Life History Models of Female Offending: The Roles of Serious Mental Illness and Trauma in Women’s Pathways to Jail

Background

- Women constituted approximately 13% of the 11.6 million persons admitted to local jails from June 2011 to June 2012 (Minton, 2013)

- Reports show there was a 131% daily turnover rate of inmates which far exceeds the capacity of the jail facilities (Minton, 2013)

- High turnover rates may relate to mental health struggles faced by many jail inmates, particularly women (James & Glaze, 2006; Minton, 2013; SCDMH, 2006)

- One contributing factor being the “criminalization” of mental illness (i.e., being arrested for public-order offenses associated with psychiatric illness) (Liska, Markowitz, Whaley, & Bellair, 1999; Lurigio, 2012)

- Further research is needed to understand the critical issues pertinent to screening and successful rehabilitation

(DeHart, Lynch, Belknap, Dass-Brailsford, & Green, 2014)
The Role of Trauma:

- Many studies have suggested that women’s experiences of interpersonal violence and mental health are connected to their onset of criminal offending.

- The role of victimization has been prominently featured in “pathways” theories of women’s crime, possibly as a precursor to mental health struggles that may lead to substance use and offending (Salisbury & Van Voorhis, 2009).

- One study found that 90% of women inmates reported physical and sexual violence from their partners in the year prior to incarceration and that many women described polyvictimization including chronic and severe abuse (Lynch, Fritch, & Health, 2012).

- Women who were abused or neglected as children are twice as likely to be arrested as adults than non-abused women (Widom, 2000).
The Role of Mental Health:

- There is clear evidence that traumatic experiences are linked to the risk of subsequent mental health difficulties.

- Studies suggest the increased vulnerability and overlapping pathways for women with substantial trauma histories for mental disorders such as PTSD, serious mental illness, and substance abuse or dependence.

- One study found a 75% rate of mental health problems for women in jail, it was also noted that inmates with mental health problems were 3 times as likely to report histories of physical and sexual abuse; and were more likely to be dependent on drugs, to be violent recidivists, and to have served three or more prior sentences (James & Glaze, 2006).

- Further research is needed to explore the pathways to jail, especially looking at mental health as a factor in the pathway to offending.

(DeHart, Lynch, Belknap, Dass-Brailsford, & Green, 2014)
Research Question

The current study examines how pathways to jail may differ for women with and without serious mental illness. Specifically they examined:

- the prevalence of mental disorders
- the extent of traumatic experiences
- how mental health status and trauma exposure relate to the onset of different types of crime and delinquency

(DeHart, Lynch, Belknap, Dass-Brailsford, & Green, 2014)
Methods

Participants:

- An overall study used a random sample of 491 women from in jails in CO, ID, SC, MD, VA
- This study randomly drew 25% (n = 115) from the overall study sample
- Average age: 34, age range: 17- to 55
- Women identified as being of the following ethnic identities: 41% Caucasian; 40% African American; 10% Latina; 4% Native American; 4% multiracial
- 27% reported attending some high school; 27% had completed high school/GED; 46% attended at least some college
- Before incarceration approximately 50% were employed full-time, 46% were unemployed
- Incentives for participation (e.g., direct deposit to canteen, snacks, purchase of books) of up to US$10 per interview

(DeHart, Lynch, Belknap, Dass-Brailsford, & Green, 2014)
Measures: Two separate interviews were conducted with each participant; both types of interviews lasted about 2 hours each

- The Composite International Diagnostic Interview (CIDI) (WHO, 1990)
  - CIDI brief screening measure for all participants
  - Full diagnostic modules for those participants screening positive for depression, mania, psychotic disorders, PTSD, and/or SUDs

- Life History Calendar Interview (Axinn, Pearce, & Ghimire, 1999; Belli, 1998; Freedman, Thornton, Camburn, Alwin, & Young-DeMarco, 1988)
  - Quantitative collected data on dates and event history to analyze length of time since onset (i.e., onset of offending)
  - Qualitative data offered exemplars to illustrate findings revealed in quantitative findings (e.g., violence exposure, non-victimization adversity, crime/delinquency)
Methods (cont.)

Measures (cont.):

• Juvenile Victimization Questionnaire (JVQ) (Hamby & Finkelhor, 2004) was used to measure exposure to violence

• Adverse childhood events were measured using Turner, Finkelhor, and Ormrod’s (2006) nonvictimization trauma and adversity items (e.g., family illnesses and deaths, caregiver unemployment or imprisonment, family addictions or mental disorders, and persistent family conflict)

• Interview questions from previous studies of incarcerated women and girls (DeHart, 2008; DeHart & Moran, in press) were modified and used to measure key factors (e.g., alcohol and drug use; running away; shoplifting, stealing, burglary, or fraud; fighting or physical assault; using weapons or weapons offenses; drug dealing or drug offenses; driving under the influence or under suspension; and commercial sex work or trading sex for food, shelter, money, or drugs)

(DeHart, Lynch, Belknap, Dass-Brailsford, & Green, 2014)
Methods (cont.)

Analysis:

• Event-History Modeling (e.g., analysis using survival analysis and Cox regression) was used to examine how trauma and adversity related to risk trajectories for substance use and offending

• Analyses were run separately for women with and without mental illness, and if no differences were found, they were run jointly

(DeHart, Lynch, Belknap, Dass-Brailsford, & Green, 2014)
Findings

Prevalence Rates

- Mental Disorders
  - 85% met diagnostic criteria for a lifetime Substance Use Disorder (SUD) (e.g., abuse or dependence)
  - 51% also suffered from PTSD at some point in their lifetimes
  - 50% met diagnostic criteria for at least one form of serious mental illness (e.g., major depression, bipolar disorders, or psychotic spectrum disorders) during their lifetime
  - Women with serious mental illness appeared to be at higher risk for certain types of offending, and victimization—particularly caregiver violence, witnessing violence, and intimate partner violence—were associated with earlier onset of offending
  - Women with serious mental illness were at higher risk in childhood for running away and at higher risk across the life span for substance use and drug offending

(DeHart, Lynch, Belknap, Dass-Brailsford, & Green, 2014)
Findings (cont.)

Prevalence Rates (cont.)

• Substance Use
  ▪ Women who had a substance use disorder (SUD) were had a higher risk for substance use, driving under the influence, and commercial sex work
  ▪ Women reported that at some point in their lives they used:
    • 82% alcohol
    • 84% marijuana
    • 71% psychostimulants (e.g., cocaine, crack, methamphetamine)
    • 60% other drugs (e.g., Lysergic acid diethylamide, heroin, Oxycodone, inhalants)
  ▪ Women often said they used multiple drugs at the same time and many indicated lifelong struggles with substance abuse

(DeHart, Lynch, Belknap, Dass-Brailsford, & Green, 2014)
Findings (cont.)

Prevalence Rates (cont.)

- **Offending**
  - Approximately 75% reported committing property offenses (shoplifting, stealing, burglary, or fraud)
  - Over 50% reported dealing drugs or getting drug charges and fighting or physical assault,
  - Over 33% reported offenses such as running away, carrying weapons, driving under the influence, or commercial sex work

- **Victimization and Adversity**
  - Most women experienced multiple types of victimization
  - 86% experienced sexual violence (e.g., statutory rape, partner rape, drug-facilitated assaults)
  - 20% experienced major physical assaults by strangers or acquaintances
  - Intimate partner violence—particularly physical abuse—was exceedingly common
  - Many experienced child physical and psychological abuse, and they commonly witnessed violence in their homes and communities
  - Women’s self-reported experiences of non-victimization adversity were a result of growing up in homes where families with many problems (i.e., caregivers using alcohol and drugs at levels that caused problems, persistent family conflict, caregiver incarceration)

(DeHart, Lynch, Belknap, Dass-Brailsford, & Green, 2014)
Findings (cont.)

- **Onset of Substance Use**
  - Women with SUD were at more than twice the risk for onset of substance use relative to those who did not meet SUD diagnostic criteria.
  - Women with serious mental illness had elevated risk for onset of substance use during each time period across the life span, with this difference being particularly evident in women’s late teens and twenties.
  - Women’s stories indicated that mental health problems such as depression often stemmed from experiences of victimization or loss and were intertwined with women’s self-medicating with alcohol and drugs.

- **Onset of Running Away**
  - Women with serious mental illness were at greater risk for running away.
  - Women who were abused or neglected were at more than 4 times the risk of running away relative to those who were not maltreated.
  - Women’s stories often included descriptions of running away as a means of ending abuse from caregivers.

(DeHart, Lynch, Belknap, Dass-Brailsford, & Green, 2014)
Findings (cont.)

- **Onset of Fighting or Physical Assault**
  - Women with mental illness were not found to be at greater risk than those without mental illness
  - Women who witnessed violence were at twice the risk for fighting or assaulting others relative to those who did not witness violence
  - Women’s stories revealed that fighting and assaults were frequently responses to witnessed violence in their homes and communities

- **Onset of Property Crimes**
  - Women with mental illness were not found to be at greater risk than those without mental illness
  - Women who experienced witnessing violence and partner violence were at nearly twice the risk for committing property crimes relative to those who did not experience those forms of victimization
  - Women’s stories revealed that these factors often coexisted in criminally involved family or social networks

(DeHart, Lynch, Belknap, Dass-Brailsford, & Green, 2014)
Findings (cont.)

• Onset of Weapons Use
  ▪ Women with mental illness were not found to be at greater risk than those without mental illness
  ▪ Women who witnessed violence were at 8 times the risk for using weapons relative to those who did not witness violence
  ▪ Women’s stories described carrying weapons in a protective manner, often as a result of witnessed violence or social norms in “rough” neighborhoods

• Onset of Drug Dealing/Charges
  ▪ Women with serious mental illness were at greater risk for drug offending than those without mental illness
  ▪ Women with violent partners were at more than twice the risk for onset of drug offending relative to those who did not have violent partners
  ▪ Women’s stories often described violent men as their co-offenders in the drug trade, along with coercion to sell or use drugs

(DeHart, Lynch, Belknap, Dass-Brailsford, & Green, 2014)
Findings (cont.)

• Onset of Driving Violations
  ▪ Women with mental illness were not found to be at greater risk than those without mental illness
  ▪ Women who met diagnostic criteria for SUD were at more than 6 times the risk for driving violations relative to those who did not have SUD

• Onset of Sex Work
  ▪ Women with mental illness were not found to be at greater risk than those without mental illness
  ▪ Women who had violent partners were at over 4 times the risk for sex work relative to those who did not have violent partners
  ▪ Women frequently described getting involved in commercial sex work with the encouragement or coercion of violent men who vacillated between roles of boyfriends, dealers, and pimps

(DeHart, Lynch, Belknap, Dass-Brailsford, & Green, 2014)
Implications for Practice

• This study shed light on the ways victimization and mental health in women’s lives impact their pathways to offending.

• This study highlighted ways in which different types of offending might derive from pivotal life experiences (i.e., the relationship between childhood maltreatment and running away).

• Thus, there is great need for trauma-informed approaches to working with women and girls involved in the justice system.

• There is also critical need for risk reduction and intervention to address the pervasive violence in these women and girls’ lives (i.e., family, neighborhood).

(DeHart, Lynch, Belknap, Dass-Brailsford, & Green, 2014)
Implications for Practice (cont.)

• It is important to establish formalized partnerships between mental health and justice systems, including approaches that address girls’ and women’s complex treatment needs (e.g., co-occurring disorders)

• Greater knowledge and understanding of the needs of offenders with mental health problems is critical for the success of behavioral health treatment programs, jail management, and correctional staff safety

• Alternatives to incarceration, and problem-solving court initiatives that address girls’ and women’s specific needs must be developed

(DeHart, Lynch, Belknap, Dass-Brailsford, & Green, 2014)
References