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DENISE E. O'DONNELL, DIRECTOR

Women's Pathways to Jail: Examining Mental Health, Trauma, and Substance Use

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Study Introduction

The rate of incarceration of women has increased substantially in recent decades, with a 31 percent increase between 2000 and 2011 (Minton, 2012). Female offenders appear to have different risk factors for offending than do male offenders. In particular, female offenders report greater incidence of mental health problems and serious mental illness (SMI) than do male offenders (James and Glaze, 2006; Steadman et al., 2009). Female offenders also report higher rates of substance dependence as well as greater incidence of past physical and sexual abuse (James and Glaze, 2006). Other researchers also have noted elevated rates of experiences of interpersonal trauma, substance dependence, and associated symptoms of post-traumatic stress disorder (PTSD) in female offenders (Green et al., 2005; Lynch et al., 2012).

This multisite study addresses critical gaps in the literature by assessing the prevalence of SMI, PTSD, and substance use disorders (SUD) in women in jail, and the pathways to jail for women with and without SMI.

Methods

Using a randomly selected sample ($N = 491$) from rural and urban jails, this study employed the Composite International Diagnostic Interview (World Health Organization, 1990)—a structured diagnostic interview—to assess current and lifetime prevalence of SMI (including major depression and bipolar and psychotic spectrum disorders), PTSD, and SUD of women in jail. Women's prior access to treatment and their level of functional impairment in the past 12 months were also assessed to better inform the understanding of their current treatment needs.

Next, qualitative Life History Calendar interviews were conducted with a subset of the sample ($N = 115$) to explore women's pathways to jail to examine how onset of different types of criminal activity and delinquency vary as a function of mental health status and trauma exposure.

Finally, project investigators interviewed corrections staff members at participating jail sites to better assess the staff members' beliefs about the prevalence of mental health difficulties in women in jail as well as their perceptions about women's pathways to jail.

MESSAGE FROM THE DIRECTOR

The overrepresentation of women with mental illness in jails has tragic consequences for children and families. It is important that the criminal justice field understands how mental illness, trauma, and other disorders are related to women becoming involved in the criminal justice system. The information from the Women's Pathways to Jail study can help to develop strategies that address and respond to these issues. This information can also help to determine how these issues are related to jail overcrowding, increased pharmacological costs, and increased stress for correctional personnel who

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KEY POINTS

- Trauma and mental health issues were associated with the onset of crime.
- A majority of women in jail had at least one of the assessed mental health disorders in their lifetime. One in four women met criteria for lifetime serious mental illness (SMI), post-traumatic stress disorder (PTSD), and substance use disorders (SUD).

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MESSAGE (cont.)

may not be trained to address mental illness. Furthermore, the findings from this study can help to enhance mental health screening at jails as well as gender-responsive programming for primary prevention, rehabilitation, and reentry into the community.

KEY POINTS (cont.)

- Many women met criteria for SMI, PTSD, and/or SUD in the past 12 months, and 25 percent reported severe functional impairment in the past year.
- Half of the women received treatment for substance use or mental health issues prior to incarceration.
- Most of the women in jail experienced multiple types of adversity and interpersonal violence in their lives.
- Women with SMI were more likely to have experienced trauma, to be repeat offenders, and to have earlier onset of substance use and running away.

Results

Part I: The Structured Diagnostic Interviews ($N = 491$)

Notably, 43 percent of participants met criteria for lifetime SMI, and 32 percent met criteria for SMI in the past 12 months. SUDs were the most commonly occurring disorders; 82 percent of the sample met lifetime criteria for drug or alcohol abuse or dependence. Similarly, PTSD rates were high; just over half of the sample (53 percent) met criteria for lifetime PTSD. Women also met criteria for multiple lifetime disorders at high rates (see figure).

Finally, 30–45 percent of individuals who met criteria for a current disorder reported severely impaired functioning associated with SMI, PTSD, or SUD in the past year. The majority (78–84 percent) of the participants who met criteria for an SMI such as major depressive or bipolar disorders had talked with a mental health professional, and most indicated it was effective. In contrast, closer to half of the individuals with PTSD or substance-related problems indicated that they had talked with mental health professionals about these difficulties.

Women with SMI reported significantly more victimization and more extensive offending histories than women who did not meet criteria for lifetime SMI. For example, more women with SMI reported childhood physical abuse (53 percent vs. 32 percent), childhood sexual abuse (60 percent vs. 37 percent), witnessing violence as children (77 percent vs. 60 percent), adult partner violence (75 percent vs. 60 percent), and adult sexual assaults (56 percent vs. 37 percent) than women who did not meet criteria for SMI. In addition, women with SMI reported an average of five prior convictions and 50 percent had committed three or more crimes, whereas women without SMI reported an average of three prior convictions and 50 percent had committed two or more crimes. In addition, individuals with SMI were more likely to be charged with or have committed a violent crime than women without SMI.

Utilizing structural equation modeling (SEM), the study found that childhood trauma and adversity significantly predicted both adult victimization experiences and mental health issues. However, neither childhood nor adult victimization were directly associated with offending. Instead, both forms of victimization significantly predicted mental health, which in turn was the only significant predictor of offending. Mental health was also the only significant predictor of treatment; women who reported poor mental health were 75 percent more likely to report using treatment services.

In sum, although childhood victimization, adult trauma, and service utilization were each correlated with offending, they were not significant predictors when mental health was in the model. Instead, childhood victimization and adult trauma increased the risk of poor mental health, and poor mental health predicted a greater offending history.

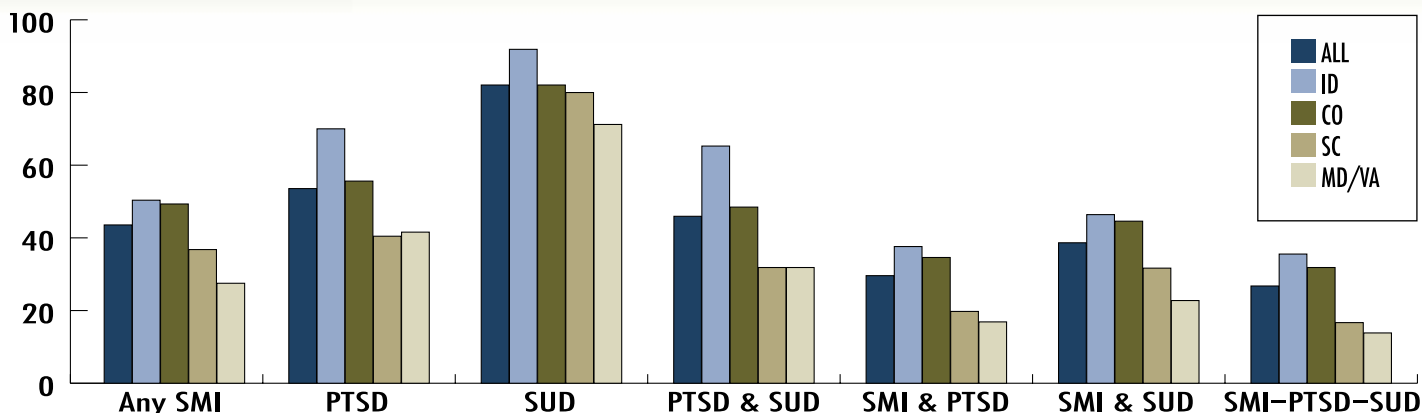
Part II: Life History Calendar Interviews ($N = 115$)

SMI demonstrated significant effects or trends in risk for onset of substance use, drug dealing/charges, property crime, fighting/assault, and running away. In addition, experiences of victimization predicted risk of offending. Specifically, intimate partner violence contributed to risk for commercial sex work/trading sex and drug dealing/charges. Witnessing violence contributed to risk for property offenses, fighting/assault, and using weapons. Finally, caregiver violence contributed to risk for running away.

Part III: Staff Interviews ($N = 37$)

Corrections staff (including supervisors, health practitioners, and corrections officers/deputies) indicated a general recognition that women's experiences of victimization were linked with their entry into the criminal justice system. Furthermore, many staff were aware of women's mental health difficulties. In particular, they expressed concern that there were limited resources in jail for women with mental illness, and that women were then released from jail with little to no assistance (e.g., housing or programs) to support their attempts to change behavior and lifestyle.

Lifetime Prevalence of Serious Mental Illness, Post-traumatic Stress Disorder, and Substance Use Disorder, by States



Discussion

This national sample of women in jails demonstrated high rates of mental health problems, with a majority of the participants meeting diagnostic criteria for lifetime SMI, PTSD, and/or SUD.

Similar to Steadman and colleagues' (2009) finding that 31 percent of female offenders residing in northeastern jails met criteria for a current SMI, this multisite study found that 32 percent of participants met criteria for an SMI in the past year. Furthermore, the number of women meeting criteria for multiple lifetime and current disorders was high. The prevalence of SMI, PTSD, and SUD—as well as high rates for co-occurring disorders—suggests that female offenders enter (or reenter) jail with substantial and often multiple mental health concerns and subsequently have complex treatment needs.

Although more than half of the participants indicated prior access to treatment, a significant portion of female offenders did not appear to have accessed treatment that addressed their problems or helped them to improve their basic level of functioning. The levels of reported impairment—combined with the frequency of SMI, PTSD, and SUD rates—suggest the critical need for additional resources for mental health assessment and treatment of this population.

The women with SMI reported significantly greater frequency of all forms of victimization and more extensive criminal histories. As was demonstrated in the SEM analyses, women's experiences of child and adult trauma were significant predictors of their overall mental health. Results of the SEM analyses also suggest that whereas child and adult victimization related directly to women's mental health, victimization did not directly predict offending history—only mental health was directly associated with women's offending histories.

In addition to identifying this clear link between mental illness and offending history, the data provided via the in-depth Life History Calendar interviews demonstrate how SMI is associated with increased risk of the onset of a number of offending behaviors and how this is exacerbated by experiences of victimization and drug use. Women with SMI were at higher risk for numerous forms of offending, including running away, substance use, and drug dealing/charges. In addition to the increased risk associated with SMI, various forms of traumatic victimization predicted the onset of offending.

Understanding female offenders' pathways to offending, including both risk for onset and risk for continued offending, helps elucidate the complexity of this population's experiences and identify key factors and intervening variables that may ameliorate or exacerbate risk. Research in this area is critical to the development of gender-responsive programming (Hills et al., 2004), alternatives to incarceration, and problem-solving court initiatives.

Childhood and adult
victimization appears
to increase the risk of
experiencing mental health
problems, which in turn is
related to increased likelihood
of criminal offending.

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Shannon M. Lynch, Ph.D., is Professor of Psychology at Idaho State University. Her research interests include consequences of exposure to interpersonal violence and survivors' use of resources to cope with and recover from traumatic events. For the past several years, her research team has conducted a series of quantitative and qualitative projects examining incarcerated women's trauma exposure, mental health, and treatment needs.

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For a copy of the full report, go to www.bja.gov/Publications/Women_Pathways_to_Jail.pdf.

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