognised, this remains a recommendation rather than a requirement ^{38 39} with disparities in access to such provision. Similarly, the links to DVA in such provision are unclear.

DVA and trauma-informed approaches

The link between experiences of historic abuse, poor mental health and trauma is well documented in the literature pertaining to the female prison population. To address this, prisons in England and Wales are required to adopt the *Becoming-Trauma-Informed* approach (FOS).¹² The review found considerable reference to trauma-informed practice and, overall, found that trauma-focused interventions resulted in positive outcomes in terms of improvements to trauma symptoms, mental health, and emotional wellbeing (these were not always explicitly connected to DVA, however).^{15 16 17 18 19 20 21 23 24 25} In policy, despite an equal focus on supporting the maintenance and development of prisoners' family relationships, commitment to developing trauma-informed approaches does not appear to extend to family work. Specifically, the centrality of family contact recurs throughout the policy documents, with significant efforts identified in both promoting and facilitating contact, but there is scant reference to the impact on children who witness DVA and the responsibility of the prison to provide a suitable visiting environment for children. As trauma and mental health appear to feature heavily in both policy and literature, there is a need for more balance in terms of interventions that take a strengths-based approach (this was not entirely absent - for example, see the studies on Healing Trauma ^{19, 20}), which are based on a gender-responsive *and* holistic model, and which are consistently available.

Connectedness as social capital

The evidence review found a commitment from Central Government to reducing isolation and increasing social connectedness. This was found to be an outcome of interventions,^{17 19 20 23 24} and a strong message throughout policy emphasised family work and child contact as integral to this, in addition to women's coping in prison and successful resettlement. Studies reporting increased social connectedness and decreased isolation focussed primarily on the present, rather than on the development and sustenance of skills and knowledge for future

relationships with children and/or current, future, or ex-partners (which would sustain social connectedness with significant others). Past policy recognises that many women could be more effectively supported in their communities, rather than prison (FOS),¹² through innovative 'residential women's centres' (to reduce the number of women in custody). Unfortunately, these plans were scrapped owing to insufficient resources, but could be revisited as there is potential for this innovation to address family contact (the 'rehabilitation asset'). An existing, and critical, resource is women's centres, and it was clear in policy documents that these have unrealised potential to further offer a gender-responsive integrated approach, consisting of evidence-based DVA interventions, healthy relationships programmes and parenting programmes.

Female offenders and diversity

Overall, this evidence review found a distinct lack of attention paid to diversity or intersectional identities and characteristics. The policy documents identified the diverse needs of women in prison in relation to family work and DVA support, with clear guidance to ensure equity of provision of, and access to, interventions. However, significant gaps in provision and access were identified, particularly for women in prison with Gypsy, Roma, and Traveller (GRT) and Black and Minoritised Ethnic (BME) identities, with intervention work not always accounting for cultural needs. Studies mostly did not report on diversity issues.

Resettlement needs: policy and practice

Release from prison brings a specific set of challenges for women and the importance of resettlement work that is both gender-specific and trauma-informed⁸ cannot be emphasised enough. However, the dearth of studies included in the literature review raises questions about the lack of evidence-based interventions for mothers on leaving prison. In contrast, policy documents frequently emphasised the importance of resettlement work for women.^{34 40 41 42} Supporting the needs of women who have experienced DVA, the Gender Specific Standards to Improve Health and Wellbeing for Women in Prison in England⁴³ has support for Victims of Domestic Violence mandated as a resettlement pathway, with desired outcomes, including increasing safety of the individual (and any children living with the offender), to support the individual in dealing with the impact of the abuse, and to support the individual to better identify risk factors and networks of support. However, the disconnect - between policy rhetoric and implementation - is one of the major concerns resulting from the review. Further evidence is found within the prison inspectorate reports which indicate that resettlement support that focuses on DVA is variable, with some prisons needing more focused strategy.^{36 40 41 43} Again, the evidence illustrated a variable approach to family work during the resettlement process albeit policy documents emphasises the importance of this,^{34 43 44 45} with recognition that women should be linked to community services, including family support, before release.^{45 46} ⁴⁷ When evaluated, family work was reported to have positive outcomes with evidence of partnership working.^{48 49 50 51 52} Finally, there needs to be a more unified and consistent approach to the needs of women leaving prison with experience of DVA with links to other, related, basic needs, such as safe, affordable housing which is vital to support mothers in reunification with their children. However, the lack of available and adequate housing for women leaving prison is widely acknowledged¹⁴ and homelessness is strongly correlated with poor outcomes for women on release from prison.

Recommendations

Recommendation 1. Future research should focus on establishing robust qualitative and quantitative evidence for understanding the connection between DVA and maternal imprisonment.

Recommendation 2. A mapping exercise is needed to build a comprehensive picture of the DVA interventions available for women in custody and immediately when women are released.

Recommendation 3. All women should participate in a mandatory one-off DVA session on entry to prison to serve as an awareness-raising opportunity, enabling women to recognise their experiences of victimisation where relevant and to encourage autonomy in the process of self-selection for further intervention. The intervention should be evaluated to understand whether it meets these aims.

Recommendation 4. Training should be made available for relevant professionals (prison and probation) to support women in recognising their victimisation, disclosing it, and supporting them to engage in relevant interventions.

Recommendation 5. Evidence-based DVA interventions should be available across the estate and post-prison during the resettlement period as set out in a national strategy and action plan to ensure consistency of access and delivery. Such interventions should integrate the principles of prevention.

Recommendation 6. Future research should focus on the needs of women following their exit from prison in relation to DVA, mothering, the mother-child relationship, and other intersecting needs (e.g., accommodation) to reflect a holistic approach to needs and risk assessment and management. Needs and risk management should adopt a multi-agency model to reflect a whole system approach.

Recommendation 7. Future research should evaluate current interventions with a focus on what works for whom and in what context (prison versus post-prison, community-based support), to establish evidence of whether such interventions enable understanding of trauma and its links to DVA and mothering and if interventions need to be setting-specific.

Recommendation 8. To reflect a holistic and integrated approach, policy and practice on family work should be explicitly underpinned by trauma-informed practice (integrating understanding about the impacts of trauma and DVA for women *and* their children).

Recommendation 9. The mapping exercise (as per Recommendation 2) should aim to establish and evaluate the extent to which a trauma-informed approach has been implemented.

Recommendation 10. The proposal for residential women's centres should be revisited to address the high number of women in custody for short sentences and non-violent offences as these could reduce social isolation and the effects of ongoing trauma whilst increasing family connectedness.

Recommendation 11. Policy and practice on resettlement should utilise women's centres consistently to provide accredited, evidence-based interventions that address DVA and parenting, offering programmes that could be commenced in custody and completed (or revisited) where necessary in the community. This will require sufficient funding for women's centres.

Recommendation 12. The role of family support workers is critical to the intersection of family and DVA work. Research should be commissioned to explore the challenges and opportunities of the role, in order to bring consistency to family and DVA work across the women's estate.

Recommendation 13. The development of overnight visiting facilities across the women's estate is strongly recommended to address the difficulties highlighted in relation to the quantity and quality of familial contact for mothers in prison.

Recommendation 14. Any future mapping exercise should include parenting programmes and relationship skills to understand how such provision includes links to DVA.

Recommendation 15. Parenting skills and wider relationship skills programmes, incorporating DVA awareness, to repair relationships and promote healthy family functioning should be mandatory (rather than a recommendation). The focus should be on ensuring that evidence-based interventions are provided in a consistent way, accessible and available to all.

Recommendation 16. Future research should explore the needs and experiences of mothers in prison or post-prison with current or historic DVA from marginalised communities specifically in relation to ethnicity, disability, age, sexual identity, and asylum/migration status.

Recommendation 17. Explore strengths-based interventions in resettlement that focus on motherhood and the mother identity as an 'rehabilitation asset'.

Recommendation 18. Policy should integrate a coherent, integrated approach for women in preparation for release in terms of interventions that address DVA and mothering and that continue during resettlement for coherent, continuous support.

Recommendation 19. Future research should examine current practice to understand how the needs of mothers exiting prison are planned for in relation to DVA and associated social, emotional, relational, physical, or functional needs as part of a holistic, integrated approach to resettlement planning. This should include housing needs.

Recommendation 20. The accommodation pathway to reduce reoffending should be revised and developed to incorporate a gender-specific, trauma-informed, whole systems approach to securing accommodation for women leaving custody, recognising the implications on DVA, mothering and reoffending.

1. Introduction

1.1 Background

This report details the findings of an evidence review which was jointly undertaken by the University of Sheffield and the University of Salford, funded by the Nuffield Foundation. We set out to critically examine existing evidence that details policy and practice for mothers in or exiting prison who have past or current experience of domestic violence and abuse (DVA). We adopted the UK Government definition of DVA which includes physical, sexual, psychological, and financial abuse as well as coercive control.⁸ This project comprised two strands of work, a systematic literature review and an analysis of policy. By conducting a systematic literature review, we set out to investigate evidence which describes the DVA experiences of mothers in prison and evaluates the effectiveness of current interventions that address their experiences of DVA, either in, or following their recent exit from, prison. For this review we searched for, and analysed literature published from 2007 (following the publication of the influential Corston Report - see below) to 2021. Concurrently, we undertook an analysis of Central Government policy documents and reports to understand policy and practice responses in relation to mothering through DVA for women in prison or for those women recently released from custody in England and Wales. The remainder of this introductory section provides the background for this study, highlighting the problem of DVA and the intersection with maternal imprisonment and relevance for policy and practice.

1.2 Women and prison

There has broadly been a downward trend in the population of women in prison in England and Wales, falling from 3,927 in December 2012, to 3,197 in December 2020.⁵³ Exact numbers of women in prison who are mothers remains unknown⁵⁴ as reliable information and statistics relating to the mothering status of women in prison are not routinely collated.⁵⁵ A 1997 Home Office census indicated that over 60% of women in prison are mothers to dependent children under the age of 18, affecting more than 17,000 children each year.² This remains the most up-to-date, reliable, and therefore the most commonly cited information available. However, as noted by Codd (2020),¹ mothers may be unwilling to disclose that they have children owing to concerns about subsequent intervention, including child protection measures, therefore these figures remain estimates.

Recognition of the specific needs of female prisoners and challenges within the women's estate were significantly heightened following publication of the Corston Report (2007).⁶ This was a commissioned review of the needs and experiences of vulnerable women in the criminal justice system. The review found that "there are many women in prison, either on remand or serving sentences for minor, non-violent offences, for whom prison is both disproportionate and inappropriate" (Corston, 2007: i).⁶ Baroness Corston highlighted the lack of a holistic, integrated model for supporting women with trauma histories which were connected to their offending. She also drew attention to the overuse of custody where alternative community-based alternatives are, or should be made, available. The report made several recommendations, leading to political debate, and gained cross-party support.⁵⁶ The recommendations offered a "blueprint for a distinct, radically different, visibly-led, strategic,

proportionate, holistic, woman-centred, integrated approach” (Corston, 2007: 79).⁶ One recommendation was the additional gender specific pathway^a to reducing reoffending in relation to support for women who have been abused, raped or who have experienced DVA.

Follow-up government reports acknowledged some ‘progress’^{57 58 59} but as noted by Hine (2019),⁶⁰ most of the evidence indicated a lack of significant change to either the scale of the population of women in prison or their experiences of custody. Despite the limitations in progress, the Corston Report (2007)⁶ has contributed to a greater recognition that there needs to be a distinct approach to women in prison, both in the UK and internationally.⁶¹ Such recognition has led to the United Nations Rules for the Treatment of Female Prisoners and Non-Custodial Measures for Women Offenders (known as the ‘Bangkok Rules’).⁶² Adopted by the UN General Assembly in 2010, the Bangkok Rules provide universal principles for gender-sensitive approaches to policy and practice in relation to the imprisonment of women and community-based alternatives to custody.

Reiterating many of the issues and recommendations of the Corston Report, the Female Offender Strategy for England and Wales (FOS),¹² outlines the UK government’s agenda for working with women in contact with the criminal justice system across England and Wales. Although largely welcomed,^{56 60 63} multiple limitations have been highlighted within the strategy, including a lack of concrete proposals to respond to women’s multiple and complex needs and the lack of meaningful investment required to affect real and lasting change.^{60 63}

Despite the limitations and challenges identified, both the Corston Report (2007)⁶ and the FOS (2018)¹² have brought increased visibility of the vulnerabilities of women in prison (including DVA) and to the specific issues relating to mothers in prison. Equally, the Farmer Review for Women,¹³ commissioned as part of the FOS, highlighted the ongoing challenges for mothers in prison and recognised that strengthening female prisoners’ family relationships, particularly with their children, was key to supporting better outcomes for women in prison. Such relationships were framed by Lord Farmer as a ‘rehabilitation asset’. As a result of Lord Farmer’s review there has been increased political interest in mothers in prison, and at the time of writing this report there is an ongoing enquiry into the issue; albeit one that is set against a backdrop of inconsistent and insufficient data on maternal imprisonment.¹⁴

It is also critically important to situate the findings of this evidence review within the context of the global pandemic. National measures to address the pandemic resulted in considerable disruption for prisons and for women in prison. Much of the family engagement work ceased at the start of the pandemic, face-to-face visits were suspended for many months, and, overall, this was very slow to restart.¹⁶⁸ Recent prison inspectorate reports found notable differences from the previous inspections in 2019 with reports of a deterioration in provisions such as purposeful activity and in safety outcomes. Reports of mental ill health and substance use are

^a The original seven pathways to reduce re-offending were designed to focus attention on the range of offender needs and the resources required to meet those needs. The pathways comprised accommodation; education, employment and training; health; drugs and alcohol; finance, benefit and debt; children and families; and attitudes, thinking and behaviour.

concerning, with claims that rates of self-harm have risen to record levels during the pandemic.
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1.3 Mothering from prison

In recent years academics and policymakers have become increasingly concerned about the needs and experiences of mothers in prison and their children.¹ This growing body of work highlights how imprisonment can severely alter, disrupt or even terminate mothering, having a damaging impact on women⁴ and their dependent children.⁵ In her review, Baroness Corston (2007: i)⁶ described the impact of maternal imprisonment on children as “nothing short of catastrophic”. The children of mothers in prison are largely in the care of others outside of the prison, and separation from their children is often cited by mothers as the worst aspect of imprisonment.⁶⁴ This separation exacerbates existing trauma, mental ill-health and substance misuse problems.² Research indicates that mothers face additional strain compared with other female prisoners, and lose confidence in their parenting ability during imprisonment.⁶⁴ A sense of loss and rejection around separation from their children can motivate women to self-harm and attempt suicide.⁶⁵ Conversely, Pitman and Hull (2021: 5)¹⁴ note that “maternal identity is vastly underused as a rehabilitation asset”.

Over half of women in prison in England and Wales have no or irregular contact with their children throughout their sentence.^{2 66} There are many reasons for this. For example, the relatively low number of women prisoners and consequent fewer prisons means that women tend to be held further away from home than their male counterparts, restricting their ability to maintain family ties.⁶⁷ Additionally, very remote areas (e.g., Wales) can have poor public transport links, impeding contact. A study in Scotland demonstrated that some families spend between 5-12 hours on their return journey to visit the prison.⁶⁸ Strained relationships with carers, who often act as gatekeepers to maintaining contact,⁶⁹ and unsatisfactory visiting conditions, have also been cited by women in prison as barriers to maintaining contact with their children.^{70 71 72}

Maintaining contact and familial relationships throughout custody is recognised as critical in facilitating prisoner well-being, reducing prison infractions, encouraging adjustment to prison life and supporting successful resettlement.^{73 74 75} For children with a parent in prison, contact can serve to reassure children of their parents’ well-being,^{68 76} facilitate more satisfying relationships both during and after prison,⁷⁷ and is associated with better emotional adjustment and more effective coping skills.⁷⁸ A number of interventions exist to facilitate contact, including overnight contact.^{68 72 73} However, although innovative practice has emerged to enable mothers to maintain contact with their children, Codd (2020)⁷⁹ argues that these projects are mostly operated by charities and other non-governmental organisations (NGOs) and vary immensely in their aims and scope, often only able to respond to local need on a piecemeal basis. Resettlement continues to present many challenges for mothers leaving custody.^{80 81 82 83} Mothers often endure practical difficulties, such as securing employment and stable accommodation, dealing with unresolved trauma, substance misuse and DVA.⁸⁴ Furthermore, lack of resettlement support for the same issues that may have led mothers to prison in the first instance, along with a lack of practical mothering support, were important factors in relation to integration and successful resettlement.⁸⁴

1.4 Women's criminalisation, prison, and domestic abuse

In 2012, the Ministry of Justice⁸⁵ identified women in prison in England and Wales as being more likely to have: experienced trauma throughout their lifetime; experienced physical, emotional and/or sexual abuse as children; been accommodated through state or public care arrangements as a child; and to have witnessed violence in the home. It is, therefore, unsurprising that female offenders have particularly high rates of interpersonal trauma.⁸⁶ Reports indicate that 60% of women in prison in England and Wales have experienced DVA.⁷ Whilst the co-existence of DVA and offending is now better recognised, the links between these and mothering remain poorly understood overall.⁹ Recent research has explored the pathways between women's experiences of DVA and their criminalisation. Jones (2020)⁸⁷ identified how women's imprisonment can result from them reportedly being forced by an abusive partner to either participate in an offence or take responsibility for an offence the abusive partner had committed. Jones (2020)⁸⁷ further found that women may engage in violent behaviour as a means of self-defence, and Durfee and Goodmark (2019)⁸⁸ found that male abusers may file complaints, termed 'cross-filings', to lever the legal system, leaving women more vulnerable to arrest, charge, and potential imprisonment.

DVA may also affect a mother's experience of and responses to imprisonment. Contact may be restricted or denied by the carer of children of a mother in prison, as a means of further punishing or controlling the mother.⁸⁹ Equally, contact may be restricted or limited if social services intervention has occurred prior to, or owing to, the mother's sentence. The combined 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: 4).³⁰ Mothers in prison can experience shame, hopelessness and a sense of failure which can trigger a return to self-destructive behaviours which, after release from prison, may impact successful resettlement and reunification.^{67 90} Yet recent research shows that trauma of separation from children is not sufficiently recognised or understood by the prison system.¹⁴

A report published by the Joint Committee on the Draft Domestic Abuse Bill in 2019 recommended that the UK Government consider the proposal made by the Prison Reform Trust and the Criminal Bar Association⁹¹ for the introduction of a statutory defence to protect women whose offending is driven by their DVA experiences. The Domestic Abuse Act received royal assent in April 2021 but failed to include provision to protect victims who offend, or are alleged to offend, as a direct result of the abuse experiences. At the same time, in 2019, Lord Farmer published his final report which included several practical and measurable recommendations to reduce the number of mothers and children separated by imprisonment, based on recognition of the number of mothers unnecessarily imprisoned for non-violent crimes, and advocated for non-custodial penalties via community-based services.⁵⁴ The report is peppered with references to the high rates of DVA and the many ways in which it contributes to women's offending behaviour. It specifically acknowledges DVA as a barrier to women disclosing that they have children when coming into contact with the criminal justice system (CJS). Lord Farmer strongly urged the UK Government to invest in DVA services for female offenders.

For women in prison, DVA can inform how they engage with and respond to interventions.¹² One study identified that women who had experienced pre-prison DVA were more likely to show symptoms indicative of post-traumatic stress disorder.⁸⁶ In a European-wide study exploring women prisoners, mental health, violence and abuse, Macdonald (2013)⁶⁷ identified that those who had experienced DVA found prison life more difficult to manage. Macdonald (2013) indicated that indeed, for many women, the prison environment was infantilising, removing autonomy and demanding complicity, which was reminiscent of their previous experiences of abuse. This was echoed in a UK study by Crewe (2017),⁹² which found that loss of power, autonomy and control was a significant challenge for women in prison. Women struggled with loss of control of their intimate daily practices, nutrition, clothing, and ability to maintain contact with their children. They suggested that the feelings of powerlessness reproduced many of the dynamics of abuse they had previously experienced.

Day and Gill⁹³ note that DVA manifests differently across socio-economic groups and cultural contexts, and experiences of abuse and victimhood are shaped by victims' intersectional identities and social characteristics. They go on to suggest that "[Racially minoritized] women, who are located at the intersection of numerous structural inequalities, face additional issues and pressures that compound their risk of DV" (Day & Gill, 2020: 831). Recognising and responding to these structural inequalities is particularly salient when exploring DVA in relation to women in prison, as women of colour and those from lower socio-economic backgrounds are some of the most marginalised women in society and, of significance, they are over-represented within the women's prison population.⁹⁴

1.5 The study

The main aim of the study was to conduct an evidence review comprising two work streams: i) a systematic literature review; and ii) a policy analysis. The primary objective of the systematic review was to evaluate and synthesise 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 methodology for completing the systematic review is detailed in the next section of this report. Overall, we found a dearth of literature with a modest 17 publications included in total: 12 depicted women's experiences of DVA and 11 reported studies relating to relevant interventions. To complement this review, a protocol has been registered with Campbell Systematic Reviews to complete an Evidence and Gap Map (<https://doi.org/10.1002/cl2.1313>).

The policy analysis set out to describe and evaluate central government policy documents and reviews pertaining to England and Wales for mothers with past/current experience of DVA who are serving or have recently served a prison sentence. We set out to establish how policies frame the problem of mothering, DVA, offending and rehabilitation and equally how they reflect and address the intersecting issue of mothering, DVA, offending and rehabilitation. A thematic analysis was undertaken for both work streams enabling the description of evidence which is particularly useful when combining two or more sets of data or findings.^{32 95}

This has enabled the team to build a picture of a range of interventions and policy directives discussed across the literature.

To combine the findings from both work streams we have employed a thematic synthesis approach. Thematic synthesis refers to an approach to the systematic review and policy analysis that relies primarily on the organisation of data into the most common, aggregative themes.⁹⁶ It is useful in reviews that bring together findings of research from many different types.⁹⁷ As such, thematic synthesis can be understood to be a technique to achieve the translation of the results of studies in a systematic way.⁹⁵ Please note, however, that the systematic literature review and policy analysis will be published elsewhere as distinct outputs.

2. Systematic literature review

2.1 Methodology

A systematic literature review involves using a specific and reproducible method to identify, select and appraise studies that are relevant to a particular research question.⁹⁶ The research questions underpinning our systematic review were:

RQ1 How effective are interventions that address domestic violence and abuse (DVA) when used with mothers in, exiting, or recently released from prison?

RQ2 What factors affect the impact of interventions (e.g., mode of delivery, setting, duration, individual versus group setting)?

This section of the report provides a detailed methodology. The search strategy was designed in consultation with subject-specific information specialists at the University of Sheffield and aimed to identify research from across diverse disciplines with a focus on the interventions available for women/mothers in prison or recently released from prison who had experienced DVA. The search strategy used a combination of keywords and terms relating to the population, intervention, comparator, and outcome (PICO) framework (see Table 2.1 below). Complementing this systematic literature review, a protocol for an Evidence and Gap Map is registered with the Campbell Collaboration.⁹⁸

Table 2.1 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 victimisation; 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
- 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.

The systematic literature review specifically focused on interventions which addressed DVA with women/mothers either in prison, or recently released (within 12 months). Put simply, an 'intervention' refers to the act or process of intervening. For this review, an intervention could be a group programme, support group or one-to-one support (see Appendix 1). The review aimed to identify examples of interventions which had been implemented with these groups of women, and if, how, and in what ways they were effective. In particular, the review would document what worked in terms of DVA and its impacts (e.g., trauma symptoms), and what works in terms of improved mothering. Finally, the review sought to find out what types of interventions work (e.g., group programmes or one-to-one support), for whom (general population of mothers, or women from minority backgrounds), and in which contexts (prison or post-prison in community settings).

The search terms employed comprised three distinct clusters of concepts, based around: i) domestic violence and abuse, intervention, and maternal imprisonment; ii) domestic violence and abuse, intervention, probation, and woman/mother; and iii) intervention, maternal imprisonment, and mothering/parenting. Each of these clusters included several search terms for each component, to reflect types of abuse, types of interventions and evaluations, and differential terminology around imprisonment (e.g., incarceration) which was important as we searched for literature from any country. See Table 2.2 below for an example of an aggregated search for strand i) domestic violence and abuse, intervention, and maternal imprisonment.

Table 2.2 Example search

In traditional databases			
	Intervention	Domestic violence and abuse	Maternal imprisonment
<i>Search terms</i>	<p>prevent* OR intervention* OR program OR programme OR support OR service OR evaluation OR trial OR response OR evidence OR impact OR effect OR efficacy OR "what works" OR therapy OR treatment OR "randomi*ed clinical trial" OR "clinical trial" OR "qualitative study" OR "non-randomi*ed trial" OR "non-randomi*ed clinical trial" OR "cohort study" OR "cross-sectional study" OR "cross-sectional research" OR "mixed method* study" OR "randomi*ed controlled trial" OR "quasi-randomi*ed controlled trial" OR "quasi-experimental study"</p>	<p>AND ("domestic violence" OR "domestic abuse" OR "intimate partner violence" OR "intimate partner abuse" OR "interpersonal violence" OR "interpersonal abuse" OR "partner abuse" OR "partner violence" OR "relationship abuse" OR "relationship violence" OR "gender-based violence" OR "domestic assault" OR coercion OR "coercive control" OR "violence against women" OR "gendered violence" OR "spouse abuse" OR "spousal abuse" OR "spousal assault" OR "battered wom*n" OR "sexual violence" OR rape OR "sexual abuse" OR "sexual assault")</p>	<p>AND ("maternal imprisonment" OR "maternal incarceration" OR "mothers' imprisonment" OR "mothers in prison" OR "mothering and imprisonment" OR "women offenders" OR "women prisoners" OR "women in prison" OR "female offenders" OR "female prisoners")</p>

Searches were designed to ensure the inclusion of qualitative studies given the intent to include all types of research design (quantitative, qualitative or mixed-methods). In order to be eligible for inclusion, studies had to be published since 2007 (following the publication of the Corston Report in the UK), available in English or suitable for translation using Google Translation services, and include reporting of primary research^b (reviews of existing literature were not eligible for inclusion).

Study selection (screening^c) was conducted in three stages. Initial screening of titles and abstracts was carried out to exclude clearly irrelevant material: for example, studies which focused solely on men, or only on perpetrators of violence. Screening questions⁹⁹ included:

- Was the study published after 2007?
- Does the study evaluate an intervention/s that addresses DVA?
- Is the setting for the delivery of the intervention prison or post-prison?
- Is the population of the study female offenders in prison or post-prison?

The second stage of screening involved obtaining all full texts, where possible, and conducting a preliminary reading of the material, using a screening tool (see Appendix 2) to exclude texts:

- on the basis of population (see Table 2.1)
- 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).

The PRISMA diagram¹⁰⁰ on p.24 of this report illustrates the overall number of texts screened, through the different stages of screening and selection, to the final number of texts selected for inclusion.

A total of 1,760 references were identified from the searches, following exclusion of duplicates. 1,496 references were excluded following abstract screening. From a total of 262 remaining full-texts selected, 257 were excluded following full-text reading. The three most common reasons for exclusion at this stage were: i) no intervention was reported; ii) the report did not describe primary research; and iii) the report did not include DVA or reporting of outcomes on DVA. Of the latter group, a significant number discussed mothering or parenting, but did not make any links to, or report on, experiences of domestic violence and abuse. In total, just 11 studies were selected that reported interventions. These comprised 8 from the USA, 1 from Australia and 2 from the UK, and covered 10 distinct interventions, with two studies (one from the UK and one from the USA) reporting on the 'Healing Trauma' intervention. Table 2.4 (pp.29-30) provides an overview of study characteristics.

^b Primary research is any type of research for which you directly collect data. Data collection methods include surveys, interviews, observations, and ethnographic research.

^c Screening refers to the stage during which the researchers assess the suitability of the study for inclusion or exclusion.

To provide contextual information around DVA experiences, 6 studies that reported both experiences and interventions were included and a further 6 studies which included primary research data on the DVA experienced by women in prison (but did not refer to interventions) were identified in a further search. This gives a fuller picture of the types of DVA experienced by this group (see Table 2.3 on pp.26-27 for an overview). Nine studies were from the US, two from the UK and one from Australia.

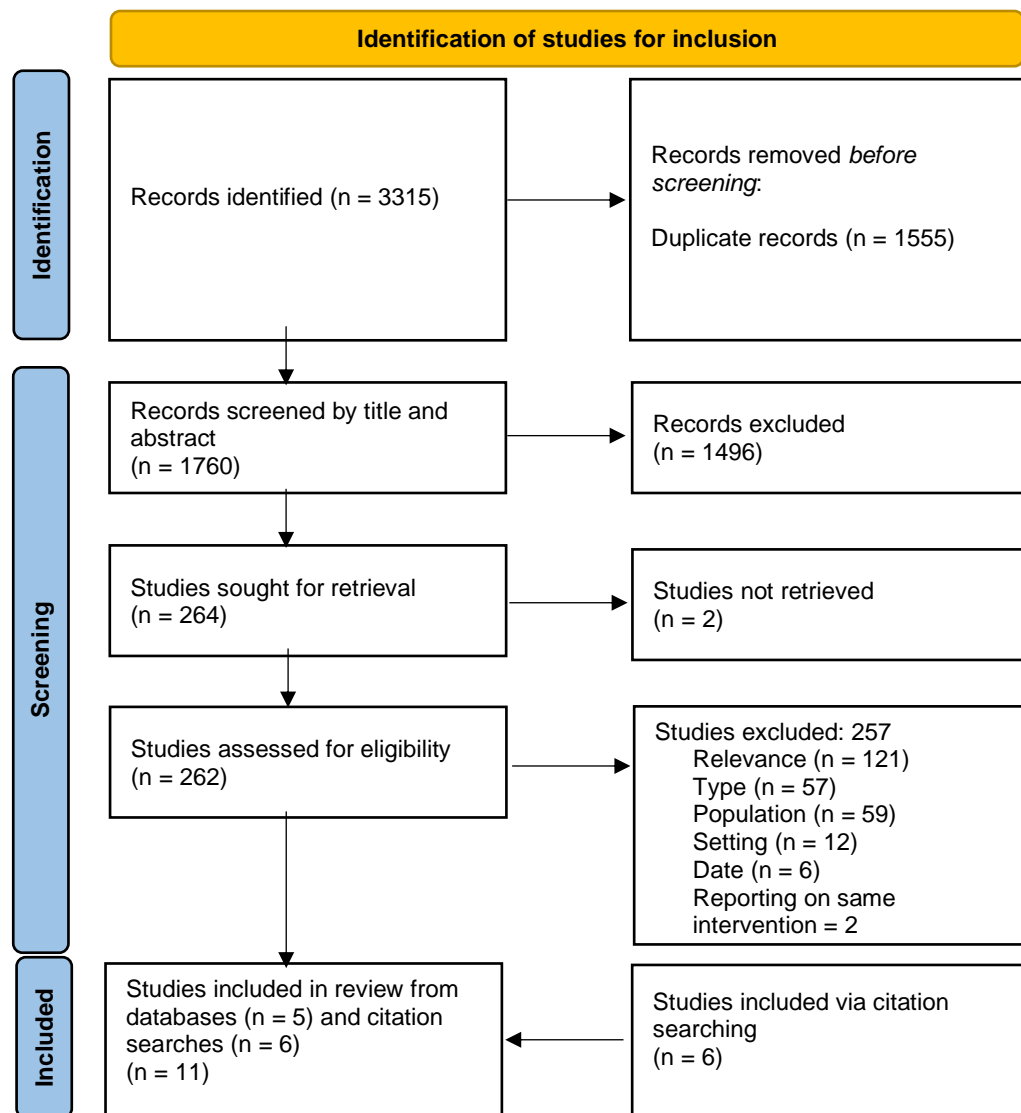
Once all eligible studies had been identified, data and study characteristics were extracted using a matrix to record relevant information including:

1. Publication details: author(s), title, year, country of origin.
2. Study characteristics: research design, study setting, sample size.
3. Participant characteristics: age, ethnicity, sexual orientation, and other relevant characteristics.
4. Intervention descriptors: using the 12-item TiDieR checklist [brief name, why, what (materials), what (procedure), who provided, how, where, when and how much, tailoring, modifications, how well (planned), how well (actual)].¹⁰¹
5. Intervention design: underpinning theory/theories.
6. Control or comparison descriptors: e.g., usual mode of delivery or digital platforms.
7. Inclusion and exclusion criteria: the sampling frame for exclusion from the intervention.
8. Primary and secondary outcomes data: e.g., outcome type, outcome measurement instrument.
9. Study fidelity outcomes: attrition, intervention completion, follow-up.
10. Study results: prevalence n/N (%), limitations, and implications.
11. Study findings: themes and verbatim extracts from participants

Quality appraisal was undertaken by two reviewers using CASP¹⁰² tools for studies reporting randomised controlled trials, cohort studies and qualitative research and the 2018 version of the Mixed Methods Assessment Tool (MMAT) to appraise all mixed-methods studies.¹⁰³ These tools were selected because all can be used for appraisal of quantitative, qualitative and mixed-methods research within a mixed-methods systematic review. Coding^d was undertaken using NVivo12 software and data was thematically coded and analysed to draw out themes in the reporting of studies.³²

^d Coding refers to the process of organising and categorising data to establish patterns of meaning across the dataset.

PRISMA Flow Diagram



Adapted from: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71

2.2 Findings

2.2.1 Summary

A total of 12 studies reporting primary research regarding women's experiences of DVA were identified through the systematic search (see Table 2.3). Six of these papers also reported on interventions and are included in the main body of findings below. Mostly, experiences fell under the following themes: experiences of DVA; impacts of DVA; links between DVA and offending; and access to support.

A total of 11 studies, describing ten different interventions, were included (see Table 2.4). Interventions were primarily group-based, mostly delivered through a programme design which required attendance at a fixed number of sessions, and only two studies^{18 25} 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.¹⁸ Most interventions (n = 9) were delivered in prison and a small number (n=2) were delivered in the community after women's release from prison.

Overall, this systematic review illustrates the dearth of evidence regarding interventions that address DVA for mothers in, exiting or recently released from prison. When studies report interventions that contain elements that address DVA (e.g., programme 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). The following research questions shaped the analysis:

- RQ1 How effective are interventions that address domestic violence and abuse (DVA) when used with mothers in, exiting, or recently released from prison?
- RQ2 What factors affect the impact of interventions (e.g., mode of delivery, setting, duration, individual versus group setting)?

Table 2.3 Characteristics of studies: DVA experiences

Reference list number	Authors/publication year	Title	Study location	Study design	Sample
18	Fuentes (2013)	Nobody's Child: The Role of Trauma and Interpersonal Violence in Women's Pathways to Incarceration and Resultant Service Needs	US	Mixed-method (life history interviews, focus groups and questionnaire)	n=30 life history interviews, 9 focus groups of 5-10 women in a large county jail
19	Messina & Calhoun (2019)	Healing Trauma: A Brief Intervention for Women. SHU Evaluation Findings	US	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)
20	Petrillo, Thomas & Hanspal (2019)	Healing Trauma Evaluation Report	UK	Mixed-methods pilot study (pre/post programme questionnaires, post-programme focus groups).	n=30 questionnaires, 6 focus groups of 3-6 women across 7 prisons
21	Pritchard, Jordan & Jones (2014)	A Qualitative Comparison of Battered Women's Perceptions of Service Needs and Barriers Across Correctional and Shelter Contexts	US	4 focus groups of women (in DVA shelter, in prison, in jail, and post-release support group)	n=8 women post-release from prison
22	Roe-Sepowitz et al. (2014)	Esuba: A Psychoeducation Group for Incarcerated Survivors of Abuse	US	One-group pretest/posttest design with completion of the Esuba Survey.	n=320 women from 34 Esuba groups across 5 prisons

25	Wendt & Fraser (2018)	Promoting gender responsive support for women inmates: a case study from inside a prison	Australia	Semi-structured interviews pre and post-program	n=8 women in prison in a division preparing for release
26	Beichner & Rabe-Hemp (2014)	"I Don't Want to Go Back to That Town:" Incarcerated mothers and their return to rural communities	US	Mixed-method approach using quantitative data from institutional records and qualitative data from semi-structured face-to-face interviews	n=17 women from rural communities, drawn from a larger study examining imprisoned mothers participating in family programming at a Midwestern state correctional facility
27	Golder et al. (2015)	Psychological Distress Among Victimized Women on Probation and Parole: A Latent Class Analysis	US	Phone interviews using audio computer-assisted software	n=406 women on probation, parole, or both, in Kentucky, US.
28	Kennedy & Mennicke (2017)	"Behind every woman in prison is a man": Incarcerated Women's Perceptions of How We Can Better Help Them in the Context of Interpersonal Victimization	US	Qualitative study using structured, face-to-face interviews	n=113 women from two state prisons in the South-eastern US
29	Lynch, Fritch & Heath (2012)	Looking Beneath the Surface: The Nature of Incarcerated Women's Experiences of Interpersonal Violence, Treatment Needs, and Mental Health	US	Face-to-face interviews using open-ended questions and several measures regarding trauma, violence, and psychological symptoms.	n=102 women from a North-western state prison.

30	Prison Reform Trust (2017)	"There's a reason we're in trouble" Domestic abuse as a driver to women's offending	UK	Qualitative research using focus groups	n=22 women from England, Wales, and Scotland with a history of offending
31	Smirnova & Gatewood Owens (2019)	The new mothers' little helpers: medicalization, victimization, and criminalization of motherhood via prescription drugs	US	Face-to-face, semi-structured interviews	n=40 women from two women's prisons in Missouri

Table 2.4 Characteristics of studies: Interventions

Reference list number	Authors/publication year	Study location	Intervention name	Intervention delivery	Study design	Sample	Underpinning model or theory
15	Faris & Miller (2010)	US	Family Preservation Project	8 direct service programs including family reunification program, advocacy, resource centre (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
16	Fogel et al. (2015)	US	POWER	Manual-based 8 x 1.5 hour group sessions delivered over 4 weeks	Randomised controlled test	n=265 intervention group, n=256 control group of women in prison	Behaviour change model
17	Ford et al. (2013)	US	SGT (Supportive group therapy) for women with histories of interpersonal violence	Manual-based 12-session supportive therapy in groups n=10-12	Randomised 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
18	Fuentes (2013)	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 life history interviews, 9 focus groups of 5-10 women in a large county jail	Trauma theory, gender-responsive model
19	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 framework, incorporates CBT and art therapies

20	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 programme questionnaires, post-programme 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
21	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
22	Roe-Sepowitz et al. (2014)	US	The Esuba program	Manual-based 2 hour weekly group sessions over 12 weeks	One-group pretest/posttest design with completion of the Esuba Survey.	n=320 women from 34 Esuba groups across 5 prisons	Trauma theory, psychoeducation approach
23	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-programme 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.
24	Watkins (2019)	UK	The Freedom Programme	Manual-based 12 week programme of groupwork.	Qualitative (semi-structured interviews, participant observation)	n=14 interviews with prisoners, n=4 programme facilitators, across two prisons	The Duluth Model (DVA results from male violence against women)
25	Wendt & Fraser (2018)	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

2.2.2 The experiences of female offenders in relation to DVA

DVA Experiences

Of the twelve studies included, nine specifically focused on experiences of DVA, therefore it is unsurprising that the vast majority of women interviewed in the other studies had experienced DVA in their lifetimes. This is consistent with findings from wider research regarding the high levels of interpersonal violence and abuse experienced by women who have been in prison.^{104 105} Across the studies, the majority of women reported abuse beginning in childhood, and continuing in their relationships in adulthood.^{18 19 20 22 26 27 28 29 31} The types of DVA reported by participants included physical violence, sexual violence, emotional and psychological abuse, coercive control, financial abuse, and coercion into sex work. Physical violence was the most common form of abuse disclosed in all included studies, with reported percentages ranging from 70% to over 90% of participants.

The second most commonly reported type of abuse by participants was sexual assault and/or rape by an intimate partner. For example, in Petrillo et al. (2019)²⁰ over 86% of women in the study reported experiencing domestic abuse, compared to 69% who reported sexual assault by an intimate partner. In fact, women in the majority of studies reported experiencing multiple forms of DVA across their lifetimes; for example, Lynch et al. (2012)²⁹ found that 23% of women in their sample had experienced the four types of DVA which they defined in their study, and 32% had experienced three of the four. Women's experiences of DVA were often both frequent and chronic.^{18 27 29}

Impacts of DVA

The potential impacts of DVA are wide-ranging including: physical injury, including health conditions often understood as stress-related, such as fibromyalgia; chronic pain syndromes; mental ill-health and psychological harm; behavioural impacts; social impacts such as isolation; and financial and material harms such as loss of employment, income, or accommodation. Trauma is the most frequently discussed impact of DVA across the studies. Experiencing traumatising events, particularly interpersonal violence, is widely recognised to increase the likelihood of mental ill-health, psychological problems, and substance misuse.^{20 29} In their 2015 study, which sought to determine differentiation in levels of psychological distress among women recently released from prison who had DVA histories, Golder et al. found that increased severity and frequency of physical and psychological violence was associated with higher levels of distress in general, as well as greater prevalence and severity of post-traumatic stress disorder (PTSD).²⁷ Kennedy and Mennicke (2018)²⁸ reported that the overarching theme of the data generated in their research was the profound influence of DVA, as well as childhood experiences of abuse, on women's self-esteem, interpersonal and intimate relationships, mental health, coping abilities and strategies, and offending behaviours. All but one study reported that women experienced depression, anxiety, psychological distress, and PTSD symptoms as a result of their victimisation.

Multiple forms of self-harm were used by participants as coping mechanisms, including suicide attempts, and engaging in other forms of 'risky' or harmful behaviours. 'Risk-taking', as it is

described in some US studies, frequently took the form of substance and alcohol abuse, which is discussed further below. Another common strategy in which many women engaged, sometimes depicted as risk-taking, was to 'jump' into new relationships, which at first represented a much-needed 'fresh start', but which often repeated the same patterns:

"Right before the divorce was final, I came to NC for a new start, but it wasn't a new start because I jumped right into a brand-new relationship with a physically and mentally abusive guy. I've been with him about a year, but he beat me so bad that I had to go to the hospital and the police took me to a shelter. Now he has let me take the fall for the crime and he's out driving my car around". (Fuentes, 2013: 95)¹⁸

10 out of 12 studies recorded information about participants' alcohol and substance use. In Petrillo et al. (2019),²⁰ 63% of participants reported substance misuse in the 12 months prior to incarceration, whereas in Messina and Calhoun's (2019)¹⁹ study, over 90% reported substance and alcohol use in that period, nearly 60% of whom were daily or near daily drug users. Substance misuse is often used as a way of coping with trauma and psychological distress, as reported by women in several studies.^{18 26 29 30} One study participant commented:

"I need to find a way to heal. People would stop using the drugs and stop coming to jail if they didn't have to cover up and bury the pain, shame, trauma, and hurt". (Fuentes, 2013: 94)¹⁸

Women using substances to numb themselves from the trauma symptoms and mental distress that they experienced as a result of DVA was a recurring theme throughout those studies that reported on substance and alcohol abuse. Reflecting on their lives prior to imprisonment, women in Smirnova and Gatewood Owen's (2019)³¹ study described how they used prescription drugs both as a way to try to avoid the traumatising effects of DVA, and as a strategy to cope with the many demands of both working and mothering, often as single mothers on a low income. The use of drugs to cope with the effects of trauma and the responsibilities and duties involved in mothering often led women to offend, and ultimately to their imprisonment and separation from their children.

Links between DVA and offending

The most clear-cut example of the links between DVA and offending is those cases where a woman who has been abused by an intimate partner then attacks or kills that partner (see, e.g., Pritchard et al., 2014: 854; Kennedy and Mennicke, 2018: 215). Women in Kennedy and Mennicke's (2018)²⁸ study reported being revictimised during sentencing for crimes where they had retaliated against their abuser, and felt that the context of chronic DVA was not taken into account by the judicial systems with which they were interacting. Moreover, women identified the police and criminal justice system's lack of understanding of coercive control and emotional abuse, and their failure to take these forms of abuse seriously, as a significant problem which often compounded their vulnerable situations.^{21 28 30}

Commonly, women who participated in these studies reported that their offending was tied to their partner's drug use, with many women selling drugs, shoplifting, or becoming involved in sex work to fund their partner's habit.^{18 21 28 30 31} Several studies highlighted the issue of women

taking responsibility for offences committed by their partners, either to protect them, or under duress and threats of further violence. Women in one study also reported that ‘cross-filings’ were a tactic used by their abusers to exercise control over them and further damage their lives.²¹

Access to DVA support prior to prison

The lack of support available from specialist DVA organisations, particularly safe accommodation for women fleeing abuse, and missed opportunities for early intervention in DVA situations (e.g., by police, or social workers) was cited by women in several studies as a contributing factor both to their repeated victimisation and to their offending.^{18 21 28 29} Experiences of previous custodial sentences was also cited by some women as a significant barrier to them receiving the necessary DVA support, with one woman commenting:

“I tried to get help for domestic violence, but I couldn’t get help for [through] being a felon”. (Kennedy & Mennicke, 2018: 214)

Other women cited their criminal records as a barrier to accessing other forms of support, such as financial aid or housing, as a result of which they were forced to stay with their abuser or become homeless.

In addition, women in two studies^{21 26} stated that the time they spent in custody was the only respite they got from their abusive relationships, and women in Pritchard et al. (2014)²¹ suggested that they felt safer being in prison than anywhere else, as a result of the severe domestic abuse they experienced whilst ‘outside’.

2.2.3 Motivation to participate in rehabilitative programmes

Providing useful insights, almost half of the included studies reported women’s motivation to participate in programmes, with some women viewing prison more broadly as a means of accessing support and getting relief from problems in the outside world.^{18 19 20 21 25} In an evaluation of the Australian-based Healthy Relationships Program (HRP) the main motivation for participating in the programmes reported by women included: being victim/survivors of DVA; wanting to learn new strategies and ways of communicating in intimate relationships; understanding how relationships can affect substance use; and trying to mend relationships with children in the future.²⁵

Women described their expectations that better knowledge about DVA (such as how to recognise the warning signs and toxic elements of relationships)^{19 25} 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, use nonviolent strategies for conflict resolution.^{18 19 25} In terms of other related behaviours, participants in one study recognised that their substance and alcohol misuse, as self-soothing and a strategy for coping, was problematic and they articulated the desire to understand the links between this and their experiences of DVA.²⁵ In the HRP evaluation, three women specifically named substance dependence as a reason for wanting to participate in the programme.²⁵ Motivation to participate was linked to women’s

desire to understand how their addiction and abusive intimate relationships intersected in their lives.²⁵

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 from prison.²⁵ Some women who participated in the US-based Healing Trauma (HT) programme had seen the positive impact that HT had on others particularly in relation to living with and managing trauma symptoms and the change observed in others served to motivate these women.¹⁹ More generally, self-improvement was cited as a motivator as one woman noted “my motivation was I’m trying to better myself and help my life”.¹⁹

In another study, women articulated their motivation as stemming from the anticipation that the learning gained from their participation in the UK-based Healing Trauma would help them to avoid offending in the future as they felt motivated and confident to overcome offending relating behaviours if they better understood factors that contributed to this behaviour, including abuse and relationship related factors.²⁰

For all but one intervention (a 3-hour mandatory DVA class), women were expected to self-select. The evaluator of the Freedom Programme²⁴ noted that whilst one facilitator thought that self-selection for participation in the programme was seen as a good thing as women have ‘choice’, another facilitator raised an important point as some women do not “even know what [DVA] is” and would not recognise themselves as victims/survivors and therefore would not view themselves as eligible for the programme.

2.2.4 Underpinning theory and design of interventions

As indicated by Table 2.4, whilst two studies failed to state the interventions' underpinning theory, the remaining reports were explicit and most (n = 6) noted that trauma theory or a trauma-informed approach was the primary or sole theory. An intervention (programme, system, or organisation) that is trauma-informed seeks to: *realise* the widespread impact of trauma and understands paths for recovery; *recognise* 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-traumatisation*.¹⁰⁶ It was not generally clear in the reporting of studies on trauma-informed interventions how these fit into the wider prison system or organisation, that is, were the benefits of women's participation in trauma-informed intervention congruent with or enhanced/negated by women's everyday lived experience of prison life? Put another way, did the prison setting reflect a trauma-informed approach as adopted by the system or organisation which delivered the intervention? 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 intervention delivery/management or women's life. For example, in one study a 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 and four were explicit in the design enabling a *gender-responsive* programme.^{18 20 23 24 25}

Four studies explicitly stated that interventions were designed using a psychoeducation model whilst 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 illness. It originated in mental health treatment and thus intended to enable people to better understand and become accustomed to living with a mental health condition. In addition to psychoeducation, most interventions described in the studies adopted a groupwork approach and this had a number of positive relational and therapeutic outcomes with few studies reporting any negative aspects of the design other than those noted below. For instance, complementary therapies, including yoga and mindfulness techniques, were reported to benefit women in the evaluation of TIMbo²³ 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”. TIMbo was designed to be a gender-responsive, trauma-informed integrated psychoeducational programme based on yoga and mindfulness techniques. Healing Trauma, on the other hand, is a brief intervention designed as a trauma-informed programme which recognises the intersection of violence, substance use, mental ill-health, and poverty in women’s offending.

Conversely, the brief nature of the Healing Trauma programme, lasting six sessions, whilst described positively as a first step in the process of recovery and change in the evaluation report,²⁰ was also described in negative terms (lacking in any planned follow up intervention). Illustrating the latter, 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.²⁰

In terms of group sizes, most were described as constituted by a minimum of three, and 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”¹⁹ (group dynamics are discussed in more detail below).

In the US, the Family Preservation Project (FPP) was delivered to women in one prison site. This was the one project which offered a myriad of programmes, services, and support and is a project that promotes individual and system level change to reduce the collateral consequences of maternal imprisonment on children, families, and the community.¹⁵ Through the FPP, women were able to attend parenting, life skills and communication classes; women who successfully completed the classes were granted a 4-hour visit with their children once a month in a special centre (not the regular visitor’s hall). Despite the varied support accessed through the FPP the evaluators noted that women were concerned with the programme’s inability to help them work effectively with people outside of the prison setting.

2.2.5 Delivery and facilitation of interventions

A small number of studies reflected on the impact of the prison as the setting for programme delivery (despite some programmes being adapted for delivery in a prison environment).^{15 16} ²⁴ POWER (Providing Opportunities for Women's Empowerment, Risk-Reduction, and Relationships)¹⁶ is a behaviour change intervention designed to reduce risk behaviours associated with HIV/sexual transmitted infections (STIs) and DVA (specifically, when perpetrated by intimate partners) and is an example of an adapted programme. POWER was adapted from the existing programme SAFE (Sexual Awareness for Everyone)¹⁰⁷ which is a small-group motivational and skills-building programme designed for women in prison to reduce STIs and risky sexual behaviours.

Whilst 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 programme aims (which are 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.²⁴ The FP evaluator highlighted challenges with the implementation of the programme and manual-based design as through participant observation of group sessions, she noted that facilitators operated mechanically, strictly following the manual without checking understanding, probing further or eliciting deeper discussion with participants.²⁴

Of note, only one study explored the ways in which facilitators were managed through the delivery period of the intervention, noting that supervision was not offered (despite the emotive and sensitive content) and there was no monitoring of sessions.²⁴ Other studies reported that facilitators received training; usually a one-day training session on the programme curriculum^{16 19 20 23} with two studies reporting that prisoners were trained to be peer facilitators^{20 23} with one offering a comprehensive 'train the trainer' course (consisting 100 hours of certificated training).²³ The impact of training nor ongoing training needs were not evaluated, but merely described.

The evaluation of the Australian, prison-based Healthy Relationships program (HRP) identified the broad objectives of the HRP, which were to increase awareness of the impacts that individual behaviours have on relationships, grow stronger connections to community services for ongoing support post-release, improve skills in developing and maintaining healthy relationships and increase awareness of social and political understandings of abuse and violence, through a gender-responsive framework.²⁵ Authors of the study noted that forming relationships with programme facilitators was key to recruitment for the HRP as well as ensuring the continued support of the women during participation.²⁵ In the prison site, many of the prison officers were men and some participants expressed surprise at seeing a male facilitator for the programme, but one women spoke positively about this experience:

"Male facilitator, mmm, I thought at first, oh, [...] what is he doing here? That's being honest but then I think it's important to show that not all men are like that. He was so – a different – I don't know what he's like on the outside but he was so different to other men [...] he came across as caring [...] and as genuine, and that's what matters."

Similarly, some participants of the Freedom Programme (FP) reflected on the value of having a male facilitator who doubled up as a positive role model, but some women felt constrained in what they could say whilst in a man's presence and they reported that this impeded their own learning.²⁵ The author of the study on the FP concurrently observed that during the programme's delivery there was an issue with facilitators not challenging gendered judgemental comments that women made during sessions with each other and in making gender stereotypical statements (regarding both women and men).²⁵ Similarly, 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 after release from prison.

The value of a facilitator sharing her relevant lived experience was noted in another study and women considered that she had been skilled in creating a respectful, safe space.¹⁹ In addition, they noted that by sharing her personal experiences the facilitator had demonstrated 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 alcohol and drug dependency.¹⁸

One study evaluated a standalone DVA group session, which was mandatory for all prisoners and the author commented that women in her study valued the personalities of facilitators as more important than the content.¹⁸ 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 programme in prison.²⁴

2.2.6 Positive impacts to mental health and emotional well-being

There were several positive outcomes in the studies including:

Improved mental health. Several interventions were trauma-informed and based on a psychoeducational approach and, as such, they sought to advance understanding about trauma and its symptoms, enabling women to recognise that the symptoms of trauma resulted from interpersonal violence experienced throughout their lives.^{15 19 20 22 23} Several studies reported successful interventions in this respect as validated outcome measures demonstrated improvements to mental health conditions. Specifically, validated outcome measures used in the evaluation of Healing Trauma US programme, pre- and post-intervention survey, indicated a decrease in psychological distress with significant decreases in depression, anxiety and PTSD symptomology over time.¹⁹ However, other studies reported modest results with some improvements that were minor or not statistically significant, or studies had small sample sizes and are not generalisable. For instance, the evaluation of TIMbo²³ found that post-programme, scores for depression and anxiety fell within the normal

range of symptoms compared to scores recorded prior to the programme completion, and post-programme there was an improvement in PTSD symptoms; however, outcomes must be interpreted with caution due to the small sample size of twelve and pilot nature of the study. Similarly, 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 programme completed both pre- and post-programme questionnaires meaning a small and possibly unrepresentative sample, and a lack of robust, generalisable data.

Increased self-regulation and self-efficacy. In a qualitative evaluation of Healing Trauma (UK), the improvements to emotional wellbeing were described in light of being able to 'reconnect with emotions'.²⁰ In the US evaluation of Healing Trauma, participants spoke about developing better coping skills alongside the ability to recognise, accept and control anger.¹⁹ The latter was framed in relation to acquiring a better understanding of anger as a secondary emotion that was connected to risky or harmful behaviours such as problematic alcohol or substance use, and, subsequently, women felt that over the six sessions of Healing Trauma they had developed better tools to manage anger and rage. Improved self-regulation was also reported elsewhere^{17 20 23} with some studies citing specific tools acquired such as positive self-talk, meditation and breathing techniques²³ useful in dealing the ongoing symptoms of trauma (such as flashbacks and night terrors)²⁰ and that it was the process itself of discussing emotionally significant relationship problems during the intervention that may have indirectly facilitated better emotional regulation.¹⁷ Only one study reflected the challenges of using such techniques in the prison environment with one participant noting that in prison "nothing is private",²³ meaning that, owing to a perceived lack of privacy, women were not able to practise techniques learned, limiting their value outside of sessions.

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".^{23 24} The reports of reduced shame and self-compassion were linked to better coping across studies.^{20 23}

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 programme or group^{19 20 23 24 25} but this was not necessarily linked to behaviour change.²⁴

Empowerment. Several studies reported that women felt empowered through their participation in the intervention^{19 20 24} and that this was achieved through a number of ways. First, whilst there was diversity in the degree to which women contributed during group sessions, for those that were able to share their experience of DVA, they felt a sense of empowerment^{19 20 24} and validation.²⁵ Reflecting other evaluations, in the UK evaluation of Healing Trauma, the discussion in all six focus groups included reports about the value and power of "telling your story" in a space where other people are non-judgemental and this gave women a voice to talk about experiences and to talk to their healing.^{19 20} An evaluation of the Esuba programme confirmed that participants adopted the programme's perspective of seeing things in the future from "a view of self-awareness and power".²²

Negative outcomes or lack of change in emotional well-being were rarely reported across the studies (albeit this does not mean that there were no negative outcomes nor lack of meaningful change). The evaluators of TIMbo did report that one woman who participated in the programme 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.²³

2.2.7 Impact to social connectedness

The notion of homophily (the capacity of individuals to associate and/or bond with similar others, as in the proverb “birds of a feather flock together”) was an aspect of the group sessions that was reported as being positive and resulted in women describing increased social connections with other women.^{17 19 20 23 24} In Healing Trauma sessions (UK and US) women valued sharing stories and listening to other female prisoners who had been through similar experiences. This was facilitated through the creation of time and space where women felt that there was trust between participants and facilitators and this enabled 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 programme offered respite.^{19 20} One participant summed up her experience of participating in a DVA support group:¹⁸

“[I realised 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; a deep secret that I carried all alone”.

Similarly, the success of SGT (Supportive Group Therapy) emphasised the relational aspects of the intervention¹⁷ and participants from the Healthy Relationships programme 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.²⁵ This is noteworthy given prison environments often engender inordinate distrust amongst those in prison.¹⁰⁸ Facilitators who delivered 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-wracking”.²⁴ Participants in Healing Trauma (US) reported having the freedom to talk, without pressure to talk.¹⁹

Another valued outcome that women reported was the ways in which participating in group-based programmes enabled them to connect with other women whom they had not spoken to previously.^{19 24} 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 oft-described consequence of prison life. An evaluation of the Healing Trauma programme (UK) reported that in addition to the strong bonds observed between group participants, there were also more meaningful social connections developed between prisoners and programme facilitators.²⁰ Programme facilitators were peers; prison residents trained by prison staff to deliver the Healing Trauma intervention.

2.2.8 Improved knowledge about DVA

Researchers evaluating the HRP stated that all women who participated in the programme learned that abuse is neither acceptable nor normal in healthy relationships.²⁵ 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 programme. In relation to aspects of healthy relationships, women learned about communication, conflict resolution and responsibility.²⁵

One of the possible explanations for the positive impact associated with the Esuba intervention may have been due to the previous lack of information many participants had about the connections between their traumatic and abusive experiences, and their reactions in behaviour and emotion. Hearing stories from others enabled women to make sense of their own experiences as abusive.²² This is important as research shows that lack of awareness of victimisation impedes processing life experiences whilst also limiting and directly affecting women's autonomy and self-efficacy, including the decisions that women make regarding their relationships.

In a randomised controlled trial that compared two interventions – SGT (supportive group therapy) with TARGET (a psychoeducation group) – whilst the research team found small differences in outcomes between the two interventions overall, they did find that new learning and knowledge acquisition 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.¹⁷ In fact, women involved with SGT were less forgiving when reflecting on their DVA experiences.¹⁷ In a similar vein to being able to forgive, participants in the US evaluation of Healing Trauma, spoke about developing the ability to “let go” of the past.¹⁹

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.²⁴ 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.²⁴

Other studies reported that interventions lead to new or better knowledge in terms of how trauma had resulted from abuse experiences, how this had influenced women's lives up to that point in time^{19 23} and how this affected their physical health and wellbeing.²³ This improved knowledge led to increased empowerment and feelings of liberation with one woman describing 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.²⁰

As noted earlier, most programmes were voluntary with one exception: a mandatory three-hour DVA class in a US prison site.¹⁸ Although the mandatory session was initially met with resistance from many participants as immaterial to their lives, the majority of participants in Fuentes' evaluation admitted surprise at realising the diverse behaviours that constituted interpersonal violence. More importantly, many were able to recognise for the first time that

they were survivors of DVA in need of healing and support. Consequently, many women voluntarily joined the weekly DVA support group that was run by the author.¹⁸

Not all studies reported positive experiences of knowledge gained. For example, the evaluation of the Freedom Programme described varied learning.²⁴ Positive learning was noted in relation to enhanced insights about types and impacts of abuse, but 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.²⁴

2.2.9 Improved parenting knowledge

In one 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.¹⁸ Other studies reported a frequently articulated concern about the legacy of DVA impact on children. Most of the women interviewed indicated their understanding that exposure to DVA can have long-lasting effects for children, some of whom will carry emotional and/or behavioural problems into adulthood.²⁵ 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 as this participant highlights:²⁵

“I had lived in domestic violence for 25 years and now my children are living in domestic violence. They see me put up with domestic violence, they think it’s natural. It kills me, it’s carried over to my children. I figure if I do this course it might help me understand why I put up with it for so long and what I can do to help them”.

The positive experience of sharing new knowledge about relaxation tools was shared with other prisoners and some women also shared these with their children.²³ Women who learnt these tools through TIMbo were clearly empowered by sharing knowledge as clearly articulated here: “Helping someone breathe when they was really upset helped not only them but me as well because I felt helpful and that was a good feeling”.

2.2.10 Support in prisons outside of interventions

Some studies identified the issue that support outside of the scheduled interventions was problematically absent.^{20 24} This is illustrated above in the example of the delivery of the Healing Trauma programme, during which a woman worked through the accompanying programme workbook, but articulated to the research team that it had raised issues for her which she could not then explore in group sessions as these had already ceased. In addition, exploration of the ways in which women accessed the Freedom Programme highlighted that 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.²⁴

Similarly, the evaluation of Healing Trauma (UK) described it as a first step in the process of recovery and change²⁰ 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, however, as following the six individual sessions, women were given a choice of returning to work after each session in recognition of the potentially upsetting content of the programme and there was a programme facilitator on hand to support them if they felt overwhelmed.²⁰

In another study that appraised a programme of trauma-informed interventions,¹⁸ the researcher found that women did not criticise any interventions that they experienced, but aspects of prison life outside of sessions reinforced or exacerbated existing trauma and rejection that women were experiencing; for example, the treatment of women by some officers was described as disrespectful with abuses of power commonly experienced by women in prison, particularly around practices of yelling.¹⁸ Many studies emphasised the one-to-one counselling needs of women in prison but, overwhelmingly, this was described as an intervention that was unavailable.

2.2.11 Post-prison and resettlement

Most interventions were delivered in prisons (and/or jails in the US) and evaluations were mostly conducted during the delivery period. Across a number of studies women demonstrated forward thinking in their motivation to complete programmes as they articulated their hopes to avoid domestically violent relationships in the future.²⁵ One woman described being empowered to “notice things (abuse) before getting into a relationship” in the future²⁰ and this was framed as now being equipped to identify “warning signs” in another study.²⁴ Some women also identified wanting to reflect on previous abuse to gain insights about why their male ex-partners had been violent toward them with the impetus that should they find themselves in future abusive relationships, they did not want to be “manipulated to stay again” in future.²⁵ This woman describes gaining better understanding as “I just want to kind of move forward”. However, the researcher observing the Freedom Programme considered that the lack of focus on the practical application of knowledge developed during FP sessions meant that women may lose what they learned when back in the community.²⁴

During the HRP evaluation women shared that by participating in the programme they learned they still have a long healing process ahead of them.²⁵ Similar to the way in which the Healing Trauma programme was situated,²⁰ 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 they had learned about the support available from formal services outside of prison that can assist with relationships and domestic violence. They now felt optimistic and more confident to reach out to the agencies after their release from prison.²⁵

Women across studies also reported wanting to improve their knowledge of the impact of DVA on their children and programme facilitators made space for these participants in order for them to focus on their mothering identity and role reflecting a gender-responsive perspective.²⁵ In one study, women concurred that the assistance, prior to release, in establishing links with community services and programmes would be invaluable. Women recognised that closing the gap between the time of services in jail and reception of services on release was vital to their future success. Jail advocates worked with women to obtain safe housing according to

women's needs (e.g., domestic violence shelters, halfway housing for substance abuse recovery), therapy, and vocational training. Rather than simply perform these tasks for women, advocates directly involved women to facilitate the women's own development of these life skills.¹⁸

One study reported in the six-month follow-up period after women were released from prison.¹⁶ This study (an evaluation of POWER) took the form of a randomised controlled trial; a study design which compares a group that receives the intervention (the intervention group) with one that does not (the control group). 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.¹⁶ 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. POWER participants' baseline levels of depression and number of stressors were similar to those of control group participants; thus, the detection of significant intervention effects is remarkable because many of these women returned to high-risk sexual partnerships and risky sexual and substance use situations after release.

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.²¹ The research team also described the barriers to the recognition of these complex and multiple needs as being 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 nothing or few resources after extended periods of abuse followed by imprisonment. This is another challenging factor influencing the recovery process. At the time of the evaluation, all members of the support group had experienced another abusive relationship following their release from prison.

3. Policy analysis

3.1 Methodology

The methodology for policy analysis embeds a critical approach which requires a detailed examination of the meaning of texts and language deployed in policy; it is concerned with the construction, or problematisation, of an issue.¹⁰⁹ This approach foregrounds the notion that in addition to the potential for numerous stakeholder perspectives to be reflected in policy-making and policy-reporting, there are multiple interpretations of policy.¹¹⁰ As the main foci of this evidence review pertains to the gendered issue of mothers in prison, and post-prison, and the intersection with DVA, a feminist policy analysis has been adopted. A feminist policy analysis sits within a critical approach and has long been advocated as it raises a number of useful policy-specific questions starting from a concern about the position of women, and other inequalities, to a broader appraisal of policies within a particular framework or in relation to the welfare state as a whole system.¹¹¹ ¹¹² As well as needing to analyse policy in order to understand how and why certain policies come to be developed in particular contexts, it is also important to ask about the efficacy and outcomes of policy implementation.¹¹²

3.2 Methods

3.2.1 Search method

A systematic and comprehensive three-stage search was conducted¹¹³ to identify all relevant government documents including HMI Prison reports (Search 1), HMI Probation reports (Search 2) and wider governmental policy documents relevant to mothers in prison, resettlement, and DVA (Search 3). Each of the three searches incorporated three stages: i) a title search, ii) a document keyword search, and iii) data extraction. Data was then thematically analysed. Inclusion criteria included policy documents pertaining to England and Wales directed towards mothers in contact with the criminal justice system from the point of entry to prison and during resettlement. The documents had to be publicly available. Searches were conducted from 2017 to June 2021 (ten years post Corston Report (2007)⁶ to incorporate and reflect on changes and progress made following the detailed recommendations offered by Baroness Corston).

Search 1: Her Majesty's Inspectorate of Prison (HMIP) Reports

Stage 1 - Title search. The HMIP website was initially searched for publications within the time frame, with 383 documents initially identified. Next a title search was undertaken based on the inclusion and exclusion criteria detailed below. The title search identified 39 potentially relevant reports.

Table 3.1 HMIP title search: inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none"> • Prison & YOI inspections for female establishments • Thematic Inspection relating specifically to or including women in prison. 	<ul style="list-style-type: none"> • Border Force Control Suites • Children in Custody reports • Court Custody • Detainee escort inspections • Immigration Removal Centres • Military Corrective Training Centres • Other Jurisdiction Inspections • Police Cell Inspections • Prison & YOI inspections for male establishments • Thematic Inspection that do not relate to or include women in prison, e.g., focusing on victims.

Stage 2 – Key word search. The second stage was a keyword search of the 39 documents identified, using the below search words from the broad areas relating to mothers in prison and domestic abuse:

- Domestic; violence; abuse; partner; interpersonal; relationship, assault, coercion, coercive, control, spouse, spousal, battered, sexual, rape.
- Maternal, mother, child.

A pilot search was conducted which facilitated a clearer picture of the language and context of terms used by the HMIP and enabled the efficacy of the search strategy to be tested and refined where appropriate. Following the pilot search some words were removed from our initial framework, owing to the fact that these words were not present at all, or were used in a different context highlighting irrelevant data; for example, 'coercive/coercion' were not present in any of the initial documents searched; and although 'control' was present it related to other contexts such as 'infection control' or 'controlled substances'. However, other relevant search terms were identified and incorporated; for example, 'parent[ing]' appeared more frequently than 'mother', and 'trauma' was often used as a reference to multiple forms of victimisations, including domestic and sexual violence. The refined search terms were therefore:

- Domestic; violence; abuse; relationship; sexual; rape; trauma.
- Mother; parent; child; families.

In total the key word search identified 24 potentially relevant documents.

Stage 3 – Data extraction. Using the refined search terms, relevant sections of documents were extracted for analysis. Data containing keywords were excluded if:

- **Domestic** violence and domestic abuse related to perpetrators.
- **Abuse** related to other forms of abuse for example racial abuse or substance abuse.
- **Violence** related to other forms of violence, for example bullying within the prison.
- **Sexual** referred to sexual orientation, sexual health, sexual offending, or sexual abuse within the prison.
- **Relationships** referred to those between women within the prison or staff-prisoner relationships.
- **Child[ren]** related to children in custody, children of male prisoners or offences against children.
- **Families** related specifically to the male estate, or related to specific types of support, such as families providing accommodation on release.
- **Mother** was specific to Mother and Baby Units.
- Where any of the relevant words were contained within a questionnaire from an appendix used for the review, reference list, glossary of terms, or title/subtitles.
- Data was excluded where key words:
 - generated data generic in relation to the whole estate, for example, around family contact.
 - Were used in summarising previous inspections.
 - Were used within a report introduction to describe a prison.

This process generated significant duplicated data, for example when the same paragraph was used in the Executive Summary and the main body of the report. Therefore, the extracts were searched for duplication and removed where necessary. Following this process, 300 extracts were identified from 20 documents.

Search 2 - HMI Probation reports

Stages 1-3 were replicated on the HMI Probation website. 166 documents were initially identified, reduced to 73 potentially relevant reports via the title search. The keyword search identified 69 relevant documents, with 58 relevant data extracts taken from 27 different reports.

Search 3 - Government website search

The Gov.uk website was searched for further publications. Filter functions were used to refine the search, selecting to extract only 'policy papers and consultations', published or updated from 2017. The search was refined further via 'Topic' of 'Crime, Justice and Law', and 'Sub-topics', 'Prison & Probation', 'Re-offending & Rehabilitation', 'Domestic Violence', and 'Violence Against Women & Girls'. Key words were then used for each of these sub-themes. However, as this was a broader search, the key terms used were refined and additional terms were included to ensure that relevant documents were not missed, including: prison, probation, resettlement, offender.

Documents were excluded where the title search identified reports relating to issues/subjects considered not directly related to the research questions (i.e. perpetrators of DVA, the cost of

DVA, the impact of DVA on children, family law, sexual orientation, child sexual abuse). After duplicates were removed, 66 documents remained. Each individual document was then searched using the key words; however, to ensure only relevant data was extracted, the search terms were refined and reduced to include only prison, probation, resettlement, offender.

39 documents were found to have relevant data with 253 individual sections extracted for analysis. This process identified much longer sections of relevant text with key words identified several times in each extract. After reviewing the extracts for relevance and duplication, 221 extracts remained from 37 documents.

Stage 4 – Thematic analysis

Using the refined search terms, relevant sections of documents were extracted for analysis, but data was excluded where key words were highlighted but not relevant, for example, if DVA related to perpetrators. The thematic analysis,³² focussing on the keyword data extraction, formed the final stage of the analysis. Three key questions guided the initial analysis phase:

- How is the problem defined?
- How are solutions developed and implemented?
- How is the policy experienced and evaluated?

To achieve this, the data set was coded against each of these questions. Initially, the data set remained separated by data source, e.g., HMIP reports, and year of publication, to enable analysis of changes and developments in policies chronologically. Within each data source, year group and question, the data was then organised thematically. The data set was then revisited as a whole, highlighting similarities and differences between the themes.

3.3 Main themes

The policy analysis consisted of a systematic search and comprehensive thematic analysis of all relevant government documents including HMI Prison reports, HMI Probation reports, and wider policy documents relevant to mothers in prison, resettlement and DVA, from 2017 to June 2021. Overall, the policy analysis illustrates recognition of the significance of the impact of maternal imprisonment and the prevalence and impact of DVA for women in prison. Improvements across the estate have been identified, however, provision remains variable.

3.3.1 Defining the problem

Impact of maternal imprisonment

The significance of the impact of maternal imprisonment is highlighted across the policy documents. In relation to the impact on children, reference is made to potential trauma experienced,¹³ disruption to living arrangements,^{12 114} and the impact on intergenerational offending.¹² Both the short- and long-term impact of imprisonment for mothers is also identified,¹¹⁴ with particular attention paid to the impact on mental health and well-being^{13 33 43 45 114 115 116 117 118} and the relationship with their child[ren].^{13 119 120} To a greater extent the

impact of maternal separation owing to imprisonment remains constructed in relation to reoffending.^{38 43 45 48 118 120 121 128 131 132 137}

Prevalence and impact of DVA for women in prison

The prevalence of DVA for women in prison is highlighted across the policy documents,^{12 38 43 114 122 123 124} with specific reference to links to women's offending,^{12 43 123 125} the impact on mental health during custody,⁴³ engagement with rehabilitative interventions,^{120 164} and the impact on children who witness such abuse.⁴⁶ Drawing on individual prison needs analysis, the HMI Prison inspectorate reports equally identify the prevalence of women in prison who have experienced domestic violence.^{36 130}

3.3.2 Identifying need

The importance of identifying the maternal status and abuse experienced of women who come into contact with the criminal justice system (CJS) (or are at risk of doing so) is identified within the policy documents^{12 13 43 48 114 122 125} in order to promote diversion¹² from offending, ensure appropriate sentencing,^{12 125} address specific needs,^{43 39} and reduce reoffending.^{12 43 126} Accepting recommendations from the Farmer Review,¹³ the Female Offender Strategy (FOS),¹² stipulates that all pre-sentence reports (PSRs) should include details of an offender's dependents and of their experiences of abuse.

The Domestic Abuse Policy Framework¹²⁴ stipulates that prison and probation staff must identify whether an individual is at risk of, or a victim of, DVA and asserts that a competent manager ensures that requirements of the framework are integrated and embedded into all aspects of practice and are promoted and adhered to at an operational level.¹²² Specifically, drawing on NICE quality standard QS116 and public health guideline PH50, the Gender Specific Standards⁴³ stipulates that prisons should create an environment for disclosing DVA, ensuring maximum privacy and that staff be trained to recognise indicators of possible DVA and respond appropriately. Identification is advocated as being an iterative process and not limited to initial screening.

The HMI Prison reports provide positive accounts of women's caring responsibilities and familial contact needs being identified,^{33 34 36 42} and identify good practice in relation to encouraging women to disclose experiences of domestic violence^{33 34 35 36 37} with peers often trained to provide support in this role.^{33 36}

Whole System Approach

The value of adopting a Whole System Approach (WSA) is a consistent theme across the policy documents^{12 13 34 38 46 48 120 114 118 128 164} and is specifically referenced in relation to family work,^{45 46 38 127 128} and DVA.^{114 125} A whole system approach is reliant upon effective multi-agency partnerships. The FOS (2018)¹² identified the importance of effective partnerships in addressing the multiple and complex needs of women in or at risk of contact with the criminal justice system. The Strategy committed Central Government to develop The Concordat on Women in or at risk of contact with the Criminal Justice System (The Concordat).¹¹⁴ The aim of the Concordat¹¹⁴ is to create more effective, cross-sector partnership working to more effectively respond to the multiple and complex needs of women

who come into contact with the criminal justice system, at both a local and national level. The Concordat identifies the key principles required for an effective WSA, stressing the importance of objective setting:

- adopting a gender- and trauma-informed approach;
- considering existing services and local needs; and
- involving all key agencies and organisations to work with women before, during and after involvement in the criminal justice system.

The WSA aims to also reduce distress by ensuring that women do not have to repeat their trauma to each service they access, preventing them from becoming disillusioned, frustrated, or even re-traumatised by the system and therefore disengaging with support services and spiralling to a point of crisis. Limited evidence is yet to be available to ascertain the progress and achievements of the implementation of the Concordat.¹¹⁴

3.3.3 Prison-based family work: overarching strategy

Supporting the maintenance and development of the familial relationships of prisoners, the Strengthening Prisoners' Family Ties Policy Framework (SPFTPF),⁴⁸ (implemented in January 2019 and reissued in January 2020) identifies family work as an operational priority. The framework indicates that prisons must develop a Family and Significant Others Strategy and monitor and review their family service provision. A 'range of methods and interventions' to support prisoners' relationships are referred to and the framework encourages partnership working and the sharing of good practice.

Analysis of the HMI Prison inspectorate reports identified improvements in the strategic planning and delivery of family work since the implementation of the SPFTPF,⁴⁸ with some excellent practice identified,^{40 41 42 129 130} however, this work was not always based on a sufficient needs analysis, as advocated in the SPFTPF.⁴⁸

Maintaining contact

The importance of familial contact is a major theme across the documents analysed. Drawing on the European Convention on Human Rights 1998 Article 8 (Respect for family life and private life), and the Children Act 2004, family contact is framed as a 'right'.^{48 128} Reference is also made to family contact as a protective factor for prisoners' mental health and wellbeing^{115 38 43} protecting maternal relationships,^{43 127} and maintaining identity.⁴³ However, to a greater extent the importance of family contact across the policy documents remains constructed in relation to the impact on reducing reoffending.^{38 43 45 48 114 118 120 121 128 131 132 137} The Strengthening Prisoners' Family Ties Policy Framework⁴⁸ comprehensively outlines the importance of family contact, including keeping prisoners safe, preventing self-harm and suicide, and reducing reoffending. However, the Concordat¹¹⁴ recognises that supporting women in prison to strengthen and develop relationships is not straightforward, given that they are more likely than men to be in relationships that are abusive and/or lacking in support.

Prison promoting contact

A consistent theme across the policy documents was the role and responsibility of individual prisons to promote and maximise familial contact.^{43 48 115 127 133 134} The Women's Policy Framework³⁹ indicates that where possible, and subject to the considerations of security, good order and addressing their offending behaviour, women are held in prisons that best enable them to maintain their family ties. The Rehabilitation Services Specification: Custody³⁸ sets out key ways in which prison staff can promote and support all prisoners' familial relationships, including the implementation of systems, staff awareness, providing visits and services to visitors in line with Prison Service Instruction 16/2011²⁶.

In order to promote and maximise familial contact the importance of providing relevant information is identified^{43 48 120} including ensuring that women are aware of prison procedures and visits entitlements^{43 120} and the Help With Prison Visits scheme.⁴⁸ The provision of information also extends to families, including up to date, accurate and understandable information (including the Assisted Prison Visits Scheme, visiting times and booking procedures) through a variety of mechanisms, including information displayed in the visits area and widely advertised on the MoJ prison finder page.⁴⁸ The Strengthening Prisoners' Family Ties Policy Framework⁴⁸ stipulates that each prison's Family and Significant Other Strategy and development plan should be freely available to families and prisoners. However, despite the provision of such information, some mothers remain unaware of their rights to contact, and the Evaluation of the Enhanced Through the Gate Specification¹¹⁹ reported that staff were not always aware of how best to support mothers with no contact.

Different means of maintaining contact

Across the policy documents, contact is constructed as the key mechanism in managing familial relationships. The Gender Specific Standards Policy⁴³ states that women should have regular and easy access to mail (postal/electronic), telephones, and other communications, including visits; and as the desired outcome, the Prisoner Communication Services specification (implemented in November 2020) states that all prisoners are able to communicate with family and friends.¹³⁴

Email. Email a prisoner scheme is available across the female estate, enabling women in prison to receive and reply to email correspondence. The HMI Prison inspectorate reports note that this service is well used and valued.³¹

Telephone. The Residential Services Prison Service Instruction 75/2011¹³⁵ affords prisoners access to a telephone. The HMI Prison inspectorate reports note the provision of telephone communication is variable, with some prisons having the prisoner voicemail scheme, incoming phone lines and/or in cell telephones. Although not all prisons have in-cell telephones, the HMPI reports indicate that, where available, they were valued as a means of maintaining family ties.^{42 132 136} However, the MBU Policy Framework cautions that (video or) phone contact must not be treated as an alternative to in-person visits.⁴⁵

Face-to-face contact: Domestic visits. Prisoners' right to visits twice every 4 weeks and the environment in which these should take place is presented in the policy documents,^{48 128} and additional provision is cited in terms of accumulated visits and a free letter in lieu of visits for those who are unable or do not wish to receive visits.^{12 134}

Face-to-face contact: Extended visits. Family/extended visits (characterised by more relaxed interaction and fewer restrictions than domestic visits) are also available to prisoners accessing family intervention work.¹³⁷ The organisation, availability and style of family days, and prisoner eligibility, vary across the estate^{33 34 48 128 129 138} with some establishments facilitating overnight contact.^{42 139}

Face-to-face contact: Children's visiting experience. Under the Children Act 2004, Prison Governors and probation providers have a statutory responsibility to safeguard and promote the welfare of children;⁴⁸ and as a minimum, prisons are required to provide a 'suitable environment' for children when visiting. The Prison Service Instruction 16/2011²⁴ provides guidance to assist prisons to enhance the visiting experience for children, including allowing children as much family normality as possible when visiting. The importance of play for children visiting a parent is recognised, with play facilities advocated, and additional services recommended (but not compulsory), including high quality play provision and supervised play facilities.^{48 128}

Analysis of the HMI Prison inspectorate reports indicates that visiting facilities have improved over recent years, with positive evaluation of such facilities. However, the reports note continued challenges in relation to the booking of visits and in visits being delayed.^{42 129 140} The distance that women are held from their homes was a consistent challenge identified, impacting women's ability to maintain contact and progress through the system (i.e., women being reluctant to move to open conditions if this means they will be moved further away from their families) and for resettlement opportunities.^{36 139 140 141 142 143 144 145} However, some good practice to address the challenges owing to distance was identified.³⁷

Social Video Calls. To increase the frequency and flexibility with which women in prison can have familial contact, the implementation of virtual visits was advocated within the Farmer Review¹³ and periodically within the inspectorate reports.^{40 138 140} The Covid-19 pandemic accelerated the delivery of this provision and Social Video Calls (known as purple visits) were introduced as an emergency measure to help maintain family contact for those held in custody whilst physical visits were impacted by the restrictions of COVID-19. The Secure Social Video Calling (Interim) Policy Framework¹³¹ highlights the advantages of social video calls, including greater convenience, immediacy, and flexibility, overcoming the difficulties some families face in relation to face to face visits, including costs, literacy, prison administration etc. However, the policy stresses that such contact should operate alongside, not as a replacement for, face-to-face social visits.

Further challenges are identified in relation to mothers maintaining contact with their children. The Farmer Review notes that some mothers were unaware of their rights to contact,¹³ and for others contact is impeded owing to the involvement of social services.^{13 119} There is a brief reference to the emotional trauma experienced by women in prison through visits with their children and the additional sense of loss brought about by the ending of visits.¹²⁰ Most significantly, despite the importance of familial contact recognised and prioritised within policy, the HMI Prison reports identify that too many women continue to not receive visits during their sentence.^{36 37 40 129 140}

3.3.4 Family support work

The Evaluation of the Enhanced Through the Gate Specification¹¹⁹ identifies that support for family relationships varies, but often includes family visit days, group work, and child contact support.

Family support workers

The Mother and Baby Unit (MBU) policy document⁴⁵ outlines the role of family support workers as to respond to the needs of prisoners and their children and families, with the aim of supporting and fostering the maintenance of positive family relationships, supporting families at risk and championing an integrated approach across criminal justice and children's services to reduce re-offending.⁴⁵ Analysis of the HMI Prison reports identified variable provision of family support work across the estate; however, the support provided is generally evaluated positively, identifying good partnership working.^{33 34 40 41 129 130 138 139} However, disparities in access were identified (see section 3.3.9). Equally, a lack of staff awareness in relation to family support workers scope/role was identified, limiting referrals being made,^{35 119} and the Farmer Review notes that family engagement workers' caseload is often dominated with helping mothers whose children are subject to care proceedings.¹³

Parenting

A key theme in relation to family support work to emerge is the need for parenting skills and wider relationship skills programmes to repair relationships and promote healthy family functioning,^{38 39 43} however, where referenced in policy documents, this is a recommendation rather than a requirement,^{38 39} with disparities in access to such provision identified (see section 3.3.9).

In terms of purpose and content, the Rehabilitation Services Specification: Custody³⁸ suggests that such programmes should 'aim to improve and enhance social and life skills to help offenders understand the benefits of being part of a family on return to the community'. Although the focus of the programmes is not primarily on reducing risk of further offending, the document notes that the effectiveness and impact of such programmes could be enhanced by shifting the focus to higher risk offenders who are less connected to their families. Analysis of the HMPI reports identified variable provision of parenting programmes across the estate.^{33 40 41 129 130 138 139}

Additional family support interventions were also identified, including StoryBook Mums which helps prisoners to record a story for their children to listen to at home,^{34 40 41 36 139} homework support,^{33 35} and literacy schemes.³⁶

3.3.5 Prison based DVA work: overarching strategy

The Domestic Abuse Policy Framework¹²⁴ stipulates that tackling DVA is prioritised by HMPs and offers detailed guidance on how this should be achieved, including adherence to and implementation of the framework, management oversight, and staff training and support. Further guidance is offered by the Public Health England Health and Justice Annual Review 2018 to 2019¹²⁶ (working in partnership with NHS England, the Department of Health and

Social Care, Home Office, and the Ministry of Justice) who have implemented the vision described in the Strategic Direction for Sexual Assault and Abuse Services (published by NHS England in April 2018) outlining how services for victims and survivors of sexual assault and abuse, in all settings of the health and care system, need to evolve between now and 2023^e, underpinned by 6 core priorities:

1. Strengthening the approach to prevention.
2. Promoting safeguarding and the safety, protection and welfare of victims and survivors.
3. Involving victims and survivors in the development and improvement of services.
4. Introducing consistent quality standards.
5. Driving collaboration and reducing fragmentation.
6. Ensuring an appropriately trained workforce.

Supporting the needs of women who come into contact with the criminal justice system who have experienced domestic and/or sexual abuse, the Gender Specific Standards to Improve Health and Wellbeing for Women in Prison in England⁴³ has support for Victims of Domestic Violence mandated as a resettlement pathway, with desired outcomes, including increasing safety of the individual (and any children living with the offender), to support the individual in dealing with the impact of the abuse and to support the individual to better identify risk factors and networks of support.

3.3.6 Becoming-trauma informed

A significant theme to emerge from the analysis in relation to the response of the criminal justice system in working with women who have experienced DVA was that of trauma-informed practice. The Concordat¹¹⁴ defines trauma-informed practice as being one that understands that interpersonal violence, current and historic trauma (e.g., Adverse Childhood Experiences), strongly influences a person's health, mental health, and behaviour. An intervention or system that is trauma-informed seeks to: *realise* the widespread impact of trauma and understands paths for recovery; *recognise* 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-traumatisation*.¹⁰⁶ In addition, there are recognised core principles of a trauma-informed approach, including: safety; trustworthiness and transparency; peer support; collaboration; empowerment; humility and responsiveness.¹⁰⁶

The FOS¹² outlines its commitment to developing a trauma-informed approach to working with women.

^e It is recognised that the Covid-19 pandemic will have affected this timeframe.

Staff training

In order to become trauma-informed, the FOS¹² outlines a comprehensive staff training package. Training workshops were delivered to staff across the women's custodial estate across all grades and the National Probation Service and was also offered to CRCs.^f The training was aimed at assessing and managing women with a range of complex needs, to equip staff to work effectively in a trauma informed way thereby maximising compliance with community orders and licences and reducing risk of reoffending and reducing conflict and making the workplace safer for staff. Associated training for peers has also been established over the majority of the female estate.¹²⁰

Analysis of the HMPI reports evidences the implementation of the trauma-informed training for staff^{35 36 41 42 130 139} and women prisoner peers.^{35 42} Although some positive benefits of the training were observed^{36 42 139} the application of these principles was inconsistent across the estate.^{138 140} The reports equally identify a gap in training specifically around domestic and sexual violence.^{41 42} However, the Domestic Abuse Act 2021 identifies a commitment to training for police, social workers, frontline professionals working in probation services and community rehabilitation companies suggesting ongoing development in this regard (albeit at the time of this study, this commitment will not have yet been actioned).

Systems

In ensuring that systems are trauma-informed, the Concordat¹¹⁴ advocates a whole system approach. The requirements of systems, processes, and policies to be reviewed and adapted for a service to be considered 'trauma responsive' is also identified in the Women's Estate Case Advice and Support Panel (WECASP),¹²⁰ which offers guiding principles. Acceptance and adoption of these principles and framework are identified in the inspectorate reports.^{39 43}
114 115 119

Analysis of the HMPI reports indicates pockets of good practice in relation to the development of trauma-informed policy and practice,^{42 130} with good partnership and multidisciplinary working identified,^{34 138} however, provision remains inconsistent across the estate.

Interventions

To support trauma-informed approaches, a series of interventions are advocated within the policy documents, including counselling,⁴³ access to a 24-hour freephone National Domestic Violence Hotline,⁴³ and specific services or activities that support individuals who have experienced DVA.^{38 43}

The HMPI inspectorate reports identify the provision of a range of different interventions across the estate, including individual counselling specifically related to domestic and sexual violence,^{37 41 138} group programmes (including the *Freedom Programme* and *Power to*

^f Community Rehabilitation Companies were private sector organisations, responsible for managing low and medium risk offenders. CRC contracts will be withdrawn in 2022, with services transferred back to the public sector.

Change) focusing on DVA; ^{33 34 37 129 130 138 139 146} and a broader range of trauma-informed therapies.^{34 36 40 42} Although the services were generally evaluated positively ^{34 37 41 42 130 138 140} challenges were identified in relation to a lack of or suspension of programmes specifically relating to DVA and criteria excluding some women from participating. ^{33 40 138 139} The reports equally identified how the use of the word 'trauma' in promotional materials may discourage some women from participating, especially those who do not identify their experiences as 'traumatic'. The management oversight or direction of the interventions³⁴ and their link to resettlement planning were equally identified as variable.

3.3.7 Resettlement support

Prison resettlement work

Resettlement work (involving supporting women in preparation for release) is a further theme identified within the analysis with recognition of the importance of this work being gender-specific and trauma-informed.⁴³

Mothering

Policy documents emphasise the importance of family work in relation to resettlement with recognition that women should be linked to community services including family support before release, ⁴⁵ and that family relationships are key to resettlement work.^{34 43 44 45} Analysis of the HMI Prison and HMI probation reports noted a variable approach to resettlement; however, the reports mostly evaluated family work positively with partnership working evidenced. However, this was not always underpinned by a comprehensive needs analysis (as recommended by the Strengthening Prisoners' Family Ties Policy Framework).^{34 35 36 40 41 130 139}

Domestic violence and abuse

The Women's Estate Case Advice and Support Panel (WECASP),¹²⁰ specifically refers to the history of trauma creating challenges to the transition for women back to the community, resulting in high levels of non-compliance. The Rehabilitation Services Specification: Custody³⁸ notes that resettlement services to help prisoners who have been the subject of DVA will be delivered by CRCs; although provision is variable, analysis of the HMI Probation reports indicates CRC teams going into the prison to provide resettlement support.⁴⁴

Although very good pockets of resettlement work were identified,^{34 40 41 42} the HMPI reports indicate that focused resettlement work in relation to DVA was variable, with some prisons needing more focused strategy in this area of work.^{36 40 41} For example, the need for referral to specialist support and assistance in preparing a safety plan are advocated.^{38 39 43}

Open prison conditions

Analysis of the HMP inspectorate reports noted limited opportunity for women to progress to open conditions.^{9 42 129} Whilst some women are categorised as suitable for open conditions, they can often want to remain in the geographically central location of the closed prison to be closer to family and friends,^{42 129 147} Therefore, although the Women's Policy Framework³⁹ indicates that where possible, women should be held in prisons that best enable them to maintain their family ties, this is often inconsistent with the location of open prisons. The inspectorate reports call for more capacity in open prisons for women.^{41 141}

Release on Temporary Licence options

There are various Release on Temporary Licence options (ROTL) (ability to leave the prison for a short time)¹⁴⁸ to promote family ties and foster links with the communities for which the women will return to enable a successful resettlement.⁴⁸ Some good examples of the use of ROTL are highlighted across the HMPI inspectorate reports;^{41 132 138 139} however, the use of ROTL across the women's estate was highlighted as inconsistent, and underused in some establishments,^{34 35 129} with some staff indicating a lack of confidence and training about the ROTL process.¹²⁹

3.3.8 Community resettlement work

Probation support

Provision for women released on licence is variable and often informed by the specific CRC responsible, or geographical location (e.g., rural settings). In line with best practice principles for working with women, women were offered women-only reporting environments,^{47 149 155 165} this included offender managers being co-located (women's centres)⁴⁷ and/or women only reporting times, with outreach facilities for women residing in rural locations.^{150 164}

Women offender managers were allocated to women where desired¹⁵¹ with no incidences of women not being offered a woman offender manager identified. The reports also identified staff having semi specialist roles working with women⁴⁷ and women's champions were also identified.¹⁶⁵

In line with trauma-informed approaches, the HMI Probation reports identified probation staff had received trauma-informed training;^{146 165} and identified practice of probation working in trauma-informed ways.^{152 155 165} However, specialist training in working with women with experience of DVA was variable.^{47 155}

The FOS¹² commits to additional funding for community provision for women with experience of DVA. Working in partnership¹⁶⁵ with women's centres,^{44 47 152 153 154} and other third sector providers^{149 152 153} a range of accredited and non-accredited group work interventions were

⁹ Open prisons house long-term prisoners who are coming towards the end of their sentence. Open prisons are part of the resettlement programme to reintegrate prisoners back into society. Some prisoners will work in the community, returning to the prison in the evening.

identified with specific reference to DVA provision,^{44 121 146 152 154 155 156} healthy relationships, and parenting.^{156 157}

Safeguarding

The Domestic Abuse Policy Framework¹²⁴ notes that individuals may require a safeguarding referral and one outcome of such a referral may be the formulation of a safeguarding plan. Responsible Officers and Community Offender Managers must be clear about their role and any actions assigned to them within a safeguarding plan. They must also ensure any relevant actions are reflected in the individual's risk management and sentence plan. Reference to safeguarding plans in the inspectorate reports was minimal. However, the prison inspectorate reports note some positive practice, with effective adult safeguarding strategies with staff engaging in adult safeguarding training, some prisons were identified as having an adult safeguarding lead and staff in some prisons were attending local safeguarding boards.^{36 139} The HMI Probation inspectorate reports note variable provision with some excellent practice identified,^{151 155} yet some cases where staff were overwhelmed with demanding caseloads involving safeguarding concerns, with limited training to support.

Women's centres

The Transforming the Response to Domestic Abuse: Consultation Response and Draft Bill¹²⁵ indicates that women's centres are pivotal to a whole system approach. The Farmer Review¹³ also specifically recognises women's centres as being pivotal in resettlement work identifying the strong links women have with their key workers and the structured and intensive support that can be provided from women's centres. The value of women's centres in working with women in a holistic, gender-sensitive and trauma-informed way, with good partnership working, as well as their success in reducing reoffending, is identified within the prison inspectorate reports^{12 42 152 155} Equally, the HMI Probation reports identify good practice,¹⁵⁸ with women's centres providing specific work around parenting, healthy relationships,¹⁵⁷ and domestic violence.⁴⁷ Such provisions are made available as part of a rehabilitation activity requirement (RAR) or post-custodial licence,^{121 159} however, the provision identified is variable¹² and not always matching local demand.¹²

Accommodation

Providing support in finding housing prior to discharge from prison is represented as a crucial element in sustaining families,^{40 160 161} supporting those who have experienced DVA¹⁶², and in reducing reoffending.^{152 161} The analysis of the HMPI reports notes the lack of accommodation on release for women prisoners as a consistent problem,^{33 35 36 119 143 144 163} with limited monitoring of accommodation outcomes on release and the distance women were held from their home areas hindering the development of strong partnerships to help them into accommodation.^{35 36 143} Challenges were also identified in registering women with other services during resettlement, such as mental health services in the community, without a stable address.¹¹⁸

The Bail Accommodation and Support Service (BASS) Policy Framework¹⁶⁴ suggests that single family unit accommodation and/or support services are available to enable children to be reunited with their parent, subject to safeguarding procedures. The HMI Probation reports

identified some good practice in relation to hostels for women.^{161 165} However, the limited number of beds and the uneven distribution of women's hostels mean that many women are placed far from their homes. Overall accommodation services for women leaving custody were considered poor¹⁵² and access to suitable accommodation was difficult for those on licence.¹⁵² ¹⁶¹ Strong probation hostel partnerships with community services were seen as major strengths where they were present.¹⁶⁴

3.3.9 Diversity

Diversity is highlighted within the policy documents in relation to both mothering^{45 48} and domestic violence,^{12 38} with recognition of the need for tailored approaches and for the prison workforce, environment, and interventions to become more alive to the experiences and responsive to the individual needs and of those with protected characteristics.¹² There is a distinct regional diversity and inclusion plan, which includes a focus on women.¹⁶⁶

Family work and diversity

The diverse needs of prisoners and their families in maintaining contact was identified in both policy and practice in relation to provision for foreign national prisoners^{33 34 36 134} larger families,¹²⁸ and of children and adults with a disability.⁴⁸ However, gaps in provision and accessibility are identified. The Strengthening Prisoners' Family Ties Policy Framework⁴⁸ stipulates the policies and practices to which Governors must adhere to ensure equity of provision for and access to family support services. However, despite pockets of good practice identified, gaps in provision and access remained for prisoners with Gypsy, Roma and Traveller (GRT) and Black and Minoritised Ethnic (BME) identities.^{129 132} The thematic report by HM Inspectorate of Prisons on minority ethnic prisoners' experiences of rehabilitation and release planning noted that where available, family intervention work did not always account for cultural needs.¹³² The response to the thematic review of minority ethnic prisoners' experiences of rehabilitation and release planning¹⁶⁷ offers further guidance to increase access to and engagement with family support interventions.

DVA and diversity

The Ministry of Housing, Communities and Local Government's 2020-2021 £15 Million Fund for Support to Victims of Domestic Abuse, and their Children, within Safe-Accommodation¹²³ explores the diverse needs of victims of DVA and calls on services to respond to the needs of diverse groups. The Concordat¹¹⁴ recognises the cultural barriers faced by GRT women in accessing domestic abuse support; and the specific needs and barriers faced by those with learning disabilities or difficulties or other neurological divergences which can limit their ability to engage in rehabilitative interventions. The CRCs conduct an annual analysis of diversity monitoring of all service users, and use this to address their individual needs and ensure that resources are targeted appropriately.

4. Discussion and recommendations

4.1 Introduction

This study is an evidence review composed of two work streams, specifically: a systematic literature review; and an analysis of Central Government policy documents and reports pertaining to England and Wales. The central aim was to gain an understanding of policy and practice responses to the needs of mothers in, exiting, or recently released from prison in England and Wales, who are victims/survivors of domestic violence and abuse (DVA). The systematic review explored evidence from across the globe in order to comprehensively capture the evidence-base appraising interventions that address the issue for this population, and this is international in focus to reflect the global influence of the Corston Report (2007).⁶ A global focus also offered the potential for learning from policy and practice in other countries. The policy analysis was extended to policy documents and reports pertaining to mothering in prison as well as statutory responses to DVA in prison or post-prison to reflect UK discourse, policy and reviews that have explicitly noted the links between mothering, DVA and family contact.^{6 13}

In conducting the systematic review, we selected studies which offered insights into female offenders' experiences of DVA and their motivation to participate in interventions in prison and post-prison. In terms of experiences and interventions, the systematic review found that there is a paucity of published literature (n = 17 total, 11 studies on interventions, and a further 6 studies that just reported experiences of DVA). In relation to interventions, whether accredited or not, there were more studies of interventions that are delivered in prison (n = 9) rather than post-prison in the community (n = 2).

Of those included studies, 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). We found variation in terminology across studies which can pose challenges in the analysis and synthesis. There are also limitations of this review in terms of our methods as we had limited time to search for relevant grey literature and we acknowledge there may be some studies, published as grey literature and not academic articles, which we did not find. We also acknowledge the limits of using single reviewers for some stages of the review.

Only two studies were located in the UK, however, the studies from other countries in the Global North have relevant, useful, and positive findings. In addition, the socio-cultural and welfare conditions are similar across the UK, US, and Australia and, therefore, some useful inferences can be made. Notwithstanding, due to the limitations of the included literature, findings should not be generalised without caution to the wider UK population. In addition, some of the programmes 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 mothers in prison or post-prison are made tentatively.

In contrast, the analysis of policy documents for England and Wales identifies recognition of the significance of the impact of maternal imprisonment (on both the mother in prison and her

child[ren]) and the prevalence and impact of DVA for women in prison. Significant policies have been created to address related challenges and improvements across the estate have been identified, however, provision is inconsistent and significant challenges remain. Despite the focus on whole systems approaches, the interconnected issues of mothering, DVA and rehabilitation are dealt with separately in the policy documents, with limited recognition of the overlaps and synergies between these issues. Notwithstanding these observations, the dearth of academic literature in relation to specific interventions is partially offset by the wealth of policy literature accessed and systematically analysed. Overall, our findings highlight the need for UK-based studies, exploring policy and practice, in the future.

In this final section of the report, we have combined the main findings from the systematic review with those of the policy analysis to produce some conclusions and implications for future policy, practice, and research.

4.2 Discussion

4.2.1 Motivation and self-selection for engaging with interventions

Aligning with literature summarised in this report's introduction, the policy analysis identified the high prevalence of DVA experienced by women in prison. The systematic review found a small number of studies ($n = 4$) that described women's motivation to participate in some form of intervention 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. Across the literature and policy documents it was abundantly clear that women are expected to self-select to participate in interventions in prison. Only one study in the systematic review included a mandatory 'three-hour domestic violence class'.¹⁸

There seems to be, therefore, an incongruity between the high rates of prevalence of reported DVA in the female prison population (as well as acknowledgement of its harmful impacts and links with offending) and the provision of and ways in which women access appropriate support. The wider literature also illuminates the connection between DVA and maternal imprisonment that is now better recognised^{85 87} although this remains poorly understood overall.⁹

That women in prison are expected to self-select for DVA interventions is problematic in that there are many barriers to women's recognition of their experiences as abuse as well as to accessing support and these barriers are widely reported in the DVA literature (including understanding of DVA as physical abuse only, emotions such as shame and embarrassment, and so on). As noted in the Gender Specific Standards,⁴³ women may be reluctant to participate in an intervention advertised as trauma-based. Indeed, Pritchard et al. (2014)²¹ argue that imprisonment is a symbolic barrier to help-seeking which operates both during imprisonment and particularly post-prison as, for example, women fear violating the terms of their licence and ending up back in prison. They also note that the stigma of women's ex-prisoner status combined with '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 recognise and name their experience as

DVA. This is not an ideal solution as mandation can breed contempt and resistance. This could be delivered as part of the induction process on arrival in prison. If mandatory participation in an initial DVA intervention was introduced, it would need to be done so under conditions which included rigorous evaluation.

The policy analysis highlighted good practice in relation to encouraging women to disclose experiences of DVA^{33 34 35 36 37} with peers often trained to provide support in this role.^{33 36} However, evidence supporting the outcomes of such disclosures was limited and additional training may be required for relevant professionals in supporting women who disclose experiences of DVA to engage in interventions. More importantly, the policy analysis clearly reported variation in the availability of DVA interventions in prisons in England and Wales and post-release, thereby limiting opportunities to self-select for participation in interventions even when there is motivation to do so.

Recommendation 1. Future research should focus on establishing robust qualitative and quantitative evidence for understanding the connection between DVA and maternal imprisonment.

Recommendation 2. A mapping exercise is needed to build a comprehensive picture of the DVA interventions available for women in custody and immediately when women are released.

Recommendation 3. All women should participate in a mandatory one-off DVA session on entry to prison to serve as an awareness-raising opportunity, enabling women to recognise their experiences of victimisation where relevant and to encourage autonomy in the process of self-selection for further intervention. The intervention should be evaluated to understand whether it meets these aims.

Recommendation 4. Training should be made available for relevant professionals (prison and probation) to support women in recognising their victimisation, disclosing it and supporting them to engage in relevant interventions.

4.2.2 Meeting the needs of female offenders with experience of DVA

There is substantial evidence in the literature and policy documents that demonstrates a recognition of the links between female offenders' experiences of DVA and trauma (with acknowledgement of additional factors, e.g., Childhood Adverse Experiences). Policy documents, at the same time, note the variability of provision that focuses upon DVA. In addition, it is of note that several studies reported the limitations of existing interventions as many female offenders who participated in group work had an identifiable need for one-to-one counselling, to complement the group sessions on offer, but this was mostly absent in prison.²¹ The policy analysis identified that counselling should be available to women in prison who have experienced DVA⁴³ and some pockets of good practice were identified, however, provision remained variable.

Further, there was separate attention paid to family work and the importance of maintaining and/or repairing familial relationships in the policy analysis, recognising pockets of good practice in this regard. Although the policy analysis identified some recognition of the challenges faced in supporting women in prison to strengthen and develop relationships,

owing to their likely experiences of being in relationships that are abusive and/or lacking in support, there was very limited reference made to the intersection of DVA and mothering, impacts to children or the mother-child relationship. This was similarly lacking in the studies on DVA interventions. Rather, in both, the common focus in relation to DVA was on mental health and trauma-related needs, and supporting women to manage trauma symptoms, as well as reducing reoffending. Indeed, many of the interventions were reported to address trauma symptoms (e.g., reducing mental ill-health) or improve emotional well-being by empowering women through sharing of experiences.

This finding indicates that most interventions for women were delivered with currency in mind; that is, in supporting women to manage in the present, rather than a focus on preparing women to manage or avoid DVA in the future through more informed decision-making and behaviour change. The evidence, therefore, suggests that in the delivery of interventions there is a lack of focus on the prevention of DVA, however this was a motivating factor for some of the women in studies that reported their motivation to participate in such programmes. The lack of future focus for women exiting prison and for the resettlement period, then, is problematic. Additionally, coupled with our included literature sample, which mostly reported studies based in prison settings, this suggests a significant lack of robust evidence detailing mother's needs during resettlement in the community for those women that have experienced or are experiencing abusive relationships. This is not to say that good practice does not exist (see policy analysis), but that an evidence-base to support and validate such interventions is needed.

It must be noted that a lack of focus on the *prevention* of DVA in the future was not a blanket finding; a small number of studies did report outcomes that were future oriented. For example, the Healthy Relationships Program, delivered in an Australian prison, reported that participants felt better prepared to avoid or cope with abuse in the future. However, across all studies there was an absence of specific detail in relation to risk around DVA, or risk assessments in relation to ongoing, current, or potential DVA, or in relation to safety planning, whether ongoing or in the future.

Finally, supporting women overlaps with the need to safeguard women (and their children) in prison and during resettlement. The policy analysis found scant reference to safeguarding plans as well as varied practice. Prison inspectorate reports did note some positive practice in the form of effective adult safeguarding strategies, prison staff completing adult safeguarding training with some prisons having an adult safeguarding lead. The HMI Probation reports equally noted variable provision; although some excellent practice was identified, there were also reports of some cases where staff were overwhelmed with demanding caseloads involving safeguarding concerns, with limited training to support. The variation is notable considering that there are community-based structures in place to manage high risk cases of DVA (i.e., through local Multi-Agency Risk Assessment Conference (MARAC) arrangements).

Recommendation 5. Evidence-based DVA interventions should be available across the estate and post-prison during the resettlement period as set out in a national strategy and action plan to ensure consistency of access and delivery. Such interventions should integrate the principles of prevention.

Recommendation 6. Future research should focus on the needs of women following their exit from prison in relation to DVA, mothering, the mother-child relationship, and other intersecting needs (e.g., accommodation) to reflect a holistic approach to needs and risk assessment and management. Needs and risk management should adopt a multi-agency model to reflect a whole system approach.

4.2.4 DVA, mental health, trauma, and trauma-informed approaches

The impact of DVA on mental health is widely understood,¹⁶⁸ so too is the presence of trauma in the female offender prison population.⁸⁶ It was, therefore, unsurprising that many interventions focus on trauma and that policy documents clearly illuminate the commitment to adopting *Becoming-Trauma-Informed* by prisons in England and Wales (FOS).¹² It is also useful to contextualise rates of poor mental health using gender identity as a comparator as data suggests that suicidal ideation and self-harm are much higher for women than for men (with self-harm rates for women prisoners described as having increased to record levels during the pandemic).¹⁶⁹ However, there is no systematic process for gathering national data meaning that the extent of the problem is unknown.

Mostly the literature depicting trauma-focused interventions shows positive results in terms of improvements to mental health and trauma symptoms. In the qualitative studies, or qualitative strands of mixed methods studies, improvements were often articulated in self-reports by women and were overwhelmingly positive; however, studies that reported quantitative research, which used validated outcome measures, identified more modest outcomes ranging from reductions in symptoms of conditions such as depression, anxiety, and psychological distress,²⁰ 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).¹⁷ Overall, the results from studies suggest that such interventions can have a positive effect on women's mental health.

When positive outcomes were qualitatively reported, these were often in relation to emotional well-being as women described improved self-esteem and confidence as well as the ability to better recognise trauma symptoms through a reconnection to their emotional self (all such outcomes were commonly described as empowering). However, these outcomes were not always explicitly or routinely linked to developing skills to manage trauma, harm, or mental-ill health in the future, or in relation to behaviour change. Put another way, outcomes were often situated in the present without links to developing skills for use post-prison. In addition, as noted above, what was frequently reported in the systematic review was the need for, but lack of, one-to-one counselling and professional support in relation to DVA within the prison environment but outside of scheduled interventions. The prison setting was also problematised as the delivery site for a DVA intervention in one study as women reported that any positive effect from engaging in DVA interventions was 'undone' by everyday practices and prison culture.

As noted, the policy analysis identified a significant focus on trauma-informed practice, with recognition that interpersonal violence, and current and historic trauma, strongly influence physical and mental health, and behaviour and engagement with rehabilitative interventions. However, despite an equal focus on supporting the maintenance and development of

prisoners' familial relationships, commitment to developing trauma-informed approaches to working with women in prison does not seem to extend to family work. For example, the importance of familial contact is reiterated throughout the policy documents, with significant efforts identified in both promoting and facilitating contact. However, although there is brief reference to the impact on children who witness DVA and the responsibility of the prison to provide a suitable visiting environment for children, limited trauma-informed attention is paid to the visiting environment. With increased and often sudden noise, constant supervision, and enforced re-separation, the prison visiting environment is problematic, potentially reinforcing trauma for both mother and child[ren] who have experienced or witnessed DVA, resulting in anxiety and distress.

A gap in provision was equally noted in relation to supporting women and their children with visit endings. Women in prison (and their children) can be left with an acute sense of loss after a visit, with repeated periods of grieving between contacts.^{4 68 70 72 73} Additionally, limited attention was paid to the impact of women's histories of trauma in maintaining or rebuilding familial relationships, and what this may mean for contact with their children during custody and the impact on their resettlement. Such omissions are not aligned with the principles of trauma-informed care and thus the evidence suggests that trauma-informed practice is partial and inconsistent across the estate. As trauma and mental health appear to feature heavily in both policy and literature, there is a need for more balance in terms of interventions that take a strengths-based approach (this was not entirely absent, e.g., see the studies on Healing Trauma) and that are located within a holistic, gender-responsive model.

Recommendation 7. Future research should evaluate current interventions with a focus on what works for whom and in what context (prison versus post-prison community-based support), to establish evidence of whether such interventions enable understanding of trauma and its links to DVA and mothering and if interventions need to be setting-specific.

Recommendation 8. To reflect a holistic and integrated approach, policy and practice on family work should be explicitly underpinned by trauma-informed practice (integrating understanding about the impacts of trauma and DVA for women *and* their children).

Recommendation 9. The mapping exercise (as per Recommendation 2) should aim to establish and evaluate the extent to which a trauma-informed approach has been implemented.

4.2.5 Reducing isolation, increasing social connectedness

Policy documents emphasise family work and child contact as integral to women's coping in prison and in the process of resettlement. This is especially true of the Farmer Review (2019)¹³ which is peppered throughout with references to family work and family connectedness, describing familial relationships as a 'rehabilitation asset'. Studies that reported DVA interventions, however, mainly represented increased social connectedness and decreased social isolation in general in the context of the prison environment, rather than on the social and relational outcomes in the context of intimate partners (former or current) or children. This reflects the lack of association between the provision of DVA support and family work in practice. In addition, whilst the outcome of improved social connectedness and reduced

isolation during custody 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 the delivery of the intervention. Again, this reflects the lack of consistent attention paid to the development and sustenance of skills and knowledge gained from the intervention, to be utilised in the future and in the longer term in relationships with children and/or current, future, or ex-partners.

Recognising that many women are in custody for short sentences and for non-violent offences and could, therefore, be better supported more effectively in their communities, the FOS advocated an innovative approach working with local and national partners to develop a pilot for 'residential women's centres' in at least five sites across England and Wales. The 'residential women's centres' were informed by an approach to reduce the number of women in custody and provide more effective support in their communities. However, these plans were later scrapped owing to budget restraints despite the potential for this innovation to address many issues such as isolation and lack of familial contact (the 'rehabilitative asset').

Although the policy documents stress the importance of family work and DVA support in relation to resettlement, they equally note that interventions engaged during custody are not always linked effectively to resettlement planning. The overall policy analysis identifies the value of women's centres in supporting women released from custody, offering a range of DVA provision, healthy relationships programmes and parenting programmes. Women's centres could be utilised further to offer a more integrated approach with the continuation of accredited interventions to enable women to develop relevant learning and embed this into their post-custodial lives.

Recommendation 10. The proposal for residential women's centres should be revisited to address the high number of women in custody for short sentences and non-violent offences as these could reduce social isolation and the effects of ongoing trauma whilst increasing family connectedness.

Recommendation 11. Policy and practice on resettlement should utilise women's centres consistently to provide accredited, evidence-based interventions that address DVA and parenting, offering programmes that could be commenced in custody and completed (or revisited) where necessary in the community. This will require sufficient funding for women's centres.

4.2.6 Interventions to address DVA

This evidence review highlights several issues with regards to addressing DVA in policy and practice for mothers in prison or post-prison. For example, there is a distinct lack of evidence-based programmes 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 mothers after their release from prison). It is highly likely that there are evaluations of small, localised interventions but these are not publicly available reports, 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 mothers

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 in terms of available interventions that address DVA victimisation.

The systematic review highlighted some existing problems with the delivery of programmes (and most interventions were based on groupwork). There is a clear tendency for manual-based group programmes 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.²⁴ Two studies reported that interventions were peer-facilitated but neither appraised this approach to facilitation, leaving questions unanswered in this regard.²⁰²³ The policy documents equally identified too much variability in relation to provision, management oversight and consistency of interventions and the effective linking of such interventions to resettlement planning. Whilst the policy documents evidence widespread training across the estate in relation to trauma-informed practice, a gap in knowledge specifically in relation to domestic and sexual violence persists. In addition, there is a lack of specificity in policy documents about what type of interventions should be available and how they should be delivered.

In 2007 Corston advocated for a holistic and women-centred approach, and what does emerge from the literature is that a multi-method approach, which combines different types of activities (creative, arts-based or spiritual activities), and which enables women to heal through sharing and creativity, is welcomed.^{18 22} Several studies also provided support for a gender-responsive approach; again, supporting the original recommendations of the Corston Report. For example, one study strongly advocated for small groups, 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 both inside and outside of scheduled sessions. A counter narrative was also found within the studies, and in one, a participant disputed this model as beneficial, rather it was claimed to be exposing, as in prison "nothing is private", potentially impeding women's willingness to engage and share. These conflicting findings support the need for a more robust evidence-base from which to plan for interventions.

See **Recommendations 5 and 11.**

4.2.7 Interventions to address parenting and maintaining family relationships

Although the evidence review found minimal reference to the intersection of mothering, DVA and offending, the policy analysis uncovered significant reference to the importance of maintaining and developing prisoners' familial relationships. Significant attention is paid to improving contact and positive developments and areas of good practice have been identified. However, gaps remain; for example, very limited reference is made to the challenges for women in prison in maintaining or developing relationships owing to their likely experiences of being in abusive relationships or lack of familial support, and what this may mean for contact with their children during custody and the impact on their resettlement. Family support workers

are a key provision in supporting women to address parenting and maintaining family relationships; however, family support workers are often under-resourced.

Similarly, whilst the need for parenting skills and wider relationship skills programmes to repair relationships and promote healthy family functioning^{38 39 43} is recognised, this remains a recommendation rather than a requirement,^{38 39} with disparities in access to such provision identified (see section 3.3.9). Similarly, the links to DVA in such provision are unclear. Of concern is the reference in policy³⁸ to shifting the focus of parenting programmes and family work to higher risk offenders who are less connected to their families. Indeed, not only does this place the additional burden on families for the rehabilitation of those in custody, but equally prioritises risk of need/vulnerability.

In addition, significant other prevailing challenges were identified in relation to accessing visits and the visits experience, with many women receiving no visits from their children and families during their sentence. Although only available in a small number of establishments, the facilitation of overnight contact appeared to be a positive asset where available, addressing many of the limitations of domestic visits. Such facilities serve to mitigate some of the challenges and limitations of the resources involved for families in facilitating shorter visits; and can provide smaller and quieter visiting spaces outside of the main prison building in more natural settings, with increased opportunity for meaningful interaction with minimal intrusion from prison staff. These findings need to be viewed in light of the impact of Covid-19 as much of the family engagement work ceased at the start of the pandemic and was very slow to restart.¹⁶⁷

Recommendation 12. The role of family support workers is critical to the intersection of family and DVA work. Research should be commissioned to explore the challenges and opportunities of the role, in order to bring consistency to family and DVA work across the women's estate.

Recommendation 13. The development of overnight visiting facilities across the women's estate is strongly recommended to address the difficulties highlighted in relation to the quantity and quality of familial contact for mothers in prison.

Recommendation 14. Any future mapping exercise should include parenting programmes and relationship skills to understand how such provision includes links to DVA.

Recommendation 15. Parenting skills and wider relationship skills programmes, incorporating DVA awareness, to repair relationships and promote healthy family functioning should be mandatory (rather than a recommendation). The focus should be on ensuring evidence-based interventions are provided in a consistent way, accessible and available to all.

4.2.8 Diversity

One of the aspirations of the evidence review was to explore the intersectional identities of mothers with experience of DVA in prison or post-release within the context of the women's experiences, needs, and engagement with available interventions. Overall, across the systematic review and the policy analysis there was a distinct lack of attention paid to diversity

or intersectional identities and characteristics. The policy documents identified the diverse needs of women in prison in relation to family work and DVA support, with clear guidance to ensure equity of provision for and access to interventions. However, significant gaps in provision and access were identified, particularly for women in prison with Gypsy, Roma, and Traveller (GRT) and Black and Minoritised Ethnic (BME) identities, with intervention work not always accounting for cultural needs.

Recommendation 16. Future research should explore the needs and experiences of mothers in prison or post-prison with current or historic DVA from marginalised communities specifically in relation to ethnicity, disability, age, sexual identity, and asylum/migration status.

4.2.9 Resettlement policy and practice

Mothers face a specific set of challenges on release from prison¹⁴ and the importance of resettlement work being both gender-specific and trauma-informed⁴³ was recognised in the policy analysis. It is, therefore, surprising to find few studies in the literature search that reported interventions delivered on women's release from prison in relation to DVA or that began in prison and continued on release (n = 2 in the systematic review). As discussed in the policy analysis, Release on Temporary Licence (ROTL) is an underused provision for women in prison; ROTL could be further utilised to enable women in prison to access DVA provision in the community to which they will return to promote more successful resettlement and reintegration.

Policy documents emphasise the importance of resettlement work for women with good practice observed in general provision^{34 40 41 42}. However, the HMPI reports indicate that resettlement support that focuses on DVA is variable, with some prisons needing more focused strategy in this area of work.^{36 40 41} For example, the need for referral to specialist support and assistance in preparing a safety plan are advocated but without consistent evidence to suggest that this is routine practice in preparing women for release from prison.^{38 39 43} Policy documents emphasised the importance of family work in relation to resettlement with recognition that women should be linked to community services (e.g., via women's centres) including family support before release,^{45 46 47} and that family relationships are key to resettlement work.^{34 43 44 45} Analysis of the HMI Prison and Probation reports noted a variable approach to resettlement; however, the reports mostly evaluated family work positively with partnership working evidenced. However, this was not always underpinned by a comprehensive needs analysis (as recommended by the Strengthening Prisoners' Family Ties Policy Framework).⁴⁸

Supporting the needs of women who come into contact with the criminal justice system who have experienced DVA, the Gender Specific Standards to Improve Health and Wellbeing for Women in Prison in England⁴³ has support for Victims of Domestic Violence mandated as a resettlement pathways, with desired outcomes, including increasing safety of the individual (and any children living with the offender), to support the individual in dealing with the impact of the abuse and to support the individual to better identify risk factors and networks of support. The policy analysis identifies that resettlement services to help prisoners who have been the

subject of DVA will be delivered by CRCs; analysis of the HMI Probation inspectorate reports indicates CRC teams going into the prison to provide resettlement support⁴⁴ however, provision is variable.

Recommendation 17. Explore strengths-based interventions in resettlement that focus on motherhood and the mother identity as an ‘rehabilitation asset’.

Recommendation 18. Policy should integrate a coherent, integrated approach for women in preparation for release in terms of interventions that address DVA and mothering and that continue during resettlement for coherent, continuous support.

4.2.10 Resettlement and basic needs

As only two of the studies discussed post-prison intervention, there was little evidence about both i) how the specific needs of mothers exiting prison in relation to DVA are met through formal support, and ii) how associated social, emotional, relational, physical, or functional needs are met or addressed in interventions; for example, in how these are planned for as part of the resettlement process. Specific aspects of women’s needs on leaving prison are, however, drawn out of the systematic review and policy analysis. For example, accommodation is a basic need and, more importantly, safe, affordable housing is vital to support mothers in reunification with their children. However, the lack of available and adequate housing for women leaving prison is widely acknowledged¹⁴ and homelessness is strongly correlated with poor outcomes for women on release from prison.

The policy documents note a shortage of bail hostel places for women released from custody and a lack of access to other forms of accommodation, with a particular lack of suitable places for women with children, substance misuse issues, mental ill-health, and experiences of DVA. This is consistent with recent research¹⁷⁰ which notes several barriers for women securing suitable accommodation upon release from prison, including lack of support, to do so and the lack of appropriate and affordable housing available. This can leave women with no other option than to live at a considerable distance from their support network, including family, and may increase their risk of violence (or returning to violent relationships). Equally, it could lead women with limited alternative options to want to return to the ‘relatively safe environment’ of the prison.^{170 171}

A report published by the Prison Reform Trust and Women in Prison (2018) notes that occupancy levels of bail hostels are not published and raise concerns that provision is being underused despite unmet need. This is consistent with other scholarship^{170 172} which identifies the complex and multiple needs of women released from custody which leads them to be considered ‘too risky’ for supported accommodation. In addition, housing policy creates further barriers for mothers leaving prison, as a housing applicant is required to have a local connection to the area in which they wish to be rehoused).^{160 162} Conversely, they should not be referred to an area where they would be at risk of violence).^{160 162} This creates conflict for mothers leaving custody who are at potential risk of DVA if their child/ren reside in that area. This again provides evidence that there remains a substantial chasm in implementing Corston’s (2007)⁶ “holistic, women-centred, integrated approach” in policy and practice.

Recommendation 19. Future research should examine current practice to understand how the needs of mothers exiting prison are planned for in relation to DVA and associated social, emotional, relational, physical, or functional needs as part of a holistic, integrated approach to resettlement planning. This should include housing needs.

Recommendation 20. The accommodation pathway should be revised and developed to incorporate a gender-specific, trauma-informed, whole systems approach to securing accommodation for women leaving custody, recognising the implications on DVA, mothering and reoffending.

4.3 Conclusion

Most women in prison have been victims of much more serious offences than those they are accused of committing,³⁰ including historic violence and abuse both in childhood and within their adult relationships.^{18 19 21 26 28 29 31} Moreover, in 2007, Baroness Corston highlighted the lack of a holistic, integrated model for supporting women with trauma histories which were connected to their offending.⁶ Thus, it has long been recognised that trauma, violence and abuse constitute a common-found aspect of the histories for many women in prison; indeed, it is estimated that a minimum of 60% of women in prison in England and Wales have experienced DVA (MoJ, 2018).⁷ Whilst the co-existence of DVA and offending is now better recognised, the links between these and mothering remain poorly understood overall.⁹ This evidence review, therefore, set out to analyse policy pertaining to the intersections of DVA, mothering and offending pertaining to the women's estate in England and Wales as well as to examine practice by examining studies reporting the efficacy of interventions that address DVA for women in prison and on release contained within the global literature.

Overall, the review found a dearth of literature reporting studies that appraised interventions addressing DVA for women in prison and post-prison. This is problematic as it suggests the lack of robust evidence in this regard. 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. However, methodological challenges were found, in that several studies were small in size, with modest samples, and were pilot studies.

In contrast, our rigorous approach to the thematic analysis of policy included a large number of documents. What this unearthed was that despite a wholesale recognition of the problem of DVA histories for women in prison and an acknowledgement of mothers' needs for family contact (with family relationships termed 'a rehabilitation asset'), there was a lack of interconnection of these issues. The policy analysis illuminated a widespread variation in the ways in which policy was implemented and in how DVA, parenting, and offending are addressed in prison and during resettlement. The analysis highlighted the lack of consistency in the provision of interventions addressing either DVA or parenting, with little indication of the coupling of these in existing provision bolstering Robert's⁹ claim that the links between DVA, offending, and mothering remain poorly understood.

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6. Appendices

APPENDIX 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.	Independent Domestic Violence Advocate (IDVA), Independent Sexual Violence Advocate (ISVA) (UK based)
Group / programmes	Programmes that use 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 (UK-based) You and Me, Mum
Psychosocial support	Group or individual counselling that provides victim-survivors of violence with emotional, psychological, and social support.	Trauma-informed counselling, Cognitive Behavioural 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, 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
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

Appendix 2: Screening tool

