

UNDERSTANDING TRAUMA AND VICTIMIZATION IN WOMEN'S INCARCERATION:  
CALIFORNIA'S TREATMENT RESPONSE

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## ANNOTATED BIBLIOGRAPHY

Applebaum, P. (2011), Law and Psychiatry: Lost in the Crowd: Prison Mental Health Care, Overcrowding, and the Courts. *Psychiatric Services* 62(10), 1121-1123.

This article creates a timeline of the inadequate treatment of prisoners in California and discusses the legislation that transpired as a result. The author reviewed the Supreme Court case, Brown v. Plata, to detail how prisoners were being subjected to cruel and unusual punishment due to overcrowding. He noted that the overcrowding of prisons impacted the ability of prisons to offer adequate health care. By using a combination of statistics and discussion of the court cases, Appelbaum highlighted the poor quality of care and lack of services that were being offered. Once the Supreme court ruled on Brown v. Plata, California was ordered to reduce its prison population within two years and recommendations were given on how to accomplish this. The court recommended, increasing early release times, utilizing community-based sanctions or local jails for parole violations, using alternative sentencing, and increasing programming in prisons and the community for rehabilitation. Through an investigation of this court case, the author was able to illustrate the influence legislation had on remedying California's historically deplorable conditions inside prisons. This article is beneficial to my research because it demonstrates how prison conditions can be transformed with landmark court cases, and California serves as a model. Prisoners' rights being upheld is important to my argument regarding solutions on how to provide better treatment. A limitation to this article is that there are no theories or further analysis offered and it does not discuss the initiatives or assembly bills that resulted from these cases. (247 words)

Blackburn, A. G., Mullings, J. L., and Marquart, J. W. (2008). Sexual Assault in Prison and Beyond: Toward an Understanding of Lifetime Sexual Assault Among Incarcerated Women. *The Prison Journal*, 88(3), 351-377.

This article investigates the problem of sexual victimization among women outside and inside of prison by examining the frequency of sexual victimization and the demographic characteristics of the women who experienced sexual victimization. By administering a self-report survey to 436 inmates in prison, the authors gathered data about the types of sexual abuse, demographics of the victims that are in prison, and the demographic variables that can be predictive of the likelihood of lifetime or in-prison victimization. The authors found that 68.4% of women in the study reported sexual victimization during their lifetime and 17.2% reported in-prison victimization. However, from the women that reported victimization, the authors were unable to discern the specific demographic predictors that made some women more vulnerable than others. The information uncovered in this study is useful to my research because it recognizes the effects victimization outside and inside of prison can have on women. This high percentage of women experiencing victimization in their lifetime and in prison, are contributing factors towards understanding the challenges women face in our criminal justice system. It appears that the authors thought there would be demographic factors that effected victimization, but their data did

not support this idea. This is helpful to my review, as it emphasizes that traumatic events, such as victimization, that occur within prisons and jails can be re-traumatizing or triggering for some women who have experienced victimization prior to prison. One limitation to this study is the small number of people who participated in it. Additionally, it is hard to determine whether rates of prison victimization are more widespread or less common in different states across the US because of the limited geographical region studied.

Bloom, B., Covington, S. (2009). Addressing the Mental Health Needs of Women Offenders. In Gido, R. L., Dalley, L. (Eds.), *Women's Mental Health Issues Across the Criminal Justice System*. Upper Saddle River, NJ: Pearson Prentice Hall.

Bloom and Covington (2008) propose that gender-responsive treatment should be used to address the problem of trauma and mental health among women in a correctional setting. The authors first recognize the importance of understanding the effects trauma can have on mental illness, risk of abuse, responses and coping strategies. They then review the following theories: The pathways theory, the theory of women's psychological development, trauma theory, and addiction theory. Each of these theories briefly summarizes the importance gender, childhood development, and trauma can have on female criminality. The authors utilize these theories to construct a framework of services, programs, and treatment that are relevant to the issues plaguing women who are incarcerated. In their conclusion, they discuss how abuse, trauma and mental health problems should be approached and they are able to recommend various multidisciplinary treatments. This work is applicable to my project because it provides solutions and treatments that can be used to assist women while they are still incarcerated: by employing gender-responsive models relevant to mental health, substance abuse, and trauma. Although numerous treatment programs are suggested for women during incarceration, the authors fail to discuss how treatment and support will continue post incarceration. A lack of acknowledgement about reentry services and programs is a limitation to the contents of this research. (215 words)

DeHart, D. (2008). Pathways to Prison: Impact of Victimization in the Lives of Incarcerated Women. *Violence Against Women Journal* 14(12), 1362-1381. Doi: [10.1177/1077801208327018](https://doi.org/10.1177/1077801208327018)

This article demonstrates how the life experiences of women, such as trauma and victimization, can lead to a pathway of incarceration. In this study, the authors use interviewing as their methodology in order to hear the life stories of 60 women in a maximum security prison. Through conducting these interviews with women, they are able to discern the factors that contribute to a pathway of crime. Ultimately, they found that women's stories of victimization had a direct impact, indirect impact, and cumulative impact on women participating in criminal activity. They also noted some sample pathways that can be indicative of victimization leading to crime; these pathways include child corruption/abuse, partner abuse, and property loss. This study is advantageous towards my research because the women's stories and histories indicate that victimization coupled with life circumstances can be linked to later criminal history. This

study helps support the notion that by understanding the context and history of women's life circumstances prior to incarceration, one can recognize the trauma and victimization experienced and thus work towards mitigating these factors and reduce the likelihood of crime and reoffense. This article provides valuable information for my literature review, however, it neglects to use first person transcriptions, which undermines the raw data collected first-hand. It is not clear how much the interview process was structured, so there could be issues with uniformity in questioning. (228 words)

Fuentes, C.M. (2014), *Nobody's Child: The Role of Trauma and Interpersonal Violence in Women's Pathways to Incarceration and Resultant Service Needs*. *Medical Anthropology Quarterly*, 28: 85-104. doi:[10.1111/maq.12058](https://doi.org/10.1111/maq.12058)

In this qualitative study, Fuentes used participant observation to study the role trauma plays in female incarceration. By examining the pathways women take to jail, she wanted to emphasize the lack of resources available that accurately address the unique needs of women, such as trauma history. Over the course of 2 years, the author used a three part ethnographic approach to understand incarcerated women's needs from their experiences. The methods used were in-depth interviews about women's life histories, focus groups and self-administered questionnaires. After gathering extensive and detailed notes from these methods, the author found that women's life histories often had interrelated risk factors, most commonly trauma, that contributed to their incarceration. She specifically focuses on the effects trauma can have on women and the coping methods for trauma. As a result of their life histories and trauma, Fuentes highlights the need for services that appropriately guide women towards using healthy coping mechanisms. The ideological perspective she has is that the services currently offered are not enough to address the specific needs of women, and that the environment, institution, and treatment must empower women towards healing from trauma. This study adds to my research by providing detailed information on how women's life experiences and trauma are interrelated to incarceration. A limitation of this study is that the small sample size from where interviews were conducted, is not representative of the women's population. (232 words)

Green, B. L., Dass-Brailsford, P., Hurtado de Mendoza, A., Mete, M., Lynch, S. M., DeHart, D., and Belknap, J. (2016). Trauma Experiences and Mental Health Among Incarcerated Women. *Psychological Trauma: Theory, Research, Practice and Policy*, 8(4), 455–463.

This article examines how trauma exposure is associated to psychiatric disorders among women that are incarcerated. The authors of this article used a sample of 464 women from jails across the country in order to conduct a qualitative research study. Through performing semi-structured interviews, the authors were able to gather data highlighting the traumatic experiences women have endured. Then they used factor analysis to classify these experiences into three different categories: family dysfunction, interpersonal violence, and external events. Using these categories, the authors determined the association trauma experiences had with being diagnosed with psychiatric disorders using a factor analysis model. The results of this study found that 83% of their sample suffered from a Substance Use Disorder and 67% had a lifetime mental disorder;

indicating an undeniable association between trauma and the diagnosis of having a psychiatric disorder. This study is relevant to my research because if trauma can lead to psychiatric disorders, jails and prisons need to be well-equipped with programs and health services that address trauma histories. In this study, the authors failed to address the implications these interviews may have in retraumatizing the women by bringing up past traumas. In addition, the authors seem to believe the data gathered from women's self-report were accurate about the women's mental health history; however, there was no corroborating information gathered, and self-reports may understate or overstate mental health issues. (230 words)

McDaniels-Wilson, C., and Belknap, J. (2008). The Extensive Sexual Violation and Sexual Abuse Histories of Incarcerated Women. *Violence Against Women*, 14(10), 1090–1127.

This study explored the rate of sexual victimization of incarcerated women. Their method was different than previous research, because they provided a detailed account of the extensive sexual abuse histories of women prisoners. They administered two surveys to 391 women: The Sexual Experiences Survey (SES) and the Sexual Abuse Checklist Survey (SACS). These surveys used detailed language to account for a variety of the types of sexual acts perpetrated against incarcerated women. In the SES survey, the types of violations included, legal coercion; illegal kiss; petting; fondling; illegal attempted penetration; illegal completed penetration; identified an experience as rape; and completed penetration, but not called rape. As for the SACS survey, reports of the sexual violation, abuse, and abuser were categorized from level 1 (nudity, genital exposure, etc.) to level 5 (penis in anus, penis in vagina). The results from the SES and SACS surveys revealed that 70% of the sample had experienced sexual abuse in their lifetime. The high percentage of previous sexual victimization among incarcerated women is helpful to my research because it is one of the risk factors that can lead to offending. Understanding the prevalence of sexual victimization aids the discussion of how gender-responsive treatment is needed inside correction facilities. Unlike many other studies, these authors used surveys, which is a more structured approach than interviews. One limitation to this study is that the data provided is from a number of years ago, so it may be less relevant to the current population. (246 words)

Moloney, K. P., van den Bergh, B. J., and Moller, L. F. (2009). Women in Prison: The Central Issues of Gender Characteristics and Trauma History. *Public health*, 123(6), 426–430.

This literature review addresses characteristics and factors specific to females that contribute to criminality (i.e. demographics, socio-economic status). The methodology for this analysis was researching previous studies and statistics pertaining to: the effects trauma can have on mental illness' and criminality, the impact trauma has on female incarceration, the demographic profiles of women who are incarcerated, and their trauma histories. The goal of compiling this research into a literature review was to further support the idea that trauma is associated with women's imprisonment (directly and indirectly). This brief overview is a perfect transition into the specific traumas I will be discussing in my review. It summarizes the prevalence of topics that will be discussed in more detail in my paper, such as physical and sexual abuse, mental illness

(specifically PTSD), Substance Use Disorder, and childhood trauma. In addition, the study mentions how the lack of responsiveness to the needs of women sheds light on how we must improve policy and address this issue, which is a topic I will be addressing in my analysis. The author's perspective is that policies regarding programs for incarcerated women need to change. Although this article provides information relevant to my topic, the length and substance of the material are minimal. There was no quantitative or qualitative study performed and thus there is a limited amount of data to analyze. (225 words)

Kajstura, A., *Women's Mass Incarceration: The Whole Pie* (2019), *Prison Policy Initiative*. Retrieved from <https://www.prisonpolicy.org/reports/pie2019women.html>

This article provides an overview of statistics on the women who are in the criminal justice system and the challenges they face. The statistics highlight the demographics of women who are incarcerated, and the rate at which incarceration rates for women are growing. Of these women in correctional facilities (jails or prison), an astonishing number of them remain unconvicted (1/4th of women awaiting trials). Additionally, this article serves to demonstrate the reason why women are disproportionately incarcerated while awaiting trial, which in large part has to do with the fact that the women have lower incomes than incarcerated males, so cannot post bail. In order to combat this issue, this article asserts the belief that conversations and policies surrounding the type of offense need to be addressed and considered when sentencing occurs. The data in this article is valuable to my project because it provides my paper with more concrete evidence to argue how women's representation and struggles are becoming exceedingly apparent in the criminal justice system. Through providing statistics and characteristics of the women incarcerated, it helps support the notion that women are severely impacted by incarceration. Unfortunately, a criticism of this article is that more statistics about the link between victimization and offending would have been beneficial to my research. (212 words)

U.S. Department of Health and Human Services (2014), *Trauma Informed Care in Behavioral Health Services*. Rockville (MD): Substance Abuse and Mental Health Services Administration.

Chapter 3 from the book *Trauma-Informed care in Behavioral Health Services* discusses the short-term and long-term effects trauma can have on an individual's mental health. In the first section, the chapter highlights the common types of responses that can ensue from trauma, such as: emotional, physical, cognitive, behavioral, social/interpersonal, and developmental. These types of responses serve to explain the different coping mechanisms people display to address trauma. The authors review the psychological disorders, such as Acute Stress Disorder (ASD) and Posttraumatic Stress Disorder (PTSD), that can be a consequence of trauma. Finally, they look at co-occurring disorders, other mental disorders, and Substance Use Disorders. The information in this chapter contributes to my research because it explains what trauma is and how people respond and cope with trauma. In some of the common responses to trauma, the authors highlight the impact sexual or physical abuse can have on a person's mental health. This analysis is helpful towards understanding the relationship between trauma and victimization. A

criticism of this literature is that it provides case studies in the discussion of responses to trauma rather than quantitative data. The inclusion of more quantitative evidence would have given the analysis more credibility in understanding the prevalence of trauma. (204 words)

## **ABSTRACT**

Incarceration has traditionally been a social institution that has lacked the necessary programs to appropriately treat the problem of crime. In particular, women have been disproportionately impacted by the lack of effective treatments offered in correctional facilities. Their representation inside the criminal justice system has dramatically increased in recent decades. In the past, research has largely focused on the male experience of incarceration, however, female incarceration is equally, if not more, important to understand due to the unique circumstances and pathways to which women are exposed.

The purpose of this review is to provide an exploration of past research on the female pathways to incarceration perspective, specifically discussing how this problem affects California women. Using research from various case studies, both quantitative and qualitative, an examination and correlation between life experiences and incarceration for women. California laws and policies that mitigate the impact incarceration has historically had on women will be discussed. This research provides a better understanding of the treatment needs of women and what programs could provide incarcerated women with the positive resources needed to succeed and to avoid recidivism.

## **INTRODUCTION**

Since the 1980s, prison and jail populations have increased by over 500%, and the United States is now incarcerating approximately 670 out of every 100,000 people (The Sentencing Project, 2018). This exponential increase of individuals entering correction facilities can in part be attributed to drug policies enacted through the War on Drugs, when the implementation of mandatory minimums imposed harsh sentencing for drug offenses (Incarcerated Women and Girls, 2019). The minimum sentencing laws for the possession or selling of drugs, created a large disparity among the types of drugs, the quantity of drugs, and users of drugs that were being criminalized. An underlying consequence of these laws and policies were that certain groups were affected more negatively than others, including women. The unprecedented gendered effect the War on Drugs had on women led to the expansion in the number of women involved in the criminal justice system. There has been more than a 750% increase in the number of women

incarcerated (Incarcerated Women and Girls, 2019). Women have been incarcerated at twice the rate of men, respective to their populations in prisons and jails, since the 1980's (Kajstura, 2019).

With the rise of women represented in correctional facilities, there has been an increasing need for services specially targeted towards women and their needs. Since these institutions were initially created for men, so were the types of services and resources provided to address the male population (Fuentes, 2014; Davidson and Chesney-Lind, 2009). Women were not considered when creating jails and prisons: "Within jails and prisons across the nation, it is becoming clear that policy and service recommendations designed for incarcerated men cannot be applied in a 'just add women and stir' approach" (Fuentes, 2014). Nevertheless, although women were not originally considered during the creation of correctional facilities, today there is more recognition and understanding of the female carceral experience.

When discussing female criminality, the life experiences of women need to be considered, and these experiences are often different from the experiences of men. For instance, "Examining violence as an organizing principle in incarcerated women's life histories may provide insight into the motivations, responsibilities, and rehabilitative needs of female offenders." (DeHart, 2008, pg. 1363). Once women's life experiences are considered in the context of criminality, understanding how their background has been affected by trauma and victimization helps explain how women end up in the criminal justice system.

Factors that affect women prior to incarceration, during incarceration and treatment options will be discussed. I will address the ways in which trauma, abuse, and victimization lead towards a path of criminality in women, providing research on the pathways approach. In response to the Prison Rape Elimination Act (PREA), a court case and state propositions,

California has developed gender-responsive treatment programs focused on healing and preventing reincarceration.

## **UNDERSTANDING HOW TRAUMA CAN LEAD TO VICTIMIZATION**

Before understanding the influence trauma and victimization have on women's incarceration it is important to define these terms. According to the American Psychological Association, trauma refers to:

An emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea. While these feelings are normal, some people have difficulty moving on with their lives (Trauma and Shock, 2020).

There are many different types of trauma, and each has a different effect. Trauma can manifest in both physical and emotional forms, and the impact can be either minimal or great. Moreover, the response to trauma is contingent on the severity of the event itself, or on the individual or group affected. Some factors that determine the different responses to trauma are: the number of times traumatic events have occurred, the severity of the events, and the support systems of family, partners and the community (U.S. Department of Health and Human Services, 2014).

Additionally, the pervasive impact trauma can have on an individual is rarely short term. The long term consequences of a traumatic event can be emotional, physical, cognitive, behavioral (substance abuse, self-harming/destructive behaviors), developmental, and psychological (disorders such as, PTSD, Depression and Anxiety) (U.S. Department of Health and Human Services, 2014). Due to these potential results of trauma, intervention and support is needed for recovery and healing.

While trauma focuses on the reaction or response to an event, victimization focuses on the individual or the number of individuals involved. Victimization is defined as:

A crime as it affects one individual person or household. For personal crimes, the number of victimizations is equal to the number of victims involved. The number of victimizations may be greater than the number of incidents because more than one person may be victimized during an incident. Each crime against a household is assumed to involve a single victim, the affected household (Bureau of Justice Statistics, 2019).

Victimization has far reaching impacts on the victim's future behaviors. When an offender has been subject to physical, sexual, or psychological victimization, they are likely to engage in criminal behavior (DeHart, 2008). Victimization, for the purposes of this review, will refer to the sexual and physical abuse suffered by women.

The lack of appropriate treatment for trauma and victimization results in women coping in ways that are deemed criminal, such as substance use, or crimes related to these kinds of addictions (Davidson and Chesney-Lind, 2009). Coping with victimization through offending and criminality can be described as the victim-offender overlap (Posnick, C., 2017). The overlap between the former and the latter refers to how offenders, themselves, were victims before they offended (DeLong and Reichert 2019). The victim-offender overlap explains certain offending patterns related to the trauma incurred from prior victimization. It is important to note that while this overlap will not be analyzed further in this review, the factors that influence victimization and subsequent criminality are similar to those described in the pathways to incarceration section.

This review will reference trauma broadly by generalizing the term as negative life events that take place. Whereas, victimization will refer to women being the victim to more specific adverse life events such as adverse childhood experiences, physical abuse, and sexual abuse. The

relationship between trauma and victimization is often interrelated and can negatively affect an individual. An understanding of the impact these have on someone is necessary to address coping strategies for trauma and victimization, particularly for those involved in the criminal justice system (Covington, 2020; Fedock and Covington, 2017). The recognition of the influence trauma and victimization have on offending allows for the implementation of effective treatment programs.

### **TRAUMA AND VICTIMIZATION: PATHWAYS TO INCARCERATION**

Prior to incarceration, women engage in different types of crime, and have different trauma histories than their male counterparts (Moloney, van den Bergh, and Moller, 2009; Fuentes, 2014; Davidson and Chesney-Lind, 2009). Women are more likely to commit drug and property crimes, whereas males are more likely to engage in violent crimes. Since the War on Drugs increased the mandatory sentencing for drug crimes there has been an unexpected increase of women within correctional facilities over the past 30 years.

The type of offenses women commit in addition to their life experiences can be a predictor of that woman's susceptibility towards ending up in prison or jail. That is because life experiences can be a determinant of the types of behavior and the pathway women take towards offending (DeHart, 2008). When women are exposed to trauma during their lifetimes, they are more likely to experience victimization, which can result in engaging in internal behaviors (emotional distress and withdrawal) and external risky behaviors, such as criminal actions (Martin, 2003, as cited by DeHart 2008). In the DeHart (2008) study, 60 women were interviewed about the ways their life experiences have resulted in crime and delinquent behavior. The author investigates how the direct and indirect impact or victimization, during childhood or

adulthood, has led these women to offend. Ultimately, it was found that the pathway to incarceration among these women was correlated with their history of victimization and their life experiences.

Women who have experienced trauma or victimization provide a framework for the type of women who are more likely to make poor choices that result in criminal behaviors (Lynch, Fritch, and Heath, 2012; Hedtke, 2008 as cited by Lynch et al. 2017; Grella, Lovinger and Warda, 2013). Elaborating upon Daly's (1992) pathways approach, four factors that can lead women to criminality will be discussed: childhood trauma, adulthood trauma, substance abuse, and physical and sexual abuse. On their own, each of these pathways can increase a woman's likelihood of committing crime, but it is important to understand that these factors often overlap and are intertwined (Fuentes, 2014; Green, Dass-Brailsford, Mendoza, Lynch, DeHart & Belknap 2016; DeHart, 2008; Wright, Van Voorhis, Salisbury, and Bauman, 2012). The result of these pathways to crime can lead to mental health disorders, addiction, psychosocial effects, and effects on personal and social systems (DeHart, 2008).

### **Childhood Trauma**

Potentially traumatic events that occur between ages 0-17 are considered childhood trauma, or adverse childhood experiences ("ACEs") (Centers for Disease Control and Prevention, 2019). Events taking place during this timeframe are significant since they happen during a person's developmental years, and can affect future violence, victimization, lifelong mental and physical health, opportunity, and social outcomes (Centers for Disease Control and Prevention, 2019). Through a biological lens, early ACEs, such as abuse and trauma, affect one's brain development and increase one's vulnerability to interpersonal violence later in life (U.S.

Department of Human and Health Services, 2014). From a biological standpoint, childhood trauma disrupts the physiology of how the brain functions and develops in a negative way. (U.S. Department of Health and Human Services, 2014; Centers for Disease Control and Prevention, 2019). Consequently, childhood trauma can have a psychological effect that can result in the development of mental/physical illnesses, substance abuse disorders, or increase one's chances of adulthood interpersonal violence and/or crime. (Moloney, 2009; Davidson & Chesney-Lind, 2009; U.S. Department of Health and Human Services, 2014; Centers for Disease Control and Prevention, 2019). Adults who have a history of ACEs are, during their lives, more likely to: become involved in crime and violence; use drugs and alcohol; and suffer from mental health challenges. (Centers for Disease Control and Prevention, 2019). In addition to the psychological consequences of childhood trauma, there is another supplementary risk that affects women. Researchers have found that incarcerated women experience higher rates of childhood trauma or victimization than non-incarcerated women. (Blackburn, Mullings and Marquart, 2008; DeHart, 2008; Fuentes, 2014; Tripodi & Pettus-Davis, 2013).

Among the female prison population there is a substantial percentage of women who have experienced ACE's. McDaniels-Wilson and Belknap (2008) obtained data from 391 women in Ohio state prisons and found that half of the women reported some level of child sexual abuse before their 18th birthdays, and a majority of the sexual abuse was perpetrated by family members. Further evidence concluded that the lowest rate of childhood sexual victimization was 28% and the highest was 66% (Karlsson and Zielinski, 2018). They demonstrated that across 12 research studies the lowest rate of child sexual victimization was still almost a third of the incarcerated women, which is fairly low compared to other studies.

Another study by Lynch, DeHart, Belknap, Green, Dass-Brailsford, Johnson, and Wong (2017) found that out of 491 women who were incarcerated in nine jails across four different regions, 47% had suffered from childhood sexual abuse and 40% experienced childhood physical abuse. Lynch et al. (2017) also found that in this population, childhood victimization was significantly associated with adulthood trauma; and more experiences of adversity and violence increased the risk for negative mental health and behavioral outcomes. Similarly, Karlsson and Zielinski (2018) found there is a relationship between the pathway of childhood victimization and the development of a lifetime mental illness. Even if a woman did not experience trauma as an adult, there was an increased risk of developing a mental illness due to childhood trauma, or childhood sexual assault, alone.

A repercussion of childhood abuse and trauma are mental health problems, and mental health disorders are linked to later incarceration. In research regarding the relationship between a history of childhood abuse and criminal activity, Salisbury and Van Voorhis (2009), concluded that a woman who experienced childhood victimization was more likely to have mental health problems, such as Depression and Anxiety. They found that child abuse led to mental health issues, which often caused self-medication and illegal substance use, and thus resulted in involvement in the criminal justice system.

Messina and Grella (2006) conducted a qualitative study, in California, to discern what the health and behavior outcomes of childhood trauma would be. They found that there was a strong correlation between childhood traumatic events and criminal justice involvement. The authors concluded from the data that a younger age at the onset of childhood trauma led to greater involvement in the criminal justice system. Their findings were consistent with national studies regarding the significant influence physical and sexual abuse had on girls' delinquency.

Childhood trauma and abuse can significantly impact women's lives, and often plays a role in subsequent incarceration (Chesney-Lind and Pasko 2013).

### **Trauma in Adulthood**

Although childhood trauma is a common precursor to incarceration, there are some women who have only experienced trauma or abuse in adulthood. A woman may have a significant, life changing trauma as an adult, such as an accident, witnessing violence or death, or exposure to a life-threatening situation (Fuentes, 2014; DeHart, 2014; Grella et al., 2013). More commonly, adult women are subjected to interpersonal violence, including sexual, physical, or emotional victimization.

Exposure to interpersonal violence and traumatic events in adulthood were examined in one study by Lynch et al. (2017). They looked at the types of adult victimization, such as, partner violence, witnessing violence, sexual assaults, and non-intimate physical attacks. The authors discovered that out of the 491 jailed women in their study, 67% experienced partner violence, 61% witnessed violence (as an adult), and 45% were victims of adult sexual assault. Consistent with these findings Grella et al. (2013) found that compared to the general population, incarcerated women had significantly higher rates of experiencing intimate partner violence and sexual assault.

Women who are subjected to interpersonal violence may need to protect themselves or retaliate through committing assaults to escape or end abuse (Daly 1992, DeHart 2008). Alternatively, some women are forced to commit crime (fraud, robbery, prostitution, murder, etc.) because they are being threatened or abused (DeHart 2008). Thus, crime can be derivative of the events that have taken place only in adulthood. Unfortunately, there is little research on the

effects of adult only trauma on rates of incarceration of women. Much of the research surrounding adult women explores the cumulative impact lifetime abuse has on incarcerated women.

### **Substance Use Disorder**

A significant pathway to incarceration for women is the presence of substance use; Women who abuse substances have an elevated risk of encountering the criminal justice system. Simply looking at the numbers, there is a disproportionately high number of women suffering from substance use disorders who are charged with drug related offenses. In 2017, over 25% of the women residing in federal prison were serving a drug offense sentence (Incarcerated Women and Girls, 2017). Preceding incarceration, 47% of females in prison and 60% of females in jail had used drugs one month before their offense (Bronson, Stroop, Zimmer, and Berzofsky, 2017). The substantial amount of drug offenses committed by women can be explained by the underlying causes of substance use.

Substance use is a method woman often employ to cope with trauma or victimization. After a traumatic event or victimization, women turn to drugs and alcohol to cope with the stress, anxiety, or depression caused by these adverse experiences. (Fuentes, 2014; Davidson and Chesney-Lind, 2009). Findings demonstrated that 64% of incarcerated women were more likely to use drugs as a response to a traumatic event (Grella et al., 2013). Mood altering substances act as a self-medication practice that will help numb the pain or provide a sense of relief or escape from current or past trauma. (U.S. Department of Human and Health Services 2014; Davidson and Chesney-Lind, 2009; DeHart, 2008; Fuentes, 2014).

Moreover, research also suggests that women are more likely to have a substance abuse disorder or drug dependence than men (Bronson et al., 2017). In prison and jail, approximately seven in ten females met the criteria for drug dependence or abuse whereas only 6 in 10 males met these criteria. Wolff, Blitz, Shi, Bachman, and Siegel (2006) found that 43% of women compared to 27% of men reported having a substance abuse disorder. Similarly, Green et al. (2016) discovered that 83% of women in their sample had at least one Substance Use Disorder (SUDs). Through the use of a Substance Abuse model, Tripodi & Pettus-Davis (2013) found that, in a sample of 125 women prisoners, 52.7% of them had a substance use disorder. Recognition of the gendered differences in substance use and origin of women's substance use disorders is a precursor for the types of treatment provided inside of correctional facilities.

### **Physical and Sexual Abuse**

Women who have a history of physical and sexual abuse have a higher likelihood of engaging in criminality than women who have not. More than half of the women in jail have been subject to physical or sexual abuse compared to less than one in five men in jail (Davidson and Chesney-Lind, 2009). Furthermore, compared to non-incarcerated women, there is a higher rate of sexual abuse and sexual violations for incarcerated women (McDaniels-Wilson and Belknap, 2008; Karlsson and Zielinski, 2018; Lynch et al. 2012; Grella et al., 2013; Blackburn et al., 2008). Subjection to sexual and physical abuse can be attributed to adverse childhood events, or events that occur in women's adulthood, thus there may be some overlap in this category of women and the women discussed in the adverse childhood experiences and adulthood trauma sections.

Sexual victimization for incarcerated women has been comprehensively studied by researchers, however, there is no universal definition of this term that is used across all studies or states (Kowalski, Xiaohan, Turner, Stohr, Hemmens, 2019). Some researchers use behaviorally specific language (Karlsson and Zielinski, 2018) to conduct an analysis on each specific violation type, including ones that extend beyond the legal definition of rape and sexual violations. For instance, McDaniels-Wilson and Belknap (2008) examined the detailed accounts of sexual abuse history among incarcerated women. The authors administered two surveys to incarcerated women, the Sexual Experiences Survey (SES) and the Sexual Abuse Checklist (SACS), which included a broadened range of abuses and violations not always included in the legal definition of rape. The questions in their survey progressively gave more detailed examples of the type and number of sexual violations that occurred. After reviewing the results of the surveys, they used an amalgamation of the two to conclude that around 70% of women experienced sexual abuse. The high percentage of women can be attributed to the inclusion of extremely specific types of sexual abuse and violations described.

Other researchers use less explicit language to define sexual victimization in their analyses. For instance, Blackburn et al. (2008), used general descriptions of sexual victimization in order to explore what characteristics can predict vulnerability to victimization, to obtain data regarding the acts of penetration, attempted penetration, touching and sexual harassment. Of the women in the study, 68.4% suffered from lifetime sexual victimization. The authors stressed the need for further research regarding demographic predictors of sexual victimization and how to best meet the needs of that population.

Research has also found a relationship between women who have been victims of physical violence and rates of incarceration. The effects of physical and sexual abuse can be either visible,

internal, or both (DeHart, 2008). Visible physical injuries include scars, chronic pain, and permanent disabilities, whereas, non-visible effects can lead to HIV, STD's, emotional, and mental health consequences. The pathways DeHart (2008) found recognized the cumulative impact that physical and sexual victimization had on criminality. Further research supported DeHart's (2008) findings; For example, the Lynch et al. (2012) study discovered 90% of incarcerated women reported physical and sexual violence from their partners in the year prior to incarceration. For these women, the interpersonal violence perpetrated against them as adults was commonly caused by intimate partners (Fuentes, 2014; Lynch et al., 2012). In another study of 30 adult women, 29 of them reported experiencing interpersonal violence—physical, sexual, or emotional (Fuentes, 2014). As Fuentes (2014) noted, in focus groups and interviews, incarcerated women described interpersonal violence most frequently as the type of trauma to which they were exposed. Additionally, the majority of women in the study had experienced multiple incidents of interpersonal violence.

Regarding the types of interpersonal violence, Lynch et al. (2012) indicated that 79% of the women in their study described at least one experience of a physical attack without a weapon, 70% indicated forced sexual intercourse, 55% reported forced sexual contact, and 43% indicated they had been attacked with a weapon. The physical and sexual abuse reported was usually ongoing and experienced repeatedly over a number of years. Whether physical and/or sexual abuse occurs as an isolated incident or is recurring, there is a traumatic effect associated with these events. It is clear from the research that there is a high percentage of women who experienced physical or sexual abuse prior to incarceration (Covington, 2020; Davidson Chesney-Lind 2009; Saxena, Messina, and Grella, 2014). Therefore, treating the effects of that

trauma can assist in preventing reoffending and improve the chances of success outside of jails and prison.

## **MENTAL HEALTH DISORDERS AND INCARCERATION**

On their own, mental health disorders can be an individual pathway to incarceration for women or they can be caused or increased by prior trauma and victimization. Trauma or victimization during a woman's lifetime is correlated to an increase in mental health problems (Lynch et al., 2017; Lynch et al., 2012; Fuentes, 2014; Messina and Grella, 2006; Bloom and Covington, 2009; Davidson and Chesney-Lind, 2009). Mental health disorders already present may be exacerbated by the occurrence of trauma and can ultimately lead to substance abuse and/or offending (DeHart 2013; Grella 2013; Salisbury and Van Voorhis 2009; Messina et al. 2006). This issue disproportionately impacts women, more than men, as women have greater untreated mental health issues, primarily due to traumatic events (Davidson and Chesney-Lind 2009). In prison, approximately 37% of individuals in prison have been diagnosed with a mental health disorder. Of that percentage, 66% of women prisoners, compared to 35% of male prisoners, have been diagnosed with a mental disorder before entering prison (Bronson and Berzofsky, M. 2017). Thus, incarcerated women are more likely to have mental health disorders prior to entering jails and prisons than incarcerated men (DeHart, 2013; Karlsson and Zielinski, 2018).

When analyzing this trend, Green et al., (2016) and her team examined how negative experiences or trauma are associated with psychiatric disorders and female incarceration. Through the use of diagnostic interviews, 464 women in jail were questioned about their exposure to a wide variety of trauma types and concurrent mental health outcomes. Their

research found that there was a high incidence of mental health disorders and serious mental illness among this population. At least 67% of the women had at least one lifetime mental health disorder and 54% of the sample had a lifetime diagnosis of Post-Traumatic Stress Disorder (PTSD). The authors noted that PTSD exposure was related to traumatic events and resulted in later criminal behavior (Green et al. 2016).

Consistent with these findings, women who are incarcerated suffered from higher rates of PTSD associated with trauma exposure (Lynch et al., 2017; Grella et al. 2013; Karlsson and Zielinski 2018; Bloom and Covington 2009; Fuentes, 2014). Through cross analysis of eight studies, Karlsson and Zielinski (2018) discovered that all of the studies showed higher rates of PTSD, MDD, and Bipolar Disorder for incarcerated women compared to non-incarcerated women. The complex relationship between trauma and PTSD for incarcerated women, requires the recognition of the effects of victimization. According to Bloom and Covington (2008), “There are two types of PTSD: simple and complex. A single traumatic incident in adulthood (such as a flood or accident) may result in simple PTSD. Complex PTSD usually results from multiple incidents of abuse and/or violence (such as childhood sexual abuse and domestic violence” (p. 6). Therefore, PTSD can be measured on a continuum, where the severity of symptoms varies according to the individual and type of trauma. Correspondingly, the different responses to simple and complex trauma are congruent with a woman’s coping mechanism to PTSD. The coping methods used for symptoms of PTSD and other mental health disorders can lead to negative behavioral outcomes that result in Substance Use Disorders (SUDs) and in turn conviction (Lynch et al., 2017; Karlsson and Zielinski, 2018). Comprehending how mental illness mediates the relationship between trauma and incarceration is necessary to utilize the correct treatment inside and post-release for women (Lynch et al., 2017).

## EXPERIENCES WHILE INCARCERATED

The aforementioned pathways continue when women are inside prisons and jails. Correspondingly, the adverse experiences that occur prior to incarceration have presented correctional facilities with the obstacle of how to effectively treat these preexisting conditions. A woman's history of experiencing abuse—whether it be childhood, adulthood, substance, physical or sexual—and their greater tendency for mental illness, (Davidson and Chesney-Lind, 2009) create challenges for jails, prisons, and correctional facilities.

### **Victimization by Staff and the Impacts of the Prison Rape Elimination Act (PREA):**

One of the more serious challenges encountered by prisons and jails is sexual victimization by staff against women within correctional facilities. For the purpose of this section, sexual victimization will refer to both staff sexual misconduct and staff sexual harassment:

**Staff misconduct:** Includes any consensual or non-consensual behavior or act of a sexual nature directed toward an inmate by staff, including romantic relationships. Such acts include:

- Intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks that is unrelated to official duties or with the intent to abuse, arouse, or gratify sexual desire
- Completed, attempted, threatened, or requested sexual acts
- Occurrences of indecent exposure, invasion of privacy, or staff voyeurism for reasons unrelated to official duties or for sexual gratification.

**Staff sexual harassment** includes repeated verbal comments or gestures of a sexual nature to an inmate by staff. Such statements include:

- Demeaning references to an inmate's sex or derogatory comments about his or her body or clothing
- Repeated profane or obscene language or gestures.

A significant number of both forms of sexual victimization, staff misconduct and staff sexual harassment, are reported each year. However, of these allegations, only a small percentage are substantiated by correctional facilities. Rantala (2018) reported that 36,578 allegations of staff-on-inmate sexual victimization were made across local jails and federal and state prisons from 2012-2015. Of those allegations, completed investigations were done for 32,809 cases and only 6.7% of the claims were substantiated. California discovered similar findings from the years 2014-2018. During this time frame, there was a total of 1,908 allegations of staff misconduct and staff sexual harassment, but only 51 of those were substantiated (California Department of Corrections & Rehabilitation, 2018). The disproportionate number of allegations versus substantiated cases poses questions for researchers to study the causes of this disparity in the future.

Allegations of sexual misconduct at the hands of correctional staff were investigated from 1996-2009 in *Neal v. Michigan Department of Corrections (MDOC)* when women filed a lawsuit pertaining to the victimization they experienced via staff inside Michigan Prisons. Kubiak and Brenner (2017) reviewed the lawsuit that included 809 women to explore their experiences of staff misconduct and to determine what factors predicted the likelihood of reporting abuse. Their study was narrowed down to 179 women from the lawsuit who were subject to the most severe form of victimization--full sexual assault (categorized as level 1). Within this subset they found 397 incidents of victimization were experienced and 62% of the sample, (112 out of 179 women), reported at least one incident of sexual misconduct by male staff. While there was a high rate of reporting sexual misconduct in this study, the authors discovered the factors affecting the decision to report were individual level factors (victim age), assault factors (physical injury, multiple times by the same officer), and contextual factors (passage of time,

years left to serve) (Kubiak and Brenner, 2017). Correspondingly, Owen, B., Wells, J., Pollock, J., Muscat, B., and Torres, S. (2008) concluded that individual factors associated with being a victim of staff sexual misconduct were: being younger; having a history of sexual victimization (childhood and adult); poor self-esteem and poor interpersonal functioning (perhaps due to prior victimization); tendency to engage in co-dependent relationships; having other psycho-social problems (i.e. PTSD); alcohol or drug abuse; having a history of self-destructive behavior; early sexualization and having negative attitudes toward sex (due to prior victimization); and being an attractive target.

Kubiak and Brenner (2017) determined that individual factors influenced the reporting process of staff sexual misconduct, either encouraging or deterring women from reporting. Their analysis showed that at the beginning of the 1996 investigation of sexual misconduct, the reporting process required the person putting forth the allegation of sexual misconduct “to attempt to settle any grievances against staff directly with the staff member” (Kubiak and Brenner, 2017, p. 370 ). However, seven years into the legal case, the Prison Rape Elimination Act (2003) was passed, which changed the procedures of reporting and the added protections for the individual reporting. The different rules and policies by which prisons abide lead to disparities in reporting and the investigation processes.

The pervasive problem of sexual misconduct and sexual assault in prisons and jails were addressed by Congress in 2003 with the passage of the Prison Rape Elimination Act (PREA). The purpose of PREA was to provide a safeguard for incarcerated individuals by imposing a zero-tolerance policy for sexual abuse and sexual harassment that incurred from fellow inmates or staff (California Department of Corrections & Rehabilitation, 2018). Under PREA regulations (28 CFR part 115, 2003), Federal prisons were required to have a written policy outlining the

procedures used to respond to and investigate sexual abuse and sexual harassment allegations. To comply with PREA, the Department of Justice established national standards with the goals of preventing, detecting, and responding to sexual abuse (U.S. Department of Justice, 2012).

The national standards required a number of protections, including, but not limited to: video monitoring, adequate staffing levels at jails and prisons, staff training on sexual abuse/harassment, and a designated PREA coordinator at each facility. (U.S. Department of Justice, 2012). Another provision of PREA was the discontinued use of cross-sexual strip searches and limited cross-sexual pat downs—meaning these practices would be performed by same gendered staff. In regard to reporting, multiple methods were established for confidential internal reporting, and when a claim included staff perpetration, a third party agency or office outside the facility conducted the investigation (28 CFR part 115, 2003; Kubiak and Brenner, 2017).

While PREA standards attempt to mitigate the problem of sexual misconduct and abuse in prisons, it is believed that victimization by staff on inmates is widely underreported (Owen et al., 2008; Kubiak and Brenner, 2017). Underreporting can be due to many factors, such as no consequences, fear of retaliation, intimidation (threat of write up), or further victimization by staff (Owen et al., 2008). It is difficult to measure the rate of underreporting because a majority of the research on sexual victimization inside correctional facilities is self-reported.

To address the issue of difficulties in reporting sexual misconduct and reduce incidents of sexual misconduct by staff of prisons and jails, California enacted state statutes and procedures consistent with the intentions of PREA and the U.S. Department of Justice standards. By 1996, 62% of states, including California, had laws in place that made sexual misconduct by a

correctional staff with an incarcerated person a felony (Kowalski, et al., 2019). In addition to criminalizing sexual misconduct, California continues to take action to enact policies and procedures inside correctional facilities. California Prisons have mandatory PREA trainings which include information on how to prevent, detect, evaluate, respond, and handle complaints of staff misconduct and staff harassment (California Department of Corrections & Rehabilitation, 2018). The three major California women's prisons, California Institution for Women (CIW), Central California Women's Facility (CCFW), and Valley State Prison for Women (VSPW) all provided two hour trainings and enhanced privacy or screening at the facilities. The California Institution for Women also removed window coverings from staff offices to allow open viewing of staff behaviors. (California Department of Corrections & Rehabilitation, 2018). These progressive actions taken by California demonstrate the state's commitment towards remedying in-prison sexual victimization of women.

### **Influence of the California Realignment Act (2011)**

Another challenge for jails and prisons is the history of mental illness for incarcerated women. Upon entering correctional facilities, women already suffer from high rates of mental health disorders (Bronson, et al., 2017; DeHart, 2013; Green et al., 2016; Karlsson and Zielinski, 2018). The prevalence and history of mental illness coupled with the effects of incarceration created a disparity in the modes of treatment offered inside prisons and jails. To remedy the inadequate mental health care being administered, many states in recent years have adopted laws and policies to provide better treatment.

In 2011, the US Supreme Court ruled in Brown v. Plata that the overcrowding occurring in California prisons led to inadequate medical and mental health care amongst prisoners

(Appelbaum, 2011; Walsh, 2017; Brown v. Plata 563 U.S. 493 2011). The court detailed the deplorable conditions California prisons were in, noting that due the long wait times for mental health care, inadequate treatment space, and poor housing conditions, prisoners' constitutional rights were violated. Consequently, California Department of Corrections and Rehabilitation (CDCR) was ordered to begin decreasing the number of prisoners per facility within two years. The result this decision had was that it gradually began to improve conditions at California correctional facilities and started to address more treatment options for incarcerated women.

To comply with the court's Brown v. Plata decision, California passed Assembly Bill 109 (the Public Safety Realignment Act 2011) (Lee, 2018). One of the goals of the Realignment Act was to deter the number of people entering state prisons and release certain groups of the prison population to parole under the custody of local counties. This would, in turn, reduce spending on the population inside prisons: the money saved would then be allocated to upgrade medical care inside facilities (Lee, 2018). After the Realignment Act became law in California, the state enacted several propositions to further the goals of PREA and the Realignment Act. One of the propositions, California's Proposition 47 (2014) reduced six crimes that were previously designated as felonies to misdemeanors. This meant that a person with a conviction for simple drug possession or petty theft had a reduced sentence in a jail, which was much shorter than the prior prison sentence. Prop. 47 allocated millions of annual savings from reduced incarceration costs to mental health and drug treatment, victim services and school programs. Moreover, this benefited women, because a significant number committed drug offenses and instead of serving prison sentences, they were now being diverted to community-based correction programs, rehabilitative alternatives to incarceration, and local jails (Bloom 2015).

## **GENDER-RESPONSIVE PROGRAMMING IN CALIFORNIA**

The California Realignment Act allocated money and resources to improve community based-correction programs and evidence-based practices, such as gender-responsive programs, for women (Bloom, 2015; Chesney-Lind and Pasko, 2013; Lee, 2018). The Act provided incentives for California jails and prisons to provide day reporting centers, drug courts, drug and mental health treatment programs, home detention, community-based residential programs, educational/vocational programs, mother-infant care programs, and community service opportunities. In addition, the Realignment Act allowed for the creation of more substance abuse and trauma treatment programs that were designed to alleviate the distinctive issues that plague women.

Since the Realignment Act was passed in 2011, there has been increased attention on gender-responsive programming. The objective of gender-responsive programming is to: create a safe and respectful environment for women; develop policies, practices, and programs that promote healthy relationships; integrate treatment of substance abuse, trauma, and mental health; provide opportunities for women to improve socioeconomic conditions; and establish a collaborative community supervision and reentry plan (Bloom, 2015). With these goals in mind, the California Department of Corrections and Rehabilitation (CDCR) acknowledged the impact gender has on effective treatment and has introduced many new programs designed for women in their facilities. While there are numerous treatments and programs in place today, this review will only discuss the programs *Healing Trauma*, *Becoming Trauma Informed*, and *Helping Women Recover*.

Due to their complex trauma and victimization histories, specialized types of treatment are needed for women. The CDCR determined that this kind of treatment must be gender-responsive and trauma-informed: “A trauma-informed approach involves: (1) realizing the prevalence of trauma; (2) recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce; and (3) responding by putting this knowledge into practice” (Covington, 2020). At the core of this approach is an understanding and recognition of the effects and impact trauma can have on an individual. California adopted the program, *Healing Trauma: A Brief Intervention Program* at the California Institution for Women (CIW Chino) and the Central California Women’s Facility (CCWF Chowchilla) (Covington, 2020). The program is designed for women who suffered from ACE’s in conjunction with abuse and/or trauma experiences. There was an emphasis on understanding the process of trauma, and how to cope with trauma both internally (thoughts, feelings, beliefs) and externally (behaviors and relationships) (Covington, 2020; Messina and Calhoun, 2018).

Research regarding the Healing Trauma program’s effectiveness revealed significant reductions in depression, anxiety, PTSD, anger, aggression, and an increase in social connectedness. (Messina and Calhoun, 2018). While trauma-informed programs for incarcerated women are important, it is equally as important to train correctional staff to be trauma-informed. Women have different needs and risk factors than men; Therefore, staff should have an understanding of the impact trauma and victimization can have on women. Staff members need to be vigilant and take precautions to avoid re-traumatizing or re-victimizing women by participating in appropriate training (Fedock and Covington, 2017; Kubiak, 2017; Owen, 2008).

The CDCR implemented the *Becoming trauma informed: a training program for correctional staff* curriculum in women’s correctional facilities in California. The training was

used for staff to gain a better understanding of the process and effects of trauma, techniques to help or prevent traumatic reactions (triggers), and how these practices can be used in everyday interactions (Covington 2020). Addressing trauma with the appropriate programs and training provides incarcerated women and the facilities housing them with the proper rehabilitative environment to reduce recidivism and improve post-release outcomes (Saxena et al. 2014; Fedock and Covington, 2017; Bloom, 2015).

As noted above, trauma experiences and substance use disorder are often inextricably linked. Thus, the use of trauma informed models in substance abuse treatment programs are found to be proactive treatment modalities. At the Valley State Prison in California (VSPW), Messina, Grella, Cartier and Torres (2010) analyzed data gathered from 115 women enrolled in a gender responsive substance abuse treatment program who used the *Helping Women Recover and Beyond Trauma* curricula. The authors found women who engaged in this program were less likely to return to jail within a 12 month period, had lower drug use, and were more likely to remain in aftercare for a longer period of time than the control group. Using the same population sample, Saxena et al. (2014) employed a secondary data analysis regarding incarcerated women who had histories of abuse or prior traumatic events. They concluded that *Helping Women Recover and Beyond Trauma* were successful in treating women who reported prior physical or sexual abuse, by reducing the odds of depression and the rates of substances used.

The implementation of gender-responsive treatment in California corrections has shown a reduction in negative outcomes associated with mental health, victimization, substance abuse, and reoffending that traditionally accompany incarcerated women. Through the collective effort of individuals, administrators, and facilities, California was able to improve the potential for women to successfully reenter society. Without the introduction of gender-responsive treatment

methods, women suffer from inadequate treatment methods that increase the likelihood of recidivism.

## **DISCUSSION**

The intent of this literature review is to provide further analysis of women's pathways to incarceration and the need for specialized gendered treatment, with focus on California. Through the discussion of trauma and victimization, this review recognized the comprehensive research conducted on the impact of women's life experiences upon their subsequent incarceration. Some common risk factors associated with women's common pathways are childhood trauma, adulthood only trauma, substance use, physical and sexual abuse, and mental health illness. Post-incarceration, women can experience additional trauma and victimization, which often exacerbates pre-existing mental health issues, like PTSD and Depression. Without the proper treatment for mental health issues, women often lack effective coping mechanisms and resort to negative behaviors, such as substance use and crime.

Studies were reviewed that examined the federal Prison Rape Elimination Act (2003), which provided for a zero-tolerance policy regarding sexual misconduct and sexual harassment in federal prisons. Women's extensive histories of victimization make policies like PREA crucial for protecting women from further trauma and victimization while incarcerated. Unfortunately, not all states adhere to the standards enacted under PREA, and even the ones that comply are allowed discretion on how they are implemented and enforced. California was one state that was proactive regarding the establishment of standards and improving conditions in jails and prisons; this was probably motivated by the Brown v. Plata case, when the US Supreme Court held that California prison conditions were unacceptable and too overcrowded.

Several current California laws and policies mitigate the impact incarceration has historically had on women. The passage of the 2011 Realignment Act and Proposition 47 in 2014 reformed policies and practices that led to the development of gender-responsive treatment and trauma informed treatment for women. The treatment modalities demonstrated by California's correction facilities offer pragmatic solutions to the complex needs of women's incarceration. The pathways women take to incarceration are treated in gender-responsive programs, which include emphasis on healing from trauma and victimization.

Further research is needed on the trauma informed and gender-responsive treatment programs to determine their long-term effectiveness. Using a longitudinal study, long term outcomes should be examined for efficacy of treatment, which would include the percentage of people who reoffend, the number who utilize community programs, and a follow up on women's mental health status and sobriety. It would be extremely useful to compare this type of research between states to assess the effectiveness of gender-responsive and trauma-informed programs. Then further curriculum could be compiled and shared between states about programs and curricula.

## WORKS CITED

Applebaum, P. (2011), Law and Psychiatry: Lost in the Crowd: Prison Mental Health Care, Overcrowding, and the Courts. *Psychiatric Services* 62(10), 1121-1123.

Blackburn, A. G., Mullings, J. L., and Marquart, J. W. (2008). Sexual Assault in Prison and Beyond: Toward an Understanding of Lifetime Sexual Assault Among Incarcerated Women. *The Prison Journal*, 88(3), 351–377.

Bloom, B. (2015), Meeting the Needs of Women in California’s County Justice Systems, A Toolkit for Policymakers and Practitioners. Californians for Safety and Justice. Retrieved from <https://nicic.gov/sources/californians-safety-and-justice-local-safety-solutions-project-oakland-ca>

Bloom, B., Covington, S. (2009). Addressing the Mental Health Needs of Women Offenders. In Gido, R. L., Dalley, L. (Eds.), *Women’s Mental Health Issues Across the Criminal Justice System*. Upper Saddle River, NJ: Pearson Prentice Hall.

Bronson, J., Stroop, J., Zimmer, S. and Berzofsky, M. (2017). Drug Use, Dependence, and Abuse Among State Prisoner and Jail Inmates, 2007-2009. *U.S. Department of Justice, Bureau of Justice Statistics*. Retrieved from <https://www.bjs.gov/content/pub/pdf/dudaspi0709.pdf>

Bronson, J., and Berzofsky, M. (2017). Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-2012. U.S. Department of Justice, Bureau of Justice Statistics. Retrieved from <https://www.bjs.gov/content/pub/pdf/imhprpi1112.pdf>

Brown v. Plata, 563 U.S. 493 (2011).

Bureau of Justice Assistance (2020). Prison Rape Elimination Act (PREA). Retrieved from <https://bja.ojp.gov/program/prison-rape-elimination-act-prea/overview>

Bureau of Justice Statistics (2020), Terms and Definitions: Prison Rape Elimination Act (Sexual Victimization in Correctional Facilities). Retrieved from <https://www.bjs.gov/index.cfm?ty=tdtp&tid=20>

Bureau of Justice Statistics (2019), Terms and Definitions: Crime Type. Retrieved from <https://www.bjs.gov/index.cfm?ty=tdtp&tid=3#top>

California Department of Corrections & Rehabilitation (2018). Prison Rape Elimination Act (PREA) Annual Report – Calendar Year 2018. Retrieved from <https://www.cdcr.ca.gov/prea/wp-content/uploads/sites/186/2020/01/PREA-Annual-Report-2018.pdf?label=Annual%20Report,%202018&from=https://www.cdcr.ca.gov/prea/prea/reports-audits/>

Chesney-Lind, M. and Pasko, L. (2013). Sentencing Women to Prison: Equality Without Justice. In *The Female Offender: Girls, Women, and Crime* (pp. 119-152). Thousand Oaks, CA: SAGE Publications, Inc.

Covington, S. (2020), Creating a Trauma-Informed Justice System for Women, Chapter 12. *The Wiley Handbook on What Works with Female Offenders; A critical Review of Theory, Practice and Policy*. Edited by L. Gelstrophe and S. Brown. United Kingdom: John Wiley & Sons, in press.

Centers for Disease Control and Prevention (2019). *Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Criminal Justice Facts (2018), The Sentencing Project. Retrieved from <https://www.sentencingproject.org/criminal-justice-facts/>

Daly, K. (1992). Women's Pathways to Felony Court: Feminist Theories of Lawbreaking and Problems of Representation. *Southern California Review of Law and Women's Studies*, 2(1), 11-52.

Davidson, J. and Chesney-Lind, M. (2009). Gender and crime. In J. M. Miller *21st Century Criminology: A Reference Handbook* (pp. 76-84). Thousand Oaks, CA: SAGE Publications, Inc. doi: 10.4135/9781412971997.n10

DeHart, D. (2008). Pathways to Prison: Impact of Victimization in the Lives of Incarcerated Women. *Violence Against Women Journal* 14(12), 1362-1381. Doi: [10.1177/1077801208327018](https://doi.org/10.1177/1077801208327018)

DeHart, D., Lynch, S., Belknap, J., Dass-Brailsford, P., and Green, B. (2014). Life History Models of Female Offending: The Roles of Serious Mental Illness and Trauma in Women's Pathways to Jail. *Psychology of Women Quarterly*, 38(1), 138–151.

DeLong, C., and Reichert, J. (2019). The Victim-Offender Overlap: Examining the Relationship Between Victimization and Offending. Illinois Criminal Justice Information Authority Research Hub. doi: [10.13140/RG.2.2.26400.02561](https://doi.org/10.13140/RG.2.2.26400.02561)

Fedock and Covington (2017), *Correctional Programming and Gender*. Oxford Research Encyclopedia of Criminology, doi: [10.1093/acrefore/9780190264079.013.89](https://doi.org/10.1093/acrefore/9780190264079.013.89).

Fuentes, C.M. (2014), Nobody's Child: The Role of Trauma and Interpersonal Violence in Women's Pathways to Incarceration and Resultant Service Needs. *Medical Anthropology Quarterly*, 28: 85-104. doi:[10.1111/maq.12058](https://doi.org/10.1111/maq.12058)

Green, B. L., Dass-Brailsford, P., Hurtado de Mendoza, A., Mete, M., Lynch, S. M., DeHart, D., and Belknap, J. (2016). Trauma Experiences and Mental Health Among Incarcerated Women. *Psychological Trauma: Theory, Research, Practice and Policy*, 8(4), 455–463.

Grella, C. and Lovinger, K and Warda, U. (2013) Relationships Among Trauma Exposure, Familial Characteristics, and PTSD: A Case-Control Study of Women in Prison and in the General Population. *Women and Criminal Justice*, 23:1, 63-79.

Incarcerated Women and Girls (2017), The Sentencing Project. Retrieved from <https://www.sentencingproject.org/publications/incarcerated-women-and-girls/>

Kajstura, A., Women's Mass Incarceration: The Whole Pie (2019), *Prison Policy Initiative*. Retrieved from <https://www.prisonpolicy.org/reports/pie2019women.html>

Karlsson, M. E., and Zielinski, M. J. (2018). Sexual Victimization and Mental Illness Prevalence Rates Among Incarcerated Women: A Literature Review. *Trauma, Violence, and Abuse*, 21(2), 326–349.

Kowalski, M., Xiaohan, M., Turner, J., Stohr, M., Hemmens, C. (2019). An Analysis of Statutes Criminalizing Correctional Officer Sexual Misconduct with Inmates. *The Prison Journal*. Doi: [10.1177/0032885519882611](https://doi.org/10.1177/0032885519882611)

Kubiak, S., Brenner, H., Bybee, D., Campbell, R., Cummings, C., Darcy, K., Fedock, G. Goodman-Williams, R. (2017). Sexual Misconduct in Prison: What Factors Affect Whether Incarcerated Women Will Report Abuses Committed by Prison Staff? *National Library of Medicine*, 41(4), 361-374. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/28650185/>

Lee, C. (2018) An Integrated Theory for the Accumulation of Mentally Ill Offenders and the Effect of Realignment in California. *Researchgate*. Retrieved from <https://www.researchgate.net/publication/329138606>

Lynch, S. M., Fritch, A., and Heath, N. M. (2012). Looking Beneath the Surface: The Nature of Incarcerated Women's Experiences of Interpersonal Violence, Treatment Needs, and Mental Health. *Feminist Criminology*, 7(4), 381–400. doi: [10.1177/1557085112439224](https://doi.org/10.1177/1557085112439224)

Lynch, S. M., DeHart, D. D., Belknap, J., Green, B. L., Dass-Brailsford, P., Johnson, K. M., and Wong, M. M. (2017). An Examination of the Associations Among Victimization, Mental Health, and Offending in Women. *Criminal Justice and Behavior*, 44(6), 796–814. doi: [10.1177/0093854817704452](https://doi.org/10.1177/0093854817704452)

McDaniels-Wilson, C., and Belknap, J. (2008). The Extensive Sexual Violation and Sexual Abuse Histories of Incarcerated Women. *Violence Against Women*, 14(10), 1090–1127.

Messina, N., and Calhoun, S. (2018). Healing Trauma Evaluation Year 1 Findings. *Envisioning Justice Solutions, Inc*. Retrieved from <https://www.stephaniecovington.com/assets/files/HT%20Year%201%20Findings%20CDCR%20C%20Messina%20and%20Calhoun%20June%202018.pdf>

Messina, N., and Grella, C. (2006). Childhood Trauma and Women's Health Outcomes in a California Prison Population. *American Journal of Public Health*, 96(10), 1842–1848. doi: [10.2105/AJPH.2005.082016](https://doi.org/10.2105/AJPH.2005.082016)

Messina, N., Grella, C., Cartier, J., and Torres, S. (2010). A Randomized Experimental Study of Gender-Responsive Substance Abuse Treatment for Women in Prison. *Journal of Substance Abuse Treatment*, 38(2), 97-107.

Moloney, K. P., van den Bergh, B. J., and Moller, L. F. (2009). Women in Prison: the Central Issues of Gender Characteristics and Trauma History. *Public health*, 123(6), 426–430.

Owen, B., Wells, J., Pollock, J., Muscat, B., and Torres, S. (2008). Gendered Violence and Safety: A Contextual Approach to Improving Security in Women's Facilities. *U.S. Department of Justice, Bureau of Justice Statistics*. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/225338.pdf>

Posnick, C., *The Victim-Offender Overlap* (2017). The Oxford Bibliographies, doi: [10.1093/OBO/9780195396607-0220](https://doi.org/10.1093/OBO/9780195396607-0220)

Rantala, R. (2018). Sexual Victimization Reported by Adult Correctional Authorities. *U.S. Department of Justice, Bureau of Justice Statistics*. Retrieved from <https://www.bjs.gov/content/pub/pdf/svraca1215.pdf>

Salisbury, E. J., and Van Voorhis, P. (2009). Gendered Pathways: A Quantitative Investigation of Women Probationers' Paths to Incarceration. *Criminal Justice and Behavior*, 36(6), 541–566.

Saxena, P., Messina, N. P., and Grella, C. E. (2014). Who Benefits From Gender-Responsive Treatment?: Accounting for Abuse History on Longitudinal Outcomes for Women in Prison. *Criminal Justice and Behavior*, 41(4), 417–432.

Trauma and Shock (2020), American Psychological Association. Retrieved from <https://www.apa.org/topics/trauma/>

Tripodi, S. J., and Pettus-Davis, C. (2013). Histories of Childhood Victimization and Subsequent Mental Health Problems, Substance Use, and Sexual Victimization for a Sample of Incarcerated Women in the US. *International Journal of Law and Psychiatry*, 36(1), 30–40.

U.S. Department of Health and Human Services (2014), *Trauma Informed Care in Behavioral Health Services*. Rockville (MD): Substance Abuse and Mental Health Services Administration.

U.S. Department of Justice (2012). Justice Department Releases Final Rule to Prevent, Detect and Respond to Prison Rape. *Justice News*. Retrieved from <https://www.justice.gov/opa/pr/justice-department-releases-final-rule-prevent-detect-and-respond-prison-rape>

Walsh, M. (2017). How Formerly Incarcerated Women Confront the Limits of Caring and the Burdens of Control Amid California's Carceral Realignment. *Feminist Criminology*, 14(1), 89-114. doi: 10.1177/1557085117698751

Wolff, N., Blitz, C. L., Shi, J., Bachman, R., and Siegel, J. A. (2006). Sexual Violence Inside Prisons: Rates of Victimization. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 83(5), 835–848. doi: [10.1007/s11524-006-9065-2](https://doi.org/10.1007/s11524-006-9065-2)

Wright, E. M., Van Voorhis, P., Salisbury, E. J., and Bauman, A. (2012). Gender-Responsive Lessons Learned and Policy Implications for Women in Prison: A Review. *Criminal Justice and Behavior*, 39(12), 1612–1632.