

An Ecological Approach to Understanding Incarcerated Women's Responses to Abuse

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SUMMARY. Although women are often criticized for not leaving abusive relationships, most abused women actively attempt to protect themselves. This study proposed an ecological model to explain strategic responses to abuse, evaluating factors at four levels: Childhood, Relationship, Individual Impact of Abuse, and Community. Data was retrospectively collected from 85 incarcerated women, a population that is

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disproportionately affected by trauma and has unique intervention needs. A series of hierarchical multiple regression analyses confirmed that the proposed ecological model accounts for variance in six strategic response categories: placating, resisting, safety, legal, formal, and informal. Findings are discussed in terms of intervention implications. doi:10.1300/J015v29n03_06 [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2006 by The Haworth Press, Inc. All rights reserved.]

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Although social science has identified reasons why it is difficult for women to leave abusive relationships (Barnett, 2000, 2001), society still criticizes women who experience intimate partner violence (IPV) for failing to extricate themselves from violent relationships or to take steps to achieve safety. Most abused women, however, actively strategize and use help-seeking behavior and resources to prevent abuse and protect themselves (Dutton, Goodman, & Bennett, 1999; Goodman, Dutton, Weinhurt, & Cook, 2003; Wuest & Merritt-Gray, 1999). We used a nested ecological model to examine women's strategic responses to IPV.

This study uses a random sample of incarcerated women, most of whom have committed non-violent crimes. This sample is appropriate for exploring strategic response to IPV for several reasons, including ensured safety from partners at the time of the study and high prevalence rates of child and adult abuse and other trauma (Browne, Miller, & Maguin, 1999; Cook, Smith, Tusher, & Raiford, 2005; Green, Miranda, Darowalla, & Siddique, 2005). Further, these women were not accessing care or seeking help at the time of recruitment. This sample is comparable with regards to demographics of other samples of non-violent, minority women of low socioeconomic status (Cook et al., 2003). However, high prevalence of substance abuse (Staton, Leukefeld, & Logan, 2001) and borderline personality disorder symptoms (Jordan, Shelenger, Fairbank, & Caddell, 1996) suggest that incarcerated women may be more willing to take risks or manipulate others than non-incarcerated women, both of which may affect their response to violence. Using an incarcerated sample provides a unique opportunity to increase

understanding of responses to IPV and generate intervention recommendations in an understudied population.

Given the scope of IPV and its consequences, many ask, “Why don’t abused women leave?” Several assumptions are implicit in this question. First, the question assumes that victims should leave and that women do not leave. In actuality, most women leave but return to relationships multiple times (Barnett, 2000; Dutton et al., 1999). Abusive relationships often are characterized by perpetrators’ attempts to maintain power and control and survivors’ efforts to stay safe (Barnett, 2000; Fleury, Sullivan, & Bybee, 2000). A second assumption is that leaving is easy. However, women often believe that it is beneficial to stay, many are economically dependent on their partner, and partners often deny women access to social support, community agencies, or telephones (Anderson et al., 2003; Barnett, 2000; Hendy, Eggen, Freeman, Gustitus, & Ng, 2003). Inadequate criminal justice systems further complicate leaving; some women fear mutual arrest, separation from their children, and physical examinations (Fischer & Rose, 1995; Fleury, Sullivan, Bybee, & Davidson II, 1998; Wolf, Uyen, Hobart, & Kernic, 2003). Leaving is emotionally difficult, and chronic stress, anxiety, and depression reduce motivation and energy (Anderson et al., 2003; Barnett, 2001). The final assumption is that leaving guarantees safety. Many women fear retaliation or additional abuse, and leaving is often more dangerous than staying (Fleury et al., 2000; Foa, Cascardi, Zoellner, & Feeny, 2000). Women struggle with moral conflicts that pit conflicting needs and desires against each other: the need to protect themselves and their children, the need to resist their partner, the desire to preserve family relationships, and feelings of sympathy and love for their partner (Belknap, 1999). These conflicts make it difficult for them to have violence-free relationships or leave an abusive partner. Thus, a more informative question is, “How can societal systems [health care, mental health, criminal justice] support women who want safety?” To answer this question, the current study focuses on the question, “What strategies do women use in response to IPV?”

Survivor theory (Gondolf & Fisher, 1988) suggests that women protect themselves and cope with violence, and active help-seeking is the reigning hypothesis for survivors. Although women may continue a relationship with the abuser, they also seek help and/or attempt to change their abuser. National data reveal that 80% of abused women take some self-protective action; 40% use physical action; 40% use a passive or verbal response; 34% confront the offender by struggling, shouting, or

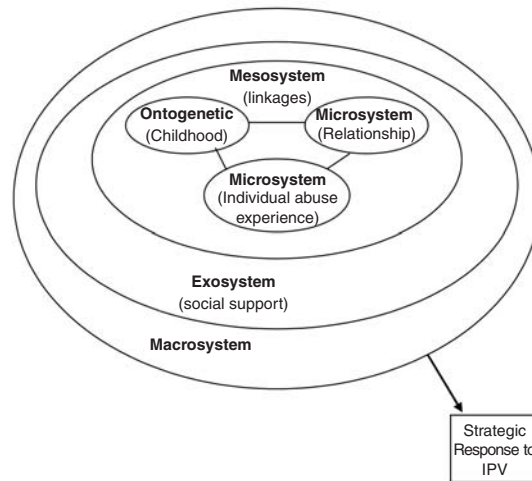
chasing; and 43% try to escape, call police, or use other non-confrontational means of self-defense (Bureau of Justice Statistics, 1994, 1998).

The strategic response literature has focused on formal resources. Many studies are qualitative with limited samples from shelters or courtrooms. However, national data revealed that women not only used formal and legal resources, but responded to IPV by accessing social support, attempting to talk partners out of IPV, trying to understand their abuser, and using faith-based strategies (Arias, 1999). Findings from a community sample of abused mothers classified help-seeking behaviors into placating, active resistance, formal, informal, and emergency escape plan strategies; strategy choice depended on context (Goodkind & Sullivan, 2004).

Ecological models have been useful in understanding women's decision-making regarding IPV (Dutton, 1996; Rothery, Tutty, & Weaver, 1999). Bronfenbrenner (1977) described a person's ecology as a nested arrangement of four systemic structures: microsystem, mesosystem, exosystem, and macrosystem. Abused women are often conceptualized in terms of their abuse and responses, and their experiences and responses must be considered in the context of their lives and relationships (Dutton, 1996). Dutton offered an ecological model consisting of five overlapping systems: (1) the battered woman, her personal history, and the meaning she makes of it (ontogenetic); (2) personal networks in which the woman interacts, their history, and the meaning she makes of them (microsystem); (3) linkages between networks or systems (mesosystem); (4) larger community networks that influence the woman indirectly (exosystem); and (5) society and cultural blueprints (macrosystem). These systems influence women's strategic responses.

The current study evaluates a broad range of strategic responses beyond those typically examined and highlights ways incarcerated women responded to IPV. Strategic responses fall into six categories: placating, resisting, safety, legal, formal, and informal strategies (Goodman et al., 2003). We evaluate an ontogenetic system (Childhood), two microsystems (Relationship and Individual Impact of Abuse), and one exosystem (Community Social Support) (see Figure 1): (1) Childhood level-severity of abuse, witnessing IPV, and environment to age 16 (urban or rural); (2) Relationship level-presence of children and severity of IPV; (3) Individual level-PTSD, injury, and acknowledgement of abuse; and (4) Community level-social support. The primary hypothesis is that the overall model offers a valid explanation of women's strategic responses to IPV. This hypothesis will be confirmed if (1) at least one of the four levels (Childhood, Individual, Relationship, Community) sta-

FIGURE 1. Ecological Model of Factors Explaining Women's Strategic Responses to IPV



tistically explains variability in each strategic response, and (2) each of the four levels explains variability in at least one strategic response. These predictions suggest that women's overall ecology contributes to their choices.

METHODS

Sample

Participants were recruited from a maximum security state women's prison in the Southeastern United States that serves as the central receiving and diagnostic unit for the state and that houses women with serious mental illness and special health care needs. Inmates spend two to four weeks in the prison's diagnostic unit. The sample consisted of 85 participants drawn from a larger sample ($N = 403$) who had completed all of the study measures ($n = 200$) and who reported IPV from their most recent male partner. Women were included if they endorsed at least one physical or sexual abuse item or enough psychological abuse items (usually at least 2 items) to answer the strategic response measure. There was a 57% participation rate in the larger study.

Approximately 62% of the participants were African American and 38% were Caucasian. They ranged in age from 19 to 58 ($M = 33$ years).

Approximately 79% of women were single, separated, divorced, or widowed, 57% were in an intimate relationship with a man, 82% had lived with their most recent partner at some point, 81% had at least one child, and over 35% had children with their abusive partner. Almost 40% of women did not complete high school, 32% graduated from high school or obtained a GED, and 27% completed some college, trade, or technical school. Their monthly income ranged from zero to \$28,000 ($M = \$2,311$); illegal income significantly skewed this variable. Most women (74%) did not have any prior incarcerations in the state. Approximately 55% were incarcerated for probation violations or parole revocation and 45% for first offenses. The average sentence (excluding Life and Death) was about seven years. Twenty-six percent were serving time for substance related offenses and forgery, and fraud and theft accounted for 42.4% of convictions. Only one woman was serving time for murder.

Procedure

Approximately 20 women from the diagnostic unit were selected randomly weekly for one year. Via institutional mail, they were invited to participate in an informational meeting. At this meeting, women who elected to sign an informed consent agreement were given an interview date to occur within two weeks. The 1 1/2-2 hour interviews were conducted in small, private, soundproof, windowed rooms located close to a security station. Prior to beginning interviews, research assistants reviewed the informed consent agreement and verified willingness to participate. Response cards for each measure were used to visually aid participants. Not all study measures were used for the current study. Upon the interview's completion, researchers debriefed participants, offered the option of receiving a study results summary, and then sent a thank-you letter that included information about community resources related to IPV.

Measures

Descriptive data. Descriptive information [age, marital status, environment (rural or urban) prior to age 16, race/ethnicity, educational status, income, children, relationship with abuser] was obtained from inmate diagnostic files and direct questions with the inmate.

Strategic responses. The Intimate Partner Violence Strategies Index (IPVS) (Goodman et al., 2003) assessed 38 methods of responding to

physical, sexual, and psychological IPV. Coding was binary for each item (0 = no, 1 = yes). Six sub-indices were placating, resisting, safety planning, legal, formal, and informal. Some items were not applicable to all women; thus, a proportional score was derived for each sub-index by summing all of the items each participant endorsed and dividing it by all applicable items. Because the measure was based on an induced variable model, factor analysis and reliability are not applicable. The measure has strong convergent validity and moderate discriminant validity.

Child abuse. The four-item Child Abuse Questionnaire (CAQ) (Goodman, 2000) assessed physical abuse experiences prior to age 16 perpetrated by a caregiver. Items inquired if participants had been (1) hit on body part other than the buttocks with a hard object; (2) thrown or knocked down, hit with a fist, kicked, beaten up, or choked; (3) burned or scalded; or (4) threatened with a knife or a gun. The ten-item *Sexual Abuse Exposure Questionnaire* (SAEQ), which inquired about invasive sexual experiences ranging from being flashed to being forced to have intercourse prior to age 16, has adequate test-retest reliability (Ryan, 1993). Items on the CAQ and SAEQ were binary and responses were summed; total scores ranged from 0-14. The correlation between summed physical abuse and sexual abuse items was .61.

Witnessing family violence. The Traumatic Life Events Questionnaire (Kubany & Haynes, 2000), which measured lifetime occurrence of 17 potentially traumatic events, has good test-retest reliability and convergent validity (Kubany & Haynes, 2000). The following question was used, "While growing up: Did you see or hear family violence, such as your father hitting your mother, or any other family member beating up or inflicting bruises, burns or cuts on another family member?" Responses were binary.

Adult psychological, physical, and sexual IPV. The Conflict Tactics Scale-2 (CTS2) (Straus, Hamby, Boney-McCoy, & Sugarman, 1996) assessed the prevalence and frequency of 26 psychological and physical IPV experiences perpetrated by her most recent partner. The CTS2 is a widely used and well-validated measure of IPV, with high internal consistency reliability and well-established construct validity (Straus et al., 1996). Sexual IPV experiences were assessed using a modified Sexual Experiences Survey (SES) (Testa, VanZile-Tamsen, Livingston, & Koss, 2004). The original SES demonstrated high internal consistency reliability and test-retest reliability (Koss & Gidycz, 1985). We further modified the SES by asking questions regarding coercion, authority, incapacitation, threat, and force for five sexual acts (touching, attempted vaginal sex, vaginal sex, oral sex, and anal sex), resulting in 25 items.

All IPV items were binary. The total IPV variable is a sum of all endorsed abuse items (range of 0-51). In the current study, IPV is highly correlated with PTSD and injury, suggesting high construct validity, and there are high correlations across forms of abuse (physical, sexual, and psychological).

Posttraumatic stress symptoms. Posttraumatic stress was measured with the Posttraumatic Stress Disorder Symptom Scale (PSS) (Foa, Riggs, Dancu, & Rothbaum, 1993). This 17-item scale taps frequency of PTSD symptoms corresponding with the DSM-IV PTSD diagnosis (American Psychiatric Association, 1994) within the past two weeks. A four point Likert-type scale ranged from zero (not at all) to three (five or more times per week), and a total score summing all responses ranged from 0-51. Women were asked to consider IPV experiences as their frame of reference. The PSS has previously demonstrated high reliability and validity (Foa et al., 1993). Reliability coefficients for the current study were .92 (overall), .86 (re-experiencing), .80 (avoidance), and .83 (hyperarousal).

Injury. Women were asked if they had experienced eight types of injuries (cut; bruised; burned; broken bone(s); knocked or choked unconscious; teeth knocked out, loosened, or broken; arm, leg, neck, or back sprained; organs damaged or injured). Each item was coded in a binary manner, and a total injury score (0-8) was created by summing responses. Created for this study, this measure was advantageous due to its brevity; however, no established psychometric properties exist. IPV and injury was highly correlated, suggesting high construct validity ($r = .54$).

Acknowledgement of abuse. After identifying their most recent partner and prior to questions about IPV, women were asked, "Do you or did you consider this relationship abusive?" Responses were coded as binary.

Social support. Participants' perceived social support immediately before incarceration was examined with 14 items derived from Cohen's Interpersonal Support Evaluation List (ISEL) (Cohen, 1985). Participants were asked to indicate whether statements were true or false. High total scores indicate more social support. This measure has adequate internal consistency reliability and validity (Cohen, 1985); the reliability coefficient for the current study was .85.

RESULTS

Descriptive Data

Strategic responses were widely used. Almost 100% of women reported that they used at least one placating response and at least one re-

sisting response, over 90% used at least one formal response, over 75% used at least one safety response, 70% used at least one informal response, and 50% used at least one legal response. They reported using multiple responses in each category: 70% of placating responses, 65% of resisting responses, 41% of formal responses, 41% of informal responses, 33% of safety responses, and 20% of legal responses.

Prevalence of total child abuse was high; 48% experienced physical abuse and 65% experienced sexual abuse. The mean number of child abuse acts experienced was 3.04 ($SD = 3.45$, range = 0-13). Sixty-five percent of women witnessed IPV as a child, and 56% grew up in an urban environment. Although 81% had at least one child, just over 50% reported that a child lived with them prior to incarceration ($M = 1.26$, $SD = 1.43$, range = 0-5). The mean number of IPV acts experienced was 16.56 ($SD = 11.57$, range = 1-46). Women experienced a fair number of PTSD symptoms ($M = 15.94$, $SD = 13.77$, range = 0-49) and types of injuries ($M = 2.16$, $SD = 1.89$, range = 0-7). Approximately 75% of women had been injured at least once during their last relationship. Sixty percent believed their relationship was abusive. Women perceived their social support prior to incarceration to be high ($M = 8.77$, $SD = 3.58$, range = 1-13). Table 1 illustrates that many of the study variables are related in expected and theoretically consistent ways.

Study Hypotheses

Hierarchical multiple regression analyses were conducted with each of the strategic response categories serving as dependent variables. Each regression analysis had four blocks of independent variables: (1) Childhood: total child abuse, witnessing family violence, and environment to age 16 (rural or urban); (2) Relationship: number of children in the home and total IPV severity; (3) Individual Impact of Abuse: PTSD, injury, and acknowledging the relationship as abusive; and (4) Community: perceived social support. Variables were entered in terms of women's development and to control for historical factors.

A sample of 50 with eight independent variables provides sufficient power to detect large effect sizes when $\alpha = .05$ (Cohen, 1992). Thus, with $N = 85$ and nine independent variables, power is sufficient to detect large effects. Distributions of independent variables were examined for normalcy. Although several variables were skewed, transformations resulted in comparable correlations with the dependent variables. Thus, non-transformed variables are presented.

TABLE 1. Intercorrelations Among Variables in Regression Model (N = 85)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Child abuse														
2. Witness IPV	.40*													
3. Environment	-.09	.14												
4. Children home	-.21	-.06	-.16											
5. IPV severity	.44*	.31*	-.05	-.20										
6. PTSD	.38*	.27*	.07	-.05	.60*									
7. Injury	.28*	.27*	.12	-.13	.54*	.36*								
8. Acknowl. IPV	.09	.25*	.06	-.00	.53*	.38*	.43*							
9. Social support	-.29*	-.30*	.00	.15	-.18	-.43*	-.15	-.02						
10. Placating	.22*	.30*	-.18	.02	.58*	.51*	.37*	.45*	-.10					
11. Resisting	.27*	.34*	-.04	.12	.49*	.37*	.41*	.48*	-.12	.45*				
12. Safety	.20	.15	-.07	.07	.54*	.43*	.35*	.52*	-.00	.57*	.48*			
13. Legal	-.07	.06	-.06	.21*	.28*	.16	.41*	.33*	.07	.17	.31*	.29*		
14. Formal	.03	.10	-.14	.24*	.36*	.40*	.41*	.44*	.08	.53*	.46*	.49*	.47*	
15. Informal	.04	.06	-.20	.15	.33*	.31*	.52*	.38*	.10	.61*	.31*	.58*	.24*	.73*

* $p < .05$

We focus on effect size as the parameter of interest. Table 2 depicts the significant effect sizes (change in adjusted R^2) for each level of the ecological model and effects of individual variables in predicting strategic response (standardized regression coefficients). Overall, findings indicate that the ecological model offers a valid explanation of strategic responses. In support of the hypotheses, each strategic response category has significant variance accounted for by at least one ecological level, and each ecological level accounts for variance in at least two strategic response categories.

The total model predicted 40% of the variance in placating responses, 31% in resisting responses, 39% in safety responses, 14% in legal responses, 34% in formal responses, and 26% in informal responses.

TABLE 2. Summary of Effect Sizes (Change in Adjusted R^2) and Standardized Regression Coefficients (β) Predicting Strategic Responses Across All Regression Analyses (N = 85)

Variable	Placate	Resist	Safety	Legal	Formal	Informal
<i>Childhood</i>						
Total child abuse β	-.07	.07	.02	-.19	-.11	-.08
Witnessing IPV β	.18	.15	-.06	-.01	.03	-.01
Environment β	-.20*	-.02	-.02	.02	-.12	-.17
Adjusted R^2	.12*	.11*	.02	-.02	.00	.01
<i>Relationship</i>						
Children in home β	.05	.20*	.13	.26*	.23*	.13
IPV severity β	.29*	.24	.22	.23	.04	.01
Adjusted R^2	.23*	.17*	.26*	.12*	.20*	.12*
<i>Individual</i>						
PTSD β	.31*	.03	.19	-.01	.38*	.28*
Injury β	.05	.12	.27*	.27*	.19	.29*
Acknowl. IPV β	.14	.24*	.24*	.13	.21	.17
Adjusted R^2	.05*	.04	.11*	.05	.11*	.11*
<i>Community</i>						
Social Support β	.12	-.01	.13	.05	.23*	.22*
Adjusted R^2	.00	-.01	.00	-.01	.03*	.02*
Total Adjusted R^2	.40	.31	.39	.14	.34	.26

* $p < .05$

Based on the size and change of R^2 , the Relationship level (children in the home, abuse severity) accounted for the most variance and had a medium or large effect in explaining every strategy. The Individual impact of abuse level had a small or medium effect on placating, safety, formal, and informal strategies, and it approached a small effect in explaining legal strategies. The Childhood level had a medium effect on placating and resisting strategies, and the Community level had small effects in explaining formal and informal strategies.

DISCUSSION

Findings from this study converge with others (Dutton et al., 1999; Goodkind & Sullivan, 2004; Goodman et al., 2003; Hutchison & Hirschel, 1998) to support the theory that women, including incarcerated women, respond to abuse in multiple ways. This sample was similar to a general population sample of women in use of the six response categories, with a stark exception: incarcerated women used far fewer legal responses (20% versus 58% of legal responses used in the general population) (Goodman et al., 2003). Little research has previously investigated IPV from a systemic perspective, perhaps due to a general perception that IPV is an interpersonal experience and is not influenced externally (Miles-Doan, 1998). Furthermore, an inherent assumption by society, although inaccurate, is that if women do not leave a relationship or seek help publicly, they are not working to protect themselves and their children. This study negates this belief and underscores the importance of how a woman's ecology contributes to IPV response. The following discussion highlights relations between ecological factors and strategic responses in a sample of women who eventually experienced incarceration. Future research is needed to determine whether these factors operate similarly for women who are not involved with the criminal justice system.

Relationship factors relating to children and severity of abuse had the largest effects on strategic responses. Conjointly, these factors contributed toward women's engagement in all strategic response types. Abusive partners' threats against or regarding children may prompt women to create change, particularly when mothers intend to retain custody (Rothery et al., 1999), and motherhood is related to use of public safety or legal strategies (Fischer & Rose, 1995). Indeed, current findings indicate that as the number of children increases, women use more types of resisting, legal, and formal strategies. Increasing severity of IPV

positively predicts more placating strategies but does not predict other strategic response categories. One explanation for this surprising finding is that abuse severity predicts other strategic response types but is mediated by the impact of abuse factors: PTSD, injury, and acknowledgment of abuse.

The Childhood level had small, but significant, effects on strategic responses. Women may use strategies that they previously engaged in, witnessed, or perceive as effective. They may deliberately choose not to engage in behaviors that previously had poor outcomes. For example, negative experiences with law enforcement may hinder future desire to obtain protective orders or legal assistance (Fischer & Rose, 1995). Childhood environment was the sole childhood variable that significantly predicted a strategic response. Women who lived in rural communities as children were more likely to placate, the most frequently used strategy. As children, these women may not have benefited or witnessed others benefit from formal, public resources that are typically located in urban areas, such as battered women's shelters (Barnett, 2001; Krishnan, Hilbert, & VanLeeuwen, 2001). Many participants still reside in rural areas characterized by patriarchal family structures and views, strong religious beliefs, and lack of resources. Rural women often maintain privacy due to community dynamics, such as stigma and gossip (Staton et al., 2001). Many women report being afraid to call police in small communities because they (and their partner) know the officers (Barnett, 2001). Moreover, the current sample likely had vested interests in not using law enforcement. A large number reported family members with incarceration experiences, and involvement of law enforcement may lead to parole violations or parole revocations.

The Impact of Abuse microsystem had an interesting effect on responses. Acknowledging the relationship as abusive is related to resisting and safety strategies, but not to public strategies more easily associated with women who are willing to acknowledge abuse. Injury predicts safety, legal, and informal strategies, but fails to predict formal strategies, including talking to a doctor or nurse. However, the average number of injuries women experienced was two, with bruises and cuts being common, and many women attempted to conceal injuries due to shame. The degree to which PTSD affects women's help-seeking efforts is somewhat clearer. Women who reported PTSD were more likely to use placating, formal and informal resources. Data on cognitions related to PTSD in a community sample of assault victims suggested that fear motivated victims to avoid perceived danger situations and seek safety (Dunmore, Clark, & Ehlers, 1999). In a sample of

battered women, a strong predictor of PTSD was coping with IPV by disengagement (Kemp & Green, 1995). Therefore, women with PTSD may strategically avoid additional IPV by avoiding their partners and arguments (placating), and by staying with others or ensuring that others are nearby (informal strategies). Increased use of formal strategies, including accessing treatment, may represent efforts to attend to psychiatric symptoms.

Social support, an exosystemic factor that explains formal and informal strategy use, is conceptualized as women's perception of available help related to a variety of life situations; this concept is different from informal strategic responses that represent women's actual utilization of friends and family in response to IPV. Women seek help from others (e.g., clergy, doctors, shelter staff, friends, family) if they are comfortable accessing support. If they do not perceive that they have support, they are less likely to try to obtain support from others, which may affect their strategy use. However, to whom the woman talks may affect the actual outcome of this action, as family members may be more likely to convince the woman to stay in the relationship than friends and helping professionals (Yoshioka, Gilbert, El-Bassel, & Baig-Amin, 2003).

In addition to the ontogenetic and microsystemic variables that affect women's response to IPV, macrosystemic factors that supersede these ecological levels are likely to be direct determinants of women's responses. Societal discrimination and oppression against women; belonging to a disenfranchised population; political, legal, and economic systems; poverty; and the drug culture may all influence women's attempts to achieve safety. Women may choose not to leave a relationship or use formal resources to avoid discrimination, involvement with the law, or exacerbation of oppression. Minority women in particular are more likely to have difficulty receiving fair treatment and cost effective access to services (Belle & Doucet, 2003; Coiro, 2001), and those without transportation or child care face additional challenges. In rural communities, it is difficult to seek help without disclosing abuse, and mental health services or IPV resources may be miles away (Mulder & Chang, 1997). Stigmatization of IPV exacerbates the victimization experience, often retraumatizing the victim. Furthermore, these factors influence some women to engage in illegal behavior. Many women in this study and others report that their partners demanded that they participate in criminal activity, such as buying and selling drugs, and they were threatened with IPV if they did not cooperate (Adamo, Holditch, & Cook, 2001; Richie, 1996). In addition, incarcerated women report that

experiencing IPV increased their desire to use substances as a coping strategy, yet their substance use then served as a barrier to seeking treatment or contacting law enforcement (Staton et al., 2001).

Study limitations exist, particularly regarding methodology. The retrospective self-report nature of data collection may limit validity, as the participants were in an environment that may cause or exacerbate feelings of vulnerability, depression, or PTSD. Participants may have experienced memory failure or recall bias. The interviews occurred at a stressful time as the women adjusted to prison and many experienced distress over separation from loved ones. Research on the context of abuse and subsequent response frequently assesses mental health variables such as depression. Although data on emotional state was collected, due to participants' incarceration and the cross-sectional nature of data collection, it was difficult to link current emotional disturbance to past abuse or response.

Despite these limitations, findings help refute the notion that women do not attempt to change abusive relationships, and this study contributes to the growing body of help-seeking and coping literature regarding women's responses to IPV. Understanding how ecological factors affect strategy use may benefit interventionists and advocates who encourage help-seeking behaviors. Mental health professionals may empower women to learn intrinsic and extrinsic strategies and to seek resources to protect themselves and cope with abuse. Policy makers and community planners may benefit from study findings as they consider additional ways to build upon abused women's resources, competence, and capacity to create change.

This study offers perspectives from a rarely studied, disenfranchised group with extensive and unique needs. Compared to imprisoned men, at the time of their arrest, women are more likely to have been the primary caretaker of young children, have significant and often unaddressed health and mental health needs, and have extensive histories of abuse (Bloom, Owen, & Covington, 2003). Women were considered safe from their abusive partners, due to their own incarceration. Perceived safety may have provided more disclosure than in community-based studies. Qualitative reports from this sample and others indicate that some women believe that they have been "imprisoned" their whole life due to abuse, and they view prison as a place of safety (Bradley & Davino, 2002; Henriques & Rupert-Manatu, 2001).

Providing mental health and psychoeducation services to women both while incarcerated and as they transition out of prison is critical, particularly because many women return to their partners. Results from

a sample of women in jail indicated that, if offered, 76-91% of women would be interested in interventions focusing on anger or stress management, relationships, problem-solving, and individual mental health counseling (Green et al., 2005). Interventions such as these may empower women to more effectively negotiate conflict, manage stress, and achieve safety. Incarceration may be a valuable time to address experiences of IPV (Bradley & Davino, 2002) and to process trauma, which may reduce PTSD and other psychiatric symptoms. In addition, collaboration of correctional facilities with community-based organizations can enhance women's reintegration into society, yet this coordination of services is missing from most communities (Freudenberg, 2002). Transitional planning should focus on strategic responses, correcting myths women may hold regarding various community systems and increasing their knowledge of agencies that can serve their needs. Further, social scientists, advocates, and the criminal justice system must work to de-stigmatize women with criminal records as not all domestic violence and sexual assault shelters and services assist convicted felons.

In sum, women often cannot or will not leave a violent relationship for valid reasons, yet these data suggest they make efforts toward safety. Women's choices are influenced by multiple factors occurring over their lives. As interventionists work with incarcerated, abused women, they may draw upon these findings to reduce women's guilt or shame regarding accusations that they "did not do enough"; reduce the social stigma and societal confusion regarding women "not leaving"; and better conceptualize women's experiences overall.

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