

INTRODUCTION

In the past several decades the United States has had a significant increase in the prison and jail population. Including all individuals under the supervision of the corrections department, the growth rate has been 293% since 1980 (U.S. Census Bureau, 2012). The incarceration rate of women alone is alarming. When only looking at the rate of women under the care of the corrections department there is an increase rate of 220% from 1980 to 2009, compared to the increase rate of men of 127% (U.S. Census Bureau, 2012). Even though women are the fastest growing populations in prisons within the U.S., they still only make up a small percentage of the total prison population (King, 2017).

Female offenders are the most likely to have a history of interpersonal violence, adverse childhood experiences (like physical, sexual, and psychological abuse), mental illness, and substance abuse (Carlson & Shafer, 2010; Levenson, Wills, & Prescott, 2015; Liebman et. al, 2014; DeHart et al., 2014). Almost 60% of women in prison have experienced some form of abuse, either physical or sexual in their past (U.S. Department of Justice, Bureau of Justice Statistics, 2000). Almost 1/3 of female offenders have reported abuse by a fellow inmate, and 1/4 of female offenders have reported abuse by a family member (U.S. Department of Justice, Bureau of Justice Statistics, 2000). When comparing female offenders to the male offender population, female offenders have reported higher rates in victimization, substance abuse, and mental illness (Tripodi and Pettus-Davis, 2013). All these occurrences seem to be connected. Although the exact statistics may vary depending on the samples analyzed, it is clear what patterns have arisen and are a constant with the female offender population.

Trauma happens when a person experiences something that takes away his/her capability to manage with that incident and sometimes has feelings of terror and despair (Randall &

Haskell, 2013). When trauma is experienced especially in the developmental years of a person, it can have permanent effects. Trauma can affect the function and structure of a person's brain, producing longstanding consequences even though the trauma happened many years ago (Randal & Haskell, 2013). Trauma can affect a women's capability to keep their emotions under control or have good, healthy relationships with people (Randal & Haskell, 2013). Women that have a past of abuse and are battling the long-term effects of their trauma can have a hard time engaging and profiting from programs that are offered during their incarceration (Randal & Haskell, 2013).

In western society there is a known importance of a positive parent-child relationship, especially during childhood. A strong positive parent-child relationship during the child's childhood leads to a good foundation for their adult life (Bailey & Eiskovits, 2015). The mother child relationship is seen as the bond that sets the base for a person's emotional development into their adult life. It not only develops their capability of establishing relationships but sets the bar to how relationships are developed (Bailey & Eiskovits, 2015). The Mother – daughter relationship is seen to be the most emotionally charged relationship in the parent-child relationship, and what makes it unique is the sexual identity (Bailey & Eiskovits, 2015). By both being the same gender, daughters tend to be closer to their mother's and look to them as a source of primary love and their identity (Gordon, 1998). Mothers and daughters make a powerful duo, with their “combining intense and ambivalent elements of symbiosis and separation, closeness and rejection, admiration and frustration, as well as love and jealousy, on the part of both sides,” (Bailey and Eisikovits, 2015, p. 1907). Just as this relationship can have many benefits, a bad relationship can have detrimental effects on the girl.

This research proposal addresses the connection between experiencing trauma and how it leads to female offending. It will address the underlying factors that coincide with trauma, and how these experiences these women have lead them to the path of criminal offending. It will also address on how, if at all, the relationship between the female offender and their caregivers contributed to their offending. The literature review that follows will highlight the main themes and factors that had the most significance in past studies on female offenders and trauma.

FORMATIVE CHALLENGES

Interpersonal Violence

Many women who are incarcerated experience interpersonal violence (Carlson & Shafer, 2010; DeHart, Lynch, Belknap, Dass-Brailsford, & Green, 2014; Radatz & Wright, 2017). Female offenders were almost three times as likely to have experienced domestic violence than male offenders (Carlson & Shafer, 2010). Female offenders that have violent partners are more than twice the risk for onset of drug offending than those who did not have violent partners (DeHart et al., 2014). Female offenders that have violent partners are over 4 times at risk for being involved with sex work than those who do not have violent partners (DeHart et al., 2014). These violent men use coercion and encourage the women to get involved with sex work and take on the role of boyfriend, dealer, and/or pimp (DeHart et al., 2014). Female offenders on average experience significantly more physical intimate partner violence (IPV), controlling IPV, and emotional IPV (Radatz & Wright, 2017).

Women only make 15% of the population arrested for IPV, but in the past years it has been on the rise (Simmons, Lehmann, & Collier-Tension, 2008). Literature suggests this rise is the cause of many of the women being arrested for IPV are victims of IPV themselves. In a study done by Swan and Snow, it was found that 95% of the women arrested for intimate partner

violence had reported physical victimization themselves from their partner (2002). In a study down by Simmons et al., it was found that “the more abuse participants reported experiencing from their intimate partners, the more likely they were to score high on the Propensity to be Abusive Scale subscales related to both past parental maltreatment and psychopathology”, (2008, p. 470). Distinguishing who is the victim and who is the perpetrator in intimate partner violence is not always as easy as some may think. When it is up to the discretion of responding police officers, they do not always get it correct.

Adverse Childhood Experiences

Studies have found adverse childhood experiences are more prevalent in female offenders when compared to the average female population (Levenson et al., 2015; Pflugradt, Allen, & Zintsmaster, 2018) and male offenders (Messina, Grella, Burdon, & Predergast, 2007; Carlson & Shafer, 2010). It is not saying that men do not experience abuse or neglect, but women offenders were shown to experience abuse and neglect significantly more. Female offenders experience physical, sexual, and emotional abuse/neglect more than the general population (Levenson et al., 2015). Female offenders often experience about four different types of what would be categorized as a major victimization (Dehart et al., 2014). In a study done by Carlson and Shafer, they compared traumatic events by gender and found that 73% of female offender's experiences physical violence by a family member (23% more than men), 51% experienced sexual abuse by a family member (33% more than men), and 33% experienced sexual abuse by a stranger (24% more than men) (2010). Another study was done by Levenson, Wills, and Prescott on 47 female sex offenders and comparing their adverse childhood experience scores to the general population (2015). There were several correlations found like child sexual abuse which was significantly related to verbal and physical abuse, having unmarried parents and substance abuse in the home,

physical and emotional abuse and neglect, and physical abuse and domestic violence (Levenson, et al., 2015). It was also found that female sex offenders that had multiple maltreatments in childhood many times had other types of family dysfunction, indicating that abuse and neglect develop within a chaotic social environment in which caretakers with troubles of their own were insufficiently prepared to protect their daughters from various harms (Levenson et al., 2015).

Many times, the parent(s) or caregiver(s) are experiencing problems themselves which can contribute to their child's trauma. These negative events that are experienced or witnessed can contribute to female offending (Pflugradt, Allen, Zintsmaster, 2018; Liang, Williams, & Siegel, 2006). Women who witnessed violence in their homes or communities are at twice the risk for assaulting or fighting (DeHart et al., 2014). In a study done by DeHart et. al, it was found that 69% of the female offenders experienced caregiver violence, 56% of that being physical abuse and 49% psychological abuse (2014). In the same study it was found that 99% of the female offenders studied experienced sexual violence, 55 % of that was being molested by an adult before the age of 16. Childhood trauma does not always lead to adult offending, but the relationship with the parent(s)/caregiver(s) have a big role in the transition (Bailey & Eisikovits, 2015). Liang, Williams, & Siegel conducted a study on childhood sexual trauma survivors and the impact on what maternal attachment had and found that maternal attachment acts as a buffering role in the relationship between the severity of trauma and interpersonal problems (2006). The women with lower maternal attachment had more interpersonal problems with increased abuse severity. Many of these women go on without receiving the proper treatment to combat these traumatic events and carry them into adulthood which may lead to offending and other issues. Studies have shown that female offenders that experience one or more childhood trauma have a higher likelihood of adult mental illness and substance abuse (Carlson & Shafer,

2010; Saxena, Grella, & Messina, 2016; de Vogel, Stam, Bouman, Horst, & Lancel, 2015; Mak, Ho, Kwong, & Li, 2018; Liebman et al., 2014).

CONTRIBUTING FACTORS TO FEMALE INCARCERATION

Mental Health

Many incarcerated women suffer from mental illness before and during incarceration (Liebman et. al, 2014; Mak et al., 2018; Saxena et al., 2018), including attempted suicide (Radatz & Wright, 2017). In a recent study done by Pflugrad et. al on female homicide offenders it was found that 89% suffered from depressive disorders, 46% suffered from borderline personality disorder, and 54% suffered from antisocial personality disorder (2018). It has been found that higher levels in ACE has a strong association with mental illness, but it is still uncertain if it is the direct cause (Pflugrad et al., 2018). The more violent the crime, the higher the prevalence of ACE for female offenders. In fact, women who have 5 or more reported ACE (81%) have almost double the reported mental health treatment histories as men (47%), while 16% of men and 35% of women with mental health with no ACE (Messina et al., 2007). In another study done by de Vogel et al. on forensic psychiatric patients it was found that “victimization was more prevalent in women, women have more related victims and less sexual offenses, and the index-offenses committed by women comprised serious violence in the sense that it frequently resulted in significant harm in their victims, for example, filicide”, p. 156 (2014). The same study also found that many female psychiatric patients had significantly more severe internalizing behavioral issues, like self-harm and depression than men.

With the high prevalence of mental illness in combination with multiple ACE with incarcerated women, there have been several studies that delve into the treatments that are offered to them. In one of those studies done by Mak et al. analyzed the effectiveness of PSY

GYM, which is a personal growth and emotion treatment center for female offenders based in Hong Kong (2018). This program is gender specific and is based on a needs assessment given and analyzed by clinical psychologists. The results show that depression, anxiety, and stress symptoms were improved significantly, as well as hope and gratitude (Mak et al., 2018). When treating female offenders, it is important to note that they do not have control over their schedules, therefore cannot predict their availability to continuously attend the treatment counseling at the allotted time it is happening (Liebman et al., 2014). Liebman et al. conducted a piloting psycho-social intervention that lasted six weeks in a prison. All participants who could attend did, but those who did not was because of personal and logistical obstacles (2014). Often times when those suffering from mental illness cannot or do not receive the proper treatment, they turn to illegal substances to self-medicate (DeHart et al., 2014).

Substance Abuse

Substance abuse was prevalent in female offenders. Both men and women with 5 or more ACE reported the earliest and most serious involvement in drugs and crime (Messina et al. (2007). In a life history study done by DeHart et al. on female offenders, it was found that women that had serious mental illness were at a higher risk of substance use at each time in their lives as well as women with substance use disorder were more than twice at risk for substance use than those that did not have the disorder (2014). It was also found that women with serious mental illness had a higher risk for substance use across the life span, especially during the time of late teens through early twenties (DeHart et al., 2014). These findings further support that substance abuse is more prevalent in women offenders that have multiple ACE and mental illness. When comparing incarcerated women to non-incarcerated women, incarcerated women have a significantly higher occurrence rates for alcohol abuse and drug abuse, (Radatz & Wright,

2017). When comparing substance abuse in female forensic psychiatric patients, half of the women in the study of DeVogel et al. reported alcohol and drug abuse (2015).

The demand for substance use intervention is prevalent in female offenders and many have taken notice of it. A study was done by King (2017) to compare multiple Seeking Safety interventions on female offenders. Seeking Safety is a cognitive-behavioral intervention gives psychoeducation about the consequences of trauma and connections with trauma and substance use (King, 2017). It was found that participants showed a significant decrease in drug/alcohol use when compared to the pre-treatment scores, improvement in depressive and trauma symptoms, and had a significantly positive impact on PTSD symptomology (King, 2017). Another study was done by Saxena et al. to find out what occurs after receiving treatment while incarcerated. The women who received continuing care had a significant decrease of substance use by 63%, which in turn decreased the odds of high psychiatric severity by 46% in comparison to those with more trauma events who did not receive continuing care had significantly more counts of substance use (2016).

LIMITATIONS

There were several strengths in the studies analyzed. Findings on maternal attachment provide information on related importance of ACE, specifically in low-income, underprivileged minority women who are raised mainly by their mothers (Liang et al., 2006) Large sample size of inmate parents (2,000) were used when there are few large samples of mothers that have been studied (Carlson & Schafer, 2010). A large and diverse sample size is a strength, along with “the use of propensity scoring techniques used for selection bias and/or population differences and a longitudinal design/analysis also strengthens the study” (Saxena et al. 2016, p. 118). Since female sex offenders make less than 2% of the population, the data on their history of childhood

adversity allowed for direct comparisons with females in the general population (Levenson et al., 2015)

Several of the studies analyzed had a small sample size (Messina et al., 2007; Coleman et al., 2016; Liang et al., 2006; Levenson et al., 2015). Studies with small to no control sample are difficult to show the level of difference the findings are (Coleman et al., 2016; Radatz & Wright, 2017). Some studies did not use a validated measuring tool to measure stressful and traumatic events (Carlson & Schafer, 2010; Banyard et al., 2003). Several of the research was based on self-reports, so researchers were not able to confirm the participant's responses with medical or legal records (Messina et al., 2007; Carlson & Schafer, 2010; Levenson et al., 2015) and some research was a combination of self-reports and medical and/or legal records, so the variables were difficult to code match (De Vogel et al., 2015). The location in where the data was gathered does not reflect the general population in which it is attempting to represent (Coleman et al. 2016; Carlson & Schafer, 2010; Levenson et al., 2015; Radatz & Wright, 2017). One of the data gathered was cross-sectional, therefore only represented a snapshot of the offender's criminal history and their past offenses were not put into consideration (Coleman et al. 2016). Adult traumas were not as extensively studied as ACE, which may also contribute to mental health and addiction issues (Levenson et al., 2015). The research that was based on police data has its own share of limitations as well, in that the goal of police investigation documents is to successfully convict the guilty offender instead of for research, so there could be details that were overlooked that were not relevant to the conviction of their case (Coleman et al., 2016). Research on female offenders only included their perspective and experiences and did not include those of parent(s)/caregiver(s) or partners (Bailey & Eisikovits, 2015; Banyard et al., 2003). There is possibly a gender difference in the willingness to disclose adverse childhood events, that can

affect the results (Messina et al., 2007). Although there is much research on the effects of trauma has on female offenders, there is limited research on how experiencing trauma and the relationship with caregivers and caregiver's background leads to offending. To attempt to fill the gap in literature, this study would analyze female offenders' trauma and the women's relationship with their caregivers to find out how much familial relationships has to the contribution of female offending.

METHODS

Data

This study would conduct an in debt psychological and behavioral analysis on female offenders using self-reported surveys and interviews. The eligibility criteria consists of female offenders who have committed any offense between the ages of 18 and 45 years old. The purpose of accepting female offender who have committed any offense is to get an appropriate sample of all female offenders and to compare the different ranges of trauma to their relationship with their caregivers. Since the research is on female offenders, prior research has selected their participants from county jails and/or state prisons (Carlson & Schafer, 2010; Liebman et al., 2014; DeHart et al., 2014; Coleman et al., 2016; Saxena et al., 2016; Messina et al., 2007; Pflugradt et al., 2018; Levenson et al., 2015; Mak et al., 2018).

For the proposed study, the geographical focus would be in the greater Los Angeles area. therefore, participants would be chosen from a jail and prison that is close to or in Los Angeles. The offenders would be given a \$10 in commissary goods as incentive to participate in the study. Former studies have found better sample turnouts when incentives were given (DeHart et al., 2014; De Vogel et al., 2015). The targeted sample size would be 100 female inmates. The women would first be asked to complete a self-report survey in which would be used to identify

substance use, the state of their mental health, and any former trauma (both childhood and adult), and their relationship with their caregiver as well as their caregiver's criminal history, substance use, known trauma and mental illness. After the self-report survey is administered, the women would then be asked to participate in a private interview. This study would compare the female offender to the caregiver to find any shared experiences and history, therefore, will also attempt to identify if there is a clear nature versus nurture aspect to female offending.

Analytic Technique

This study would conduct random sampling of 50 female inmates from Los Angeles Twin Towers Jail facility and 50 female inmates from California Institution for Women in Corona. At each facility, correctional administrators would provide a complete list of the female inmates from where the samples would be randomly selected. A qualitative analysis would be conducted. After each sample completes a self-report survey (see Appendix A), private, scheduled interviews would be conducted by a female licensed forensic psychologist with each individual sample within the facility in which they are held. The interview questions would derive from Appendix B. The interviews would be recorded then transcribed. Coding and analysis would be done by multiple interpretivist researchers to reduce the probability of researcher bias.

CONCLUSION

The combination of the untreated mental harm that trauma has on women and the unstable relationship with their caregiver can lead to substance use along with criminal offending. The proposed study will help identify how and when these unresolved traumas develop and how the relationship with their caregiver contribute to their trauma and offending. By providing detailed descriptions of the different levels of relationships between the female

offender and their parent/caregiver contributes to the little knowledge that is available (Bailey & Eisikovits, 2015). There is very little research done on female offenders and their relationship with their caregivers, therefore this study would contribute greatly to existing literature.

As a means to reduce recidivism, specific gender-responsive treatment and supervision programs are needed to be implemented in all female jails and prisons. The research supports the efficiency of gender specific programs and its stress on female only treatment groups. Women in women only treatment groups tend to stay in their treatment longer and are 50% more likely to complete treatment than treatment groups that include men and women (Stalans, 2009). Not only women who have committed crimes should be in programs but incarcerated women as well. There should be a program implemented for women who have experienced trauma and address both substance use and mental health.

As a preventative measure, policies should be implemented to catch these occurrences early on before they develop into offending. Children should be checked on yearly in school by either their certified teacher or school counselor on any sort of traumatic events and abuse. Many times, children go unnoticed in schools on what they experience at home, and often times need a safe space for them to express themselves. Providing them that opportunity yearly can increase chances of catching instances of abuse and trauma and can place the child in the appropriate needed program and/or counseling. Providing parent classes at schools is also another way to help prevent trauma and future issues for both the parent and child.

Further research is needed on the influence of gendered differences, for example on whether abuse and violence by only the mother or father have a unique effect on boys and/or girls. More in depth analysis is needed for the influence of specific mother-daughter relationships, mother-son relationships, father-daughter relationships, and father-son relationships. In addition,

there should be continuous research on the different factors that can contribute to parenting outcomes. If there was bad parenting, researching on the why that is needs to be further discussed. Also, future research should be conducted on juvenile delinquents and their parents. Details on parenting outcomes such as parenting stress and parent-child observation would also add to future research (Banyard, Williams, & Siegel, 2003).

APPENDIX A

Self-Report Survey

1. Which of the following drugs have you used without a prescription?
 - a. Methamphetamines (speed, crystal)
 - b. Cannabis (marijuana, pot)
 - c. Inhalants (paint thinner, aerosol, glue)
 - d. Tranquilizers (valium)
 - e. Cocaine
 - f. Narcotics (heroin, oxycodone, methadone, etc.)
 - g. Hallucinogens (LSD, mushrooms)
 - h. Other _____
2. How many alcoholic drinks would you drink weekly?
 - a. 0-2
 - b. 3-5
 - c. 6-8
 - d. 8 or more
3. How often have you used these drugs?
 - a. Monthly or less

- b. Weekly
 - c. Daily or almost daily
- 4. Do you ever feel bad or guilty about your drug use?
 - a. Yes
 - b. No
- 5. Have you ever been a victim of intimate partner violence? If yes, how many times?
 - a. Yes _____
 - b. No
- 6. Have you ever witnessed your parents and/or caregivers engage in domestic violence? If yes, who was the perpetrator and who was the victim?
 - a. Yes: perpetrator: _____
 Victim: _____
 - b. No
- 7. Have your parent/caregiver ever been arrested? If yes, who and what crime did they commit?
 - a. Yes _____
 - b. No
- 8. Have your parent/caregiver ever abused drugs? If yes, who and what drug?
 - a. Yes _____
 - b. No
- 9. Have your parent/caregiver ever excessively drank alcohol in your presence?
 - a. Yes
 - b. No
- 10. Have you ever witnessed your parent/caregiver use illegal drugs? If yes, who and what drug?

- a. Yes _____
- b. No

Prior to incarceration, how much were you bothered by

11. Feeling suddenly scared for no reason?

- a. Not at all
- b. A little
- c. Moderately
- d. Quite a bit
- e. Extremely

12. Nervousness or shakiness inside?

- a. Not at all
- b. A little
- c. Moderately
- d. Quite a bit
- e. Extremely

13. Spells of terror or panic?

- a. Not at all
- b. A little
- c. Moderately
- d. Quite a bit
- e. Extremely

14. You worry too much?

- a. Not at all

- b. A little
- c. Moderately
- d. Quite a bit
- e. Extremely

15. Feeling fearful?

- a. Not at all
- b. A little
- c. Moderately
- d. Quite a bit
- e. Extremely

16. Feeling hopeless about the future?

- a. Not at all
- b. A little
- c. Moderately
- d. Quite a bit
- e. Extremely

17. Feeling everything is an effort?

- a. Not at all
- b. A little
- c. Moderately
- d. Quite a bit
- e. Extremely

18. Feeling blue?

- a. Not at all
- b. A little
- c. Moderately
- d. Quite a bit
- e. Extremely

19. Feelings of worthlessness?

- a. Not at all
- b. A little
- c. Moderately
- d. Quite a bit
- e. Extremely

20. Thoughts of ending your life?

- a. Not at all
- b. A little
- c. Moderately
- d. Quite a bit
- e. Extremely

21. Feelings of being trapped or caught?

- a. Not at all
- b. A little
- c. Moderately
- d. Quite a bit
- e. Extremely

22. Feeling lonely?

- a. Not at all
- b. A little
- c. Moderately
- d. Quite a bit
- e. Extremely

23. Blaming yourself for things?

- a. Not at all
- b. A little
- c. Moderately
- d. Quite a bit
- e. Extremely

For each event, please indicate (circle) whether it happened and, if it did, the number of times and your approximate age when it happened (give your best guess if you are not sure). Also note the nature of your relationship to the person involved and the specific nature of the event, if appropriate.

<i>Crime-Related Events</i>		Circle one		<i>If you circled yes, please indicate</i>	
				Number of times	Approximate age(s)
4	Has anyone ever tried to take something directly from you by using force or the threat of force, such as a stick-up or <u>mugging</u> ?	No	Yes		
5	Has anyone ever attempted to rob you or actually robbed you (i.e., stolen your personal belongings)?	No	Yes		
6	Has anyone ever attempted to or succeeded in breaking into your home when you were <u>not</u> there?	No	Yes		
7	Has anyone ever attempted to or succeed in breaking into your home while you <u>were</u> there?	No	Yes		

General Disaster and Trauma		Circle one		<i>If you circled yes, please indicate</i>	
				Number of times	Approximate age(s)
8	Have you ever had a serious accident at work, in a car, or somewhere else? (<u>If yes</u> , please specify below) _____	No	Yes		
9	Have you ever experienced a natural disaster such as a tornado, hurricane, flood or major earthquake, etc., where you felt you or your loved ones were in danger of death or injury? (<u>If yes</u> , please specify below)	No	Yes		
10	Have you ever experienced a “man-made” disaster such as a train crash, building collapse, bank robbery, fire, etc., where you felt you or your loved ones were in danger of death or injury? (<u>If yes</u> , please specify below)	No	Yes		
11	Have you ever been exposed to dangerous chemicals or radioactivity that might threaten your health?	No	Yes		
12	Have you ever been in any other situation in which you were seriously injured? (<u>If yes</u> , please specify below) _____	No	Yes		
13	Have you ever been in any other situation in which you feared you <u>might</u> be killed or seriously injured? (<u>If yes</u> , please specify below)	No	Yes		
14	Have you ever seen someone seriously injured or killed? (<u>If yes</u> , please specify who below) _____	No	Yes		
15	Have you ever seen dead bodies (other than at a funeral) or had to handle dead bodies for any reason? (<u>If yes</u> , please specify below)	No	Yes		
16	Have you ever had a close friend or family member murdered, or killed by a drunk driver? (<u>If yes</u> , please specify relationship [e.g., mother, grandson, etc.] below) _____	No	Yes		

17	Have you ever had a spouse, romantic partner, or child die? (If yes , please specify relationship below) _____	No	Yes		
18	Have you ever had a serious or life-threatening illness? (If yes , please specify below) _____	No	Yes		
19	Have you ever received news of a serious injury, life-threatening illness, or unexpected death of someone close to you? (If yes , please indicate below) _____	No	Yes		
20	Have you ever had to engage in combat while in military service in an official or unofficial war zone? (If yes , please indicate where below)	No	Yes		
Physical and Sexual Experiences		Circle one		<i>If you circled yes, please indicate</i>	
				Repeated?	Approximate age(s) and frequency
21	Has anyone ever made you have intercourse or oral or anal sex against your will? (If yes , please indicate nature of relationship with person [e.g., stranger, friend, relative, parent, sibling] below)	No	Yes		
22	Has anyone ever touched private parts of your body, or made you touch theirs, under force or threat? (If yes , please indicate nature of relationship with person [e.g., stranger, friend, relative, parent, sibling] below)	No	Yes		
23	Other than incidents mentioned in Questions 18 and 19, have there been any other situations in which another person tried to force you to have an unwanted sexual contact?	No	Yes		
24	Has anyone, including family members or friends, ever attacked you with a gun, knife, or some other weapon?	No	Yes		
25	Has anyone, including family members or friends, ever attacked you <u>without</u> a weapon and seriously injured you?	No	Yes		

26	Has anyone in your family ever beaten, spanked, or pushed you hard enough to cause injury?	No	Yes		
27	Have you experienced any other extraordinarily stressful situation or event that is not covered above? (<u>If yes</u> , please specify below)	No	Yes		

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APPENDIX B

Interview Questions

1. How would you describe your relationship with your mother?
2. How would you describe your relationship with your father?
3. Who left the biggest impression on you as a child?
4. Have you witnessed your parent/caregiver commit any illegal act? What went through your mind when it happened?
5. Has your relationship with your mother gotten better or worse once you became an adult?
Why?
6. Has your relationship with your father gotten better or worse once you became an adult?
Why?
7. What would you say would be the most traumatic experience you have experienced?
8. Have you ever been diagnosed with a mental illness or mental disorder?
9. Have you ever wanted to seek mental help? What made you want to seek help? What stopped you?
10. Did you ever feel like your parent abandoned you or didn't show any interest in you?
Explain.

11. Was your parent ever bitter/critical/angry/controlling to you? Explain.
12. Did you ever feel like your parent was emotionally or physically distant? Explain.
13. Would you say your relationship with your mother/father influenced you to offend?

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