

Masthead Logo

University of Nebraska at Omaha
DigitalCommons@UNO

Criminology and Criminal Justice Faculty
Publications

School of Criminology and Criminal Justice

5-13-2016

Nonstranger Victimization and Inmate Maladjustment: Is the Relationship Gendered?

Calli M. Cain

Benjamin Steiner
University of Nebraska at Omaha

Emily M. Wright
University of Nebraska at Omaha, emwright@unomaha.edu

Benjamin Meade
James Madison University

Follow this and additional works at: <https://digitalcommons.unomaha.edu/criminaljusticefacpub>

Part of the [Criminology Commons](#)

Recommended Citation

Cain, Calli M.; Steiner, Benjamin; Wright, Emily M.; and Meade, Benjamin, "Nonstranger Victimization and Inmate Maladjustment: Is the Relationship Gendered?" (2016). *Criminology and Criminal Justice Faculty Publications*. 52.
<https://digitalcommons.unomaha.edu/criminaljusticefacpub/52>

This Article is brought to you for free and open access by the School of Criminology and Criminal Justice at DigitalCommons@UNO. It has been accepted for inclusion in Criminology and Criminal Justice Faculty Publications by an authorized administrator of DigitalCommons@UNO. For more information, please contact unodigitalcommons@unomaha.edu.

Footer Logo

Nonstranger Victimization and Inmate Maladjustment: Is the Relationship Gendered?

Abstract

Scholars have hypothesized that victimization elicits distinctive effects on women's pathways to prison and subsequent prison maladjustment, but few researchers have investigated gender differences in this relationship. Using nationally representative samples of men and women housed in state prisons, we examine gender differences in the effects of experiencing different types of nonstranger victimization prior to prison on inmate maladjustment. Results indicate that pre-prison nonstranger victimization affects men's and women's maladjustment similarly, with some gender differences—specifically, the effect of being physically assaulted by a nonstranger as an adult on violent misconduct was stronger among men, as was the effect of child abuse on men's depressive symptoms. Our findings suggest the effects of experiencing nonstranger victimization prior to incarceration on prison maladjustment may be gender-neutral more so than gender-specific. Based on our findings, nonstranger victimization should be deemed important in theories of men's maladjustment as well as in theories of women's maladjustment.

Keywords: inmate maladjustment, victimization, gender, misconduct, mental health problems

A complex relationship exists between victimization and maladjustment indicators (e.g., offending, mental health problems). Experiencing victimization is associated with an increase in maladjustment among adults and juveniles in both the general and offender populations (Campbell et al., 2008; DeMaris & Kaukinen, 2005; Houser, Belenko, & Brennan, 2012; Pinchevsky, Wright, & Fagan, 2013; Salisbury & Van Voorhis, 2009), but maladjustment has also been linked to an increased likelihood of victimization (Lauritsen, Sampson, & Laub, 1991; Listwan et al., 2014; Teplin et al., 2005). The overlap between victimization and maladjustment is especially evident among offenders, who experience victimization at higher rates than those in the general population (e.g., Chesney-Lind & Shelden, 2004; Meade & Steiner, 2013).

Violent victimization by nonstrangers is more common than stranger victimization (Truman, 2011; Truman & Langton, 2014), and this affects women offenders disproportionately because they are more likely to be victimized by nonstrangers (e.g., parents, intimate partners) than men (Harlow, 1999; Rennison & Welchans, 2000; Truman, 2011). In fact, scholars have suggested that experiencing nonstranger victimization elicits unique effects on women's criminal behavior, pathways to prison, and subsequent maladjustment during incarceration (Bloom, Owen, & Covington, 2005; Chesney-Lind & Pasko, 2013; Salisbury & Van Voorhis, 2009). While there is sufficient theory underlying the more pronounced effect of nonstranger victimization on women's criminal behavior, paths to prison, and subsequent maladjustment in prison (e.g., Belknap, 2007; Bloom et al., 2005), very few studies have empirically tested for gender differences in its effect, particularly with regard to individuals' maladjustment while incarcerated. We attend to this gap in the research by examining gender differences in the effects of experiencing different types of nonstranger victimization prior to incarceration (e.g., child abuse, sexual assault as an adult) on maladjustment (violent and nonviolent misconduct, mental health symptoms) among men and women incarcerated in state prisons across the U.S.

Theoretical Framework

Inmate maladjustment refers to the inability of inmates to adapt to or cope with the prison experience. Indicators of maladjustment include disruptive behaviors (e.g., assaults) and mental health problems (e.g., depression), both of which can undermine the safety and order of a prison (Gendreau, Goggin, & Law, 1997; Kruttschnitt & Gartner, 2005; Toch, Adams, & Grant, 1989). Institutional safety and order are high priorities for prison administrators (DiIulio, 1987; Gendreau et al., 1997), and an understanding of the factors that influence maladjustment could be informative for structuring inmate routines and developing other interventions geared towards reducing the problem (e.g., classification tools, programming).

Nonstranger victimizations are crimes involving an offender who is related to, well known to, or acquainted with the victim (Truman & Langton, 2014). For this study, nonstranger victimization (hereafter also referred to as victimization) includes child abuse, physical assault by a nonstranger as an adult, and sexual assault by a nonstranger as an adult. Although stranger victimization is more prevalent among men (Harrell, 2012; Lauritsen & White, 2001), there has been little theoretical attention to gender differences in its effect – much more attention has been given to the gendered nature of nonstranger victimization, with some scholars arguing that nonstranger victimization elicits unique effects on women’s criminality and subsequent maladjustment during incarceration (Bloom et al., 2005; Chesney-Lind & Pasko, 2013; DeHart, 2008; Kruttschnitt & Gartner, 2003; Salisbury & Van Voorhis, 2009; Wright et al., 2012). Other researchers, however, have theorized that experiencing nonstranger victimization influences both men’s and women’s risk of criminality equally (e.g., Dodge, Bates, & Pettit, 1990; Lauritsen & Laub, 2007; Smith & Ecob, 2007). As far as we are aware, however, no studies have examined whether there are gender differences in the nonstranger victimization—inmate maladjustment relationship, although scholars have hypothesized that such differences exist.

Nonstranger Victimization and Inmate Maladjustment: Gender-Neutral Explanations

There are several potential theoretical mechanisms linking victimization to maladjustment among both men and women in prison. Consistent with learning theories, for instance, experiencing victimization prior to prison could model violent behaviors and attitudes, which inmates might draw upon to use once incarcerated (Horwitz et al., 2001; Mills et al., 2013). That is, violence is modeled as an appropriate means of problem-solving for men and women alike (Akers et al., 1979; Dodge et al., 1990; Spaccarelli, Coatsworth, & Bowden, 1995), where they may later imitate this behavior by using violence or aggression to resolve problems (Johnson-Reid, 1998; Lauritsen et al., 1991; Widom, 1989b). Experiencing victimization may also disrupt prosocial learning processes, such that individuals who were exposed to violence in their relationships prior to prison may have had limited exposure to examples of healthy, nonviolent behavior. This may also reduce inmates' capacity to interpret emotional cues and regulate their own mental or emotional states (Dodge et al., 1990), thus increasing the likelihood that they resort to violence in their interactions with others.

Drawing from trauma-related theories, experiencing victimization may foster fear and anxiety that can reduce individuals' perceived control over their environment; in the long-term, this may evoke paranoia, psychosis, or hostility (Bandura, 1976; Dodge et al., 1990; Luthra et al., 2009). Feelings of hyper-vigilance (a preoccupation with threats) resulting from high levels of victimization may make inmates more apt to respond to provocations with violence, or it can erode their own mental wellbeing while incarcerated. There is considerable evidence linking nonstranger victimization and indicators of maladjustment among general population samples (Dodge et al., 1990; Lauritsen & Laub, 2007; Widom, 1989a, 1989b), and a handful of researchers have found victimization prior to incarceration to be related to inmate maladjustment

among mixed or single-gender samples (Meade & Steiner, 2013; Steiner & Wooldredge, 2009a, 2009b; Wooldredge, 1999).

Nonstranger Victimization and Inmate Maladjustment: Gender-Specific Explanations

There are reasons to suspect that experiencing nonstranger victimization might affect men's and women's maladjustment differently. The pathways perspective stipulates that women have unique risk factors (e.g., victimization) which characterize their pathways into crime that are different than the pathways men take into offending (Belknap, 2007; Bloom et al., 2005; Daly, 1992; Steffensmeier & Allan, 1996). For example, three of Daly's (1992) five pathways of women's offending are initiated by victimization. To demonstrate, "street women" fled abusive and violent situations, entered street life and turned to prostitution, drugs, or theft as a means of survival. "Harmed and harming women" generally experienced traumatic and disorganized childhoods characterized by neglect, abuse, and poverty. Daly (1992) suggested that the early abuse these women endured greatly affected their coping skills and they turned to drugs or developed mental health problems (e.g., depression) as a result – both of which further contributed to their criminal behavior. Finally, "battered women" were abused by intimate partners, and this contributed to justice system involvement that would have otherwise been unlikely. Thus, for each of these pathways into criminal behavior, victimization is frequent and plays a primary role by evoking reactions among women that increase their odds of criminal behavior. These pathways have not been considered salient for men offenders; men are thought to follow paths into criminal behavior that are more traditional, such as associating with antisocial peers or having little involvement in conventional pursuits (Bloom et al., 2005; Sampson & Laub, 1990, 2003).

The relevant literature suggests that women offenders experience high levels of nonstranger victimization (Houser et al., 2012; McDaniels-Wilson & Belknap, 2008; Tripodi &

Pettus-Davis, 2013), perhaps more so than men offenders. For instance, incarcerated women report much higher histories of nonstranger victimization (e.g., sexual assault, intimate partner violence, child abuse) than incarcerated men (Harlow, 1999; Rennison & Welchans, 2000; Truman, 2011). Women not only have a higher prevalence of nonstranger victimization, they also tend to experience victimization in more life domains (family, school, work, intimate partner relationships) and life stages (e.g., childhood, adolescence, young adulthood, old age) than men (this is true in both general population samples and offender samples) (e.g., Bensley, Van Eenwyk, & Wynkoop, 2003; Finkelhor, Ormrod, & Turner, 2007; McClellan, Farabee, & Crouch, 1997; McKinney et al., 2009; Tjaden & Thoennes, 2001). These experiences often cumulate into recurrent patterns of re-victimization (either sexually or physically) at later times in their lives (DeHart & Moran, 2015; Finkelhor et al., 2007; Ford et al., 2013). For example, Felitti and colleagues (1998) found that, compared to men, nearly twice as many women experienced three or more adverse childhood experiences (ACE's), such as psychological, physical, and sexual abuse (e.g., 17.2% of women experienced three or more ACE categories compared to 8.9% of men). Felitti and Anda (2010) found that women were 50% more likely than men to have experienced five or more categories of ACE's than men. Thus, the accumulation of the number, severity, and variety of victimization events women are exposed to throughout the life-course seems to be unique when compared to men. Women's levels of exposure to such victimization might affect their maladjustment differently.

Additionally, victimization may generate different reactions among women and men (offenders as well as non-offenders), with women primarily internalizing their problems or seeking to escape the victimization. For example, women are more likely to run away, engage in illegal activity in order to flee from or survive the victimization, turn to drugs and alcohol or other criminal activity as coping mechanisms, and/or develop mental health problems as a result

of suffering victimization (Gilfus, 1992; Grella, Stein, & Greenwell, 2005; Tripodi & Pettus-Davis, 2013; Widom, Marmorstein, & White, 2006). Women may also be more likely to experience certain somatic and/or psychological symptoms (PTSD, dissociation, self-injurious behavior, self-blame, hyper-vigilance) in response to trauma than men (Frydenberg, 1997; Gavranidou & Rosner, 2003; Norris et al., 2001; Perkonig & Wittchen, 1999). Many of these reactions deepen women's involvement in criminal behavior. Men, on the other hand, have been found to react to victimization by externalizing their problems or using violence directed towards others (not themselves) (Eisenberg et al., 2001; Frydenberg, 1997; Horwitz & White, 1987).

Given that men and women are exposed to different levels of nonstranger victimization, and that they may react differently to this exposure, scholars have argued that it is reasonable to expect that experiencing victimization may also affect their adjustment to confinement in different ways (Bloom et al., 2005; Owen & Bloom, 1995; Wright et al., 2012). However, as we noted above, there is currently no evidence that this is the case. Prior victimization has been correlated with various forms of women's violent and nonviolent misconduct while in prison (Salisbury, Van Voorhis, & Spiropoulos, 2009; Steiner & Wooldredge, 2009a; Van Voorhis et al., 2010), and men's violent and nonviolent misconduct (Steiner & Wooldredge, 2008), but these studies were limited to single-gender samples. For instance, Steiner and Wooldredge (2009a) found that a history of any victimization was related to the prevalence of violent and nonviolent misconducts among two nationally representative samples of women.

Meade and Steiner (2013) assessed the victimization—inmate maladjustment relationship among a nationally representative mixed-gender sample of prison inmates, and found that experiencing child abuse and physical assault as an adult was predictive of violent assaults, drug and alcohol misconducts, nonviolent misconducts, and several mental health problems. Because their sample only consisted of 7% women, however, it is likely that their results primarily reflect

patterns among male offenders (the authors did not examine gender differences). Clearly, more research that examines possible gender differences in the effects of victimization on inmate maladjustment is needed.

Other Known Correlates of Inmate Maladjustment

A reliable examination of gender differences in the victimization—inmate maladjustment relationship requires that potential correlates of maladjustment among men and women be included in a model as statistical controls. Some of these potential covariates may be more relevant for one gender versus the other. Among women, for instance, victimization tends to co-occur with substance abuse and mental illness (e.g., Houser et al., 2012; James & Glaze, 2006; Messina et al., 2007; Tripodi & Pettus-Davis, 2013). Substance abuse is theorized to be a coping mechanism women use to deal with victimization and mental illness that may occur as a result of the trauma (Covington, 2000; Daly, 1992; Grella, Stein, & Greenwell 2005). Given the high prevalence of mental illness and substance abuse among women, and their link to victimization (Bloom et al., 2005; Brennan et al., 2012), they may be stronger predictors of maladjustment for women than for men. Indeed, the presence of mental illness among incarcerated women is a predictor of maladjustment (McCorkle, 1995; Steiner & Wooldredge, 2009a), as is the co-occurrence of mental illness and substance use (Houser et al., 2012; Houser & Welsh, 2014).

Women are also theorized to be more relational than men – that is, they are more likely than men to define themselves (and their self-worth) by their relationships with others (Covington, 2007; Gilligan, 1993; Steffensmeier & Allan, 1996). Women are also the primary caregivers of dependent children more often than men (Bloom, 1995; Glaze & Maruschak, 2008; Mumola, 2000). Thus, having dependent children and maintaining contact with those children during imprisonment (via visitation) may be a stronger inhibitor of maladjustment for women compared to men (Gover et al., 2008; Kruttschnitt & Gartner, 2003; Mumola, 2000).

Predictors of maladjustment that may be more important for men include criminal history, ties to antisocial peers, and involvement in conventional pursuits prior to and during incarceration. For instance, inmates' criminal history might reflect an underlying propensity to offend, and could have a stronger influence on maladjustment among men compared to women, since they typically have more extensive (and more serious) criminal histories relative to women offenders (e.g., Harer & Langan, 2001; Steffensmeier & Allan, 1996). Men are also more likely to be influenced by antisocial peers to engage in crime, whereas women often become involved in crime as a result of their intimate relationships (e.g., Daly, 1992; Van Voorhis et al., 2010). Similarly, women often adopt the caretaker role in their relationships, so traditional conventional pursuits such as employment, education, and even marriage may be more relevant for men (Van Voorhis et al., 2010; Wright et al., 2012). Further, involvement in a prison work program might be more relevant for reducing men's maladjustment, since these programs are typically designed to meet their needs more so than the needs of incarcerated women (Bloom et al., 2005).

Other relevant sources of maladjustment include age, race/ethnicity, and time served, but the effects of these factors may be gender-neutral. There is considerable evidence to suggest that younger inmates and inmates who have served more time are higher risk for maladjustment (Camp et al., 2003; Griffin & Hepburn, 2006; Steiner & Wooldredge, 2008, 2009a; Wooldredge, Griffin, & Pratt, 2001). Additionally, the effects of race and ethnicity on maladjustment are mixed across studies, although some research has revealed that African American and/or Hispanic inmates have higher odds of violent behavior in prison (Camp et al., 2003; Griffin & Hepburn, 2006; Sorensen et al., 2011; Steiner & Wooldredge, 2009b).

Methods

This study involved an examination of the effects of nonstranger victimization prior to incarceration on men's and women's prison maladjustment, and an examination of differences in

the magnitude of these effects. The target population of this study includes all of the men and women housed in state-operated confinement prisons in the United States.

Data

The data used in the study are from the most recent wave (2004) of the Survey of Inmates in State and Federal Correctional Facilities, which provides nationally representative data on inmates held in both state and federal prisons (U.S. Department of Justice, 2007).

Participants

For this study, we removed inmates held in federal facilities, community-based facilities, boot camps or multi-gender facilities ($n = 2,400$) due to unmeasured differences in the inmate population, organization structure, and facility culture between those facilities and unisex state-operated confinement facilities (Harrison & Beck, 2003). For instance, federally operated facilities and community-based facilities house significantly more inmates incarcerated for nonviolent crimes (e.g., drug) compared to state operated confinement prisons (Carson, 2014). Community-based facilities and boot camps also have different organization purposes and house inmates for significant less time than confinement facilities (Houser et al., 2012; Steiner & Wooldredge, 2009a, 2009b made similar distinctions in their studies). Preliminary analyses revealed that the removal of inmates housed in federal and community facilities was not disproportional by gender. As would be expected, however, removing the inmates housed in these facilities designed for lower risk inmates did increase the proportion of inmates in the sample who had been previously incarcerated. We also removed cases that were missing data on the measures described below ($n = 288-299$, depending on the outcome examined), leaving us with 2,301 women housed in 48 prisons and 9,510 men housed in 191 prisons. There were no significant differences between the descriptive statistics from full samples (without missing cases deleted) and the final samples used here for the other predictor variables included in the analyses

(e.g., demographic characteristics, measures of nonstranger victimization). The Bureau of Census provided sampling weights based on the inverse of each inmate's odds of selection into the sample. We normalized these weights and applied them to the analyses reported below. The descriptives of the final sample are described in Table 1.

-- Table 1 about here --

Measures

All of the measures used in study are described in Table 1. Following prior research, inmate maladjustment was measured with indicators of misconduct and mental health problems (Kruttschnitt & Gartner, 2005; Meade & Steiner, 2013; Toch et al., 1989). The misconduct measures reflect inmates' self-reports of the number of times they had been written up for or charged with particular types of offenses (e.g., assault). We examined the prevalence (i.e., likelihood) and incidence (i.e., frequency) of violent and nonviolent misconduct because researchers have discovered that examining different types of misconduct offers unique information relative to examining a pooled measure of all misconduct (Camp et al., 2003; Steiner & Wooldredge, 2013). Violent misconduct includes assaults on other inmates or staff members, while nonviolent misconduct includes all nonviolent offenses excluding drug offenses.¹

The measures of mental health problems are additive scales reflecting the number of symptoms of depression or manic disorder each inmate reported they had experienced in the past year. The items that comprise each of the scales were derived from survey questions used on the structured clinical interview for *DSM-IV* axis I disorders (APA, 2000; First et al., 1997). The depressive symptoms scale ranges from 0-7 ($\alpha = .80$ for women, $\alpha = .78$ for men) and includes the symptoms: (1) depressed mood, (2) change in appetite or weight, (3) sleep disturbance, (4) psychomotor agitation or retardation, (5) feelings of worthlessness or excessive guilt, (6) decreased interest in pleasure, and (7) suicidal ideation or attempt. The mania symptoms scale

ranges from 0-5 ($\alpha = .72$ for women, $\alpha = .71$ for men) and consists of the symptoms: (1) elevated or irritable mood, (2) less sleep, (3) racing thoughts, (4) increased activity or agitation, and (5) involvement in pleasurable activities (reverse coded).^{2,3}

We examined three dichotomous measures of nonstranger victimization, including whether an inmate was sexually or physically abused as a child, sexually assaulted by a nonstranger as an adult, and physically assaulted by a nonstranger as an adult. These measures were created based on a series of survey questions that inquired if an inmate had ever been sexually or physically victimized, when the victimization occurred (before age 18, after age 18, or both), and their relationship with the perpetrator (e.g., spouse, parent, stranger). All of the questions inquired about an inmate's victimization experiences prior to their current incarceration. The decision to include these three measures versus other measures of nonstranger victimization available in the dataset was based on our review of the theoretical and empirical literature (e.g., Belknap & Holsinger, 2006; Browne, Miller, & Maguin, 1999; Daly, 1992; McDaniels-Wilson & Belknap, 2008; Meade & Steiner, 2013), tests for collinearity (including separate measures of sexually abused as a child and physically abused as a child generated collinearity), and the magnitude of gender-specific bivariate correlations between the measures in the dataset and the indicators of maladjustment (these measures of nonstranger victimization were the most robust predictors of the indicators of maladjustment for both women and men).

We included several control variables in the analyses. Age was measured in years and race/ethnicity was measured with several dichotomous variables (black, Hispanic, other race/ethnicity; white was the reference category). Criminal history was also measured with several dichotomous variables (prior incarceration, drug offense, property offense, public order offense; incarcerated for a violent offense was the reference category). The measure of drug dependence in the year before admission was based on eight questions that assessed a range of

behavioral, cognitive, and psychological symptoms associated with drug dependence as measured by the *DSM-IV* (APA, 1994). An inmate was designated as drug dependent if they reported three or more of these symptoms in the year before their incarceration (see Mumola & Karberg, 2006). Associated with antisocial peer group before arrest was based on a series of questions that asked if an inmate had friends growing up who had engaged in various criminal activities (e.g., using drugs, vandalism, armed robbery). Conventional behaviors was an additive scale of three dichotomous items that measured whether an inmate was currently married, had at least a high school diploma, or had a job or business in the month prior to arrest (Wooldredge et al., 2001). Child(ren) and child(ren) visited in last month were dichotomous variables. Mental health problems before arrest was a dichotomous variable that indicates if an inmate was prescribed medication for a mental health condition, admitted to a mental health facility for an overnight stay, received counseling for mental or emotional problems, or received other mental health services or treatment in the year before their arrest (James & Glaze, 2006). Lastly, we used the natural log of the distributions for time served (in months) and the number of hours at work assignment (in past week) because the original distributions were skewed. Prior to the final analyses, we examined the predictor variables for multicollinearity, which was not a problem.

Analytical Strategy

Due to the hierarchical structure of the data (i.e., inmates nested within prisons), we created a bi-level data set, with inmates at level-1 and prisons at level-2. Creating the bi-level data file allowed us to adjust for correlated error among inmates nested within the same facility and remove between-facility variation in inmate characteristics (through group mean centering) that could have corresponded with differences across facilities. Although we created a bi-level data set in order to address these issues, it is important to note that the models displayed here are technically single-level models because they only include measures at the inmate-level of

analysis. The results presented below are still independent of any facility-level influences due to the use of the HLM software and the decision to group mean center the predictor variables (described below; Raudenbush & Bryk, 2002).

The dichotomous measures of the prevalence of misconduct were examined with hierarchical Bernoulli regression. Poisson regression with the correction for overdispersion available in the HLM software (see Table 1 for means and standard deviations) was used to analyze the limited count measures of the incidence of misconduct and the symptoms of mental health problems (Raudenbush & Bryk, 2002). First, an unconditional model (with no predictor variables) was estimated for each outcome in order to examine the variance estimates in the outcome at level-1 (among inmates within facilities) versus level-2 (between facilities). Next, the individual-level predictors were introduced into the models as random effects to see whether the relationship between any of the predictors and maladjustment varied across facilities ($p \leq .05$), which would suggest stronger effects in some facilities than others. The effects that did not vary significantly across facilities were treated as fixed, or as having a common “slope” across facilities. All of the level-1 predictor variables were group mean-centered in order to remove between-facility variation in inmate characteristics that may have corresponded with differences in maladjustment levels across facilities (Raudenbush & Bryk, 2002).

Results

Before we discuss the results of the primary analyses, it is worth noting that there were significant differences in all of the measures of nonstranger victimization and the indicators of maladjustment (except the incidence of nonviolent misconduct) between the samples (see Table 1). For instance, nearly half of the women were abused as children (46%) relative to only 38% of the men. More than twice as many of the women were physically assaulted by a nonstranger as

an adult compared to the men (45% versus 20%), and 19% of the women were sexually assaulted by a nonstranger as an adult compared to only 1% of the men.

Regarding maladjustment, more men perpetrated misconduct than women (22% versus 16%, respectively, for violent misconducts; 49% versus 4%, for nonviolent misconducts), and while the number of mental health symptoms was high among both samples, women suffered more symptoms. Nearly 87% of these women experienced at least one symptom of depression compared to 76% of the men, and the women typically experienced between three to four symptoms of depression, while men experienced between two to three symptoms. Roughly 83% of women inmates experienced at least one manic symptom relative to 72% of men. Women typically experienced two to three manic symptoms, whereas men experienced less than two.

Table 2 presents the bivariate relationships between nonstranger victimization and all the maladjustment outcomes disaggregated by gender. Child abuse was significantly related to all the maladjustment measures for both genders and none of these relationships differed across women and men. Sexual assault by a nonstranger as an adult was only related to women and men's depression and manic symptoms and these effects did not differ across genders. Physical assault by a nonstranger as an adult was significantly related to most outcomes for both women and men except for women's nonviolent misconduct (prevalence or incidence); these effects were significantly stronger for men's violent (prevalence and incidence) and nonviolent (incidence) misconduct than for women's.

-- Table 2 about here --

Violent Misconduct

Table 3 presents the gender-specific analysis of prevalence and incidence of violent misconduct and shows that after controlling for other relevant predictors of maladjustment, experiencing victimization prior to incarceration typically had no effect on women's likelihood

of committing violent misconduct. Women abused as children committed a higher frequency of violent infractions (compared to women not abused as children), but the effects of experiencing other types of victimization on the prevalence and incidence of violent misconduct were nonsignificant. Based on the incident rate ratio, women who were abused as children committed a 60% higher rate of violent infractions compared to women who were not abused as children. In contrast, men who experienced child abuse and physical assault by a nonstranger prior to incarceration were more likely to commit violent offenses in prison, and engaged in more violent infractions, compared to men who were not victimized in these ways. Men abused as children had 44% higher odds of committing a violent offense (prevalence) and committed a 37% higher rate of violent offenses (incidence) compared to men who were not abused as children. Men who experienced a physical assault as an adult by a nonstranger had 40% higher odds of perpetrating a violent offense and committed a 29% higher rate of violent offenses, relative to men who did not suffer this type of victimization. Experiencing sexual assault by a nonstranger as an adult did not affect whether men committed violent infractions.

Despite the differences in the significant effects across the gender-specific analyses (women versus men) the magnitude of the effects of being abused as children or suffering sexual assault by a nonstranger as an adult on violent misconduct did not differ between genders (as indicated by the equality of coefficients tests) so it can be inferred that experiencing these types of victimization affect men and women similarly. However, the effect of suffering a physical assault by a nonstranger as an adult on violent misconduct was stronger among men (for both prevalence and incidence measures), suggesting that suffering this type of victimization is a gender-specific risk factor.

-- Table 3 about here --

Pertaining to the effects of other predictor variables, younger women, women who were not incarcerated for a violent offense, women who engaged in more conventional behaviors, and women who worked more hours at a work assignment had lower odds of committing a violent misconduct and committed fewer violent misconducts than their counterparts. Women who were non-white, previously incarcerated, had delinquent friends, had mental health problems before arrest and served more time were more likely to engage in more incidence of violent misconduct. The variables drug dependence before admission, children, and children visit in last month had no effect on women's odds of, or the number of, violent misconduct.

Similar to women, younger men, men incarcerated for a drug offense and men who worked more hours at work assignment had lower odds of committing an assault. Unlike women, men who had children were less likely to engage in violent misconduct. Additionally, men who were black, had been previously incarcerated, associated with antisocial peers before arrest, had mental health problems before arrest and served more time were more likely to commit an assault. Although there were some differences in the significance and direction of the effects of the other predictor variables on the odds and/or number of violent misconducts between the women and men, only the effects of black, Hispanic, other race/ethnicity, prior incarceration, incarcerated for a property offense, and incarcerated for a public order offense differed between genders; all of these effects were stronger among women.

Nonviolent Misconduct

Table 4 presents the gender-specific analyses of prevalence and incidence of nonviolent misconduct and shows that after controlling for other relevant predictors of maladjustment, none of the three types of nonstranger victimization had an effect on women's likelihood of committing nonviolent misconduct—suggesting that victimized women were no more likely to engage in nonviolent misconduct than women who were not victimized. These forms of

victimization also had no effect on women's frequency of nonviolent misconduct (incidence). In contrast, men abused as children were more likely to, and committed more, nonviolent misconducts in prison. Specifically, men who were abused as children had 29% higher odds of engaging in nonviolent misconduct (prevalence) and committed a 29% higher rate of nonviolent offenses (incidence) compared to men who were not abused as children. Similar to women, men who experienced a physical or sexual assault by a nonstranger as an adult were not more likely to commit nonviolent misconduct (prevalence) than men who did not experience these forms of violence, nor did they have a higher frequency of nonviolent offenses (incidence). Although the effect of abuse as a child on nonviolent misconduct was significant for men but not for women, the magnitude of this effect did not differ significantly between genders, so it could be argued that experiencing abuse as a child affects men and women similarly.

-- Table 4 about here --

Turning to the effects of the other predictor variables, women who were younger, black, a race/ethnicity other than black, Hispanic, or white, previously incarcerated, drug dependent in the year before admission, had mental health problems before arrest, served more time or worked fewer hours at a work assignment had higher odds (and/or incidence) of committing nonviolent misconduct. Women involved in more conventional behaviors, women with children, and women incarcerated for a drug, property, or public order offense were less likely to commit nonviolent misconduct. Associating with antisocial peers before arrest and having children who visited in last month were not relevant for predicting nonviolent misconduct among women.

Similar to women, men who were younger, had been previously incarcerated, associated with antisocial peers, had fewer conventional behaviors, were drug dependent before admission, had mental health problems before arrest, served more time, and worked fewer hours at work assignment had higher odds (and/or incidence) of perpetrating nonviolent misconduct. In

contrast, being Hispanic and having children were related to decreased involvement (prevalence and/or incidence) of nonviolent misconducts for men. There were some gender differences in the significance and direction of the effects of other predictor variables on odds/number of nonviolent misconducts, but only the effects of black, Hispanic, other race, incarcerated for a drug offense, incarcerated for a property offense, incarcerated for a public order offense and time served differed between genders, with all of the effects being stronger among women, except the effect of time served.

Symptoms of Mental Health Problems

Table 5 shows that after controlling for other relevant predictors of maladjustment, each type of victimization examined had a significant effect on the number of depressive and manic symptoms women experienced in prison. Women who were abused as a child experienced a 20% higher rate of depressive symptoms than women not abused as a child. Relative to women not sexually assaulted by a nonstranger as an adult, women who suffered this type of victimization experienced a 15% higher rate of depressive symptoms. Experiencing a physical assault by a nonstranger as an adult increased women's rate of depressive symptoms by 11% compared to women who did not experience this type of victimization. Similarly, men victimized by nonstrangers prior to incarceration typically experienced more depressive symptoms, but only the effect of abuse as a child had a significantly stronger effect among men compared women.

-- Table 5 about here --

Concerning the number of manic symptoms women experienced, women sexually assaulted by a nonstranger as an adult reported a 14% higher rate of manic symptoms compared to women who did not experience this type of victimization. Women who were abused as a child experienced a 12% higher rate of manic symptoms than women not abused as a child, and women who were physically assaulted by a nonstranger as an adult experienced a 9% higher rate

of manic symptoms than women not physically assaulted by a nonstranger as an adult. Similar to women, our analyses revealed that men who suffered each type of victimization examined in this analysis also experienced more manic symptoms. The effects of all three victimization measures on the number of manic symptoms were similar for women and men, as indicated by the non-significant equality of coefficient tests, suggesting the effects of these forms of victimization on manic symptoms were not conditioned by an inmate's gender.⁴

Regarding other predictor variables, women who were younger, drug dependent in the year before admission, had a history of mental health problems, served more time and worked fewer hours at a work assignment reported a higher number of both depressive and manic symptoms. Additionally, women incarcerated for a drug offense reported fewer depressive and manic symptoms. Having children did not have any effect on the number of mental health symptoms for women; however, women visited by their children in the last month reported fewer depressive symptoms. The following variables had no effect on the number of mental health symptoms women experienced in prison: race/ethnicity, prior incarceration, incarcerated for property offense, incarcerated for public order offense, associated with antisocial peers before arrest and conventional behaviors.

Similar to women, men who were younger, previously incarcerated, drug dependent before admission, had mental health problems before arrest, and worked fewer hours at work assignment experienced a higher number of symptoms of both mania and depression. Additionally, Hispanic men and men incarcerated for a drug offense experienced fewer depression and manic symptoms. Similar to women, having children did not affect the number of mental health symptoms for men, but men who were visited by their children in the last month experienced fewer depressive symptoms. Although women who served more time reported more depressive and manic symptoms, time served did not affect men's mental health symptoms.

Similar to the analysis of misconduct, we observed a few differences in the significance and direction of the effects of predictor variables on the number of mental health symptoms between samples. The effects of mental health problems before arrest and time served on the number of depression symptoms differed for women versus men, with the effect of mental health problems before arrest being stronger for men, and the effect of time served being stronger for women. Regarding predictors of manic symptoms, only the effect of associating with antisocial peers before arrest differed between genders, with the effects being stronger among men.

To summarize, we found that after controlling for other relevant predictors of maladjustment, women abused as children (compared to women not abused as children) committed a higher frequency of violent infractions, but the effects of experiencing other types of nonstranger victimization on the prevalence and incidence of violent misconduct were nonsignificant. In contrast, men who were abused as children and men who were physically assaulted by a nonstranger as an adult engaged in more violent infractions, compared to men who were not victimized in these ways. None of the indicators of victimization were related to women's prevalence or incidence of nonviolent infractions, and being abused as a child (compared to men not abused as a child) was the only significant predictor of nonviolent infractions among men (prevalence and incidence). Concerning mental health problems, each type of victimization examined here had an effect on the number of depressive and manic symptoms both men and women experienced in prison after controlling for other relevant predictors. In general, then, it appears that victimization before incarceration affects men's and women's mental health more so than their misconduct in prison, when compared to inmates who were not victimized before imprisonment. Gender differences in the magnitude of effects of victimization, however, were sparse; the effect of experiencing physical assault by a nonstranger

as an adult on violent misconducts was stronger among men compared to women and the effect of child abuse on depression symptoms was stronger among men relative to women.

Discussion and Conclusion

The increase in the incarceration rates of women over the past few decades has coincided with an escalation in the empirical examination of issues specific to women inmates (e.g., Kruttschnitt & Gartner, 2003, Van Voorhis et al., 2010; Wright et al., 2012). Nonstranger victimization among women offenders is one issue that has received considerable theoretical attention as a potential gender-specific risk factor and empirical studies demonstrate that victimization contributes to women's criminal behavior (Belknap & Hoslginer, 2006; Grella et al., 2005; Tripodi & Pettus-Davis, 2013). Yet, the importance of nonstranger victimization among men has received less attention, both theoretically and empirically, and it is currently unknown whether the effect of this type of victimization on maladjustment is truly gender-specific. We examined the effect of nonstranger victimization on indicators of prison maladjustment among men and women, and investigated whether these effects were significantly different across genders. Our results highlight three main findings regarding nonstranger victimization and maladjustment among men and women, and we uncovered evidence for both gender-neutrality and gender-specificity in this relationship among inmates.

First, we found that nonstranger victimization was more prevalent among the women in our sample than men, consistent with extant research (Harlow, 1999; Truman, 2011). Almost half of the women were abused as children (46%), relative to 38% of the men, and women were over two times more likely to be physically assaulted by a nonstranger as an adult compared to men (45% versus 20%). Nearly a fifth (19%) of the women were sexually assaulted by a nonstranger as an adult compared to only 1% of men. In sum, incarcerated women were more likely to have suffered all three types of victimization (i.e., child abuse, physical and sexual

assault as an adult) than incarcerated men, and the likelihood they were victimized in adulthood (particularly for sexual assault) was much higher than the likelihood among men.

We conducted an additional analysis to try to further understand the level of victimization that the women in our sample were exposed to, compared to the men. We created a proxy variable of poly-victimization (i.e., multiple victimizations) with these three measures (abused as children, physical assault, sexual assault) to determine how many women and men were victims of multiple types of victimization (ranging from zero, indicating no abuse, to three, indicating having experienced all three types of victimization). Consistent with prior research, we found that women experienced multiple types of victimization more often than men (e.g., Finkelhor et al., 2007). Specifically, less than a third of the women in our sample were not victimized, whereas over half of the men were not victimized (31% versus 54%). More women experienced two (23.2%) or all three (9.0%) forms of victimization than men (12.8% and 0.1% respectively). Thus, nonstranger victimization appears to be a gender-specific factor, at least in regards to its prevalence and extent among men and women before incarceration.

Second, we found evidence that experiencing nonstranger victimization prior to incarceration affected both men and women inmates' maladjustment (for both misconduct and mental health problems), when compared to men and women who were not victimized. Of the three types of victimization that we assessed, child abuse appears to be the most consistent predictor of maladjustment for men and women: child abuse increased men's violent and nonviolent misconduct (prevalence and incidence) and the incidence of violent misconduct among women. Additionally, experiencing child abuse increased depressive and manic symptoms for both genders. Physical and sexual assault as an adult were not related to women's misconduct in prison, and sexual assault was not a predictor of misconduct among men; yet, physical assault as an adult was predictive of violent misconduct for men. Like child abuse,

suffering physical or sexual assault increased the number of mental health symptoms both men and women experienced. Thus, our findings suggest that child abuse may be particularly problematic for men and women in regards to all types of maladjustment in prison (e.g., misconduct, mental health problems), while experiencing physical and sexual assault are more consistently related to symptoms of mental health problems than inmate misconduct. These findings differ from those derived from some prior studies of the victimization-misconduct relationship involving single-gender samples (e.g., Steiner & Wooldredge, 2009a); however, unlike those studies, we examined the effects of different types of victimization versus the effect of a pooled measure of all types of victimization. Our findings are consistent with Meade and Steiner's (2013) results from their analysis of a pooled sample (men and women), in that the effects of some types of nonstranger victimization may be gender-neutral in their effects; that is, they may influence the behavior of men and women similarly.

Third, and in further support of the discussion above, we found few gender differences in the effects of nonstranger victimization on maladjustment – only child abuse and physical assault as an adult impacted men's and women's maladjustment differently. Perhaps most importantly, when we did uncover evidence of gender differences, the effects were stronger for men instead of women. Child abuse maintained a stronger effect on the number of depressive symptoms men experienced, as opposed to women, and experiencing physical assault maintained a stronger effect on violent misconduct among men relative to women (physical assault was not predictive of this outcome among women).

Overall, we believe our findings support the notion that the effects of nonstranger victimization on prison maladjustment are gender-neutral more so than gender-specific, because we found that this type of victimization was an important risk factor for both men and women, and we found few gender differences in its effect. The few gender-specific effects we uncovered

indicated that the effect of victimization was stronger among men versus women. We take these findings to suggest that nonstranger victimization is important for both men and women and does not appear to be “just a women’s issue.” Thus, the role of nonstranger victimization should be deemed important in theories of men’s maladjustment as well as women’s. Gender-neutral perspectives such as the learning theories and trauma informed theories discussed above already incorporate victimization as a cause of subsequent maladjustment (Bandura, 1976; Dodge et al., 1990; Spaccarelli et al., 1995; Widom, 1989b), but other theories of maladjustment may require modification to include nonstranger victimization as a central concept if our findings are replicated in other studies. Additional research on gender differences (or lack thereof) in the victimization—maladjustment relationship is still needed, but if the findings from future research are consistent with those from our study, then such theoretical expansion will be warranted.

Regarding the gender-specific effects, though we found that a few of the effects of nonstranger victimization on maladjustment were stronger for men, we also found that the prevalence of each type of victimization was much higher among women (and, in a supplemental analysis, that the combinations of victimizations were higher for females). Though merely speculation at this point, we suspect a “saturation” (Zimmerman & Messner, 2011) or “desensitization” (Stewart, Simons, & Conger, 2002) effect may be operating among women that is not evident among men. That is, women are victimized at such high levels that perhaps they reach a “saturation point” where victimization becomes commonplace or “normal” and ceases to (statistically) influence their maladjustment directly. Alternatively, because men are victimized (by nonstrangers) less frequently than women, experiencing victimization may impact their maladjustment. This is hypothesized to occur because nonstranger victimization would be a relatively novel experience for men, and thus, influence their behavior more so than routine experiences, while the opposite would be true for women. It is also possible that being

victimized goes against the masculine socialization to be tough and in control (“be a man”) (New, 2001; Schaffner, 2007), which may also explain why being abused as a child appeared to have a stronger effect on men compared to women in our study. We must reiterate that these explanations are only speculative, as we cannot examine the saturation/desensitization or socialization hypotheses with these data, but our findings certainly suggest that additional research is needed to understand why victimization impacts men differently than women, particularly when it occurs more frequently among women.

From a practical standpoint, our findings suggest that programming and services which address victimization are needed in prisons for women and men, as these may help to curb maladjustment, particularly in regards to inmates’ mental health. We found that child abuse was especially salient for mental health outcomes for both genders. The implication of this finding is that prison programming should try to address the effects of child abuse in inmates’ (men and women alike) lives. Moreover, victimization experiences should be considered when prison administrators implement policies or programs aimed at reducing mental health problems (e.g., use of classification tools, specific treatment programming) – not just violence or misconduct - among inmates. However, we do not recommend using such abuse histories to increase risk scores in assessment tools; such information should only be used for case management and planning purposes (e.g., Salisbury et al., 2009).

The majority of prisoners (95%) eventually reenter society (Hughes & Wilson, 2015). Addressing the mental health problems of inmates may not only benefit the inmate and prison environment, but also society by aiding in offenders’ successful reentry (Jacoby & Kozié-Peak, 1997; James, 2007; National Institute of Corrections, 2004). Offenders with mental health problems have higher odds of recidivism (Baillargeon et al., 2009; Cloyes et al., 2010; Ostermann & Matejkowski, 2014), and so the consequences of failing to address offenders’

mental health needs could be great in terms public safety and additional correctional costs (Petersilia, 2001; Travis & Petersilia, 2001). While we urge increased attention to mental health problems and issues stemming from victimization in men's prisons, we also encourage continued work in this area within women's prisons, since we found that victimization was a significant predictor of women's maladjustment as well. Staffing, programming, and services should continue to prioritize the effects of victimization among incarcerated women, while prisons for men should do more in these respects.

A few limitations to this study merit discussion. First, the measures of maladjustment and victimization used in this study were based on inmates' self-reports, which may be subject to poor memory/recall problems, or an unwillingness to admit victimization experiences (perhaps women are more open to reporting victimization than men). The misconduct measures are technically inmates' self-reports of the official detection of events, and official measures of misconduct may underestimate the total volume of misconduct due to correctional officer discretion and under detection of events (Steiner & Wooldredge, 2014). While some studies have suggested that women are officially charged with prison misconducts at higher rates than men (e.g., Bloom et al., 2005), others have found that men may be more likely to be officially charged with property offenses (Steiner & Wooldredge, 2014). Regardless, multiple scholars have found that both self-report and official measures of misconduct are valid indicators of inmate behavior (Steiner & Wooldredge, 2014; Van Voorhis, 1994), which may lessen concerns related to the misconduct measures.

The limitations of self-reporting bias may be particularly salient with regard to the mental health symptoms. However, many widely used measures of mental health or psychiatric symptoms are self-reported measures that have good internal and test-retest reliability, as well as strong validity (Speer, 1998). For example, the Brief Symptom Inventory (BSI; Smith, 1996) and

the Center for Epidemiologic Studies-Depression Scale (CES-D; Radloff, 1977) are self-administered measures for individuals' various mental health symptoms (somatization, depression, anxiety, psychoticism) and have been widely used across multiple disciplines, demonstrating adequate internal consistency, test-retest reliability, and validity (Speer, 1998). Thus, though we urge readers to consider this potential limitation, we believe that the mental health measures used in this study are valid and consistent with prior research.

Concerning the reliability and validity of the victimization measures, much research within the cognitive aspects of survey response area has focused on factors that can improve recall and argues that using context cues improves retrieval (Bradburn, 2004; Tourangeau, Rips, & Rasinski, 2000). Future survey research examining victimization may wish to utilize memory aids that address recall error and uncertainty in surveys, such as the event history calendar or enhanced contextual priming (Belli, 1998; Tourangeau et al., 2000; Yoshihama, 2009). However, a strength of our adult victimization measures is that they have a wide scope and are not limited to spousal/partner violence (i.e., perpetrator for non-stranger victimizations include: spouse/ex-spouse, boyfriend, girlfriend, parent/guardian, another relative, another friend or acquaintance).

Second, future studies may wish to examine other forms of maladjustment (i.e., drug violations, post-traumatic stress disorder, psychotic symptoms) or other forms of victimization (e.g., child neglect, psychological abuse, victimization during incarceration) to determine whether the impact of victimization on maladjustment varies across these domains. As noted, we chose the measures of nonstranger victimization examined here based on their availability in the data, our review of the theoretical and empirical literature (e.g., Belknap & Holsinger, 2006; McDaniels-Wilson & Belknap, 2008; Meade & Steiner, 2013), and preliminary associations with maladjustment among both men and women. Unfortunately, we did not have measures for several somatic and/or psychological symptoms (as indicators of maladjustment) that are more

frequently experienced by women (e.g., PTSD, dissociation, self-harm, hyper-vigilance) (e.g., Gavranidou & Rosner, 2003; Norris et al., 2001; Perkonigg & Wittchen, 1999). It would also be interesting to use structural equation analyses to test whether prior victimization affected these forms of maladjustment during imprisonment differently across genders, but we were unable to do so because we could not ensure the temporal order of most of the control variables and the predictors of interest. Perhaps the patterns of results would have been different had we assessed different maladjustment and victimization variables or used a different type of analysis, and researchers should consider this in future studies.

Despite these limitations, our study also has several strengths, which we believe makes it a strong examination of the effects of nonstranger victimization on men and women offenders' adjustment to prison. First, the use of an incarcerated sample ensures the temporal ordering of victimization and subsequent maladjustment relationship because incarcerated individuals are, for the most part, separated from the environment in which they were exposed to violence, as well as their former social networks (Johnson-Reid, 1998; Lauritsen & Laub, 2007; Widom, 1989a).⁵ Our within-prison sample sizes of both genders were also large enough to permit comparisons of the effects of victimization on maladjustment across genders independent of any facility-level influences. We also examined several outcomes related to violence, nonviolence, and mental health problems in prison. Thus, we believe the findings from our study are robust and have important implications for policy and future research that should be given significant consideration. We urge researchers and practitioners to consider victimization as serious issues among both men and women offenders alike.

References

- Akers, R. L., Krohn, M. D., Lanza-Kaduce, L., & Radosevich, M. (1979). Social learning and deviant behavior: A specific test of a general theory. *American Sociological Review*, *44*, 636-655.
- American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders*, 4th Ed. Washington, DC: Author.
- American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders*, 4th Ed. Text Revision. Washington, DC: Author.
- Baillargeon, J., Binswanger, I. A., Penn, J. V., Williams, B. A., & Murray, O. J. (2009). Psychiatric disorders and repeat incarcerations: The revolving prison door. *The American Journal of Psychiatry*, *166*, 103–109.
- Bandura, A. (1976). Self-reinforcement: Theoretical and methodological considerations. *Behaviorism*, *4*, 135-155.
- Belknap, Joanne. 2007. *The invisible woman: Gender, crime, and justice*, 3rd ed. Belmont, CA: Thompson Wadsworth.
- Belknap, J., & Holsinger, K. (2006). The gendered nature of risk factors for delinquency. *Feminist Criminology*, *1*, 48-71.
- Belli, R. F. (1998). The structure of autobiographical memory and the event history calendar: potential improvements in the quality of retrospective reports in surveys. *Memory*, *6*, 383-406.
- Bennabi, D., Vandell, P., Papaxanthi, C., Pozzo, T., & Haffen, E. (2013). Psychomotor retardation in depression: A systematic review of diagnostic, pathophysiologic, and therapeutic implications. *BioMed Research International*, online article ID 158746. doi:10.1155/2013/158746
- Bensley, L., Van Eenwyk, J., & Wynkoop, K. (2003). Childhood family violence history and women's risk for intimate partner violence and poor health. *American Journal of Preventive Medicine*, *25*, 38–44.
- Bloom, B. (1995). Imprisoned Mothers. Pp. 271-284 in *Children of Incarcerated Parents*, edited by K. Gabel and D. Johnston. New York: Lexington Books.
- Bloom, B., Owen, B. & Covington, S. (2005). *Gender-responsive strategies for women offenders: A summary of research, practice, and guiding principles for women offenders*. (Report no: NIC-020418). Washington, DC: U.S. Department of Justice, National Institute of Corrections.

- Bradburn, N. M. (2004). Understanding the question-answer process. *Survey Methodology*, 30, 5-15.
- Brennan, T., Breitenbach, M., Dieterich, W., Salisbury, E. J., & Van Voorhis, P. (2012). Women's pathways to serious and habitual crime: A person-centered analysis incorporating gender responsive factors. *Criminal Justice and Behavior*, 39, 1481-1508.
- Browne, A., Miller, B. & Maguin, E. (1999). Prevalence and severity of lifetime physical and sexual victimization among incarcerated women. *International Journal of Law and Psychiatry*, 22, 301-322.
- Camp, S., Gaes, G. G., Langan, N. P., & Saylor, W. G. (2003). The influence of prisons on inmate misconduct: A multilevel investigation. *Justice Quarterly*, 20, 501-533.
- Campbell, R., Greeson, M. R., Bybee, D., & Raja, S. (2008). The co-occurrence of childhood sexual abuse, adult sexual assault, intimate partner violence, and sexual harassment: A mediational model of posttraumatic stress disorder and physical health. *Journal of Consulting and Clinical Psychology*, 76, 194-207.
- Carson, E. A. (2014). *Prisoners in 2013: Special report*. (Report no: NCJ-247292). Washington, DC: U.S. Department of Justice Statistics.
- Chesney-Lind, M., & Pasko, L. (2013). *The female offender: Girls, women, and crime*, 3rd ed. Thousand Oaks, CA: Sage.
- Chesney-Lind, M., & Shelden, R. G. (2004). *Girls, delinquency, and juvenile justice*, 3rd ed. Belmont, CA: Thompson Wadsworth.
- Cloyes, K. G., Wong, B., Latimer, S., & Abarca, J. (2010). Time to prison return for offenders with serious mental illness released from prison: A survival analysis. *Criminal Justice and Behavior*, 37, 175-187.
- Covington, S. (2000). Helping women recover: Creating gender-specific treatment for substance abusing women and girls in community corrections. In M. McMahon (Ed.), *Assessment to assistance: Programs for women in community corrections* (pp. 171-233). Lanham, MD: American Correctional Association.
- Covington, S. (2007). The relational theory of women's psychological development: Implications for the Criminal Justice System. In R. Zaplin (Ed.), *Female offenders: Critical perspectives and effective interventions*, 2nd ed. (pp. 135-164). Sudbury, MA: Jones and Bartlett Publishers.
- Daly, K. (1992). Women's pathways to felony court: Feminist theories of lawbreaking and problems of representation. *Southern California Review of Law and Women's Studies*, 2, 11-52.

- DeHart, D. D. (2008). Pathways to prison: Impact of victimization in the lives of incarcerated women. *Violence Against Women, 14*, 1362-1381.
- DeHart, D. & Moran, R. (2015). Poly-victimization among girls in the justice system: Trajectories of risk and associations to juvenile offending. *Violence Against Women, 21*, 291-312.
- DeMaris, A., & Kaukinen, C. (2005). Violent victimization and women's mental and physical health: Evidence from a national sample. *Journal of Research in Crime and Delinquency, 42*, 384-411.
- Dilulio, J. J. (1987). *Governing prisons: A comparative study of correctional management*. New York: Simon and Schuster.
- Dodge, K. A., Bates, J. E., & Pettit, G. S. (1990). Mechanisms in the cycle of violence. *Science, 250*, 1678-83.
- Eisenberg, N., Cumberland, A., Spinrad, T. L., Fabes, R. A., Shepard, S. A., Reiser, M.,...& Guthrie, I. K. (2001). The relations of regulation and emotionality to children's externalizing and internalizing problem behavior. *Child Development, 72*, 1112-1134.
- Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards,...& Marks, J. S. (1998).The relationship of adult health status to childhood abuse and household dysfunction. *American Journal of Preventive Medicine, 14*, 245-258.
- Felitti, V. J., & Anda, R. F. (2010). The relationship of adverse childhood experiences to adult medical disease, psychiatric disorders and sexual behavior: Implications for healthcare. In R. Lanius & E. Vermetten (Eds.), *The impact of early life trauma on health and disease: The hidden epidemic* (pp. 77-87). Cambridge, UK: Cambridge University Press.
- Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2007). Poly-victimization: A neglected component in child victimization. *Child Abuse and Neglect, 31*, 7-26.
- First, M. D., Spitzer, R. L., Gibbon, M., Williams, J. B. W., (1997). *User's guide for the structured clinical interview for DSM-IV axis I disorders SCID-I: Clinician version*. Washington DC: American Psychiatric Press, Inc.
- Ford, J. D., Grasso, D. J., Hawke, J., & Chapman, J. F. (2013). Poly-victimization among juvenile justice-involved youths. *Child Abuse and Neglect, 37*, 788-800.
- Frydenberg E. 1997. *Adolescent coping*. London: Routledge.
- Gavranidou, M., & Rosner, R. (2003). The weaker sex? Gender and post-traumatic stress disorder. *Depression and anxiety, 17*, 130-139.
- Gendreau, P., Goggin, C. E., & Law, M. A. (1997). Predicting prison misconducts. *Criminal Justice and Behavior, 24*, 414-431.

- Gilfus, M. E. (1992). From victims to survivors to offenders: women's routes of entry and immersion into street crime. *Women and Criminal Justice, 4*, 63-90.
- Gilligan, C. (1993). *In a different voice: Psychological theory and women's development*. Cambridge, MA: Harvard University Press.
- Glaze, L. E., & Maruschak, L. M. (2008). *Parents in prison and their minor children: Special report*. (Report no: NCJ-222984). Washington, DC: U.S. Department of Justice Statistics.
- Gover, A. R., Perez, D. M. & Jennings, W. G. (2008). Gender differences in factors contributing to institutional misconduct. *The Prison Journal, 88*, 378-403.
- Grella, C. E., Stein, J. A., & Greenwell, L. (2005). Associations among childhood trauma, adolescent problem behaviors, and adverse adult outcomes in substance-abusing women offenders. *Psychology of Addictive Behaviors, 19*, 43-53.
- Griffin, M. L., & Hepburn, J. R. (2006). The effect of gang affiliation on violent misconduct among inmates during the early years of confinement. *Criminal Justice and Behavior, 33*, 419-448.
- Harer, M. D., & Langan, N. P. (2001). Gender Differences in Predictors of Prison Violence: Assessing the Predictive Validity of a Risk Classification System. *Crime and Delinquency, 47*, 513-536.
- Harer, M. D., & Steffensmeier, D. (1996). Race and prison violence. *Criminology, 34*, 323-355.
- Harlow, C. W. (1999). *Prior abuse reported by inmates and probationers: Special report*. (Report no: NCJ-1728797). Washington, DC: U.S. Department of Justice Statistics.
- Harrell, E. (2012). *Violent victimization committed by strangers, 1993-2010: Special report*. (Report no: NCJ-239424). Washington, DC: U.S. Department of Justice Statistics.
- Harrison, P. M., & Beck, A. J. (2003). *Prisoners in 2002: Special report*. (Report no: NCJ-200248). Washington, DC: U.S. Department of Justice Statistics.
- Horwitz, A. V., & White, H. R. (1987). Gender role orientations and styles of pathology among adolescents. *Journal of Health and Social Behavior, 28*, 158-170.
- Horwitz, A. V., Widom, C. S., McLaughlin, J. & White, H. R. (2001). The impact of childhood abuse and neglect on adult mental health: A prospective study. *Journal of Health and Social Behavior, 42*, 184-201.
- Houser, K. A., Belenko, S., & Brennan, P. K. (2012). The effects of mental health and substance abuse disorders on institutional misconduct among female inmates. *Justice Quarterly, 29*, 799-828.

- Houser, K. A., & Welsh, W. (2014). Examining the association between co-occurring disorders and seriousness of misconduct by female prison inmates. *Criminal Justice and Behavior, 41*, 650-666.
- Hughes, T. & Wilson, D. J. (2015). *Reentry trends in the United States: Inmates returning to the community after serving time in prison*. Washington, DC: U.S. Department of Justice Statistics.
- Jacoby, J. E., & Kozie-Peak, B. (1997). The benefits of social support for mentally ill offenders: Prison-to-community transitions. *Behavioral Sciences and the Law, 15*, 483-501.
- James, D. J., & Glaze, L. E. (2006). *Mental health problems of prison and jail inmates: Special report*. (Report no: NCJ-213600). Washington, DC: U.S. Department of Justice Statistics.
- James, N. (2007). *Offender reentry: Correctional statistics, reintegration into the community, and recidivism: Special report to Congress*. (Report no: RL-34287). Washington, DC: U.S. Congressional Research Service, Library of Congress.
- Johnson-Reid, M. (1998). Youth violence and exposure to violence in childhood: An ecological review. *Aggression and Violent Behavior, 3*, 159-179.
- Kruttschnitt, C., & Gartner, R. (2003). Women's imprisonment. In M. Tonry (Ed.), *Crime and justice: A review of research. Vol. 30* (pp. 55-135). Chicago: University of Chicago Press.
- Kruttschnitt, C., & Gartner, R. (2005). *Marking time in the golden state: Women's imprisonment in California*. Cambridge, UK: Cambridge University Press.
- Lauritsen, J. L., & Laub, J. H. (2007). Understanding the link between victimization and offending: New reflections on an old idea. In M. Hough & M. Maxfield (Eds.), *Crime prevention studies: Surveying crime in the 21st century. Vol. 22* (pp. 55-75). Monsey, NY: Criminal Justice Press
- Lauritsen, J. L., Sampson, R., & Laub, J. H. (1991). The link between offending and victimization among adolescents. *Criminology, 29*, 265-291.
- Lauritsen, J. L., & White, N. A. (2001). Putting violence in its place: the influence of race ethnicity, gender, and place on the risk for violence. *Criminology and Public Policy, 1*, 37-60.
- Listwan, S. J., Daigle, L. E., Hartman, J. L., & Guastafarro, W. P. (2014). Poly-victimization risk in prison: The influence of individual and institutional factors. *Journal of Interpersonal Violence, 29*, 2458-2481.
- Luthra, R., Abramovitz, R., Greenberg, R., Schoor, A., Newcorn, J., Schmeidler, J., ... & Chemtob, C. M. (2009). Relationship between type of trauma exposure and posttraumatic stress disorder among urban children and adolescents. *Journal of Interpersonal Violence, 24*, 1919-1928.

- McClellan, D. S., Farabee, D., & Crouch B. M. (1997). Early victimization, drug use, and criminality: A comparison of male and female prisoners. *Criminal Justice and Behavior*, *24*, 455–467.
- McCorkle, R. C. (1995). Gender, psychopathology, and institutional behavior: A comparison of male and female mentally ill prison inmates. *Journal of Criminal Justice*, *23*, 53–61.
- McDaniels-Wilson, C., & Belknap, J. (2008). The extensive sexual violation and sexual abuse histories of incarcerated women. *Violence Against Women*, *14*, 1090-1127.
- McKinney, C. M., Caetano, R., Ramisetty-Mikler, S., & Nelson, S. (2009). Childhood family violence and perpetration and victimization of intimate partner violence: Findings from a national population-based study of couples. *Annals of Epidemiology*, *19*, 25–32.
- Meade, B., & Steiner, B. (2013). The effects of exposure to violence on inmate maladjustment. *Criminal Justice and Behavior*, *40*, 1228-1249.
- Messina, N., Grella, C., Burdon, W., & Prendergast, M. (2007). Childhood adverse events and current traumatic distress: A comparison of men and women drug-dependent prisoners. *Criminal Justice and Behavior*, *34*, 1385-1401.
- Mills, R., Scott, J., Alata, R., O’Callaghn, M., Najman, J. M., & Strathearn, L. (2013). Child maltreatment and adolescent mental health problems in a large birth cohort. *Child Neglect and Abuse*, *37*, 292-302.
- Mumola, C. J. (2000). *Incarcerated mothers and their children: Special report*. (Report no: NCJ-182335). Washington, DC: U.S. Department of Justice.
- Mumola, C. J., & Karberg, J. C. (2006). *Drug use and dependence, state and federal prisoners, 2004: Special report*. (Report no: NCJ-213530). Washington, DC: U.S. Department of Justice.
- National Institute of Corrections. (2004). *Effective prison mental health services: Guidelines to expand and improve treatment: Special report*. (Report no: NIC-018604). Washington, DC: Department of Justice, National Institute of Corrections.
- New, C. (2001). Oppressed and oppressors? The systematic mistreatment of men. *Sociology*, *35*, 729-748.
- Norris, F. H., Perilla, J. L., Ibañez, G. E., & Murphy, A. D. (2001). Sex differences in symptoms of posttraumatic stress: Does culture play a role? *Journal of Traumatic Stress*, *14*, 7-28.
- Ostermann, M., & Matejkowski, J. (2014). Exploring the intersection of mental health and release status with recidivism. *Justice Quarterly*, *31*, 746-766.

- Owen, B., & Bloom, B. (1995). Profiling women prisoners: Findings from national surveys and a California sample. *The Prison Journal*, 75, 165–85.
- Perkonig, A., & Wittchen, H. U. (1999). Prevalence and comorbidity of traumatic events and posttraumatic stress disorder in adolescents and young adults. In A. Maercker, M. Schutzwohl, & Z. Solomon (Eds.), *Post-traumatic stress disorder: A lifespan developmental perspective* (pp. 113-133). Seattle, WA: Hogrefe & Huber.
- Petersilia, J. (2001). When prisoners return to communities: Political, economic, and social consequences. *Federal Probation*, 65, 3-8.
- Pinchevsky, G. M., Wright, E. M., & Fagan, A. A. (2013). Gender differences in the effects of exposure to violence on adolescent substance use. *Violence and Victims*, 28, 122-144.
- Radloff, L. S. (1977). The CES-D scale a self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1, 385-401.
- Raudenbush, S. W., & Bryk, A. S. (2002). *Hierarchical linear models: Applications and data analysis methods, 2nd ed.* Thousand Oaks, CA: SAGE.
- Rennison, C. M., & Welchans, S. (2000). *Intimate partner violence: Special report.* (Report no: NCJ-178247). Washington, DC: U.S. Department of Justice.
- Salisbury, E. J., & Van Voorhis, P. (2009). Gendered pathways: A quantitative investigation of women probationers' paths to incarceration. *Criminal Justice and Behavior*, 36, 541-566.
- Salisbury, E. J., Van Voorhis, P., & Spiropoulos, G. V. (2009). The predictive validity of a gender-responsive needs assessment: An exploratory study. *Crime and Delinquency*, 55, 550-585.
- Sampson, R. J., & Laub, J. H. (1990). Crime and deviance over the life course: The salience of adult social bonds. *American Sociological Review*, 55, 609-627.
- Sampson, R. J., & Laub, J. H. (2003). Life-course desisters? Trajectories of crime among delinquent boys followed to age 70. *Criminology*, 41, 555-592.
- Schaffner, L. (2007). Violence against girls provokes girls' violence from private injury to public harm. *Violence Against Women*, 13, 1229-1248.
- Smith, V. L. (1996). Symptom Checklist-90-Revised (SCL-90-R) and the Brief Symptom Inventory (BSI). In Sederer & B. Dickey (Eds.), *Outcomes assessment in clinical practice* (pp. 89-91). Baltimore, MD: Williams & Wilkens.
- Smith, D. J., & Ecob, R. (2007). An investigation into causal links between victimization and offending in adolescents. *The British Journal of Sociology*, 58, 633-659.
- Speer, D. C. (1998). *Mental health evaluation.* San Diego, CA: Academic Press.

- Sorensen, J. R., Cunningham, M. D., Vigen, M. P., & Woods S. O. (2011). Serious assaults on prison staff: A descriptive analysis. *Journal of Criminal Justice*, 39, 143-150.
- Spaccarelli, S., Coatsworth, J. D., & Bowden, B. S. (1995). Exposure to serious family violence among incarcerated boys: It's association with violent offending and potential mediating variables. *Violence and Victims*, 10, 163-182.
- Steffensmeier, D., & Allan, E. (1996). Gender and crime: Toward a gendered theory of female offending. *Annual Review of Sociology*, 22, 459-487.
- Steiner, B., & Wooldredge, J. (2008). Inmate versus environmental effects on prison rule violation. *Criminal Justice and Behavior*, 35, 438-456.
- Steiner, B., & Wooldredge, J. (2009a). Individual and environmental effects on assaults and nonviolent rule breaking by women in prison. *Journal of Research in Crime and Delinquency*, 46, 437-467.
- Steiner, B., & Wooldredge, J. (2009b). The relevance of inmate race/ethnicity versus population composition for understanding prison rule violations. *Punishment and Society*, 11, 459-489.
- Steiner, B., & Wooldredge, J. (2013). Implications of different outcome measures for an understanding of inmate misconduct. *Crime and Delinquency*, 58, 1234-1262.
- Steiner, B., & Wooldredge, J. (2014). Comparing self-report to official measures of inmate misconduct. *Justice Quarterly*, 31, 1074-1101.
- Stewart, E. A., Simons, R. L., & Conger, R. (2002). Assessing neighborhood and social psychological influences on childhood violence in an African-American sample. *Criminology*, 40, 801-24
- Teplin, L. A., McClelland, G. M., Abram, K. M., & Weiner, D. A. (2005). Crime victimization in adults with severe mental illness: Comparison with the National Crime Victimization Survey. *Archives of General Psychiatry*, 62, 911-921.
- Tjaden, P., & Thoennes, N. (2001). Coworker violence and gender: findings from the national violence against women survey. *American Journal of Preventive Medicine*, 20, 85-89
- Toch, H., Adams, K., & Grant, J. D. (1989). *Coping: Maladaptation in prisons*. New Brunswick, NJ: Transaction.
- Tourangeau, R., Rips, L. J., & Rasinski, K. (2000). *The psychology of survey response*. Cambridge, UK: Cambridge University Press.
- Travis, J., & Petersilia, J. (2001). Reentry reconsidered: A new look at an old question. *Crime and Delinquency*, 47, 291-313.

- Tripodi, S. J., & Pettus-Davis, C. (2013). Histories of childhood victimization and subsequent mental health problems, substance use, and sexual victimization for a sample of incarcerated women in the U.S. *International Journal of Law and Psychiatry*, *36*, 30-40.
- Truman, J. L. (2011). *Criminal victimization, 2010: Special report*. (Report no: NCJ-235508). Washington, DC: U.S. Department of Justice.
- Truman, J. L., & Langton, L. (2014). *Criminal victimization, 2013: Special report*. (Report no: NCJ-247648). Washington, DC: U.S. Department of Justice.
- U.S. Department of Justice, Bureau of Justice Statistics. (2007). *Survey of inmates in state and federal correctional facilities, 2004*. (Study no: ICPSR-4572). Ann Arbor, MI: Inter-University Consortium for Political and Social Research.
- Van Voorhis, P. (1994). *Psychological classification of the adult male prison inmate*. Albany, NY: State University of New York Press.
- Van Voorhis, P., Wright, E. M., Salisbury, E. J., & Bauman, A. (2010). Women's risk factors and their contributions to existing risk/needs assessment: The current status of a gender-responsive supplement. *Criminal Justice and Behavior*, *37*, 261-288.
- Widom, C. S. (1989a). Child abuse, neglect, and violent criminal behavior. *Criminology*, *27*, 251-271.
- Widom, C. S. (1989b). The cycle of violence. *Science*, *244*, 160-166.
- Widom, C. S., Marmorstein, N. R., & White, H. R. (2006). Childhood victimization and illicit drug use in middle adulthood. *Psychology of Addictive Behaviors*, *20*, 394-403.
- Wooldredge, J. (1999). Inmate experiences and psychological well-being. *Criminal Justice and Behavior*, *26*, 235-250.
- Wooldredge, J., Griffin, T., Pratt, T. (2001). Considering hierarchical models for research on inmate behavior: Predicting misconduct with multilevel data. *Justice Quarterly*, *18*, 203-231.
- Wright, E. M., Van Voorhis, P. Salisbury, E., & Bauman, A. (2012). Gender-responsive lessons learned and policy implications for women in prison: A review. *Criminal Justice and Behavior*, *39*, 1612-1632.
- Wright, E. M., Fagan, A. A. & Pinchevsky, G. M. (2013). The effects of exposure to violence and victimization across life domains on adolescent substance use. *Child Abuse and Neglect*, *37*, 899-909.
- Yoshihama, M. (2009). Application of the life history calendar approach: Understanding women's experiences of intimate partner violence over the life course. In R. Belli, F.

Stafford, & D. Alwin (Eds.), *Calendar and time diaries: Methods in life course research* (pp. 135-156). Los Angeles, CA: Sage.

Zimmerman, G. M., & Messner, S. F. (2011). Neighborhood context and nonlinear peer effects on adolescent violent crime. *Criminology*, 49, 873–903.

Notes

¹ Drug violations were omitted from the nonviolent misconduct category because there is a preference in the literature to treat these forms of misconduct separately (Harer & Steffensmeier, 1996; Steiner & Wooldredge, 2013). We considered examining drug misconduct separately, but too few of the female inmates engaged in these offenses to generate reliable estimates. In order to capture more meaningful variation in the distributions of the incidence of misconduct, the distributions of the incidence of violent misconduct were top coded at 8 for both samples, whereas the distributions of the incidence of nonviolent misconduct were top coded at 22 for the male sample and at 16 for the female sample. Approximately 98% of each sample committed fewer than 8 violent misconducts. About 97% of the female sample committed fewer than 16 nonviolent misconducts, whereas 98% of the male sample committed less than 22.

² Psychomotor retardation is a central feature of depression and includes slowness in both motor and cognitive functions, such as, disturbances in speech, facial expression, fine motor behavior, self-initiating movements, or ideation (Bennabi et al., 2013).

³ There was some overlap in items used for the depressive and manic scales (i.e., periods when couldn't sit still, change in overall activity/functioning, change in sleep, interest in sex changed) since each disorder lists these items as criteria. However, the survey questions did not ask inmates to specify whether they experienced an increase or decrease of the item, which is ideal for more valid scales. For example, depression usually results in a decrease in these items while mania results in an increase. Readers should bear this limitation in mind when interpreting results.

⁴ We also assessed the robustness of our findings by creating dichotomous indicators of severe mental health problems (≥ 3 mania symptoms, ≥ 5 depression symptoms) and re-estimated the models. For the most part, the results were unchanged. The one exception was the effect of physical assault by nonstranger as adult on severe depression was nonsignificant among men. It should be noted, however, these estimates likely underestimate the prevalence of severe mental health problems because the depression scale used here only contains 7 out of 9 depression symptoms identified in the *DSM-IV* and the mania scale only contains 5 out of 7 mania symptoms identified in the *DSM-IV* (APA, 1994, 2000; First et al., 1997).

⁵ The measures of mental health problems inquired about symptoms inmates experienced within the last year, which raises the possibility inmates who had not served a year in prison (< 30% of the sample) experienced these symptoms prior to their imprisonment. This situation could threaten the validity of the study findings if the inmates who had served less than a year in prison suffered nonstranger victimization after they experienced symptoms of either depression or mania. We examined whether this possibility threatened our results to some extent by assessing the relationships between serving a year in prison and experiencing symptoms of depression and symptoms of mania. The results were nonsignificant for both men and women ($p \leq .01$). We then examined the relationships between serving a year in prison and experiencing sexual assault by nonstranger as adult and experiencing physical assault by nonstranger as adult. These results were also nonsignificant for both men and women. Although the findings from these supplementary analyses do not completely rule out this potential threat to our results, they should raise the level of confidence in our findings.

Tables

Table 1. Descriptions of the Women and Men Inmate Samples

Inmate Level Measures	Women		Men	
	Mean	(SD)	Mean	(SD)
Maladjustment				
Prevalence Violent Misconduct	.16*	(.36)	.22	(.41)
Prevalence Nonviolent Misconduct	.43*	(.50)	.49	(.50)
Incidence Violent Misconduct	.55*	(2.07)	.72	(2.42)
Incidence Nonviolent Misconduct	2.15	(6.25)	2.33	(5.92)
Depressive Symptoms ⁺	3.60*	(2.33)	2.59	(2.18)
Manic Symptoms ⁺	2.52*	(1.70)	1.91	(1.64)
Exposure to violence				
Abused as child	.46*	(.50)	.38	(.49)
Sexual assault by nonstranger as adult	.19*	(.39)	.01	(.09)
Physical assault by nonstranger as adult	.45*	(.50)	.20	(.40)
Control Variables				
Age	35.37	(9.41)	35.72	(10.69)
Black	.33*	(.47)	.41	(.49)
Hispanic	.14*	(.34)	.18	(.39)
Other	.07*	(.26)	.06	(.24)
White	.46*	(.50)	.34	(.48)
Prior incarceration	.48*	(.50)	.59	(.49)
Incarcerated for violent offense	.34*	(.47)	.55	(.50)
Incarcerated for drug offense	.26*	(.44)	.17	(.37)
Incarcerated for property offense	.31*	(.46)	.19	(.40)
Incarcerated for public order offense	.09	(.29)	.09	(.28)
Drug dependent in year before admission	.48*	(.50)	.35	(.48)
Associated with antisocial peer group before arrest	.47*	(.50)	.59	(.49)
Conventional behaviors	1.07*	(.83)	1.15	(.79)
Child(ren)	.80*	(.40)	.66	(.48)
Children visited in last month	.17*	(.37)	.11	(.31)
Mental health problems before arrest	.29*	(.45)	.12	(.32)
Natural log of time served (months)	2.60*	(1.46)	3.35	(1.41)
Natural log hours at work assignment	2.01*	(1.58)	1.79	(1.59)
<i>N_i</i>	(2,301)		(9,510)	

Notes: Females confined within 48 prisons and males confined within 191 prisons.

Reference Categories: White and Incarcerated for violent offense.

⁺ Indicates measures based 2,298 for female sample and 9,494 for male sample.

* Significant difference between female sample and male sample ($p \leq .01$).

Table 2. Bivariate Relationships between Victimization and Maladjustment

	Abused as child		Sexual assault by nonstranger as adult		Physical assault by nonstranger as adult	
	No	Yes	No	Yes	No	Yes
Women's maladjustment						
Misconduct						
Prevalence violent	.11	.21*	.16	.15	.17	.13* ⁺
Incidence violent	.27	.65*	.44	.46	.49	.39* ⁺
Prevalence nonviolent	.35	.52*	.41	.50	.42	.44
Incidence nonviolent	1.13	2.27*	1.60	1.91	1.76	1.53 ⁺
Mental health problems						
Depression symptoms	3.00	4.30*	3.39	4.52*	3.24	4.04*
Manic symptoms	2.17	2.93*	2.40	3.07*	2.31	2.79*
<i>N</i> =	1,235	1,064	1,863	436	1,262	1,037
Men's maladjustment						
Misconduct						
Prevalence violent	.16	.31*	.22	.31	.20	.28*
Incidence violent	.41	.92*	.60	.88	.55	.80*
Prevalence nonviolent	.43	.59*	.49	.63	.48	.55*
Incidence nonviolent	1.47	3.00*	2.04	3.15	1.98	2.35*
Mental health problems						
Depression symptoms	2.14	3.31*	2.58	3.84*	2.45	3.13*
Manic symptoms	1.63	2.37*	1.91	2.74*	1.81	2.29*
<i>N</i> =	5,871	3,631	9,423	81	7,559	1,944

Notes: * indicates significant relationship, $p \leq .01$; ⁺ indicates significant gender difference in relationship, $p \leq .01$.

Table 3. Gender-Specific Effects on the Prevalence and Incidence of Violent Misconduct

	Prevalence			Incidence		
	Women	Men	z-test	Women	Men	z-test
Intercept	-2.25* ⁺	-1.53* ⁺	-6.17*	-1.62* ⁺	-.94* ⁺	-6.29*
	(.10)	(.06)		(.09)	(.06)	
Abused as child	.20	.36*		.34* ⁺	.31*	
	(.13)	(.06)		(.10)	(.04)	
Sexual assault by nonstranger as adult	-.07	.23		-.01 ⁺	.03	
	(.19)	(.25)		(.14)	(.24)	
Physical assault by nonstranger as adult	-.18	.33*	-3.35*	-.14	.25*	-3.79*
	(.14)	(.06)		(.09)	(.05)	
Age	-.06*	-.05*		-.05*	-.05*	
	(.01)	(.003)		(.01)	(.003)	
Black	1.12*	.21*	5.33*	.92* ⁺	.19*	4.91*
	(.16)	(.06)		(.14)	(.05)	
Hispanic	.50*	.09		.71* ⁺	-.04	4.53*
	(.17)	(.08)		(.15)	(.07)	
Other	.53	-.06		.76*	.04	3.66*
	(.23)	(.11)		(.18)	(.08)	
Prior incarceration	.57*	.21*		.48*	.23*	2.80*
	(.14)	(.06)		(.08)	(.04)	
Incarcerated for drug offense	-.37	-.20		-.51* ⁺	-.19*	
	(.16)	(.08)		(.13)	(.07)	
Incarcerated for property offense	-.40	.18	-3.00*	-.36* ⁺	-.04	
	(.18)	(.07)		(.12)	(.06)	
Incarcerated for public order offense	-.05	-.13		-.50*	-.07	-2.58*
	(.29)	(.11)		(.14)	(.09)	
Drug dependent in year before admission	.08	.15*		.09 ⁺	.09	
	(.12)	(.06)		(.11)	(.05)	
Associated with antisocial peer group before arrest	.37*	.27*		.30*	.28*	
	(.14)	(.06)		(.09)	(.05)	
Conventional behaviors	-.30*	-.09		-.19* ⁺	-.07	
	(.08)	(.03)		(.06)	(.03)	
Child(ren)	.12	-.17*		-.12	-.21*	
	(.16)	(.06)		(.11)	(.04)	
Child(ren) visited in last month	-.06	-.07		-.10	.09	
	(.18)	(.08)		(.09)	(.07)	
Mental health problems before arrest	.33	.25*		.49*	.28*	
	(.14)	(.08)		(.11)	(.06)	
Natural log of time served	.76*	.68*		.85* ⁺	.81*	
	(.07)	(.03)		(.05)	(.02)	
Natural log hours at work assignment	-.15*	-.13*		-.19* ⁺	-.12*	
	(.04)	(.02)		(.03)	(.01)	
<i>N_I</i>	2,301	9,510		2,301	9,510	
Proportion variation within facilities	.95	.88		.96	.87	
Proportion variation w/in facilities explained	.39	.32		.66	.24	

Note: ⁺ indicate relationship varies across facilities ($p \leq .05$). * $p \leq .01$

Table 4. Gender-Specific Effects on the Prevalence and Incidence of Nonviolent Misconduct

	Prevalence			Incidence		
	Women	Men	z-test	Women	Men	z-test
Intercept	-.28 ⁺	-.08 ⁺		-.04 ⁺	-.35 ^{**}	2.77*
	(.11)	(.06)		(.10)	(.05)	
Abused as child	.20	.25*		.10	.26 ^{**}	
	(.10)	(.05)		(.07)	(.04)	
Sexual assault by nonstranger as adult	.04	.24		.08	.27 ⁺	
	(.15)	(.21)		(.08)	(.15)	
Physical assault by nonstranger as adult	.07	.12		-.07	.07 ⁺	
	(.09)	(.05)		(.07)	(.04)	
Age	-.04*	-.04*		-.04 ^{**}	-.05*	
	(.01)	(.003)		(.01)	(.002)	
Black	.32*	.06		.23*	-.02 ⁺	2.80*
	(.11)	(.05)		(.08)	(.04)	
Hispanic	.06	-.11		.26	-.18 ^{**}	3.77*
	(.12)	(.07)		(.10)	(.06)	
Other	.15	.12		.37*	-.03	3.43*
	(.18)	(.10)		(.10)	(.06)	
Prior incarceration	.34*	.20*		.23*	.17 ^{**}	
	(.10)	(.04)		(.06)	(.03)	
Incarcerated for drug offense	-.52*	-.13	-2.81*	-.60*	-.13*	-4.20*
	(.12)	(.07)		(.10)	(.05)	
Incarcerated for property offense	-.44*	.01	-3.59*	-.31*	.06 ⁺	-3.92*
	(.11)	(.06)		(.08)	(.05)	
Incarcerated for public order offense	-.83*	-.03	-3.65*	-.79*	.06	-5.58*
	(.20)	(.09)		(.14)	(.06)	
Drug dependent in year before admission	.17	.13*		.20*	.06	
	(.11)	(.05)		(.05)	(.04)	
Associated with antisocial peer group before arrest	.19	.37*		.18	.30 ^{**}	
	(.10)	(.05)		(.08)	(.04)	
Conventional behaviors	-.20*	-.07		-.05 ⁺	-.07 ^{**}	
	(.06)	(.03)		(.05)	(.02)	
Child(ren)	-.23	-.13*		-.21*	-.12 ^{**}	
	(.12)	(.05)		(.08)	(.04)	
Child(ren) visited in last month	-.04	-.05		.05	.11 ⁺	
	(.13)	(.06)		(.09)	(.06)	
Mental health problems before arrest	.42*	.13		.21 ⁺	.21 ^{**}	
	(.12)	(.07)		(.08)	(.05)	
Natural log of time served	.62*	.64 ^{**}		.66 ^{**}	.81 ^{**}	-3.35*
	(.05)	(.03)		(.04)	(.02)	
Natural log hours at work assignment	-.05	-.06*		-.12*	-.09 ^{**}	
	(.03)	(.02)		(.02)	(.01)	
N_I	2,301	9,510		2,301	9,510	
Proportion variation within facilities	.90	.87		.96	.94	
Proportion variation w/in facilities explained	.36	.29		.55	.59	

Note: ⁺ indicate relationship varies across facilities ($p \leq .05$). * $p \leq .01$

Table 5. Gender-Specific Effects on the Number of Symptoms of Mental Health Problems

	Depressive			Manic		
	Women	Men	z-test	Women	Men	z-test
Intercept	1.25* ⁺	.90* ⁺	9.71*	.90* ⁺	.60* ⁺	8.32*
	(.03)	(.02)		(.03)	(.02)	
Abused as child	.18*	.28*	-2.77*	.11* ⁺	.21*	
	(.03)	(.02)		(.04)	(.02)	
Sexual assault by nonstranger as adult	.14*	.21*		.13*	.23*	
	(.02)	(.07)		(.03)	(.06)	
Physical assault by nonstranger as adult	.10*	.06*		.09*	.06*	
	(.02)	(.02)		(.03)	(.02)	
Age	-.01*	-.01*		-.01*	-.01*	
	(.002)	(.001)		(.002)	(.001)	
Black	.06	.02		.08	.04	
	(.03)	(.02)		(.03)	(.02)	
Hispanic	-.02	-.10*		-.03	-.13*	
	(.05)	(.03)		(.05)	(.03)	
Other	.01	.03		.07	.02	
	(.05)	(.03)		(.06)	(.04)	
Prior incarceration	.03	.05*		.05	.06*	
	(.03)	(.02)		(.03)	(.02)	
Incarcerated for drug offense	-.20*	-.14*		-.11*	-.09*	
	(.04)	(.02)		(.04)	(.03)	
Incarcerated for property offense	-.08	-.06		-.04	-.03	
	(.04)	(.02)		(.03)	(.02)	
Incarcerated for public order offense	-.05	-.05		.01	.01	
	(.05)	(.03)		(.06)	(.04)	
Drug dependent in year before admission	.21*	.29*		.21*	.27*	
	(.03)	(.02)		(.03)	(.02)	
Associated with antisocial peer group before arrest	.03	.12*		.02	.15* ⁺	-3.61*
	(.03)	(.02)		(.03)	(.02)	
Conventional behaviors	-.02	-.002		-.01	.003	
	(.02)	(.01)		(.02)	(.01)	
Child(ren)	.02	.04		-.03	.03	
	(.03)	(.02)		(.03)	(.02)	
Child(ren) visited in last month	-.11*	-.12*		-.03	-.01	
	(.03)	(.03)		(.02)	(.03)	
Mental health problems before arrest	.29*	.39*	-2.77*	.28*	.33*	
	(.03)	(.02)		(.03)	(.02)	
Natural log of time served	.03*	-.01	-2.83*	.03*	.002	
	(.01)	(.01)		(.01)	(.01)	
Natural log hours at work assignment	-.02*	-.03*		-.02*	-.03*	
	(.01)	(.01)		(.01)	(.01)	
<i>N_I</i>	2,298	9,494		2,298	9,494	
Proportion variation within facilities	.98	.98		.97	.97	
Proportion variation w/in facilities explained	.13	.11		.11	.10	

Note: * indicate relationship varies across facilities ($p \leq .05$). * $p \leq .01$