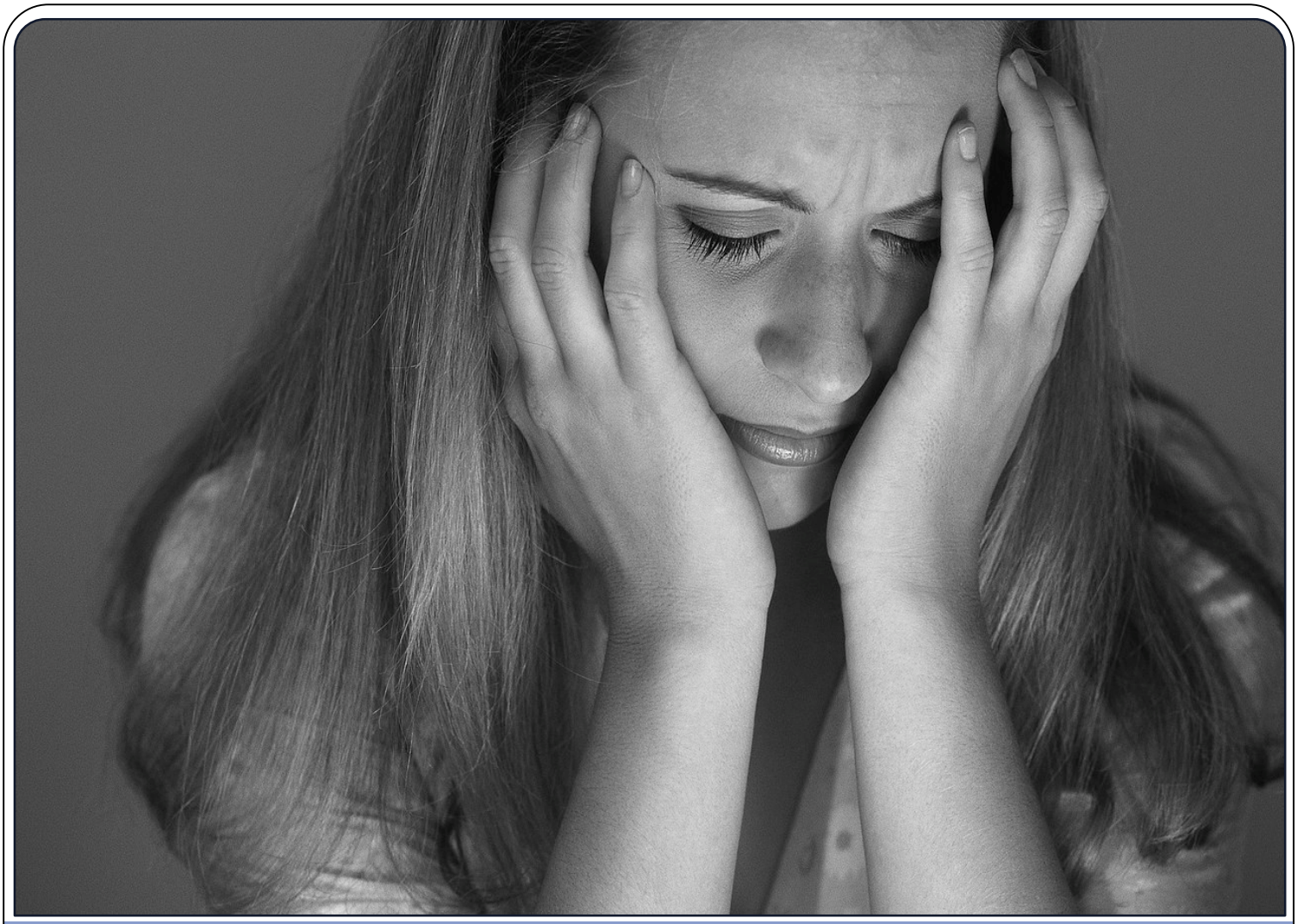

Posttraumatic Stress Disorder and Victimization among Female Prisoners in Illinois

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Examining women offenders & PTSD

Posttraumatic stress disorder (PTSD) is an anxiety disorder characterized by a traumatic stressor leaving one to continuously have negative thoughts about the experience. Those suffering from PTSD and trauma victims are at increased risk for additional mental and physical health problems. There is increased risk of panic disorder, agoraphobia, obsessive compulsive disorder, social phobia, depression, somatization disorder, suicide, and substance-related disorders.[1] Drug addiction is common because drugs are used as a coping mechanism and a form of self–medication.[2] Physical problems associated with PTSD include impaired immune function, obesity, increased risk of diabetes, and increased severity of premenstrual symptoms.[3]

Inmate interviewee characteristics

This study involved interviews with inmates in the general population at three Illinois Department of Corrections (IDOC) facilities: Dwight (maximum security), Lincoln (medium security), and Decatur (minimum security). Researchers held structured, private, one-on-one interviews lasting 30 to 60 minutes in the participants' correctional facilities. A total of 217 female inmates were randomly selected to be interviewed. Of them, 14 declined and 40 were either in segregation, receiving medical treatment, transferred to another facility, or released before the interview could take place. The final sample size was 163.

The survey instrument structure was designed to obtain information on types of victimization experienced by the subjects, as well as onset, frequency, perpetrators, and duration. Physical and sexual abuse questions were selected from the Early Trauma Inventory and modified slightly to cover the entire life course.[4] Emotional abuse and stalking questions were adapted from the Chicago Women's Health Risk Study.[5] Questions also were asked about the services sought after victimization.

The average age of the women in the sample was 36 years old. About half of the women in the sample were white (48 percent) and 43 percent were black. Seven percent stated that their race was "Other" and one was unknown. More than half of the sample were never married (53 percent), and 20 percent were married at the time of the interview. The average age at time of first marriage was 20 years old. Many had at least one child (80 percent). The median age at time of having a first child was 18 years old. Almost half had an education of less than a high school degree (44 percent). Twenty-six percent had a high school degree or GED, and 29 percent had an education beyond high school. Almost half were enrolled in an educational program at the prison at the time of the interview (48 percent). Thirty-eight percent made less than $5,000 per year, 40 percent made between $5,000 and $30,000, and 17 percent made more than $30,000. The range of income was $0 to $170,000.

PTSD symptomology

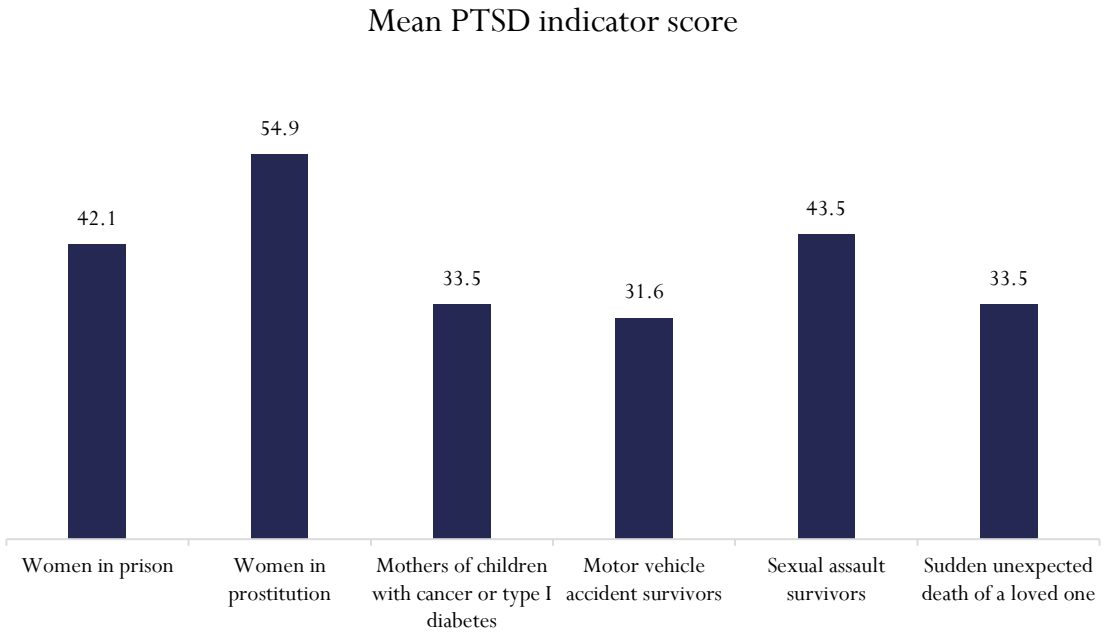
The severity, proximity, and duration of a person's exposure to the traumatic event are the best predictors for determining who is most likely to develop PTSD.[6] Symptoms often appear within three months after a traumatic event, but may be delayed months or even years.[6] The basic functioning, including the ability to prevent further criminal involvement, maintain a job, enjoy healthy relationships, and avoid abusing drugs and alcohol are impacted.

Study participants were asked questions on prior victimization in their lives and symptoms of PTSD were gauged with the PTSD Symptoms Checklist (PCL). This study shares the level and correlates of female inmate PTSD symptomology. Sixty percent of the sample could potentially be diagnosed as having PTSD. The degree to which symptoms bothered participants were rated on a five-point scale—1 (not at all), 2 (a little bit), 3 (moderately), 4 (quite a bit), and 5 (extremely). Response of 3 to 5 on the scale (moderately or above) are considered symptomatic.

From the interviews with female prisoners in Illinois on prior abuse and PTSD symptoms, many key findings were found. Eighty-three percent of the female prisoners were bothered by a PTSD symptom in the past month. Three-fourths of the sample were bothered in the past 30 days by the PTSD symptom of feeling very upset when something reminded them of a stressful past experience. Seventy-one percent of the sample were bothered by repeated, disturbing memories, thoughts, or images of a stressful experience from the past, and avoided thinking about or talking about a stressful past experience to avoid having feelings related to it. About one-fourth of the sample experienced trauma symptoms in childhood; 41 percent as teenagers; and 84 percent in adulthood.

Comparing the means

The mean PTSD indicator scores in this study of female prisoners can be compared with other studies that used the PCL on different populations. The mean PTSD indicator score in this study (42.1) was higher than motor vehicle accident survivors, mothers of children with cancer or Type I 10 diabetes, and those who experienced the sudden unexpected death of a loved one. However, women in prison had a lower mean PTSD indicator score than women in prostitution and sexual assault survivors. The figure compares PTSD indicator scores of these different populations and cites the studies reporting that data.



Indication of PTSD scores

Trauma and subsequent PTSD may cause avoidance of situations or activities that remind victims of the original trauma which may interfere with interpersonal relationships, or lead to marital conflict, divorce, or loss of job.[1] Other responses to trauma include feelings of ineffectiveness, shame, despair, or hopelessness; feeling permanently damaged; a loss of previously sustained beliefs, hostility; social withdrawal; feeling constantly threatened; impaired relationships with others; or a change from the individual's previous personality characteristics.[1] Even victims who do not meet the criteria for a PTSD diagnosis share many characteristics with individuals who have a mental health issue, such as social isolation, paranoia, impulsive behavior, unstable relationships, and inappropriate or intense anger.[7]

A prior study using a sample of treatment-seeking individuals found those who had been both physically and sexually abused were at greatest risk for PTSD.[1] In addition, another study found child sexual abuse victims who were re-victimized as teens or adults had more symptoms of PTSD than women with a history of child sexual abuse alone.[8]

Higher PTSD indicator scores were moderately correlated with sexual abuse. Experiencing physical abuse or sexual abuse in childhood and experiencing sexual abuse in adolescence increased PTSD indicator scores, on average.

Correlation of other factors:

- Demographics
- Offense type and criminal histories
- Sentence length
- Prior abuse types (physical, sexual, and intimate partner emotional abuse)
- Number of prior abuse types
- Specific prior abuse violations
- Number of prior abuse violations
- Severity of abuse
- Drug and alcohol abuse

Implications for policy and practice

Offer trauma services

It should become common practice for correctional systems to recognize and treat female prisoners who have experienced trauma.[9] PTSD can affect daily functioning, interpersonal relationships, and employment, and are likely contributors to criminal behavior. Typically, survivors of violence and abuse need long-term therapy to learn coping mechanisms, identify triggers, manage stress, learn situation avoidance, and obtain appropriate medications.[10] Women who have been out of abusive relationships for years can continue to experience PTSD symptoms.[11]

Use trauma-informed strategies to avoid re-traumatization

Correctional and post-release services are needed to address the unique issues, concerns, and needs of women, which includes those that stem from abuse and victimization in their lives. Since the majority of female offenders are trauma survivors, it is important for the corrections system to prevent the infliction of additional trauma. The experience of entering into the criminal justice system can be traumatic due to its invasive security measures and authoritative handling of prisoners.[12] In order to address the vicious cycle of abuse and criminality, appropriate assessment for trauma and PTSD symptoms should be a required part of correctional intake, and service delivery and community re-entry efforts should become a priority

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