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MELISSA JONES
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VIOLENCE IN THE LIVES OF WOMEN PRISONERS: A MIXED METHODS APPROACH

A DISSERTATION APPROVED FOR THE
DEPARTMENT OF SOCIOLOGY

BY

_____
Dr. B. Mitchell Peck, Chair

_____
Dr. Susan F. Sharp

_____
Dr. Meredith G. F. Worthen

_____
Dr. Stephanie Burge

_____
Dr. David A. McLeod

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To Stanley K. Jones. Thank you dad for always encouraging me to pursue my dreams.

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ABSTRACT

Women have become the fastest-growing segment of the incarceration population in the United States. This dissertation examines women's to offending and incarceration utilizing an integrated feminist pathways approach, informed by life course theory and General Strain Theory (GST). Through a series of quantitative and qualitative analyses, several overlapping pathways to offending and incarceration were identified among Oklahoma women prisoners. First, individual, cumulative, and clusters of adverse childhood experiences (ACEs) were directly linked to women's experiences with physical, sexual, and psychological abuse in their adult intimate relationships. Second, coercive control and PTSD symptomology characterized women's pathways to using physical violence. The third pathway involved lifelong trauma and abuse and women's use of violence against their intimate partners and others Battered women characterized the fourth pathway. These women's adult intimate relationships often involved extreme physical, sexual, and psychological abuse. Finally, the fifth pathway involved severe childhood trauma or abuse, involvement in gang activity, and women's use of violence against others. Suggestions and implications for future research are discussed.

CHAPTER 1

INTRODUCTION

The majority of incarcerated women in the United States have had adverse childhood experiences including physical, sexual, and psychological abuse, as well as abusive intimate relationships in adulthood (Bowles, DeHart, and Webb 2012; DeHart 2008; Lynch, Fitch, and Heath 2012; Messina and Grella 2006; Miller et al. 2011; Owen 1998; Radatz and Wright 2015; Salisbury and Van Voorhis 2009; Sharp 2014; Sharp, Peck, Hartsfield 2012). These negative life experiences have also been linked to mental health problems (e.g., posttraumatic stress disorder (PTSD), anger, anxiety, depression), women's use of violence against their intimate partners (Cook and Goodman 2006; Slocum, Simpson, and Smith 2005), and illicit drug use prior to coming to prison (DeHart 2008; Friestad, Ase-Bente, and Kjelsberg 2014; Lynch et al. 2012; McClellan, Farabee, and Crouch 1997; Messina and Grella 2006; Owen 1998; Sharp 2014; Sharp et al. 2012). While there have been a number of explanations offered for these relationships, the current dissertation is among the first to utilize an integration of feminist pathways, life course theory and General Strain Theory (GST) approaches to explain the linkages between adverse and abusive life histories, mental illness, women's use of violence, and illicit drug use in the lives of incarcerated women in Oklahoma. Additionally, the contextual nature of violence against intimate partners and others enacted by women offenders is explored through the use of in-depth interviews.

Oklahoma has the highest female incarceration rate in the nation with 149 of every 100,000 women behind bars, which is more than double the national rate (64 per 100,000) (Carson 2018). Moreover, Oklahoma consistently ranks among the bottom

states for women's mental health, women's economic security, and access to health insurance and higher education. Collectively, these conditions paint a bleak picture for Oklahoma women, often placing them on a path toward prison (Hess et al. 2016; Sharp 2014). These factors are exacerbated by individual adverse childhood experiences (ACEs), such as sexual, physical, emotional abuse, and childhood neglect as well as further victimization in adulthood, especially by intimate partners. Such adverse and abusive life experiences across the life course are not only pathways to prison, but they are also associated with mental illness, violence perpetration, and illicit drug use (Ansara and Hindin 2011; Cook and Goodman 2006; DeHart 2008; Lynch et al. 2012; Mair, Cunradi, and Todd, 2012; Miller et al. 2011; Myhill 2015; Owen 1998; Próspero 2009; Salisbury and Van Voorhis 2009; Sharp 2014; Stark 2007; Snow and Swan 2002). Indeed, research consistently shows that women prisoners are significantly more likely to have histories of childhood abuse and intimate partner violence (IPV) when compared to non-incarcerated women (Bowles et al. Webb, 2012; Friestad et al. 2014; Mair et al. 2012; Radatz and Wright 2017; Sharp 2014; Whitfield et al. 2003; Anda, Dube, and Felitti 2003), and that their victimization is often related to mental health problems, illicit drug use, and their use of violence in intimate partner relationships (Bowles et al. 2012; Cook and Goodman 2006; DeHart 2008; Friestad et al. 2012; McClellan et al. 1997; Salisbury and Van Voorhis 2009; Sharp 2014; Slocum et al. 2005). IPV is a pattern of abusive behavior committed by one partner against another in intimate relationships, such as marriage, dating, or cohabitation. IPV can involve physical, verbal, psychological, emotional, sexual, and economic abuse as well as other forms of intimidation, threat and violence (Breiding et al. 2015).

While much research suggests that incarcerated women suffer from diverse traumatic histories including adverse childhood experiences and IPV, we are less certain as to how such experiences of violence relate to the development of PTSD symptoms, women's use of IPV, and illicit drug use. Feminist pathways approaches have focused on girls' and women's life histories in order to understand how both childhood and adult experiences are linked to offending behaviors (Belknap 2015). The pathways perspective focuses on how women's experiences with negative life events, particularly abusive and/or oppressive strains, place them on a trajectory whereby they learn to cope with strain through crime and deviance. Over the past few decades, studies on female offenders have suggested that women's pathways into crime often start with victimization, specifically childhood physical and sexual abuse, often leading to more negative life experiences (e.g., IPV, PTSD, use of IPV, illicit drug use) that eventually result in incarceration (Belknap and Holsinger 2006; Messina et al. 2007; Owen 1998; Salisbury and Van Voorhis 2009; Sharp 2014).

Additionally, the life course perspective suggests that social pathways (e.g., education, work, family) influence developmental patterns and life trajectories, timing of transitions, and turning points that are shaped and embedded in historical and social contexts (Dannefer 2011; Elder 1994; Elder 1998). Moreover, the life course perspective suggests the duration, timing, and ordering of life events, such as adverse childhood experiences (ACEs), are linked to a variety of negative outcomes in adulthood, including mental health problems, physical health problems, substance abuse, involvement in abusive relationships, and ultimately early death (Anda et al. 2002; Chapman et al. 2004; Dong et al. 2004; Dube et al. 2002; Felitti et al. 1998;

O'Rand and Hamil-Luker 2005; Shafer and Ferraro 2012; Shafer, Ferraro, and Mustillo 2011; Whitfield et al. 2003).

Another approach to understanding the relationships between traumatic life histories (ACEs and IPV), PTSD symptoms, women's use of violence, and illicit drug use is Agnew's (1992; 2006) General Strain Theory (GST). GST posits that negative life experiences are linked to crime and deviance through negative emotional states. Similar to the life course perspective and feminist pathways, GST suggests that disliked or stressful events place some women on a trajectory toward deviant and criminal coping. Specifically, GST suggests that there are links between victimization, negative emotional states (e.g., anger, depression, especially when strains are high in magnitude and seen as unjust), and criminal coping. Much GST research has found that women tend to not only internalize their feelings of anger, depression, or guilt into self-destructive forms of deviant coping, such as drug use or disordered eating (Piquero and Sealock 2004; Sharp 2014; Sharp, Brewster, and Love 2005; Sharp et al. 2012), but also into using violence against others (Piquero and Sealock 2000; Slocum, Simpson, and Smith 2005). While much GST research has focused on the negative emotional states of anger and depression, very few studies have examined the ways PTSD plays a role in the relationship between victimization and deviant or criminal coping behaviors (for exceptions see, Jones et al. 2017; Tyler, Kort-Butler, and Swendener 2014).

IN THIS DISSERTATION

In this dissertation, I seek to add to the growing literature on women's pathways into prison by utilizing an integrated feminist pathways approach, informed by life course theory and General Strain Theory (GST) theoretical approaches, to understand

how the presence of violence in the lives of women prisoners may push them into crime. In the current dissertation, I use survey data as well as in-depth interviews of incarcerated women in Oklahoma to explore the links between ACEs, IPV, women's use of violence in their most recent relationships prior to prison, and their use of illicit drugs prior to incarceration. The specific aims of this dissertation are to:

- Understand how individual, cumulative, and clusters of adverse childhood experiences (ACEs) influence experiencing multiple forms of IPV (e.g., physical, sexual, psychological) in adult relationships.
- Explore the effects of IPV coercive control on the development of PTSD symptoms and women's use of violence in intimate relationships.
- Qualitatively explore women's pathways to violent offending, including how traumatic and abusive experiences (in both childhood and adulthood), mental health issues, and substance abuse may play significant roles in women's use of violence against intimate partners and others.

The exploration of these topics provides a much-needed look into how the use of violence in women's lives influences their involvement in the criminal justice system. By tracing their histories from childhood abuse and neglect all the way through engaging in violence in their intimate relationships, this research will provide policy-makers and those who deliver services and programs with a clearer picture of how women's experiences across the life course relate to their criminal behavior. Moreover, this dissertation can provide criminologists and policy-makers with a greater understanding of the effects of traumatic and abusive life events on mental illness, women's use of violence, and illicit drug use, which can assist them in designing

appropriate treatment programs for women offenders. Specifically, the exploration of the contextual nature of women's experiences with abuse and use of violence in intimate relationships prior to prison can help correctional systems better develop programs to deal with a diverse group of women offenders who often experience life histories of abuse and suffer from mental illness and substance abuse disorders.

OVERVIEW OF DISSERTATION

Chapter 2 examines the relationship between individual, cumulative, and clusters of adverse childhood experiences (ACEs) and IPV in adulthood. While we know that incarcerated women suffer from traumatic life histories, we are less certain as to how childhood adverse events relate to being a victim of IPV in adulthood. Indeed, most of what we know about the relationship between childhood adversity and IPV we have learned from non-incarcerated populations (for exceptions see Calson and Shafer 2010; McDaniels-Wilson and Belknap 2008). Thus, further research is needed to explore these relationships in the lives of women prisoners. The examination of these relationships in Chapter 2 seeks to add to the body of knowledge concerning the effects of adverse childhood experiences on adult victimization by exploring these abusive experiences among a sample of women prisoners in Oklahoma.

Chapter 3 examines further women's experiences with violence by exploring how experiencing IPV coercive control from an intimate partner may play into women's use of violence in their intimate relationships. In particular, I examine the significance of coercive control in women prisoners' experiences of PTSD as well as their use of violence in these intimate relationships. Coercive control has been recognized as a tool that is used to establish dominance over a partner in an intimate relationship. Although

coercive control has been recognized as a form of IPV, researchers have often neglected to conceptualize, measure, and examine this key construct. Moreover, when researchers do examine coercive control, they often focus on it in the context of physical violence rather than considering its own unique characteristics and consequences for women (for exception see Anderson 2008; Crossman and Hardesty 2017).

Utilizing 20 in-depth interviews of women prisoners in Oklahoma, Chapter 4 explores how traumatic and abusive experiences in both childhood and adulthood, mental health issues, and substance abuse may play significant roles in women's pathways to violent offending and imprisonment. The goal of this chapter is to contribute to our knowledge about women's pathways to violent offending and how these may compare to and contrast with pathways to nonviolent offending. There is a significant number of women are incarcerated for violent crimes in the United States. In 2016, 37 percent of incarcerated women were serving time for violent crimes (Carson 2018). Despite the proportion of women serving time for violent crimes, they remain an understudied population. Indeed, much of what we do know about women's pathways into offending focus primarily on women's pathways into nonviolent crimes, such as property or drug related crimes.

Finally, Chapter 5 summarizes the findings from the previous chapters examining the relationships between adverse and abusive life histories, mental illness, illicit drug use, and women's use of violence against their intimate partners and others, in the lives of Oklahoma women prisoners. In this chapter, I will also discuss the implications for the importance of utilizing an integrated feminist

pathways approach, informed by life course theory and GST, in future research on female offenders as well as policy implications.

CHAPTER 2

CHILDHOOD ADVERSITY AND INTIMATE PARTNER VIOLENCE

Much research links criminal offending and incarceration with the long-term effects of women's and girl's experiences with childhood adversity, particularly childhood abuse, and adult victimization (Bloom, Owen, and Covington 2003; Bowles, DeHart, and Webb 2012; Carlson and Shafer 2010; Grella et al. 2005; Jones et al. 2017; McClellan, Farabee, and Crouch 1997; McDaniels-Wilson and Belknap 2008; Owen 1998; Sharp 2014). Indeed, most women prisoners who report childhood adverse events, including abuse, neglect, and/or growing up in a chaotic home environment, and intimate partner violence (IPV) in adulthood also report deviant or criminal behaviors, such as illicit drug use (Bloom et al. 2003; Bowles et al. 2012; DeHart 2008; Jones et al. 2017; Messina and Grella 2006; Owen 1998; Radatz and Wright 2017; Salisbury and Van Voorhis 2009; Sharp 2014; Sharp, Peck, and Hartsfield 2012). IPV is a pattern of abusive behavior committed by one partner against another in intimate relationships, such as marriage, dating, or cohabitation. IPV can involve physical, verbal, psychological, emotional, sexual, and economic abuse as well as other forms of intimidation, threat, and violence (Breiding et al. 2015). It is estimated that more than a third of women (35.6%) in the United States experience rape, physical violence, and/or stalking by an intimate partner in their lifetime (Black et al. 2011). Moreover, much research suggests that incarcerated women are significantly more likely than non-

incarcerated women to have experiences with IPV (Bloom et al. 2003; DeHart 2008; McDaniels-Wilson and Belknap 2008; Radatz and Wright 2017; Sharp 2014).

In one of the most comprehensive examinations of adverse childhood experiences (ACEs), the Adverse Childhood Experiences Study[1] (Felitti et al. 1998) found that experiencing abuse, neglect, and chaotic home environments during childhood related to a variety of negative outcomes in adulthood. Much research suggests that ACEs are linked to depression (Messina and Grella 2006; Owen 1998; Salisbury and Van Voorhis 2009; Sharp 2014), posttraumatic stress disorder (PTSD) (Jones et al. 2017; Messina and Grella, 2006; Owen 1998; Salisbury and Van Voorhis 2009), illicit drug use (Friestad, Ase-Bente, and Kjelsberg 2014; Jones et al. 2017; McClellan et al. 1997; Messina, Burdon, and Prendergast 2007; Radatz and Wright 2017; Sharp 2014; Sharp et al. 2012), and IPV (Carlson and Shafer 2010; McDaniels-Wilson and Belknap 2008) in the adult lives of women prisoners. Moreover, prior work also suggests that the cumulative effect of ACEs (5 or more ACEs) (Bloom et al. 2003; Friestad et al. 2014; Ports, Ford, and Merrick 2016; Messina and Grella 2006; Sharp 2014; Sharp et al. 2012; Miller et al. 2011) and the clustering of ACEs, such as abuse, neglect, and chaotic home environment, are significantly related to adult IPV (Miller et al. 2011; Whitfield et al. 2003).

While we certainly know that incarcerated women suffer from traumatic life histories, we are less certain as to how such childhood adverse events relate to being a victim of IPV in adulthood. Indeed, most of what we know about the relationship

[1] The current research incorporates measures directly drawn from Felitti et al.'s (1998) ACE Study. However, throughout this manuscript, I refer to all measures of childhood adversity as "ACEs" when discussing both ACE Study and non-ACE study-specific research that examines childhood abuse, neglect, and/or chaotic households.

between ACEs and IPV we learn from non-incarcerated populations (for exceptions see Carlson and Shafer 2010; McDaniels-Wilson and Belknap 2008). Thus, further research is needed to explore these relationships among women prisoners. The purpose of this chapter is to understand the relationships between ACEs and multiple forms of IPV in a women prisoner population. Understanding these relationships can better help us understand not only women's pathways to involvement in the criminal justice system, but also inform current programming needs of women prisoners. In this chapter, I seek to add to the literature on the lives of women who end up in prison by utilizing a feminist life course theory approach that incorporates life course theory and feminist pathways to help highlight how ACEs increase the risk for IPV in adulthood. By integrating the life course perspectives' (Dannefer 2011; Elder 1994; 1998) emphasis on duration, timing, clustering, and ordering of life events, which can have both positive and negative repercussions across the life course with feminist pathways approaches' (Belknap and Holsinger 2006; Daly 1992; Messina et al. 2007; Owen 1998; Salisbury and Van Voorhis 2009; Sharp 2014) focus on women's offending as related to their unique experiences with abuse, oppression, and structural disadvantages, the strengths of these two theoretical frameworks work together to help us understand how ACEs (as defined by Felitti et al. 1998) relate to multiple forms of IPV in adulthood among women prisoners. Specifically, I use data from a stratified random sample of incarcerated women in Oklahoma (N=355) to examine how individual ACEs, cumulative ACEs, and the clustering of ACEs relate to multiple forms of IPV among women prisoners using a feminist life course approach.

ADVERSE CHILDHOOD EXPERIENCES (ACES) AMONG WOMEN PRISONERS

Much research documents individual, cumulative, and clusters of ACEs in the lives of incarcerated women. Women who have spent time in prison are significantly more likely than never-incarcerated women to report histories of ACEs (Bloom et al. 2003; Friestad et al. 2014; Messina and Grella 2006; Sharp 2014; Sharp et al. 2012). These include sexual, physical, and emotional abuse, neglect (physical and emotional), parental separation or divorce, having witnessed violence at home, having had at least one family member incarcerated, and having lived with someone with an alcohol or illicit drug abuse problem (Belknap and Holsinger 2006; Bloom et al. 2003; Bowles et al. 2012; Carlson and Shafer 2010; Friestad et al 2014; Grella et al. 2013; Jones et al. 2017; Messina et al. 2007; Owen 1998; Radatz and Wright 2017; Sharp 2014; Sharp et al. 2012).

While previous work has established the prevalence of individual ACEs in the lives of women prisoners, it is the cumulative impact of these childhood experiences that may be particularly critical to the study of women who offend. Indeed, women prisoners have a greater overall exposure to numerous ACEs (5 or more) than never-incarcerated women (Bloom et al. 2003; Friestad et al. 2014; Messina and Grella 2006). In fact, much research suggests that ACEs are interrelated and are linked to a variety of negative outcomes adulthood, including mental health problems (e.g., anxiety, depression, PTSD), physical health problems, difficulties controlling anger, alcohol and illicit drug use, and IPV (Anda et al. 2006; Bowles et al. 2012; Dong et al. 2004; Dube et al. 2002; Dube et al. 2003; Felitti et al. 1998; Jones et al. 2017; Messina and Grella 2006; Sharp et al. 2012; Sharp 2014). Together, research suggests that numerous ACEs can have a cumulative impact on women prisoners' lives.

Most women prisoners experience clusters of abuse, neglect, and chaotic home environments during childhood, which often continue into adulthood (Bloom et al. 2003; Bowles et al. 2012; Carlson and Shafer 2010; Grella et al. 2005; Messina and Grella 2006; Messina et al. 2007; Owen 1998; Friestad et al. 2014; Sharp 2014). For example, in one of the most in-depth analysis on women's pathways into crime to date, Owen (1998) uncovered that women's experiences with a "multiplicity of abuse," including the continuation of childhood abuse into abusive adult relationships, placed them on pathways leading to "spiraling marginality" and ultimately to crime and deviance to cope (Owen 1998:41). Furthermore, women prisoners who experience chaotic home environment ACEs, such as witnessing domestic violence during childhood, often report experiencing other types of chaotic home environment ACEs, such as the incarceration of a family member, and having lived with someone with a substance abuse problem or mental illness (Bowles et al. 2012; Friestad et al. 2014; Messina et al. 2007; Sharp 2014). Collectively, these findings illustrate the difficulties in the lives of incarcerated women which are often dominated by abuse, neglect, and chaotic home environments during childhood and highlight the individual and cumulative impacts of adversities as well as the ways clusters of abuse, neglect, and chaotic home environment experiences effect the lives of women prisoners.

ACES AND INTIMATE PARTNER VIOLENCE IN THE LIVES OF WOMEN PRISONERS

In addition to suffering from ACEs in childhood, many women prisoners report experiences with IPV before coming to prison. On average, women in prison experience significantly more victimization across the life course than non-incarcerated women

(Bloom et al. 2003; Bowles et al. 2012; McClellan et al. 1997; Owen 1998; Salisbury and Van Voorhis 2009; Sharp 2014). Most women who end up in prison have reported life histories filled with oppression, strain, and victimization, with upwards of 70-90% indicating experiences with abuse including both childhood abuse and IPV (Bowles et al. 2012; Messina et al. 2007; Owen 1998; Radatz and Wright 2017; Sharp 2014). Moreover, women prisoners who experience childhood physical and sexual abuse are significantly more likely report abuse as an adult (Carlson and Shafer 2010; McDaniels-Wilson and Belknap 2008).

Though research suggests that ACEs and IPV are prevalent in the lives of women prisoners, much of what we know about the relationship between ACEs and IPV we learn from non-incarcerated populations. Indeed, past studies indicates that abuse, neglect, and/or growing up in a chaotic home environment significantly increase one's risk for involvement in IPV relationships across the life course (Barnes et al. 2009; Gómez 2010; Messman-Moore and Long 2000; Miller et al. 2011; Parks et al. 2011; Richards et al. 2017; Whitfield et al. 2003; Widom, Czaja, and Dutton 2008; Widom, Czaja, and Dutton 2014). Women who experience physical and emotional abuse, neglect, and chaotic home environments in childhood are twice as likely to experience physical, sexual, and/or psychological abuse from an intimate partner than those who do not (Abajobir et al. 2017; Ports et al. 2016; Siegel and Williams 2003; Tyler, Hoyt, and Whitbeck 2000; Widom et al. 2014; Gómez 2010; Parks et al. 2011; Messman-Moore and Long 2000). In fact, childhood sexual and physical abuse, and neglect have not only been recognized as the most important predictors of experiences with IPV, but are also linked to more severe physical injury in adult abusive

relationships (Ports et al. 2016; Siegel and Williams 2003; Tyler, Hoyt, and Whitbeck 2000; Widom et al. 2014). There is evidence to suggest that the cumulative impact of adverse events in childhood relate to a greater likelihood of exposure to IPV. Indeed, past research demonstrates that those who report five or more ACEs are 6 to 8 times more likely to report IPV experiences than those who report fewer ACEs (Bensley et al. 2003; Ports et al. 2016; Miller et al. 2011).

Undeniably, incarcerated women with histories of childhood adverse events consistently report experiences with IPV prior to incarceration (Carlson and Shafer 2010; Jones et al. 2017; DeHart 2008; McClellan et al. 1997; Owen 1998; Radatz and Wright 2017; Sharp 2014). Much research suggests that ACEs, particularly childhood abuse, and IPV are significant risk factors for offending and incarceration among girls and women (Bowles et al. 2012; Friestad et al. 2014; Sharp 2014). However, we are less certain as to how individual, cumulative, and clusters of ACEs relate to multiple forms of IPV in the adult lives of women prisoners.

THEORETICAL FRAMEWORK: A FEMINIST LIFE COURSE THEORY

The life course perspective suggests that social pathways, such as education, work, and family, influence developmental patterns and life trajectories, timing of transitions, and turning points, which are shaped and embedded in historical and social contexts (Dannefer 2011; Elder 1994; 1998). The life course perspective also suggests the duration, timing, clustering, and ordering of life events, such as adverse childhood experiences (ACEs), are linked to a variety of negative outcomes in adulthood, including mental health problems, physical health problems, substance abuse, involvement in abusive relationships, and ultimately early death (Anda et al. 2002;

Dong et al. 2004; Dube et al. 2002; Felitti et al. 1998; O'Rand and Hamil-Luker 2005; Whitfield et al. 2003). Life course theory is particularly relevant to understanding the lives of women prisoners because it focuses on how early life experiences or events, such as abuse, neglect, and growing up in a chaotic home environment, may place women on a trajectory of experiencing problems later in adulthood, such as exposure to IPV, which has been well documented in the lives of women prisoners (Jones et al. 2017; Owen 1998; Salisbury and Van Voorhis 2009; Sharp 2014).

Feminist pathways approaches are somewhat similar to the life course perspective in that both focus on experiencing various transitional points, which place individuals on different trajectories or paths toward offending. The pathways research has focused on girls' and women's life histories in order to understand how both childhood and adult experiences are linked to offending behaviors (Belknap 2015). Feminist pathway approaches emphasize how experiences of abuse and oppression narrow their options and can place them on a trajectory where deviance or crime (e.g., alcohol, illicit drug use) may be a response to managing their difficult experiences. In particular, the pathways perspective highlights the ways women endure inequality, a lack of social power, and oppressive circumstances that can lead to life-long trauma and abuse. Feminist pathway approaches often consider how childhood abuse "pushes" girls into further negative experiences, such as drug and alcohol use, running away from home, living on the streets, and other circumstances that can increase their likelihood of experiencing further oppression and victimization including involvement in the criminal justice system (Belknap and Holsinger 2006; Chesney-Lind 1989; Daly 1992; Messina et al. 2007; Owen 1998; Salisbury and Van Voorhis 2009; Sharp 2014). For some,

deviant and criminal behavior, such as prostitution and theft, may become necessary for survival but may also lead to lifelong experiences in and out of the correctional facilities starting with juvenile detention (Chesney-Lind 1989; Daly 1992). Furthermore, concurrently, these abusive and chaotic home environments can increase the likelihood of experiencing IPV or other forms of violence (Jones et al. 2017; McClellan et al. 1997; Owen 1998 Salisbury and Van Voorhis 2009; Sharp 2014). Together, these negative experiences in childhood and adulthood can operate as pathways to incarceration (Owen 1998; Sharp 2014).

Collectively, the life course theory and feminist pathway approaches help highlight the role of ACEs in negative outcomes in adulthood. By integrating the life course perspectives' emphasis on the linkages between childhood experiences and negative outcomes in adulthood, and feminist pathways approaches focus on women's unique experiences with oppression, inequality, and structural disadvantages as they relate to offending, these two theoretical approaches work together to help us better understand how individual, cumulative and clusters of ACEs relate to multiple forms of IPV.

THE CURRENT CHAPTER

In the current chapter, I use data from a stratified random sample of incarcerated women in Oklahoma (N=355) and a feminist life course theory approach to examine relationships between individual, cumulative and clusters of ACEs and multiple forms of IPV. The purpose of this chapter is to address the gap in literature on the lives of women prisoners by examining the relationship between individual, cumulative, and clusters of ACEs and multiple forms of IPV. Understanding these relationships can help

us better recognize women's pathways to offending and incarceration as well as inform current programming needs of women prisoners. Based on my proposed theoretical framework and prior work on women prisoners (McDaniels-Wilson and Belknap 2008; Sharp 2014), I expect to find that: women who report experiencing individual ACEs (particularly abuse), high accumulation of ACEs (5 or more), and/or clusters of abuse ACEs (abuse, neglect, and chaotic home environment) will be more likely to report physical (i.e., simple assault, aggravated assault), sexual, and psychological abuse in their adult relationships before going to prison.

DATA AND METHODS

Sample

The data for this study come from the 2014 Oklahoma Study of Incarcerated Mothers and Their Children. Participants were sampled from the only three women's correctional facilities in the state of Oklahoma: Mabel Bassett Correctional Center (MBCC), Dr. Eddie Warrior Correctional Center (EWCC), and Kate Bernard Community Correctional Center (KBCCC). The researchers were not provided access to the full population nor demographics about the full population, instead, the Oklahoma Department of Corrections provided the researchers with a random sample of 500 women prisoners that were stratified by age, race, and security level. Controlling for demographics of the study sample, the researchers assigned each woman with a randomly generated identification number, the list was sorted by identification numbers, and the first 1 to N women were selected from each list for each facility. Comparisons of the study sample with the full population demographics conducted by the Oklahoma Department of Corrections confirmed that the study sample did not differ statistically

from Oklahoma's women prisoner population on any of the selected demographics, such as age, race or security level. To minimize sample attrition due to discharges, transfers, or segregation, all three samples were drawn the business day before the survey was undertaken; however, some women were unavailable due to work assignments, transfer, or being placed in segregated housing. Participants were given a 26-page self-administered paper/pencil questionnaire containing questions about their criminal record, abuse histories, family lives and other demographic characteristics. Inmates were instructed[2] that completion of the questionnaire was voluntary and no compensation was provided. Out of 500 women, 367 completed questionnaires for an overall response rate of 73.4 percent. After excluding records with missing data on key variables in our study, the final current study sample consisted of 355 women.

Intimate Partner Violence (IPV)

IPV was measured by asking participants if they had experienced physical, sexual, and psychological abuse in their most recent intimate partner relationship prior to incarceration. Physical abuse and sexual abuse were measured using the Revised Conflict Tactics Scales (Straus et al. 1996). I used two indicators of physical abuse: (1) simple assault and (2) aggravated assault. *Simple assault* was measured by asking participants whether their partner had done any of the following six acts in the last 12 months of her most recent relationship before coming to prison: (1) "grabbed me," (2) "pushed or shoved me," (3) "threw something at me that could hurt," (4) "slapped me," (5) "twisted my arm or hair," and (6) "kicked me." Affirmative responses to each of the six acts were summed together into an index representing simple assault, with alpha

[2]The author was present during the administration of the survey to answer any clarification questions asked by participants.

reliability of .89. *Aggravated assault* was measured by asking participants whether their partner had done any of the following six acts in the last 12 months of her most recent relationship before coming to prison: (1) "punched or hit me with something that could hurt," (2) "slammed me against the wall," (3) "choked or strangled me," (4) "burned or scalded me on purpose," (5) "beat me up," and (6) "partner used or threatened to use a knife or gun." Affirmative responses to each of the six acts were summed together into an index representing aggravated assault, with an alpha reliability score of .84. *Sexual abuse* was measured by asking participants whether their partner had done any of the following four sexual acts in the last 12 months of her most recent relationship before coming to prison: (1) "forced me to have sex," (2) "used threats to make me have sex," (3) "refused to wear condom during sex," and (4) "I had sex because I was afraid of what might happen if I didn't." Affirmative responses to each of the four sexual acts were summed together into an index representing sexual abuse, with an alpha reliability score of .87.

Psychological abuse was measured using the Psychological Maltreatment of Women Inventory (PMWI) (Tolman 1989). Participants were asked whether their partner had done any of the following fourteen acts in the last 12 months of her most recent relationship before coming to prison: (1) "called me names," (2) "swore at me," (3) "yelled and screamed at me," (4) "treated me like I was less than he or she is," (5) "watched over my activities and insisted that I tell him or she where I was all the time," (6) "used our money or made important financial decisions without talking to me about it," (7) "was jealous or suspicious of my friends," (8) "accused me of having an affair," (9) "interfered with my relationships with other family members," (10) "tried to keep

me from doing things to help myself," (11) "controlled my use of the phone," (12) "told me my feelings were crazy," (13) "blamed me for his/her problems," and (14) "tried to make me feel crazy." Affirmative responses to each of the fourteen acts were summed together into an index representing psychological abuse, with an alpha reliability score of .94.

Adverse Childhood Experiences (ACEs)

Individual ACEs. Drawing from prior work on ACEs (Dube et al., 2003; Dong et al., 2004; Felitti et al., 1998), I examined 10 ACEs in the current study: (1) childhood physical neglect, (2) childhood emotional neglect, (3) childhood emotional abuse, (4) childhood physical abuse, (5) childhood sexual abuse, (6) family member incarcerated, (7) battered mother, (8) parental separation or divorce, (9) having lived with someone with a mental illness, and (10) having lived with someone with a substance abuse problem. Specifically, respondents were asked about their adverse and abusive experiences while they were growing up (during their first 18 years of life). *Childhood physical neglect* was coded 1 if the respondent reported that she did not feel protected as a child, did not have enough to eat, often had to wear dirty clothes, or had nobody to take her to the doctor when she was sick. Those that did not indicate any of these experiences were coded 0. *Childhood emotional neglect* was coded 1 if the respondent reported that she did not feel loved as a child, that there was nobody who made her feel important, that nobody looked out for her well-being, or that she thought her parents wished she was never born. Those that did not indicate any of these experiences were coded 0. *Childhood emotional abuse* was coded 1 if the respondent reported that she was called names as a child. *Childhood physical abuse* was coded 1 if the respondent

reported "yes" to ever being physically abused as a child, and *childhood sexual abuse* was coded 1 if the respondent reported "yes" to ever being sexually abused as a child. Those indicating "no" were coded 0.

Family member incarcerated was coded 1 if a participant reported that a member of their household was incarcerated during the first 18 years of her life. *Battered mother* was coded 1 if the participant reported that her father had ever been violent to her mother or stepmother during the first 18 years of her life. *Parental separation or divorce* was coded 1 if participants reported their parents had ever been separated or divorced during the first 18 years of her life. Affirmative answers to questions asking whether the respondent had *lived with someone with a mental illness* or *lived with someone with substance use* during the first 18 years of her life were each coded as 1. All others were coded 0.

Cumulative ACEs. Because past research suggests that 5 or more ACEs are particularly relevant to understanding criminal behaviors among women prisoners (Friestad et al. 2014; Messina et al. 2007; Sharp 2014), I created a dummy variable to represent cumulative ACEs: those indicating 5 or more ACEs represent high accumulation of ACEs and are coded 1 (High ACEs) and those indicating 0 to 4 ACEs were coded 0 and serve as the reference category (Low ACEs)[3].

[3] Although previous literature suggests that a high accumulation of ACEs, five or more, significantly increases the likelihood of illicit drug use in comparison to fewer ACEs (Friestad et al 2014; Messina et al. 2007; Sharp 2014), I explored this idea further in the current study. Specifically, I created variables capturing increasing accumulation of ACEs (i.e. 1 or more, 2 or more, 3 or more, and so forth up to 10) to identify if "five or more" was appropriately representative of a high accumulation of ACEs. My analyses suggest a slight plateauing effect at around five ACEs. Thus, my findings support past work indicating that "five or more" represents a high accumulation of ACEs that likely has significant deleterious impacts on women prisoner's lives.

ACEs Cluster Type. Previous research suggests that types of ACEs, such as abuse, neglect, and chaotic home environment ACEs may cluster together in childhood and may contribute to continuing "clusters" of adverse experiences in adulthood (Bowles et al. 2012; Grella et al. 2005; Messina and Grella 2006; Messina et al. 2007; Owen 1998; Friestad et al. 2014; Sharp 2014). To explore the effects of different types of ACEs, the individual ACEs were placed into three clusters that represent abuse, neglect or a chaotic home environment. *Abuse ACEs* were measured by summing together ACEs with affirmative responses to abuse (individual ACEs 3 through 5 listed above) ranging from 0 to 3. *Neglect ACEs* were measured by summing affirmative responses to neglect (individual ACEs 1 through 2) ranging from 0 to 2. *Chaotic home environment ACEs* were measured by summing together ACEs indicating household dysfunction in childhood (affirmative responses to individual ACEs 6 through 10 listed above) ranging from 0 to 5.

Control Variables

Demographic characteristics were utilized as controls. *Age* was measured by respondents' self-identified age in years and ranged from 18 to 69. Race/ethnicity was measured through self-identification. The possible responses categories were White, African American, Native American, Hispanic, and Other. In the analyses, we recoded this variable into dummy variables with *African American* representing those self-identified as African American, *Native American* representing those who identify as Native American, and *White* representing those who self-identified as White. Due to the small number of Hispanic respondents, we collapsed them into the "Other" category

which is labeled as *Other/Hispanic* representing those self-identifying as Hispanic or "Other." The reference category in the analyses was *White*.

Education was measured by asking participants to report their level of education prior to prison. The possible response categories were "8th grade or less," "9th-11th grade," "high school graduate or GED," "Vo-tech school," "up to 2 years of college (no degree) or associates degree (2 years)," "more than 2 years of college but no degree," "4 years of college (degree)," and "post-graduate school." In the analyses, we recoded this variable into dummy variables representing *education= high school*, *education > high school*, with less than high school representing the reference category. Marital status was measured by asking participants their marital status at the time they were arrested for the offense for which they were currently serving time for. The possible responses were "married," "not married but living with a male partner," "not married but living with a female partner," "never married and not living with a partner," "divorced," "separated," "widowed, no partner," and "widowed living with partner.[4]" In the analyses, we recoded this variable into dummy variables representing *cohabitation (*affirmative responses to not married but living with a male partner, not married but living with a female partner, and widowed but living with a partner), *not married/widowed* (affirmatives responses to not married and not living with a partner, divorced, separated, and widowed no/partner), with married representing the reference group. Incarcerated offenses were measured by asking the women what the most serious crime for which

[4] Only 19 (5.4%) of the women reported that they lived with a female partner prior to incarceration. I did explore the effects of living with a female partner on externalized responses to anger and heavy illicit drug use; however, I combined these experiences with living with a male partner because the analyses did not reveal any significant results related to living with a female partner. Moreover, I did not find any significant difference between women who lived with a female partner and those who lived with a male partner prior to going to prison in our models.

she was presently serving time. The possible responses were alcohol-or drug-related offenses, crimes against people, and property related crimes.

Statistical Analyses

To examine the links between individual ACEs, the cumulative impact of ACEs, clustering of ACEs, and IPV, I ran a series of regressions. I examined whether individual ACEs, cumulative ACEs, and the clustering of ACEs were associated with multiple forms of IPV using negative binomial regression. I chose negative binomial regression because my coding of the experiences with IPV led to "counts" of the number of simple assault, aggravated assault, sexual abuse, and psychological abuse that respondents indicated they had experienced in their most recent intimate relationship before coming to prison and because the variance for each type of IPV were higher than the mean.[5] Table 2.2, Models 1, 2, and 3 examined the effects individual ACEs, cumulative ACEs, clustering of types of ACEs (i.e., abuse, neglect, and chaotic home environment ACEs) as well as demographic controls on simple assault. Table 2, Models 4, 5, and 6 examined the effects of individual ACEs, cumulative ACEs, clustering of types of ACEs, and demographic controls on aggravated assault. Table 2.3, Models 1, 2, and 3 examined the effects of individual ACEs, cumulative ACEs, clustering of types of ACEs, and demographic controls on sexual abuse. Table 3, Models 4, 5, and 6 examined the effects of individual ACEs, cumulative ACEs, clustering of types of ACEs, and demographic controls on psychological abuse.

RESULTS

[5] The variance of simple assault (=5.3), aggravated assault (=3.7), sexual abuse (=1.8) and psychological abuse (=26.6) were higher than the mean (2.4, 1.6, .78, and 5.6, respectively).

Descriptive Characteristics of Oklahoma Women Prisoners

Table 2.1 presents the basic descriptive statistics for the variables in the analyses. The average age of the sample of women prisoners was 36. There were 175 (49.3 percent) Whites, 54 (15.2 percent) African Americans, 52 Native American (14.7 percent), and 74 Other/Hispanic women (20.9 percent). Education levels were low, with 140 (39.4 percent) women having less than high school education, 122 (34.4 percent) reporting high school graduation or GED, and the remaining 93 (26.2 percent) reporting education beyond high school including vocational and college. Marriage was not common in the sample, with 85 (24.0 percent) women reported been married, 115 (32.4 percent) reporting cohabitation, and the remaining 155 (43.6 percent) reporting they were not married, separated, divorced, or widowed prior to incarceration. The most common offense types for which these women were currently incarcerated[6] included alcohol-and-drug-related offenses (35.1 percent), crimes against persons (37.5 percent) and property related crimes (20.4 percent), which closely matches the breakdown of the incarcerated offenses of the women's prison population in Oklahoma (ODOC 2015).[7]

The most common experiences with childhood adverse events were having lived with someone with substance abuse (74.4 percent), parental separation or divorce (69.3 percent), emotional neglect (62.8 percent), sexual abuse (57.8 percent), emotional abuse (56.3 percent), and physical neglect (55.0 percent). The least common experiences were having an immediate family member in prison (33.8 percent) and having a battered

[6] I included incarceration offense type for descriptive purposes. I did explore the effects of incarceration offense type on IPV (i.e., simple assault, aggravated assault, sexual abuse, psychological abuse); however, I did not include them in the final models presented here because the findings did not reveal any significant results related to incarceration offense type.

[7] In Oklahoma's women prisoner general population, 40% were currently incarcerated for crimes against persons, 37% for alcohol-and-drug related offense, and 23% for property related offenses.

mother (36.3 percent). Almost two-thirds (62.0 percent) reported high accumulations of ACEs (5 or more ACEs). The average abuse ACEs (range 0-3), neglect ACEs (range 0-2), and chaotic home environment ACEs (range 0-5) for the sample of women prisoners were 1.6, 1.2, and 2.6, respectively. Moreover, 64 percent of the women reported experiences of simple assault in their most recent intimate relationship prior to incarceration. Furthermore, aggravated assault (53.0 percent), sexual abuse (30.4 percent), and psychological abuse (72.1 percent) were also common experiences for the sample of women prisoners.

The Effects of Individual, Cumulative, and Clustered ACEs on IPV Physical Abuse

In Table 2.2, I present the effects of individual, cumulative, and clustered ACEs on physical abuse by means of simple and aggravated assault. In Model 1, I examined the effects of individual ACEs on simple assault. I find that individual ACEs are significantly related to simple assault. Women who experienced childhood sexual abuse (IRR=1.527, $p \leq .001$), parental separation or divorce (IRR=1.223, $p \leq .05$), and having lived with someone with a substance abuse problem (IRR=1.311, $p \leq .01$) were significantly more likely to report simple assault at the hand of their intimate partner before coming to prison than those who did not, as predicted. Moreover, cohabiting (IRR=1.470, $p \leq .01$) before coming to prison was positively related to simple assault while being Native American (IRR=.634, $p \leq .001$) was negatively related simple assault. The pseudo-R^2 was .072 for Model 1.

Table 2.1 Sample Characteristics (N= 355)

	Range	Frequency	Percent
Demographics			
Age, mean	20-65		36.6
Race			
White (reference category)	0-1	175	49.3
African American	0-1	54	15.2
Native American	0-1	52	14.7
Other/Hispanic	0-1	74	20.9
Education at Incarceration			
Education < High School (reference category)	0-1	140	39.4
Education = High School	0-1	122	34.4
Education > High School	0-1	93	26.2
Marital Status			
Married (reference category)	0-1	85	24.0
Cohabiting	0-1	115	32.4
Not Married/Widowed	0-1	155	43.6
Incarcerated Offense			
Alcohol- or Drug- Related Offenses		144	35.1
Crimes Against People		133	37.5
Property Related Crimes		66	20.4
Individual ACEs			
Childhood Physical Neglect	0-1	195	55.0
Childhood Emotional Neglect	0-1	223	62.8
Childhood Emotional Abuse	0-1	200	56.3
Childhood Physical Abuse	0-1	171	48.2
Childhood Sexual Abuse	0-1	205	57.8
Family Member Incarcerated	0-1	120	33.8
Battered Mother	0-1	129	36.3
Parental Separation or Divorce	0-1	246	69.3
Lived w/Someone with Mental Illness	0-1	163	45.9
Lived w/Someone with Substance Use	0-1	264	74.4
Cumulative ACEs			
Low ACEs (4 or fewer) (reference category)	0-1	135	38.0
High ACEs (5 or more)	0-1	220	62.0
Clustering of Type of ACEs			
Abuse ACEs, mean	0-3	280	1.6
Neglect ACEs, mean	0-2	257	1.2
Chaotic Home Environment ACEs, mean	0-5	322	2.6
Intimate Partner Violence			
Simple Assault (mean= 2.4)	0-6	227	64.0
Aggravated Assault (mean= 1.6)	0-6	188	53.0
Sexual Abuse (mean= 0.8)	0-4	108	30.4
Psychological Abuse (mean= 5.6)	0-14	256	72.1

In Model 2, I examined the effects of cumulative ACEs on simple assault. I find that high accumulations of ACEs were significantly related to simple assault. Women who experienced a high accumulation of ACEs (5 or more) were 62.4 percent (IRR=1.624, $p \leq .001$) more likely to report simple assault at the hand of their intimate partner than women who reported fewer ACEs as expected. Moreover, being African American (IRR=.769, $p \leq .01$) was negatively related to simple assault. Similar to Model 1, the effects of being Native American and cohabitating remained statistically significant and in the same direction. The pseudo-R^2 was .050 for Model 2.

In Model 3, I examined the effects of clustered types of ACEs by abuse, neglect, and chaotic home environment ACEs on simple assault. I find that the effects of abuse and neglect ACEs are significantly related to simple assault, as predicted. Women who experienced a one-unit increase in abuse ACEs were 16.0 percent (IRR=1.160, $p \leq .01$) more likely to report simple assault at the hand of their intimate partner prior to incarceration. Moreover, women who experienced a one-unit increase in chaotic home environment ACEs were 12.0 percent (IRR=1.120, $p \leq .05$) more likely to report simple assault. Surprisingly, chaotic home environment ACEs were not significantly related to simple assault. Similar to Model 2, the effects of being African American, Native American, and cohabiting remained statistically significant and in the same direction. The pseudo-R^2 was .062 for Model 3.

Table 2.2 Negative Binomial Regression Results Predicting Physical Abuse Considering Individual ACEs, Clustering of High/low ACEs, and Clustering of Type of ACEs (N=355)

	Simple Assault			Aggravated Assault		
	Model 1	**Model 2**	**Model 3**	**Model 4**	**Model 5**	**Model 6**
Individual ACEs						
Physical Neglect	.924(.127)			.929 (.162)		
Emotional Neglect	1.128(.167)			1.030 (.192)		
Emotional Abuse	1.151(.165)			1.112 (.205)		
Physical Abuse	.918(.132)			1.009 (.190)		
Sexual Abuse	1.527*** (.215)			1.435* (.256)		
Family Member Incarcerated	1.028(.132)			.984 (.161)		
Battered Mother	1.022(.136)			1.050 (.180)		
Parental Separation or Divorce	1.223*(.164)			1.214 (.206)		
Lived w/ Someone w/ Mental Illness	1.083(.146)			1.065 (.182)		
Lived w/ Someone w/ Substance Use	1.311**(.210)			1.162 (.234)		
Cumulative ACEs						
High ACEs (5 or more)		1.624*** (.208)			1.354*** (.215)	
Clustering of Type of ACEs						
Abuse ACEs			1.160** (.084)			1.168** (.102)
Neglect ACEs			1.018 (.092)			.972 (.106)
Chaotic Home Environment ACEs			1.120* (.060)			1.083 (.067)
Demographics						
Age	.975(.008)	.982 (.006)	.981 (.007)	.995 (.009)	.993 (.008)	.994 (.008)
African American	.774(.141)	.769**(.139)	.849** (.159)	.740 (.171)	.707* (.159)	.743* (.167)
Native American	.634*** (.113)	.653*** (.119)	.684** (.129)	.636** (.144)	.657** (.150)	.650** (.146)
Other/Hispanic	.847(.131)	.864 (.134)	.892 (.143)	1.078 (.206)	1.124 (.212)	1.096 (.206)
Education= High School	.886(.124)	.924 (.130)	.853 (.124)	.819 (.146)	.861 (.151)	.840 (.147)
Education > High School	1.021 (.159)	1.008 (.155)	1.010 (.159)	1.056 (.207)	1.038 (.200)	1.058 (.203)
Not Married/Widowed	1.133 (.173)	1.155 (.178)	1.215 (.260)	1.122 (.215)	1.127 (.216)	1.122 (.212)
Cohabiting	1.470** (.241)	1.482** (.244)	1.479** (.260)	1.513**(.215)	1.152* (.311)	1.492** (.302)
Constant	1.111 (.388)	1.932* (.590)	1.387* (.453)	.960 (.407)	1.555 (.578)	1.160 (.302)
Pseudo R^2	.072	.050	.062	.056	.040	.053

Results are in incident rate ratios; numbers in ( ) are standard errors; *p≤.05, **p≤.01, ***p≤.001

In Model 4, I examined the effects of individual ACEs on aggravated assault. I find that individual ACEs are significantly related to aggravated assault. Women who experienced childhood sexual abuse (IRR=1.435, $p \leq .05$) were 43.5 percent more likely to report aggravated assault at the hand of their intimate partner than those who did not, as predicted. Moreover, cohabiting (IRR=1.513, $p \leq .01$) was positively related to aggravated assault while being Native American (IRR=.636, $p \leq .01$) was negatively related to aggravated assault. The pseudo-R^2 was .056 for Model 4.

In Model 5, I examined the effects of cumulative ACEs on aggravated assault. I find that high accumulations of ACEs were significantly related to aggravated assault. Women who experienced high accumulation of ACEs (5 or more) were 35.4 percent (IRR=1.354, $p \leq .001$) more likely to report aggravated assault at the hand of their intimate partner than women who experienced fewer ACEs as expected. Moreover, being African American (IRR=.707, $p \leq .05$) was negatively related to aggravated assault. Similar to Model 4, the effects of being Native American and cohabiting remained statistically significant and in the same direction. The pseudo-R^2 was .040 for Model 5.

In Model 6, I examined the effects of clustered types of ACEs by abuse, neglect, and chaotic home environment ACEs on aggravated assault. I find that the effects of abuse ACEs are significantly related to aggravated assault, as predicted. Women who experienced a one-unit increase in abuse ACEs were 16.8 percent (IRR=1.168, $p \leq .01$) more likely to report aggravated assault at the hand of their intimate partner. Surprisingly, Neglect ACEs and chaotic home environment ACEs were not

significantly related to aggravated assault. Similar to Model 5, the effects of being Native American and cohabiting remained statistically significant and in the same direction. The pseudo-R^2 was .053 for Model 6.

[Table 2.2 about here]

The Effects of Individual, Cumulative, and Clustered ACEs on IPV Sexual and Psychological Abuse

In Table 2.3, I examined the effects of individual, cumulative, and clustered ACEs on experiences of sexual and psychological abuse. In Model 1, I examined the effects of individual ACEs on experiences of sexual abuse. I find that individual ACEs are significantly related to experiencing sexual abuse. Women who experienced childhood physical neglect (IRR=1.469, $p \leq .05$), childhood emotional neglect (IRR=1.583, $p \leq .05$), and childhood sexual abuse (IRR=2.830, $p \leq .001$) were significantly more likely to report sexual abuse at the hand of their intimate partner than those who did not, as predicted. None of the demographic controls were significantly related to sexual abuse. The pseudo-R^2 was .101 in Model 1.

In Model 2, I examined the effects of cumulative ACEs on sexual abuse. I find that higher accumulations of ACEs were significantly related to sexual abuse. Women who experienced high accumulations of ACEs (5 or more) were 3.024 times (IRR=3.024, $p \leq .001$) as likely to report sexual abuse at the hands of their intimate partner than women who experienced fewer ACEs as expected. Similar to Model 1, none of the demographic controls were significantly related to sexual abuse. The pseudo-R^2 was .059 in Model 2.

In Model 3, I examined the effects of clustered types of ACEs by abuse, neglect, and chaotic home environment ACEs on sexual abuse. I find that the effects of abuse ACEs and neglect ACEs are significantly related to sexual abuse, as predicted. Women who experienced a one-unit increase in abuse ACEs were 31.8 percent (IRR=1.318, $p \leq .05$) more likely to report sexual abuse at the hands of an intimate partner. Moreover, women who experienced a one-unit increase in neglect ACEs were 46.4 percent (IRR=1.464, $p \leq .01$) more likely to report sexual abuse at the hands of an intimate partner. Surprisingly, chaotic home environment ACEs were not significantly related to sexual abuse. Similar to Model 2, none of the demographic controls were significantly related to sexual abuse.

In Model 4, I examined the effects of individual ACEs on psychological abuse. Overall, I find that individual ACEs are significantly related to psychological abuse. Childhood emotional abuse (IRR=1.180, $p \leq .01$), childhood sexual abuse (IRR=1.493, $p \leq .001$), having a battered mother (IRR=1.073, $p \leq .05$), and parental separation or divorce (IRR=1.281, $p \leq .01$) were significantly more likely to report psychological abuse at the hand of their intimate partner than those who did not, as predicted. Moreover, age (IRR=.991, $p \leq .01$), being African American (IRR=.506, $p \leq .001$), being Native American (IRR=.737, $p \leq .01$), and being Other/Hispanic (IRR=.937, $p \leq .05$) were negatively related to psychological abuse while cohabiting (IRR=1.307, $p \leq .05$) were positively related to psychological abuse. The pseudo-R^2 was .133 in Model 4.

In Model 5, I examined the effects of cumulative ACEs on psychological abuse. I find that high accumulations of ACEs were significantly related to psychological abuse. Women who experienced high accumulations of ACEs (5 or more) were 83.7

percent (IRR=1.837, $p \leq .001$) more likely to report psychological abuse at the hand of their intimate partner than women who experienced fewer ACEs as expected. Similar to Model 4, the effects of age, being African American, being Native American, being Other/Hispanic, and cohabiting remained statistically significant and in the same direction. The pseudo-R^2 was .107 in Model 5.

In Model 6, I examined the effects of clustered types of ACEs by abuse, neglect, and chaotic home environment ACEs on psychological abuse. I find that the effects of abuse ACEs and chaotic home environment ACEs are significantly related to psychological abuse. Women who experienced a one-unit increase in abuse ACEs were 15.3 percent (IRR=1.153, $p \leq .05$) more likely to report psychological abuse in their recent intimate relationship before coming to prison. Moreover, women who experienced a one-unit increase in chaotic home environment ACEs were 12.6 percent (IRR=1.126, $p \leq .01$) more likely to report psychological abuse at the hand of their intimate partner. Surprisingly, neglect ACEs were not significantly related to psychological abuse. Similar to Model 5, the effects of age, being African American, being Native American, being Other/Hispanic, and cohabiting remained statistically significant and in the same direction. The pseudo-R^2 was .119 in Model 6.

Table 2.3 Negative Binomial Regression Results Predicting Sexual and Psychological Abuse Considering Individual ACEs, Clustering of High/low ACEs, and Clustering of Type of ACEs (N=355)

	Sexual Abuse			Psychological Abuse		
	Model 1	**Model 2**	**Model 3**	**Model 4**	**Model 5**	**Model 6**
Individual ACEs						
Physical Neglect	1.469* (.395)			1.059 (.155)		
Emotional Neglect	1.583* (.456)			1.120 (.175)		
Emotional Abuse	1.161 (.328)			1.180** (.182)		
Physical Abuse	.785 (.226)			.908 (.135)		
Sexual Abuse	2.830*** (.766)			1.493*** (.225)		
Family Member Incarcerated	.898 (.215)			.931 (.131)		
Battered Mother	.911 (.216)			1.073* (.150)		
Parental Separation or Divorce	1.280 (.318)			1.281** (.181)		
Lived w/ Someone w/ Mental Illness	1.157 (284)			1.121 (.157)		
Lived w/ Someone w/ Substance Use	.897 (.266)			1.273 (.214)		
Cumulative ACEs						
High ACEs (5 or more)		3.024*** (.770)			1.837*** (.245)	
Clustering of Type of ACEs						
Abuse ACEs			1.318* (.170)			1.153* (.085)
Neglect ACEs			1.464** (.240)			1.103 (.099)
Chaotic Home Environment ACEs			1.027 (.103)			1.126** (.062)
Demographics						
Age	1.016 (.013)	1.010 (.012)	1.007 (.011)	.991** (.007)	.987* (.007)	.998* (.007)
African American	1.112 (.378)	1.337 (.461)	1.138 (.378)	.506*** (.100)	.489*** (.094)	.495*** (.096)
Native American	.813 (.273)	.953 (.320)	.849 (.281)	.737** (.136)	.739** (.137)	.753** (.139)
Other/Hispanic	.896 (.262)	1.005 (.291)	.982 (.284)	.937* (.154)	.908* (.148)	.933* (.152)
Education= High School	.874 (.235)	.958 (.253)	.976 (.256)	.954 (.140)	.992 (.146)	.991 (.145)
Education > High School	1.245 (.370)	1.300 (.376)	1.256 (.360)	1.192 (.197)	1.171 (.191)	1.198 (.194)
Not Married/Widowed	1.190 (.340)	1.231 (.354)	1.213 (.344)	1.122* (.179)	1.106 (.177)	1.115 (.177)
Cohabiting	1.300 (.408)	1.243 (.387)	1.211 (.378)	1.307* (.228)	1.274** (.222)	1.261** (.218)
Constant	.096*** (.062)	.184*** (.105)	.159*** (.100)	3.138***(1.171)	5.774*** (1.861)	4.050*** (1.427)
Pseudo R^2	.101	.059	.075	.133	.107	.119

Results are in incident rate ratios; numbers in ( ) are standard errors; *p≤.05, **p≤.01, ***p≤.001

DISCUSSION AND CONCLUSION

In the current chapter, I sought to add to the growing literature on the lives of women who end up in prison by utilizing a feminist life course theory approach to help highlight how ACEs increase the risk for exposure to multiple forms of IPV. Specifically, I utilized this approach to examine whether women who report individual ACEs (particularly childhood abuse), high accumulation of ACEs (5 or more), and/or clusters of ACEs (i.e., abuse, neglect, chaotic home environment) were more likely to report physical (i.e., simple assault, aggravated assault), sexual, and psychological abuse in their most recent adult relationship before going to prison. My chapter is unique from previous work in that I examined the effects of different combinations of ACEs on experiences with multiple forms of IPV. Moreover, I am among the first to emphasize the importance of utilizing a feminist life course theory that blends together life course theory and feminist pathways theoretical approaches to understand these linkages.

I found that for women prisoners in Oklahoma, ACEs, increased the likelihood of experiencing multiple forms of IPV. In particular, sexual abuse, physical and emotional neglect, emotional abuse, parental separation or divorce, having lived with someone with substance abuse problems, and having had a battered mother all increased the likelihood of experiencing IPV in adulthood. More specifically, I found that childhood sexual abuse increased the risk of experiencing adult physical (simple and aggravated assault), sexual, and psychological abuse. Women prisoners who lived with someone with a substance abuse problem while they were growing up were significantly more likely to report simple assault than women who did not. Women

prisoners who experienced childhood physical and emotional neglect were significantly more likely to report adult sexual abuse, while those who experienced emotional abuse, parental separation or divorce, and having had a battered mother while they were growing up were significantly more likely to report adult psychological abuse. These findings are in line with my feminist life course theoretical approach and demonstrate that childhood adverse events are related to exposure to IPV in adulthood as suggested by previous literature (Abajobir et al. 2017; Bensley et al. 2003; Carlson and Shafer 2010; Gómez 2011; McDaniels-Wilson and Belknap 2008; Miller et al. 2011; Ports et al. 2016; Tyler et al. 2000; Widom et al. 2008; Widom et al. 2014; Whitfield et al. 2003). Indeed, childhood sexual abuse and neglect have not only been recognized as the most important predictors of experiences with IPV but have also been linked to more severe physical injury in adult abusive relationships (Ports et al. 2016; Siegel and Williams 2003; Tyler, Hoyt, and Whitbeck 2000; Widom et al. 2014). I found this to be true in my sample of Oklahoma women prisoners, especially when in relation to childhood sexual abuse. In fact, women prisoners who reported childhood sexual abuse were twice as likely to experience adult sexual abuse than women who did not, which has been found in previous work (Barnes et al. 2009; Parks et al. 2011). Over the past several decades, feminist pathways literature has argued that women's pathways to offending often begin with childhood abuse, particularly sexual abuse, which leads to running away from home and ending up on the streets. Once on the streets, runway girls are then exposed to additional abuse, delinquent peers, and illicit drugs placing them on a trajectory toward prison (Acoca 1998; Belknap and Holsinger 2006; Daly 1992; DeHart 2008; Owen 1998; Sharp 2014). Moreover, much research also suggests that

growing up in a chaotic home environment has been linked to negative outcomes in adulthood, including IPV (Carlson and Shafer 2010; DeHart 2008; Miller et al. 2011; Whitfield et al. 2003).

Surprisingly, childhood physical abuse was not directly related to experiences with IPV, which has been documented in previous work (Abajobir et al. 2017; Bensley et al. 2003; Carlson and Shafer 2010; Moore-Messman and Long 2000; Ports et al. 2016; Richard et al. 2017; Whitfield et al. 2003; Widom et al. 2014). It could be that using violence against an intimate partner may be a more common response to childhood physical abuse among women prisoners (Acoca 1998; Herrera and McCloskey 2001; Siegel and Williams 2003; Snow and Swan 2006). Indeed, some research suggests that women who experience childhood physical abuse are significantly more likely to use violence against their intimate partner (Herrera and McCloskey 2001; Snow and Swan 2006; Siegel and Williams 2003).

In addition, I found that cumulative ACEs were also significantly related to IPV in adulthood. Women prisoners who experienced a high accumulation of ACEs (5 or more) were significantly more likely to report adult physical (i.e., simple and aggravated assault), sexual, and psychological abuse than women who had fewer ACEs (4 or fewer). These findings are in line with my feminist life course theory theoretical approach and indicate that the high accumulation of ACEs is significantly related to IPV as suggested by prior literature (Miller et al. 2011; Whitfield et al. 2003). This is particularly significant because women prisoners report an astoundingly high incidence of childhood adversity (in my sample of prisoners, 62 percent reported 5 or more ACEs and 28.5 percent experienced 8 or more ACEs in results not shown), which is much

higher than non-incarcerated populations (Bloom et al. 2003; Messina and Grella 2006; Sharp 2014). Thus, the findings here demonstrate the significant cumulative deleterious impact that ACEs have on women's prisoner's lives in particular, their experiences with IPV.

I also found that women reporting clusters of ACEs were significantly related to reporting IPV in adulthood. Women prisoners who experienced clusters of abuse ACEs were more likely to report physical (simple and aggravated assault), sexual, and psychological abuse in their most recent intimate partner before coming to prison. This important finding suggests that experiencing childhood abuse may place women prisoners on a trajectory where further abuse and oppression are experienced across the life course. Indeed, experiencing childhood abuse may normalize abuse in adult relationships among women prisoners. This finding is in line with past research suggesting that clusters of childhood abuse are linked to multiple forms of IPV in adulthood (Abajobir et al. 2017; Bensley et al. 2003; Parks et al. 2011; Whitfield et al. 2003; Widom et al. 2008; Widom et al. 2014).

Unlike clusters of abuse ACEs, neglect and chaotic home environment ACEs are only linked to certain types of IPV. Women prisoners who experienced clusters of neglect ACEs were significantly more likely to report only IPV sexual abuse than those who did not. This finding is somewhat surprisingly in that neglect and chaotic home environment (ACEs) have been linked to physical, sexual and psychological abuse in past literature (Widom et al. 2008; Widom et al. 2014). Moreover, women prisoners who experienced clusters of chaotic home environment ACEs were more likely to report experiences with adult physical (i.e., simple assault) and psychological abuse

than those who did not. Undeniably, much research on women prisoners has recognized their dysfunctional or chaotic home environments during childhood as one of the most significant predictors of IPV and later involvement offending and incarceration in adolescence and/or adulthood (Bowles et al. 2012; Carlson and Shafer 2010; McDaniels-Wilson and Belknap 2008; Miller et al. 2011; Owen 1998; Radatz and Wright 2017; Sharp 2014). Because the research on the relationships between ACEs and experiences of IPV among women prisoner samples has been limited, I can only speculate as to why clusters of neglect ACEs and chaotic home environment ACEs are only related to certain types of IPV. One possibility is that childhood physical and emotional neglect may make women prisoners particularly vulnerable for outwardly aggressive and/or violent behaviors against an intimate partner rather than being a victim of IPV. Some research suggests that clusters of neglect are more predictive of using violence against an intimate partner in adulthood (Acoca 1998; Fang and Corso 2007; Widom et al. 2014). Additionally, growing up in a chaotic home environment may not have an independent effect on severe physical abuse and sexual abuse in intimate relationships when accounting for clusters of abuse and neglect. Together, my findings suggest that clusters of abuse, neglect, and chaotic home environment ACEs are linked to multiple forms of IPV in adulthood with clusters of abuse predicting all forms of IPV.

Finally, I also found some interesting differences across race and marital status in reporting experiences with IPV that are worth noting. African American, Native American, and Other/Hispanic women were significantly less likely to report experiences with physical (i.e., simple assault, aggravated assault), sexual, and

psychological abuse. These findings conflict with recent literature on race and IPV, which suggests that the likelihood of IPV victimization does not differ statistically across racial groups (Holiday et al. 2017; Cho 2012). It could be that White women prisoners are more likely to report being a victim of IPV, whereas non-White women prisoners are more likely to report using violence against an intimate partner (Potter 2008). For example, past research suggests that African American women who experience IPV are less inclined to label themselves as "victims" and more inclined to fight back (Potter 2008). Moreover, results of this study also indicate that women prisoners who were not married (i.e., cohabitating, single, divorced, widowed) were significantly more likely to report experiencing adult physical (i.e., simple assault, aggravated assault) and psychological abuse than those who were married as suggested in prior work (Anderson 1997; Kenny and McLanahan 2006). It could be that women who experience IPV may be more likely to self-select into cohabitating unions (Kenny and McLanahan 2006).

My findings extend life course theory and feminist pathways examinations by providing a better understanding of how individual, cumulative, and clusters of ACEs relate to multiple forms of IPV among women prisoners. Consistent with life course theory and feminist pathways approaches, many of the women in my sample experienced enduring adverse events in childhood and experienced multiple forms of IPV in adulthood (Daly 1992; Owen 1998; Jones et al. 2017; McDaniels-Wilson and Belkap 2008; Sharp 2014). Over half the women in my sample experienced childhood abuse, neglect, and chaotic home environments (e.g., parental separation or divorce, having lived with someone with a substance abuse problem) before they reached the age

of 18. Moreover, the majority of women experienced physical, sexual, and psychological abuse in their most recent intimate relationship before coming to prison.

Together, my results indicate that the effects of individual ACEs, a high accumulation of ACEs, and clusters of ACEs are significantly related to multiple forms of IPV. These findings show the applicability of a feminist life course theory approach to explain the linkages between individual, cumulative, and clusters of ACEs and multiple forms of IPV among women prisoners who experience structural disadvantages, abusive, and oppressive life circumstances. Moreover, the tremendously high rates of adverse events and IPV in the pre-prison lives of women prisoners lend support to the feminist pathways perspective: high rates of childhood abuse, and neglect, and chaotic home environment abuse are linked to IPV in adulthood, indicating that ACEs and IPV are significant risk factors for women's offending and incarceration.

Overall, the current chapter offers two important contributions to the literature. First, my results indicate that ACEs are strongly related to multiple forms of IPV in adulthood in my stratified sample of Oklahoma incarcerated women. My results suggest that certain types of ACEs, cumulative ACEs, and clustering of ACEs play a significant role in women's experiences with IPV in adulthood. These results add to the life course literature on the importance of considering the timing and clustering of negative life events (Dannefer 2011; Elder 1994; 1998), particularly in childhood (O'Rand and Hamil-Luker 2005; Shafer and Ferraro 2012; Shafer et al. 2011), in the lives of women prisoners. Moreover, my results also add to the growing body of feminist literature on the central role of adverse childhood events, particularly abuse and neglect, and further abuse in adulthood risk factors for women's offending (Belknap and Holsinger 2006;

Daly 1992; Jones et al. 2017; Messina et al. 2007; Owen 1998; Salisbury and Van Voorhis 2009; Sharp 2014). Finally, the findings of this chapter suggest that a feminist life course theory theoretical approach can help us better understand how adverse childhood events relate to multiple forms of IPV in adulthood among women who experience enduring oppression. Based on my results, I suggest that both criminologist theorists and policymakers should consider the influence of individual, cumulative, and clusters of ACEs on multiple forms of IPV in understanding women's pathways to offending. Indeed, since the vast majority of the women prisoners in my sample were victims of one or more types of trauma and violence across their life course, it is imperative that all prisons implement programming to help women prisoners understand the complexities of victimization. Appropriately, such intervention programs should be mindful to the specific needs of survivors of trauma and abuse (Belknap 2003), particularly the role of childhood sexual abuse, high accumulations of ACEs, and clusters of abuse ACEs in exposure to IPV in adulthood. A feminist life course theory approach that considers life course theory and feminist pathways approaches is especially important to such investigations.

Limitations and Future Research

While the results of this chapter are informative and can be generalized to women prisoners in Oklahoma, a few limitations are worth noting. First, the measures of childhood adversities and IPV are limited. Explorations of additional adverse childhood events (e.g., homelessness, death of a loved one or parent, intimate partner abuse of children, hospitalization due to abuse) would be informative. Second, and related, an investigation of the severity, duration, and frequency of abuse experiences in

both childhood and adulthood could also expand the current study's findings (Agnew 2006). Moreover, my measure of IPV is quite conservative because I only considered the experiences of IPV victims and not IPV perpetrators. Future research should consider examining how individual, cumulative, and clusters of ACEs may be linked to women's perpetration of IPV. Such exploration might also incorporate racial and marital status differences in exposure to IPV as found in the current study and in other research (Anderson 1997; Kenny and McLanahan 2006; Potter 2008).

CHAPTER 3

COERCIVE CONTROL AND WOMEN'S USE OF VIOLENCE IN HETEROSEXUAL RELATIONSHIPS

Much research has focused on understanding women's use of violence in intimate relationships (for reviews see Bair-Merrit et al. 2010; Hamberger and Larsen 2015; Swan et al. 2008). Some research suggests that women and men use violence in heterosexual intimate relationships at equal rates, and in some cases, that women use violence more often (Archer 2000; Cho 2012; Swan and Snow 2002; Straus and Gelles 1990). However, when studies examine the motives for women's use of violence, researchers consistently find that the majority of women report using physical violence in response to violence initiated against them by their male partners (Bair-Merrit et al. 2010; Barbcock, Miller, and Siard 2003; Caldwell et al. 2009; Graham-Kevan and Archer 2005; Hamberger and Larsen 2015; Swan and Snow 2002; Swan and Snow 2006; Swan et al. 2005; Swan et al. 2008; Velonis 2016). Indeed, women's physical violence is more likely than men's to be motivated by self-defense and fear, whereas men's physical violence is more likely than women's to be driven by the desire to

control their partners (Bair-Merritt et al. 2010; Felson and Messner 2000; Hamberger and Larsen 2015; Swan et al. 2008; Velonis 2016). Women who use violence in intimate relationships may also suffer from posttraumatic stress disorder (PTSD) associated with their own victimization (i.e., physical, sexual, psychological abuse) (Fanslow et al. 2015; Sullivan et al. 2005; Swan and Snow 2003; Swan et al. 2005).

One area that has not been examined in depth, however, is how experiencing coercive control by an intimate partner may play into women's use of violence in their relationships with men. Coercive control refers to the nonphysical tactics used by abusers to maintain power and control over their partners. Coercive control tactics often include the use of intimidation, threat of harm, surveillance, isolation, economic control, as well as controlling the partner's activities and decisions (Cook and Goodman 2006; Stark 2007; Snow and Swan 2002). Prior work suggests that coercive control is central to men's use of physical violence against women (Anderson 2009; Johnson 1995; Johnson 2008; Johnson 2006; Stark 2007) and can lead to adverse mental issues, particularly PTSD, depression, and anxiety (Anderson 2008; Ansara and Hindin 2011; Bubriski-McKenzie and Jasinski 2014; Dobash and Dobash 2004; Frye et al. 2006; Mechanic, Weaver, and Resick 2008; Johnson and Leone 2005; Myhill 2015; Stark 2007). As a result, researchers often focus on coercive control in the context of physical violence rather than considering its own unique characteristics and consequences for women (for exception see Anderson 2008; Crossman and Hardesty 2017). Furthermore, many of the psychological abuse measures used in past work do not capture the unique characteristics of coercion (i.e., demands, threats of harm, surveillance) (Dutton and Goodman 2005). Thus, the effects of, and processes involved in coercive control,

including its relationship to PTSD symptoms and to the use of violence in intimate relationships, remains unclear.

Much of what we know about the relationships between experiences with coercive control, PTSD symptoms, and women's use of violence has been drawn primarily from clinical samples (Anderson 2008; Mechanic et al. 2008; Johnson and Leone 2005; Myhill 2015; Stark 2007). However, research suggests that women prisoners experience significantly higher rates of intimate partner violence (IPV) than women in the general population (Bloom, Owen, and Covington 2003; Owen 1998; Radatz and Wright 2017; Sharp 2014; Swan and Snow 2002). It is estimated that 70 to 90 percent of women in prison have experienced IPV prior to their incarceration (Jones et al. 2017; Owen 1998; Radatz and Wright 2017; Sharp 2014) compared to approximately 35 percent of women in the general population (Black et al. 2011). Experiences of IPV have also been linked to women's offending and incarceration (e.g., illicit drug use, use of violence) (Daly 1992; DeHart et al. 2014; DeHart 2008; Henning, Renauer, and Holdford 2006; Jones et al. 2017; Miller and Meloy 2006; Owen 1998; Simioa et al. 2015; Slocum, Simpson, and Smith 2005; Sharp 2014; Tyler et al. 2014). Therefore, it is important to examine how different aspects of IPV affect women, such as physical abuse, sexual abuse, and psychological abuse, including coercive control. To understand women's pathways to offending and prison, particularly their motivations for, and uses of violence in intimate relationships, we must consider their experiences with coercive control.

In this chapter, I seek to add to the literature on coercive control and women's use of violence by utilizing Dutton, Goodman, and Schmidt's (2005) coercive control

measures. To help highlight the significance of coercive control in women prisoners' experiences with PTSD as well as their use of violence in intimate relationships, I utilize an integrated feminist pathways approaches (Belknap and Holsinger 2006; Daly 1992; Owen 1998; Sharp 2014) and General Strain Theory (GST) (Agnew 1992; 2006) theoretical framework. In the current chapter, I use data from a stratified random sample of incarcerated women in Oklahoma (N=337) and an integrated feminist pathways and GST perspective to explore how coercive control as well as associated PTSD symptoms relate to use of violence in intimate relationships of women prisoners.

COERCIVE CONTROL

For decades now, coercive control has been recognized as a tool that is used to establish dominance over a partner in an intimate relationship. Although coercive control has been recognized as a form of intimate partner violence (IPV), researchers have often neglected to conceptualize, measure, and examine the key construct of coercive control (Crossman and Hardesty 2017; Dutton and Goodman 2005; Dutton et al. 2005). Coercive control is central to the distinctions between Johnson's (1995; 2008) two main types of intimate partner violence (IPV): intimate terrorism and situational couple violence. IPV is a pattern of abusive behavior committed by one partner against another in intimate relationships, such as marriage, dating or cohabitation. IPV can involve physical, verbal, psychological, emotional, sexual, and economic abuse as well as other forms of intimidation, threats, and violence (Breiding et al. 2015). Intimate terrorism involves physical violence embedded in a general pattern of controlling behaviors that are often used by the perpetrator to exert general control over one's partner. In contrast, situational couple violence is not connected to a general pattern of

control. Instead, this form of violence arises in a single argument where one or both partners physically harms the other (Johnson 1995; 2008). Most research suggests that women who experience coercive controlling violence (i.e., intimate terrorism) report more frequent, severe, and injurious violence, and psychological distress than women who experience situational couple violence (Dobash and Dobash 2004; Johnson and Leone 2005; Johnson 2008; Johnson, Leone, and Xu 2014; Frye et al. 2006; Myhill 2015; Straus and Gozjolko 2014; Velonis 2016). Moreover, much research documents coercive controlling abuse as highly gendered, with women overwhelmingly the victims (Anderson 2009; Dobash and Dobash 2004; Johnson 2006; Johnson 2008; Myhill 2015; Stark 2007; Velonis 2016). Stark (2007) suggests that as Western society has moved toward more egalitarian and gender inclusive norms, enacted physical violence alone has become a less effective mechanism for maintaining male privilege (see also Dutton and Goodman 2006). He maintains that in order to regain patriarchal control, men's expression of male dominance has shifted to include a systematic practice of manipulative control and coercion tactics that at times are enforced through physical and sexual violence and intimidation of women (see also Anderson 2009). Recent work has supported Stark's (2007) assertions, with male partners having committed close to twice as many acts of coercion and control in comparison to their female partners (Ansara and Hindin 2011; Hamberger and Larsen 2015; Johnson 2006; Frye et al. 2006; Myhill 2015; Swan and Snow 2002; Swan et al. 2008; Tanha et al. 2010). Collectively, these findings suggest that research on IPV must take into account the gendered nature of coercion and how the characteristics of coercion and control can significantly impact women's lives.

COERCIVE CONTROL AND PTSD SYMPTOMS

Coercive control has been linked to PTSD symptoms among incarcerated women (Cook and Goodman 2006). PTSD is a serious potentially debilitating condition that can occur in people who have experienced or witnessed traumatic or terrifying events in which serious harm occurred or was threatened. Symptoms of PTSD can include flashbacks, nightmares, severe anxiety, avoidance coping, uncontrollable thoughts about the event(s), and even anger (Golding 1999; Weathers et al. 1993). Women who experience coercive control coupled with more severe physical violence (e.g., choke or attempt to drown, hit with an object, beat with a knife or gun) were more likely to report greater psychological consequences, such as depression (Anderson 2008; Johnson and Leone 2005) anxiety, fear and PTSD (Ansara and Hindin 2011; Bubriski-McKenzie and Jasinski 2014; Cook and Goodman 2006; Frye et al. 2006; Johnson and Leone 2005; Myhill 2015), and a sense of loss of identity (Johnson 2008) than women who did not. Some research also suggests that coercive control has an independent effect on the development of PTSD symptoms among women (Anderson 2008); however, little work has been done in this area.

COERCIVE CONTROL AND WOMEN'S USE OF VIOLENCE IN INTIMATE RELATIONSHIPS WITH MEN

Much research utilizing both general population and clinical samples suggests that women who experience violence in the context of coercive control often report using violence against their abusive male partners (Anderson 2008; Mechanic et al. 2008; Johnson and Leone 2005; Myhill 2015; Stark 2007). Subsequently, in order to understand women's motivations for, and uses of violence in intimate relationships, we

must first consider the context of their victimization by male partners, particularly the use of coercion (Swan and Snow 2006). Many women who use violence in their intimate relationships report that the frequency of their male partners' use of physical aggression and coercive behaviors against them were associated with their own reports of physical aggression towards their partners (Bair-Merrit et al. 2010; Barbcock, Miller, and Siard 2003; Caldwell et al. 2009; Graham-Kevan and Archer 2005; Hamberger and Larsen 2015; Swan and Snow 2002; Swan and Snow 2006; Swan et al. 2005; Swan et al. 2008; Velonis 2016). Essentially, as the violence of one partner increases, the violence of the other partner increases as well. Women's motivations for violence often include: (1) self-defense, (2) fear, (3) defense of children, (4) gaining control over the situation (e.g., pushing or hitting a partner when he blocked an exit or grabbed their arm to prevent them from leaving), and (5) retribution (Bair-Merrit et al. 2010; Barbcock et al. 2003; Caldwell et al. 2009; Graham-Kevan and Archer 2005; Hamberger and Larsen 2015; Miller and Meloy 2006; Swan and Snow 2006; Swan et al. 2008 Velonis 2016). Undeniably, women's use of violence against their intimate partners can be classified as either instrumental acts used to defend themselves or their children or expressive acts that convey frustration with situations that seem beyond their control (Miller and Meloy 2006). Studies have also shown that PTSD is also common among women who experience coercive controlling violence and violent behavior (Ansara and Hindin 2011; Bubriski-McKenzie and Jasinski 2014; Cook and Goodman 2006; Frye et al. 2006; Johnson and Leone 2005; Myhill 2015) and that some women cope with their psychological distress through acts of physical aggression against their abusive partners (Caldwell et al. 2009; Sullivan et al. 2005; Swan and Snow 2003; Swan et al. 2005).

The use of violence as a response to victimization is direct pathway to prison for some women (DeHart 2008; Henning et al. 2006; Miller and Meloy 2006 Slocum et al. 2005; Tyler et al. 2014). For example, DeHart (2008) presented a case of a woman who had killed her husband after he had raped and then threatened further violence against her daughter. Some women offenders report using violence against their intimate partner to escape or stop abuse (Henning et al. 2006; Miller and Meloy 2006). Moreover, IPV coercion and control has also been linked to women's incarceration, with some women reportedly taking the blame for a crime or being forced by abusive partners to engage in theft or robbery, prostitution, and/or selling drugs (DeHart et al. 2014; DeHart 2008; Sharp 2014). While it has been well documented that victimization is linked to offending and incarceration among women, we are less clear as to how the context and characteristics of coercive control relate to women's violent offending. In this study, I explore the effects of coercive control on women's use of violence to better help identify how coercive control may work as a pathway to offending for women.

THEORETICAL FRAMEWORK: AN INTEGRATED FEMINIST PATHWAYS AND GST APPROACH

Feminist pathway approaches to crime suggest that when women experience negative life events, particularly abusive and/or oppressive strains (e.g., discrimination, structural disadvantage) in both childhood and adulthood, this narrows their options and may place them on a trajectory or "path" whereby they must learn to cope with a variety of negative experiences. For some women—especially those without strong prosocial support systems—crime and deviance become legitimate coping mechanisms. Most pathways approaches describe multiple pathways of women into crime. For example,

feminist pathway approaches often consider how childhood abuse "pushes" girls into further negative experiences, such as drug and alcohol use, running away from home, living on the streets, introducing them to criminogenic men and other circumstances that can increase their likelihood of experiencing further oppression and victimization (Belknap and Holsinger 2006; Daly 1992; Owen 1998; Salibury and Van Voorhis 2009; Sharp 2014). Additionally, another established pathway includes battered women who sometimes become violent, especially toward their abusive partners (Daly 1992). Indeed, for some women, deviant and criminal behavior may become necessary for survival. This may be particularly true among women who use violence in self-defense against a controlling intimate partner (Bair-Merrit et al. 2010; Barbcock et al. 2003; Caldwell et al. 2009; Graham-Kevan and Archer 2005; Hamberger and Larsen 2015; Miller and Meloy 2006; Swan and Snow 2006; Swan et al. 2008 Velonis 2016). Together, these noxious experiences in childhood and adulthood can operate as pathways to incarceration (Owen 1998; Sharp 2014).

Although feminist pathways provide a theoretical link between victimization and women's subsequent involvement in crime and deviance, feminist pathways approaches are less clear about how and why some traumatic experiences lead to crime and deviance and others do not. For example, Daly (1992) work provides a nuanced understanding of how childhood abuse and abusive intimate relationships lead to drug use and violence perpetration; however, it is less clear why IPV relationships may not result in crime and deviance. Moreover, emotional responses to abuse, including PTSD symptoms, as central mechanisms that may lead to crime are often missing from these explanations.

GST (1992; 2006) is a theoretical approach that addresses some—but not all—of these gaps. In particular, GST outlines three major sources of strain: (a) the presence of negatively valued stimuli (e.g., IPV), (b) the loss of positively valued stimuli (e.g., death of a family member, parental separation or divorce), and (c) the failure to achieve positively valued goals. The latter involves a gap between what an individual expects and actually receives or aspires to versus the actual outcome. The degree of the strain experienced by the individual is also increased when the outcome is seen as unjust or unfair. Moreover, the magnitude, duration, and recency, and incidence (Agnew calls this "clustering") increase the likelihood that strain will result in criminal behavior (Agnew 1992; 2006). In the lives of women prisoners, it is clear that all sources of strains are frequently present. By focusing on the specificities of certain negative life events, GST contributes to our understanding of how and why some strains may lead to crime and deviance and others may not.

Similarly, GST (Agnew 1992; 2006) argues that victimization may be linked to deviant coping through the impact of negative emotions. GST explains deviant behavior as a response to negative emotions that result from strain. These emotions may include anger, frustration, depression, and anxiety. Deviant behavior is viewed in GST as a way to discharge those emotions. Individuals may use a variety of coping strategies, both legitimate and illegitimate, to cope with their negative emotions. Previous research has shown that GST is informative in increasing our understanding of the gendered pathways into deviance. Indeed, multiple studies indicate that men and women experience different types of strain, differ in their emotional responses to strain, and cope with strain differently (Broidy and Agnew 1997; Broidy 2001; Hay 2003; Jang

2007; Piquero and Sealock 2004; Sharp et al. 2005; Sharp et al. 2012; Tyler et al. 2014). In particular, women who experience adult victimization are significantly more likely to engage in violence during the months in which they experience more negative life experiences (e.g., unemployment, death of a loved one), victimization (Slocum et al. 2005) and PTSD symptoms (Tyler et al. 2014).

Together, feminist pathway approaches and GST place a similar emphasis on the role of abuse in subsequent involvement in deviance and crime, but the links between these two theoretical paradigms have not been clearly delineated except in a handful of studies (i.e., Jones et al. 2017; Sharp 2014; Sharp et al. 2012). Consistent with both a feminist pathways approach and GST, Jones et al. (2017) found that compared to those who did not experience adult IPV, women prisoners who experienced physical and psychological abuse were significantly more likely to use drugs heavily to cope with PTSD.

Overall, both feminist pathways approaches and GST point to negative life experiences as "push" factors into crime. In this chapter, offer a theoretical framework integrating feminist pathways approaches and GST that illustrates the strong linkages between coercive control and women's pathways to using violence. In particular, I suggest that this integrated theoretical approach helps to enhance our understanding of how experiencing coercive control relates to PTSD symptomology and to women's use of violence in intimate relationships.

THE CURRENT CHAPTER

In the current chapter, I use data from a stratified random sample from all incarcerated women in Oklahoma (N=337) and an integrated strain theory approach to

explore the relationships between coercive control, PTSD, and women's use of violence. Moreover, I utilize a modified version of Dutton et al.'s (2005) measure of coercive control that captures multiple forms of coercive control (i.e., coercive demands, coercive threats of harm), to explore these relationships. Based on my proposed theoretical framework and prior research on women prisoners, I expect to find that: (1) women who report experiencing more coercive control (i.e., coercive demands, coercive threats of harm) will be more likely to report PTSD symptoms as well as using of violence against their intimate partner before coming to prison, and (2) PTSD symptoms will mediate the relationships between coercive control and women's use of physical violence.

DATA AND METHODS

Sample

The data for this chapter are from the 2014 Oklahoma Study of Incarcerated Mothers and Their Children. Participants were sampled from the only three women's correctional facilities in the state of Oklahoma: Mabel Bassett Correctional Center (MBCC), Dr. Eddie Warrior Correctional Center (EWCC), and Kate Bernard Community Correctional Center (KBCCC). The Oklahoma Department of Corrections provided the researchers with a random sample of 500 women prisoners that was stratified by age, race, and security level. Controlling for demographics of the study sample (N=500), Department of Corrections assigned each woman with a randomly generated identification number, the list was sorted by identification numbers, and the first 1 to N women were selected from each list for each facility. Comparisons of the study sample with the full population demographics conducted by the Oklahoma

Department of Corrections confirmed that the study sample did not differ statistically from the Oklahoma's women prisoner population on any of the selected demographics, such as age, race or security level. To minimize sample attrition due to discharges, transfers, or segregation, the sample from each facility was drawn the business day before the survey was undertaken; however, some women were unavailable due to work assignments, transfer, or being placed in segregated housing. Participants were given a 26-page self-administered paper/pencil questionnaire containing questions about their criminal record, abuse histories, family lives and other demographic characteristics. Inmates were instructed[8] that completion of the questionnaire was voluntary, and no compensation was provided. Out of 500 women, 367 completed questionnaires for an overall response rate of 73.4 percent. After excluding records with missing data on key variables and women who reported living with a female partner before incarceration, the final analysis sample consisted of 337 women who provided information on a heterosexual relationship.

Use of Violence

The latent dependent variable of *use of violence* is represented by two indicators: (1) simple assault, and (2) aggravated assault.[9] Simple assault and aggravated assault indices were created using measures from The Revised Conflict Tactics Scale (CTS2) (Straus et al. 1996). *Simple assault* was measured by asking the participant whether she

[8]The author was present during the administration of the survey to answer any clarification questions asked by participants.

[9] Only 11 (3.1 %) of the women reported using sexual assault against their intimate partner prior to incarceration. I did explore the effects of coercive control and PTSD symptoms on use of violence with sexual assault as an indicator of violence; however, the factor loading for sexual assault was below .5 (b = .06) and was not statistically significant. Thus, I did not include sexual assault as an indicator of use of violence in the final models.

had done any of the following six acts to her intimate partner in the last 12 months of her most recent relationship before coming to prison: (1) "I grabbed my partner," (2) "I pushed or shoved my partner," (3) "I threw something at my partner that could hurt," (4) "I slapped my partner," (5) "I twisted my partner's arm or hair," and (6) "I kicked my partner." Affirmative responses to each of the six acts were summed together into an index representing simple assault (alpha= .84). *Aggravated assault* was measured by asking the participant whether she had done any of the following six acts to her intimate partner in the last 12 months of her most recent relationship before coming to prison: (1) "I punched or hit my partner with something that could hurt," (2) "I slammed my partner against a wall," (3) "I choked or strangled my partner," (4) "I burned or scalded my partner on purpose," (5) "I beat my partner up," and (6) "I used or threatened to use a knife or gun." Affirmative responses to each of the six acts were summed together into an index representing aggravated assault (alpha= .80).

Victim of Coercive Control

Coercive control was measured by two latent constructs: (1) coercive demands and (2) coercive threat of harm, using a modified version of Dutton et al.'s (2006) Coercive Control Measure for Intimate Partner Violence.[10] *Coercive demands* were measured by four indicators: (1) household demands, (2) legal demands, (3)

[10] Dutton et al.'s (2006) Coercive Control Measure for IPV specified nine subscales of coercive control: (1) household demands, (2) work/economic/resource demands, (3) health demands, (4) intimate relationship demands, (5) legal demands, (6) children/parenting demands, (7) threat of harm to you, (8) threat of harm to partner, and (9) threat of harm to others. the majority of the original subscales had alpha reliability scores below .5 due to several items reducing the reliability score. To improve the reliability of the subscales, I collapsed some of the subscales and eliminated or combined some of the subscales to create more reliable measures of coercive control. For example, the household demands subscale was originally measured by three items: (a) taking care of the house, (b) buying or preparing foods, and (c) living in certain places. The response category of living in certain places was dropped to improve the alpha reliability score from .64 to .76.

children/parenting demands, and (4) intimate relationship demands. *Household demands* were measured by asking participants whether their partner in the last 12 months of their most recent relationship had demanded something related to: (1) "taking care of the house" and (2) "buying or preparing food." Affirmative responses to each of the two demand items were summed together into an index representing household demands, with an alpha reliability score of .76. *Legal demands* were measured by asking participants whether their partner in the last 12 months of their most recent relationship had demanded something related to: (1) "doing something against the law" and (2) "using street drugs." Affirmative responses to each of the two demands items were summed together into an index representing legal demands, which an alpha reliability score of .81. *Children/parenting demands* were measured by asking participants whether their partner in the last 12 months of their most recent relationship had demanded something related to: (1) "taking care of children," (2) "disciplining the children," (3) "making every day decisions about the children," and (4) "making important decisions about the children." Affirmative responses to each of the four demands items were summed together into an index representing children/parenting demands, with an alpha reliability score of .87. *Intimate relationship demands* were measured by asking participants whether their partner in the last 12 months of their most recent relationship had demanded something related to: (1) "having sex," (2) "doing certain sexual behaviors," (3) "having sex in exchange for money, drugs, or other things," and (4) photographing you nude or while having sex." Affirmative responses to each of the four demands were summed together into an index representing intimate relationship demands, with an alpha reliability score of .78.

Coercive threat of harm was measured using three indicators: (1) psychological threat of harm, (2) physical threat of harm, and (3) economic threat of harm. *Psychological threat of harm* was measured by asking participants whether their partner in the last 12 months of their most recent relationship made them think he/she might do the following if they did not do what he/she wanted: (1) "say something mean, embarrassing or humiliating to you," (2) "keep you from seeing or talking to family or friends," (3) "tell someone else personal or private information about you," (4) "keep you from leaving the house," (5) "limit your access to transportation," (6) "destroy or take something that belongs to you," and (7) "have sex with someone else." Affirmative responses to each of the seven acts were summed together into an index representing psychological threat of harm, with an alpha reliability score of .84.

Physical threat of harm was measured by asking participants whether their partner in the last 12 months of their most recent relationship made them think he/she might do the following if they did not do what he/she wanted: (1) "physically hurt you," (2) "try to kill you" (3) "scare you," (4) force you to engage in unwanted sexual acts," and (5) physically hurt or kill your pet or other animal." Affirmative responses to each of the five acts were summed together into an index representing psychological threat of harm, with an alpha reliability score of .80. *Economic threat of harm* was measured by asking participants whether their partner in the last 12 months of their most recent relationship made them think he/she might do the following if they did not do what he/she wanted: (1) "keep you from going to work," (2) "cause you to lose your job," (3) "cause you to lose your housing," and (4) "hurt you financially." Affirmative responses

to each of the four acts were summed together into an index representing economic threat of harm, with an alpha reliability score of .80.

Posttraumatic Stress Disorder (PTSD)

The latent mediating variable posttraumatic stress disorder (*PTSD*) was measured using three indicators (1) re-experiencing, (2) avoidance and numbing, and (3) arousal symptoms, which were measured using the PTSD Checklist-Civilian Version (PCL) (Weathers et al., 1993). This measure required participants to indicate the degree of distress they experienced for each of the seventeen PTSD symptoms indicated in DSM-IV on a 5-point scale.[11] *Re-experiencing* was measured by asking participants if they were bothered by the following four experiences: (1) repeated disturbing memories, (2) repeated disturbing dreams, (3) suddenly feeling as though the abuse were happening again, and (4) feeling very upset when something reminded them of their past abuse. Response categories ranged from (1) "not at all" to (5) "extremely." Each PTSD symptom was recoded into a dummy variable with "extremely," "quite a bit," and "moderately" coded as 1 representing symptomatic, while "not at all" and "a little bit" were coded as 0 (non-symptomatic). Next, I added together the four re-experiencing PTSD symptoms into a re-experiencing index ranging from 0 to 4, with an alpha reliability score of .86.

Avoidance and numbing was measured by asking participants if they were bothered by the following six experiences: (1) avoided thinking about it or talking about abuse, (2) avoided situations that reminded the participant of the abuse, (3) had trouble

[11] There have been some changes in the PTSD diagnostic criteria from the DSM-IV to the DSM-5. The DSM-5 pays more attention to the behavioral symptoms that accompany PTSD and proposes four distinct diagnostic clusters instead of three: re-experiencing, avoidance, negative cognitions and moods (new addition), and arousal (American Psychiatric Association, 2013).

remembering important parts of the abuse, (4) felt a loss of interest in activities that she used to enjoy, (5) feeling emotionally numb, and (6) feeling distant or cut off from other people. Response categories ranged from (1) "not at all" to (5) "extremely." Each PTSD symptom was recoded into a dummy variable with "extremely," "quite a bit," and "moderately" coded as 1 representing symptomatic, while "not at all" and "a little bit" were coded as 0 (non-symptomatic). Next, I added together the six avoidance and numbing PTSD symptoms into an avoidance and numbing index ranging from 0 to 6, with an alpha reliability score of .88. *Arousal symptoms* was measured by asking participants if they were bothered following seven experiences: (1) feeling as though her future was somehow to be cut short, (2) had trouble falling asleep or staying asleep, (3) feeling irritable or having angry outbursts, (4) having difficulty concentrating, (5) being "super-alert" or watchful or on guard, (6) feeling jumpy or easily started, and (7) having physical reactions when something reminded her of a stressful experience. Response categories ranged from (1) "not at all" to (5) "extremely." Each PTSD symptom was recoded into a dummy variable with "extremely," "quite a bit," and "moderately" coded as 1 representing symptomatic, while "not at all" and "a little bit" were coded as 0 (non-symptomatic). Next, I added together the seven arousal PTSD symptoms into an arousal symptoms index ranging from 0 to 7, with an alpha reliability score of .91.

Control Variables

Demographic characteristics were utilized as controls. *Age* was measured by respondents' self-identified age in years and ranged from 18 to 69. Race/ethnicity was measured through self-identification. The possible responses categories were White,

African American, Native American, Hispanic, and Other. In the analyses, I recoded this variable into dummy variables with *African American* representing those self-identified as African American, *Native American* representing those who identified as Native American, and *White* representing those who self-identified as White. Due to the small number of Hispanic respondents, I collapsed them into the "Other" category which is labeled as *Other/Hispanic* representing those self-identifying as Hispanic or "Other." The reference category in the analyses was *White*.

Education was measured by asking participants to report their level of education prior to prison. The possible response categories were "8th grade or less," "9th-11th grade," "high school graduate or GED," "Vo-tech school," "up to 2 years of college (no degree) or associates degree (2 years)," "more than 2 years of college but no degree," "4 years of college (degree)," and "post-graduate school." In the analyses, I recoded education into dummy variables representing education as high school (*Educ=HS*), education greater than high school (*Educ >HS*), with less than high school representing the reference category. Marital status was measured by asking participants their marital status at the time they were arrested for the offense for which they were currently serving time. The possible responses were "married," "not married but living with a male partner," "not married but living with a female partner," "divorced," "separated," "widowed, no partner," and "widowed living with partner." In the analyses, I recoded marital status into dummy variables representing *cohabit (*affirmative responses to not married but living with a male partner, not married but living with a female partner, and widowed but living with a partner), *not married/widowed* (affirmatives responses to

divorced, separated, and widowed no/partner), with married representing the reference group.

Statistical Analyses

I used generalized structural equation modeling to explore the relationships between coercive control, PTSD, and use of violence (Rabe-Hesketh, Skrondal, and Pickles 2004). GSEM offers several advantages over traditional analytic methodology. As demonstrated in the present analyses, it allows for the estimation of multiple equations simultaneously, so that the association between multiple predictor and outcome variables can be assessed in the same model—even when the distribution of outcome measures vary (e.g., Poisson, binary, continuous). GSEM specifies hypothesized relationships between observed variables and their latent constructs and the relationships among latent constructs in the model. The measurement model describes the hypothesized relationship between a number of measurement variables and the latent or unobserved constructs. The structural relations model expresses the hypothesized causal relationships among latent constructs as regression coefficients. This procedure also evaluates the estimated models and obtains maximum-likelihood estimates of model parameters, and goodness-of fit indices. A model that provides a good fit to the data is generally considered one that has a root mean square of approximation (RMSEA) value of less than .05 with a p test for closeness of fit for RMSEA of .05 (Browne and Cudeck 1993) and a comparative fit index (CFI) with a value close to 1 (Bentler 1990).

I conducted the analyses in two stages. First, I estimated the baseline model that specified the effects of coercive demands and coercive threats of harm on use of

violence against an intimate partner. Using that model as a basis for comparison, I estimated a second model that decomposed the effects of coercive control (i.e., coercive demands, coercive threats of harm) on use of violence by specifying PTSD symptoms as the mediating variable (the theoretical model). Coercive demands and coercive threats of harm are modeled as influencing PTSD symptoms and use of violence against an intimate partner. The PTSD symptoms variable is modeled as influencing use of violence. Social demographic characteristics are modeled as influencing coercive control (i.e., coercive demands, coercive threats of harm), PTSD symptoms, and use of violence against and intimate partner.

RESULTS

Descriptive Characteristics of Oklahoma Women Prisoners

Table 3.1 presents the basic descriptive statistics for the key observed variables in the analyses. The average age of the sample of women prisoners was 37. There were 167 Whites (49.6 percent), 51 African American (14.9 percent), 50 Native American (14.9 percent), and 69 Other/Hispanic (20.5 percent). Education levels were low, with 130 (38.6 percent) women having less than high school education, 116 (34.4 percent) reporting high school graduation or GED, and the remaining 91 (27.0 percent) reporting education beyond high school including vocational and college. Marriage was not common in the sample, with 85 (25.2 percent) reporting being married, 96 reporting cohabitation (28.5 percent), and 156 (46.3 percent) women reporting they were not married, separated, divorced, or widowed prior to incarceration.

Approximately half of the women (49.3 percent) in the sample reported using simple assault against their most recent intimate partner prior to incarceration.

Moreover, approximately one-third (28.5 percent) reported using aggravated assault against their most recent intimate partner before coming to prison. Experiences of coercive control (i.e., coercive demands, coercive threat of harm) were fairly common among the women prisoners, with 165 (49.0 percent) reporting household demands, 141 (41.8 percent) reporting legal demands, 116 (34.4 percent) reporting children/parenting demands, 148 (43.9 percent) reporting intimate relationship demands, 197 (58.5 percent) reporting psychological threat of harm, 151 (44.8 percent) reporting physical threat of harm, and 133 (39.5 percent) reporting economic threat of harm. PTSD symptomology was quite high in the sample, with 69.4 percent of the women reported having re-experiencing PTSD symptoms, 74.8 percent reported avoidance and numbing PTSD symptoms, and 79.8 percent reported PTSD arousal symptoms.

Baseline Model

The standardized factor loadings of the measurement variables on each latent construct are presented in Table 3.2. The table provides the unstandardized and standardized coefficients as well as the p-values of each coefficient. To identify each latent construct, I set the scale of the metric of one of the measurement variables (indicated by an unstandardized coefficient of 1.00). Coercive demands, coercive threats of harm, and use of violence as latent variables represented by multiple indicators. The factor loading for each latent construct is considerable and statistically significant.

Table 3.1 Sample Characteristics (N= 337)

	Range	Frequency	Percent
Demographics			
Age, mean	18-65		37.0
Race			
White (reference category)	0-1	167	49.6
African American	0-1	51	15.1
Native American	0-1	50	14.9
Other/Hispanic	0-1	69	20.5
Education at Incarceration			
Education < High School (reference category)	0-1	130	38.6
Education = High School	0-1	116	34.4
Education > High School	0-1	91	27.0
Marital Status			
Married (reference category)	0-1	85	25.2
Cohabit	0-1	96	28.5
Not Married/Widowed	0-1	156	46.3
Use of Violence			
Simple Assault, (mean = 1.5)	0-6	166	49.3
Aggravated Assault, (mean = .56)	0-6	92	27.3
Coercive Demands			
Household Demands, (mean = .79)	0-2	165	49.0
Legal Demands, (mean = .71)	0-2	141	41.8
Children/Parenting Demands, (mean = .87)	0-4	116	34.4
Intimate Relationship Demands, (mean = .85)	0-4	148	43.9
Coercive Threats of Harm			
Psychological Threat of Harm, (mean = 2.2)	0-7	197	58.5
Physical Threat of Harm, (mean = 1.1)	0-5	151	44.8
Economic Threat of Harm, (mean = .87)	0-4	133	39.5
PTSD Symptoms			
Re-experiencing, (mean = 1.89)	0-4	234	69.4
Avoidance and Numbing, (mean = 3.0)	0-6	252	74.8
Arousal Symptoms, (mean = 3.6)	0-7	269	79.8

Table 3.2 Measurement Model for Baseline Model

Construct and Indicators	*Unstandardized*	*Standardized*	*p*
Coercive Demands			
Household Demands	1.00	.65	.00
Legal Demands	.96	.62	.00
Children/Parenting Demands	.96	.39	.00
Intimate Relationship Demands	1.37	.68	.00
Coercive Threats of Harm			
Economic Threats of Harm	1.00	.83	.00
Psychological Threats of Harm	1.57	.98	.00
Physical Threats of Harm	1.06	.78	.00
Use of Violence			
Simple Assault	1.00	.85	.00
Aggravated Assault	.54	.80	.00

Note: $\chi^2 = 97.46$ (65 df), $p \leq .001$; RMSEA .038; CFI= .98

The structural effects, presented in Figure 3.1[12], partially support my hypothesis. Coercive demands are positively related to coercive threats of harm ($\beta = .40$, $p \leq .001$), indicating that coercive demands have a significant effect on coercive threats of harm or vise-versa, among women prisoners. Moreover, coercive demands are positively related to use of violence ($\beta = .40$, $p \leq .05$), indicating that being a victim of coercive demands has a significant effect on women's use of violence prior to incarceration. Surprisingly, coercive threats of harm were not directly related to use of violence among women prisoners. Several demographics were also significantly related to having experienced coercive demands, coercive threats of harm, and reported use of violence. African American had a negative effect on experiencing coercive demands ($\beta = -.13$, $p \leq .05$) and coercive threats of harm ($\beta = -.12$, $p \leq .01$), indicating that African American

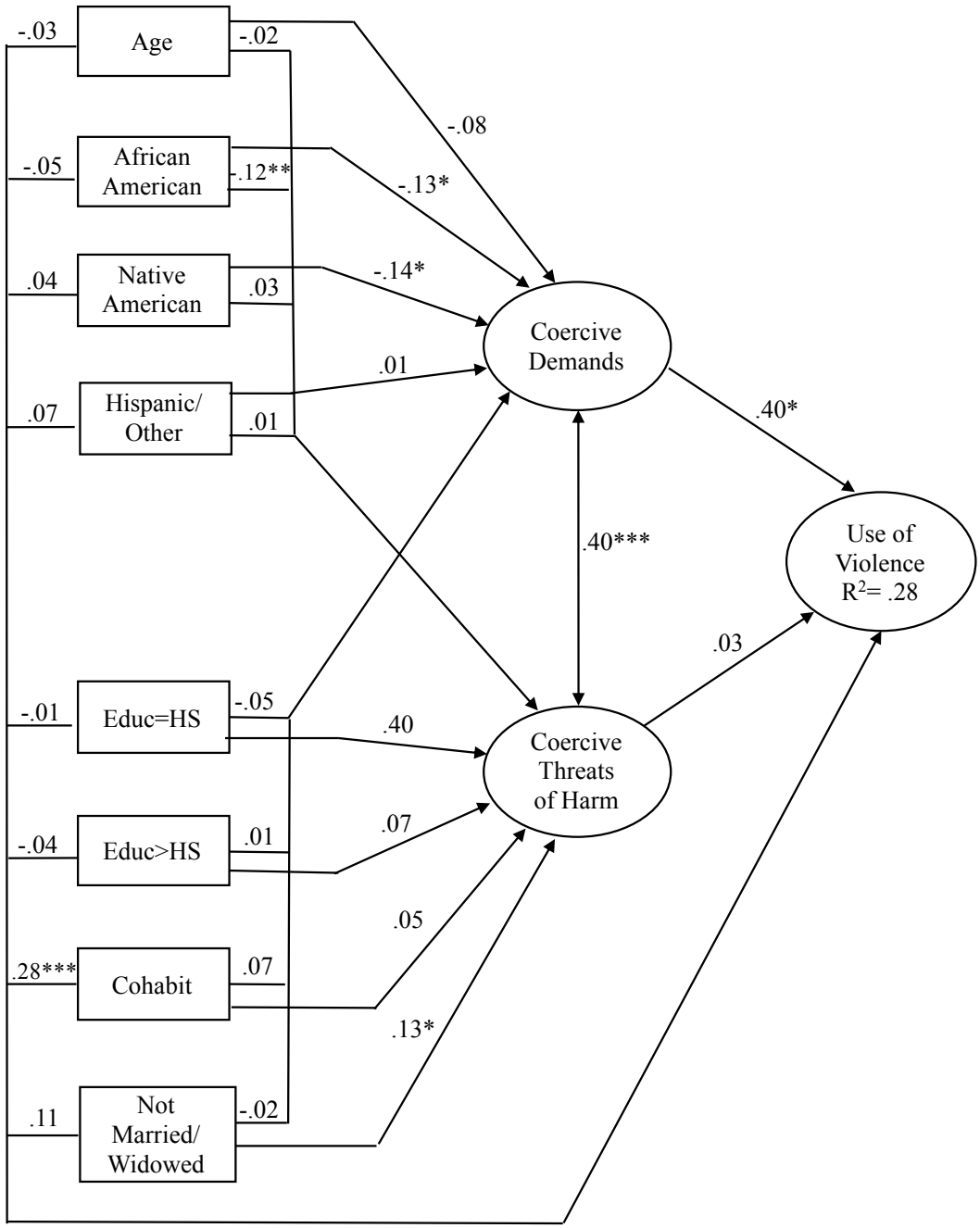
[12] The analysis of both the baseline and theoretical model included the covariance between intimate relationship demands and physical harm, household demands and children/parenting demands, and physical harm and simple assault.

women were less likely to report experiences of coercive demands and coercive threats of harm than White women in the sample. Additionally, Native American also had a negative effect on experiencing coercive demands at the hands of an intimate partner (β= -.14, p $\leq$. 05), indicating that Native American women were less likely to report being a victim of coercive demands than White women. Cohabiting had a positive effect on use of violence (β= .28, p $\leq$. 001), suggesting that women who cohabitated were more likely to report using violence against an intimate partner than women who were married prior to incarceration. Furthermore, not married/widowed had a positive effect on experiences of coercive threats of harm (β= .13, p $\leq$. 05), suggesting that not married/widowed women were more likely to report being a victim of coercive threats of harm at the hands of their most recent intimate partner than women who were married prior to incarceration. The R^2 value for use of violence against an intimate partner in the Baseline Model was .28. The baseline model predicting use of violence fits the data relatively well (χ^2= 97.46, (65df), p $\leq$ .001; RMSEA .038; CFI= 98).

Theoretical Model

The Baseline Model suggests that coercive demands are associated significantly with use of violence. Next, I examined whether the relationship between being a victim of coercive control and use of violence is fully or partially mediated by PTSD. The Theoretical Model estimates the effects of coercive demands and coercive threats of harm, controlling for the effects of social demographics, on use of violence, mediated by PTSD symptoms. Table 3.3 presents the unstandardized and standardized factor loadings, along with the p-values, of the observed variables of each construct.

Figure 3.1 Baseline Model Illustrating the Relationship Between Coercive Control and Use of Violence



Note: $\chi^2 = 97.46$ (65 df), *p ≤ .05, **p ≤ .01 ***p ≤ .001; RMSEA .038; CFI= .98

Table 3.3 Measurement Model for Theoretical Model

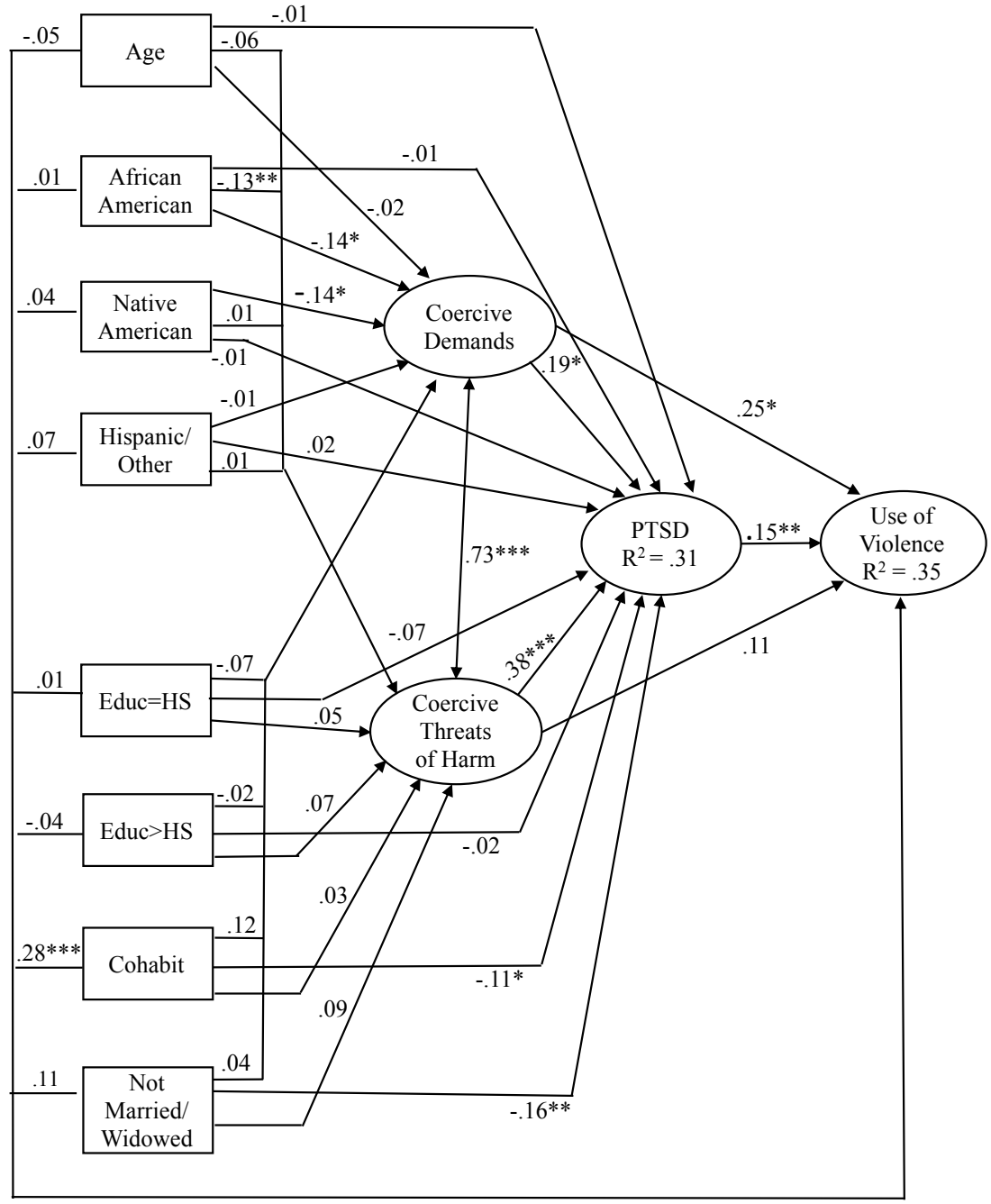
Construct and Indicators	*Unstandardized*	*Standardized*	*p*
Coercive Demands			
Household Demands	1.00	.57	.00
Legal Demands	1.29	.73	.00
Children/Parenting Demands	.93	.50	.00
Intimate Relationship Demands	1.84	.73	.00
Coercive Threats of Harm			
Economic Threats of Harm	1.00	.72	.00
Psychological Threats of Harm	1.97	.97	.00
Physical Threats of Harm	1.22	.79	.00
PTSD Symptoms			
Re-experiencing	1.00	.98	.00
Avoidance and Numbing	1.30	.90	.00
Arousal Symptoms	1.48	.88	.00
Use of Violence			
Simple Assault	1.00	.85	.00
Aggravated Assault	.55	.81	.00

The structural effects in the Theoretical Model are represented in Figure 3.2. Coercive demands have a positive effect on coercive threats of harm ($\beta = .73$, $p \leq .001$) or vise-versa, among women prisoners. Coercive demands and coercive threats of harm have a positive effect on PTSD ($\beta = .19$, $p \leq .05$; $\beta = .38$, $p \leq .001$), as predicted. These effects are independent of age, race, education, and marital status. Moreover, PTSD has a positive effect on use of violence ($\beta = .15$, $p \leq .001$), indicating that PTSD has a significant effect on women's use of violence against an intimate partner before coming to prison. In the model, the direct effects of coercive demands on use of violence are significantly reduced once PTSD is added to the equation. This suggests that the effects of coercive demands on use of violence are partially mediated by PTSD, as predicted. Similar to the Baseline Model, coercive threats of harm were not directly related to use

of violence, suggesting that PTSD does not mediate the relationship between coercive threats of harm and use of violence. However, coercive threats of harm are significantly related to use of violence through the pathways of coercive demands and PTSD symptoms.

Several demographics were also significantly related to coercive demands, coercive threats of harm, PTSD, and use of violence. Similar to the Baseline Model, African American had a negative effect on experiencing coercive demands (β= -.14, p $\leq$. 05) and coercive threats of harm (β= -.13, p $\leq$. 01), indicating that African American women were less likely to report being a victim of coercive demands and coercive threats of harm than White women in the sample. Additionally, Native American also had a negative effect on experiencing coercive demands at the hands of an intimate partner (β= -.14, p $\leq$. 05), indicating that Native American women were less likely to report being a victim of coercive demands than White women. Cohabit had a positive effect on use of violence (β= .28, p $\leq$. 001), suggesting that women who cohabitated were more likely to report using violence against an intimate partner than women who were married prior to incarceration. Cohabit and not married/widowed were negatively related to PTSD symptoms (β= -.11, p $\leq$. 05; β= -.16, p $\leq$. 01), suggesting that cohabitating and married/widowed women were less likely to report PTSD symptoms than women who were married prior to incarceration. The R^2 value for PTSD was .31 and the R^2 for use of violence was improved to .35 from .28 at the Baseline Model. The Theoretical Model predicting use of violence fits the data relatively well (χ^2= 151.02, (106 df), p $\leq$ .001; RMSEA .035; CFI= 99).

Figure 3.2 Theoretical Model Illustrating the Relationship Between Coercive Control, PTSD, and Use of Violence



Note: $\chi^2 = 151.02$ (106 df), *p ≤ .05, **p ≤ .01 ***p ≤ .001; RMSEA .035; CFI= .99

DISCUSSION AND CONCLUSION

In the current chapter, I sought to add to the growing literature on the effects of coercive control as well as on women's pathways to prison by using an integrated

feminist pathways approach to help highlight the significance of coercive control as a "push" factor into using violence in intimate relationships. Specifically, I utilized this approach to examine: (1) whether women who reported experiencing more coercive control would be more likely to report PTSD symptoms as well as using any violence against their intimate partner before coming to prison, and (2) whether PTSD symptoms mediated the relationships between coercive control and women's use of physical violence. This study is unique from previous work in that it measures the independent effects of multiple forms of coercive control (Dutton et al. 2005) on PTSD symptoms as they are linked to criminal coping (i.e., use of violence) among women prisoners. I found that for women prisoners in Oklahoma, more coercive demands and coercive threats of harm increased the likelihood of experiencing PTSD symptoms. This pattern is in line with an integrated feminist pathways approach theoretical model and suggests that coercive control is related to PTSD symptomology as suggested by previous research (Ansara and Hindin 2011; Bubriski-McKenzie and Jasinski 2014; Cook and Goodman 2006; Frye et al. 2006; Johnson and Leone 2005; Myhill 2015). Moreover, women prisoners who reported more coercive demands were significantly more likely to report coercive threats of harm and vice-versa, which indicates that women prisoners often experience multiple forms of coercion at the hands of their intimate partners before coming to prison.

In addition, I found that women prisoners who experienced more coercive control were significantly more likely to report using violence against their intimate partner before coming to prison. This finding supports past research and suggests that coercion is directly linked to women's use of violence in intimate relationships (Bair-

Merrit et al. 2010; Barbcock, Miller, and Siard 2003; Caldwell et al. 2009; Graham-Kevan and Archer 2005; Hamberger and Larsen 2015; Swan and Snow 2002; Swan and Snow 2006; Swan et al. 2005; Swan et al. 2008; Velonis 2016). These women's use of physical violence may be motivated by self-defense, fear, defense of children, gaining control over their abusive situation and/or retribution against their abusive partners (Merrit et al. 2010; Barbcock et al. 2003; Caldwell et al. 2009; Graham-Kevan and Archer 2005; Hamberger and Larsen 2015; Miller and Meloy 2006; Swan and Snow 2006; Swan et al. 2008 Velonis 2016). Feminist pathways research has argued that women's pathways into crime often begin with victimization which often places girls and women on a trajectory towards incarceration (Belknap and Holsinger 2006; Daly 1992; Owen 1998; Radatz and Wright 2017; Salisbury and Van Voorhis 2009; Sharp 2014).

Surprisingly, coercive threats of harm were not directly related to women's use of violence against their intimate partner. However, coercive threats of harm were significantly related to the use of violence through the pathway of PTSD and had a larger effect on PTSD symptomology than coercive demands. This suggests that coercive threats of harm evoke significantly more psychological distress than coercive demands and that using violence in intimate relationships is a direct response to PTSD symptoms among women prisoners who experience coercive threats of harm.

I also explored the mediating role of PTSD symptomology as conceptualized in my theoretical model. I found that PTSD symptoms partially mediated the relationship between coercive demands and use of violence. These relationships suggest that PTSD symptomology is likely a central mechanism in understanding use of violence in

intimate relationships among women prisoners who have experiences of coercive control. Suffering from PTSD symptoms, such as re-experiencing, avoidance and numbing, and arousal symptoms, women prisoners may use violence as a way to alleviate those symptoms (Caldwell et al. 2009; Sullivan et al. 2005; Swan and Snow 2003; Swan et al. 2005). This important finding supports an integrated feminist pathways theoretical model as well as prior feminist pathways and GST literature that demonstrate that criminal coping, such as use of violence, may be used to address negative affective states, such as PTSD symptoms, in response to experiences of IPV coercion (Daly 1992; DeHart 2008; DeHart et al. 2014; Slocum et al. 2005; Tyler et al. 2014).

This chapter's findings extend feminist pathways and GST examinations by providing a better understanding of how coercive control as well as accompanying PTSD symptoms relate to by women prisoners. Consistent with feminist pathways and GST (Agnew 1992; 2006; Belknap and Holsinger 2006; Broidy and Agnew 1997; Daly 1992; Owen 1998; Sharp 2014), many of the women in the sample reported experiencing high levels of coercive control, a form of IPV, and developed psychological distress as well as using violence (Fanslow et al. 2015; Sullivan et al. 2005; Swan and Snow 2003; Swan et al. 2005). Approximately half of the women reported experience coercive demands and coercive threats of harm from their most recent intimate partner before coming to prison. Moreover, the majority of the women reported PTSD symptomology and a third-to-half of the women reported using aggravated or simple assault against their intimate partner.

Overall, the current chapter offers several important contributions to the literature on women's use of violence. First, the findings provide strong support for examining the role of coercive control when it comes to understanding women's pathways to offending and prison. Moreover, the results of this study indicate that researchers should consider independent effects of coercive control (also see Anderson 2008; Crossman and Hardesty 2017) on women's use of violence in intimate relationships rather than only examining it in the context of physical violence. Second, my findings suggest that coercive control is strongly related to PTSD symptomology and that PTSD mediates the relationship between coercive control and women's use of violence suggesting that PTSD may work as a central mechanism for women's use of violence. This finding adds to the growing body of literature on understanding women's use of violence in intimate relationships (Bair-Merrit et al. 2010; Hamberger and Larsen 2015; Swan et al. 2008). Finally, the findings of this study suggest that an integrated feminist pathways and GST approach can help us better understand how coercive control relate to PTSD symptomology and women's use of violence among women prisoners. Based on the results, both criminologists and policy makers should consider the influence of coercive control on PTSD symptoms in understanding women's pathways to prison, especially when it comes to using violence against their intimate partner.

Limitations and Future Research

While the results of this chapter are informative and can be generalized to women prisoners in Oklahoma, there are several limitations. First, this chapter does not test GST in its entirety. This chapter only examines one type of strain and roles of social

support, self-esteem, and self-efficacy, for example may moderate the relationships between coercive control and women's use of violence in intimate relationships. Therefore, further investigations that examine additional elements of GST would be helpful. Additionally, this chapter only examined one type of negative emotions: PTSD symptoms. Much GST research suggests that women experience high levels of other emotions, such as anger, depression, and guilt (Agnew 2006; Broidy and Agnew 1997; Broidy 2001; Hay 2003; Piquero and Sealock 2004). In fact, anger has often been associated with women's use of violence in intimate relationships (Bair-Merrit et al. 2010; Kubiah et al. 2017; Scarduzio et al. 2017 Swan and Snow 2003; Swan et al. 2005). Future research should consider how anger and other accompanying negative emotions may be linked to women's use of violence as a response to IPV coercive control. Moreover, this chapter focuses specifically on women who use violence in response to coercive control. Prior research suggests that women may be the sole aggressor in some intimate relationships (Caldwell et al. 2009; Swan and Snow 2002; Swan and Snow 2003). Some women may use other forms of IPV, such as psychological aggression and control, in response to IPV (Caldwell et al. 2009; Graham-Kevan and Archer 2005; Swan and Snow 2003; Swan and Snow 2006) or they may be exerting their own control in the relationship (Swan and Snow 2002). Future research should further explore women's motives for IPV, as well as other possible IPV responses to coercive control. Furthermore, this chapter examined simple assault and aggravated assault as two dimensions of using physical violence. Future research should further disaggregate the effects of coercive control and PTSD on both simple and aggravated assault.

Since the data in this chapter were cross-sectional and retrospective, it is difficult to determine time-ordered relationships such as mediation. For example, I cannot rule out the possibility that PTSD symptomology was initiated in late childhood or early adolescence and was perhaps temporary prior to exposure to coercive control. Additionally, I cannot rule out the possibility of a bi-directional relationships between physical violence and experiences of coercive control since my use of only past-year IPV (as opposed to life time) makes it difficult to determine if the use of physical violence followed or proceeded coercive control for these women. Thus, the model tested in this study only provides a partial explanation of the relationships between coercive control, PTSD, and use of physical violence. Data showing the onset of PTSD, coercive control, and use of violence would help clarify these sequences and would be desirable in future studies.

CONCLUDING REMARKS

The results of this chapter suggest that coercive control experiences can "push" women into using violence against an intimate partner and that PTSD symptomology may play a significant role in mediating these relationships. Overall, the findings of the current study expand upon previous feminist pathways and GST research indicating that an integrated feminist pathways and GST theoretical approach is central to understanding the relationships between coercive control, PTSD symptomology, and use of violence in intimate relationships among women prisoners.

CHAPTER 4

WOMEN'S PATHWAYS INTO VIOLENT OFFENDING

Because women commit such a small percentage of crime compared to men, historically most criminology theories and research have been based on males and paid little or no attention to females (Chesney-Lind 1997). Women comprise approximately 7 percent of the total prison population in the United States (Carson 2018). However, the total number of women prisoners increased over 700 percent between 1980 and 2016, rising from a total of 13,206 to 111,422 (Carson 2018; Kalish 1981). Since the 1980s, much research has focused on understanding women's pathways into crime (Belknap and Holsinger 2006; Bowles, DeHart, and Webb 2012; Brennan et al. 2012; Chesney-Lind 1989; Chesney-Lind and Sheldon 2004; Daly 1992; DeHart 2008; Jones et al. 2017; Kubiak et al. 2017; Owen 1998; Richie 1996; Rosenbaum 1981; Salisbury and Van Voorhis 2009; Sharp 2014). Existing research has identified high rates of childhood adversity, particularly childhood physical and sexual abuse (Belknap and Holsinger 2006; Bowles, DeHart, and Webb 2012; Chesney-Lind and Rodriquez 1983; Grella, Stein, and Greenwell 2005; McClellan, Farabee, Crouch 1997; Owen 1998; Salisbury and Van Voorhis 2009; Sharp 2014; Sharp, Peck, and Hartsfield 2012), abusive intimate relationships (Daly 1992; Jones et al. 2017; DeHart et al. 2014; Salisbury and Van Voorhis 2009; Sharp 2014), mental illness including posttraumatic stress disorder (PTSD), anxiety, low anger control, and depression (Jones et al. 2017; Lynch et al. 2017; Owen 1998; Salisbury and Van Voorhis 2009; Sharp, Peck, Hartsfield 2012) and substance abuse (Jones et al. 2017; Owen 1998; Salisbury and Van Voorhis 2009; Sharp 2014; Sharp et al. 2012) as pathways to offending and

incarceration for women. Furthermore, there is clear recognition of a link between victimization and mental illness (Jones et al. 2017; Lynch et al. 2017; Owen 1998; Salisbury and Van Voorhis 2009; Sharp 2014), victimization and offending (Belknap and Holsinger 2006; Bowles et al. 2012; Daly 1992; DeHart 2008; DeHart et al. 2014; DeHart and Moran 2015; Owen 1998; Richie 1996; McDaniels-Wilson and Belknap 2008), and also between mental health problems and offending (Brennan et al. 2012; Grella et al. 2005; McClellan et al. 1997; Messina and Grella 2006; Messina et al. 2007; Salisbury and Van Voorhis 2009), particularly for drug crimes and low-level property crimes.

There is a significant number of women who are incarcerated for violent crimes. In 2016, 37 percent of incarcerated women were serving time for violent crimes, such as murder and manslaughter, in the United States (Carson 2018). Despite the proportion of women serving time for violent crimes, they remain an understudied population. Over the past three decades we have learned much about women's pathways into drug and property crimes but less about their pathways to violent offending. The existing data suggest that experiences such as childhood abuse and neglect (Acoca 1998; Herrera and McCloskey 2003; Kubiak et al. 2017; Piquero and Sealock 2004; Pollock, Mullings, and Crouch 2006; Roberts et al. 2011; Rossegger et al. 2009; Siegel and Williams 2003; White and Widom 2003; Widom and White 1997; Widom et al. 2014) and experiencing IPV (Brown 1987; Byrd and Davis 2009; DeHart 2008; Hattendorf and Ottens 1999; Kubiak et al. 2013; Kubiak et al. 2017; Roberts 1996; Salisbury and Van Voorhis 2009; Stuart et al. 2006; Sullivan et al. 2005; Walker 1989) increase the risk of women using violence against an intimate partner or others. However, such findings have primarily

been limited to examining only one specific type of violent behavior, such as assault in abusive intimate relationships (for exceptions see Kubiak et al. 2013; Kubiak et al. 2017). Furthermore, little has been done with the pathways perspective in terms of explaining these violent crimes (Brennan et al. 2012; Johansson and Kempf-Leonard 2009; Kubiak et al. 2017; Salisbury and Van Voorhis 2009). Further research is needed to explore women's pathways into violent offending.

The purpose of the present chapter is to qualitatively explore women's pathways into violent offending utilizing a pathways approach. This is particularly important because most published research to date on women's pathways to violent crime has been limited and mainly quantitative. The examination of women's pathways to violent crime is crucial as pathways to violent crime may differ from those of women who are incarcerated for other types of crimes. Furthermore, understanding women's involvement in violent crime can not only better help us understand women's pathways to violent offending, but it may also provide insight into the programming needs of violent female offenders. The present chapter addresses this gap in the literature on women's pathways to crime by exploring women's pathways to violent crime utilizing in-depth interviews with 20 women in a prison in Oklahoma.

WOMEN'S PATHWAYS INTO CRIME

Gendered pathways research has focused on girls' and women's life histories in order to understand how both childhood and adult experiences are linked to offending behaviors (Belknap 2015). The pathways perspective focuses on how experiences of abuse and oppression of women and girls narrow their options and can place them on a trajectory where deviance or crime may be a response to managing these difficulties. In

particular, the pathways perspective highlights the ways women endure inequality, a lack of social power, and oppressive circumstances that can lead to life-long trauma and abuse. Considerable research on women's pathways to crime has documented experiences with childhood abuse (Belknap and Holsinger 2006; Chesney-Lind 1989; Chesney-Lind and Rodriguez 1983; Chesney-Lind and Sheldon 2004; Jones et al. 2017; Owen 1998; Salisbury and Van Voorhis 2009; Sharp 2014), substance abuse (Daly 1992; Owen 1998; Salisbury and Van Voorhis 2009), unhealthy intimate relationships (Daly 1992; Salisbury and Van Voorhis; Jones et al. 2017), and a lack of self-efficacy (Morash and Schram 2002; Owen 1998; Sharp 2014) as direct pathways into offending for women. Other factors such as mental illness are often interconnected with extensive histories of childhood and adult abuse as well as substance abuse problems (Daly 1992; Jones et al. 2017; Owen 1998; Salisbury and Van Voorhis 2009; Sharp 2014). Because of the overlap and sometimes succession of these events, the gendered pathways into crime are not mutually exclusive, and women may fall into any combination of pathways (Sharp 2014).

Many scholars have identified unique pathways into crime and incarceration for women. In her research using case biographies, Daly (1992; 1994) found five pathways for women into felony drug court. First, *street women* are characterized by abusive home lives, poverty, drugs, and well-developed criminal records. Many of these women ran away or were turned out from their homes at an early age developed survival skills that often were criminal, such as prostitution or theft (also see Acoca 1998). In contrast, *harmed or being harmed women* are often abused as children and may have psychological problems which contribute to their inability to cope with their current

situation and their use of drugs or alcohol. In the third pathway, *battered women* are often involved in extreme victimization from violent partners, leading to criminal behavior related to their relationship, such as retaliatory violence (also see Brennan et al. 2012; Potter 2008; Richie 1996). *Drug-connected women* use or sell drugs, often with family members or boyfriends, which lead them to felony court. *"Other" women*, who have been described elsewhere as "economically motivated" (e.g., see Morash and Schram 2002), with no histories of abuse, addiction, or violence, seem to find themselves in felony court due to a need or desire for money (Daly 1992).

Other research has also found a connection between women's pathways into crime and their relationships with male partners (Daly 1992; Sharp 2014). For example, in Sharp's (2014) study of female offenders from Oklahoma, she found that being in relationships with criminal men is one common pathway into crime for women. These relationships not only introduced and encouraged the women to participate in illegal activities, such as using, selling, or manufacturing drugs, but also resulted in women taking the fall for crimes committed by their boyfriends to keep them out of prison. Other pathways noted by Sharp (2014) include poor marginalized women from families with multigenerational incarceration and women with extensive histories of childhood and adulthood abuse.

Some pathways approaches have focused not only on gender differences in pathways into crime, but also racial differences (Holsinger and Holsinger 2005; Potter 2008; Richie 1996) the type of crime committed (Brennan et al. 2012), social class differences (Rosenbaum 1981), and girls' pathways into gang membership including their experiences with victimization and offending (Acoca 1998; Johansson and Kempf-

Leonard 2009; Miller 2001; 2008). Researchers have called for increased attention to not only gender, but also intersecting inequalities which uniquely affect the experiences of women and girls (Burgess-Proctor 2006; Durfee 2016). However, women's and girls' pathways to violent crime have been less established in prior work as the majority of women's crime is non-violent.

CHILDHOOD ADVERSITY

childhood adversity, particularly physical and sexual abuse, has been recognized as a common negative life experience in the lives of incarcerated women (Belknap and Holsinger 2006; Bowles et al. 2012; DeHart 2008; Jones et al. 2017; Lynch et al. 2012; Messina and Grella 2006; Owen 1998; Radatz and Wright 2017; Salisbury and Van Voorhis 2009; Sharp 2014; Sharp et al. 2012). Women who have spent time in prison are significantly more likely than never-incarcerated women to report extensive histories of childhood adversity (Bloom, Owen, and Covington 2003; Friestad, Ase-Bente, and Kjelsberg 2014; Jones et al. 2017; Jones, Worthen, and Sharp 2017; Messina et al. 2007; Messina and Grella 2006; Sharp 2014; Sharp et al. 2012). Most incarcerated women report adverse childhood events involving sexual, physical, and emotional abuse and neglect, and a chaotic home environment (i.e., witnessing domestic violence, parental substance abuse) (Belknap and Holsinger 2006; Bloom et al. 2003; Bowles et al. 2012; Friestad et al. 2014; Grella, Lovinger, and Warda 2013; Jones et al. 2017; Marotta 2017; Owen 1998; Radatz and Wright 2017; Sharp 2014; Sharp et al. 2012). Moreover, previous work has established a link between childhood adversity and women's use of violence (Acoca 1998; Herrera and McCloskey 2003; Kubiak et al. 2017; Piquero and Sealock 2004; Pollock et al. 2006; Roberts et al. 2011; Rossegger et

al. 2009; Siegel and Williams 2003; White and Widom 2003; Widom and White 1997; Widom et al. 2014). For example, Cathy Spatz Widom's (Widom 1989; Widom 1995; Widom and Rivera 1990; Widom and Maxfield 2001) "cycle of violence" focuses on how those who are abused and neglected in childhood are more likely to become offenders themselves. Indeed, she and her colleagues have found that abused and neglected girls and boys are significantly more likely to abuse alcohol and illicit drugs as well as use violence against their intimate partners in adulthood than those who did not experience child abuse and neglect (White and Widom 2003; 2008; Widom and White 1997; Widom et al. 2006; Widom et al. 2007; Widom et al. 2014). Past research also suggests that women with histories of childhood adversity are at an increased risk for arrest and convictions of violent crimes than women without such histories (Maxfield and Widom 1996; Pollock et al. 2006; Trauffer and Widom 2017). Together, these findings indicate that the relationship between childhood adversity and women's use of violence may be particularly prevalent in the lives of incarcerated women who are exposed to a wide variety of adverse experiences in childhood.

INTIMATE PARTNER VIOLENCE (IPV)

In addition to experiencing childhood adversity, many women prisoners also report experiences with intimate partner violence (IPV) before coming to prison. IPV is a pattern of abusive behavior committed by one partner against another in intimate relationships, such as marriage, dating, or cohabitation. IPV can involve physical, verbal, psychological, emotional, sexual, and economic abuse as well as other forms of intimidation, threat, and violence (Breiding et al. 2015). Research suggests that incarcerated women are significantly more likely than non-incarcerated women to have

experiences with IPV (Bloom et al. 2003; Grella et al. 2013; Radatz and Wright 2017). On average, 60 to 70 percent of incarcerated women report IPV experiences just prior to incarceration (DeHart 2008; Lynch et al. 2012; Radatz and Wright 2017; Sharp 2014). IPV experiences have also been linked to women's use of violence against intimate partners (Byrd and Davis 2009; DeHart 2008; Kubiak et al. 2013; Kubiak et al. 2017; Salisbury and Van Voorhis 2009; Stuart et al. 2006; Sullivan et al. 2005). Prior work on women prisoners suggests that women who are incarcerated for violent crimes experienced more severe physical violence than women who are serving time for other offenses (Kubiak et al. 2013). Moreover, many women who use violence against abusive intimate partners often do so out of self-defense or fear in response to being victimized (Bair-Merritt et al. 2010; Caldwell, Swan, and Allen 2009; Swan and Snow 2006; Swan et al. 2008).

There have been a few studies documenting the experiences of battered women who have been incarcerated for killing their abusive partners. The research available suggests that many of these women do so in self-defense following years of severe abuse (Belknap et al. 2012; Browne 1987; Hattendorf and Ottens 1999; O'Keefe 1997; Walker 1989). Studies have shown that women who kill their abusers often have experienced more extreme forms of abuse (i.e., severe physical beatings, forced intercourse, extreme coercion) and suffered from a mental illness than women who do not kill their abusive partners (Brown 1987; Hattendorf and Ottens 1999; Roberts 1996; Walker 1989). Collectively, these findings illustrate that incarcerated women's experiences with IPV may play an important factor in understanding their involvement in violent crimes.

MENTAL ILLNESS AND SUBSTANCE ABUSE

Numerous studies have documented that high rates of victimization or trauma exposure are linked to mental illness and substance abuse among incarcerated women and girls (DeHart 2008; Jones et al. 2017; Kubiak et al. 2017; Lynch et al. 2012; McClellan et al. 1997; Owen 1998; Radatz and Wright 2017; Salisbury and Van Voorhis 2009; Sharp 2014). Many women prisoners who suffer from depression, low anger control, anxiety, PTSD, and self-injurious behavior (Belknap and Holsinger 2006; DeHart et al. 2014; Jones et al. 2017; McClellan et al. 1997; Owen 1998; Sharp 2014). They often use illicit drugs and or alcohol as a means to self-medicate, or cope with, negative life experiences such as abuse or trauma in both childhood and adulthood (Bloom et al. 2003; DeHart et al. 2014; Jones et al. 2017; Grella et al. 2005; Salisbury and Van Voorhis 2009; Sharp 2014; Sharp et al. 2012). In one study, Golding (1999) found that IPV-exposed women were 2.9 to 5.9 times more likely to develop PTSD symptoms and 5.6 more times more likely to abuse or be dependent on alcohol or drugs compared to women who have not experienced IPV. Mental illness has also been linked to women's use of violence (Logan and Blackburn 2009; Silver, Felson, and Vaneseltine 2008). In particularly, symptoms of specific mental disorders, notably PTSD, depression, and low anger control are significantly related to women's use of violence (Kubiak et al. 2017; Salisbury and Van Voorhis 2009; Sullivan et al. 2005; Swan et al. 2005) including killing their abusive partners (Hattendorf and Ottens 1999). Likewise, substance abuse, often used to cope with abuse and trauma, has also shown a significant mediating relationship between victimization and perpetrating violence (Lynch et al. 2012; White and Widom 2003). Taken together, the results of previous

work suggest increased vulnerability and overlapping pathways for women with substantial adverse and traumatic histories for mental disorders such as PTSD, depression, and low anger control, substance abuse or dependence and use of violence.

The current chapter is based on 20 in-depth interviews of women prisoners in Oklahoma. Using a pathways framework as well as accumulated knowledge on women's violent offending, I explore how traumatic and abusive experiences (in both childhood and adulthood), mental health issues, and substance abuse may play significant roles in women's pathways to violent offending and imprisonment. The goal of the study is to contribute to our knowledge about women's pathways to violent offending and how these may compare to and contrast with pathways to nonviolent offending.

METHODS

To explore women's pathways to violent offending, I collected data from 20 semi-structured interviews with incarcerated women serving time at Mabel Bassett Correctional Center (MBCC) in Oklahoma. These data are derived from a broader research project examining violence in the lives of women prisoners. The participants were incarcerated for various violent offenses (Murder I, Murder II, Manslaughter, Shooting with Intent to Kill). I worked with the warden and other staff members at the prison to recruit volunteers for the interviews. Specifically, I asked staff members to post recruitment flyers seeking volunteers who were willing to discuss past experiences of domestic abuse/intimate partner violence (IPV). My study criteria were that volunteers had to have been in a relationship where they had experienced or perpetrated

domestic violence, were convicted of a violent crime, and were between the ages of 18 and 64.

The age range for the participants was 22-61 (mean age was 40.8). There were 11 Whites (55.5 percent), 5 Native Americans (25.0 percent), 3 African Americans (15.0 percent) and 1 Mexican-White (0.5 percent). Education levels were low, with 9 (45.0 percent) women reporting less than high school education, 6 (30.0 percent) reporting high school graduation or GED, and the remaining 5 (25.0 percent) reporting education beyond high school including vocational and college. Marriage was not common in the sample, with 1 (0.5 percent) reporting being married, 6 (30.0 percent) reporting being single, 3 (15.0) reporting being widowed, 6 (30.0 percent) reporting being divorced, and 4 (20.0 percent) reporting cohabitation prior to incarceration but not married. A little over half of the women (N=12, 60.0 percent) in the sample reported having children. The most common violent offenses for which these women were currently incarcerated included Murder I (60.0 percent), Murder II (20.0 percent), Manslaughter (10.0 percent) and Shooting with Intent to Kill (10.0 percent). In compliance with our university's Institutional Review Board, I was unable to interview women who were serving time for violent crimes against children.

I informed all participants that the interviews would be conducted by a researcher not affiliated with the prison or the state department of corrections (myself) and that the interviews were voluntary and confidential. Interviews were conducted at the prison between July and October of 2017. The interviews were semi-structured to allow participants to speak openly using their own terminology and so that I could ask relevant follow-up questions as needed. I structured the interviews to explore the

dynamics of participants' experiences with violence in both childhood and adulthood, as well as mental health issues and abuse of alcohol or drugs. Interviews began with a general discussion of their experiences during childhood, leading into asking participants about their adult relationships. I then asked them to describe how they coped with these experiences, including psychological and behavioral strategies, such as alcohol or illicit drug use, as well as how these experiences were associated with their current offense.

The interviews, which lasted between 60 minutes and 110 minutes, were conducted by the author in a semi-private area of the prison. Prison policy did not allow taping of interviews, so handwritten field notes were transcribed immediately after each interview (Emerson, Fretz, and Shaw 1995). I made every effort to be accurate in representing each women's thoughts and using her language. I was able to accurately capture short phrases that underscored the participants' perceptions of their experiences in a value-oriented way.

I employed both deductive and inductive coding. Deductive coding involved looking for life experiences, such as childhood adversity, IPV, mental health issues, and substance abuse problems as potential pathways to crime as described in prior feminist pathways work (Daly 1992; Brennan et al. 2012; Jones et al. 2017; Owen 1998; Richie 1996; Salisbury and Van Voorhis 2009; Sharp 2014). In addition, I engaged in inductive coding to determine if other life experiences emerged as significantly related to the women's pathways to violent crime as well as looked for nuances within the broader framework of women's pathways to crime. During transcription, all names were replaced with aliases that are used here.

To ensure inter-rater reliability, an additional individual read each transcript independently to identify common themes for women's pathways into violent offending. Once we reached agreement on dominant themes related to women's pathways to violent offending, we independently coded all statements consistent with these pathways. After this initial coding, I refined the concepts to create the axial codes that make up the results of the current analysis. Such style of coding is consistent with standards of qualitative research techniques (Corbin and Strauss 2008).

WOMEN'S PATHWAYS TO VIOLENT OFFENDING

My examination of the women's stories quickly revealed childhood adversity, IPV relationships, mental health problems, substance abuse, and gang activity as major themes in women's pathways to violent offending. Based on the women's life experiences, I identified three unique pathways to violent offending: (1) lifelong trauma and abuse (2) battered women, and (3) childhood trauma and gang involvement. There were also several women who reported life experiences and circumstances surrounding the commission of their violent crimes that differed substantially from all the other women in the sample. These women were placed in an unidentified pathway (see Table 4.1). Each of these pathways are discussed in detail below. There was some overlap in pathways to violent offending, such as IPV relationships, mental health problems, and substance abuse. However, the women were placed in the most relevant pathway based on their reported experiences in both childhood and adulthood. Where I was able to capture the woman's words verbatim, I have used direct quotations. Otherwise, I have described the general content of the interviews.

Table 4.1 Women's Pathways to Violent Offending in the Sample (N=20)

Pathway and Pseudonym	Age	Race	Violent Offense/Victim Relationship
Lifelong Trauma and Abuse			
Blossom Flower	36	African American	Murder I, abusive boyfriend's girlfriend
Daisy	38	White	Shooting w/ Intent to Kill, acquaintance
Jackie	59	White	Murder I, abusive husband
Lyric	47	White	Murder 1, abusive boyfriend
Marie	47	White	Murder I, parents
Missy	40	White	Murder I, acquaintance
Ophelia	22	Native American	Murder I, abusive boyfriend
Shelby	48	Native American	Murder II, abusive boyfriend
Battered Women			
Annabelle Smith	42	White	Murder I, abusive husband
Bentley	61	Native American	Murder I, abusive husband
Elizabeth	51	White	Murder I, abusive husband
Jessica	38	Native American	Shooting w/ Intent to Kill, ex-husband
Michelle	33	Native American	Murder I, abusive boyfriend
Nora Jean	33	White	Murder II, abusive boyfriend
Childhood Trauma and Gang Involvement			
Annie	25	White	Murder II, acquaintance
Shydee	26	Mexican-White	Murder I, acquaintance
Trinity	33	African American	Manslaughter, stranger
Unidentified Pathway			
Christine	53	White	Murder I, child's abuser
Jessica Hawkins	29	African American	Murder II, acquaintance
Leann	55	White	Murder I, stranger

Lifelong Trauma and Abuse Pathway

In comparing women's pathways to violent offending, I found that lifelong trauma and abuse characterized eight of the 20 women prisoners, or 40 percent of my sample. Nearly all of the women in this pathway reported childhoods riddled with multiple adversities, including childhood sexual and physical abuse, witnessing IPV, growing up without a parent (or both parents) in the home, parental alcohol or illicit drug use, running away from home, adult IPV relationships, mental health problems, and substance abuse. Many of these women ran away from home in early adolescence or moved in with a much older boyfriend to try to and escape their abusive home environments. Most of the women reported further abuse in their adult intimate relationships, difficulties with low self-esteem, depression, anxiety, fear, and self-harm, as well as use of alcohol and illicit drugs to help cope with their traumatic and abusive experiences. For example, Shelby, a 48-year-old Native American woman who was convicted of second degree murder for killing her abusive boyfriend, appeared to follow the first pathway described. She had a very chaotic and abusive childhood and experienced abuse later in her adult relationships. These negative life experiences eventually led to her killing her abusive partner. Her father started sexually abusing her when she was three or four-years-old and continued to abuse her for many years. She stated, "I remember this one time I was bleeding really bad down there from my dad and he told her [mother] it was because I had rode my bike and got smashed down there by the handle bars." Shelby's father was also abusing her male cousin and would often make both the children take off their clothes and force them to engage in sexual behaviors with each other. To try to cope with her sexual abuse, Shelby used alcohol

and illicit drugs and tried to kill herself. She recounted, "I slit both of my arms (shows me the huge scar marks on the inside of her arms) … I was dead for fourteen minutes … I was using drugs and drinking and I just didn't want to live anymore." Her father was also very abusive to her mother. She described several instances during her childhood where her mother was severely beaten to the point where she "didn't even recognize her." At age 15, Shelby left home and got married because she was pregnant. Her husband was often physically abusive to her: "I remember he came home from the bar one night and took the burners off of the stove and beat me with them till 6:30 am in the morning." She tried to go to the police multiple times to report her abuse, but according to her, she did not receive any help. After three years of marriage, Shelby divorced her husband and was involved in several abusive relationships before she came to prison. When she tried to end her relationship with her latest boyfriend, he started hitting her and kicking her in the back with his steel toe boots. Her son tried to fight him off with a small knife and ended up knocking him out. While he laid on the floor, Shelby heard him start to make a gurgling noise. Panicked and thinking she had no choice, she crawled across the floor and slit his throat.

Blossom Flower, a 36-year-old African American woman who was convicted of second degree murder for killing her abusive partner's girlfriend, also experienced lifelong trauma and abuse that was associated with her commission of murder. Blossom Flower was the only girl out of six children and she described herself throughout the interview as the "black sheep" and an "outsider" in the family. Her parents, who were often high or drunk, divorced when she was about six-years-old. Her father later went to prison for beating up one of his girlfriends, and her mother was in and out of her life,

often “abandoning her” for an abusive boyfriend. Because her mother and father were absent, Blossom Flower was primarily raised by her grandmother. As a young girl, she was often physically abused by her mother and repeatedly physically and sexually abused by her mother’s boyfriends. She recalled an incident, “I was drunk as a child and he [mother’s boyfriend] tried to persuade me to have sex with him … my mom blamed me for trying to take her man … she jumped me and beat me like a grown adult.” Blossom Flower also witnessed her mother getting beat by her boyfriends as well as her grandmother being raped by her boyfriend. At age 15, she started hanging out with older girls and using illicit drugs. She later got pregnant by an older man who would choke her out and drag her around by her hair. She recounted, “I wouldn’t say he beat me until I was swollen or bruised, but he beat me down mentally. He would tell me that no one else was going to love me. He kicked my stomach while I was pregnant.” All of the men that Blossom Flower was sexually involved with were much older and were abusive to her. She had six children all with different fathers. She once dated a man, whom she later had a child with, who was 35 and she was 16. He introduced her to crack cocaine. While she was in a relationship with him, she experimented with other men and illicit drugs. Within one relationship with a man, she traded sex for money and drugs. Like her other boyfriends, he was very abusive to her: “He tried to hurt me and kill me. He pushed me down on the ground and I have scars on my elbows because of it.” She did not know at the time that her boyfriend was in a relationship with another woman. At the time of her crime, she started smoking weed even though she was pregnant to cope with her paranoia and stress She showed up at his place one night and she got into an altercation with her boyfriend’s girlfriend and she ended up shooting her

with her own gun. She indicated, “I am not into gangs and violence, but I felt like I had to shoot her or I was going to die.”

Jackie, a 59-year old White woman who was convicted of first degree murder for conspiring to kill her abusive husband, had an extensive history of trauma and abuse in both childhood and in her adult relationships. Growing up in an abusive home environment, Jackie witnessed numerous occasions where her father, who was frequently drunk, physically abused her mother. She described her father as being “very John Wayne.” She voiced that her mother blamed her for her own early marriage because she became pregnant with Jackie at a young age. Her parents got divorced when she was 12. After the divorce, Jackie’s mother became very bitter and Jackie, being the oldest child of seven children, often fell victim to her mother’s frustration. She remembered, “The first beating she ever took out on me she smashed my face in the bathroom mirror because the bathroom wasn’t clean enough (laughs).” After divorcing Jackie’s father, her mother remarried relatively quickly to a man who began sexually abusing Jackie shortly after they married. She said, “I would tell my mom and she wouldn’t believe me. I would run away all the time and talk to lawyers and stuff.” At age 12, Jackie began to act out. She started using illicit drugs such as marijuana, LSD, and Black Beauties [a hallucinogenic drug]. She was expelled from Catholic school for selling her mother’s Quaaludes to other students. Over the next few years, Jackie was in various intimate relationships with men and women. For example, at age 19, she married her 42-year-old junior high teacher. They were only married for three hours. She described him as being very controlling. When she was 27, she married her college roommate Stanley. They had four children. Over the years, Stanley was very controlling

and abusive to Jackie, including threatening her with a gun if she ever left him. She tried to leave him a total of nine times, including once when her son died. When she did leave, she was coerced back by Stanley or other family members and was constantly followed by Stanley's friends. She described this incident after going back to him: "As soon as I got back to the house, he pulled me over the side of the couch and proceeded to fuck me from behind. When he was finished he said he was going to church." Locking Jackie in the house, she then went into the bathroom, called the police, and tried to kill herself by taking everything that was in the medicine cabinet. When they finally separated and had joint custody of their kids, Stanley would constantly show up at her work or stop by her home unannounced. After Jackie was in a car accident, Stanley showed up at her home and raped her. She became pregnant, but later miscarried due to high stress. She told her best friend Michael about Stanley raping her, and Michael "hunted down" Stanley and killed him.

The other women in this pathway—Daisy, Lyric, Marie, Missy, and Ophelia—all had very chaotic and abusive childhoods and adult relationships. For example, Lyric and Marie were both sexually abused by their fathers. Marie recounted, "My dad would get into bed with me at night sometimes naked and sometimes not." Daisy also experienced adversity in childhood. She lost her leg in a lawnmower accident when she was six-years-old, and she was raped by a stranger in the men's bathroom at her aunt's bar and grill when she was eight. Ophelia was sexually abused by her older brother. Missy was raised by her grandparents because her father went to prison for trafficking, while her mother, a methamphetamine addict, suffered from manic depression. Her mother once tried to smother her little cousin with a pillow because she thought he was

"the child of Satan." Lyric, who was diagnosed with dissociative identity disorder (DID), experienced severe physical neglect and sexual abuse as a child. She was often found by police roaming the streets with her baby sister in the middle of the night and eating out of trash cans. Her mother was frequently at bars drinking or running off with men. As a child, Lyric's home residence as a child was an abandoned house. Her baby sister was eventually taken away for malnourishment. Lyric's mother would often allow her boyfriends to have sex with Lyric for money and cigarettes. These five women all developed mental health problems as a result of their abuse and trauma in childhood. All five dealt with anger, depression, low self-esteem, and severe anxiety in their late teenage and adult years. All of them have since been diagnosed with severe depression as well as anger management problems since coming to prison. Marie, Daisy, and Ophelia often thought about killing themselves. Daisy and Missy used illicit drugs and drank heavily to help forget their abuse until they were locked up. Lyric, Daisy, Missy, and Ophelia were all involved in multiple abusive relationships. Missy described one of her boyfriends as very controlling and physically abusive. He would not let her see her family, go to school or even outside, and he told her how to dress. She described an incident where she had to seek care at a hospital, stating, "Jake had pushed me head first into an island in the kitchen and it hit me right between the eyes. The wound was so deep you could see my skull. I went to the hospital and had 40 stiches." Lyric was incarcerated for asking a boyfriend to kill her abusive partner who was forcing her to have sex with animals. Ophelia is serving a life sentence for stabbing to death her abusive boyfriend. Missy was incarcerated for killing an acquaintance that she met up

with through Facebook, while Daisy shot her sister's stalker. Finally, Marie is serving a life sentence for stabbing her parents to death while they slept.

Battered Women Pathway

I found that six out of 20 women prisoners (30%) followed a battered woman pathway to their offense. These battered women often had also experienced some childhood adversity, such as witnessing IPV, parental divorce, or having a parent abuse alcohol or drugs. However, they did not experience physical or sexual abuse during childhood. I distinguish a lifelong trauma and abuse women from a battered woman in the following way: battered women experienced abuse only in adult intimate relationships. While their childhoods may have considerable adversity, they were not abused. Their abusive relationships involved extreme physical, sexual, and psychological abuse. Most of the battered women developed serious mental health problems, such as anxiety, depression, PTSD symptoms, and anger, and they also used alcohol or illicit drugs to cope with their trauma. All of the battered women were serving time for killing or seriously injuring their abusive partners.

Annabelle Smith, a 42-year-old White woman who was convicted of first degree murder for killing her abusive husband, appeared to follow the battered women pathway. She described a relatively happy childhood. Although she had what she considered to be a good childhood, Annabelle would often argue with her strict mother. At the age of 18, she married a guy from high school just to get out of the house. They were only married a month. Soon after her divorce, she married her second husband, and they had a child. After about a year, they divorced because "he hit me behind the ear with a phone." Annabelle's third husband, Jim, was extremely abusive and

controlling. She described multiple occasions where he would beat her on the head with a flashlight or put her in the corner because she "didn't clean the house fast enough." Moreover, Jim would often beat her for not fixing his food properly. She recalled the following incident, "He followed me into the kitchen and choked me out over a burning stove … I remember I was grabbing at his hands trying to get him to stop and then I just went limp." To cope with her abuse, Annabelle often drank alcohol to help her deal with her extreme anxiety and to "not feel nervous about him or that the house was not clean." She tried to leave him on multiple occasions and even got a restraining order, but he would always convince her to come back. He would also force her and the kids to go to bed at 4 p.m. every day because he had to go to bed. Jim used to tell Annabelle all the time that she was fat and ugly and even bought her an exercise bike and forced her to ride it. He would often talk to Annabelle about sexual fantasies he would have about other women and tried to force her to have a threesome with another woman. On the night she killed him, they were having an argument over money because Jim had quit his job and he would not let Annabelle work. She stated, "He made me have sex with him … he made me have sex with him every night whether I liked it or not … while I was doing it he said, 'I bet Lisa could do it better than you.'" After that, Annabelle "snapped." She waited until Jim fell asleep and she grabbed his gun and for two hours sat in front of their bed struggling with the courage to shoot him, until she finally did.

Elizabeth, a 51-year-old White woman convicted of first degree murder for killing her abusive husband. She also reported that she felt she had a good life growing up. She and her brother were adopted by her middle-class paternal grandparents.

Elizabeth married her first husband at 18 because she got pregnant. They were only married for four months. After she moved back in with her grandparents, she soon started dating her second husband, Martin, who was 12 years older than her. Because she lived in a small town, she and her family were aware that Martin had been abusive to his two previous wives. However, Elizabeth was adamant that he would not abuse her, too. When they were married, her family did not attend the wedding. Martin started abusing her six months into their marriage. The abuse escalated from yelling, pushing and shoving to beating her, breaking her bones, and raping her. To help deal with her constant anxiety and depression, Elizabeth started abusing prescription medication. Elizabeth described an episode where Martin tried to abort their child: "He wanted me to abort it and I didn't so he tried everything he possibly could to make me lose it. I remember him on top of me while I was on the ground and just pounding my stomach." Martin would often take his .357 and hold the gun to her head or her vagina to force her to have sex with him. He was also physically abusive to her children. He once picked up their son and threw him in the air, and then dropped him on the floor. Some key events happened that led up to her husband's murder. First, she found out that Martin was sexually abusing her daughter. She recalled, "I heard my four-year-old daughter start hollering and screaming. I ran into the house and she said, 'daddy hurt me,' and he said, 'oh, I wiped her too hard.'" Another event involved Elizabeth trying to leave him. As she started to pack up her clothes, Martin became enraged. She stated, "… he threw me on the bed and started beating the shit out of me. He then took my curling iron and shoved it up in my vagina …I had to eventually have a hysterectomy at the age of 30." She later told her brother about it, and he told her that he would take care of it. After

taking a big shot of dope, her brother hid in the bathroom until Martin came home from work, and then he shot him twice and killed him.

Nora Jean, a 33-year-old White woman who was convicted of first degree murder for killing her abusive boyfriend, experienced her share of childhood adversity, although she was not actually abused. Her parents were divorced when she was only three months old. Both of her parents immediately remarried. Her father has been married to the same woman for eighteen years, while her mother has been married and divorced five times. She described her mother as "never being without a man" and that she was in "one abusive relationship after another." Her mother was an alcoholic addicted to cocaine and heroin. Her mother once killed one of her abusive boyfriends by feeding him a bunch of pills, sewing him up in a blanket, and then beating him to death with a baseball bat. At age 14, Nora Jean lost her virginity and started using drugs. She stated, "I started with smoking pot and then everything escalated from there … I snorted coke and pills … at age 16 or 17 I tried meth and then I used IV drugs when I was married to my husband Russ." She left her husband when she was 20, after her mom died. She then started steadily using methamphetamine until she got locked up. During her adolescent years, she periodically sold drugs for money. Nora Jean described all of her intimate relationships as being very violent. For example, her husband Russ beat her so badly once that she ended up in the hospital: "I had knots on my head, the blood vessels in my eyes were broken so you could see the red lines in my eyes, and I had a broken rib—I looked almost unrecognizable." She once engaged in prostitution for a man that was abusive to her. When asked how the abuse affected her she said, "I would close off. I was really antisocial in a lot of ways—it just made me feel ugly as a person

… I have a difficult time trusting men and it would make me angry and bitter." She described using drugs to "… forget about all the abuse—it just makes you forget everything and I wanted to forget." When she met Andrew, her victim, she was selling drugs because she had lost her job. Even though he would buy nice gifts for her frequently, Andrew was very physically abusive to her. He once put her head through a window. When she was arrested for selling drugs, he posted $100,000 bond for her that he paid half in cash and half in a check that he later revoked. She and her "ex-prisoner boyfriend" tried to take him to jail for revoking the bond. While she was high on methamphetamine, she had her boyfriend beat up Andrew. They locked him in a hot closet. While he was locked in the closet, Andrew was in and out of consciousness. They panicked and put him in a cold shower where he immediately went into cardiac arrest. After he died, they both took his body out to an isolated piece of land and hid it there for 17 days before she confessed to the crime.

The remaining women, Bentley, Jessica, and Michelle, all experienced some childhood adversity and were incarcerated for violent crimes related to seriously injuring or killing their abusive partners. For example, all three of the women experienced parental divorce before the age of five. Michelle's mom was in and out of prison for heroin. Bentley was placed in a mission home for two years after her parents were divorced. All three women were in severely abusive relationships before they were incarcerated. Bentley's husband would reportedly keep her up all night "terrorizing her." If she fell asleep, he would pistol whip her. She described often waking up in the morning to brush her teeth with her "jaw out of place" or her face bruised to where she was unrecognizable. She described to me the following incident, "The kids at the time

were sleeping and he loaded his pistol and dragged me down the hall to the kids' room and he raped me with the pistol loaded in front of my children (begins to sob)." Jessica's husband was not abusive to her until he developed PTSD after he got back from serving in Afghanistan. On multiple occasion, she was injured. He broke her wrist, ribs, bruised her face, and caused her to miscarry. Because of their abuse, Jessica and Michelle both developed substance abuse problems to cope with PTSD, depression, and severe anxiety. For example, Jessica stated, "I was dead inside. I lost my sense of self … I started drinking a little bit of alcohol to escape … I ended up an alcoholic." In addition, Michelle often used Xanax to cope with her abuse: "Xanax just made everything better. It made the anxiety go away. You could get your ass beat one minute and not have a care in the world the next minute." Bentley and Michelle are currently serving life sentences for killing their abusive partners, while Jessica is serving time for shooting with the intent to kill her abusive ex-husband.

Childhood Trauma and Gang Involvement Pathway

I found that childhood trauma and gang involvement characterized three of the 20 women prisoners' (15%) pathways to violent offending. All of the women in this pathway reported severe trauma in childhood, such as witnessing a friend or family member die or childhood sexual abuse. Moreover, all of the women have been in abusive intimate relationships, suffered from anger issues, and abused drugs or alcohol to cope with their trauma. I distinguish a childhood abuse and gang involvement woman from the other women in this study in the following way: these women were all actively involved in gangs before coming to prison. Additionally, all of women involved in this

pathway were serving time for violent crimes against persons who were not their intimate partners.

Annie, a 25-year-old White woman who was convicted of second degree murder of an elderly man, had a difficult childhood. She had five brothers and sisters that she barely knew. Her mother had six children with six different fathers. Annie barely knew her father, whom she met for the first time when she was four and then later saw again before she was locked up. Her mother was constantly high on methamphetamine and was always in an abusive relationship. She recalled, "my mom's boyfriend … would wake us up in the middle of the night and make us watch him beat my mom. He would sometimes beat her with a metal folding chair." When she was 11, Annie and her little brother found a needle in the bathroom and turned her mother in to child protective services. She spent the next two years in and out of foster homes. When she got back from foster care, she lived with her mother for a while in a tent in Tulsa. If they were not living in a tent, they stayed in a battered women's shelter. When she was 13, Annie started drinking, using drugs, and having sex. She would often run away from home when her mom was being abused by her boyfriends. She recalled, "When I was younger, I was always afraid and scared. When I got older, it turned into anger and I wasn't scared. I was ashamed. I was ashamed with the life I had and the person I had become." At age 14, she was jumped into a gang by five girls: "At the time, I was on a lot of pills, so I don't really remember much about what happened, but I woke up the next day with black eyes and bruises all over my face." While she was in the gang, she was gang-raped by three of her gang members. During that same year, Annie witnessed her best friend Jared, a fellow gang member, shoot himself in the head. To cope with all

of her traumatic experiences, Annie used drugs, had sex, or ran away. To get money to move to Iowa to be with an old boyfriend, Annie, her best friend Kelly, and a fellow gang member went to rob a seventy-year-old man who had solicited the girls for sex. Annie's fellow gang member ended up beating the man to death.

Shydee, a 26-year-old Mexican-White woman who was convicted of first degree murder for killing a drug dealer, experienced a significant amount of trauma and abuse during her early childhood and late adolescence. At age eight she watched her father, a drug dealer, get raped and murdered by seven men. She stated, "Most kids would cry and shutdown [from what I experienced], but I didn't. I felt incredibly angry." From that point on, Shydee had problems controlling her anger and was diagnosed with manic depression in prison. After she met her mother for the first time at age nine, she ran away and lived on the streets for three months and started "gang-banging." Her uncle introduced her to gang life. "As a way of repaying him for taking me in, I became a street soldier. I started shooting and stabbing people. There is no telling how many people I have killed." Shydee started abusing methamphetamine, weed, heroin, and cocaine at age 10. At age 11, she met a guy at a party who held her hostage in his home for eight months. She recalled, "I could tell he wanted me for sex, but he never actually raped me. He started beating me. He threw me into a bathtub full of ice water and smashed me in the head with a baseball bat." She described another occasion where the man stabbed both of her feet and then he closed the wounds himself with super glue and duct tape. She was able to finally able get away from him after she crushed up some pills and placed them in his drink to make him fall asleep. She was once raped with a beer bottle in an alley behind a gas station by her friend's brother. She had to have

stitches all over her inner thighs as well as inside of her. She was also in several abusive relationships with women before coming to prison. She and her girlfriends would often physically and emotionally abuse each other. To cope with her trauma, Shydee would often self-mutilate or numb herself out with drugs. While she was selling drugs, Shydee let a guy have some drugs without paying for it. Her drug dealer found out and he threatened to kill her family if she did not kill the guy or get his money. She ended up shooting the man four times because he could not pay her.

Trinity, a 33-year-old African American woman was convicted of manslaughter for hitting an old woman while she was driving under the influence of drugs. She also had experienced childhood trauma and was involved in gang activity. As a young child, she watched her mother get physically and sexually abused repeatedly by the men her mother dated. She was raped at age eight by one of her mother's boyfriends. She told her mother about it, but her mother did not believe her. Her mother was addicted to crack, and her father was a pimp. Her mother was actually sold to her father by her maternal grandmother. Trinity grew up in extreme poverty. She recalled, "… my mom went for days with the water and electricity turned off … I started selling drugs to provide for my family." Trinity later got involved in a gang selling drugs. She started using PCP to deal with her "anger and stress." She described herself as always angry as a child and wanting to do nothing but fight. She got kicked out of school several times for fighting. She was also in several abusive relationships with women. She once got arrested for stabbing her girlfriend in the hand with a samurai sword. On the day of her crime, Trinity was high on PCP. While driving, she passed out and crashed into an elderly woman driving a van. She killed her instantly.

Unidentified Pathway

I found that three (15%) of the women did not fit into any of the three pathways into violent offending described above. These women's experiences in both childhood and adulthood differed somewhat from the women in the other pathways. For example, most of the unidentified women have never used drugs or alcohol. Moreover, the reasons given for and the circumstances surrounding their violent crimes were substantially different than those of the women in the other pathways. For example, Jessica, a 29-year-old African American woman convicted of first degree murder for killing an acquaintance, had a very happy childhood. Her parents have been married for 36 years. She described her father as a workaholic, and her mother stayed at home and did hair for a living. When she was 14, Jessica was raped by a man in a car lot. She was raped again at 15 alongside her car parked at a mall. She stated, "From there it went downhill because I was used and damaged goods (cries). After that, I started stripping." Jessica met her two older boyfriends while working at the strip club. She met her first boyfriend when she was 15 and he was 29. She described him as nice in the beginning. He then became abusive. She recalled, "He started accusing me of looking at other guys even though I wasn't, and he would slap me, and he would punch me on my chest and stuff like that. He would name-call me." Their relationship ended a short time later. She met her second boyfriend, Mitch, while she was also stripping. Mitch was also abusive. It started out as verbal abuse, but then quickly turned physical. Once while drunk, he stabbed her on the right side of her stomach because he thought she was cheating on him. He threatened to kill her multiple times if she ever cheated on him. Jessica is serving time at Mabel Bassett because she took the murder rap for Mitch, who robbed

one of her regulars at the strip club. She said, “He said he was going to rob him, but he ended up killing him.” After Mitch shot Jessica’s client, he called her on the phone an hour after and convinced her that the death was her fault and that she needed to fix it.

The other two women in this group—Leann and Christine—also had different pathways to their violent crimes. Leann was a severally abused and neglected child. Her mother, father, and brothers all took turns physically and emotionally abusing her. Leann once went to a juvenile home because her parents thought she was defiant. She often ran away as a child to escape her abusive family. She met her husband Alex when she was 17. Alex was very abusive to her. He would often physically abuse her or threaten to shoot her or their children with his shot gun. On the day of the crime, Alex told her he would kill her children if she did not rob a local restaurant with him. While she helped him rob the restaurant, he brutally killed one of the workers. Looking back, Leann stated, “I lived, breathed, and ate fear because I feared dying and leaving my children … even when there were choices, there really wasn’t an option.”

Christine, on the other hand, grew up significantly disadvantaged. Her father left her mother when she was young, so her mother had to work three jobs to support her seven children. Christine, being the oldest child, had to stay home and take care of the other children while her mother worked. Christine has never been to school. When she was 15, she left her home and started stripping, where she met her husband. They had four children. Christine and her husband were in multiple physical altercations. She stated, “He was hitting and choking me out and I grabbed the knife from our wedding cake and I stabbed him in the back.” Christine served time in jail for the assault. After she was released, she divorced her husband and started selling drugs for money to make

ends meet. Christine's neighbor, an elderly man, offered to watch her kids while she sold drugs. She came home from the grocery store one day to the man raping her four-year-old son. She beat him to death. Although Christine was a battered woman, I did not include her in that category because her crime was not against an intimate partner.

DISCUSSION AND CONCLUSION

The current chapter took a qualitative approach to exploring women's pathways to violent offending. Specifically, I utilized a pathways framework as well as accumulated knowledge on women's violent offending to explore how negative life experiences, such as trauma and abuse in both childhood and adulthood, mental health issues, and substance abuse problems may play significant roles in women's pathways to violent offending and imprisonment. Based on the life experiences and circumstances surrounding the violent crimes of the women interviewed as part of this study, three unique and somewhat overlapping pathways to violent offending were identified. One pathway captured how the intersections between childhood abuse and trauma, IPV relationships, mental illness, and substance abuse led to violent offending. The second pathway focused on how abusive adult relationships were linked to women killing or seriously injuring their abusive intimate partners. Finally, a third pathway reflected severe trauma in childhood and active involvement in gangs as pathways to violent offending. However, as has been reported in prior research (Sharp 2014), the three pathways were necessarily discrete. There were some women in the study whose pathways to violence had elements of two or even all of the pathways described. In those cases, I placed the women into pathways that appeared most salient. Taken together, the results from the three pathways were largely consistent with previous

qualitative and quantitative work highlighting the intersection of women's struggles with childhood abuse and trauma, unhealthy intimate relationships, mental illness, substance abuse, as pathways to offending (Belknap and Holsinger 2006; Chesney-Lind and Sheldon 2004; Brennan et al. 2012; Daly 1992; Owen 1998; Jones et al. 2017; Richie 1996; Salisbury and Van Voorhis 2009; Sharp 2014).

First, the lifelong trauma and abuse pathway in many ways overlaps with the "victimization pathway" (Daly 1992; Jones et al. 2017; Owen; 1998 Salisbury and Van Voorhis 2009; Sharp 2012) and Widom's cycle of violence (White and Widom 2003; 2008; Widom 1989; Widom and White 1997; Widom et al. 2006; Widom et al. 2007; Widom et al. 2014) indicating that traumatic and abusive experiences in both childhood and adulthood are significantly related to women's involvement in violent offending. Indeed, the women I interviewed experienced childhood sexual abuse often perpetrated by a family member. Because of this abuse, many of the women ran away or were turned out of their homes at an early age. Most of these girls entered into intimate relationships with much older men who further abused them. Most of the women reported struggling with low self-esteem, depression, anxiety, fear, and self-harm in response to their abuse as well as use of alcohol and illicit drugs to help cope with mental health problems and abusive experiences (Bloom et al. 2003; DeHart 2008; DeHart et al. 2014; Jones et al. 2017; Owen 1998; Grella et al. 2005; Salisbury and Van Voorhis 2009; Sharp 2014; Sharp et al. 2012).

Second, the battered women pathway in many ways matches the often-identified "battered women" or "relational pathway" (Daly 1992; Potter 2008; Richie 1996; Salisbury and Van Voorhis 2009). However, the battered women in this study are

distinct from prior pathways work in that these women experienced abuse *only* in their adult intimate relationships, although they may have experienced other types of trauma in childhood. Moreover, these battered women not only experienced more severe forms of IPV (i.e., physical beatings, forced intercourse, extreme coercion) than the women in the other pathways in this study, but they also killed or seriously injured their abusive partner because they believed that had "no choice" or "no other way of escaping" their abusive partners (Browne 1987; Hattendorf and Ottens 1999; O'Keefe 1997; Roberts 1996; Walker 1989). Accordingly, most of the women developed serious mental health problems, such as anxiety, depression, PTSD symptoms, low anger control, and used alcohol or illicit drugs to self-medicate. These experiences of abuse as well as accompanying problems with mental illness and substance abuse contributed to these battered women's pathway to violent offending (Kubiak et al. 2013; Salisbury and Van Voorhis 2009; Sullivan et al. 2005; Swan et al. 2005).

Third, the childhood trauma and gang activity pathway relates somewhat to the "victimization" (Daly 1992; Jones et al. 2017; Owen 1998; Salisbury and Van Voorhis 2009; Sharp 2014) "street woman" (Daly 1992), and "poor and marginalized" (Belknap and Holsinger 2006; Chesney-Lind and Sheldon 2004; Owen 1998; Richie 1996; Sharp 2014) pathways as well as prior pathways work on girls and gangs (Acoca 1998; Johansson and Kempf-Leonard 2009; Miller 2001; 2008). The women identified in this pathway reported extreme trauma and abuse in childhood, including sexual abuse and witnessing a family member or friend die. Most of these women ran away from their abusive and chaotic homes and lived on the streets where they joined a gang. Gang membership provides a sense of family for those youth whose parents are forced (due to

economic reasons) to work numerous hours or for those youth whose home lives are abusive (Joe and Chesney-Lind 1995). Moreover, gangs provide a sense of belonging and a source of safety or protection in crime ridden neighborhoods or from abusive family members (Miller 2001). After joining a gang, these girls experienced further victimization and were involved in violent crimes (Acoca 1998; Johansson and Kempf-Leonard 2009; Miller 2001; 2008). Like the women in the lifelong trauma and abuse pathway and the battered women pathway, these women experienced adult abusive relationships and engaged in self-harming behaviors, such as using alcohol or illicit drugs and self-mutilation, to help them cope with their abusive experiences.

Finally, there were several women in the sample who were placed in an unidentified pathway because their experiences and involvement in violent offending differed substantially from each other and from those of the women in the other pathways. In many ways, these women's pathways to violent offending overlapped with the "poor or marginalized" or "self-efficacy" (Belknap and Holsinger 2006; Chesney-Lind and Sheldon 2004; Owen 1998; Richie 1996; Sharp 2014) and "relationships with male partners" (Sharp 2014) pathways established in previous work. However, I was unable to establish these distinctive pathways in this study because of the relatively small sample size. It could be that early life traumatic and abusive experiences may push girls into abusive intimate relationships with criminal men who coerce them into either co-offending or taking the fall for them for a violent crime. Thus, relationships with criminal men may be a common pathway to violent offending in the lives of women prisoners, as found in other pathways.

Overall, the findings of the present study demonstrate that negative life experiences, especially in terms of childhood adversity, adult IPV relationships, mental illness, and substance abuse are associated with multiple and overlapping pathways to violent offending among women prisoners. These findings reinforce the connections between victimization and mental illness, between victimization and offending, and also between mental illness and offending. Moreover, women's pathways to violent offending are in many ways similar to women's pathways to nonviolent crime. However, life experiences such as being a battered woman or involvement in gang activity during adolescence may be especially salient in women's pathways to violent offending. My analyses also revealed that women's adverse experiences beyond victimization can directly contribute to women's pathways to violence. In particular, witnessing IPV, parental substance abuse, death of a parent or family member, or familial mental illness can significantly influence women's trajectories toward violent offending and incarceration.

Limitations and Future Research

Although the results from this chapter are informative, it is not without limitations. First, this chapter merely scratches the surface on identifying and understanding women's pathways into violent offending. Because of the small sample size, the identified pathways in this chapter are most likely not representative of all pathways to violent crime. Future research should continue to qualitatively explore women's life histories in order to understand how both childhood and adult experiences are linked to perpetrating violence against intimate partners and others. Additionally, due to IRB restrictions, I was unable to interview women who were serving time for

violent crimes against children. Additional research that includes women who are serving time for crimes against children would expand these findings. Furthermore, this chapter's sample, derived from a broader research project examining violence in the lives of women prisoners, concentrated on exploring experiences with, and the perpetration of, violence in adult IPV relationships. Such explorations may have limited the ability of this study to capture other pathways to violent offending and incarceration. Thus, further investigations that include a broader sample of women prisoners serving time for violent offenses would be informative.

Implications

Because the vast majority of the women in my sample were victims of one or more types of violence in both childhood and adulthood, it is imperative that all prisons provide programming to help women prisoners understand the complexities of victimization and the accompanying mental health problems they may experience, including depression, anger, and PTSD (Covington 1998). Such intervention programs should be mindful of the specific needs of survivors of abuse. Moreover, based on the current chapter's findings that traumatic and abusive experiences in both childhood and adulthood are linked to mental illness, alcohol and illicit drug use, and women's pathways to violent offending, correctional programs should partner various recovery programs, such as anger management and substance abuse treatment therapies, to address the linkages between trauma, mental illness, and alcohol or drug addiction.

CHAPTER 5

CONCLUSION

Experiences of violence are ever-present in the lives of women prisoners in Oklahoma. The research reported in this dissertation documents their lives of trauma and abuse in both childhood and adulthood. Their mental illness, substance abuse, use of violence, and the women's voices help contextual their experiences with violence and their struggles. These women tend to come from highly dysfunctional families. Many grew up in households characterized by divorce, sexual abuse, physical abuse, addiction, and criminal behavior. For many of these women, individual, cumulative, and clusters of adverse childhood experiences gave way to unhealthy and abusive relationships in adulthood. Many experienced physical, sexual, and psychological abuse at the hands of their intimate partners before coming to prison. To cope with extensive histories of abuse, these women often turn to using alcohol or other drugs to self-medicate and alleviate accompanying mental health problems often associated with their traumatic and abusive life experiences. Additionally, some women used physical violence against their intimate partners possibly as a way to cope with PTSD symptomology associated with their experiences of coercive control. Others killed or seriously injured their abusive intimate partners to escape controlling and abusive relationships.

This dissertation was framed in an integrated feminist pathways approach, informed by life course theory and General Strain Theory (GST). Through a series of quantitative and qualitative analyses, several overlapping pathways to offending and incarceration were identified among Oklahoma women prisoners.

Overall, experiences of childhood adversity, IPV relationships, mental illness, and substance dependency were linked to women's pathways to offending in Oklahoma. First, individual, cumulative, and clusters of ACEs were directly linked to women's experiences with physical, sexual, and psychological abuse in their adult intimate relationships. Second, coercive control and PTSD symptomology characterized women's pathways to using physical violence. These women reported experiencing high levels of coercive control associated with their PTSD symptomology and use of physical violence against their intimate partners. The third pathway involved lifelong trauma and abuse and women's use of violence against their intimate partners and others. For many of the women, abuse in both childhood and adulthood led to mental health issues, especially PTSD symptoms, anxiety, and depression. Many began using drugs to cope with their mental health problems and violence to escape or end their adult abusive relationships. Battered women characterized the fourth pathway. These women's adult intimate relationships often involved extreme physical, sexual, and psychological abuse. Their abusive intimate relationships facilitated the development of their mental health problems, issues with substance abuse, as well as their use of violence resulting in either seriously injuring or killing their abusive partners. Finally, the fifth pathway involved severe childhood trauma or abuse, involvement in gang activity, and women's use of violence against others. These women ran away from their abusive and chaotic childhood homes, used alcohol and illicit drugs, struggled with controlling their anger, and lived on the streets where they joined gangs. After joining the gangs, these girls experienced further victimization and were involved in violent crimes against others.

The four pathways to violent offending and incarceration classified in this dissertation are similar to what other researchers have found in prior work on women offenders (Belknap and Holsinger 2006; Brennan et al. 2012; Chesney-Lind and Sheldon 2004; Daly 1992; Owen 1998; Jones et al. 2017; Radatz and Wright 2017; Richie 1996; Johansson and Kempf-Leonard 2009; Lynch et al. 2012; Miller 2001; Salisbury and Van Voorhis 2009; Sharp 2014). For example, Salisbury and Van Voorhis (2009) described three main pathways to incarceration for women. The first pathway started with childhood victimization leading to mental illness and substance abuse. In the second pathway described by Salisbury and Van Voorhis, adult abusive intimate relationships were linked to offending. Finally, the third pathway was a result of limited social and human capital (2009). However, emphasis should be placed on the reality that these four pathways are not necessarily separate or discrete. While some of the women fit neatly into only one category, most women's experiences overlapped with at least some combination of two or more pathways (Sharp 2014).

Undoubtedly the lives of the women prisoners described in this dissertation are characterized by experiences of violence and chaos that partially explain their offending. Childhood adverse experiences, particularly sexual abuse, adult IPV relationships, mental illness, and substance abuse directly contribute to Oklahoma women prisoners' pathways to violent offending and incarceration (Jones et al. 2017; Sharp et al. 2012; Sharp 2014).

By combining feminist pathways approaches with life course theory and GST our understanding of why women offend and also why some women with the same backgrounds do not offend can be further enhanced. An integrated feminist pathways

approach can help us fill us in the gaps in existing feminist pathways literature. Pathways approaches points toward the ways women endure inequality, a lack of social power, and oppressive circumstances as pathways to life-long trauma and abuse. These abusive and oppressive circumstances may place them on a trajectory toward crime and incarceration. Additionally, the life course perspective suggests that the duration, timing, and ordering of life events, such as adverse childhood experiences (ACEs), are related to pathways toward a variety of negative outcomes in adolescence and adulthood, such as violent relationships, mental health problems, and substance abuse. While feminist pathways approaches correctly identify how women's social positions in a patriarchal society lead to victimization and the life course perspective points toward negative life events as key factors associated with women's offending, they do not have the capacity to explain why some women who have those experiences do not offend. Integrating Agnew's (1992; 2006) GST with feminist pathways and life course theory provides a mechanism to explain why not all abusive, oppressive, or other negative life events lead to offending.

The knowledge gained from examining violence in the lives of women prisoners through this framework can then be used to help develop programs for these women. Helping the women resolve emotional and psychological issues, such as PTSD, that resulted from abuse experienced across the life course, and teaching them how to develop healthy alternate coping strategies, could help empower these women whose lives are riddled with trauma and abuse. This in turn could allow them to develop new ways to cope with trauma. Indeed, the most effective treatments and programs for women prisoners must address women's co-occurring disorders (i.e., mental illness, and

substance abuse) and provide them with strong skills for coping with previous experiences of trauma and victimization across the life course. If issues surrounding trauma and victimization in both childhood and adulthood are not addressed, it is likely that women offenders may never fully recover from their addictions and mental illnesses; may ultimately resort to other negative coping strategies, such as using violence against an intimate partner or others. Based on the findings of this dissertation, both criminological theorists and policy-makers should consider the intersecting influences of individual, cumulative, and clusters of adverse childhood experiences and adult IPV experiences and the development of mental illness and substance abuse in understanding women's pathways to offending and prison. This is particularly important in studying women's perpetration of violence against intimate partners and others. An integrated feminist pathways approach informed by life course theory and GST is especially important to such investigations.

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