This is the author-created version of the following work:

Day, Andrew, Gerace, Adam, Oster, Candice, O'Kane, Deb, and Casey, Sharon (2018) *The views of women in prison about help-seeking for intimate partner violence: at the intersection of 'survivor' and 'offender'.* **Victims and Offenders, 13 (7) pp. 974-994.**

Access to this file is available from:

https://researchonline.jcu.edu.au/55092/

Please refer to the original source for the final version of this work:

https://doi.org/10.1080/15564886.2018.1514339

The Views of Women in Prison About Help-seeking for Intimate Partner Violence: At

the Intersection of 'Survivor' and 'Offender'

Introduction

Women represent the fastest growing section of prison populations across the Western

world (Jeffries & Newbold, 2016), with 'gender responsive' theories of crime

proposing that experiences of victimization often create offending pathways

dissimilar to those of male offenders (see Bloom, Owen, & Covington 2005;

Salisbury & Van Voorhis, 2009). Women's experiences prior to incarceration have

been shown, for example, to be characterized by high rates of child abuse, rape, and

intimate partner violence (IPV) (Lynch, Fritch, & Heath, 2012). Of particular concern

is the findings of one US study, that three quarters 75% of incarcerated women

reported a history of physical violence perpetrated by an intimate partner (Browne,

Miller, & Maguin, 1999). A more recent study, by Lynch, Fritch, and Health (2012)

has also reported that 90% of female prisoners report physical and sexual violence

from their partners in the year prior to incarceration. While such experiences may be

important antecedents to a range of personal problems, which, in turn, lead to

offending, these studies highlight how women who are in prison represent a group

who potentially have an ongoing vulnerability to IPV after release (Cross, 2016). And

yet, despite many prisoners returning to the same relationships and geographic

contexts/communities that existed prior to incarceration, relatively little is known

about the post-release experiences of women prisoners and the types of services that

might be made available to maintain their safety.

The aim of this study is to understand one potentially important determinant of safety from IPV, the capacity to access help. Help-seeking is often the first step taken by individuals in their efforts to escape IPV (Amar, Bess, & Stockbridge, 2010; Sylaska & Edwards, 2014) and incorporates a range of behaviors, including: seeking advice, encouragement, support (emotional and financial) or a place to stay from peers and family members; advice from religious or spiritual leaders; attending counseling, general practitioners (GPs), medical centres, or hospitals; the involvement of police, lawyers, or the legal system; moving to a domestic violence shelter; or engaging with victim services organizations. In essence, help-seeking involves a process of seeking out information, support, and protection (Liang, Goodman, Tummala-Narra, & Weintraub, 2005).

Literature Review

Although there has been little previous work investigating the ability to seeking help by women in prison, there is evidence that the majority of IPV victims prefer informal (e.g., friends, family members, co-workers) over formal (e.g. police, medical staff, social workers, counselors/mental health professionals) support providers; a preference consistently shown to be independent of victim characteristics such as race/ethnicity and age (e.g., Flicker et al., 2011; O'Campo, Shelley, & Jaycox, 2007). Barrett and St. Pierre (2011), for example, concluded that despite the "widely perpetuated image of women in violent relationships as passive recipients of violence" (p. 59) their findings demonstrated the active use available resources

by women in abusive relationships to ensure their survival. Given the long-term consequences of IPV, it is nonetheless concerning that just over one third of the women surveyed (34%) in this study reported using no formal supports or services.

Australian research, reported by Taylor and Putt (2007), has focussed specifically on the experience of sexual violence by women from Aboriginal and Torres Strait Islander and culturally and linguistically diverse backgrounds. These authors noted that despite the prevalence of abuse, available and satisfactory support – both informal or formal – was limited. Informal supports were less accessible, with barriers including familial denial of sexual violence and the fear of being ostracised should they report a perpetrator to the police. Another barrier identified by participants was fear of retaliatory violence against children and/or family members by a perpetrator and his supporters. At the formal level, women also voiced concerns about inadequate and culturally inappropriate responses by police (e.g. not being believed; being further traumatized by the police response), failure by the police and criminal justice system to adequately punish perpetrators, and, importantly, fear of social welfare officers removing their children.

Models of Help-seeking

Theoretically, help-seeking can be understood as part of a process that begins with identification of a problem, after which there is voluntary and conscious action on the individual's part that leads to interpersonal interaction with potential helpers (Cornally & McCarthy, 2011). While help-seeking theory is less well-developed in relation to victims of IPV, Burgess-Proctor (2012) notes two broad points of

theoretical consensus regarding women's decision-making: First, it is a process that develops and evolves *over time* (e.g., some women may resist formalized help-seeking until specific events occur that prompt them to seek help); and, second, help-seeking is the result of a *complex combination of influences* at the individual, cultural, and structural levels (e.g., economic dependence on a partner, fear, abuse severity, presence of children, marital status). In addition, Burgess-Proctor notes how women's prior trauma histories also have the capacity to influence their help-seeking behaviors (see also Taft, Resick, Panuzio, Vogt, & Mechanic, 2007).

Liang and colleagues' (2005) model of IPV help-seeking, based in cognitive theory and ecological systems, is perhaps one of the most widely recognized (Figure 1). Their model specifies three stages whereby the individual who experiences IPV must: (1) recognize and define the abusive situation as intolerable; (2) decide to disclose the abuse and seek help; and (3) select a target for the disclosure and subsequent helpseeking. Non-linear in nature, these stages form a dialectical process whereby each informs the other in an ongoing feedback loop. And while this model describes help-seeking in primarily cognitive terms, the authors do acknowledge the manner in which emotions are linked to, and mediate between, cognitions and intentional acts.

<INSERT FIGURE 1 ABOUT HERE>

The ecological element of the model is the influence of individual, interpersonal, and socio-cultural factors on the feedback loop. Definitions of abuse may shift over time as a function of an individual's readiness to change their life (and vice versa); abusive behavior may be minimized as 'aberrant' by the pre-contemplative individual whereas

the same level of abuse may lead the contemplative women to consider the pros and cons of taking action (see Prochaska, DiClimente, & Norcross, 1992).

Interpersonal and socio-cultural factors also significantly affect women's definitions of IPV. In terms of the former, the very nature of intimate relationships (which may constantly alternate between violence and loving contrition) can make clarifying an abusive relationship both difficult and confusing. Cognitive distortions and dissonance may also be endorsed by both the abuser and the victim's support network (e.g., when physical and verbal abuse is re-framed or re-defined). Socioculturally, IPV is often viewed through the lens of particular social, religious, and cultural institutions where male-female power inequalities are reinforced.

Individual, interpersonal, and socio-cultural influences also impact on help-seeking decisions. From an individual perspective, two internal conditions have been identified as fundamental: (1) recognition that a problem is undesirable; and (2) seeing that a problem is unlikely to go away without help from others (Cauce et al., 2002). In relation to the first condition, a stage model has been applied whereby access to help is in direct response to the severity of the abuse (i.e., IPV victims move from private attempts of placating/resisting their abusers, to informal help-seeking, to formal help-seeking as the violence increases in severity). With respect to the second condition, research suggests that victims seek out help when they believe their own resources and alternatives are depleted (Lempert, 1997). Finally, interpersonal and socio-cultural influences such as gender, class, and cultural context can play a powerful role in terms of beliefs around such issues as family privacy, divorce, and gender roles. Concern has also been raised by IPV victims about cultural sensitivity in

mainstream service providers towards minority group victims (Latta & Goodman, 2005). Other factors include negative police responses (e.g. failure to arrest the abuser; victim not listened to; situation trivialized), racism, socio-economic status, and homophobic stereotyping. Poor access to existing services (e.g., due to class or systemic barriers) or when services are available and effective also mean that women who have experienced violence need to consider the potential costs of seeking help (e.g., loss of privacy, stigmatization, threats by abusive partners).

The important theoretical contribution of the Liang et al. (2005) model is its focus on problem definition and appraisal, help-seeking decisions, selection of a help provider, the critical role of socio-cultural factors, and the feedback loops characterizing the process. Its simplicity also allows some of the key ideas to be translated into practice. It has, however, not previously been applied to the experiences of women in prison and their perceived ability to seek (and receive) help should they encounter IPV after release. In this study we examine the ways in which the dual status of 'survivor' and 'offender' (Pritchard, Jordan, & Jones, 2014) has the potential to create unique barriers to help-seeking. There have been relatively few previous investigations of this topic, although some of the issues facing ex-prisoners that have been identified in previous studies include a fear of police and child welfare services, difficulties accessing formal services because of a criminal record, and the perception that prison is a place of safety from the abuser and a place to access previously unavailable services (Bliss, Cook, & Kaslow, 2007; Pritchard et al., 2014; Wilson et al., 2017).

Methods

Female prisoners from an Australian women's prison accommodating both remand and sentenced prisoners were invited to participate in the study. In this jurisdiction, of the 2,266 total prisoner population, 147 (6.5%) are female (ABS, 2014) and just under one third (n = 46, or 31%) identified with an Aboriginal or Torres Strait Islander cultural background. The majority (n = 138) were held in the prison where the research was conducted.

Members of the research team attended the prison on three separate occasions to explain the purpose of the study to groups of prisoners in different sections of the prison (low, medium and high security) and to identify potential volunteers. This method relied on the availability of prisoners at the time of recruitment, but it is likely that most of the women in the prison at the time were invited to participate. As the researchers visited the prison over an extended period (weekly visits over several months between March and November 2017) in the course of interviewing (rather than simply interviewing those who were available on a given day), other prisoners and those recently admitted to custody became aware of the research project and were also able to volunteer. Those who expressed an interest were then given an information sheet and consent form, and invited to participate in an interview. Ethics approval for the study was granted by a university human research ethics committee.

As this study was conducted in Australian prison which houses a disproportionate number of Aboriginal and/or Torres Strait Islander women (whom may be particularly reluctant to be interviewed), a separate recruitment procedure was developed for this group in line with current cultural and research protocols. This involved the research

team asking the cultural liaison officer (an Aboriginal staff member with responsibility for cultural engagement) to introduce them to a group of 10 Aboriginal and/or Torres Strait Islander women, allowing them to explain the project aims and invite them to participate. As a group, they decided to take part in the research, requesting that a female researcher conducted the interview (note that all interviews in this study were conducted by the same female interviewer). Each participant was then provided with information about the research and completed a consent form.

A total of 22 women volunteered to be interviewed. This is approximately 15% of the total prison population. Their mean age was 33.05 years ($SD = 8.17$, $Range = 21$-24 years). All of the interviewees identified as Australian, with nine (40.91%) identifying as Aboriginal, and one as Australian-European. Fifty per cent of the women described their marital status as single ($n = 11$), with the remainder separated or divorced ($n = 4$), married or de facto ($n = 4$), or in a current relationship ($n = 2$). Fifteen (68.18%) of the twenty-two reported that they had children (ranging from one child to seven children; $M = 3.14$, $SD = 2.18$), ranging in age from a newborn to 30 years of age ($Median = 7.50$ years). Thirteen ($n = 13$) of the 40 children were under five. For the highest level of education, most of the women had completed some high school. At the time of the interviews, 15 of the women were on remand and seven had been convicted. For those who were sentenced, the reported terms of imprisonment ranged from three weeks to four years and five months. Participants reported that they had spent between 3 weeks and 20 years incarcerated, and were housed in different parts of the prison, including high security.

Data collection

A semi-structured interview was developed to explore the women's views about when, and how, they might seek help for IPV (Appendix). Questions covered the following areas: whether or not they had sought help for IPV; what would have to happen for them to recognize that there was a problem with IPV; what factors would influence the decision to ask for help; how they would choose who to ask for support; knowledge of available services; other factors determining how they would ask for help (e.g., cultural, financial, geographical); and support offered in prison to access community services. Participants were asked to reflect on their personal experiences before incarceration, their expectations after release, and to also consider the experience of other women in prison. Interviews ranged from 10 to 37 minutes (Mean: 19 minutes; Median: 18 minutes) and all of the interviews were audio-taped and transcribed verbatim.

Design

The study was designed to adhere to the domains identified in Tong, Sainsbury and Craig's (2007) Consolidated Criteria for Reporting Qualitative Studies, derived from existing checklists and guidelines on qualitative research. These can be grouped into the following domains:

Domain 1: Research team and reflexivity

The interviews were only conducted by a female interviewer (the same interviewer for each interview) who has extensive experience in forensic mental health, working with survivors of abuse and interviewing potentially vulnerable people. Qualified to Masters level in Mental Health Nursing, she also holds various counselling

qualifications. She had no prior relationship with either participants or the institution in which the research was conducted. Field notes were made after each visit to the prison which were then discussed with the research team.

Domain 2: Study design

Participants were all volunteers, who were given information about the research and asked to opt in to an interview. There were no consequences, positive or negative, for any decision about participation. All sections of the prison were visited to recruit interviewees and non-participants (e.g., prison officers) were not allowed to be present in the interview. This was a qualitative, descriptive study within a realist paradigm, which aimed to report on the "experiences, meaning and the reality of participants" (Braun & Clarke, 2006, p. 81).

Domain 3: Analysis and findings

Theoretical thematic analysis (Braun & Clarke, 2006) was used to identify themes driven by a theoretical interest in Liang et al.'s (2005) help-seeking model. This methodology involves focussing on both the ways in which individuals make meaning of their experiences of help-seeking, as well as the ways in which the broader social context, in this case the various systems that make up the ecological model (ontogenic, microsystem, mesosystem, exosystem, and macrosystem), delimit those meanings.

Following the approach outlined by Braun and Clarke (2006), the research team independently familiarized themselves with the data and made notes about possible codes. They then met to discuss identified codes and the ecological levels to which

they applied, to identify themes, and to explore their application to Liang et al.'s (2005) model. These team discussions included negative case analysis and the involvement of a researcher with no previous knowledge of the area or familiarity with the theoretical framework. Participant quotations were identified to illustrate the main themes/findings, and each quotation is identified by a participant number. The online qualitative data analysis software Dedoose (Version 4.3.86, 2012) was used to manage the data and coding process and to collate data relevant to each code. There was a high level of consistency between the data presented and the findings.

Analysis

A number of factors were identified at each level of the nested ecological model that influenced each stage of help-seeking. These are summarized in Table 1. In what follows, we discuss how each one has the potential to influence each stage of help-seeking. It is important to note that the focus of the analysis is on women's experiences at the *intersection* of IPV and incarceration. However, their experiences will necessarily reflect their world outside of the prison.

<insert Table 1 about here>

Stage 1: Problem Recognition and Definition

In the problem recognition and definition stage, the way in which a person responds to experienced violence is determined by how the problem is defined and the severity with which it is evaluated. For the women in this study, the problem of IPV was defined and recognized predominantly in relation to the individual (ontogenic) factors of childhood abuse/neglect, witnessing IPV as a child, the women's own previous

experiences of IPV, and self-confidence/self-belief, in addition to the relational (microsystem) factors of their relationship with the abuser, their social and familial connections, and their criminal justice-related connections. One woman also identified the interaction between her partner/ abuser and family (mesosystem factor) as important.

Ontogenic Factors

These quotes predominantly relate to key developmental experiences prior to incarceration (e.g., childhood abuse/neglect; witnessing IPV as a child). These were described as influencing the ability to recognize IPV in two ways. First, the ability to recognize IPV as a problem was impeded when abuse or violence was described as a normal experience (see quote below). Second, the familiarity of the situation facilitated the recognition of IPV as a problem. Both witnessing IPV as a child and experiencing IPV in adulthood was described as allowing particpants to "to see the signs" (Interview 3).

> When you grow up in an environment where things like
>
> this are happening daily … you start to think that, oh, this
>
> is normal. (Interview 1)

Self-confidence and self-belief was another ontogenic factor that affected the ability to recognize IPV as a problem. Participants often appeared to subscribe to the belief that they "deserved [the abuse]" (Interview 9); a sense of self that for some was influenced by experiences of abuse/neglect as children. It was only with changes to their sense of self, often following intervention from counselors (a microsystem

factor), that particpants came to recognize IPV as an abnormal and not something that was deserved:

> But it was really getting that counseling around building
>
> my self-confidence up and realizing … that it wasn't
>
> normal. (Interview 1)

Microsystem factors

One of the main triggers for women to identify a problem in their relationship was when their partner's abuse escalated to the point of physical violence, although the women did not discuss this in relation to their incarceration.

> I hadn't got any help for [IPV]. It got to the point where …
>
> I really thought I was going to die and that's where I
>
> realized that things weren't going to change. (Interview 8)

Social and familial connections, where others pointed out that something was not right in the relationship, also provided a common trigger for problem recognition, as did involvement with the criminal justice system. Sometimes this occurred in prison. For example, one woman described how the support of her corrections officer had helped her to better understand the situation:

> Then going into see my Corrections Officer one day and
>
> she said to me … 'something's going on, you need to tell
>
> me what's going on'. … That's when I just blurted
>
> everything out to her. (Interview 2)

Another participant described how enroling in a 'healthy relationships' course provided by the prison helped her to realize that the situation with her partner was

"not normal" (Interview 1). She further noted that it was not until she came into the prison that she was ready to open up to someone about her situation. Similarly, another described being in prison as being "a service in itself" (Interview 9) in terms of providing her with time and space to reflect on and re-interpret her experiences.

Mesosystem Factors

There was only one reference to mesosystem factors (the interaction between factors at the microsystem level) in relation to this first stage of help-seeking. In this, one participant described the effect of her family's response (to what they perceived as changes to her behavior towards them) as "the biggest trigger" for her to recognize her relationship as abusive. Linked to this was the growing realization that her partner had isolated her from her family and was "controlling everything that I was doing" (Interview 2). This illustrates the ways in which ecological factors can be nested within each other as IPV comes to be identified as problematic.

Stage 2: The Decision to Seek Help

The second stage of help-seeking is the decision to seek help. According to Liang et al. (2005) this "stems from problem definition and continuously shifts as women's cognitive appraisal of their situation and external circumstances shift" (p.66). Participants identfied factors at all five levels as affecting this decision.

Ontogenic Factors

Factors at the individual level, including women's self-confidence/ belief, their previous experience of IPV, drug/ alcohol use, and mental health problems, both impeded and facilitated the decision to seek help. This was described as requiring

confidence and self-belief - to "just speak up" (Interview 9). A lack of confidence could also prevent women from deciding to seek help: "I think for many women in here [prison], they don't believe in themselves" (Interview 1).

Related to this is substance use. For this group, drug and alcohol use outside of the prison was described as a pervasive issue, often used as a means of escaping IPV and as an alternative to seeking help:

> I use drugs on the outside [of prison] and when you're
>
> straight you have to deal with it and all the emotions and
>
> stuff … Yeah, that's why on the outside I haven't sought
>
> help. (Interview 5)

The use of drugs or alcohol was described as being related to feelings of helplessness and hopelessness, which in turn relates to factors at other levels, such as the relationship with the abuser (microsystem) and being isolated from supports (mesosystem).

Finally, women's previous experiences of help-seeking also affected their decision-making. For example, two women discussed how their previous experiences of IPV would influence any decision to seek help in the future; having "been down that road" they didn't "want to go down that road anymore" (Interview 4).

Microsystem Factors
Relationship factors appeared to have the greatest influence at the decision-making stage of the help seeking process, although these were not directly related to

incarceration - other than for one woman who spoke about not being able to ring police:

> "In my situation generally, the people that you're with you can't ring the police on them anyway. I was stuck." (Interview10)

Women's interactions with others, including their relationship with the abuser, relationships with their children (and, for one woman, pets), social/ familial connections, connections with support services, and criminal justice-related connections, either supported the decision to seek help or prevented them from making this decision. As in the problem recognition stage, one of the main factors here was fear. While the women often recognized that they were experiencing IPV and that it was a problem, it was not until they feared that they would be significantly injured or killed that they decided to seek help:

> Interviewer: … at what point did it get to a point where you
>
> said, right, I need help now?
>
> Interviewee: Yeah, when I thought he was going to kill me.
>
> (Interview 3)

In contrast, one woman who described her experience of IPV as involving emotional rather than physical abuse, "didn't think that it was bad enough [for me] to seek [help]" (Interview 2).

While fears for personal safety within the relationship often triggered the decision to seek help, for many this was negated by a fear that seeking help would lead to an escalation in the violence and that, should they leave, they would be found by their partner: "I couldn't [seek help]. … if he was to come and get me, they [police]

wouldn't be quick enough" (Interview 4). For some, decision-making was also affected by their fear of losing a relationship with someone they loved: "No, I didn't [seek help]. I stayed in the relationship, because I was too scared to lose the person" (Interview 1).

Another microsystem factor that had a significant effect on the decision to seek help was relationships with children ("… as soon as he did it in front of my son … that's what actually made me leave and go to the police" Interview 5) and fears of escalating violence also led some women to prioritize getting their children to a safe place before they could leave ("I ended up giving full custody of my son to my Grandma" Interview 5; "Well pretty much what thing triggered me [to make a decision] is like losing my kids" Interview 13). For others, however, children played a key role in a decision not to leave. This either was because they did not know where they might go that could accommodate the children, or because of the children's relationship with their father. As justice-involved women, a significant factor was the fear that they would lose their children should the police or other services become involved.

Relationships with social networks and families was also identified as influencing decision-making. This included having friends or family who were connected enough to recognize what was happening in the relationship, give voice to the IPV, and encourage help-seeking. However, feelings of embarrassment and shame at the prospect of what friends or family would think also hindered any decision to seek support: "… you really don't want to admit that stuff's happening to you" (Interview 15).

Women's connection with support services was another important microsystem factor at this stage of help-seeking. Central to this was knowledge of which supports were available. Not knowing about services meant that some could not progress from Stage 1 (recognizing the IPV as a problem) to Stage 2 (deciding to seek support):

> I was in a domestic violence relationship for four years and
>
> … I didn't actually know there was any help out there. I
>
> thought that I had to deal with it on my own. (Interview 2)

The next issue affecting decisions to seek help was concern about being believed. This related to the extent to which the IPV was visible: "…sometimes it's hard to get help out there unless you're a lot busted up" (Interview 22).

One of the main barriers was the need to go through complex procedures to access formal support services, which could lead to returning to a violent situation. One woman's experience of having to "jump through a lot of hoops" (Interview 7) to access support led to her decision to never ask for support again: "I would never ask them for a single thing again. I would sooner rather cop a beating every day of my life from my partner than go back to one of them" (Interview 7). The women also described not seeking support because previous attempts at seeking help had proven ineffective: "the police were not helpful at all and that just turned me off any sort of help" (Interview 5).

Experiences within the prison also appeared to influence decision-making. For example, positive interactions with a prison social worker helped two women to feel more comfortable asking for help. Another identified that her relationships with other women in prison who had sought help for IPV helped her to realize what was

possible: "well she can get help and stuff and make life easier for herself to why can't I? (Interview 5). Being in prison helped some women to make a decision to seek help, particularly in terms of no longer being able to rely on drugs or alcohol as a coping mechanism:

> Being in here [prison] … [a] lot of stuff from back then,
>
> because I've just blocked it out [using drugs], comes up
>
> now and it's like oh, I need to deal with it. (Interview 5)

Mesosystem Level

Factors affecting decision-making at the mesosystem level included the relationship between the abuser and women's social networks, between the abuser and services, between women's social networks and services, and between the services themselves. The relationship between the perpetrator and women's social networks, where many of the women felt isolated from their network, made it particularly difficult for them to move from problem recognition and definition to the decision to seek support:

> I had nowhere to go. He kind of stopped me from talking to
>
> all my family and that, so he cut off all my support.
>
> (Interview 18)

In addition the abuser also prevented some women from connecting with services:

> … when I'd go into hospital … they knew that something
>
> wasn't right and then the police came in to speak to me but
>
> my husband was still there. I just said it was an accident ...
>
> (Interview 11)

For one participant, seeking help was only possible when her partner was sentenced to prison:

> "Well the only chance I had to ask for help was when my husband went to jail. I just thought - that was a time I thought I had to run for my life" (Interview 11)

Many participants did not, in fact, make any decision to seek help. Instead, their family, friends, or members of the larger community in which they lived made the decision on their behalf: "… one of my friends did ring the police one time, and this is how I finally got away from him at the end" (Interview 3).

The final mesosystem relationship affecting decision-making was the relationship between services. In particular, two women expressed the fear that services would then contact police or welfare services should they make the decision to seek support. This connection between services had resulted in both women having their children taken into care in the past. This again demonstrates the way in which feedback loops affect women's help-seeking, and in particular the way in which negative experiences of accessing services (Stage 3) hinder women in their future decision-making around IPV (Stage 2).

Exosystem Level

The exosystem level includes the social structures that have an influence on IPV help-seeking in women prisoners. A number of factors were identified at this level, including their financial situation, housing, geographic location, and social isolation. For example, some women discussed how being financially dependent on their abuser

made it difficult for them to make the decision to seek help. Connected to this, some found it difficult to leave when they had no stable housing to move to. Lack of finances and housing when leaving prison could lead to women returning to their abuser: "… women [leave prison] and they don't have any accommodation … and then they go back out to those violent partners" (Interview 1).

Being geographically isolated also made it difficult for some to make the decision to seek help, especially when supports (both formal and informal) were far away, or they lacked the finances to get there. A further issue for those from more rural areas was confidentiality: "Well the shame and embarrassment in [country town], it's only a small place and everybody knows everybody" (Interview 19).

Social isolation was likewise a factor: "It all comes back to isolation and support networks" (Interview 15). The interconnection of these factors can be seen in the following quote: "I had to quit my job, I couldn't work anymore and I didn't have my family, so I had nowhere to go" (Interview 18). Social isolation could also be exacerbated when women sought support from shelters and did not feel that they were allowed to contact friends or family, noting the negative effect of "the isolation that the services impose on you" (Interview 15) and how this could them to return to their abuser.

Macrosystem Level

At the macrosystem level, those factors associated with the decision to seek help included cultural values relating to marriage, and women's roles and experiences of prejudice. Cultural values relating to how marriages should function prevented some

from seeking help. For example, one woman described being brought up in a family where you "don't talk about what happened behind closed doors" (Interview 19). Similarly, a woman stated that "being Aboriginal … people tend to say 'don't speak about it'" (Interview 12). Another described being impeded in making the decision to seek help because of her culture, which made her feel "more embarrassed" (Interview 11) about divulging her situation. Two participants highlighted the stigma of being incarcerated:

> "it's because we haven't given proper support. I was saying you know what, don't look at us like we're lawbreakers. Don't look at us like we're criminals. Look at us like we're people that need help." (Interview 12)

> "Yeah, had I not been an offender, had I been some one that didn't have a history, they would have sat and listened to me." (Interview 10)

Participants also discussed a range of prejudices that prevented them from making the decision to seek help. For example, prejudice against those with mental health problems, as discussed previously, meant some feared that they would not be believed. Seeking help was seen as particularly difficult for ex-prisoners given the feeling that no one would want to help them because of their criminal status: "No one cares because they think, 'oh they're drugs addicts … they're criminals'" (Interview 11).

Stage 3: Support Selection

The third stage of the help-seeking process involves identifying a source of support. Participants in this study discussed a range of potential supports for IPV, both formal

(such as domestic violence services, counseling services, and the police) and informal (from friends and family). As in the previous stage, support selection was influenced by a number of factors at all levels of the nested ecological model.

Ontogenic Level

In addition to influencing the first stage of help-seeking, the women's previous experiences of childhood abuse/neglect and of witnessing IPV also affected their views on support selection and, in particular, the decision <u>not</u> to seek support from formal sources. Those whose previous experiences with support services were negative and, in particular, where they felt let down by these services, expressed distrust; for example, "I've got no faith in police anymore" (Interview 15). Those who had witnessed their mother's IPV and the lack of support received from formal services similarly expressed a distrust of services.

Microsystem Factors

Interpersonal relationships, including relationships with children, having pets, social/ familial connections, connections with support services, and criminal justice-related connections, also commonly affected support selection. Relationships with children, and fears about having children taken away, was identified as a significant barrier to seeking formal support for IPV. For one participant, no longer having her children in her care meant that she would "go to the police first" (Interview 17) should she be in an IPV situation in the future. One woman also discussed the difficulties of seeking support from a local shelter unless they could accommodate pets.

For many, positive relationships with family and friends meant that they would first choose informal supports to address IPV: "Support for me is very much a lot to do with my friends" (Interview 2). Informal support networks also helped them in their decision-making by providing advice about which formal services to connect with, or in situations where friends had negative experiences of services, advising them where not to seek support.

Conversely, where women perceived their friends or family members to be unsupportive or unavailable, this avenue for support was not open. One woman discussed the issue of her friends not understanding the difficulties she had with leaving her partner, and the need for people to be "more understanding of it instead of [saying] 'just leave'" (Interview 18). A further barrier was feelings of embarrassment or shame: "…it's very difficult telling your father about that sort of stuff. Yeah, it makes you feel awkward" (Interview 5).

In addition to friends and family, the relationship with formal support services also affected support selection. Having knowledge of which formal supports were available, and what these supports could offer, determined whether or not many would consider accessing services. While many felt that the onus was on them to engage with services ("If you don't go to it, they cannot support you", Interview 21), others felt that this was difficult without the confidence or self-belief to be proactive. Accordingly, some suggested that services should reach out - particularly through the provision of information in prison: "there is nothing here, there's no pamphlets … nothing to give out to people so that they … know where to go" (Interview 3). In terms of the support available for women when leaving the prison, one suggestion

was that services connect with women "at the [prison] gate" (Interview 2) to

determine what their need for support might be.

Some women who knew about formal support services still chose not to use them

because of a range of beliefs about these services, including that they could not help,

that service providers could not understand unless they had experienced IPV

themselves, that they would not be believed, or that they would not be taken seriously

unless they had suffered significant physical harm:

> … if you haven't been hospitalized or if you haven't
>
> reported it then it's nothing, I guess, to some of them.
>
> (Interview 18)

In situations where participants had previously sought formal support, the response

that they received affected future help seeking behavior (Stage 2; as discussed

previously) and future support selection (Stage 3). As such, positive experiences

meant that the women would continue to ask for support from formal services, while

negative experiences (particularly having to 'jump through hoops' to get access)

meant they would not choose these services in the future:

> No, I didn't go to the police, because they didn't help. … I
>
> had about five or six reports made to the police and then
>
> they all disappeared. (Interview 16)

Women were also influenced by their criminal justice-related connection in terms of

which type of support they would seek. A particular concern was a "fear of police"

(Interview 2), meaning this form of formal support was often not considered to be an option:

> … there was no way in hell I was going to the cops, I was
>
> on parole. At the end of the day, I was the one with the
>
> criminal record, not him. (Interview 15)

One participant also identified the prison as a place of safety ("Safest place for me right now, is here", Interview 4), with another stating that going to prison was a way for them to escape their abuser: "… a lot of girls come to jail to get away from domestic violence" (Interview 11).

Connections with other women in the prison also influenced support selection. As with social/ familial connections, other prisoners positive or negative experiences of trying to access support influenced support selection. There were also many opportunities to find out about formal services while incarcerated due to the high number of women with previous experience of IPV; "In regard to accessing support services on the outside we're not given that information at all. You get it from the other women" (Interview 2).

Mesosystem Factors

Relationships between different support networks also affected the choice of where to go to for support. The relationship between the abuser and the women's friends and family in particular made it difficult for her to choose to access informal support. One consideration was fear for the safety of friends and family: "… If he could do this to me, can you just imagine what he could do to others?" (Interview 12). Friends or

family might themselves be also fearful of the abuser, meaning some could not access their support:

> Everywhere I went people didn't want to take me at their
>
> house because they just didn't want that problem to be
>
> escalated at their property. (Interview 20)

Being isolated from informal supports was a further barrier to seeking support, as was the abuser being involved in the same social networks and therefore knowing where women would go, risking them being found: "I didn't really have anywhere to go that was separate from all the people that he knew" (Interview 3). Partners were also described as preventing women from connecting with supports by monitoring phone calls and activities.

A further connection between interpersonal networks was between informal and formal supports. In particular, as discussed previously, friends and family were often the ones who contacted formal supports, either with or without the woman's knowledge. Finally, connections between formal services themselves influenced support selection, predominantly by referrals to other services. This connection could also prevent formal support-seeking through fear that the services would call the police. As discussed previously, fear of police was a significant issue for many:

> If you were going to go to a service and then they said 'Oh
>
> we need to refer this to the police' that would make people
>
> back off. (Interview 2)

Exosystem Factors

A number of exosystem factors affected women's support selection, including the availability of support, both within the prison system and outside of it. Whether or not supports were available necessarily affected their support selection. In terms of services within the correctional system, while some were able to name IPV services, for the most part women did not feel that IPV was either recognized or supported by the prison system: "I think counseling and the help with domestic violence things is non-existent [in prison], from what I've seen" (Interview 8).

As with Stage 2 (the decision to seek help), the exosystem factors related to financial situation, geographic location, and social isolation affected support selection. In particular, many women worried about the cost of formal services, and discussed difficulties accessing services that were far away, in addition to not being able to access services that were close to where their abuser lives. Geographic location was a particular issue in small towns with limited services being available: "In a country town [services are] limited" (Interview 2). Social isolation was also a barrier to accessing informal supports due to women's lack of connection with their families and friends.

Macrosystem Factors

Finally, at the macrosystem level, racism and prejudice were identified as barriers to accessing formal supports. As one woman explained, racist attitudes towards Aboriginal and Torres Strait Islander peoples prevented some women from accessing formal support services:

> A lot of it is because some organisations … they just look
>
> at an Aboriginal like that person is an alcoholic. That
>
> person is very violent. … A lot of us tend to not seek
>
> [support] anyways, because we've been labelled. (Interview
>
> 12)

Similarly, women identified prejudice against justice-affected women meaning formal services were not made available to them within the correctional system:

> I think they pretty much don't worry about [IPV]. They
>
> worry about you doing your time and 'you're in prison, deal
>
> with it'. (Interview 13)

Finally, one woman described prejudice against women living in a low socio-economic area, which she believed led to slow response times from police, making them an unreliable and ineffective source of support.

Discussion

This study identifies a number of barriers to IPV help-seeking for women prisoners that will be familiar to anyone who works with women who have experienced IPV (e.g., Fanslow & Robinson, 2010; Rasool, 2016; Robinson & Spilsbury, 2008). As prisoners, however, factors specific to how women interact with the criminal justice system also play a significant role in their ability to ask for, and receive, help. In particular a fear of the police, the fear of having children removed, the attitudes of services towards ex-prisoners, a perceived lack of acknowledgement of IPV in prison,

relationships with other prisoners, and prisons as places of safety and healing were all identified as relevant to help-seeking. While many of these factors have been identified in previous research with justice-involved women (Bliss et al., 2007; O'Neil, 2017; Pritchard et al., 2014; Wilson et al. 2017), this study frames these experiences within a model of help-seeking which suggests that women leaving prison who experience IPV must: (1) recognise and define the abusive situation as intolerable; (2) decide to disclose the abuse and seek help; and (3) select a target for the disclosure and where to subsequently seek help from. At the same time, their ability to seek help is inevitably influenced by a broad range of individual, interpersonal, and socio-cultural factors. Socio-culturally, for example, IPV is often viewed through the lens of particular social, religious, and cultural institutions where male-female power inequalities are reinforced. Figure 2 below provides a summary of those factors that influence help-seeking in this group at each stage of the process.

<INSERT FIGURE 2 ABOUT HERE>

As Liang et al. (2005) predicted, help-seeking for these women was a non-linear process where each stage informed the other in an ongoing feedback loop. For many of these women prisoners the process was, at times, chaotic, instinctive, and determined by the actions of others. The interviews also highlight the importance of the different levels of the nested ecological model at different stages of help-seeking. In particular, many of the women emphasized the importance of childhood experiences, escalating violence in their relationship, and interactions with support services at the problem recognition stage, with their relationships with the abuser and their children a significant factor in their decision to seek help. Factors at the broader

socio-cultural level were most influential in relation to the decision to seek help and support selection.

These conclusions should, of course, be considered provisional and further work in this area is warranted to ensure their robustness. The study recruited a relatively small group of participants in one jurisdiction, and relied on volunteer interviewees. It is to be expected that, to some degree at least, this resulted in a selection bias with those who had some direct experience of IPV or specific experiences with service providers (either positive or negative) agreeing to be interviewed. It is not possible to assess how systematic such bias might be, other than to note that recruitment occurred in a context in which many of the participants were more generally interested in having their voices heard and opinions valued than having a pre-determined position on IPV help-seeking. We also took care to ask participants to reflect not only on their experience (there was no expectation of disclosure) but also, or alternatively, on those of their peers. In addition, the interviews varied in terms of both quality and length. Some participants provided only brief responses, particularly to open-ended questions (and the shortest interview was terminated by the researcher following a concern that the interviewee would become distressed if she proceeded). It is not clear whether the length of responses related to a willingness or reluctance to discuss IPV or a fear that it would result in distress or other negative consequences for the interviewee. Each of these explanations is possible. This is a clear limitation of any study that aims to develop theory as in-depth consideration of the issues was not always possible. However, it is ethically important that participation in future research on this topic is voluntary and that participants have the agency to contribute how they wish – even though this makes it difficult to assess representativeness of their views as a group. In

future research, however, the adoption of a longitudinal design (still utilizing a qualitative research methodology) that interviews participants from reception into prison through to their release from custody and subsequent re-entry into the community would be of great value.

The findings of this study, from a theoretical perspective, offer support for the utility of the Liang et al. (2005) model of help-seeking and its application to incarcerated women. It also highlights the importance of considering those factors that influence each stage of help-seeking at the different levels of an ecological system. The study helps to highlight how women who are in prison are a group with multiple and complex service needs with an ongoing vulnerability to IPV after release (Cross, 2016) and encourages reflection on how the process of re-entering the community may leave many women feeling insufficiently empowered to independently access help.

The main contribution of the study, however, lies largely in its potential application to service delivery. The interviews illustrate how much more can be done to prepare prisoners for their eventual release back into the community and to support their safety in the period following release. In our view, the analysis clearly identifies the need for service providers (both in prisons and in the community) to actively encourage help-seeking in women prisoners at each of the three levels of help-seeking. To achieve this services need to be designed that address barriers to help-seeking across each domain of the ecological model. For example, specialist safety services can provide women in prison with education and information about IPV, to

assess the particular risks faced by this group, to broker service access with community agencies, and to provide general support and advocacy.

Specialized services that can ease the transition from prison back into the community and pro-actively manage risk of further victimization appear to be particularly important. Sotiri (2015), for example, has argued that reintegration services should involve: pre-release engagement; long-term, holistic relational case-management; community outreach models; and housing first approaches. For Sotiri, the adoption of long-term case-management models is crucial to any attempt to build a genuine pathway out of the criminal justice system. A focus for correctional services then could be on improving the access that women who are leaving prison have to housing, employment, education, and social connections - on the basis that it is much more difficult for women to maintain their safety if they have not achieved a level of stability in their lives. Furthermore, services should consider all aspects of programming and service delivery through a basic understanding of the continuing role of violence in the lives of those who seek help (Guarino, Soares, Konnath, Clervil, & Bassuk, 2009). This would seem essential for many women who are leaving prison.

References

ABS (2014). *Prisoners in Australia, 2013* (cat. no 4517.0). ABS. Retrieved from
http://www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/8453A
B50C87D1D77CA257DAA000C77EE?opendocument

Amar, A. F., Bess, R., & Stockbridge, J. (2010). Lessons from families and
communities about interpersonal violence, victimization, and seeking help.
Journal of Forensic Nursing, 6, 110-120. doi:10.1111/j.1939-
3938.2010.01076.x

Barrett, B. J., & St. Pierre, M. (2011). Variations in women's help-seeking response
to intimate partner violence. Findings from a Canadian population-based
study. *Violence Against Women, 17*, 47-70. doi:10.1177/10778012110394273

Bliss, M. J., Cook, S. L. & Kaslow, N. J. (2007). An ecological approach to
understanding incarcerated women's responses to abuse. *Women & Therapy,
29,* 97-115.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative
Research in Psychology, 3,* 77-101.

Bronfenbrenner, U. (1977). Toward an experimental ecology of human development.
American Psychologist, 32, 513-531.

Browne, A., Miller, B., & Maguin, E. (1999). Prevalence and severity of lifetime
physical and sexual victimization among incarcerated women. *International
Journal of Law and Psychiatry*, 22, 301-322.

Burgess-Proctor, A. (2012). Pathways of victimization and resistance: Toward a
feminist theory of battered women's help-seeking. *Justice Quarterly, 29*, 309-
346, doi:10.1080/07418825.2011.553727

Cauce, A., Domenech-Rodríguez, M., Paradise, M., Cochran, B., Shea, J. M.,
Srebnik, D., & Baydar, N. (2002). Cultural and contextual influences in

mental health help seeking: A focus on ethnic minority youth. *Journal of Consulting and Clinical Psychology*, *70*, 44-55. doi:10.1037/0022-006X.70.1.44

Cornally, N., & McCarthy, G. (2011). Help-seeking behaviour: A concept analysis. *International Journal of Nursing Practice, 17*, 280-288. doi:10.1111/j.1440-172X.2011.01936.x

Cross, C. (2016). Reentering survivors: Invisible at the intersection of the criminal legal system and the domestic violence movement. *Berkeley Journal of Gender, Law and Justice*, 31, 60-120.

Fanslow, J.L., & Robinson E.M. (2010). Help-seeking behaviors and reasons for help seeking reported by a representative sample of women victims of intimate partner violence in New Zealand. *Journal of Interpersonal Violence, 25*, 929-951.

Flicker, S.M., Cerulli, C., Zhao, X., Tang, W., Watts, A., Xia, Y., & Talbot, N.L. (2011). Concomitant forms of abuse and help-seeking behaviour among White, African American, and Latina women who experience intimate partner violence. *Violence Against Women, 17*, 1067-1085. doi:10.1177/1077/10801021211414846

Garcia-Moreno, C., Pallitto, C., Devries, K., Stöckl, H., Watts, C., & Abrahams, N. (2013). *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*. Geneva, Switzerland: Worth Health Organization.

Grauerholz, L. (2000). An ecological approach to understanding sexual revictimization: Linking personal, interpersonal, and sociocultural factors and processes. *Child Maltreatment, 5,* 5-17.

Guarino, K., Soares, P., Konnath, K., Clervil, R., & Bassuk, E. (2009). *Trauma-informed organizational toolkit*. Rockville, Maryland: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation.

Jeffries, S., & Newbold, G. (2016). Analysing trends in the imprisonment of women in Australia and New Zealand. *Psychiatry, Psychology and Law*, 23, 184-206.

Latta, R. E., & Goodman, L. A. (2005). Considering the interplay of cultural context and service provision in intimate partner violence. *Violence Against Women, 19*, 1350-1360. doi:10.1177/1077801213514486

Lempert, L. B. (1997). The other side of help: Negative effects in the help-seeking processes of abused women. *Qualitative Sociology*, *20*, 289-309. doi:10.1023/A:1024769920112

Liang, B., Goodman, L., Tummala-Narra, P., & Weintraub, S. (2005). A theoretical framework for understanding help-seeking processes among survivors of intimate partner violence. *American Journal of Community Psychology, 36,* 71-84

Lynch, S.M., Fritch, A., & Heath, N.M. (2012). Looking beneath the surface: The nature of incarcerated women's experiences of interpersonal violence, treatment needs, and mental health. *Feminist Criminology*, 7, 381-400.

O'Campo, B.W., Shelley, G., & Jaycox, L. (2007). Latino teens talk about help seeking and help giving in relation to dating violence. *Violence Against Women, 13,* 172-189. doi:10.1177/1077801206296982

Pritchard, A.J., Jordan, C.E., & Jones, L. (2014). A qualitative comparison of battered women's perceptions of service needs and barriers across correctional and shelter contexts. *Criminal Justice and Behavior*, 41, 844-861.

Prochaska, J., DiClemente, C.C., & Norcross, J.C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist*, *47*, 1102-1114. doi:10.1037/0003-066X.47.9.1102

Rasool, S. (2016). Help-seeking after domestic violence: The critical role of children. *Journal of Interpersonal Violence*, 31, 1661-1686.

Robinson, L., & Spilsbury, K. (2008). Systematic review of the perceptions and experiences of accessing health services by adult victims of domestic violence. *Health and Social Care in the Community*, 16, 16-30.

Sotiri, M. (2015). *An exploration of best practice in community based reintegration programs for people leaving custody in the US and the UK.* Canberra, Australia: The Winston Churchill Memorial Trust of Australia.

Sylaska, K.M., & Edwards, K.M. (2014). Disclosure of intimate partner violence to informal social support network members: A review of the literature. *Trauma, Violence & Abuse, 15*, 3-21. doi:10.1177/1524838013496335

Taft, C.T., Resick, P.A., Panuzio, J., Vogt, D.S., & Mechanic, M.B. (2007). Examining the correlates of engagement and disengagement coping among help-seeking battered women. *Violence and Victims, 22*, 3-17. doi:10.1891/vv-v22i1a001

Taylor, N., & Putt., J. (2007). Adult sexual violence in Indigenous and culturally and linguistically diverse communities in Australia. *Trends & Issues in Crime and Criminal Justice*, No. 345. Retrieved from http://www.aic.gov.au/media_library/publications/tandi_pdf/tandi345.pdf

Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting

qualitative research (COREQ): A 32-item checklist for interviews and focus

groups. *International Journal for Quality in Health Care, 19*, 349-357.

Wilson, M., Jones, J., Butler, T., Simpson, P., Gilles, M., Baldry, E., … Sullivan, E.

(2017). Violence in the lives of incarcerated Aboriginal mothers in Western

Australia. *SAGE Open*, January-March, 1-16.

World Health Organization. (2010). *Preventing intimate partner and sexual violence

against women: Taking action and generating evidence*. Geneva, Switzerland:

World Health Organization.

Appendix: Interview Prompts

We are interested in your views about when, and how, women seek help for issues relating to domestic or family violence. You can talk about your personal experience if you want to, or how you think you would act if you needed help, talk more generally about people that you know, or simply share your views.

- Have you ever sought help for IPV or domestic violence (if yes – please can you tell me about it, if no –can you tell me about why you didn't seek help or what you would do if ever you need support)
- Tell me what would have to happen for you to recognise that there is a problem with domestic violence?
- When would you ask somebody for help? What factors would influence your decision?
- How would you choose who to ask for support? Where would you go?
- What other things would influence when and how you seek help?
- Do you know of any services that could help?
    - Do you have any views about these services?
    - Have you had any experience in the past of trying to access these services?
    - What about other people you know who have tried to access them?
- Are there other factors that would determine how you asked for help? I'm thinking here of cultural factors perhaps, or financial ones, or geographical?
- Finally, when we think about women in prison, how much support do they get for dealing with issues related to domestic and family violence?
    - Do you think that domestic violence experiences are acknowledged when someone comes into prison?
    - What are the key things after you are released that someone might need to keep them safe?
    - What would help to improve access to these things and how likely is it that they would be available?
    - How else can services be improved in your view?

- Is there anything else that you would like to add before we finish?

Thank you very much for your time today. Would you like to receive some information about what we find?

Table 1. The ecological model and stages of help-seeking

Ecological Level and Factors	Stage 1: Problem recognition & definition	Stage 2: Decision to seek help	Stage 3: Support selection
Ontogenic Factors			
Childhood abuse/ neglect	✓		✓
Witnessing IPV as a child	✓		✓
Previous IPV	✓	✓	
Self-confidence/ belief	✓	✓	
Drug/ alcohol use		✓	
Mental health problems		✓	
Microsystem Factors			
Relationship with abuser	✓	✓	
Social/ familial connections	✓	✓	✓
Relationship with children		✓	✓
Pets		✓	✓
Criminal justice-related connections	✓	✓	✓
Connection with support services		✓	✓
Mesosystem Factors (Interactions)			
Between abuser and family/ friends	✓	✓	✓
Between abuser and services		✓	
Between social networks and services		✓	✓
Between services		✓	✓
Exosystem Factors			
Availability of support			✓
Finances		✓	✓
Housing		✓	
Geography		✓	✓
Social isolation		✓	✓
Macrosystem Factors			
Cultural attitudes/ beliefs		✓	
Prejudice against justice-involved women		✓	✓
Prejudice against ATSI peoples			✓
Prejudice relating to mental health		✓	
Prejudice relating to low SES			✓

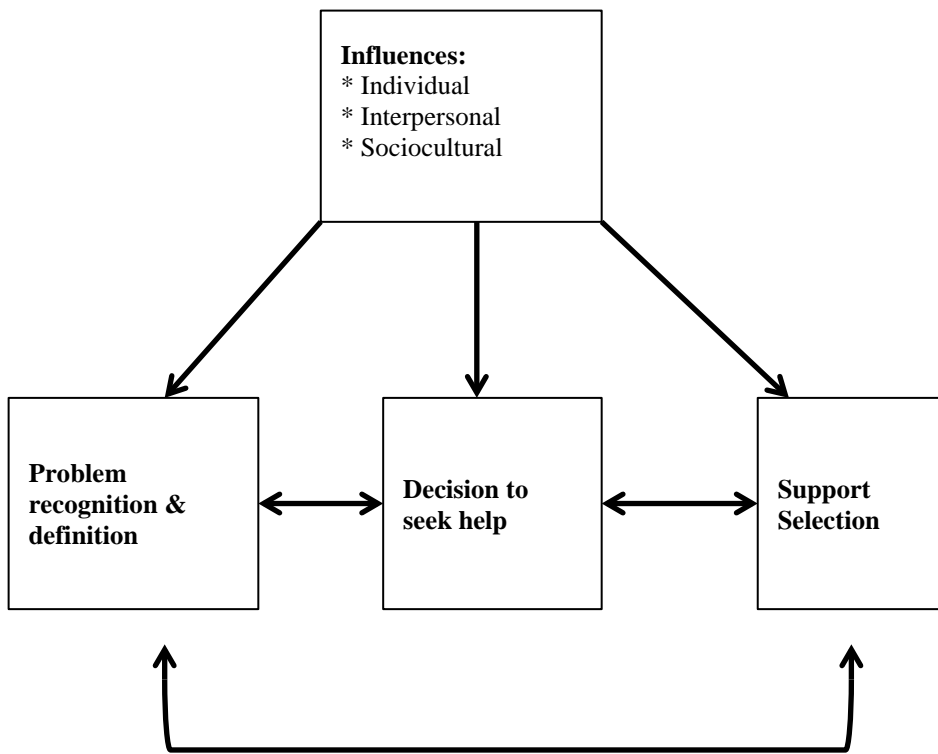Note: IPV – Intimate Partner Violence; ATSI – Aboriginal and Torres Strait Islander; SES – socio-economic status.

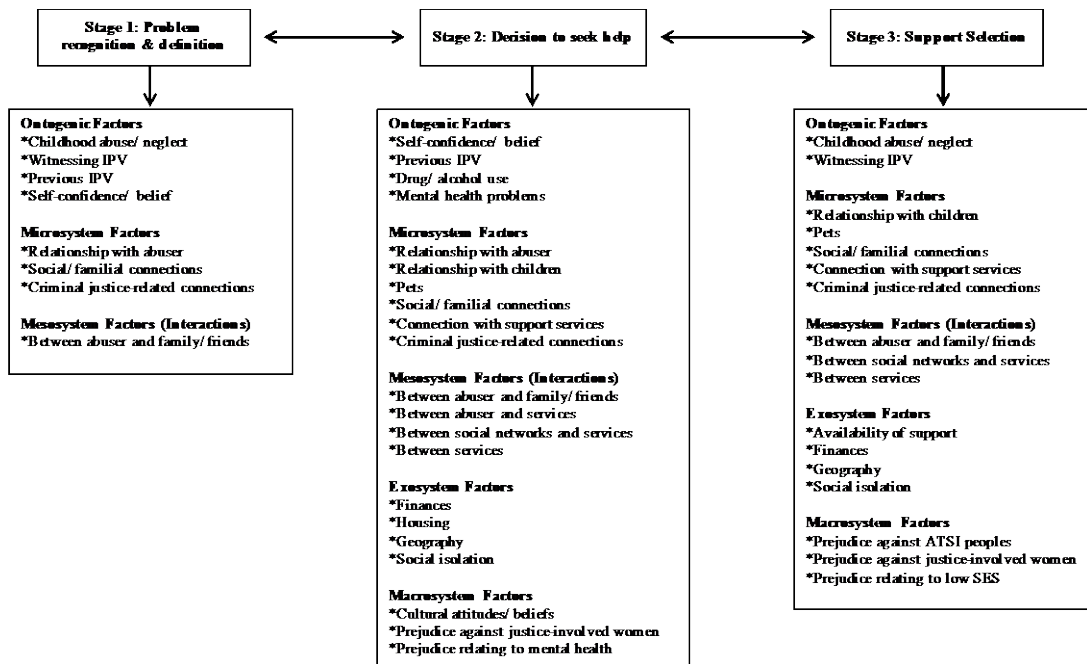*Figure 1*: Liang et al.'s (2005) Model of Help-seeking and Change

| Stage 1: Problem recognition & definition | ← → | Stage 2: Decision to seek help | ← → | Stage 3: Support Selection |

Stage 1: Problem recognition & definition

Ontogenic Factors
*Childhood abuse/ neglect
*Witnessing IPV
*Previous IPV
*Self-confidence/ belief

Microsystem Factors
*Relationship with abuser
*Social/ familial connections
*Criminal justice-related connections

Mesosystem Factors (Interactions)
*Between abuser and family/ friends

Stage 2: Decision to seek help

Ontogenic Factors
*Self-confidence/ belief
*Previous IPV
*Drug/ alcohol use
*Mental health problems

Microsystem Factors
*Relationship with abuser
*Relationship with children
*Pets
*Social/ familial connections
*Connection with support services
*Criminal justice-related connections

Mesosystem Factors (Interactions)
*Between abuser and family/ friends
*Between abuser and services
*Between social networks and services
*Between services

Exosystem Factors
*Finances
*Housing
*Geography
*Social isolation

Macrosystem Factors
*Cultural attitudes/ beliefs
*Prejudice against justice-involved women
*Prejudice relating to mental health

Stage 3: Support Selection

Ontogenic Factors
*Childhood abuse/ neglect
*Witnessing IPV

Microsystem Factors
*Relationship with children
*Pets
*Social/ familial connections
*Connection with support services
*Criminal justice-related connections

Mesosystem Factors (Interactions)
*Between abuser and family/ friends
*Between social networks and services
*Between services

Exosystem Factors
*Availability of support
*Finances
*Geography
*Social isolation

Macrosystem Factors
*Prejudice against ATSI peoples
*Prejudice against justice-involved women
*Prejudice relating to low SES

Figure 2: Model of Help-seeking and Change for Women in Prison

42