1-10-2016

The Cycle of Victimization of Incarcerated Women

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A Capstone Project submitted in partial fulfillment of the

requirements for the Master of Science Degree in

Counselor Education at

Winona State University

Fall, 2015

Winona State University

College of Education

Counselor Education Department

CERTIFICATE OF APPROVAL

CAPSTONE PROJECT

The Cycle of Victimization of Incarcerated Women

This is to certify that the Capstone Project of

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Has been approved by the faculty advisor and the CE 695 – Capstone Project

Course Instructor in partial fulfillment of the requirements for the

Master of Science Degree in

Counselor Education

Capstone Project Supervisor: Jo Hittner Ph. D.
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Approval Date: 1/10/16

Abstract

This research will evaluate the impact of sexual abuse and violence on incarcerated women and its overall effect. The study will examine the challenges of victimized women through both incarceration and reentry focusing on gender and cultural specific needs. The majority of incarcerated women tend to be low-income, women of color, single, primary caregivers of minor children; suffer from posttraumatic stress disorder, child and/or adult victimization, alcohol and substance abuse, and mental health issues. Approaches that may help facilitate more effective reentry include comprehensive programs, community development, empowerment programs and community mentoring. Conclusions and recommendations for future research are provided.

Contents

Introduction

Correctional facilities worldwide hold approximately half a million women; among the half million the United States composes one third of that number which exceeds that of the 27 European Union States. The numbers of incarcerated men and women have increased in many countries; however, the widening margins between sexes have become the most alarming (Moloney, Bergh & Moller, 2009).

Incarcerated women have histories of interpersonal violence, it is estimated that at least half of incarcerated women have experienced at least one traumatic event in their lifetime. Childhood abuse is reported by approximately 25% to 50% of incarcerated women. Prior to age 18, physical and sexual abuse occur at equal rates for females (Statistics on Women in the Justice System, 2014). Abuse in childhood is strongly correlated with adult victimization, mental illness, substance abuse and criminality. This research study will examine the cycle of victimization and the challenges of victimized women within the judicial system.

Review of Literature

Since the declaration of the War on Drugs in 1971 the rate of incarceration has risen among women in both state and federal correctional facilities. According to Tripodi and Pettus-Davis (2012) the increase of incarceration may be attributed to, "a shift in US policy to criminalize illicit substance use and distribution, removing judicial discretion for certain offenses and the lack of correctional programming designed to meet incarcerated women's needs" (p. 30). This act dramatically increased the size and presence of federal drug control agencies pushing forward aggressive measures of mandatory minimum sentencing. Mandatory minimum sentencing made it impossible for the judicial system to consider mitigating circumstances; women could be penalized for their relationships to co-defendants involved in drug crimes regardless how minimal their involvement or coercion.

While there does exist a segment of women with criminal behavior who are willingly involved in the drug trafficking trade, it is necessary to draw attention to women involved in drug trafficking against their will either by threats of death or physical violence perpetrated from their abusive partners (Zust, 2009). It is equally notable to acknowledge that while women do perpetrate less crimes of violence, women have become increasingly more violent in their offense patterns; three out of four women perpetrators knew their victim through intimate partnership (Warren et al., 2002). Violence between spouses may lead to homicide; in a study by O'Keefe (1998) the majority of partner violence involving women as the perpetrators was committed by women who were the victims of a violent act first. These women sustained severe injuries after being punched, choked, hit with an object or forced to have sex. They experienced more threats of death and suffered years of abuse. However, it is important to clarify that men still perpetrate more acts of violence against women; the Bureau of Justice Statistics (2005) on

murder within families report that overall eight in ten murders and 83% of spousal murders were committed by men.

In addition to the physical injuries sustained, abused women are more likely to suffer from emotional and psychological distress that include fear and anxiety, depression, somatic complaints, helplessness and loss of control. These symptoms have been linked to posttraumatic stress disorder; this diagnosis may be a useful framework in understanding the experience of women victimized by violence (O'Keefe, 1998).

Posttraumatic Stress Disorder

Widom, Czaja and Dutton (2008) suggest that there is a relationship between childhood victimization and a lifetime of continued victimization throughout adulthood. For the purpose of this paper Post Traumatic Stress Disorder (PTSD) is defined as "any form of interpersonal or domestic physical, sexual or emotional abuse or neglect which is sufficiently detrimental to cause prolonged physical, psychological or social distress to the individuals" (Moloney, Bergh, & Moller, 2009, p. 427). There is increased awareness among researchers and advocates of the high rates of victimization reported by incarcerated women with current or lifetime PTSD that have experienced child sexual and physical abuse. According to Moloney, Bergh, and Moller (2009) 70% of incarcerated women experienced severe physical violence committed by a parental figure and 59% experienced a form of child sexual abuse. During adulthood three-quarters of incarcerated women reported being physically abused by an intimate partner.

Repeated victimization has been an attributing risk factor for developing chronic PTSD; those living with their abuser have been associated with increased characteristics of PTSD symptoms. Women who have either experienced or witnessed childhood violence have reported

feeling powerless and less likely to cope effectively as violence recurs during adulthood. Furthermore, O'Keefe (1998) reports that additional long term symptoms may include feelings of helplessness, fear, anxiety and depression. Victims may also experience withdrawal, emotional numbing, disassociation and denial of the seriousness of abuse. It is important to clarify that these responses of victimized incarcerated women are parallel reactions of other trauma survivors. O'Keefe (1998) also found that incarcerated women who have either murdered or seriously assaulted their abuser may also develop symptoms of PTSD.

According to Asberg and Renk (2012) there have been few studies that have examined childhood sexual or physical abuse as a predictor for involvement in the criminal justice system. It is also necessary to acknowledge that not all survivors of abuse experience difficulties or suffer from harmful effects during their lifetime. Although there has been a relationship between abuse and women involved in the criminal justice system, it is important to understand the differences between incarcerated women and other female survivors.

As suggested, exposure to trauma for women survivors may be a contributing factor to incarceration, often due to their coping mechanisms being of a criminal nature. Trauma victims may use illegal substances that may lead into additional harmful criminal activity such as prostitution or theft. Approximately three quarters of incarcerated women with severe PTSD symptomology receive mental health treatment through the criminal justice system, and only half of incarcerated women with moderate symptomology receive services. However, it is unknown how effective these mental health services are; due to the substantial increase in women being incarcerated the criminal justice system has become a buffer for mental health services for the most vulnerable populations. (Harner, Budescu, Gillihan, Riley, & Foa, 2013).

Alcohol, Substance Abuse and Other Factors

Childhood victimization has been associated with alcohol and substance abuse problems as victims are reported to have a higher risk of addiction; 88.6% of victimized incarcerated women reported substance use disorder as a means of escapism or coping strategy. Subsequently, they also have a higher risk of mental illness such as eating disorders, depression, suicide and other psychological distress (Moloney, Bergh & Moller, 2009).

The majority of victimized women report their incarceration due to substance offenses or other substance related crimes with over half committing their offense under the influence of an illegal substance. Substance abuse is also a major factor for re-incarceration due to violations of parole and probation (Adams, Leukefeld, & Peden, 2008). Incarcerated women with a history of trauma also report earlier onsets of substance use (Asberg & Renk, 2012).

Depression is one of the most common mental health issues for women who have been physically and sexually abused; it may also become intensified with the use of drugs or alcohol. In general, offenders have a higher incidence of depression but incarcerated women have three times the risk for depression than their male counterparts; 73-75% of incarcerated women experience depression (Zust, 2009).

Depression is further compounded for mothers incarcerated by the separation from their children, approximately 80% of women in the criminal justice system have children and 50% of them do not see their children while incarcerated. Often due to the regulations set forth by the penal institutions limiting time with their children women are at risk of having their parental rights terminated if they do not maintain contact. Zust (2009) reports that some state budgets have initiated budget cuts that have reduced the visiting days for children by 50%. In addition to

limited visiting days, women are dependent upon others to bring their children to the prison for visitations that often have restrictions of physical contact.

Maladaptive Coping Strategies

Women victimized by abuse often engage in maladaptive cognitive and behavioral coping strategies in an attempt to deal with the abuse; often they may socially withdraw and or use avoidance when confronted with stressful events (Asberg & Renk, 2012). Childhood victimization has been linked to difficulties with regulating emotion and emotional distress; it has also been linked to disruption in normal childhood development.

Victims of abuse have increased risks for behavioral problems such as self-injury and suicide. Additional findings also suggest that victims develop cognitive distortions of guilt, self-blame and shame that has been linked to negative outcomes. Victims of gender violence may also use tension reducing behaviors such as self-harm, binging and purging (Johnson & Lynch, 2013). These feelings of guilt and shame associated to negative outcomes may also include further victimization for incarcerated women.

It is estimated that 30% of incarcerated women engage in self-harm and 5% of incarcerated women attempt suicide during their incarceration. Previous studies have reported high rates of self-harm, suicidal ideation and suicide attempts in women offenders, both in their lifetime and during their incarceration. The strongest associations with near lethal self-harm is the presence substance abuse issues and co-occurring mental health diagnoses which include PTSD (Marzano, Fazel, Rivlin, & Hawton, 2010). Avoidance coping among incarcerated women is a significant risk factor for negative outcomes.

Characteristics of Incarcerated Women

According to Braithwaite, Treadwell, and Arriola (2005) there has been little way of policy development in advancing the health status of incarcerated women despite their increase in the number; incarcerated women tend to have a lower health status than that of incarcerated men and women in the general population. Often dismissed are the gynecological needs of offenders within the criminal justice system, such as a lack of regular gynecological and breast examinations and poorer health outcomes due to limitations in resources and support.

Incarcerated women tend to have higher rates of HIV and other sexually transmitted diseases; these vulnerable populations also tend to have far higher other infection rates than the general public. Additional health concerns of incarceration place women at risk for poorer diet outcomes such as obesity and mental health repercussions that result from both crowding and prolonged isolation that may result in further deterioration (Rich, Cortina, Uvin, &Dumont, 2013).

Women offenders within the state and federal prison system are typically women of color approximately two-thirds with African American and Hispanic/Latina women representing the largest minority group (Acoca, 1998). This ethnic and racial disparity is consistent across all ages of incarcerated women; furthermore over the lifetime of African American women they are more than 7 times as likely as Caucasian women to be incarcerated (Flaskerud, Hatton, & Fisher, 2008). Health problems that primarily affect this population include higher rates of diabetes, certain heart ailments, and hypertension. Others, such as sickle cell anemia occur exclusively in individuals of African descent (Acoca, 1998).

Incarcerated women are often unemployed with no high school degree or equivalent. They tend to be single mothers with a history of substance abuse who have committed a nonviolent crime often relating to substance use. Most incarcerated women are from lower socioeconomic demographics and live below the poverty level; they also have a history of abuse and mental illness (Henderson, 1997).

Although mandatory sentencing laws are applied equally to women and men, women often receive lengthier incarceration. This may be attributed to the minor roles women play within criminal drug activity either due to their limited knowledge of drug operations that leave them vulnerable to negotiate deals with prosecutors or because women are fearful to testify against violent male partners (Braithwaite, Treadwell, & Arriolam 2005).

Women are more likely to be incarcerated in a maximum security facility with different security level offenders. In general, men are assigned to facilities on the basis of their criminal offense, criminal history and psychological profile. Furthermore, men are sentenced to institutions closer to their families or attorneys to visit. Rules within the penal system tend to be greater in number and pettier in nature for incarcerated women; women are cited for disciplinary offenses that are typically ignored within the male institutions and women tend to be less violent than their male counterparts (Braithwaite, Treadwell, & Arriolam 2005).

Multicultural and Gender Differences

Warren et al. (2002) suggest the existence of discrimination among African American women in the justice system. Women of color tend to become incarcerated for less serious criminal offenses while their Caucasian counterparts receive lighter sentences for more serious offenses. However, Caucasian women who suffer from high levels of psychiatric distress tend to

receive longer sentences for less criminal offenses. Warren et al. (2002) also suggest that there is an increased likelihood to incarcerate drug offenders as well as women who suffer from psychiatric illness. Race, ethnicity and social class can affect perceptions and responses to life circumstances. For African American women racial discrimination coupled with violence in their intimate relationships can challenge their worldview and sense of self; they are less likely to seek help (Simpson, Yahner & Dugan, 2008).

Ravello, Abeita and Brown (2008) found that incarcerated American Indian and Alaska Native women have the highest health and social disparities in the United States. They tend to suffer from higher rates of alcoholism, homicide, psychiatric disorders, and suicide coupled with poverty than their Caucasian counterparts. Indigenous women also have a higher rate of incarceration which may be linked to histories of physical and sexual abuse. These disparities may be attributed to the deterioration of traditional cultures.

Research compiled over the past twenty years report gender differences between men and women offenders regarding treatment, characteristics and offending histories. Some of these differences presented include histories of abuse, trauma and victimization experienced by women who tend to have higher incidents, unemployment and fewer work skills. Women offenders also have more mental health problems and greater parental responsibilities. Researchers also report differences in criminal activity and barriers to treatment (Adams, Leukefeld, & Peden, 2008).

Women offenders are charged with substantially different crimes than their male counterparts; women are more likely to be charged with lesser criminal charges such as shoplifting and trespassing. Incarcerated women commit 70% of simple assaults whereas men commit 55% of simple assaults (Kim, 2003).

Few studies have investigated the relationship of childhood sexual assault and substance abuse among incarcerated male victims. It is estimated that 76% of men who have been abused engaged in the use of alcohol and drugs compared to 68% of incarcerated men who had not been abused. Male victims who suffered from abuse are also more likely than those not abused to serve longer sentences for violent crimes and have a higher rate of recidivism. Researchers suggest that child sexual abuse is far more prevalent than suspected (Johnson et al., 2005).

Effects of Imprisonment

Incarceration can have an adverse effect on the health of women, especially for those who have a history of victimization. Women who have suffered from trauma experience additional isolation, verbal and physical abuse. Moloney, Bergh and Moller (2009) found that women with a history of abuse are more likely to become re-traumatized by the experience of prison procedures such as strip search and violations of privacy. The researchers also state that women in prison have additional risks of sexual assault while incarcerated. This same culture of violence that incarcerated women suffered at the hands of their abusers are repeated at the hands of other inmates and prison guards. Further victimization profoundly affects their self-esteem, depression and feelings of hopelessness (Zust, 2009).

Incarcerated women additionally experience problems with health care services; services may be limited due to the lack of financial support. Incarcerated women tend to seek medical attention far more than incarcerated men; women tend to be more impoverished, lack access to transportation and additional resources (Messina & Grella, 2006).

Lack of employment prospects. Incarceration for women has some social and economic consequences; the vast majority of incarcerated women are likely to have been the custodial

parent to children prior to incarceration. The prospect for employment poses a dilemma for women reintegrating, with inadequate education and work experience employment may be difficult to attain. Employment opportunities that are available to this subset tend to be low wage positions. Although some of the women reintegrating may qualify for welfare or unemployment parole regulations strongly discourage women to collect such benefits (Brown & Bloom, 2009).

Despite the economic challenges of reintegrating, women on parole tend to emerge from their incarcerations with significant debt due to court-ordered fines, victim compensations, and back child support. In addition to these costs the Department of Human Services may hold a parolee accountable to reimburse the state for welfare payments made to their children during their incarceration (Brown & Bloom, 2009).

Children of incarcerated women. Researchers examining recent trends in parental incarceration report seven out of ten women have minor children; more than 1.3 million minor children were supervised by the Department of Health Services (Weiss, Hawkins & Despinos, 2010). Children of incarcerated women have substantially increased within the foster care system and children reportedly living with maternal or paternal grandparents. Research indicates that children experience anxiety, anger, loneliness, depression, low self-esteem, withdrawal, posttraumatic stress and identification with the incarcerated parent. It is reported that children often witness the arrest of offending parent which has been associated with stigmatized trauma (DeHart & Altshuler, 2009).

Children of offending parents have reported struggling with the complexities involving the criminal justice system; separation from incarcerated parent and the limitation of access. In regards to intrafamilial violence, researchers indicated that violence experienced by incarcerated

women was not limited to the impact of women alone but also impacted the children of incarcerated women.

Recidivism

Victimized incarcerated women tend to have higher rates of recidivism; mental health problems and substance abuse may be contributing factors among this population. Emotional turmoil associated with intimate partner abuse may increase the likelihood for return offenders if effective treatments are not implemented prior to release (Zust, 2009).

According to Tripodi and Pettus-Davis (2012) very few treatment programs currently exist; only 13% of correctional facilities treat incarcerated women for physical or sexual abuse; 7% treat mental health issues and even fewer incorporate trauma education and treatment. Incarcerated women have more increased risks to trauma than their male counterparts. As researchers begin to lay the groundwork for others in describing the relationship between victimization and criminal justice involvement, further exploration of trauma from gender violence is suggested as gender violence may be a contributing risk factor to the increase of incarceration to women victims (Bowles, DeHart & Webb, 2012).

According to Kubiack (2004) a lack of appropriate treatment modalities within the criminal justice system and community may have an impact on the recidivism rates of incarcerated women. As suggested the criminal justice system often has become the default provider for incarcerated women with substance abuse and co-occurring mental health disorders; coupled with the complexities of victimization, trauma, and substance abuse are particularly salient to incarcerated women.

Crucial Pathways

Incarcerated women who are released have a higher rate of recidivism if they do not have support systems implemented prior to their release; they are more likely to return to their criminal activities. Many offenders are unprepared and often face the same obstacles prior to their initial convictions. Researchers Weiss, Hawkins and Despinos (2010) found that untreated substance abuse coupled with unemployment and housing issues are the most significant factors that prevent successful reintegration into communities. Incarcerated women often have long-term issues that cannot be solely resolved during incarceration thus result in the likelihood of recidivism.

Research suggests that most incarcerated women released from a penal institution have an increase chance to return to the same community they were convicted in without receiving services addressing problematic behaviors and underlying difficulties. In most communities there are limited resources available to assist incarcerated women in the process of reentry. Incarcerated women typically experience insufficient opportunities that may compel them to engage in problematic behaviors; victimization has a profound impact on their lives including their illegal activity. As suggested, trauma has long term consequences that tend to worsen without adequate treatment. Basic needs for safety and protection from further victimization is critical, however the nature of community based programs that offer victim services fail to address the needs of offenders due to involvement of illegal activities which poses a serious barrier for incarcerated women because they are unable to access services provided by anti-violence programs due to their offenses (Richie, 2001).

One of the primary focuses on women at risk is the need of additional support groups which could have the capacity to empower them, seek out resources within the community, and increase their self-efficacy in order to make better decisions and gain overall coping skills. Although incarceration may present its own challenges for women victimized by violence, the benefits of implementing such programs have the capacity to show significant improvement in perceived wellness. This may also include identifying policies to address the needs of incarcerated women such as substance abuse programs, family reunification and develop both state and federal alliances addressing alternatives to incarceration and further development of drug and mental health courts.

Public policies regarding the reentry of incarcerated women into the community have not fully incorporate specific challenges incarcerated women face returning into the community; public policies addressing areas of housing, education, job training, employment, transportation, child care, peer support and aftercare need further development. The lack of knowledge about gender as an important variable has significantly limited interventions resources it is crucial to identify pathways, researcher Richie (2001) suggest four approaches.

Comprehensive programs. Often referred to as wrap around services comprehensive programs address the needs of incarcerated women returning back into their communities. Routinely most individuals tend to seek services where they reside obtaining assistance for multiple needs, such resources at a community level have the capacity to necessitate culturally appropriate needs and require agencies to work with women who are incarcerated in correctional facilities prior to their release.

Community development and linkages. Women with criminal records tend to have difficulty securing services they need, this is in part due to the limited community resources available but also largely due to their criminal record that may inhibit access to services. Community development and linkages incorporate policy level work organizing social strategies to increase the overall quality of life for women. Community development plays a critical role in neighborhood development and reintegration which research indicates a decrease in the recidivism of incarcerated women and an increase for successful reentry into communities.

Empowerment programs. Empowerment programs is an approach used to work with women victimized by violence, women living in public housing, adolescent girls reducing the risk of youth violence, and women facing health crisis. Empowerment programs applied to incarcerated women help facilitate interventions based on strategies to help women develop critical insight into what influences their personal choices. Empowerment programs focus on enhancing women decision making skills, it allows them to reject social stigmas, develop a sense of hope, orientation toward future goals and a willingness to take responsibility for their own decision making actions (Richie, 2001).

INSIGHT is a 20-week program based on a holistic approach incorporating spiritual, physical, and emotional components of women. The empowerment program also considers environmental factors that encompass physical, historical, and cultural elements perceived consciously and unconsciously. The gender specific cognitive therapy program is based on feminist theory. The purpose of the program is for participants to learn and share new ways of thinking about problems and discover new resources for better choices. Such programs tend to focus on building awareness, goal setting and attaining goals, reframing negative thoughts and affirming oneself (Zust, 2009).

Community mentoring programs. Community mentoring programs help incarcerated women to identify and learn from successful role models within their community. Identifying a mentor is critical as it provides stability and predictability; consistent activities are structured around needs which include adequate resources for long term support and opportunities to work collectively to develop a sense of community (Richie, 2001).

Conclusion

Incarcerated women victimized by violence are disempowered due to their difficult life circumstances; the majority belongs to minority ethnic groups and tends to fall into lower social and economic groups (Kim, 2003). Trauma is linked both directly and indirectly to the female criminal pathway. It is correlated with mental and physical illness, maladaptive high risk behaviors and socio economic disadvantages. The lack of research into the role of trauma for women victimized by violence severely limits therapeutic and preventative interventions for women offenders and women at risk of offending. Further investigation is strongly suggested to establish a causal link between trauma and criminality to determine the most effective path to address trauma and ensure positive outcomes for incarcerated women victimized by violence (Moloney, Bergh & Moller, 2009).

In conclusion, further research is proposed to help advocate for alternative sentencing in order for incarcerated women victimized by violence to participate in such programs; in addition further research may also motivate further development within the penal system. Federal and state judicial systems offer few educational programs, discharge planning, rehabilitation, comprehensive treatment services and limitations for counseling services. Research indicates similar to the conditions of reentry for incarcerated women, conditions of correctional

institutions is harsher, sentences for women are longer and they tend to serve more in isolated rural areas where there are fewer rehabilitation programs available (Richie, 2001).

Long term goals should include creating networks committed to reducing discriminatory practices in the status of incarcerated women in terms of gender differences, continued victimization within the correctional institutions and other factors of gender violence as an attributing risk factor.

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