

WOMEN WHO USE VIOLENCE

• Presentation for Longmont Ending Violence Initiative (LEVI)
Longmont, CO
December 11, 2013



Joanne Belknap, Ph.D.
President, American Society of Criminology
Professor and Chair of Sociology
University of Colorado-Boulder
joanne.belknap@colorado.edu
303-735-2182

Johnson's (1995) TYPOLOGY OF IPA ABUSERS

COMMON COUPLE VIOLENCE

- ❑ More or less "minor" and reciprocal violence between husbands and wives
- ❑ Studies usually based on the general public

TERRORISTIC VIOLENCE

- ❑ Terroristic violence, usually systematic, serious, and frequent beatings used to control them. If women use violence, it's in self-defense
- ❑ Shelter and CLS samples/studies

MELTON & BELKNAP (2003) STUDY

METHOD

- 2,670 cases from a large Midwestern metropolitan area
- 90.5% of all 1997 misdemeanor DV cases
- 14% of sample were women defendants*
- Pretrial, NIBRS, and prosecutor-collected data
- Content analysis of written descriptions of abuse

Melton & Belknap (2003)

QUANTITATIVE FINDINGS MORE COMMON AMONG MEN DEFENDANTS

- **Make threats to victim**
- **Shove or push victim**
- **Grab or drag victim**
- **Pull the victim's hair**
- **Physically restrain the victim**
- **Strangle the victim**
- **Prevent victim from calling 911**

Melton & Belknap (2003)

**QUANTITATIVE FINDINGS MORE
COMMON AMONG
WOMEN DEFENDANTS**

- ❖ Hit victim with an object
- ❖ Throw an object at victim
- ❖ Struck the victim with a vehicle
- ❖ Bit the victim

Melton & Belknap (2003)

**QUANTITATIVE:
ABUSES WITH NO GENDER
DIFFERENCES AMONG DV
DEFENDANTS**

- Slapping
- Punching
- Hitting
- Stabbing

Melton & Belknap (2003)

**QUALITATIVE FINDINGS:
GENDER DIFFERENCES AMONG
DV DEFENDANTS**

- Men made far more serious (lethal) threats
- Men made threats about what would happen to the victim if she called police or went to court
- Men made patterned series of abuses
- Female victims reported far more fear
- Men used “weirder” and more specific threats

**IS IPA GENDERED IN HETEROSEXUAL COUPLES?
WARNER’S (2010) THREE PERSPECTIVES:**

**Feminist
(FP)**

- ✓ “woman battering”
- ✓ About 95% of IPA is male-to-female
- ✓ Studies more likely to use
 - modified CTS
 - community samples
 - more often face-to-face interviews

**Family Violence
(FVP)**

- ✓ “gender symmetry”
- ✓ “mutually combative couples”
- ✓ Male-to-female IPA is slightly more, equally, or even less common than female-to-male IPA.
- ✓ Studies more likely to use
 - CTS
 - national samples
 - phone interviews

**General Violence
(GVP)**

- ✓ IPA does not differ much from violence occurring outside of families and intimate relationships. ♂ are more often the perpetrators of IPA because ♂ are more often the perpetrators of *any* violence, and ♂ produce more injuries, esp more serious injuries because they are physically stronger

Warner (2010) Agency-Based Data to Examine Gender x Domestic Violence

- Used NIBRS (National Incident Based Reporting System) Data from 2006

NIBRS = Crimes known to the police, reported nationally by law enforcement agencies

Three Perspectives

1. Feminist (FP)
2. Family Violence (FVP)
3. General Violence (GVP):

Warner (2010) Research Questions and Hypotheses

	RQ1: Who is more likely to be a V of IPA?	RQ2: What is the most likely V-O-R in violent incidents?	RQ3: How does likelihood of severity differ by gender and V-O-R?
FP	♀	♀ > likely from IP than any other person	♀ > likely to experience minor & severe injury from IP than any other person
FVP	No Gender Difference	♀ & ♂ > likely from IP than any other person	No gender differences in (P) of minor injury from IP, but ♀ > likely to exp severe injury
GVP	♀	♀ & ♂ > likely from outside family than IP & other family	♀ > likely to be injured than ♂ irrespective of V-O-R

Warner (2010)
Research Questions and Hypotheses
 with Findings

	RQ1: Who is more likely to be a V of IPA?	RQ2: What is the most likely V-O-R in violent incidents?	RQ3: How does likelihood of severity differ by gender and V-O-R?
FP	♀ <input checked="" type="checkbox"/>	♀ > likely from IP than any other person <input checked="" type="checkbox"/>	♀ > likely to experience minor & severe injury from IP than any other person <input checked="" type="checkbox"/>
FVP	No Gender Difference	♀ & ♂ > likely from IP than any other person <input checked="" type="checkbox"/> for ♀ only	No gender differences in (P) of minor injury from IP, but ♀ > likely to exp severe injury <input checked="" type="checkbox"/> only for 2 nd 1/2
GVP	♀ <input checked="" type="checkbox"/>	♀ & ♂ > likely from outside family than IP & other family <input checked="" type="checkbox"/> for ♂ only	♀ > likely to be injured than ♂ irrespective of V-O-R <input checked="" type="checkbox"/> for IP injury but no Gender diff for other VOR

CROUCH ET AL. (2009)

GENDER DIFFERENCES IN NAVY IPA

❖ Method

- ❖ N = 1,035: 576 women and 459 men in the second year service to the Navy
- ❖ Asked about IPV from a romantic partner or date in the past year

❖ Overall Findings

- ❖ 21% reported some form of/overall IPV their 2nd year of service (no gender difference on this overall)
- ❖ 10.5% reported experiencing moderate IPV
- ❖ 10.6% reported experiencing severe (with or without moderate)IPV

CROUCH ET AL. (2009)
**GENDER DIFFERENCES IN IPV IN
 NAVY STUDY**

- ▣ ♀ (12.2%) report experiencing more **Moderate** IPV than ♂ (8.2%)
- ▣ ♂ (16.7%) are more than twice as likely as than ♀ (6.2%) to report experiencing more **Severe** IPV
- ▣ ♀ (54%) report experiencing somewhat more IPV **injury** than ♂ (45%)
- ▣ “Male Victims” more likely than women victims to report:
 - **Restraining** their partners
 - **Touching partners in a sexual** way prior to the IPV

CROUCH ET AL. (2009)
GENDER DIFFERENCES IN IPV IN NAVY STUDY

- ▣ **Self-identified Female Victims Report More:**
 - **Moderate IPV** (♀ = 12.2%, ♂ = 8.2%)
 - **IPV Injury** (♀ = 54%, ♂ = 45%)
- ▣ **Self-identified Male Victims Report More:**
 - **Severe IPV** (♀ = 6.2%; ♂ = 16.7%)
 - **Restraining their partners**
 - **Touching partners in a sexual** way prior to the IPV

CROUCH ET AL. 2009 NAVY STUDY

“Indeed, nearly a third of the male IPV victims in the present study reported that they engaged in one or more potentially coercive and/or aggressive behaviors (e.g., sexual touching, physically restraining) prior to their partner’s IPV perpetration. Thus, men’s victimization may have more often occurred in a context of reciprocal partner violence. At a practical level, these findings suggests that many male victims may reduce their own risk of IPV victimization by adopting healthier, less coercive approaches in their intimate relationships.” (p. S12)

Houry et al. (2008) Public Hospital IPV Victims

▣ Sample

- All patients in a public hospital and Level 1 trauma center aged 18-55 and English-speaking (who were not mentally ill, intoxicated, too ill, or acutely psychotic)
- Out of 2,737 patients who consented to be in and completed the survey, 772 reported victimization, perpetration, or both

▣ Findings

- ♀: victims- 22%, perpetrators- 7%, both- 12%
- ♂: victims- 21%, perpetrators- 5%, both- 13%
- ♀ victims 5 x more likely than ♂ to disclose high rate of battering*
- ♀ who disclosed both IPV victimization and perpetration were more likely than men reporting both to also report high levels of battering

Not statistically different

*statistically different

Callers to a Domestic Abuse Helpline for Men Hines et al. (2007) Sample

- ❑ Oct 2000, the 1st ever helpline in the U.S. for male IPV Victims opened
- ❑ N = 190 (calls between Jan 2002 - Nov 2003)
- ❑ Major referral source was the internet
- ❑ 18% were disabled
- ❑ 14% stereotypic masculine occupations (police, fire, military), 4% construction, 12% manual labor, 12% prestigious (doctor, lawyer, professor, engineer, architect), 10% unemployed
- ❑ 19-49 years old, avg. age=41, avg age of ♀ partners=36
- ❑ 52% currently in relationship with abuser, 56% reported children in the house

Hines et al. (2007)

Type of Physical Aggression Victimization (N = 158)

- ❑ Slapped/hit 43.7% (69)
- ❑ Pushed 41.8% (66)
- ❑ Kicked 39.2% (62)
- ❑ Grabbed 31.0% (49)
- ❑ Punched 24.7% (39)
- ❑ Choked 22.2% (35)
- ❑ Spit on 9.5% (15)
- ❑ Stabbed 1.9% (3)
- ❑ Scratched 1.3% (2)

Hines et al. (2007)
**Characteristics of Women Intimate Partner
 Abuser as Reported by Men Victims**
 (N = 158)

- Partner has a history of childhood trauma - 91.7%
- Partner has threatened suicide - 61.9%
- Partner has threatened homicide - 59.0%
- Partner uses alcohol - 52.1%
- Partner has a mental illness - 46.0%
- Partner uses drugs - 34.8%

Cho & Wilke (2010)
NCVS Data from 1987-2003
 N=2,760 Cases (♀ = 2,462; ♂ = 298)

	♀ Victims	♂ Victims
Victim's Age*	30.7	34.0
Type of Violence*		
Rape/Sexual Assault	8%	1%
Aggravated Assault	17%	28%
Simple Assault	75%	71%
Injury*		
Minor	54%	35%
Severe	7%	7%
No Injury	40%	59%
Weapon Used*	20%	39%
Arrest*	24%	18%
Revictimization*	16%	11%

**Women
 5 x more
 likely to
 report
 IPV than
 men**

*No gender
 Difference in Victim
 Age, All abuse, injury,
 Weapon use, arrest,
 And revictimization are
 Statistically significant

Cho & Wilke (2010)
NCVS Data from 1987-2003
Gender Differences

Women Victims > Likely:

- Raped*
- Shot/shot at
- Hit with gun
- Grabbed, held, tripped, jumped, pushed*

▣ **Male Victims > Likely:**

- Stabbed with knife
- Hit by thrown object

Most of the differences did NOT reach statistical significance (*). Men were the only ones who shot or shot at victims, but this was rare (n = 3).

Coker et al. (2002)
Gender Differences in Physical and Mental Health Effects from IPV

▣ **Sample**

- from National Violence Against Women Survey
- women & men 18-65 years old
- phone survey
- Only asked about IPV victimization (not perpetration)
- N = 13,912
 - ▣ 6790 women
 - ▣ 7122 men

Coker et al. (2002)

Gender Differences in Self-Reported IPV Victimization

Type of IPV Victimization	Women	Men
Any IPV (physical, sexual, or psychological)	29.7	23.3
Physical or Sexual IPV*	17.6	5.9
Sexual (no Physical) IPV*	4.3	0.1
Physical (no Sexual) IPV*	13.3	5.8
Psychological IPV alone	12.1	17.3
abuse of power/control	6.9	6.8
verbal abuse	5.2	10.5

*Majority (>90%) also report psychological abuse

Coker et al. (2002) Gender Differences in Self-Reported IPV Victimization & Mental Health

- ▣ **For both women and men:**
 - IPV may produce long-term physical health effects
 - IPV may produce long-term mental health effects
 - Psychological Abuse is more strongly related to negative health outcomes than Physical IPV
 - Physical IPV is associated with
 - ↑ risk of current poor health
 - ↑ depressive symptoms
 - ↑ substance use
 - ↑ injury
 - Developing a chronic disease or chronic mental illness
- ▣ **Women Victims of IPV report worse**
 - **physical health** (than menIPV victims)
 - **mental health** (than menIPV victims)

Chronic diseases such as hypertension/
heart disease, diabetes, arthritis/
connective tissue disease,
asthma/emphysema, and cancer

Próspero (2009)

“Coercive IPA”

- “A perpetrator’s **coercive demand** is when the perpetrator, with a sense of entitlement, asks or orders the victim to perform certain acts. These demands are attached to stipulations and thereby become threats. Communicating this threat can be explicit (verbal) or implicit (nonverbal). The victim’s behavioral response to the perpetrator’s coercion may be compliance, resistance, or a combination of both. The victim may comply to avoid the negative consequences or comply because of exhaustion from constantly resisting. The victim may directly resist the perpetrator’s coercion through confrontation, even with the expectation of negative consequences. The victim may indirectly resist the perpetrator’s coercion by avoiding the perpetrator.”

Próspero (2009)

COERCIVE DEMAND/IPA STUDY

- **Sample:** 573 racially/ethnically diverse college students
- **Coercive IPA** was a stronger predictor of worse **mental health** than **physical IPV**
- **Coercive IPA** victimization affected women’s mental health significantly more than men’s coercive IPA victimization affected their mental health

Ansara & Hindin (2010)
Help-Seeking by IPV Victims in Canada

- ▣ **National Sample***: 696 women & 471 men who reported physical or sexual violence by a current or ex-spouse or common-law partner (excluded same-sex partner cases)
- ▣ **Three Violence Classes for Women****
 - **Physical Aggression**
 - **Physical Aggression, Control, & Verbal Abuse**
 - **Severe Violence, Control, & Verbal Abuse** most chronic and severe
- ▣ **Two Violence Classes for Men****
 - **Physical Aggression**
 - **Moderate Violence, Control, & Verbal Abuse**

*2004 General Social Survey on Victimization

**Least to Most Severe

Ansara & Hindin (2010)
Help-Seeking by IPV Victims in Canada

- ▣ **Overall-**
 - Both women and men used more formal and informal help-seeking resources the more severe the abuse.
 - Women were more likely than men to use both formal and informal resources
- ▣ **Formal Help-Seeking Resources**
 - Commonly reported for both women and men were:
 - **Health professionals** (e.g., doctors, nurses, counselors, psychologists)
 - **Police**
 - **Increased in importance as the violence and control increased** (esp. for health professionals, police, lawyers, shelters, and crisis centers)
- ▣ **Informal resources** (e.g., family, friends, neighbors)
 - More commonly reported by women

*2004 General Social Survey on Victimization

Ansara & Hindin (2010)
Help-Seeking by IPV Victims in Canada
Authors' Conclusions (p. 1017)

- ▣ This research highlights “the elevated danger faced by women who experience the most severe pattern of violence and control.”
- ▣ “These data also suggest the possibility that some men may be the victims of severe violence and control by their female partner. About 8% of men in this class reported having used a men’s center or men’s support group and 10% reported having used a crisis center or crisis line. More research on men’s experiences of IPV is needed to better understand the nature and the consequences of this pattern of abuse for them.”

**Belknap et al. (2012) Study with
Denver Metro DVFRC**

- ▣ DVFRCs - started in 1990s to improve responses to potentially lethal abuse
- ▣ Data: 117 closed cases from Denver metro from 1991-2009

Belknap et al. (2012) Study with Denver Metro DVFRC: Quantitative Findings

- ▣ IPH Men 3 x as likely to have a prior DV arrest
- ▣ IPH Men more likely to be on probation prior to IPH
- ▣ Didn't reach significance but Men IPH more likely to have ROs against them
- ▣ 5% of women killed were pregnant

Belknap et al. (2012) Study with Denver Metro DVFRC: Qualitative Findings about Women Who Killed IPs

- ▣ Primarily Self-defense
- ▣ Proxy/Retaliation
- ▣ Sexual Proprietariness
- ▣ Incapacitated/Incompetent

Important Concepts in Understanding the Gendered Nature of IPA

- Motivation for behaviors
- Context of behaviors
- Consequences of behaviors

SOME OVERALL RESEARCH FINDINGS ON GENDER DIFFERENCES IN IPA OFFENDING

MEN OFFENDERS

- ▣ Most likely to use abuse to control
- ▣ Initiate the abuse more often
- ▣ Use more of the more extreme forms of violence and abuse

WOMEN OFFENDERS

- ▣ Most likely to report use of “violent” behaviors to escape and for self-defense and retaliation

SOME OVERALL RESEARCH FINDINGS ON GENDER DIFFERENCES IN IPA VICTIMIZATION

MEN VICTIMS

- Have more resources to leave
- Are more likely to report the abuse as causing
 - Humor
 - Anger

WOMEN VICTIMS

- Suffer more injuries and more serious injuries
- Require more medical treatment
- Are more likely to report the abuse as causing
 - Fear
 - Emotional hurt
- Lose more time from work

OTHER RESEARCH GENDER FINDINGS ON MEN, HETEROSEXUAL IPA

- ▣ Men tend to minimize or misrepresent their abusive/violent behaviors
- ▣ Women tend to minimize their abusers' abusive/violent behaviors
- ▣ Men tend to minimize or misrepresent their victims' injuries
- ▣ Women tend to minimize (and can misrepresent) their own injuries resulting from the abuse.
- ▣ Mental illness may play more of a role in woman-perpetrated IPA.

WOMEN'S PATHWAYS TO JAIL: TRAUMA, MENTAL ILLNESS, AND OFFENDING

- ▣ **Shannon Lynch, Ph.D. (PI)**
 - Idaho State University
 - ▣ **Dana DeHart, Ph.D. (Co-PI)**
 - University of South Carolina
 - ▣ **Joanne Belknap, Ph.D.**
 - University of Colorado
 - ▣ **Bonnie Green, Ph.D.**
 - Georgetown University
- Elizabeth Whalley (CU)
 - Kathryn Nowotny (CU)
 - Kristine Morris (ISU)
 - Priscilla Dass-Brailsford (GU)
- *and many more

*The opinions, findings, and conclusions or recommendations expressed in this talk are those of the authors and do not necessarily reflect those of the BJA/Department of Justice.

Understanding Pathways Theory

- ▣ Cycling between trauma and offending
- ▣ Driving the current study:
 - Women “cycling” in & out of jails/prisons creates challenges for...
 - ▣ Women with mental health issues
 - ▣ Their children
 - ▣ The communities in which they live
 - ▣ Law enforcement, jail administrators, Cos...
 - To understand risk reduction and programming needs: We need information on how trauma and SMI relate to each other and to the onset of offending

Main Research Questions



- ▣ Current and lifetime prevalence of serious mental illness (SMI)
- ▣ Lifetime exposure to violence and adversity (trauma)
- ▣ To what extent does serious mental illness (SMI) co-occur with PTSD and substance use disorders (SUD)?
- ▣ The level of impairment associated with serious mental illness in women offenders?
- ▣ To what extent do SMI women in jail have access to treatment prior to incarceration?
- ▣ To what extent do the pathways of women with SMI differ from other women in jail?

Research Design

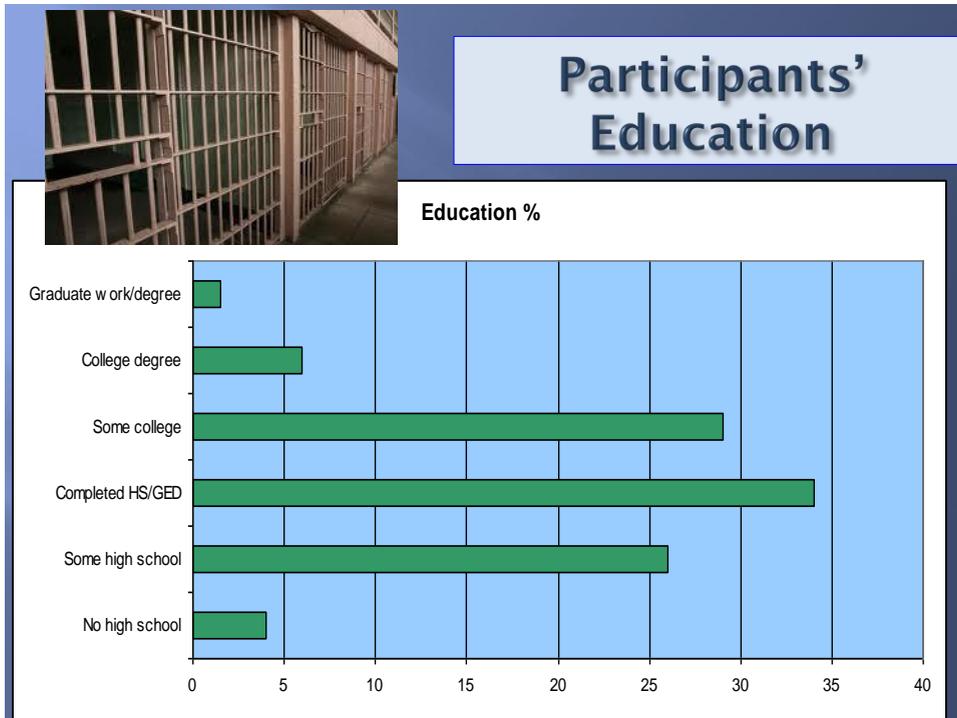
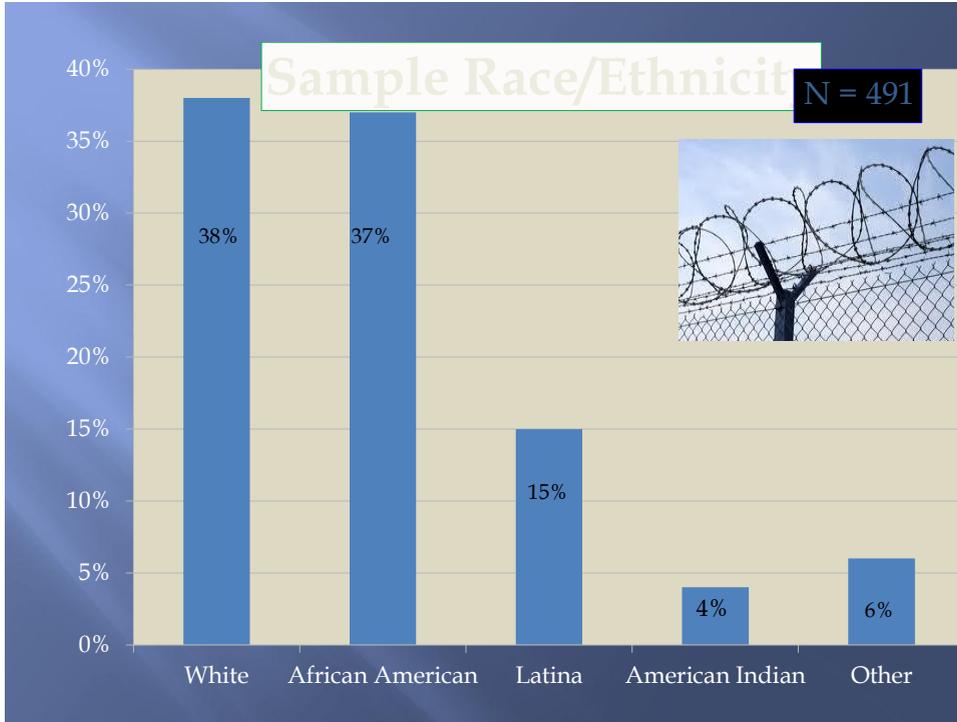
- ▣ SRS Multi-site U.S. Women in Jail
 - Colorado
 - Idaho
 - South Carolina
 - Washington, D.C. (Maryland/Virginia)
- ▣ \$10 incentive to participate
- ▣ Mixed Methods
 - CIDs (n = 491) (22% decline rate)
 - LHCs (n = 115) (7% decline rate)

Measures

- ▣ **Composite International Diagnostic Interview (CIDI)** from the World Health Organization to assess for lifetime and current (N = 491):
 - **Bipolar**
 - **Depression**
 - **PTSD**
 - **Substance dependence** (alcohol and illegal substances)
 - **AND Schizophrenia and psychotic spectrum disorders** (includes diagnostic criteria adapted from the **SCID**)
- ▣ **Life History Calendars (N = 115)**

CIDI Sample (N = 491)

- ▣ Aged 17 to 62, average age 35
- ▣ Average income prior to incarceration was \$17,107
- ▣ 75% have children under 18
- ▣ 24% first offense
- ▣ Average of 3.7 prior convictions

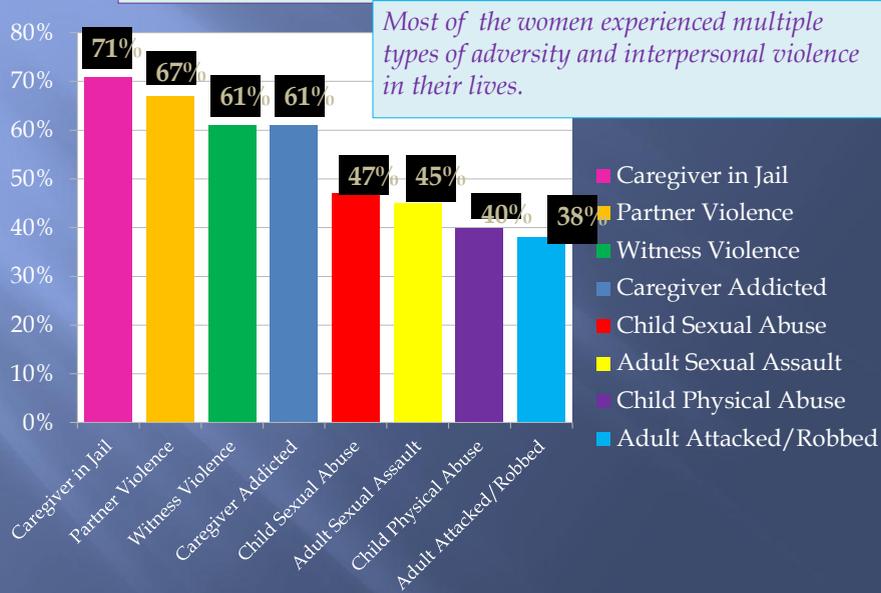


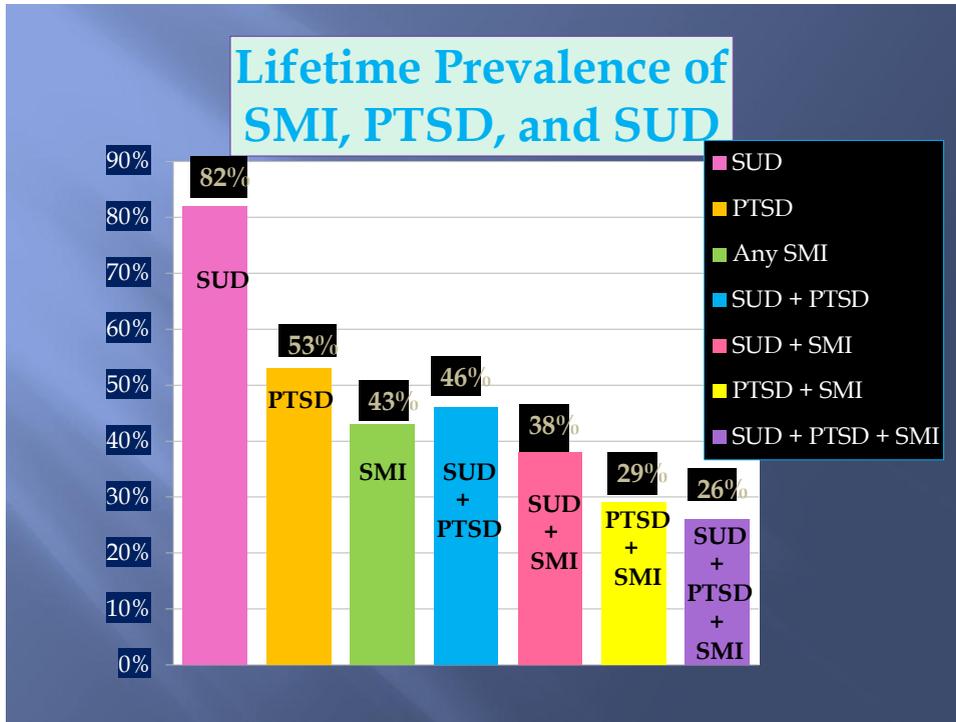
Participants' Charges Leading to Incarceration (N = 491)

Type of offense	Percent of sample
Probation/Parole Violation	21
Drug possession	14
Other	12
Assault/battery/DV	11
Larceny/theft	11
Fraud/forgery	8
DUI	7
Other vehicle offense	5
Prostitution	4
Murder/manslaughter	2
Burglary/home invasion	2
Child abuse	1
Weapons	1
(Sexual offense)	0.4

➤ 16% charged with or awaiting trial for violent offenses

Pathways: Exposure to Violence and Adversity





Lifetime (Prevalence) and 12-month (Incidence) of SMI & PTSD

Type of Disorder	(General Population)	Lifetime Prevalence %	Current (12 mo.) Incidence %
Serious Mental Illness (SMI)		43%	32%
Major Depression		28%	22%
Bipolar Disorder		15%	8%
Schizophrenia Spectrum		4%	4%
Brief Psychotic		14%	8%

Lifetime (Prevalence) and 12-month (Incidence) of SUD

Type of Disorder	(General Population*)	Lifetime Prevalence %	Current (12 mo.) Incidence %
Substance Use Disorder (SUD)	29%	82%	53%
Alcohol Abuse		25%	9%
Alcohol Dependence		39%	17%
Drug Abuse		12%	6%
Drug Dependence		56%	33%

*National Comorbidity Survey Replication Study in 2005

Lifetime (Prevalence) and 12-month (Incidence) of Combined Disorders

Combination	Lifetime Prevalence %	Current (12 mo.) Incidence %
PTSD + SUD	46%	18%
PTSD + SMI	29%	14%
SMI + SUD	38%	20%
SMI + PTSD + SUD	26%	9%

Patterns in Disorders

- ▣ **Prevalence:** Only **9%** (n = 44) did not meet criteria for any lifetime SMI, PTSD, or SUD.
- ▣ **Incidence:** Only **30%** (n = 147) did not meet criteria for any SMI, PTSD, or SUD in the past 12 months.
- ▣ **Severe functional impairment in last year = 25%**
- ▣ **No urban v. rural jail differences**
- ▣ **Regional Differences:** Idaho reported highest SMI rates, and Maryland and Virginia the lowest (consistent with SAMSHA 2011 Report)

SMI x Violent Charges & SMI x Interpersonal Violence Victimization

- ▣ **Women with violent offense charges (53.2%) were more likely than women with non-violent offense charges (41.1%) to meet the criteria for SMI**
- ▣ **Women with SMI were more likely to report:**
 - Child physical abuse
 - Child sexual abuse
 - Caregiver incarceration
 - Caregiver addiction
 - Witnessed violence
 - Attacked (non-sexually) as an adult
 - Adult intimate partner abuse
 - Adult sexual violence

$p \leq .001$

Types of Lifetime Treatment Accessed and Rating

	Talk to a Professional % (n)	Treatment Effective % (n)	Hospitalized % (n)	Medication % (n)
<u>Mental Health problems</u>				
Depression	84 (159)	64 (101)	40 (76)	83 (155)
Bipolar	78 (105)	71 (75)	30 (41)	72 (95)
PTSD	51 (190)	62 (119)	13 (64)	45 (160)
Psychotic Spectrum	59 (92)		25 (39)	68 (102)
<u>Substance Problems</u>				
Illegal Substances	51 (199)	72 (145)	19 (76)	60 (233)
Alcohol	36 (138)	69 (96)	20 (76)	58 (217)

Structured Survey (CIDI) Summary

- ▣ 43% of female offenders met lifetime criteria for SMI; 32% in the past 12 months
- ▣ Participants endorsed high rates of co-occurring disorders (SMI, PTSD, SUD), indicating need for thorough assessment and more complex treatment needs
- ▣ 25% of women in jail reported severe functional impairment in 12 months preceding incarceration
- ▣ 50% of offenders had access to mental health and substance use treatment prior to incarceration (varied by region)
- ▣ Women with SMI were more likely to report higher rates of prior violent victimization, repeat offenses, and to be charged with violent crimes.
- ▣ **Interpersonal violence and mental health appear to influence women's pathways into the criminal legal system and represent possible points for intervention with girls and women**

Life History Interviews (N = 115)

- ▣ Qualitative life calendar interviews:
Household, school, partners, substance use, crime, victimization, adverse events, & services
- ▣ Aged 17-55 (M = 34), median income \$15,000, most some high school or college
- ▣ 40% African American, 41% White, 10% Latina, 4% Native American, 4% Multiracial

55

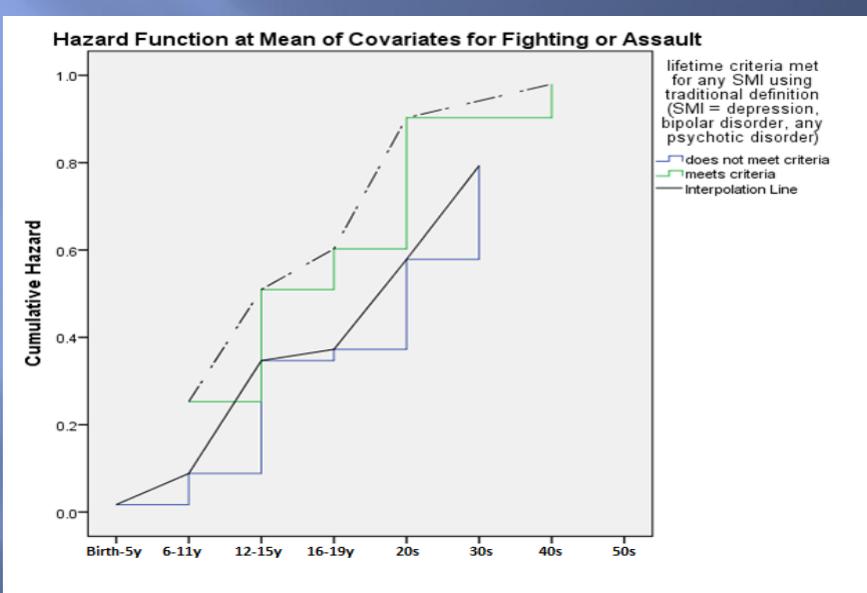
#43017 (Age 22)	Infancy & early childhood Birth to 5	Middle & late childhood Age 6 - 11	Early adolescence Age 12 - 15	Middle & late adolescence Age 16 - 19	Twenties Age 20 - 29
School		3rd grade trouble Repeated 4th	Cutting 9th-10 th	Dropped out 11 th	
Household	Lived with mom & sister	Lived w/aunt, grandma, cousins	Staying w/ friends & relatives	Homeless at 18	
Jobs				Fast food jobs	Trouble finding work
Victimization	Molested by babysitter	Family vio 3rd grade	Raped age13	Violent boyfriend Stranger assault	Cousin murdered by boyfriend Tried coke & Ecstasy
Alcohol & drugs			Drinking age13 Tried weed at 15	Smoking more at 18 DJJ age 16 assault	Possession at age 22
Crime & delinquency		Fighting 3rd grade on		Shoplifting age 16 Sex for shelter at 18 Alc poisoning at 18	
Mental health	Counseling for molestation		OD Tylenol age 14		
Pregnancy			Abortion age 15	Son at 16 Lost twins crash 18	Daughter at 21

Mental Disorders (CIDI data)	LHC Prevalence (N = 115)	CIDI (N = 491)
Any SMI	50%	(43%)
PTSD	51%	(53%)
SUD	85%	(82%)

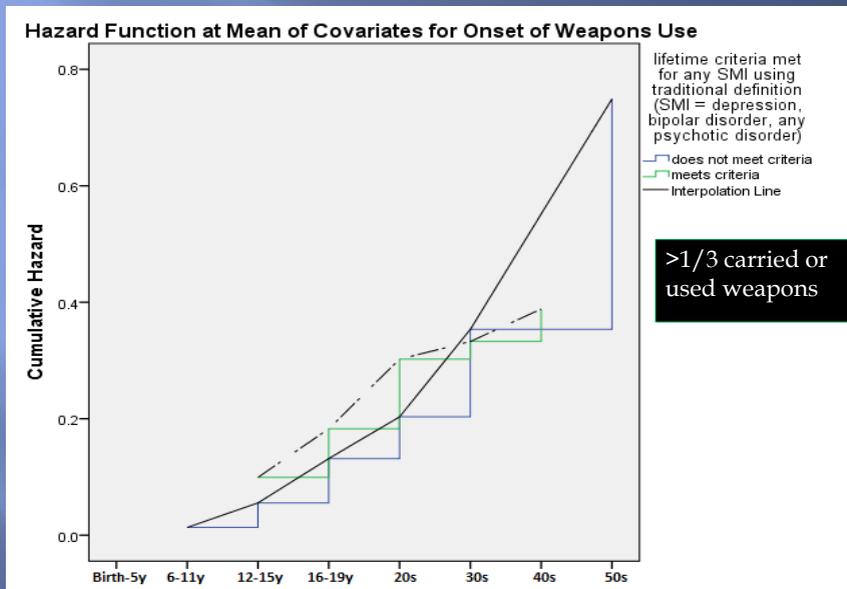
Trauma Histories (LHC data)	Prevalence (N = 115)
Caregiver violence (abuse or neglect)	60%
Partner violence (physical & sexual)	77%
Non-family violence (bullying, assaults)	63%
Sexual violence (child & adulthood)	86%
Witnessing violence (DV, dead body)	73%
ACEs (parent's death, addiction, etc.)	89%

LHC Analysis

- **Dr. DeHart** used **survival analyses** to examine risk for different types of self-reported crime and delinquency.
- A steep slope for persons with SMI (dotted line) indicates
 - a greater rate of the event in question (e.g., running away) occurring.
 - high risk and important times for support and services to address trauma.
- We found a strong, persistent pattern of those with SMI being at greater risk for many types of crime and delinquency (e.g., substance use, drug dealing, trends for assaults, property crimes).
- Women's qualitative accounts indicated that mental health problems were often associated with past experiences of victimization as well as their self-medicating with substance use.

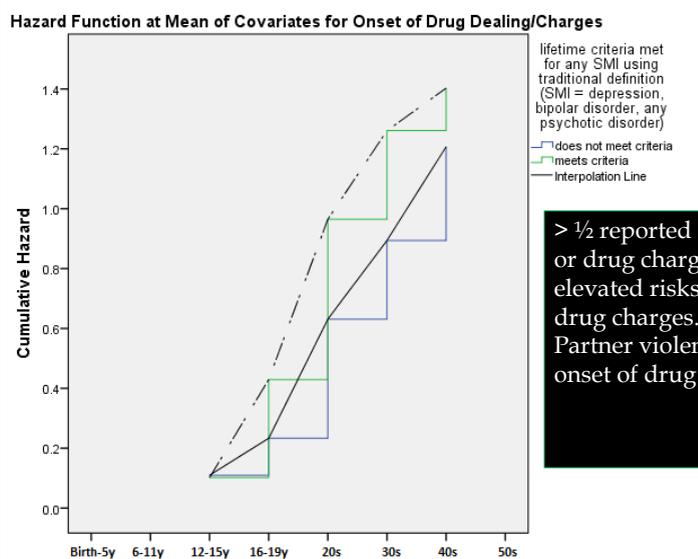


Women with SMI at higher risk of fighting & assaulting others.
 Women who witnessed violence were at 2x as likely to engage in physical fighting/assaults.



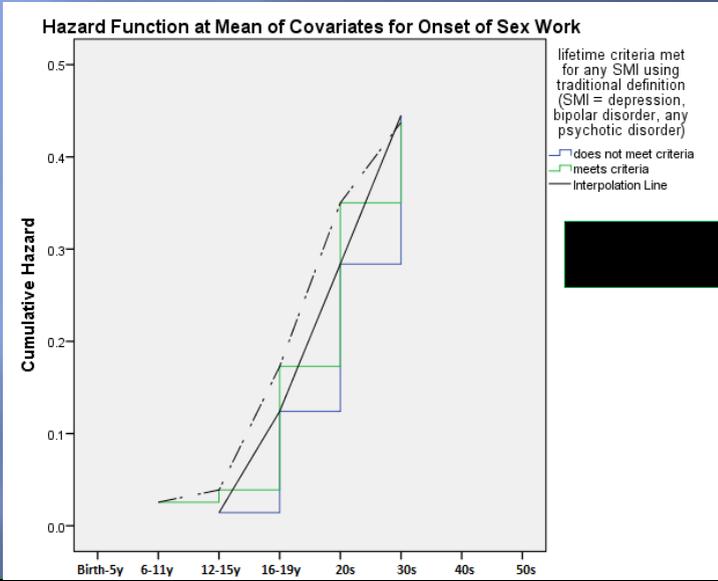
>1/3 carried or used weapons

Women who witnessed violence were at 8x as likely to use a weapon.



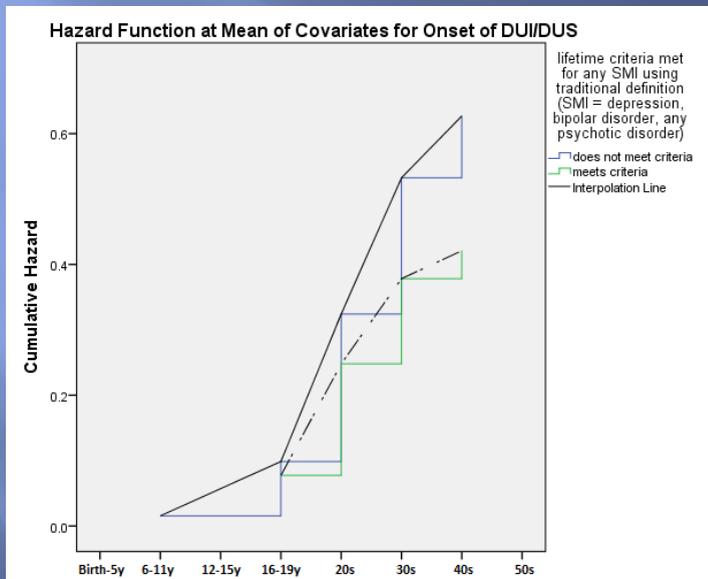
> 1/2 reported dealing drugs or drug charges. SMI women elevated risks for dealing/drug charges. Partner violence predicted onset of drug offenses

Women with SMI at higher risk of dealing drugs or having drug charges. Women w/partner violence were at 2x the risk.



[Redacted text]

Women with SUD were at 6x risk of sex work. Women with partner violence were at 4x the risk of sex work.



Women with SUD were at 7x as likely to DUI/DUS.

Summary of Regressions

DVs	Significant Predictors			Strata
Running away	CG Vio.			SMI
Assault		Witnessing violence		SMI (trend)
Weapons		Witnessing violence		
Drug offenses			Partner violence	SMI
Sex work			Partner violence	SUD
DUI				SUD

Survival Analysis and Hazard Function Findings from LHCs

- ▣ Women with SMI were more likely to
 - runaway, and this peaked in their in early teens
 - fight with/assault others
 - deal drugs/have drug charges.
- ▣ Women with caregiver violence were 9 x more likely to run away.
- ▣ Women who witnessed violence were
 - twice as likely to fight with/assault others
 - 8 x as likely to use/carry a weapon
- ▣ Women with violent partners were
 - twice as likely to deal drugs/have drug charges
 - 4 x as likely to do sex work
- ▣ Women with SUD were 6 x as likely to do sex work

Overall Conclusions from Staff Interviews

- ▣ Sympathetic to the women and recognized their difficult lives
- ▣ Recognition of the high rate of SMI and trauma among women in jail and how it can impact their behavior while incarcerated;
- ▣ The women's needs for (and the lack of these resources before, after, and sometimes, during, incarceration):
 - Safe housing
 - Trauma counseling
 - Drug/alcohol recovery programs
 - Self-empowerment programs
 - Educational resources
- ▣ Some jailed women can only get their most basic needs met while in jail/prison.