



Victimization and help-seeking behaviors among female prisoners in Illinois



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Executive summary

The number of women in prison has increased both statewide and nationally in recent decades. Most females in state prisons are incarcerated for drug or property offenses. Incarcerated women are often mothers, in poverty, undereducated, and unskilled. Research has revealed incarcerated women often have histories of being abused and that many are dealing with mental health issues or substance abuse. Although victimization among this population has been the subject of prior studies, few have examined victimization in detail across the life course of each woman.

This study attempts to fill this gap in the research about female victimization by interviewing female inmates in Illinois prisons. Researchers interviewed inmates at three female-only Illinois Department of Corrections (IDOC) facilities—Dwight (maximum security), Lincoln (medium security), and Decatur (minimum security). A random sample of 163 inmates was interviewed. Interview questions concentrated on participants' histories of substance abuse, physical abuse, sexual abuse, stalking and emotional abuse, trauma, and help-seeking strategies related to these issues. The study incorporated a life history calendar to record events that happened over the life course of each woman interviewed.

Sample demographics

The average age of the women in the sample was 36 years old. Almost half of the women in the sample were white and 43 percent were black. More than half of the sample (53 percent) was never married and 20 percent were married at the time of the interview. Many (80 percent) had between one and four children. Forty-four percent had an education of less than a high school degree. At the time of incarceration, 58 percent of the women were employed full-time or part-time. The women had an average of 11 prior arrests and were most often arrested for property offenses, followed by drug offenses and crimes against another person.

Many women (85 percent) reported periods of regular use of alcohol or drugs. More than half of the sample reported periods of regular use of marijuana (64 percent), alcohol (53 percent), and crack cocaine (53 percent) over the course of their lives.

Prior abuse

Almost all (99 percent) of the incarcerated women interviewed experienced emotional, physical, and/or sexual abuse at some point in their lives.

Many (85 percent) of the female prisoners in the sample were victims of stalking or emotional abuse by an intimate partner. Sixty-one percent of the women said that an intimate partner made them feel they had no control over their lives, 60 percent said a partner made them feel unsafe, and 59 percent said a partner showed up at places when they had no business being there. The perpetrator was most often a boyfriend (60 percent) followed by husband (23 percent).

The majority (98 percent) of the female inmates interviewed for this study had experienced physical abuse in their lives. Eighty-nine percent had been pushed or shoved and 81 percent had

been slapped. Many (77 percent) of the women were abused by intimate partners, 73 percent by family members, and 31 percent by strangers.

Many (75 percent) of the women in the sample experienced sexual abuse in their lives. About half (51 percent) had been touched on an intimate body part that made the victim feel uncomfortable, 45 percent had experienced inappropriate sexual comments before they were the age of 18, and 44 percent experienced someone attempting forced sex, and 43 percent were forced to have sex against their will. Thirty-seven percent were victimized by family members, 33 percent were victimized by a person known to them, and 31 percent were sexually victimized by strangers.

Mental health

Researchers also had access to prior survey tools administered during the current period of incarceration. One tool, the Post-Traumatic Stress Disorder (PTSD) Symptom Checklist,¹ indicated that 60 percent of the women in the study showed symptoms of PTSD. Most of the sample (83 percent) reported being bothered by a PTSD symptom in the past month. The average youngest age of onset of any trauma symptom was 19.9 years old.

Help-seeking strategies

Many (83 percent) of the women sought help after incidents of violence including talking to friends, consulting an agency or counselor, seeking medical help, or contacting the police. Overall, women were more likely to seek help from a person known to them, but reported they were helped most by correctional staff. Forty-four percent of the women indicated that they discussed prior physical or sexual abuse with prison staff. Almost all (93 percent) of those women felt prison staff were helpful. Forty-one percent of the women notified the police after an incident of physical and sexual violence. Almost three-fourths of those women indicated that the police were helpful.

Over one-third contacted a hospital or doctor after an incident of physical and sexual violence. Almost half (47 percent) reported that medical staff was helpful. Almost one-third contacted an agency or counselor after physical and sexual violence and these women were most likely to contact a non-domestic violence counseling center over other types of agencies. Almost all (98 percent) said agencies or counselors were helpful.

Key findings

The women in this sample have experienced high rates of victimization and have significant histories of substance abuse and mental health issues.

Women with higher scores on the PTSD inventory were more likely to experience higher physical abuse severity, higher sexual abuse severity, and more combinations of abuse types. Additionally, women with higher PTSD scores were more likely to seek more types of help.

Women who experienced sexual abuse in childhood were more likely to experience sexual abuse later in life. Those with severe sexual abuse in childhood were more likely to have a current incarceration for an offense against another person.

The women who sought medical help after victimization were more likely to notify the police. Women who sought services from a counselor for abuse were more likely to seek medical help. Overall, women were more satisfied with the level of help provided to them by counseling agencies than with that of medical staff.

Implications for policy and practice

Need for interventions and services for abused women

Research has found that women who had experienced more severe incidents of violence and who had left or tried to end the relationship in the past year had sought more types of help.² One study found that among women experiencing physical or sexual interpersonal violence, those experiencing more severe violence were more likely to seek services.³ This study supported those findings, as participants who experienced multiple types of abuse were more likely to seek help. Additionally, women with higher PTSD scores were more likely to seek more types of help/services. Seeking medical help was correlated with notifying police, and going to a counselor was moderately correlated with seeking medical help.

Public policy for victim services

This study found that virtually all of the women interviewed experienced some type of emotional, physical, or sexual abuse in their lives. This study found that women who were abused as children were more likely to commit a violent offense, as well as a correlation between sexual abuse in childhood/teen years and incarceration for homicide. The relationship between abuse and subsequent violent behavior, and evidence-based strategies for addressing this link is important to consider for public policies about treatment for victims of abuse and trauma.

Service needs of incarcerated women

Almost all of the female prisoners interviewed for this study experienced abuse, most commonly physical abuse. Most female prisoners are likely to have abuse histories and therefore are in need trauma-based treatment.⁴ This study found a strong correlation between sexual abuse and physical abuse. Therefore, if a woman discloses one type of victimization, service providers should screen/probe for other types of abuse.

More than 90 percent of those who sought help in prison for abuse issues thought it was helpful. This indicates an opportunity to make an impact in prison. However, due to scarce resources, there is a lack of needed treatment and services for women in prison. Yet, many women within the correctional system face multiple and interrelated challenges, including prior abuse, mental health issues, and substance abuse.

Public policy for sentencing

Many incarcerated women are not violent offenders and criminal justice professionals agree that few women pose a risk to public safety and should be supervised in the community, which is less costly and more effective. Along with retribution, risk classification and sentencing policies and practices should systematically consider public safety risks, individual assets to family and community, and health and human service needs to determine a proper criminal sentence.

Introduction

Violence against women can take many forms—physical violence, sexual violence, psychological and emotional abuse, exploitation, stalking, harassment, isolation, and destruction of property. Violence can occur in childhood, teen years, and adulthood and can be perpetrated by family members, caretakers, intimate partners, friends, acquaintances, and strangers. The prevalence of violence against women in the general population in the United States is high.⁵ Research has found incarcerated women have higher rates of victimization compared to the general population which may also partly explain their criminal activity.⁶

This research study collected information on the extent and nature of victimization and treatment episodes of female prison inmates in Illinois over their life course. The research goals of this study were to:

- Understand the extent and nature of victimization of incarcerated women.
- Identify self-reported treatment needs and implications resulting from trauma and abuse.
- Examine the extent of help-seeking behaviors for trauma and abuse within the incarcerated population.

The research study attempted to answer the following research questions, among female inmates,

- What is the extent and nature of prior victimization?
- To what extent is there a relationship between prior victimization, and characteristics such as demographics, mental health, or drug abuse?
- To what extent is there a relationship between victimization and criminal activity?
- To what extent did women seek prior treatment and what are their current treatment needs?
- To what extent were there obstacles to obtaining treatment/ services?
- To what extent can this study inform treatment/ program implications for victimized women involved in the criminal justice system?

Examining victimization of criminal offenders can guide prevention and intervention efforts in order to reduce offending and to treat survivors of abuse. While there have been some studies examining female prisoners and prior victimization, data is limited.⁷ Prior research has been limited to quantitative studies with large sample sizes which lack detail, or qualitative and more contextual studies of very small samples of women.⁸ Most prior studies asked only three to six direct questions about prior victimization often requiring respondents to decide if actions qualified as abuse or rape. Very little research has looked at the connection between criminal behavior and abuse.⁹ In addition, few studies have explored trauma of incarcerated women or they had methodological limitations, small sample sizes, and no established measure of trauma.¹⁰ Prior studies provided only limited accounts of prior victimization of female inmates over the life course, and did not consider abuse types, frequency, duration of abuse, victim-offender relationships, or trauma; nor did they consider criminal history, substance abuse, and services sought by the victim, all of which this study addresses.

Literature review

Over the past forty years, the number of incarcerated women in the United States has increased significantly. In 1970, there were only 5,600 women in prison; by 1980 there were 12,500.¹¹ By 1998, there were over 75,000 women in state correctional facilities, according to the Bureau of Justice Statistics (BJS). By 2006 there were 112,498 U.S. female prisoners; a 33 percent increase from 1998.¹² In comparison, the number of women incarcerated in Illinois prisons increased 28 percent between 1997 and 2009, from 2,430 to 3,106 according to the Illinois Department of Corrections (IDOC).

Although the number of incarcerated women has increased over time, the number of women in prison is still significantly lower than men. According to BJS, in 1998 women represented only 6 percent of the American prison population. In June 2005 in Illinois, 6 percent of the prison population were women (n=2,821) according to IDOC.

Along with initial rates of incarceration, female correctional recidivism rates in Illinois have continued to increase since the early 1990s. According to IDOC, the female recidivism rate increased from 30 percent in 1995 to 43 percent in 2009.¹³

Historically, women primarily commit drug and/or property crimes, and commit only a small fraction of violent offenses compared to males.¹⁴ In 1996, BJS found most females in state prisons were admitted for drug offenses (39 percent) or property offenses (36 percent), while 17 percent of women were incarcerated for person offenses.

In 1999, according to BJS, women accounted for about 14 percent of violent offenders—an annual average of just over 2.1 million violent female offenders. Most violent crime committed by females were simple assault (1.5 million offenders) followed by aggravated assault (435,000), robbery (157,000), and sexual assault (10,000).¹⁵

A profile of female prisoner

Typical female offenders are mothers who are poor, undereducated, unskilled, and victims of physical and sexual abuse.¹⁶ The typical female inmate is:

- A woman of color.
- In her 30s.
- Undereducated, unskilled.
- A victim of sex abuse, sex assault, and domestic violence.
- Primary caregiver of dependent children.
- Convicted of crimes involving drugs and property.¹⁷

In addition, female offenders often suffer from co-morbid issues, such as substance abuse problems and psychiatric disorders.¹⁸ Female prisoners have a much higher prevalence of drug abuse and dependence than the general population. Research has found 20 percent of females entering U.S. prisons abuse alcohol and 45 percent abuse drugs.¹⁹ According to the United States General Accounting Office, 62 percent used in the month before their last offense, 40 percent

were under the influence at time of their last offense, and 29 percent committed their last offense to get money for drugs.²⁰ Women who abuse drugs experience higher rates of violence by putting themselves in dangerous situations to purchase drugs or trade sex for drugs. In addition, women are more likely than men to use drugs as a coping mechanism—as a form of self-medication to deal with depression, domestic violence, and past abuse.²¹

Prior victimization among female prisoners

A national study by Bureau of Justice Statistics (BJS) found that 57 percent of female inmates in state prisons had prior physical or sexual abuse. The study found that 47 percent were physically abused and 39 percent were sexually abused in their lifetimes.²² One-fourth of females in state prisons were physically abused before the age of 18, and 26 percent were sexually abused before the age of 18. The prevalence of child abuse of women is higher in correctional populations than the general public, as indicated in the BJS study that found about 17 percent or less of females in the general population have been abused as children compared to about 26 percent or less of female prison inmates.

Table 1 summarizes studies that have focused on prior victimization of female state prisoners.²³ Seven prior studies assessed the abuse histories of incarcerated women in Ohio, California, Washington, Oklahoma, Texas, New York, and Georgia state prisons.²⁴ Four of those studies—Ohio, California, Washington, and New York—recorded lifetime prevalence of abuse of inmates in general populations and asked participants to identify the relationship to their perpetrators, but they were provided limited relationships from which to choose. Random sampling was taken only in Ohio, California, and Georgia. No studies of this nature have been completed in Illinois. In contrast, this study does not limit the types of relationships of abusers and draws a random sample from the complete female prison population.

Table 1
Overview of studies on prior victimization of adult females
incarcerated in state prisons

State	Study	Methodology	Random sample?	Sample size	Number of facilities	Lifetime prevalence recorded?	Relationship to perpetrator recorded?
Ohio	McDaniels-Wilson & Belknap (2008)	Surveys	Yes	391	3	Yes	Yes
California	Owen & Bloom (1995)	Surveys	Yes	294	4	Yes	Yes
Washington	Lake (1993)	Interviews, surveys	Unknown	83	1	Yes	Yes
Oklahoma	Sargent et. al. (1993)	Interviews, surveys	No	267	2	No	No
Texas	Mullings et. al. (2003)	Interviews	No	1,198	1 (at intake)	No	No
New York	Browne et. al. (1999)	Interviews	No	150	1 (max security)	Yes	Yes
Georgia	Cook et. al. (2005)	Interviews	Yes	403	1 (at intake)	No	No

Each state study that recorded abuse over the life course examined 100 or more female prisoners and found a high prevalence of victimization. Overall, the studies found 60 to 85 percent of female inmates experienced prior victimization, either physical or sexual, in their lives. However, definitions of types of victimization varied in the studies and may combine physical and sexual abuse, and did not differentiate between abuse in childhood or adulthood.

Research on women in a New York prison found 77 percent had prior victimization.²⁵ In a study of women in California prisons, 80 percent reported experiencing prior abuse—60 percent reported physical abuse as adults, 29 percent reported physical abuse as children, 31 percent reported child sexual abuse, and 23 percent reported adult sexual assault.²⁶ Researchers analyzed women in Washington prisons and found overall, 85 percent reported at least one type of victimization experience.²⁷ In an Ohio study of incarcerated women, 70 percent reported prior sexual abuse.²⁸ In a Rhode Island study, more than half of the females incarcerated in prison or jail reported sexual assault at some point in their lives.²⁹ In a sample of women in an Oklahoma prison, 74 percent reported that they were physically abused during their lives—38 percent said they were victims of child physical abuse, 69 percent reported experiencing adult physical abuse, and 55 percent reported experiencing sexual assault.³⁰ A California study of jailed women revealed that one-third had been victims of child sex abuse and one-third had been victims of physical abuse.³¹

Victimization and criminal activity

Women and girls in the juvenile and criminal justice systems often have been victims of violence, in particular sexual abuse. One study found women with histories of abuse and neglect were 77 percent more likely to be arrested as an adult than their peers who were not abused.³² Additionally, incarcerated women report that they believe their offending and incarceration, sexual victimization, drug abuse, and prostitution are interrelated.³³

The “cycle of violence” or “intergenerational transmission of violence” hypothesizes that those abused as children have an increased risk of later becoming an abuser or criminal offender. This cycle may be caused by learning that family violence is appropriate and socially accepted.³⁴ Studies have found that those who have been abused and neglected are more likely to be arrested than non-abused individuals. The National Institute of Justice found that childhood abuse and neglect increased the odds of future delinquency and adult criminality overall by 29 percent.³⁵

However, other causal factors may also affect behavior or the abuse may manifest itself in other negative ways. Research has found that physically abused youth, in addition to being more likely to be arrested, are less likely to graduate from high school, more likely get fired from employment, and more likely to become teen parents.³⁶ Research confirms that abused girls have lower IQs due to injury and/or malnutrition, lower self esteem and control, few traditional social controls due to dysfunctional families, criminal friends or relatives, and lack social and psychological development, which may lead to drug and alcohol use and sensation seeking.³⁷ A study of incarcerated and non-incarcerated men and women who experienced intimate partner violence found that those who were incarcerated reported more communication problems and fewer anger management skills.³⁸

Victimization and mental and physical health

Research on incarcerated women has consistently shown a strong link between childhood abuse and adult mental health problems, especially depression, post-traumatic stress, panic disorders, and eating disorders.³⁹ In a study of females from five California prisons, the number of childhood traumatic events was significantly and positively related to engaging in prostitution, eating-related problems, mental health issues, and alcohol problems.⁴⁰ A 2003 report by the National Institute of Justice found girls who had been sexually assaulted had a lifetime PTSD rate of nearly 30 percent compared with only 7 percent of girls with no sexual assault history. The lifetime rates of PTSD among girls who experienced physical assault or physical abuse were slightly more than 27 percent compared with 6 percent among those with no history of physical assault or abuse. Even victims who do not exhibit symptoms of PTSD share many characteristics with individuals who have a mental health issue, such as social isolation, paranoia, impulsive behavior, unstable relationships, and inappropriate or intense anger.⁴¹

Drug use and abuse is a common theme among victimized women. Women use drugs as a coping mechanism—as a form of self-medication to deal with depression, domestic violence, and past abuse.⁴² One study found women with drug addictions are likely to have a history of violent trauma and are at high risk for PTSD.⁴³

Summary of the literature

The number of women in prison has increased both statewide and nationally in recent decades. Most females in state prisons are incarcerated for drug or property offenses. Incarcerated women face multiple challenges; they are often mothers, in poverty, undereducated, and unskilled. Prior studies of women in prisons found high percentages—between 60 and 85 percent—experienced prior physical or sexual abuse. The literature indicates that there is a strong link between victimization and offending behavior, a primary issue for this study, which examines the correlation between and implications of lifetime victimization and criminality and the multitude of other health and social issues facing incarcerated women.

Methodology

This research study involved interviews of inmates in the general population at three Illinois Department of Corrections (IDOC) facilities—Dwight (maximum security), Lincoln (medium security), and Decatur (minimum security). These three facilities house all female inmates in IDOC.

Women were interviewed after being assigned to a permanent facility. The first few weeks of incarceration can be chaotic and frightening; therefore researchers only selected women who had adequate time to get adjusted to incarceration.⁴⁴ Researchers held structured, private, one-on-one interviews lasting 30 to 60 minutes in the participants' correctional facility. Written consent was received by all participants. Interviews took place from January 2009 to May 2009. Each participant received a \$10 stipend that was deposited within 60 days into their individual IDOC accounts.

Due to concerns about participants feeling mental stress or discomfort due to the personal nature of the questions, participants were told that if they felt uncomfortable, they could take a break or stop the interview and still keep the stipend payment. All participants were informed that they could be referred to a mental health professional after the interview. A mental health professional, psychiatrist, psychologist, or a crisis team member is available at all three facilities 24 hours a day, seven days a week. Three participants asked for and were referred to mental health services. In addition, participants were provided with information on crisis hotlines, child care, domestic violence/sexual assault counseling and shelters, employment assistance, homeless shelters and housing, legal assistance, public aid, and substance abuse treatment.

At the request of IDOC, interviewers were required to inform study participants that disclosures of abuse by staff or other inmates would be reported directly to the prison warden after the interview. No such disclosures were made by participants to researchers and, therefore, no subsequent reports were made to prison wardens.

Sample size

The study sample was drawn from a data file of over 2,700 female inmates housed in state prisons on Dec 31, 2008. Attrition, due to inmate release, required IDOC to provide a second data file on March 6, 2009 of over 2,600 to ensure a statistically significant sample size of over 150 women.

A total of 217 female inmates were randomly selected from the IDOC female inmate population. Stratified by the proportion of women at each facility, they included 89 at Lincoln, 86 at Dwight, and 42 at Decatur. The average daily population (ADP) for the two dates that female inmate files were provided was 2,693. Therefore, this study was a random selection of 8 percent of the ADP and 6 percent of the ADP were actually interviewed.

The final sample size was 163; 75 percent of the original random sample, including 77 interviews at Lincoln (87 percent of that facility's sample), 49 at Dwight (57 percent of sample), and 37 at Decatur (88 percent of sample).

A total of 54 women were not able to be interviewed. Participation was voluntary and 14 women declined to be interviewed. Those who declined were evenly distributed among the facilities, with five at Lincoln, five at Dwight, and four at Decatur. The remaining 40 women in the sample who were not interviewed were either in segregation, receiving medical treatment, transferred to another facility, or released before the interview could take place.

Attempts were made to interview women in segregation or receiving medical treatment at a later time. Six women who were transferred were later interviewed at another facility. Three women preferred speaking languages other than English—two in Spanish and one in Chinese. Although a Spanish speaking interviewer on staff was available to complete interviews in Spanish, the two women were not interviewed due to scheduling difficulties. None of the interviewers spoke Chinese, so that person was excluded from the study.

Representativeness of sample

Overall, the study sample was representative of the female inmate population in IDOC. *Table 2* shows a statistical comparison of the sample and the prison population. Women committed to IDOC from areas of Illinois excluding Cook and Collar counties were slightly overrepresented in the sample ($z=2.88$, $p<0.05$). (Collar counties surround Cook County and include DuPage, Kane, Lake, McHenry, and Will.) Also slightly overrepresented in the sample were white females ($z = 2.25$, $p<0.05$), women held in medium security facilities ($z=2.35$, $p<0.05$), and those with one child ($z=2.02$, $p<0.05$). In order to verify if any differences existed between the study sample and the female inmate population, researchers used the two-tailed two-proportion z-test. This analysis confirmed the overall representativeness of the sample at .05.

Table 2
Comparison of sample and female prison population

	Sample (n=163)	N	Prison pop. (n=2,665)	N	Z-score & p-value
Age (mean, in years)	36.2		36.5		z = -0.07
Race					
White*	50%	82	42%	1,109	z = 2.25, p= 0.0316
Black	44%	71	51%	1,346	z = -1.77, p= 0.0768
Hispanic	6%	9	7%	176	z = -0.56, p= 0.5754
Asian	0.6%	1	0.8%	21	z = -0.25, p= 0.8026
Other	0%	0	0.5%	13	z = -0.89, p= 0.3734
Marital status					
Married	18%	29	15%	406	z = 0.91, p = 0.3628
Not married	82%	134	85%	2,254	z = -0.84, p = 0.4010
Children					
No children*	13%	21	19%	509	z = -2.02, p = 0.0434
1+ children*	87%	142	81%	2,156	z = 2.02, p = 0.0434
Conviction offense class					
Murder	14%	22	12%	324	z = 0.52, p = 0.6030
Class X-2	55%	90	53%	1,413	z = 0.56, p = 0.5754
Class 3-4	31%	51	35%	907	z = -0.75, p = 0.4592
Conviction offense type					
Person	36%	59	32%	857	z = 1.10, p = 0.2714
Property	32%	52	30%	799	z = 0.54, p = 0.5892
Drug	25%	41	32%	845	z = -1.80, p = 0.0718
Sex	6%	9	4%	105	z = 1.03, p = 0.2984
Other	1%	2	2%	59	z = -0.86, p = 0.3898
Committing county					
Cook County*	32%	52	40%	1,065	z = -2.10, p = 0.0358
Collar counties	9%	14	12%	314	z = -1.26, p = 0.2076
Rest of Illinois*	60%	97	48%	1,286	z = 2.88, p = 0.0040
Prison security level					
Minimum*	51%	83	58%	1,557	z = -2.16, p = 0.0308
Medium*	33%	54	26%	684	z = 2.35, p = 0.0188
Maximum*	7%	11	7%	184	z = -0.07, p = 0.9442
Source: Illinois Department of Corrections Age as of March 31, 2009 Prison population on March 3, 2009 *Significantly different at 95% confidence level.					

Interviews

Interviewers

Five trained female interviewers worked on the project, including three researchers on staff at the Authority and two others contractually hired to work part-time on the project. All interviewers completed a three-day course covering human subject issues, violence against women, interviewing techniques, and utilization of the life history calendar.

The two women who were hired contractually and completed the majority of the interviews were former prison inmates recommended by IDOC for the study. According to the National Institute of Corrections, when corrections agencies support employment of ex-offenders in prisons, they demonstrate that those with criminal backgrounds can effectively contribute to the workplace and society.⁴⁵ In addition, Illinois re-entry employment initiatives encourage the employment of former offenders in criminal justice research and practice.⁴⁶

Although the interviewers were instructed not to disclose personal information—including prior incarceration—to the interviewees, the purpose was to have interviewers who were relatable to participants, could understand their views and experiences, and would put them at ease. In prison research, it is important for researchers to have knowledge and legitimacy in the area of study and to build rapport and trust to make connections with research participants.⁴⁷ One way to accomplish this is through direct experience similar to that of the research subject. Although interviewers remained neutral, it was assumed that former prisoners would better be able to ask questions, seek clarification, and understand terms and responses used by interviewees.

The interviewers were not randomly assigned to interviewees. All analyses used in this report controlled for interviewer in order to determine if there were any interviewer effects. None of our analyses indicated the presence of interviewer effect.

Interview questions

The structure of the survey instrument was designed to obtain a wealth of information about the research subject. Researchers, along with advisors chosen because of their expertise in the fields of criminal justice and violence against women, selected the questions and designed the instrument utilizing prior validated research surveys when appropriate. The questions were chosen to gather information about the women with particular focus on different types of victimization experienced as well as onset, frequency, perpetrators, and duration. The questions also asked about the effects of victimization or trauma and services sought after victimization.

The interview included 98 questions in seven sections:

- Demographics (18 questions).
- Substance use (5 questions).
- Physical abuse (13 questions).
- Sexual abuse (13 questions).
- Stalking/ emotional abuse (6 questions).
- Trauma (18 questions).
- Help-seeking strategies including prior services, treatment, and assistance (25 questions).

Printed answer cards, which listed the response choices for certain questions, were offered to respondents to assist them in answering questions in a structured way.

Most questions during the interview were adapted from forms used in other research projects with permission granted from original authors or sources. Many of the demographic questions for this study, as well as the help-seeking questions, were taken from the Authority's Chicago Women's Health Risk Study (CWHRs).⁴⁸ CWHRs interviewed abused women, as well as those

close to victims of intimate partner homicide, to learn factors contributing to serious injury or death by intimate partners.

Researchers asked participants about regular use of drugs and alcohol in their lifetime. The list of drugs from which to respond was taken from question 11 from the Texas Christian University (TCU) Drug Screen II. The drug screen is a standardized tool to identify a history of drug use or dependency and is widely used in correctional settings.⁴⁹

Physical and sexual abuse questions were adapted from the Early Trauma Inventory (ETI), an interview form designed to find out about trauma experienced in childhood.⁵⁰ ETI questions were extended to include adulthood. The ETI shows relatively good psychometric properties and was one of the few research instruments that could easily be adapted for the life course.⁵¹ In addition, items were added to address more severe forms of physical victimization, namely witnessing or being victimized with a firearm or knife.

The stalking and emotional abuse questions were adapted from the Center for Policy Research's Questionnaire on Violence and Threats of Violence against Women in America.⁵² The questionnaire was used in 1996 in a national telephone survey. They were adapted slightly to be more appropriate for asking questions over the life course.

Studies that ask fewer questions yield lower prevalence rates for abuse.⁵³ Asking specific questions about abuse more accurately categorizes research participants as abuse victims although they may not label their experiences as such. Although there is no agreed upon measure of what constitutes abuse, researchers in this study recognized the need to use carefully considered and articulated definitions. This research did not rely on individuals to define their own experiences as abuse, controlling for the possibility that it might lead to unreliable and undercounted reports. In fact, the literature confirms that the term "abuse" should not be used in interviews and was not used in this study.⁵⁴ Therefore, this study asked a number of concisely worded questions about past experiences to determine prevalence of emotional, physical, or sexual abuse.

The Post-Traumatic Stress Disorder (PTSD) Symptoms Checklist (PCL) was used. The PCL is one of the most commonly used screening measures for PTSD and has been found to be reliable and valid for screening purposes across numerous populations.⁵⁵ However, the PCL cannot diagnose PTSD, as this would require a more comprehensive diagnostic exam which most researchers are not qualified to administer. However, it is useful to include a measure of symptoms normally associated with survivors or traumatic victimizations. PCL questions were not asked to describe symptoms over their entire life course, but for the month prior to the time of the interview with an additional question asking how far back the respondent had felt any symptoms.

A Life History Calendar (LHC) was used for this study which is a method for collecting retrospective data. The LHC organized information to identify patterns of victimization and various life conditions and provided a visual method of checking for inconsistencies in reporting. LHCs has usually been found to solicit more information than asking questions alone,⁵⁶ to aid in respondent recall,⁵⁷ and maximize accuracy of autobiographical events.⁵⁸

Across the top of the LHC was age of the participant, starting at zero to current age. Participants were asked to share different events in their life and researchers marked the ages of occurrence on the calendar. The LHC recorded demographics over time, including periods of incarceration, cities in which the participant lived, with whom they lived, marriages, births of children, and gang activity. The LHC recorded periods of time respondents reported regular use of alcohol and drugs during their life, as well as periods during which they experienced physical, sexual, and emotional abuse, and stalking.

Additional data sources

In addition to the interviews, physical prison files for each inmate, correctional data files for each inmate, and criminal history record information were used.

Prison files for the respondents were examined after the interview to obtain state identification numbers required for access to criminal history records, as well as information on mental health and substance abuse. The results of the Texas Christian University (TCU) Drug Screen II, completed by each prisoner at intake were obtained from the prison files for each interviewee. The screen is a standardized 15-item screening tool at an eighth-grade reading level that helps identify a history of drug use or dependency and is widely used in correctional settings.⁵⁹ Researchers recorded prisoner responses to questions 11 through 15 from the TCU Drug Screen II. These questions indicated how often they used alcohol and other drugs during the 12-month period immediately before they were incarcerated. Questions 1 through 9 on the screening tool provide a score of key clinical and diagnostic criteria for substance abuse dependence as specified in the *Diagnostic and Statistical Manual (DSM-IV)*. Researchers recorded the total scores from these questions for each inmate.

The data files provided by IDOC with the names of female inmates to interview also included data variables such as sentence length and type, holding offense, and projected release date. Those variables were used in the analysis for this study.

The Authority's Criminal History Record Information (CHRI) Ad Hoc datasets provided the criminal history records of the women interviewed. These data were derived from records in the Illinois State Police's Computerized Criminal History (CCH) system, the state's central repository for criminal history record information. Using the women's names and dates of birth, it was possible to retrieve the history of arrests and convictions in an electronic format, for all but seven women.

Interview data and correctional file data were hand entered into an Access Database by a trained staff person, which was then converted to SPSS for analysis.

Risks to participants

Participants of trauma research have described their experiences as positive and have rated the benefits from participation as outweighing the costs.⁶⁰ For example, one study examining risks of asking trauma history questions suggests that participants understand the importance of research about trauma in order to prevent it or develop treatment strategies. Additionally, the

study findings suggest that some kinds of trauma research appear to pose no more adverse risk compared to other minimal risk research topics.⁶¹ Another study on participant reactions to different trauma assessments following domestic violence, and sexual and physical assault found the vast majority of the participants reported that the assessment experience was not distressing, and the assessments were, in fact, viewed as an interesting and valuable experience.⁶²

In addition to the participant-reported benefits of trauma research, ample objective evidence shows that participants benefit from the research. Numerous other studies cited by Francis and Pennebaker have indicated that talking about traumatic experiences can benefit an individual both psychologically and physiologically.⁶³

Consent process

Informed consent forms, which outlined the goals of the study, the risks, and the interview procedure, were signed by each participant. The consent form also provided contact information of the principal investigator of the study, the general counsel at the Authority, and the director of Women's Services at the Illinois Department of Corrections. As previously stated, a mental health professional, psychiatrist, psychologist, or crisis team member at the correctional facilities were available to all participants upon request. The Authority's Institutional Review Board approved the research study after consideration of potential risk to human subjects.

Limitations

Generally, in survey research, participants may not report abuse due to the stigma of victimization and treatment, inability to recall incidents over their life, and fear of disclosure. Another limitation is that the data on female inmate victimization may be able to show an association, but not causation, of criminality, thereby impacting the value of the research in terms of developing strategies to combat abuse and treat victims. Furthermore, individual women may experience many additional risk factors for criminality and incarceration other than victimization such as poverty, single motherhood, mental illness, and substance abuse, which make it difficult to isolate the impact of prior abuse on criminality.

There may be issues regarding accuracy of data on substance use or mental health problems found in prison files, particularly data collected at intake into prison. Data is self-reported and there may be individual motivations for disclosure of such as perceived or actual good time credits and referrals to treatment as a way to fill time during the day. Conversely, there may be motivations for non-reporting, such as the stigma, fear of disclosure, or the lack of faith in treatment in prison to help.

There are also limitations on the use of criminal history record information (CHRI). The state's Computerized Criminal History (CCH) System is driven by the submission and identification of an individual's fingerprints. Once a match to previously submitted prints is established by the computer, the associated demographic and criminal justice events are retrieved and collated into a criminal history transcript (rap sheet). However, the Authority's access to this information (referred to as the Ad Hoc connection) is limited to an off-line copy of the live database, which is accessed through a match on name and date of birth, instead of the more positive biometric

identifiers. Therefore, successful identification of a criminal history record through the Ad Hoc connection is dependent on the same name and date of birth being furnished by the individuals that has already being recorded in the state system.

The small number of women in this study for whom CHRI could not be found may have provided the Illinois Department of Corrections with a different name than the one associated with their arrest records. In addition, there are occasions when individuals may not be fingerprinted during the course of their arrest (such as if they were hospitalized due to injuries from the event). In that event, there may not be an official state criminal history record or only an incomplete record. Finally, other records may be missing due to data errors that caused the information to not be properly processed.

A final limitation is that the survey was not piloted and there are no metrics on the construct validity of the instrument. However, the instrument was reviewed by a team of experts in the field of study, so the survey has face and content validity. Additionally, some components of the overall study included existing survey, which have high validity, such as the ETI and the PCL-Checklist.

Findings

Study sample characteristics

Table 3 provides an overview of the demographics of the women in the study sample. The average age of the women in the sample was 36 years old.

About half (48 percent) of the women in the sample were white and 43 percent were black. Seven percent stated that their race was “*Other*” including Hispanic/Latino, Jamaican, Argentina, Mexican, and Polish. Six women (4 percent) were not born in the United States and their countries of origin included Germany (n=2), Italy (n=1), Mexico (n=1), and Vietnam (n=1). One was unknown.

About half of the sample (53 percent) was never married, and 20 percent were married at the time of the interview. The average age of first marriage was 20 years old. Many (80 percent) had between one and four children. The median age of having a first child was 18 years old.

Some (44 percent) had an education of less than a high school degree. Twenty-six percent had a high school degree or GED, and 29 percent had an education beyond high school. Almost half (48 percent) were enrolled in an educational program at the prison at the time of the interview.

At the time of incarceration, 58 percent of the women were employed full-time or part-time, 17 percent were unemployed, and the rest were students, homemakers, or *Other*. Thirty-eight percent made less than \$5,000 per year. The range of income was \$0 to \$170,000.

Table 3
Description of sample

	<i>N</i>	%
Age (mean in years, at time of the interview)	36	--
U.S. born		
Yes	152	93%
No	11	7%
Race		
White	78	48%
Black	70	43%
Asian	2	1.2%
American Indian or Alaska Native	1	0.6%
Other	12	7%
Ethnicity		
Latina/ Hispanic	14	9%
Non-Latina/ Hispanic	149	91%
Marital status		
Never married	86	53%
Married	33	20%
Separated	5	3%
Divorced	30	18%
Widowed	8	5%
Unknown	1	0.6%
Children		
0	19	12%
1-4	131	80%
5+	13	9%
Education		
Elementary (1-8)	8	5%
Some high school (9-12)	64	39%
High school graduate	15	9%
GED degree	28	17%
Some college or some vocational school	39	24%
Diploma or certificate trade school, community college	4	3%
Four-year college degree	3	2%
Some graduate school	1	0.6%
Graduate or professional degree	1	0.6%
Employment (prior to incarceration)		
Worked full time	73	45%
Worked part time	22	13%
Homemaker	4	2%
Student	13	8%
Unemployed	29	17%
Other	7	4%
Total personal annual income (prior to incarceration)		
Less than \$5,000	62	38%
\$5,000 to \$10,000	24	15%
\$10,000 to \$20,000	23	14%
\$20,000 to \$30,000	19	12%
\$30,000 to \$40,000	9	6%
\$40,000 to \$50,000	4	3%
More than \$50,000	14	9%
Unknown	8	5%

Table 4 shares further information about the sample. As children, 15 percent of the women had been a ward of state such as foster care, group home, or other residential placement.

About 35 percent of women reported engaging in “survival sex” or trading sex acts for basic life necessities; they had exchanged sex for money, drugs, a place to stay, or food.

Thirteen percent had been active in a gang at some point in their lives. The average age at which women in the sample first joined a gang was 11.9 years old.

Table 4
Additional characteristics of sample

	N	Percent
Prior ward of state (foster care)		
Yes	24	15%
No	139	85%
Ever exchange sex for money, drugs, place to stay, or food?		
Yes	53	35%
No	100	65%
Ever an active gang member?		
Yes	21	13%
No	141	87%

Criminal history

Criminal histories were available for 96 percent of the sample, or 156 of the 163 women. Criminal history record information is sometimes unavailable due to data entry or database errors, and errors caused by arrestees supplying inaccurate information.

The 156 women had a combined 1,732 prior arrests and an average of 11 prior arrests. The average age at first arrest was 22.8 (SD = 7.56). However, many of the women may have been arrested as juveniles and these records are not available in the criminal history record information system prior to 2000, so the age of first arrest, may in fact be lower. Prior arrest charges were placed into categories according to the most serious charges. The women were most often arrested for property offenses, followed by drug offenses and crimes against a person. The women had an average of seven prior arrest charges for property offenses, an average of three arrests for drug offenses, and an average of two arrests for crimes against a person. *Table 5* indicates the total and average numbers of the most serious prior arrest charges of the women in the sample. Homicide arrests include arrests for first- and second-degree murder, reckless homicide, drug-induced homicide, attempted murder, and solicitation of murder.

Table 5
Total and average number of most serious prior arrest charges

Arrest charge	Number of arrest charges	Mean
Property	1,011	6.48
Drug	419	2.69
Person	289	1.85
Prostitution	105	0.67
Homicide	44	0.28
Sex	37	0.24
Weapons	20	0.13
Status	13	0.08
Other	622	3.99

The criminal histories of women were also examined in relation to their current incarceration offense to further understanding of offending patterns among female inmates. There is great debate among researchers as to whether or not there is stability, continuity, and specialization in life-course offending patterns.⁶⁴ Results of analyses on prior offending and current incarceration offense provide some evidence in support of specialization theories. However, no definitive statements can be made based on the limited information available because the study was not originally designed to inform on this theory and more data would be necessary to draw any definitive conclusions.

One-way ANOVA (Analysis of Variance) tests were used to determine if there were any significant differences in the average number of prior arrests by the type of offense for the current incarceration. *Table 6* shows the results of these analyses, which found some statistically significant differences in the mean number of prior arrest charges by current incarceration offense.

Table 6
Mean prior arrest charges by offense type and current incarceration offense

Arrest charges	Current incarceration offense				
	Homicide (n=32)	Person (n=27)	Property (n=52)	Sex (n=9)	Drug (n=41)
Homicide	1.23	0.21	0.02	0.00	0.00
Person	2.13	3.42*	1.70	2.67	0.77
Property	2.42	2.46	13.60**	2.67	4.10
Sex	0.45	0.38	1.42	3.00	0.54
Drug	0.58	1.25	2.74	1.00	5.56**
Weapons	0.06	0.33	0.08	0.11	0.10

* Significant at 0.05
** Significant at 0.01

As indicated in *Table 6*, women currently incarcerated for person offenses had, on average, more previous arrest charges for person offenses, [$F(1,154) = 5.43, p = 0.02$] in comparison to other women in the study incarcerated for other offense types. Similarly, women currently incarcerated

for property offenses had more prior arrest charges for property offenses, [$F(1,154) = 50.642$, $p < 0.00$]. Women incarcerated for drug offenses had, on average, more prior drug arrest charges [$F(1,154) = 36.675$, $p < 0.000$]. Women incarcerated for sex offenses did not have a significantly higher mean of prior sex offense charges. This may be a result of the small number of sex offenders in our sample ($n=9$) and that most of the sex offenses for both current incarceration offense and prior arrest charges were prostitution related offenses.

Substance use

During the interview, study participants were asked about substances used *regularly*, which was defined as several times a week to use on a daily basis. Episodes of regular use were recorded on the life history calendar.

A total of 85 percent of the sample indicated having periods of regular use of alcohol or drugs in their lifetime ($n=138$). The average age of onset of regular substance use was 16.3 years old. Many (82 percent) reported regular substance use as an adult (18 years old and older), 58 percent reported regular substance use in adolescence (13 to 17 years old), and 18 percent reported regular substance use in childhood (12 years old and younger).

More than half of the sample (53 percent) indicated having periods of regular use of alcohol in their lifetime ($n=86$). The average age of onset of regular alcohol use was 15.7 years old. Half of the women reported regular substance use as an adult, 38 percent reported regular substance use in adolescence, and 15 percent reported regular substance use in childhood. The average duration of episodes of regular alcohol use was 8.5 years.

Table 7 indicates the frequency, onset, and duration of regular drug use by substance. More than half of the sample reported marijuana use (64 percent) followed by crack cocaine use (53 percent). The duration of regular use of substances was the longest for alcohol (8.5 years) followed by marijuana use (6.6 years). The youngest average age of onset of substance use was for marijuana (14.3 years old), followed by hallucinogens (15.5 years old), and alcohol (15.7 years).

Table 7
Frequency, onset, and duration of regular drug use episodes by substance

Substance	Reported regular use		Age of onset	Number of episodes	Duration of episodes
	<i>N</i>	%	<i>Mean</i>	<i>Mean</i>	<i>Mean (in years)</i>
Marijuana/ hashish	104	64%	14.3	0.69	6.6
Heroin	57	35%	23.3	0.43	2.3
Crack cocaine	87	53%	23.2	0.71	4.8
Powder cocaine	64	39%	20.6	0.40	2.1
Amphetamines/ speed/ ice/ methamphetamines	40	25%	20.6	0.12	0.7
Hallucinogens/ LSD/ psychedelics	33	20%	15.5	0.07	0.2
Ecstasy	35	22%	18.0	0.07	0.2
Pain pills	30	18%	16.0	0.06	0.5

Overall, the mean age of regular substance abuse was younger for those who experienced abuse than those who did not experience abuse as indicated in *Table 8*.

Table 8
Abuse type by age of first substance use

Abuse type	Mean age of first drug use	
	<i>Experienced abuse</i>	<i>Experienced no abuse</i>
Intimate partner child	13.25	16.63
Intimate partner teen	13.93**	17.75
Intimate partner adult	16.69	15.80
Physical child	15.57**	18.16
Physical teen	15.87*	18.21
Physical adult	16.80	13.85
Sexual child	15.20**	17.86
Sexual teen	15.62	17.52
Sexual adult	16.86	16.30

*Significant at 0.05
**Significant at 0.01

Drug use screen at intake

Participants were administered the Texas Christian University (TCU) Drug Screen II at intake. Researchers obtained copies of these surveys from participants' files. The TCU instructs participants to answer the questions about how often they used alcohol and other drugs during the 12-month period immediately before they were incarcerated. *Table 9* indicates the responses ranging from never to about every day. Thirty-eight percent reported monthly to daily use of alcohol, 25 percent reported monthly to daily use of marijuana, and 21 percent reported monthly to daily use of crack cocaine. (Some TCU Drugs Screens were absent from participants' prison files.)

Table 9
Drug use by sample in past 12 months prior to incarceration

Drug type	Never		Only a few times		1-3 times per month		1-5 times per month		About every day	
	N	%	N	%	N	%	N	%	N	%
Alcohol	45	28%	14	9%	14	9%	23	14%	25	15%
Marijuana/ hashish	69	42%	10	6%	7	4%	10	6%	24	15%
Hallucinogens/ psychedelics/ LSD/ PCP/ mushrooms/ peyote	113	69%	3	2%	1	0.6%	0	0%	3	2%
Crack/ freebase	79	49%	7	4%	6	4%	7	4%	22	14%
Heroin and cocaine (mixed together as speedball)	108	66%	1	0.6%	1	0.6%	3	2%	7	4%
Cocaine (by itself)	95	58%	5	3%	3	2%	4	3%	11	7%
Heroin (by itself)	95	58%	3	2%	0	0%	3	2%	18	11%
Street methadone (non-prescription)	114	70%	1	0.6%	1	0.6%	1	0.6%	1	0.6%
Other opiates/ opium/ morphine/ Demerol	105	64%	2	1%	0	0%	2	1%	8	5%
Methamphetamine/ speed/ ice (uppers)	110	68%	1	0.6%	1	0.6%	1	0.6%	5	3%
Tranquilizers/ barbiturates/ sedatives (downers)	110	68%	2	1%	2	1%	1	0.6%	3	2%

Only 7 percent of the women reported injecting drugs with a needle in the 12 months prior to incarceration, and 68 percent reported they had never injected drugs. At intake, inmates were asked to share how serious they thought their drug problems were. Eighteen percent reported “not at all,” 5 percent reported “slightly,” 14 percent said “moderately,” 14 percent said “considerably,” and 23 percent said “extremely.”

At intake, prison staff recommended treatment for 49 percent of the women, and 35 percent accepted the recommendation to treatment in prison.

Substance abuse treatment

Information obtained from intake interviews shows that 31 percent of the women reported that they had never been in a drug treatment program, 24 percent had been in a drug treatment program one time, 9 percent had two times, 5 percent had three times, and 10 percent had four or more times (22 percent unknown). One third reported that it was extremely important to get into drug treatment at intake, 4 percent said it was considerably important, 7 percent said it was moderately important, 6 percent said it was slightly important, and 25 percent said it was not at all important (25 percent unknown).

During the interview with researchers, 55 percent reported prior enrollment in a substance abuse treatment program (n=90). Of those women, 52 percent had been to outpatient treatment and 86 percent had been to inpatient or residential treatment. Participants received outpatient treatment an average of 1.07 times—29 percent had been in outpatient treatment once and 23 percent had received outpatient treatment more than once. Participants received inpatient treatment an average of 1.87 times—47 percent had received inpatient treatment once and 39 percent had received inpatient treatment more than once. The women were also asked if past abuse or violence was ever discussed in treatment and 54 percent said that it was discussed.

Conclusion

Most women (85 percent) reported periods of regular use of alcohol or drugs in their lifetimes. The average age of first regular use of alcohol or drugs was younger for those who experienced abuse. Over half of the sample reported periods of regular use of marijuana (64 percent), alcohol (53 percent) and crack cocaine (53 percent) throughout the course of their lives. In addition, 15 percent reported daily use of alcohol during the year prior to incarceration, 15 percent reported daily use of marijuana, and 14 percent reported daily use of crack cocaine.

Lifetime victimization

Almost all (99 percent) of the women interviewed experienced some type of emotional, physical, or sexual abuse in their lives (n=161). Other studies of female prisoners across the country showed between 60 and 85 percent had experienced prior victimization.⁶⁵ Almost all (98 percent) of the women prisoners interviewed for this study had experienced physical abuse in their lifetime (n=159). Eighty-five percent of the female inmates had experienced stalking or emotional abuse in their lifetime (n=139) and 75 percent experienced some form of sexual abuse in their lifetime (n=123). Again, this study's methodology included multiple questions on incidents that constitute abuse without asking participants to characterize themselves as victims of abuse,⁶⁶ as well as used a life history calendar⁶⁷, both of which have been shown to increase prevalence rates.

Emotional abuse

During the interview, women were asked questions about incidents of stalking and emotional abuse that occurred in a relationship with an intimate partner, defined as someone they were romantically or sexually involved with, such as a husband, boyfriend, girlfriend, or other sexual partner. Research has shown that 30 percent of stalking victims are stalked by a current or former intimate partner.⁶⁸ Therefore, the participants were instructed to exclude information about stalking or emotional abuse by anyone other than an intimate partner, such as a family member, friend, or stranger.

Women were asked to indicate the episodes or periods of time in which they experienced incidents of stalking and emotional abuse. Six questions were asked on different violations that would constitute emotional abuse or stalking. Answers were recorded on the life history calendar. Therefore, events were recorded as single incidents or as spanning the course of many years.

Most (85 percent) of the female inmates who were interviewed had experienced stalking or emotional abuse in their lives (n=138). The average age of onset of stalking or emotional abuse by an intimate partner was 21 years old (SD = 7.05).

Emotional abuse by violation type

Table 10 indicates the stalking or emotional abuse violation type reported by frequency and relationship to the stalker/abuser.

Table 10
Emotional abuse by violation type, reported events, and number of episodes

	Reported event		Number of episodes	
	<i>N</i>	%	<i>Mean</i>	<i>Std. Dev.</i>
Any emotional abuse	138	85%	4.00	2.96
<i>Violation type</i>				
Followed/spied on by intimate partner	83	51%	0.56	0.60
Unwanted phone calls	88	54%	0.62	0.66
Partner showed up	95	58%	0.66	0.63
Property destroyed	92	56%	0.69	0.79
Felt unsafe	97	60%	0.74	0.79
Feel no control over life	100	61%	0.72	0.71

Followed/spied on by intimate partner

Just more than half (51 percent) of the participants reported experiencing periods of time in which they were followed or spied on by an intimate partner (n=83). At some point in their lives, 44 percent of the women had been spied on or followed daily or often (n=71).

Of those women who were spied on or followed by an intimate partner, 86 percent experienced it often or daily for an average of 3.7 years (SD = 3.72). The average first age of occurrence for those who were spied on or followed by an intimate partner was 22.1 years old (SD = 8.01). Of those women who were spied on or followed, the average number of times the women had been followed or spied on was 1.11 times (SD = 0.31).

Unwanted phone calls by intimate partner

In their lifetime, 54 percent of the women reported that an intimate partner had made phone calls to them even when they told that person not to call them (n=88). The range of episodes was zero to four times. The average age that women first received unwanted phone calls by an intimate partner was 21 years old (SD = 6.93) and ranged from 11 years old to 45 years old. Forty-five percent of the women said they had received unwanted phone calls often or daily (n=74).

Of those who received unwanted phone calls by an intimate partner, 85 percent experienced it often or daily for an average of 3.9 years (SD = 4.26). Of those women who received unwanted phone calls, the average number of times the women received unwanted phone calls was 1.15 times (SD = 0.44).

Intimate partner showed up at locations of victim

Fifty-eight percent of the women interviewed indicated that a partner showed up where they were even though the partner had no business being there (n=95). The range of times this occurred was zero to three times. Nearly half (45 percent) had a partner show up at places often or daily (n=74).

Of those whose partners showed up at locations of the victim, 77 percent experienced it often or daily for an average of 3.2 years (SD = 3.70). The average first age of occurrence for those whose partners showed up unnecessarily was 21.9 years old (SD = 6.87). Of those women whose partners showed up at locations of the victim, the average number of times was 1.14 (SD = 0.38).

Property vandalized/destroyed by intimate partner

A total of 56 percent of the participants reported that an intimate partner had vandalized their property or purposely destroyed something they loved (n=92). The range was zero to five times. A total of 57 percent of the women said a partner had vandalized or destroyed their property often or daily (n=92).

Of those women whose partners destroyed or vandalized their property, three-fourths experienced it often or daily for an average of 3.9 years (SD = 4.37). The average first age of occurrence for those who had property vandalized or destroyed by an intimate partner was 22.2 years old (SD = 7.85). Of those women who destroyed or vandalized their property, the average number times the women experienced that was 1.22 (SD = 0.68).

Felt unsafe around intimate partner

Sixty percent of those interviewed stated that they had felt unsafe when an intimate partner was around (n=97). The number of episodes reported ranged from one to five times. Half of the respondents indicated they felt unsafe around an intimate partner often or daily.

Of the women who felt unsafe around an intimate partner, 85 percent experienced it often or daily for an average of 4.0 years (SD = 4.43). The average age of first occurrence for those who felt unsafe around an intimate partner was 22.8 years old (SD = 8.18). Of those women who felt unsafe around an intimate partner, the average number times was 1.25 (SD = 0.65).

Felt no control over life in relationship

A total of 61 percent of the female prisoners interviewed indicated that they had been in a relationship with a partner who made them feel as if they had no control over their own life (n=100). The number of periods of time this occurred ranged from zero to five times. More than half (52 percent) of the sample felt no control in a relationship often or daily (n=85).

Of the women who had an intimate partner who made them feel as if they had no control, 87 percent experienced it often or daily for an average of 4.4 years (SD = 5.55). The average age of first occurrence for those who felt they had no control was 21.8 years old (SD = 7.00). Of those

women had a partner who made them feel as if they had no control over their life, the average number of times that the women said it occurred was 1.18 (SD = 0.52).

Emotional abuse by perpetrator

Table 11 indicates the emotional abuse by violation type and relationship to the perpetrator. Most (60 percent) of the women experienced stalking and emotional abuse by a boyfriend or by a husband (23 percent). Boyfriends were most likely to be the perpetrator of all types of emotional abuse including showing up at locations of the women (47 percent), placing unwanted phone calls (44 percent), making the women feel they had no control over their lives (44 percent), making the women feel unsafe (43 percent), destroying property (38 percent), and following or spying (37 percent).

Table 11
Emotional abuse by violation type and relationship to perpetrator

	Intimate partner relationship									
	Husband		Boyfriend		Girlfriend		Father of child		Other	
	N	%	N	%	N	%	N	%	N	%
Any emotional abuse	37	23%	98	60%	7	4%	7	4%	9	6%
Violation type										
Followed/ spied on by intimate partner	19	12%	60	37%	5	3%	3	2%	6	4%
Unwanted phone calls	20	12%	72	44%	3	2%	4	3%	4	3%
Partner showed up	20	12%	76	47%	4	3%	4	3%	4	3%
Property destroyed	25	15%	62	38%	6	4%	5	3%	6	4%
Felt unsafe	30	18%	70	43%	4	3%	3	2%	6	4%
Feel no control over life	32	20%	72	44%	2	1.2%	3	2%	6	4%

Conclusion

Most (85 percent) of the female prisoners in the sample were victims of stalking or emotional abuse by an intimate partner. Sixty-one percent of the women said that an intimate partner made them feel they had no control over their lives, 60 percent said a partner made them feel unsafe, and 59 percent said a partner had showed up unnecessarily. Most (62 percent) were under the age of 20 years old when they first experienced stalking, while the average age at first experience was 21 years old. However, for some, stalking events continued until they were in their 50s. The perpetrator was most often a boyfriend (60 percent) or a husband (23 percent).

Physical abuse

Participants were asked 13 questions on different violations that would constitute physical abuse. Participants indicated episodes or periods of time incidents of physical abuse occurred in their lifetime. Therefore, occurrences may be a single incident or span many years, but were tied to a single perpetrator.

Almost all (98 percent) of the female inmates interviewed for this study had experienced physical abuse in their lives (n=159). The average age participants said they were when they first experienced physical abuse was 10.3 years old and the range was from birth to 35 years old. Sixty-one percent reported experiencing physical abuse in childhood (0 to 12 years old), 71 percent reported experiencing physical abuse as a teenager (13 to 17 years old), and 90 percent reported experiencing physical abuse as an adult (older than 18 years of age).

Physical abuse by violation type

Table 12 indicates the physical abuse violation type by number of episodes of abuse and by relationship to the perpetrator. It does not, however, make distinctions in the frequency of events during the episodes. An episode is defined as a beginning and end of a particular type of abuse by a single perpetrator. For example, a woman who was slapped once by a boyfriend at 19 years old and a woman who was slapped numerous times over the course of one year would both have this count as one episode. A woman being choked numerous times for a year by one boyfriend and then numerous times during the next year by another boyfriend would have two episodes of choking.

Table 12
Physical abuse by violation type, reported events, and number of episodes

	<i>Reported event</i>		<i>Number of episodes</i>	
	<i>N</i>	<i>%</i>	<i>Mean</i>	<i>Std. Dev.</i>
Any physical abuse	159	98%	8.85	6.5
<i>Violation type</i>				
Slapped	132	81%	1.41	1.34
Burned/scalded	25	15%	0.17	0.42
Punched/kicked	110	67%	0.97	1.06
Hit/spanked with object	100	61%	0.90	0.94
Object thrown	77	47%	0.61	0.77
Choked/strangled	92	56%	0.69	0.71
Pushed/shoved	128	79%	1.16	1.02
Tied up/locked up	33	20%	0.21	0.44
Threatened shot/stabbed	91	56%	0.86	1.17
Stabbed	35	22%	0.26	0.53
Shot	15	9%	0.11	0.39
Witnessed slap/punch/choke/beating	106	65%	1.04	1.13
Witnessed shot/stabbed	49	30%	0.47	0.94

Slapped by adult

Most (81 percent) of those interviewed stated that they had been slapped in the face with an open hand by an adult (n=132). The number of episodes in which this occurred ranged from zero to eight. More than half (63 percent) of the respondents indicated they had been slapped by an adult often or daily (n=102).

Of those who were slapped by an adult, 77 percent experienced it often or daily for an average of 8.7 years (SD = 10.54). The average age at which women were first slapped by an adult was 14.3

years old ($SD = 8.28$). Of those women who were slapped by an adult, the average number of times was 1.74 ($SD = 1.28$).

Burned or scalded by adult

Fifteen percent of the sample reported being burned or scalded with hot water, a cigarette, or something else by an adult ($n=25$). The frequency of occurrence ranged from one to three episodes in their lifetime. Four percent were burned or scalded often or daily ($n=6$).

Of those who were burned or scalded by an adult, 24 percent experienced it often or daily for an average of 3.3 years ($SD = 2.75$) and ranged from 0.5 to seven years. The average age at which women were first burned or scalded by an adult was 16.4 years old ($SD = 9.6$). Of those women who were burned or scalded by an adult, the average number of times was 1.08 ($SD = 0.40$).

Punched or kicked by adult

Two-thirds of the women reported being punched or kicked by an adult ($n=110$). The average number of episodes in their lifetime ranged from one to seven. About half (53 percent) were punched or kicked often or daily ($n=86$).

Of those who were punched or kicked by an adult, 79 percent experienced it often or daily for an average of 7.5 years ($SD = 10.25$). The average age at which women were first punched or kicked was 17.4 years old ($SD = 8.34$). Of those women who were punched or kicked by an adult, the average number of times was 1.44 ($SD = 1.00$).

Hit or spanked with object by adult

The interviewers asked if the study participants had ever been hit or spanked with an object like a fly-swatter, a belt, or a pan by an adult. Sixty-one percent reported being hit or spanked by objects ($n=100$). Forty-one percent were hit or spanked with an object often or daily ($n=67$). The number of episodes in their lifetime ranged from zero to four.

Of those who were hit or spanked with an object by an adult, 45 percent experienced it often or daily for an average of 7.3 years ($SD = 5.63$). The average age at which women were first hit or spanked with an object was 12.2 years old ($SD = 8.35$) and ranged from two to 35 years old. Of those women who were hit or spanked with an object by an adult, the average number of times was 1.47 ($SD = 0.78$).

Hit with object thrown by adult

A total of 47 percent of the women reported having an object thrown at them by an adult that could or did hurt them ($n=77$). The first age of onset was an average of 16.5 years old ($SD = 8.70$) and ranged from birth to 40 years old. One-third of the sample were hit with an object thrown often or daily ($n=54$). The average number of lifetime episodes ranged from zero to four.

Of those who had an object thrown at them, 70 percent experienced it often or daily for an average of 6.2 years (SD = 4.86). Of those women who were hit with an object thrown by an adult, the average number of times was 1.30 (SD = 0.61).

Choked or strangled by adult

More than half (56 percent) of the female inmates had been choked or strangled by an adult in their lifetime (n=92). Thirty-nine percent were choked or strangled often or daily (n=63). The number of episodes over a lifetime ranged from zero to three.

Of those who were choked or strangled by an adult, 69.3 percent experienced it often or daily for an average of 5.6 years (SD = 5.07). The average age at which women were first choked or strangled by an adult was 20.2 years old (SD = 8.20) and ranged from three to 43 years old. Of those women who were choked or strangled by an adult, the average number of times was 1.22 (SD = 0.49).

Pushed or shoved by adult

Seventy-nine percent of the women interviewed reported that they had been pushed or shoved by an adult in their lifetime (n=128). More than half (59 percent) had been pushed or shoved often or daily (n=96). The number of lifetime episodes ranged from zero to six.

Of those who were pushed or shoved by an adult, 76 percent experienced it often or daily for an average of 8.3 years (SD = 12.67). The average age at which women were first pushed or shoved by an adult was 17.4 years old (SD = 8.67) and ranged from three to 43 years old. Of those women who were pushed or shoved by an adult, the average number of times was 1.48 (SD = 0.92).

Tied up or locked up by adult

Study participants were asked if they were ever tied up or locked in a closet by an adult. Twenty percent reported having been tied or locked up (n=33). Eleven percent had been tied or locked up often or daily. The number of lifetime episodes ranged from zero to two.

Of those who were tied or locked up, 56 percent experienced it often or daily for an average of 4.5 years (SD = 3.88). The average age at which women were first tied or locked up was 15.8 years old (SD = 9.11) and ranged from three to 43 years old. Of those women who were tied or locked up by an adult, the average number of times was 1.06 (SD = 0.24).

Threatened with a gun, knife, or blade

More than half (56 percent) of the women reported being threatened with a gun, knife, or blade (n=91). More than one-third (39 percent) reported being threatened with shooting or stabbing often or daily (n=64). The number of lifetime episodes ranged from zero to seven.

Of those who were threatened with shooting or stabbing, 73.5 percent experienced it often or daily for an average of 7.2 years (SD = 9.91). The average age at which women were first

threatened was 19.2 years old (SD = 8.68) and ranged from two to 43 years old. Of those women who were threatened to be shot or stabbed with a gun, knife or blade by an adult, the average number of times was 1.54 (SD = 1.18).

Cut or stabbed

Twenty-two percent of the study sample reported being cut or stabbed by someone with a knife or blade (n=35). The average age at which women were first cut or stabbed was 19.6 years old (SD = 7.34) and ranged from eight to 36 years old. The number of lifetime episodes ranged from zero to two. Three women reported being cut or stabbed often or daily. Of those women who were cut or stabbed, the average number of times was 1.20 times (SD=.406).

Shot with a gun

Nine percent of the incarcerated female respondents reported having been shot with a gun (n=15). The average age of being shot with a gun for the first time was 20.2 years old (SD = 5.93) and ranged from 14 to 32 years old. The number of lifetime episodes ranged from zero to three.

Witnessed anyone slapped, punched, choked, or beaten

About two-thirds (65 percent) of the women had witnessed someone being slapped, punched, choked, or beaten (n=106). Of those who had witnessed those events, 76 percent witnessed them often or daily for an average of 15.9 years (SD = 27.75). The average age at which women first witnessed these types of violence was 12.13 years old (SD = 8.00) and ranged from one year old to 40 years old. The number of lifetime episodes ranged from zero to six times.

Witnessed anyone shot or stabbed

Thirty percent of the respondents reported witnessing someone shot with a gun or cut or stabbed by a knife or blade (n=49). Of those who witnessed someone shot or stabbed, 20 percent witnessed it often or daily for an average of 15.9 years (SD = 18.05). The average age at which women first witnessed these types of violence was 18.8 years old (SD = 7.22) and ranged from five to 45 years old. The number of lifetime episodes ranged from zero to five times.

Physical abuse by perpetrator

Perpetrators were categorized as family (aunt, brother, cousin, father, grandparent, mother, sister, step parent, uncle), intimate partner (husband, boyfriend, girlfriend/domestic partner, father of child), friend, other person known to victim (acquaintance, foster parent, friend of parent, neighbor), or a stranger. *Table 13* indicates physical abuse by perpetrator for the sample.

Table 13
Physical abuse by violation type and relationship to perpetrator

	Perpetrator relationship											
	Family		Intimate Partner		Friend		Person known		Stranger		Other	
	N	%	N	%	N	%	N	%	N	%	N	%
Any physical abuse	116	71%	126	77%	15	9%	46	28%	50	31%	4	3%
Violation type												
Slapped	102	63%	110	68%	11	7%	42	26%	41	25%	4	3%
Burned/scalded	18	11%	25	15%	3	2%	9	6%	10	6%	1	0.6%
Punched/ kicked	80	49%	96	59%	12	7%	35	22%	38	23%	3	2%
Hit / spanked with object	82	50%	82	50%	13	8%	33	20%	29	18%	3	2%
Object thrown	58	36%	71	44%	10	6%	25	15%	23	14%	1	0.6%
Choked/strangled	68	42%	83	51%	7	4%	30	18%	26	16%	3	2%
Pushed /shoved	95	58%	108	66%	10	6%	38	23%	41	25%	4	3%
Tied up/locked up	29	18%	28	17%	2	1%	10	6%	10	6%	2	1%
Threatened shot/stabbed	71	44%	79	49%	9	6%	30	18%	30	18%	2	1%
Stabbed	30	18%	30	18%	5	3%	18	11%	16	10%	2	1%
Shot	13	8%	11	7%	4	3%	10	6%	12	7%	1	0.6%
Witnessed slap/punch/choke/beating	90	55%	86	53%	13	8%	41	25%	43	26%	2	1%
Witnessed shot/stabbed	39	24%	41	25%	6	4%	24	15%	27	17%	1	0.6%

Physical abuse by family members

Seventy-one percent of the women interviewed had been physically abused by a family member (n=116). Of them, 49 percent were abused by their mother and 32 percent were abused by their father. Fifty-two percent were physically abused by a family member often or daily for an average of 5.4 years. The average age at which women were first physically abused by a family member was 7.6 years old (SD = 5.19).

Of those who reported being physically abused, 73 percent reported being abused by a family member. Eighty-eight percent of the women who said they were physically abused by a family member indicated that they were slapped (n=102) and 82 percent were pushed or shoved (n=95).

Physical abuse by an intimate partner

Most (77 percent) of the women had been physically abused by an intimate partner (husband, boyfriend, or girlfriend/ domestic partner) in their lifetimes (n=126). Of them, 57 percent were abused by boyfriends and 30 percent were abused by a husband. This is slightly less than a national Bureau of Justice Statistics study which found 86 percent of female prisoners were victimized by a boyfriend or girlfriend. Sixty-six percent were physically abused by an intimate partner often or daily for an average of 5.2 years. The average age at which women first experienced physical abuse by an intimate partner was 19 years old (SD = 6.67).

Of those who reported being physically abused, 79 percent reported being abused by an intimate partner. Eighty-seven percent of the women who said they were physically abused by an intimate partner indicated that they were slapped (n=110) and 86 percent were pushed or shoved (n=108).

Physical abuse by a stranger

Thirty-one percent of the women in the sample and 79 percent of those who reported being physically abused said they were abused by a stranger (n=50). Eighty-six percent of the women who said they were physically abused by a stranger indicated they also had witnessed someone being slapped, punched, choked, or beaten (n=43), 82 percent were slapped (n=41), and 82 percent were pushed or shoved (n=41). The average age at which women first experienced physical abuse by a stranger was 18 years old (SD = 7.88).

Physical abuse by someone known to victim

A total of 28 percent had been physically abused by someone known to the victim (n=46). Someone known to the victim did not include an intimate partner, family, or friends but others including acquaintances, foster parents, friend of parents, and neighbors. Fifteen percent stated that a person known to them had physically abused them often or daily. The average age at which women first experienced abuse by a person known to the victim was 15.5 years old (SD = 7.52).

Of those who reported being physically abused, 29 percent reported being abused by an intimate partner (n=46). Ninety-one percent of the women who said they were physically abused by someone known to them indicated that they were slapped (n=42) and 83 percent were pushed or shoved (n=38).

Physical abuse by a friend

Nine percent of participants had been physically abused by a friend (n=15). Eighty-six percent of the women who said they were physically abused by a stranger indicated they witnessed someone being slapped, punched, choked, or beaten (n=13) and 82 percent were hit or spanked with an object (n=13). The average age at which women first experienced abuse by a friend was 21 years old (SD = 18.66).

Conclusion

Almost all (98 percent) of the female inmates interviewed for this study had experienced physical abuse in their lives. Eighty-nine percent had been pushed or shoved and 81 percent had been slapped. The average age at which women first experienced physical abuse was 10 years old. Most (77 percent) abuse was perpetrated by intimate partners, 73 percent by family members, and 31 percent by strangers.

Sexual abuse

The women prisoners in the study were asked to share information on unwanted sexual experiences or experiences that made them feel uncomfortable. Participants were asked to indicate the periods of time in which incidents of sexual abuse occurred in their lifetime. Periods could range from a single incident to sexual abuse that took place over many years.

Three-quarters of the female inmates interviewed had experienced some form of sexual abuse in their lives (n=123). This was much higher than the 40 percent who self-reported incidents of prior sexual assault collected during the intake process into the Illinois Department of Corrections, which is standard data collected on every. The average age at which women first experienced sexual abuse was 11.5 years old (SD = 6.70) and the range was from birth to 43 years old. Forty-seven percent experienced sexual abuse during childhood (birth to 12 years old), one-half experienced sexual abuse as a teenager (13 to 17 years old), and 40 percent as an adult (over 18 years old).

Sexual abuse by violation type

Table 14 indicates respondent reports of sexual abuse by violation type, reported events, and average number of episodes.

Table 14
Sexual abuse by violation type, reported events, and number of episodes

	<i>Reported event</i>		<i>Number of episodes</i>	
	<i>N</i>	<i>%</i>	<i>Mean</i>	<i>Std. Dev.</i>
Any sexual abuse	123	75%	4.99	5.19
<i>Violation type</i>				
Inappropriate sex comments	74	45%	0.56	0.73
Exposed to “flashing”	64	39%	0.49	0.74
Spied on or watched	23	14%	0.16	0.42
Forced/coerced to watch sexual acts	27	17%	0.20	0.48
Rubbing genitals against you	63	39%	0.48	0.71
Forced/coerced to kiss someone	47	29%	0.35	0.62
Forced/coerced to touch someone	61	37%	0.47	0.70
Touched on intimate body part	83	51%	0.69	0.83
Attempt to have sex	72	44%	0.50	0.63
Forced/coerced to perform oral sex	34	21%	0.24	0.54
Oral sex performed against your will	47	29%	0.32	0.51
Forced intercourse	70	43%	0.54	0.76

Inappropriate sex comments

Forty-five percent of those interviewed stated that they were exposed to inappropriate comments from adults about sex or sexual body parts before they were 18 years old. More than one-third (34 percent) experienced inappropriate comments often or daily.

Of those who had been exposed to inappropriate sexual comments, 76 percent reported this occurred often or daily (n=74). The women reported being exposed to these comments for an average duration of nearly four years with the average age of first exposure from adults being 9.5 years (SD = 3.84). Of those women who were exposed to inappropriate sex comments from adults, the average number of times was 1.23 (SD = 0.59).

Exposed to “flashing”

More than two-thirds of the women (39 percent) reported being victims of “flashing,” or of having someone exposing their sexual parts to them. The average frequency was once in their lifetime, with nearly 20 percent reporting this happened often or daily.

Of those women who had been exposed to flashing, nearly one-half (48.5 percent) experienced it often or daily. The average age of first occurrence was 12 years old (SD = 7.00). Of those women who were exposed to flashing, the average number of times was 1.25 (SD = 0.67).

Spied on or watched while bathing, dressing, or using the bathroom

The women were asked if anyone ever spied on them or watched them in a way that made them feel uncomfortable while bathing, dressing, or using the bathroom. Fourteen percent of the women indicated they had been spied on and the average age of first occurrence was 13 years old (SD = 9.04) and ranged from four to 43 years old.

Of those who had been spied on, 74 percent had been spied on often or daily for an average of three years (n=23). The average number of times they had been spied on was 1.13 (SD = 0.34).

Forced to watch or coerced into watching sexual acts

Over 15 percent (n=27) of the women reported being forced to watch or coerced into watching sexual acts. Slightly more than 10 percent (n=18) responded that this occurred often or daily.

Of those who were forced to watch or coerced into watching sexual acts, two-thirds responded that this occurred often or daily and lasted for an average of nearly six years (n=27). The average age of first occurrence was almost 12 years old (SD = 9.37) and ranged from 1 year old to 43 years old. Of those women who were forced to watch sexual acts, the average number of times was 1.19 (SD = 0.48).

Experience rubbing of genitals against you against your will

More than one-third (39 percent) of the women experienced someone rubbing their genitals against them against their will (n=63). Twenty-three percent experienced this often or daily.

Of those who experienced someone rubbing their genitals against them against their will, nearly 60 percent said it had occurred often or daily. The average duration was slightly more than four years. The average age at which women first experienced this was 11 years old (SD = 7.86) and ranged from one to 47 years old. Of those women who experienced the rubbing of genitals on them against their will, the average number of times was 1.24 (SD = 0.62).

Forced to kiss or coerced into kissing someone

When asked if they were ever forced to kiss or coerced into kissing someone in a sexual way, 29 percent responded they had. Nearly 20 percent (n=30) were forced to kiss someone often or daily.

Of those who were forced to kiss or coerced into kissing someone in a sexual way, 64 percent responded this occurred often or daily. The average age of first occurrence was 13 years old (SD = 10.62), and ranged from two to 65 years old. Of those women who were forced or coerced to kiss someone, the average number of times was 1.21 (SD = 0.55).

Forced to touch or coerced into touching another person

Thirty-seven percent of women reported being forced to touch or coerced into touching another person on an intimate or private part of their body. One-fourth reported that this occurred often or daily (n=40).

Of those who were forced to touch someone, two-thirds experienced it often or daily for an average of 3.7 years. The average age of first occurrence was 12.3 years old (SD = 9.77) and ranged from one to 47 years. Of those women who were forced or coerced to touch another person, the average number of times was 1.26 (SD = 0.55).

Touched on private parts

About one-half of the women (51 percent) were touched on an intimate part of their body in a way that made them feel uncomfortable (n=83). Nearly one-third of the women (32.5 percent) reported this occurred often or daily, with an average duration of 1.9 years.

Of those who were touched, nearly two-thirds (64 percent) experienced it often or daily for an average of 3.7 years. The average age of first occurrence was 11.9 years old (SD = 9.35) and ranged from one to 49 years. Of those women who were touched on an intimate part of their body, the average number of times was 1.35 (SD = 0.67).

Attempted forced sex

The women were asked if anyone had ever attempted to have any type of sex with them against their will without actually doing so. Forty-four percent responded that someone had tried to have sex with them against their will (n=72).

Of those women who responded yes, 60 percent experienced it often or daily for an average of 3.3 years (n=42). The average age of first occurrence was 13.6 years old (SD = 9.67) and ranged from one to 49 years old. Of those women who experienced someone attempting sex with them, the average number of times was 1.14 (SD = 0.42).

Forced to perform or coerced into performing oral sex

Nearly 30 percent of the women were forced to perform or coerced into performing oral sex on someone (n=47).

Of those who were forced to perform oral sex, 58 percent experienced it often or daily for an average of 3.4 years. The age of first occurrence ranged from 2 to 43 years old, with an average age of 13.7 years (SD = 8.92). Of those women who were forced or coerced into performing oral sex, the average number of times was 1.11 (SD = 0.38).

Oral sex performed against will

Twenty-one percent of the women have had someone perform oral sex on them against their will, with 22 women experiencing it often or daily (13.5 percent).

Of those who have had someone perform oral sex on them against their will, nearly two-thirds (65 percent) experienced this often or daily for an average of 4.7 years. The average age of first occurrence was 11 years old (SD = 6.55) and ranged from 2 to 30 years old. Of those women who had someone perform oral sex on them against their will, the average number of times was 1.15 (SD = 0.44).

Forced intercourse

Forty-three percent of the women had experienced someone having intercourse with them against their will. Twenty-one percent of the women experienced this often or daily.

Of those who were forced to have intercourse, nearly one-half (48.6 percent) experienced it often or daily for an average of nearly 3 years. The average age of first occurrence was 15.6 years old (SD = 9.58) and ranged from 2 to 48 years old. Of those women who were forced to have intercourse, the average number of times was 1.26 (SD = 0.65).

Sexual abuse by perpetrator

Perpetrators were categorized as family (aunt, brother, cousin, father, grandparent, husband, mother, sister, step parent, uncle), intimate partner (father of child, boyfriend, girlfriend/domestic partner), friend, other person known to victim (acquaintance, foster parent, friend of parent, neighbor), and stranger. *Table 15* indicates the sex abuse violation type by frequency and relationship to the perpetrator.

Table 15
Sexual abuse by violation type and relationship to perpetrator

	Perpetrator relationship									
	Family		Intimate Partner		Friend		Person known		Stranger	
	N	%	N	%	N	%	N	%	N	%
Any sexual abuse	61	37%	30	18%	8	5%	53	33%	50	31%
Violation type										
Sex comments	41	25%	19	12%	7	4%	39	24%	28	17%
Flashing	38	23%	12	7%	6	4%	37	23%	32	20%
Spied on while bathing, dressing	16	10%	6	4%	3	2%	11	7%	5	3%
Forced to watch sex acts	18	11%	9	6%	3	2%	11	7%	10	6%
Rubbed genitals on victim	39	24%	16	10%	2	1%	28	17%	20	12%
Forced to kiss another person	25	15%	13	8%	3	2%	21	13%	12	7%
Forced to touch another person	34	21%	18	11%	3	2%	28	17%	19	12%
Touched on private parts	49	30%	19	12%	5	3%	37	23%	29	18%
Attempted forced sex	40	25%	21	13%	3	2%	32	20%	26	16%
Forced, coerced perform oral sex	27	17%	18	11%	2	1%	19	12%	15	9%
Oral sex performed against will	20	12%	8	5%	1	1%	11	7%	11	7%
Forced intercourse	41	25%	20	12%	6	4%	33	20%	30	18%

Sex abuse by family members

Thirty-seven percent of the women interviewed had been abused by a family member (n=61). The average number of episodes the women reported experiencing in their lifetime was 2.1. The average age at which women first experienced sexual abuse by a family member was 9.2 years old (SD = 5.69). Twenty-eight percent of the women were physically abused often or daily by a family member. One-fourth of the women reported that a family member had tried to have sex with them against their will but did not actually do so (n=40). Twenty-five percent of the women also reported that a family member had forced them to have intercourse.

Of those who reported being sexually abused, half reported abuse by a family member (n=61). Two-thirds of the women who said they were sexually abused by a family member indicated that they were forced to have intercourse (n=41).

Sex abuse by an intimate partner

Eighteen percent of the women had been sexually abused by an intimate partner in their lifetime (n=30). Thirteen percent stated that the sexual abuse occurred often or daily. The average age at which women first experienced sexual abuse by an intimate partner was 20.4 years old (SD = 7.56). Thirteen percent reported that an intimate partner had attempted to have sex with them against their will but did not actually do so (n=21), and 12 percent stated that an intimate partner had forced them to have intercourse.

Of women who reported being sexually abused, almost 24 percent reported sexual abuse by an intimate partner (n=30). Seventy percent of the women sexually abused by an intimate partner said their partner attempted to have sex with them against their will (n=21). Sixty-seven percent

of the women sexually abused by their intimate partner had been forced to have intercourse with their partner (n=20).

Sex abuse by a friend

Eight women, or 5 percent, stated they had been sexually abused by a friend. Three of the women stated that this happened often or daily. Six of the women who were sexually abused by a friend were forced to have intercourse.

Sex abuse by another known person

One-third of the women were sexually abused by another person known to them (n=53). Nearly 21 percent stated this abuse occurred often or daily. The average age at which women first experienced sexual abuse by another known person was 11.9 years old (SD = 6.44). Nearly one-quarter, 24 percent, of the women stated they were exposed to inappropriate sexual comments from another person known to them before they were 18 years old. Twenty percent of those interviewed stated that another person known to them had attempted to have sex with them against their will but did not actually do so and 20 percent stated that another person known to them had forced them to have intercourse.

Of women who were sexually abused, 43 percent said they were abused by another person known to them (n=53). Seventy percent of the women had been touched in a private part of their body by another person known to them (n=37) and 62 percent of the women had been forced to have intercourse with another person known to them (n=33). Sixty percent of the women sexually abused by another person known to them said the person attempted to have sex with them against their will (n=32). More than half (52 percent) of those sexually abused by another person known to them had been forced to touch that person in a private part of their body (n=28).

Sex abuse by a stranger

Nearly one-third (31 percent) of the women reported being sexually abused by a stranger (n=50). The average age at which women first experienced sexual abuse by a stranger was 16 years old (SD = 7.38). Nearly 20 percent (18 percent) of the women reported that they had been forced by a stranger to have sex (n=30).

Of women who had been sexually abused, 41 percent had been abused by a stranger (n=50). Of them, 60 percent were forced to have sex (n=30) and 56 percent said a stranger made inappropriate comments about sex or sexual body parts to them before they were 18 years old (n=28). More than half (52 percent) of the women sexually abused by a stranger said a stranger attempted to have intercourse with them against their will (n=29).

Conclusion

Three-fourths of the women in the sample had been sexually abused. About half (51 percent) had been touched on an intimate body part in a way that made them feel uncomfortable, 45 percent were exposed to inappropriate sexual comments before age 18, 44 percent experienced someone attempting forced sex, and 43 percent were forced to have sex against their will. The average age

of onset of sex abuse was 11 years old. Thirty-seven percent of the sample said the abuse was perpetrated by family members, 33 percent suffered at the hands of a person known to them (neighbor, friend of parent, acquaintance, or foster parent), and 31 percent were abused by strangers.

Mental health

Trauma

Post-Traumatic Stress Disorder (PTSD) is a problem tied to particularly stressful life experiences. Those suffering from PTSD exhibit four types of symptoms—re-experiencing the traumatic event in their minds, avoidance of situations that remind them of the traumatic experience, numbing of emotions, and arousal of emotions resulting from exposure to situations that remind them of the traumatic experience.⁶⁹ In order to qualify for a formal diagnosis, the symptoms must persist for more than one month, cause significant distress, and affect the individual's ability to function socially, occupationally, or domestically.

Study participants were asked questions from the PTSD Symptom Checklist (PCL), a 17-item self-reported measure of the symptoms of PTSD identified by the *DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition)*. Respondents rate how much they were bothered by that problem *in the past month*. Items are rated on a five-point scale ranging from 1 (not at all) to 5 (extremely). Eighty-three percent of the sample reported being bothered by a PTSD symptom in the past month (n=136).

Table 16 reports the percentage of the sample bothered by the symptom and those who are considered symptomatic for each PTSD symptom indicator, as well as the mean score.

Table 16
Women in sample bothered by PTSD symptoms and PCL indicator score

	Bothered by symptom in past month		Symptomatic*		PCL indicator score
	N	%	N	%	Mean
PTSD symptom indicators					
Repeated, disturbing memories, thoughts, or images of a stressful experience from the past	116	71%	86	53%	2.86
Repeated, disturbing dreams of a stressful experience from the past	93	57%	66	40%	2.51
Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)	69	42%	45	28%	2.02
Feeling very upset when something reminded you of a stressful experience from the past	122	75%	91	56%	2.97
Having physical reactions (like heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past	87	53%	55	34%	2.21
Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it	116	71%	87	53%	2.85
Avoid activities or situations because they remind you of a stressful experience from the past	91	56%	70	43%	2.48
Trouble remembering important parts of a stressful experience from the past	81	50%	61	37%	2.39
Loss of interest in things that you used to enjoy	87	53%	67	41%	2.47
Feeling distant or cut off from other people	98	60%	80	49%	2.72
Feeling emotionally numb or being unable to have loving feelings for those close to you	81	50%	61	37%	3.88
Feeling as if your future will somehow be cut short	71	44%	51	31%	2.12
Trouble falling or staying asleep	77	47%	62	38%	2.36
Feeling irritable or having angry outbursts	87	53%	54	33%	2.18
Having difficulty concentrating	92	56%	69	42%	2.47
Being "super-alert" or watchful on guard	103	63%	93	57%	2.90
Feeling jumpy or easily startled	83	51%	61	37%	2.29
*Symptomatic means being bothered "moderately" to "extremely"					

Three-fourths of the sample reported being bothered in the past 30 days by the PTSD symptom of feeling very upset when something reminded them of a stressful past experience. Seventy-one percent reported being bothered by repeated, disturbing memories, thoughts, or images of a stressful experience from the past, and reported avoiding thinking about or talking about a

stressful past experience to avoid having feelings related to it. The PTSD symptom of feeling emotionally numb or unable to have loving feelings for those closest to them had the highest average PCL score—3.9 out of 5.0.

In addition, participants were asked, “Overall, in questions for which you answered anything other than “Not at all,” about how long do you think you have had these feelings?” The responses were then placed on the life history calendar. The average youngest age of onset of any trauma symptoms was 19.9 years old and the average oldest age of onset was 34.6 years old. About one-fourth (26 percent) reported experiencing some trauma symptoms in childhood (ages 0 to 12 years old); 41 percent experienced trauma in their teenage years (ages 13 to 17 years old); and 84 percent experienced trauma in adulthood (over age 18).

Based on responses to the PCL questions, respondents would need to meet the following to be given a potential PTSD diagnosis according to the *DSM-IV*,

- Symptomatic response to at least 1 item, questions 1–5,
- Symptomatic response to at least 3 items, questions 6–12, and
- Symptomatic response to at least 2 items, questions 13–17.

Individuals indicating response categories 3–5 (moderately or above) are considered symptomatic and responses 1–2 (below moderately) as non-symptomatic. Using this criteria, 60 percent of the women interviewed could potentially be diagnosed as having PTSD (n=97).

As noted in the methodology section, the PCL cannot diagnose PTSD as it would require a more comprehensive exam that researchers are not qualified to administer. In addition, from the PCL, it is impossible to determine the root cause of the reported symptoms.

Other mental health issues

Prison files of the women were examined after the interviews to obtain additional mental health information. Almost half (48 percent) reported receiving treatment for a mental health problem.

Women self-reported mental health issues at intake. These issues included bipolar disorder (n=19), depression (n=16), anxiety (n=13), PTSD (n=4), Schizophrenia (n=3), suicidal thoughts (n=2), Attention Deficit Disorder (n=2), self-mutilation (n=2), multiple personalities (n=1), and panic disorder (n=1). Three percent reported being suicidal at intake into corrections (n=5). At intake, about one-fourth (26 percent) reported prior suicide attempts.

It is unclear how many of the women who were referred to a psychiatrist for a clinical mental health diagnosis. Thirteen women were diagnosed with cocaine dependence, panic disorder, depressive disorder, bipolar disorder, and schizophrenia.

Upon entry into IDOC, women were asked about their use of prescription drugs for physical or mental health issues. Over one-third (37 percent) reported being prescribed drugs by a doctor.

Help-seeking: Prior services and assistance

Study participants were asked to share details about their help-seeking strategies including how helpful the strategies were, types of services received, response when assistance was sought, and from whom they sought assistance. Many women received multiple services. *Table 17* indicates the women in the samples who accessed, and were helped by, certain services or assistance.

Most (83 percent) of the women sought some kind of help or service after incidents of violence including talking to friends, consulting an agency or counselor, seeking medical help, or contacting the police (n=136). Another study found that almost all women who experienced violence had tried at least one type of help-seeking strategy after an incident in the previous year.⁷⁰

Table 17
Women in sample who used and were assisted by help-seeking strategies

Strategy	Used strategy		Strategy was helpful*	
	N	%	N	%
Talked to person known to victim	109	67%	94	86%
Counselor or agency	52	32%	41	79%
Doctor or hospital	59	36%	28	47%
Law enforcement	68	41%	50	74%
Correctional facility	72	44%	67	93%
Other	76	47%	68	89%

*Percentage of women who used strategy.

Person known to victim

Two-thirds of the sample stated that they talked to someone they knew (a friend, family member, or someone else) about things that hurt them (n=109). Of those who said they talked to someone, 71 percent talked to family, and 39 percent talked to a friend or neighbor. Ten percent talked to a minister, priest, or clergy. About one-fourth (24 percent) said they talked to someone else and 18 of those women said a counselor, psychiatrist, or therapist.

Of those who talked to a person they knew about victimization, 86 percent said talking things over was helpful (n=94) and 14 percent said it was sometimes or somewhat helpful.

Many reasons were cited for how talking to someone they knew was helpful to them. Some included:

“We related to each other’s issues because she went through the same thing.”

“Was able to release feelings I was holding back.”

“Telling somebody, get things off my chest.”

“She listened and felt my pain.”

“Releasing the emotional pain that was bottled up for years.”

“Encouragement, love, support.”

The women cited some reasons that talking to someone they knew was sometimes or somewhat *not* helpful. Some comments included:

“[It] kept happening.”

“She judged me.”

“They didn’t believe me”

“She didn’t understand what I was going through.”

“She thought I made things worse.”

“[I] wasn’t interested in help at the time.”

Counselor or agency

Almost one-third of the women (32 percent) stated that they contacted an agency or counselor after an incident of physical or sexual violence (n=52). Of those who contacted an agency or counselor, 40 percent contacted a non-domestic violence counseling center, 31 percent sought domestic violence counseling, 31 percent contacted a mental health center, 23 percent contacted a crisis line, 17 percent contacted a shelter, and 14 percent contacted legal services. Each woman had enrolled in a counseling program an average of 6.5 times.

Of women who contacted agencies, 79 percent said they were helpful and 19 percent said that they were sometimes or somewhat helpful. (One woman in the sample did not respond.)

Many reasons were cited for how the agencies or counselors were helpful to them. Some included:

“I was allowed to express feelings.”

“They gave me new coping mechanisms.”

“Helped me understand it wasn’t my fault.”

“It made me a better mother and helped me to seek out [answers to] my problems with keeping a healthy relationship.”

Some reasons were cited for how the agencies or counselors were sometimes or somewhat *not* helpful to them. Some included:

“They said they could change him.”

“I was too afraid to make the change.”

“[I] didn’t take the help.”

“They never gave me any help.”

Doctor, hospital, or medical center

Thirty-six percent of study participants contacted or visited a doctor, hospital, or medical center after incidents of physical or sexual violence (n=59). Of those who got medical assistance, 71 percent visited a doctor or hospital, 32 percent stayed overnight at a hospital, and 5 percent called a hospital or doctor. Most (72 percent) who received medical help said that someone always asked about physical or sexual violence, 15 percent said they were asked “sometimes,” and 7 percent said no one ever asked. When asked, 42 percent always told medical staff about what happened, 29 percent never told them, and 22 percent sometimes told them what happened.

When they shared incidents of violence with medical staff, 44 percent said the hospital notified the police, 29 percent said they referred them to an agency or organization, and 27 percent said that they had someone talk to them about the violence. Most referrals were to counselors, crisis centers, and shelters.

Almost half (47 percent) reported that what the medical staff did was helpful. The women reported that what medical staff did that was helpful. Some responses included:

“They got me out of the situation.”

“He wasn’t allowed to come near me.”

“Provided shelter and referrals to agencies.”

“They gave me a place to go and stay, so I wouldn’t be out in the cold.”

“They taught me about personal protection orders.”

Law enforcement

Forty-one percent of the women indicated that they had contacted the police after incidents of physical or sexual abuse (n=68). Of those who notified the police, 91 percent said that police responded by seeing them, 46 percent said the police took the abuser away, 6 percent said they confiscated a weapon, 22 percent said they put them in touch with an agency or organization, 54 percent said police arrested the abuser, 53 percent said they signed a complaint.

Ten percent stated that the police did something else such as arresting the victim because of warrant, calling the Department of Child and Family Services, helping the victim get an order of

protection, or taking the victim to the emergency room. Twelve percent said that the police did nothing.

Of those who contacted the police, 74 percent said that the police were helpful. This is could be promising because other studies have found women often have negative attitudes toward police interventions.⁷¹ The women shared that:

“Police were able to get him away.”

“They took the person to jail and away from me.”

“He didn’t do it again, because [he knew] I would call the police.”

“They diffused the situation and got me away from it.”

“They calmed the situation.”

Correctional facility

Study participants were asked if during any period of juvenile detention or incarceration, or adult incarceration, did you ever tell a doctor, counselor, or other staff person about any prior incidents of physical or sexual violence. Forty-four percent of the women said they shared information about abuse with staff (n=72). Ninety-three percent of those who shared victimization with prison staff said that staff were helpful.

The women indicated that counselors, psychologists, chaplains, and mental health professionals were helpful. Ten women specifically indicated the Wells Substance Abuse Treatment Program was helpful.

The women reported the following experiences with prison staff were helpful:

“Able to talk about it with others who have had same experience.”

“Gave hope that the problem would be taken care of.”

“Gave pamphlets, helped sign up for a domestic violence class and healthy relationship class.”

“Gave advice.”

“Groups and materials on abuse.”

“Helped me understand it was not my fault.”

“Helped me open up more.”

“She makes me feel comfortable.”

“Would listen, wasn’t judging, felt safe talking to her.”

“Words of encouragement.”

Overall, the women liked that prison staff offered a safe, comfortable environment, encouragement, information and assistance.

Other coping strategies

Forty-seven percent of the incarcerated women in the study indicated that they did something else to help themselves after incidents of physical or sexual abuse (n=76). Ten mentioned writing such as poems or keeping journals. Ten women mentioned religion, such as praying or going to church. Other coping mechanisms reported included fighting, ignoring or forgetting the problem, playing cards, puzzles, reading, and sleeping. Most (86 percent) believed these coping strategies were helpful.

The women reported that other coping strategies were helpful in the following ways:

“Made me numb about everything - emotional and physical.”

“It took away the pain.”

“Helped release the stress.”

“Gave me spiritual cleansing and made me strong.”

“Faith in God gives me a sense of peace.”

“Drugs made me sleep and deal with some of my issues.”

Reasons for not seeking assistance

This study asked participants why they did not seek assistance after incidents of violence.

Responses included:

- Wanting to keep incident private (n=13).
- Fearing further abuse (n=10).
- Shame, embarrassment (n=8).
- Didn’t think it would help (n=8).
- Didn’t want/need help (n=8).
- Didn’t think they could do anything (n=6).
- Didn’t think they would be believed (n=6).
- Didn’t want relationship to end (n=5).
- I didn’t think of it. (n=5).
- Too minor (n=5).

Conclusion

Talking things over with non-professionals, such as family, friends, or clergy was helpful for many women. Two-thirds talked about victimization with people known to them and all believed it was at least somewhat or sometimes helpful.

Forty-four percent of the women indicated that they shared information about prior physical or sexual abuse with prison staff (n=72). The majority (93 percent) felt prison staff were helpful. Forty-one percent of the women notified the police after an incident of physical and sexual violence. Almost three-fourths of those women indicated that the police were helpful.

More than one-third contacted a hospital or doctor after an incident of physical and sexual violence. About half (47 percent) reported that what the medical staff did was helpful. Almost one-third contacted an agency or counselor after physical and sexual violence and these women were most likely to contact a non-domestic violence counseling center over other types of agencies. Almost all (98 percent) said agencies or counselors were helpful.

Forty-seven percent of the women indicated they did something else such as writing, praying, or using alcohol or drugs after abuse. Many (89 percent) thought these coping strategies were helpful.

Overall, women were more likely to seek help from a person known to them, but felt they were helped most by prison staff.

Discussion

Abuse and demographics

In order to ascertain the extent to which there is a relationship between demographics and prior victimization, bivariate and multivariate analyses were used. Findings indicate that there were no meaningful differences between demographic groups and abuse in our study. While bivariate analyses did show very weak correlations between race, ethnicity, education, and income with abuse, multivariate analyses did not confirm those correlations.

While many of the correlations found in this study were weak to moderate, this is not unexpected in social science research. Due to the complexity of human behavior and the fact that abuse information was collected across the life-course, it is difficult to rule out spurious correlations, confounding variables, and measurement and sampling error. As a result, effect sizes in social science are typically in the weak to moderate range.⁷²

Correlations among types of abuse

Bivariate analyses (point biserial correlations, phi coefficients, and Cramer's V, as appropriate) were performed to determine if there was any statistical relationship, and if so, the strength of the relationship, between abuse type (emotional, physical, and sexual) and age groups (childhood, teen, and adulthood) and future experiences of abuse by type and age group. Most of the correlations found in the study were weak to moderate, yet many were statistically significant. Statistical significance indicates the likelihood that results are not due to chance.

Other research of prisoners found women often reported continual sexual abuse from childhood into adolescence and adulthood.⁷³ In addition, women who were victims of sexual abuse at any age were more likely to experience physical abuse in their lifetime ($\phi = 0.36$, $p < .01$). Research shows adult survivors of child sexual abuse report a greater tendency toward re-victimization through adult sexual assault and physical partner violence.⁷⁴

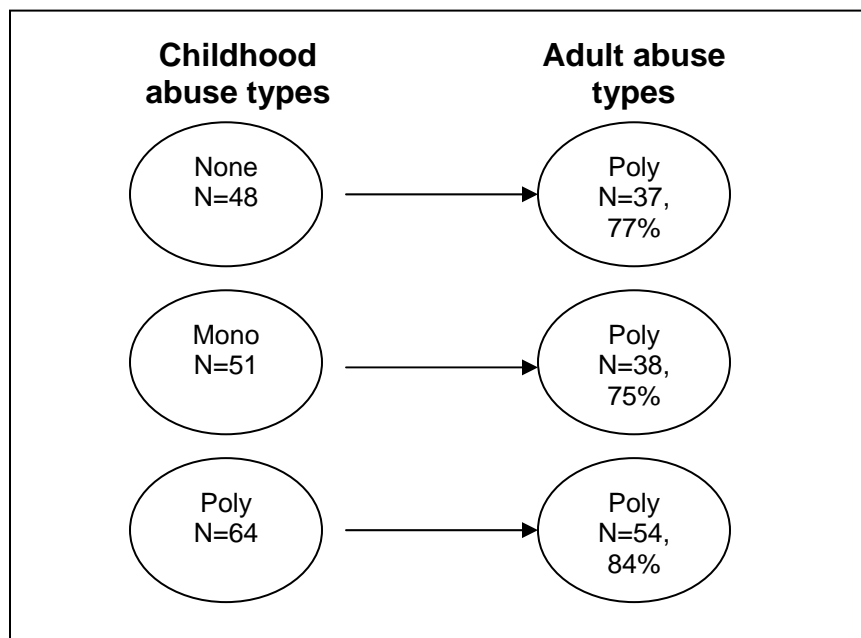
This study found a moderate statistical relationship between women who experienced sexual abuse in childhood and as an adolescent ($\phi = 0.34$, $p < .01$). The strongest correlation was found between physical and sexual abuse in childhood, although it was moderate ($\phi = 0.42$, $p < .01$).

In order to examine the relationship between abuse by age group, abuse severity, and PTSD scores, point-biserial correlations (r_{pb}) and Pearson's r correlations (r) were used. Physical abuse severity was moderately correlated with presence of sexual abuse ($r_{pb} = 0.36$, $p < .01$). Women who experienced more severe physical abuse were more likely to also experience sexual abuse, particularly in childhood ($r_{pb} = 0.47$, $p < .01$). Physical abuse severity scores were moderately correlated with sexual abuse severity scores, as higher physical abuse severity scores were correlated with higher sexual abuse severity scores ($r = 0.42$, $p < .01$). In addition, physical abuse severity scores were moderately correlated with experiencing more types of abuse. Women who experienced more severe physical abuse were more likely to experience multiple types of abuse (emotional, physical, and sexual) ($r_{pb} = 0.35$, $p < .01$).

Childhood abuse may not necessarily predict the extent of abuse in adulthood. Regardless of the number (none, mono, or poly) of abuse types (emotional, physical, or sexual) experienced by the women in childhood, most of the women experienced multiple types of abuse in adulthood.

Figure 1 depicts the relationship between the number of childhood abuse types and the number of abuse types in adulthood.

Figure 1
Relationship between the number of child abuse types and the number of abuse types in adulthood



Victimization and trauma

Abuse severity scores were developed based on a sexual abuse severity score by Zink, Klesges, Stevens, and Decker and used in this study with permission.⁷⁵ Severity of abuse was scored based on the following factors: age of onset, number of perpetrators, number of occurrences, and most severe abuse (outlined in Appendix A). The calculation of the severity score was altered slightly by eliminating the factor “maximum coercion ever experienced.” A person could score from zero to 16 for severity for each type of abuse.

In addition, our study applied severity scores for both emotional and physical abuse in addition to sexual abuse. Chronbach’s alphas were calculated to determine the level of internal consistency (reliability) of the severity scales. All severity scales showed acceptable internal consistency, an alpha of higher than 0.70, as indicated in *Table 17*. While these analyses found acceptable scale reliability, further evaluation is warranted to determine if the adaptations we made from the original sexual abuse severity scale threatened the scale’s validity.

Table 18 shows the correlation, using Pearson's r , of abuse severity and PTSD scores.

Table 18
Chronbach alpha coefficients for abuse severity scales

Abuse severity scale	α
Emotional abuse severity scale	0.88
Physical abuse severity scale	0.79
Sexual Abuse severity scale	0.88

Women experiencing more types of abuse were more likely to have higher PTSD scores than those who experiences fewer types of abuse ($r_{pb} = 0.37$, $p < .01$).

Those who sought more types of help were more likely to have higher PTSD scores than those who sought fewer types of help. There was a moderate correlation between PTSD and seeking more types of help ($r_{pb} = 0.33$, $p < .01$).

This study found those who experienced childhood sexual abuse were more likely to have higher PTSD scores than those women who did not self-report this type of abuse. Higher PTSD scores were moderately correlated with sexual abuse ($r_{pb} = 0.38$, $p < .01$).

This study found that those with higher abuse severity scores were more likely to have higher PTSD scores than those with lower abuse severity scores. This finding indicates that more severe abuse is related to reporting greater levels of PTSD symptoms. Those with higher physical abuse severity scores were more likely to have higher PTSD scores than those with lower physical abuse severity scores. Physical abuse had the strongest correlation to PTSD, although the relationship is only moderate ($r = 0.37$, $p < 0.01$). Women with higher sexual abuse severity scores ($r = 0.29$, $p < .01$) were also more likely to have higher PTSD scores. Finally, those with higher emotional abuse severity scores were more likely to have higher PTSD scores ($r = 0.30$, $p < 0.01$). Table 19 indicates the correlations of abuse severity and PTSD symptom scores.

Table 19
Correlations of abuse severity and PTSD symptom scores (Pearson's r)

Abuse severity score	PTSD score
Emotional abuse severity score	0.30**
Physical abuse severity score	0.37**
Sexual Abuse severity score	0.29**
** Significant at $p < 0.01$	

Victimization, current incarceration offense, and criminal history

Victimization did not show a strong relationship to criminal offending patterns. However, there was a weak correlation between child abuse and violent offenses or those committed against a person. Those with more severe sexual abuse in childhood were more likely to be incarcerated for crimes against a person, although the correlation was weak ($r_{pb} = 0.22, p < .01$). In addition, there was a weak correlation between sex abuse in childhood/teen years and incarceration for homicide ($\phi = 0.19, p < 0.05$).

Victimization and help-seeking strategies

Experiencing more types of abuse was moderately correlated with seeking help ($r_{pb} = 0.37, p < .01$). Seeking medical help was strongly correlated with notifying police ($\phi = 0.58, p < 0.01$). Seeking help through a counselor was moderately correlated with seeking medical help ($\phi = 0.35, p < .01$).

Implications for policy and practice

Need for early intervention

This study found that almost all (99 percent) of the women interviewed experienced some type of emotional, physical, or sexual abuse in their lives. The majority (98 percent) experienced physical abuse; many (85 percent) experienced stalking or emotional abuse; and many (75 percent) experienced sexual abuse in their lifetime. This study found even higher percentages of prior abuse of female prisoners than other studies which have found between 60 and 85 percent had experienced prior physical or sexual abuse in their lives.⁷⁶ In addition, the average age of first abuse was very young— 10 years old for physical abuse and 11 years old for sexual abuse.

This study found a correlation between child abuse and violent offenses, as well as a correlation between sex abuse in childhood/teen years and incarceration for homicide. Prior studies have also documented correlations between childhood abuse and criminal activity. One study of incarcerated women found that those multiple childhood traumatic events had early involvement in crime and had the largest mean number of previous arrests.⁷⁷ Another study found childhood physical abuse was associated with earlier entry into crime with more diverse criminal activity.⁷⁸

There is an increased need for services and early intervention due in part to the cycle of violence leading to criminality that may extend over generations.⁷⁹ Childhood victimization is of particular concern given the link with teen parenting and inadequate child rearing practices, perpetuating the cycle of abuse from one generation to the next.⁸⁰ This cycle often continues as a high proportion of incarcerated women have children.

Effective intervention and services may reduce further abuse and their role in criminal activity. Domestic violence victims and survivors of childhood sexual assault need a variety of trauma-based therapy services and need these interventions before they become involved in the criminal justice system. Information can be provided to school-age children about abuse and offers of help to those who need it. In addition, the juvenile justice system can screen and help youth who disclose abuse.

Treatment needs for Post-Traumatic Stress Disorder

Current research acknowledges that most women involved in the criminal justice system have been victimized and subsequently experience trauma; many suffering from Post-Traumatic Stress Disorder (PTSD). Most women in prison have mental illness and trauma stemming from prior victimization.⁸¹ One study found that the trauma history of women in prison has a strong influence on offending behavior.⁸²

A major concern is recognizing and treating the effects of trauma of those female prisoners who have been victimized.⁸³ High PTSD scores indicate serious impairment including re-experiencing the event again and again in their minds, avoidance of people, places, and things, numbing of feelings and emotions, and being “on guard.”⁸⁴ PTSD can affect daily functioning, interpersonal relationships, and employment. Typically, survivors of violence and abuse need

long-term therapy to learn coping mechanisms, identify triggers, manage stress, learn situation avoidance, and obtain appropriate medications.⁸⁵

This study found those who suffered childhood sexual abuse were more likely to have higher PTSD scores. Other studies have also found this correlation of child sexual abuse associated with increased risk of subsequent psychopathology. Specifically, among those sexually abused as children, the prevalence of lifetime psychiatric disorders was higher than among those who did not report abuse.⁸⁶ Adult survivors of child sexual abuse report poorer social and interpersonal relationship functioning, dysfunction and maladjustment including high-risk sexual behavior, and a greater tendency toward re-victimization through adult sexual assault and physical partner violence.⁸⁷

Need for interventions and services for abused women

Public policy for victim services

Those experiencing multiple types of abuse were more likely to seek help. Women with higher PTSD scores were more likely to seek more types of help/services. One study found that among women experiencing physical or sexual interpersonal violence, those experiencing more severe violence were more likely to seek services.⁸⁸ Research has found that women who had experienced more severe incidents of violence and who had left or tried to end the relationship in the past year had sought more types of help.

Seeking medical help was correlated with notifying police, and going to a counselor was moderately correlated with seeking medical help.

Two-thirds of the women sought help from someone they knew rather than through professional services, and most thought it was helpful. Demeanor and non-judgmental approach is important when assisting women who are distrustful of outside interventions. Women who are listened to by staff and have a sense of control find services to be more helpful.⁸⁹

Service needs of incarcerated women

Almost all of the female prisoners interviewed for this study experienced abuse, most commonly physical abuse. Most female prisoners are likely to have abuse histories and therefore are in need trauma-based treatment.⁹⁰ Abused women may seek out substance abuse services or economic assistance, but may never report violence.

This study found a strong correlation existed between sexual abuse and physical abuse. Therefore, if a woman discloses one type of victimization, service providers should screen/probe for other types of abuse. Social workers, criminal justice professionals, and medical personnel should screen all women for abuse histories.⁹¹

More than 90 percent of those who sought help in prison for abuse issues thought it was helpful. This indicates an opportunity to make an impact in prison. In addition, prison has advantages of

extended time with their clients, away from abusers, in a relatively safe environment, with motivators, such as reduced prison terms for program participation.

Asking sensitive questions in a safe environment can help women share their prior victimization and either end or work through abusive experiences.⁹² Some women who have suffered severe interpersonal violence and abuse have reported feeling safer in a prison setting than they did prior to incarceration as the prison environment offers protection from abusive family members or friends.⁹³ Yet for others, security practices within the prison system, such as strip-searches, restraints, and solitary confinement, trigger post-traumatic stress symptoms.⁹⁴ These findings strongly support the need for female specific policies which address past victimization and do not aggravate current trauma concerns.

There are deficiencies in programs and services in all secure facilities, but those deficiencies are higher for the services to meet the unique needs of females.⁹⁵ Since the majority of female offenders are trauma survivors, due to their prior physical or sexual abuse, it is important that their risk for re-traumatization by the corrections system, in both the experience of entering into the criminal justice system and by triggering memories of prior abuse, be taken into account so as not to inflict additional trauma on these women.⁹⁶

Women prisoners have typically been viewed as unworthy or incapable of training or education, thus confirming their dependent status in and out of prison. In general, treatment and training programs for female offenders are distinctively poorer in quantity, quality, and variety, and considerably different in nature from those for male offenders.⁹⁷ Incarcerated women with histories of physical and sexual violence need opportunities for counseling to deal with their pasts; drug treatment programs that overlook this crucial component of women's history are unlikely to 'cure' a woman's need for relief.⁹⁸ Appropriate assessment for PTSD symptoms should be a required part of service delivery and community re-entry efforts. It is argued that "since incarcerated settings have high rates of detainees with substance abuse and mental disorders, they are an ideal place to interrupt this destructive cycle".⁹⁹

Many women within the correctional system have multiple concerns, such as prior abuse, mental health issues, or substance abuse. It is extremely important for services to address all concerns of the women in their care and to realize that all of their concerns or issues may be interrelated.¹⁰⁰ Due to the wide-reaching and long-term effects of childhood abuse, women inmates are in need of prison based treatment programs that address the numerous problems that may be associated with past abuse—which includes but is not limited to, depression, self esteem issues, and substance abuse.¹⁰¹ Bringing in professionals to provide services to women who have experienced violence would be very beneficial.¹⁰² Traditional treatment services for incarcerated women do not deal with abuse issues early in recovery, although they are primary triggers for relapse.¹⁰³

Guidelines have been established for effective programming for women in the criminal justice system. A National Institute of Corrections report set forth six guiding principles for a gender responsive approach to the development of criminal justice services. These six principles are acknowledge that gender makes a difference; create an environment based on safety, respect, and dignity; develop policies, practices, and programs that are relational and promote healthy

connections to children, family, significant others, and the community; address substance abuse, trauma, and mental health issues through comprehensive, integrated, and culturally relevant services and appropriate supervision; provide women with opportunities to improve their socioeconomic conditions; and, establish a system of community supervision and reentry with comprehensive, collaborative services.¹⁰⁴ In addition, a National Institute of Justice survey on innovative correctional programming for women discovered elements beneficial to success included staff that served as strong female role models, the opportunity to form supportive peer networks, meeting of specific and multiple needs, and attention to women's particular experiences as victims of abuse.¹⁰⁵

While there are various programs for women inside of prison, there are not enough programs or availability within the programs for all women who are in need of services to receive it. In general, there is not enough funding for the needed services for women while incarcerated.

Public policy for sentencing

Women who do commit violent offenses against a person usually perpetrate their crimes against spouses, ex-spouses, or boyfriends, and therefore do not pose a risk to the community at large.¹⁰⁶ The majority of women who kill their partners were in abusive relationships. Abused women have seen aggressive behavior modeled as a successful technique to control others' behavior and may see no other option to protect themselves and their children or to escape the abuse.¹⁰⁷ Criminal justice professionals agree that few women pose a risk to public safety, but current sentencing laws are based on male characteristics and crime, which fail to take into account women's experiences, roles, and responsibilities in crime.¹⁰⁸ Criminal justice experts agree that most incarcerated females could be supervised in the community, which is less costly and more effective.¹⁰⁹

Conclusion

Almost all of the incarcerated women interviewed experienced some type of emotional, physical, or sexual abuse in their lives. This study found a correlation between childhood physical abuse and childhood sexual abuse, so abuse as a child may increase the chances of future abuse. This study found a correlation between those who experienced physical abuse with those who experienced sexual abuse, so women may have been victims of different types of abuse during their lives. Finally, this study found a correlation between child abuse and violent crime, so early abuse may affect future criminality.

More than half of the women exhibited symptoms of Post-traumatic Stress Disorder (PTSD). This study found a correlation between multiple types of prior abuse, severity of abuse, and child sexual abuse and higher PTSD severity.

Many sought help after incidences of violence from professionals or someone they trusted. This study found that those who experienced more types of abuse were more likely to seek out more types of help. Services are needed that take into account the unique issues, concerns, and needs of women, which includes those that stem from abuse and victimization in their lives. If there is to be a decline in the number of imprisoned women, the experiences of young women and girls who are victimized need to be examined.¹¹⁰

Research that follows women's help seeking strategies over time can shed more light on when and what services women access. Furthermore, while this research focused on the lives and views of female victims of abuse, more information is needed on the abusers.

Appendix A

Factors contributing to lifetime physical, sexual, and emotional abuse severity scores	
Factor	Points allocated
<i>Age of onset</i>	
0-4	7
5-6	6
7-8	5
9-10	4
11-12	3
13-14	2
15-16	1
17+	0
<i>Number of perpetrators</i>	
0-1	0
2+	1
<i>Number of occurrences of abuse</i>	
1	0
2	1
3	2
4-9	3
10+	4
Additional factors contributing to lifetime physical abuse severity score	
<i>Most severe abuse ever experienced</i>	
Burned, choked or strangled, cut or stabbed, shot	4
Slapped, punched or kicked, hit or spanked with an object, hit with an object thrown, pushed or shoved, tied up or locked up, threatened to be shot or stabbed	2
Witnessed anyone slapped, punched, choked, beaten, shot, or stabbed	0
Additional factors contributing to lifetime sexual abuse severity score	
<i>Most severe abuse ever experienced</i>	
Attempted forced intercourse, forced intercourse, forced or coerced to perform oral sex, forced oral sex performed on victim	4
Genitals rubbed on victim by force, forced or coerced kiss, forced or coerced to touch person on private body part, touched on private body part	2
Person flashed or exposed sexual parts, spied on while bathing or dressing, forced or coerced to watch sex acts	0
Additional factors contributing to lifetime emotional abuse severity score	
<i>Most severe abuse ever experienced</i>	
Felt unsafe in intimate partner relationship, felt no control over own life in intimate relationship	4
Intimate partner showed up when no business being there, partner vandalized or destroyed property	2
Followed or spied on by partner, received unwanted phone calls by intimate partner	0
Adapted from Zink, Therese, Lisa Klesges, Susanna Stevens, and Paul Decker, "The Development of a Sexual Abuse Severity Score: Characteristics of Childhood Sexual Abuse Associated with Trauma Symptomatology, Somatization, and Alcohol Abuse," <i>Journal of Interpersonal Violence</i> , (2008) 24 (3).	

Appendix B

Offense type	First degree murder (Class M)	Class X	Class 1	Class 2	Class 3	Class 4
Homicide (includes: first and second degree murder; drug induce homicide; attempted murder; solicitation; and reckless homicide).	22	3	5	1	1	0
Person (most common: aggravated battery; home invasion; and armed robbery).	-	18	4	2	2	1
Sex (most common: subsequent prostitution convictions; sex offender registration violations; and aggravated criminal sexual abuse).	-	0	1	3	2	3
Property (most common: burglary; forgery; retail theft; and theft).	-	0	7	16	19	10
Drugs (most common: manufacture or deliver controlled substance; and possession of controlled substance).	-	12	10	7	4	8
Other (includes: obstruction of justice; escaping electronic monitoring; and unknown offenses).	-	0	0	0	1	1
Total	22	33	27	29	29	23

Appendix C

Services for women in Illinois prisons

IDOC Division of Women and Family Services offers a variety of programs to incarcerated females in its facilities. These programs need to be continually evaluated to ensure they are providing appropriate services and to continue to improve service delivery. The following is a partial list of programs they provide. All programs are not offered at each facility.

- Wells Substance Abuse Treatment Program – a gender-specific program dealing with why and how the female client pursues the use of drugs and alcohol.
- (Intensive Dual Diagnosis Therapy) Dual Diagnosis – this program is designed to address the needs of the offender suffering from a dual diagnosis of substance abuse and mental health issues.
- Drug Education – a voluntary program to assist offenders in abstaining from drugs/alcohol upon their release to the community.
- Healing Trauma – participants learn strategies on how to heal post-traumatic events of their lives.
- Thresholds – support group for offenders with specific mental health disorders to find placement upon release, primarily assists offenders suffering from schizophrenia.
- Dialectical Behavior Therapy (D.B.T.) – a treatment group for offenders suffering from borderline personality disorder where they learn D.B.T. techniques and emotional regulation skills.
- Life Skills – a treatment group that provides instruction in life skills, medication compliance, and interpersonal communication for offenders with a history of psychotic symptoms, which also focuses on stress management, emotional regulation, assertiveness, and social skills.
- Mood Disorder Group – a treatment group in which chronic mentally ill offenders and offenders with a history of mood disorder issues learn to identify and cope with depressive and bipolar symptoms.
- Anger Management – a program designed to deal with issues related to anger and the destructive nature of violence.
- Domestic Violence – a support/educational group on the warning signs of domestic violence, the development of a safety plan, and establishing good self-esteem and boundaries.
- Sexual Assault/Abuse Group – designed for women who have been sexually assaulted in childhood, adolescence, or adulthood, group therapy address the distorted view of self, affirmation and positive reframing is encouraged through the therapeutic process.
- Lifestyle Redirection – provides a discussion of destructive lifestyle choices and values and also to identify positive values to promote the change in the individual so they can learn to respect themselves and others.
- Seeking Safety – a support group for offenders with a dual diagnosis of Post-Traumatic Stress Disorder and substance abuse which addresses the needs of offenders who have experienced trauma as a result of physical and/or sexual abuse, domestic violence, a family history of anxiety, being separated from parents at an early age, a previous history

of depression and/or other emotional disorders and have turned to alcohol and/or drugs as a means of coping.

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