WOMEN COPING WITH LIFE:
A MIXED METHODS STUDY OF
INCARCERATED WOMEN WITH LIFE SENTENCES

By

Gina Lorraine Fedock

A DISSERTATION

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

Social Work—Doctor of Philosophy

2015

ABSTRACT

WOMEN COPING WITH LIFE:
A MIXED METHODS STUDY OF INCARCERATED WOMEN WITH LIFE SENTENCES

By

Gina Lorraine Fedock

Life sentences have increasingly translated into prison stays until the end of natural life. Incarcerated women serving life sentences comprise a small, but growing, sub-population of the prison population. Women with life sentences enter prison with high rates of physical and mental health concerns, and these concerns are often chronic and recurring needs for women's duration in prison. Pressing concerns include persistent depression and suicide risk factors. However, there is a lack of research focused on improving this population's mental health, and specifically, no existing intervention for this population of women. Thus, this dissertation seeks to enhance and broaden the knowledge base about factors that influence the mental health of women with life sentence in order to provide clarity and guide advocacy for prison-based mental health services. Also, this dissertation includes a sub-study that examines the mental health outcomes for a new intervention with this population of women. Two key theories serve as the foundation for this dissertation: importation theory and deprivation theory. Three sub-studies comprise three core chapters of this dissertation. Across these studies, the results highlight implications for social work practice, policy, and research.

This dissertation is dedicated to the loving memory of Katherine Luke. Katherine was a brilliant, practical, and compassionate scholar, a loving and light-filled mother, and a warm and loyal friend. While our time together was brief, she had a life-changing effect on my life. Most importantly, she showed me a path of being both a mother and an academic, of balancing professional and personal goals. Her life and work continue to inspire others and myself. She is greatly missed and loved. I am filled with gratitude that I knew her.

ACKNOWLEDGEMENTS

While I often wanted this dissertation to write itself, it did not. This dissertation is a reflection of the professional and personal support of many people in life, as well as fundamentally the result of the support of the women in prison who shared their experiences, tried a new treatment group, and had the interest and courage to talk with me about their lives. They taught me so much and pushed me to grow as they grew. Their lives inspire multiple forms of social justice paths, and I hope my work contributes to the forming of a more just world.

I have deep gratitude for my advisor and committee chair- Dr. Sheryl Kubiak. Thank you for all that you have done—from helping me receive funding to bringing me to prison (as well as national conferences) to simply believing in me. You showed me your expertise, passion, dedication, and pathways to success, opening door after door for me. I know such a mentoring experience is rare—and I am so thankful for each and every opportunity you have given me. Working with you has allowed me to work with other distinguished experts, including Dr. Deb Bybee whose kindness, patience, warmth, and brilliance I am so lucky to have received. Also, the research team, including Liz Tillander, Woo Jong Kim, Hannah Brenner, and Katie Darcy, has brought friendship as well as their scholarly insights. Carmen Hillier worked closely with me on some of the data analysis, and through her thoughtful questions and considerate insights, she helped me see the data in different and valuable ways. To all of you, I am grateful for all the experiences, and more importantly to know you.

Also, I am thankful for the support of my entire committee. Dr. Sacha Klein has encouraged me at multiple key points in this program and consistently weaves self-care with pushing myself. Thank you for all the support you have given me (often right on time too).

Thank you as well to Dr. Jennifer Cobbina for being accessible, open, brilliant, and kind. I am honored to have you on my committee and to receive your feedback.

Outside of the university, I have had the great pleasure of working with Dr. Stephanie Covington which is also a true honor. Thank you for believing in me and encouraging me to see opportunities. Thank you as well to my original research team at the University of Michigan—Dr. Heather Flynn, Dr. Heather O'Mahen, Dr. Christie Palladino, and Dr. Caroline Bonham—who provided me with not only the fundamentals of quality research, but also provided warmth, friendship, mentorship, and kindness through the process.

Personally, I am also surrounded by people with great wit, compassion, brilliance, and generosity. Thank you Dulcy Hayes, Lok-Sze Wong, Kristin Scherrer, Jenn Mann, Christine Watson, John Watson, Harry Short, Jim Garrett, Carmen Alvarez, Loti Walker, Josephine Boakye, Jasmine Crumsey, Alison Vacca, Mike Vacca, Gretchen Archer, Jen Smith, Lanice Avery, Elise Hernandez, Kathleen O'Neal, Elizabeth Armstrong, Grace Kotre, Christy Napier, and many more people who have shown up with dinner or coffee, to play games, to play with the kids, to talk methods, etc. Thank you for your friendship and in all the ways you are each uniquely you. Thank you for nurturing my soul in this process. I am deeply grateful for my friends who are truly my family too.

Most importantly, to my spouse, Shantá Robinson, thank you. The best part of this path is walking it with you. Thank you for believing in me and truly, for inspiring me. While we "held gold dust in our hands" for the past 5 years, I am so excited for our next steps and our future together. To our children, Vivian and Vincent: you are pure joy, wonder, creativity, and love. Everyday you amaze me. I love you so much and am honored to be your mama. As you tell me about "signs of spring", I am excited for all the future holds. My heart is full of thanksgiving.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER ONE:

AN OVERVIEW OF THE DISSERTATION RESEARCH

Introduction

Incarcerated women with life sentences are a small, but growing sub-population of adults in prison. Approximately 5% of incarcerated women are serving life sentences in the U.S., and the number of women incarcerated with life sentences has increased by 14.2% from 2008-2012 (Nellis, 2013). This increase has been attributed to changes in sentencing policies and practices since the 1970s that have lengthened incarceration periods based on types of offending such as longer sentences for repeat offending and drug offenses, and have simultaneously limited opportunities for parole (Nellis & King, 2009). Also, in the past thirty to forty years, due to these more stringent sentencing policies and practices, the definition of a life sentences has changed from an indeterminate sentencing stance (i.e. until rehabilitation has occurred and thus being "parole" ready) to meaning literally to the end of natural life (Mauer, King, & Young, 2004; Nellis & King, 2009). This means that reflective of the normative practices at the time, sentencing judges may have intended that with a 'life' sentence the individual would serve a long sentence (e.g. 20 years) – but did not intend a natural life sentence (Mauer, et al., 2004). However, shifts in sentencing policies and practices (such as the two-strike rule in Georgia) have altered this meaning to "life means life" as part of the "tough on crime" rhetoric (Nellis, 2013). For example, in California, those with a life sentence have an 18% chance of being approved for release by the Parole Board (Weisberg, Mukamal, & Segall, 2011), and in Michigan, the chance is 9% (Levine, 2014) making release a rare event. Therefore, women with life sentences are both a growing and permanent sub-population within prisons.

There are multiples consequences and concerns with this increase and they impact prisons, the community, families, and prisoners. First, the mere financial cost of incarcerating a prisoner for life is staggering. The average cost per prisoner per year is $20,000, and considering that a life-sentenced prisoner will age in prison and a geriatric prisoner costs $69,000 per year, the result is, on average, over $1 million in costs for a woman sentenced to life in prison (Mauer, et al., 2004). For example, in Michigan, every life sentenced prisoner costs taxpayers $200,000 per five years (Levine, 2014).

Second, women with life sentences arrive in prison with higher rates of psychosocial needs (Leigey & Reed, 2010), and describe perpetual psychological distress (Jose-Kampfner, 1990) and report a multitude of physical and mental health concerns especially as they age in prison (Aday & Krabrill, 2011), including suicide risk (Dye & Aday, 2013; Magaletta, Patry, Wheat, & Bates, 2008). These needs reflect the deterioration of women's health in prison and the increased demands on the prison health care system as women serve life sentences.

Third, a majority of mothers in prison (including women with life sentences) were the primary caregivers and daily providers for their minor-age children before imprisonment (Glaze & Maruschak, 2008; Leigey & Reed, 2010). Children with their mothers in prison are more than five times more likely to be placed in foster care than children with just their fathers in prison (Glaze & Maruschak, 2008). Thus, given the multitude of impediments to maintaining mothering while imprisoned, both mothers and their children face a variety of detriments from the loss of relational bonds (Loper, Carlson, Levitt, & Scheffel, 2009). Also, the burden on foster care is great, given that women's incarceration is one of the significant major causes of growing foster care caseloads (Swann & Sylvester, 2006), and over 25 billion dollars are spent on child welfare annually (Fang, Brown, Florence, & Mercy, 2012).

Fourth, the United States is the country with the highest rate of life sentences in the world (Nellis, 2013), and recently, the European Court of Human Rights declared that all prisoners with life sentences have a right to a potential release from prison and a review by the parole board (*Vinter and Others v. United Kingdom, 2012*). This case and the larger issue of the ethical nature of life sentences question the potential right to rehabilitation for all prisoners (van Zyl Smit, Weatherby, & Creighton, 2014), the need for international intervention with the U.S. prison system (Bernaz, 2013), and the glaring issue of the U.S. as out of sync with prisoner-focused human rights reforms found in other industrialized countries, such as Spain, Italy, Canada, and France (Nellis, 2010). These concerns have also been evident in the particular issue of giving juveniles life sentences in prison in the U.S., calling into question the humaneness of not only this provision for youth but life sentences in general (e.g. Human Rights Watch & Amnesty International, 2005.)

Despite their constant presence in prisons, women with life sentences have largely been neglected and underserved by practice professionals, prison administrators and researchers (Dye & Aday, 2013; Owen, 1998). While they are long-term inmates in prisons, there is limited information about the psychological health of women with life sentences- both in terms of their pre-prison life histories and their mental health in prison, especially in regards to how they cope with and respond to feelings of psychological distress (Dye & Aday, 2013; Leigey & Reed, 2010) . Likewise, there are no existing treatment-based interventions specifically for this population (Tripodi, Bledsoe, Kim, & Bender, 2011), nor are they purposively included in samples to test interventions, and often they are denied treatment-based programming due to their lifer status (Nellis, 2012). Therefore, while this is a growing population, it is also a highly understudied and underserved population. Research is needed to inform service provision,

intervention development, and policy advocacy including a human rights agenda for this population of women. These studies begin this research agenda through a specific focus on the psychological health of women with life sentences given the existing high rates of depression and suicide risk.

Purpose of This Dissertation

This dissertation study addresses three major gaps that are present in the literature in regards to the psychological health of incarcerated women with life sentences: (1) an exploration of the pre-prison life experiences (including mental health and substance use histories, experiences of trauma, and family adversities) that influence their psychological health in prison; (2) an examination of women's mental health before and after delivery of a new intervention; and (3) an exploration of the ways that women cope with life sentence and the influence of importation and deprivation factors.

The following overview provides a background for the three manuscripts of this dissertation by summarizing what is known about women in prison in three major areas: 1) pre-incarceration factors, including pathways to crime and how changing social policies have impacted women and sentencing; 2) prison factors, including historical and current descriptions of the penology discourse and practices of women's imprisonment; and 3) theories that may explain factors that influence women's psychological health within prison.

Background and Overview of Women and Imprisonment

Prisons are designed for prisoners for long-term confinement (i.e. prison sentences are measured in years or even life-terms), and historically for the sake of rehabilitating prisoners (Belknap, 2007; Feinman, 1983). Currently, women comprise approximately 7 percent of all inmates held in state and federal prisons (Carson & Sabol, 2012). Both the number and rate of

women incarcerated have steadily increased since the 1980s. Specifically, from 1977 to 2004, the number of women in prison expanded by 757 percent (Frost, Greene, & Pranis, 2006). Currently, the imprisonment rate for women is 65 per 100,000 residents in comparison to 59 per 100,000 residents in 2000 (Carson & Sabol, 2012) and only 10 women per 100,000 residents in 1979 (Frost, et al., 2006). Women of color have an especially higher risk of being imprisoned; women who are Hispanic have a rate of 71 per 100,000 residents and for Black women, 129 per 100,000 residents which is 2.5 times the rate for White women (51 per 100,000 residents) (Carson & Sabol, 2012). Incarcerated women's offenses range in type, with 37% of women serving time for a violent offense, 29% for property crimes, 25% for drug crimes, and 8% for public order offenses (Carson & Sabol, 2012). Lastly, women in prison commonly have backgrounds of low education achievement (i.e. 44% of incarcerated women do not have a GED or a high school diploma), unemployment prior to arrest and unstable unemployment histories, previous experiences of being homelessness, histories of trauma and violence victimization, substance use, dependency, and abuse, mental health concerns, and primary parenting of minor-age children (Belknap, 2007; Bloom, Owen, & Covington, 2003; Glaze & Maruschak, 2008; Harlow, 2003; Pollock, 2001).

As this increase in the number of women in prison has occurred, a new field of knowledge has also emerged to explore macro-level factors connected to the increased and intensified arrest and incarceration of women (especially women of color). These factors include impacts of the war on drugs (Bloom, Chesney-Lind, & Owen, 1994; Bush-Baskette, 2004), changes in arrest and sentencing policies (Bloom, Owen, & Covington, 2004; Chesney-Lind, 2002; Mauer, Potler, & Wolf, 1999) and massive for-profit prison building (Davis & Shaylor, 2001; Reynolds, 2008; Richie, 2012). For example, in regards to arrest practices, data

demonstrate decreases in drug related incarcerations and a corresponding increase in the proportion of women imprisoned for violent crime (West & Sabol, 2008). This increase has mainly been for simple assaults (versus more serious aggravated assault) and has been linked to the use of mandatory arrest policies that have been detriment in criminalizing women who are victims of intimate partner violence(Koons-Witt & Schram, 2003; Kruttschnitt, Gartner, & Ferraro, 2002; Pollock & Davis, 2005; Schwartz, Steffensmeier, & Feldmeyer, 2009).

Also, with this increase in the number of women in prison, researchers have explored differences between men and women involved in the criminal justice system. Across studies, men and women display different frequencies in their types of and rationales for their crimes and have proportional differences in their pathways into crime (Belknap, 2007; Belknap & Holsinger, 2006; Chesney-Lind & Pasko, 2013; Daly, 1992; Salisbury & Van Voorhis, 2009). Women are less involved in violent crimes than men, and more often, women's crimes are motivated or shaped by dynamics such as trying to survive severe economic marginalization and escape violence from partners (Belknap, 2007; Chesney-Lind & Pasko, 2013; Daly, 1992, 1994; Owen, 1998). In Daly's (1994) often cited work on pathways to crime, the pathway category with the highest proportion of men (35%) was related to using violence for control and the prominent role of masculinity in promoting criminal behaviors, whereas the pathway with the largest proportion of women (37%) was based on a history of extensive abuse, victimization, substance abuse, mental health distress, and subsequent criminal behaviors.

***Pathways to crime for women*.** Specific pathways to crime for women are based on the interconnections and multiple impacts of interpersonal violence, institutional and organizational neglect toward women due to their social position(s), sexual exploitation and trauma, pervasive poverty, and the power of addiction (B. Richie, 1996). Based on life histories of incarcerated

African American women, Richie (1996) found these pathways to be based on complex, multi-level factors that she labels a system of "gender entrapment." Richie (1996) describes this as:

> The socially constructed process whereby African American women who are vulnerable to men's violence in their intimate relationships are penalized for behaviors they engage in even when the behaviors are logical extensions of their racialized gender identities, their culturally expected gender roles, and the violence in their intimate relationships. (p. 4)

Likewise, in a study of pathways to crime for women in prison, the cumulative effects of trauma pervaded multiple aspects of women's lives, including women's physical and mental health, interactions with social systems, family and peer group relationships, home and property status, school and work performance, and involvement in faith and religious activities (D. D. DeHart, 2008). These effects shaped the context in which women sought to navigate their lives and the resulting types of gendered choices available to women, as DeHart (2008) describes:

> [They were] pushed away from pathways of legitimacy such as school and work. Their family and social networks often tended more toward perpetration or collusion than positive support. Their role models were often corrupt, and living contexts permeated with poverty, addiction, and violence. Given the restricted options and negative influences illustrated in these women's stories, failure to choose a pathway involving crime seems more remarkable than having chosen such a pathway. (p.1378)

Scholars have also performed intra-gender analysis of women's pathways to crimes to further illuminate differences between women engaged in different forms of criminal activity, such as drug and non-drug related crimes (Cobbina, 2009; DeHart, Lynch, Belknap, Dass-Brailsford, &

Green, 2013). Given women's distinct pathways into crime, these are factors that women enter into prison with (e.g. histories of trauma) and are part of the profiles of women in prison.

Existing research spotlights the gender-specific, multiple and complex social, physical and psychological needs of incarcerated women (Blitz, Wolff, Pan, & Pogorzelski, 2005; Kubiak, 2004; Kubiak, Beeble, & Bybee, 2012; Kubiak, Boyd, Slayden, & Young, 2005; Langan & Pelissier, 2001; Messina, Burdon, Hagopian, & Prendergast, 2006; Pelissier, Camp, Gaes, Saylor, & Rhodes, 2003; Salina, Lesondak, Razzano, & Weilbaecher, 2007; Staton-Tindall, Duvall, Leukefeld, & Oser, 2007; Staton, Leukefeld, & Webster, 2003). In combination with gender-related social and economic marginalization, women involved with the criminal justice system present with more extensive histories of trauma and victimization, substance abuse, mental and physical health problems, and adversity than men (Holtfreter & Morash, 2003; Maruschak, 2008; McDaniels-Wilson & Belknap, 2008; Messina & Grella, 2006; Messina, Grella, Burdon, & Prendergast, 2007). For example, approximately 75 percent of incarcerated women have mental health problems versus 55 percent of men in state prisons (James & Glaze, 2006), which is also higher than women in the general community (Jordan, Schlenger, Fairbank, & Caddell, 1996; Kubiak, Siefert, & Boyd, 2004; Teplin, Abram, & McClelland, 1996). Also, women involved in the criminal justice system present with more than one mental health concern with studies often finding higher rates of co-morbidity for women than for men (Jordan, et al., 1996; Sanders, McNeill, Rienzi, & DeLouth, 1997; Teplin, et al., 1996). In a state prison amongst a sample of men and women with substance use disorders, women were significantly more likely to have major depression, PTSD, and any affective, anxiety, or psychotic disorder with over 45 percent of women with co-occurring disorders versus only 24 percent of men (Zlotnick, Clarke, Friedmann, Roberts, Sacks, & Melnick, 2008).

Women serving life sentences. A growing proportion of incarcerated women have been sentenced with life sentences which for these women, means that they face the potential of living the rest of their natural life in prison. Sentencing practices around the provision of life and the meaning of a life sentence have changed over the past decades and continue to vary by state in terms of degree of frequency and stringency. There is also a distinction in terms of a "life sentence" and "life without parole," and there has been a steady increase in both types of sentences (Nellis, 2013). A "life sentence" carries the potential for a prisoner to be released from prison on parole, whereas "life without parole" is devoid of that potential. On average, a person serving a life sentence is incarcerated for 29 years (Mauer, et al., 2004). As noted, life sentences vary in length and parole potential by state in terms of the political climate and crime ideology; for example, in California, only eight people with life sentences were released from 1999-2003 due to the Governor's stance on "life means life" (Nellis, 2013, p.14). As part of the "tough on crime" rhetoric, life sentences have increasingly meant until end of natural life, or equivalency (e.g. very old age or advanced terminal illness).

Approximately 5% of incarcerated women or roughly 5400 women are currently serving life sentences in the U.S., and of these, approximately 300 have Life without Parole (Nellis, 2012, 2013). The proportion of prisoners with a life sentence who are African American (48.3%) is disproportionately higher than both community population rates and the general prison population rate (Nellis & King, 2009). In a national sample including life-sentenced women, the average age was 40 years old, and the average number of years of education was 11 years for women serving life sentences. Over half of the women (52%) were mothers (Leigey & Reed, 2010). A majority of women with life sentences (94%) are serving time for violent offenses which is similar to the larger population of men and women serving life sentences in terms of

mainly having a violent offense (Nellis, 2013). Also, a majority of women with life sentences are first time prison inmates, as seen in the limited research with samples of these women: 78% of a national sample of 99 women with life sentences (Leigey & Reed, 2010) and 95% of 214 women with life sentences in one prison (Dye & Aday, 2013). In Michigan, two-thirds of all prisoners serving life sentences are serving their first prison sentence, and 49.9% were under age 25 when they committed their offense (Citzens Allians on Prisons and Public Spending, 2013).

Women with life sentences are also a sub-population with significantly higher rates of adverse pre-prison life experiences including histories of parental incarceration, parental substance abuse, poverty, and childhood and adulthood abuse than men with life sentences (Leigey & Reed, 2010). For example, women with life sentences have significantly higher rates of pre-incarceration suicide attempts than men with life sentences; 35% of women with life sentences report such attempts in contrast to only 13.5% of men (Leigey & Reed, 2010). When compared to incarcerated women without life sentences, women with life sentences have significantly higher rates of histories of trauma—specifically, sexual abuse throughout the lifetime (59.6 vs. 40.4), sexual abuse by an intimate partner (19.2 vs. 8.4), physical abuse as a child (23.2 vs. 15.3), and physical abuse by an intimate partner (54.5 vs. 41.5). Notably, Leigey and Reed's (2010) comparative work on women with life sentences is the *only* research with this type of sample and is the only existing work that has actively contributed to a working understanding of the distinct experiences, areas of risk and needs that women with life sentences bring into prison.

Within the sub-population of women with life sentences is a group of females who are serving life sentences for convictions of crimes committed when they were a juvenile-commonly called "juvenile lifers." Currently, 42 states have the option of imposing life without

the possibility of parole for youth – and in 27 states mandatory sentencing policies restrict judicial discretion (Griffin, Torbet, & Szymanski, 1998; Tanenhaus & Drizin, 2002). Most states have a minimum age at which this sentence can be given (for example, ages range from 12 years in Colorado to 16 in California), however in 14 states, there is no minimum age at which juveniles can be tried as adults and sent to prison for natural life (Rainville & Smith, 2003). Nationally, almost half of all juveniles sentenced to life (47.2%) are African American (Nellis & King, 2009). Likewise a majority of juvenile lifers (90.3%) are housed in adult prisons (Nellis, 2012), and in the most recent data available, there are approximately 180 female juveniles with life sentences, 27.5% of which are serving life without parole (Nellis & King, 2009). Juvenile female lifers also have especially high rates of adverse childhood events; 84.1% of juvenile female lifers have witnessed violence in their childhood homes, 79.5% have reported histories of physical abuse, and 77.3% have histories of sexual abuse (Nellis, 2012). The United States is the only country to practice sentencing juveniles with life sentences, and recently, two major Supreme Court cases questioned the appropriateness of such sentencing (Nellis, 2013): in particular, *Graham v. Florida* in 2010 and *Miller v. Alabama* in 2012 calling into question the role of adolescent brain development on criminality, and the rightfulness of the provision of such an extreme sentence for adolescents.

Overall, life sentences are increasing in the United States and at a higher rate for women (Nellis, 2013). Based on the limited available research, women with life sentences comprise a high risk population that is responding to and coping with both a new and a permanent environment when they enter prison.

Overview of Women's Experiences While in Prison

The prison environment is a physically, socially, and psychologically distinct location with intentional deprivations, and as such, adjustment, adaptation, and responding to this environment are challenging for inmates (Clemmer, 1958; Irwin, 1970, 1980; Johnson, 1976; Johnson & Toch, 1982; Toch, 1975). Prisons are closed systems that function with their own rules, regulations, surveillance, and consequences. Goffman (1961) created the term "total institution" to refer to a place where people both live and work and are also isolated from the larger community for a significant length of time. Within such settings, rules, norms, values, and daily routines are highly structured as well as particular to the specific setting. The term "total institutions" has been used to describe mental hospitals/institutions, military settings and incarceration sites, such as jails and prisons. Prisons are "total institutions" in that they operate within a contained space in which all aspects of life are dictated and regulated by authoritarian custodial staff (Goffman, 1961). Prison is designed in both physical structure and disciplinary/organization for prisoners to have a lack of privacy and restricted freedom (Twaddle, 1976). As "total institutions", prisons operate with their own set of rules, including stringent regulations for prisoners that are not found in the general community, but that are often inconsistently enforced by custodial staff with varying degrees of consequences for prisoners (Haney & Zimbardo, 1998).

Historically, prisons designed and intended for women have differed from men's prisons (Belknap, 2007; Owen, 1998; Pollock, 2001; Rafter, 1985, 1987), reflecting differences in gender socialization in the outside world (Owen, et al., 2004; Rafter, 1985). Reformatories for girls and women focused on morality, enforcing gender roles of homemaker and mother, and a restoration of femininity, as evident in the missions and dynamics of these prisons. For example,

at the National Conference on Social Welfare in 1901, the purpose for social workers in females' reformatories was "to establish or re-establish moral harmony in the soul" (p.258) with the perspective that "every girl we save to true womanhood will prove a means of salvation to the generations to come" (Fairbank, 1901). In accordance to this mission, the only education offered was sewing, cleaning, and cooking (Abrams & Curran, 2000; Rafter, 1985). It has been argued that these gendered ideas of corrections persist and shape how women's prisons function (Zaitzow, 2003); specifically, restoring femininity has been equated with creating social control over women as described by the following (Lutze, 2003):

> Thus, to control women in prison, is not to strip them of their womanhood, but to restore them to it- to ensure that they remain weak, dependent, passive, emotionally insecure, non-competitive (with males), heterosexual and subservient. The means utilized to accomplish this is by stripping women of their personal relationships, their support networks, their children, their emotional capacity to cope maturely with their situation, and their ability to control their bodies and their sexuality. Basically, the institution replicates the same systematic pattern of behavior used by individual men in free society to dominate individual women through domestic violence. (p. 187)

Prisons for women have also used paternalism as a style of management and supervision which has led to a dependency on the prison and "learned helplessness" by women (Freedman, 1984; Sargent, 1984; Watterson, 1996). Likewise, while historically women in prison have been viewed as more emotionally demanding than men (Dodge, 1999), this perception persists as correctional officers cite women's emotionality as a distinct, gendered supervision challenge (Pollock, 1984; Schram, Koons-Witt, & Morash, 2004).

The current state of prisons. Criminologists, sociologists, and other scholars debate the state of the penal system given arrest policy changes, massive prison creation, and shifts in correctional policies that have taken place since the 1970s, and one thread of theory that grapples with defining the state of prisons is the idea of the "new penology." The concept of a "new penology" is that prisons now have a heightened focus on containment, custody, control, surveillance, and risk assessment and management with intensified bureaucratization (Adler & Longhurst, 2002; Cullen, Fisher, & Applegate, 2000; Feeley & Simon, 1992; Pratt, 2000; Simon & Feeley, 2003). The new penology discourse has emerged from the changes of truth-in-sentencing, intensified focus on risk management and prisoner security classification, and the shift of emphasis on individual responsibility instead of institution-guided rehabilitation (O'Malley, 1992, 1996, 2000). The result has been an overall intensification of the harms of imprisonment under the guise of "public safety" goals (Liebling & Maruna, 2005). Specifically, this new penology has been described as the following by Feeley and Simon (1998):

> It accepts deviance as normal. It is skeptical that liberal interventionist crime control strategies do or can make a difference. Thus its aim is not to intervene in individuals' lives for the purpose of ascertaining responsibility, making the guilty 'pay for their crime' or changing them. Rather it seeks to regulate groups as part of the strategy of managing danger. (p. 375)

However, on the level of prison processes and daily routines, the practice interpretations and application of the new penology philosophy have variations across prisons (Cheliotis, 2006; Sparks, 2000, 2001). Thus, theorists stress that not all prisons function exactly the same and have not integrated aspects of the new penology in the same ways.

As illustrative of the differences between new and old prisons, comparative research has examined women's experiences in two different prisons: the California Institution for Women (CIW) and the Valley State Prison (VSP) (Carbone-Lopéz & Kruttschnitt, 2003; Kruttschnitt & Gartner, 2005). CIW is the oldest all-women's prison in California, is rehabilitation focused, and represents the old penology. As a therapeutic institution, its physical design has been described as appearing in similar structure to a high school or hospital (Carbone-Lopéz & Kruttschnitt, 2003; Ward & Kassebaum, 1965). For contrast, VSP is the most recently built prison for women in California and as such, its design is more typical of the new penology's focus on prison features such as excessive security (e.g. electrified fences, guard towers, armed guards), strict management, and overcrowding problems (i.e. over 3600 women are housed within the prison when the intended population is 1980 women). Thus, while prisons have dynamics of "total institutions" and closed systems, there are varying degrees of adherence to the new penology's practices.

Daily life in prison. While prisons may vary in their adherence to the new penology, prisons are closed institutions as well as nationally prevalent institutions and have some uniformity in terms of their structure and functioning. Punishment, as one of the primary functions of prisons, permeates the daily structure (Sexton, 2012); one prisoner describes it as "punishment is like air. We breathe it and it sustains us" (p. 112). As such, prison policies and practices have been described as reinforcing a loss of freedom and personhood for prisoners, which has been historically and is currently called the "pains of imprisonment" (e.g. Sykes, 1958; Goffman, 1961; Gillombardo, 1966; Foster, 2012, Sexton, 2012.) For example, instead of referring to women in prison by name, they are referred to by their assigned inmate number which represents a loss of personhood. Prison is also a space defined by lack of privacy, as well

as a constant of noise and the threat of violence (Pogrebin & Dodge, 2001; Pollock-Byrne, 1992). One formerly incarcerated woman describes it as, "It is never quiet in there. All night long people are talking from cell to cell, screaming, fighting, and the doors opened continually when guards are doing checks" (Pogrebin & Dodge, 2001, p. 533). Daily routines are highly structured and often leave little room for prisoner choice; from wake-up time to choice of dress to diet, prisoners are instructed when, where, and how they will conduct themselves (J. Irwin & Owen, 2005).

The overly structured daily routine has been described as a process of "prisonization". While prison is physically isolating from the outside world, incarcerated women are also "excluded from decisions relating to their own lives, from autonomy over their own lives and from close involvement in the lives of others which contributes to a sense of community" (Eaton, 1993, p. 39–40). For example, women are given infractions for not correctly tucking their shirts into their pants, or face higher levels of surveillance and receive infractions for becoming "too close" to other women in prison (Belknap, 2007; Severance, 2005). Thus, women experience a process of becoming dependent on the prison for decision making, and for the prison, this leads to the "creation of docile bodies" (Comfort, 2003). This very structured environment has been described by one woman in prison as "I don't have a choice in what clothes I wear. Or who wore 'em before me. So, yeah, it's a punishment from life itself" (Sexton, 2012, p.50).

Likewise, all decision making happens under a sense of surveillance from the prison and a lack of privacy; women detail feeling as though "any and all thoughts, feelings, or behaviors were potentially knowable to everyone" (McCorkel, 2003, p. 58). In simultaneous contradiction to the structure of daily life, the prison has also been described as constantly inconsistent in terms of the prison's responses (e.g. officers' decisions to write up a prisoner for a misconduct)

to the surveillance, especially in regards to the lack of *all officers* applying *all rules* to *all inmates* in *all the same ways* at *all times* (Sexton, 2012). Women in prison thus have to be aware of changing or variable dynamics within their very structured and high surveillance environment, and live in a state of persistent stress of being on heightened alert for expecting anything to transpire (Sexton, 2012).

Safety in prison. Existing research has elicited rich descriptions and helpful insights into women's impressions of the prison experience; importantly to note, though, there is no singular prison experience for all women in prison. For example, some women describe prison as a safe environment- or even the safest environment that they have been in (Bradley & Davino, 2002; Ferraro & Moe, 2003) whereas numerous women also feel genuine and founded fear in prison and recall accounts of violence especially from prison staff (Dirks, 2004; Struckman-Johnson & Struckman-Johnson, 2002). Prison may be a site of sexual trauma as inflicted by other inmates and/or staff (Bell et al., 1999; Struckman-Johnson & Struckman-Johnson, 2002; Wolff, Shi, Blitz, & Siegel, 2007), as well as a site for being re-victimized and/or triggered (Dirks, 2004) as a majority of incarcerated women enter prison with extensive trauma histories. Women in prison have higher rates than men in prison of being sexual victimized by prison staff. Women are in the victims of approximately 75% of all reported staff-perpetrated sexual victimization in prisons (Beck, 2012). Women report a range of sexual victimization experiences, from intensified surveillance during their showers to repeated sexual assaults by officers (Pogrebin & Dodge, 2001). Women also describe the coercion involved with these experiences; officers try to bribe women by offering needed items, threaten to write up women for false infractions if they do not "comply", and/or even physically attack in addition to the sexual victimization (Pogrebin & Dodge, 2001). Some women navigate prison by exchanging sex with officers for basic goods and

services which makes them more vulnerable to sexual abuse and retaliation by officers if they report or do not comply (Greer, 2000; Pogrebin & Dodge, 2001). Reporting sexual victimization in prison is confounded by the "closed institution" dynamic in that women must often report sexual victimization by officers to officers and "prove" their victimization. Relationships with prison staff are also an element of surviving within prison, as a positive relationship with a correctional officer may help a woman secure a better work position or protection from being ticketed for minor rule violations (Trammell, 2009).

Inmate culture. Between inmates, a specific inmate culture or "code" of behavior has been found for women in prison (Owen, 1998). This culture includes women's ways of establishing relationships with other inmates (ranging from friendships to prison families to sexual or intimate relationships), respecting inmate privacy (e.g. not asking about crime and length of sentence or status of parenting rights) and not "snitching" on other woman; not performing according to this "code" is viewed as disrespectful and as a poor way to do time in prison (Owen, 1998; Pogrebin & Dodge, 2001; McGuire, 2011). Women describe primarily using retaliatory violence when one of the codes is broken in prison (McGuire, 2011), which fits with dynamic that violence in women's prisons is not constantly present, but rather exists as a constant potential or threat depending on the mix of inmates, interpersonal dynamics, type of prison, timing, and prison staff (Owen, Wells, Pollock, Muscat, & Torres, 2008). At the level of inmate-to-inmate, common challenges for women in prison are exploitative relationships with other inmates (especially new inmates) for the purpose of securing money, food, and other provisions and verbal conflicts (Owen, et al., 2008; Pogrebin & Dodge, 2001).

There is also a described disconnect between inmate culture/relationships and safety from prison officers/guards; approaching guards for help or safe concerns is seen by some women as

both ineffective in terms of receiving the help needed and unsafe in terms of being seen as a "snitch" by the other women inmates (Owen, 1998; Owen, et al., 2008; Pogrebin & Dodge, 2001). The result of these dynamics is that women may lack a feeling of consistent safety, or a heightened sense of self-reliance and withdraw, or an intensified reliance on relationships with other women in prison (Greer, 2002).

Mothers in prison. Notably, women's parenting in prison is a dynamic factor, meaning that it is an ongoing, evolving process that may change over time (Berry & Eigenberg, 2003), and varies for women in prison. Some women become mothers in prison; approximately 9 percent of incarcerated women will be pregnant and give birth while incarcerated (Knight & Plugge, 2005). Not all mothers choose to maintain contact with their children. Enos (2001) has outlined four motherhood "trajectories" for incarcerated women: (1) "Motherhood accepted": women who have an increasing commitment to and motivation for their children while incarcerated; (2) "Motherhood terminated": women who are at risk for the involuntary termination of parental rights and have a decreased "commitment" to motherhood; (3) "Mothers on Leave": (most common) primary caregivers for their children with a continued commitment to children with goal of being reunited upon release; (4) "Shared or sporadic mothering": little connection with children before, during or after incarceration.

Across studies, women who are mothers in prison commonly describe feeling daily stress and difficulty with the separation, internalization of being a "bad mother" for being incarcerated, feeling abandoned as the child(ren) are placed with other caregivers, and striving to be a better parent while incarcerated (Fogel, Martin, Anderson, Murphy, & Dickson, 1992; Foster, 2012; Houck & Loper, 2002; Pogrebin & Dodge, 2001). A primary source of strength, purpose, and meaning while incarcerated, however, is women's abilities to keep parenting their children even

while in prison, which is dependent on having quality and frequent contact with their children (Enos, 2001; Ferraro & Moe, 2003; Tuerk & Loper, 2006). Women have multiple challenges in maintaining contact with their children, often experience decreases in visits from their children during their prison stays, and may experience a termination of parental rights during incarceration that slows or evens stops visitation (Houck & Loper, 2002; Tuerk & Loper, 2006). Also, factors such as distance between children's residence and the prison, cost of travel, desire for caregiver to keep children away from the prison environment and other inmates, lack of child-friendly visiting space and inconvenient visiting hours contribute to a lack of contact between incarcerated mothers and their children (Acevedo & Bakken, 2001; Baunach, 1985; Barbara Bloom & Steinhart, 1993). Specifically, due to the lower number of women incarcerated than men, there are fewer prisons for women than men, which creates a geographic barrier to visitation, and the combination of geographical isolation and restrictive security classifications prevents women from communicating with their children (Pollock, 2001; Themeli, 2006). As part of the punishment aspect of prison, many prison policies and practices use child and family visitation as leverage for women's behavioral compliance. For example, prisoners may lose visitation "privileges" when they are given a misconduct ticket (Dressel, Porterfield, & Barnhill, 1998) and conditioning women to prison includes initial denial of visitation (Kazura, 2000).

Women's Psychological Health in Prisons

Women enter prison with high rates of mental health disorders and distress (Fogel, 1993; Gunter et al., 2008; Loper, 2002; Messina, Burdon, & Prendergast, 2003). Women have also reported higher levels of mental health distress while incarcerated in prison than previous to incarceration (Lindquist & Lindquist, 1997). Mental health distress and poor psychological health are considered common reactions to the prison environment and the drastic separation

from social supports (Negy, Woods, & Carlson, 1997; Sheridan, 1996). Between 50-90 percent of incarcerated women report clinically significant depressive symptoms (Keaveny, 1999; Martin, Cotten, Browne, Kurz, & Robertson, 1995; McClellan, Farabee, & Crouch, 1997; Staton, et al., 2003). For example, the Bureau of Justice utilized criteria from the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV) to screen the prevalence of mental health problems for inmates across the U.S.; 73% of women in state prisons had a mental health problem which is six times higher than the rate of 12% for women in the community (James & Glaze, 2006). Some studies have found that initial psychological distress upon entry into prison significantly decreases after the first few weeks of living in prison (Bonta & Gendreau, 1990; Islam-Zwart, Vik, & Rawlins, 2007; Paulus & Dzindolet, 1993), and this initial distress is considered a "normal" response to prison life. However, persistent psychological distress within the prison is viewed as abnormal and indicative of a potentially long-term, chronic mental health concern (Reitzel & Harju, 2000).

Chronic mental health distress and poor psychological health are risk factors for women engaging in destructive behaviors while in prison (Boothby & Durham, 1999; Islam-Zwart, et al., 2007). Suicide is the second leading cause of death for prisoners (Mumola, 2005), and women in prison have suicide rates that are double the rates of women in the general community and similar to incarcerated men's rate (Dye, 2011). Therefore, persistent and concerning mental health distress is a major risk for women in prison.

Mental Health Treatment for Women in Prison

Treatment for women in prison is rare and often insufficient (Sacks, 2004). Based on a national survey, only 24-34 percent of prisoners with a mental health concern have reported receiving mental health treatment while in prison (James & Glaze, 2006). While mental health

care is considered a constitutional right for prisoners, state prison systems vary in their funding of such services, and range from designating 5 to 43 percent of their budget on mental health care (Beck & Maruschak, 2000). Nationally, about 75 percent of correctional facilities have substance abuse counseling, however, this includes a range of 8 percent to 100 percent state-wide, depending on the state (Stephan, 2008). Likewise, with mental health services, nationally, 58 percent have mental health counseling services while some facilities have no counseling options (Stephan, 2008). Mental health treatment in prison is often logistically more accessible to women than in the community¸ yet the quality and appropriateness of this care is understudied (Blitz, Wolff, & Papp, 2006). A major concern is that overcrowding in prisons is associated with inadequate staff and fewer programs, services, and opportunities for women to gain support, either informally (e.g. from peers) or formally (e.g. with mental health professionals) (Borrill, Snow, Medlicott, Teers, & Paton, 2005). Women's prisons often lack these types of services more so than men's prisons (Thermeli, 2006).

While limited services exist for incarcerated women, the number of evidence-based interventions has increased for women in correctional settings in the past twenty years, offering more options for treatment (Dowden & Andrews, 1999; Tripodi, et al., 2011). However, the area of intervention development and testing still remains as a vital area for expansion in research and practice. A recent systematic review of interventions for adult women in correctional settings found that the most common goal of interventions for women in prison is reducing recidivism rather than primarily psychological health (Tripodi, et al., 2011). A specific concern is the general lack of research and investment in suicide prevention programs for women in prison (Dye, 2011), and the over-reliance on male-based and overwhelming male-tested treatments (Landenberger & Lipsey, 2005; Peugh & Belenko, 1999).

Gender-responsive and trauma informed services have been strongly advocated for incarcerated women (Bloom, Owen, & Covington, 2003; Fournier, Hughes, Hurford, & Sainio, 2011; Laux et. al, 2008) given that motivations for, and victims of, crimes perpetrated by women frequently differ from male perpetrated crimes (Pollock & Davis, 2005; Kruttschnitt, 2002; Mann, 1990; Mann, 1996) and gender differences when comparing incarcerated men and women (e.g. Messina, Burdon, Hagopian, & Prendergrast, 2006; Raj et al., 2008; Fazel, Bains, & Doll, 2006; Kubiak, Beeble & Bybee, 2010; James & Glaze, 2006). Gender-responsive interventions focus on empowerment, improving problem solving and self-image, and self-efficacy, based on understanding the pathways to crime that are common for women and based on their high rates of victimization, mental health distress and substance use disorders (Chesney-Lind & Pasko, 2013; Bloom, Owen, & Covington, 2003; Green, Miranda, Daroowalla, & Siddique, 2005).

Women in Prison Serving Life Sentences

The actual prison experiences of women with life sentences are a neglected area of research. A consistent thread in the existing research is women's struggles to cope with the prison environment for the long-term. For example, in a qualitative study, women with life and long term sentences reported depression, hopelessness, and anger as they described adjusting to prison as a process of coming to terms with "an existential death", akin to the stages of grief often described by terminally-ill patients (Jose-Kampfner, 1990). Indeed, the aspect of "life" in a life sentence is strongly connected to death, in terms of imprisonment until death. Likewise, in recent research, a survey was given to women with life sentences and found that suicide ideation was a common and prevalent factor for women (Dye & Aday, 2013). In particular, while over 80% of the women reported histories of abuse and trauma throughout their lifetimes, their ability to cope in prison, the presence or absence of depression, and level of support from outside

relationships were significantly associated factors with current suicide ideation (Dye & Aday, 2013). More research is needed in understanding exactly what factors influence changes in women's suicide ideation especially as they serve a life sentence (Dye & Aday, 2013). Women with life sentences have been included in research examining the experiences of women aging in prison, and have been shown to report significantly higher rates of mental and physical health concerns at both admission to prison and currently (Leigey & Hodge, 2012).

It has been suggested that the more time a woman serves, the more difficulty she may have psychologically and the more mental distress she may have (Vuolo & Kruttschnitt, 2008). Women who have served longer sentences (over ten years) have reported more problems with the prison environment, such as boredom and a dearth of educational, work, and social opportunities, with similar anxiety levels as women newly admitted to prison (MacKenzie, Robinson, & Campbell, 1989). Based on personal accounts, women who enter prison with a life sentence describe feeling unable to process their reality and emotionally numb (George, 2010). Likewise, given the effects of time, women with life sentences may have to face ongoing and prolonged separation from their children and cycles of hope and disappointment about release. Therefore, psychological health may change over time, or may be difficult to improve over time for women with life sentences, and is influenced by contextual factors.

Strikingly, women with life sentences are often excluded from treatment programming within prisons. Over sixty percent of juvenile lifers report being denied entrance into prison-based programming due to state or prison policies, primarily because such programming is reserved for those leaving the prison (Nellis, 2012). Likewise, the vast majority of evidence-based programming for incarcerated women is intended for women preparing to re-enter the community/exit the prison and to reduce recidivism (Tripodi, et al., 2011). Women with life

sentences have not been considered as a target population for intervention, and they are rarely, if ever, included in samples of incarcerated women for new intervention development and testing.

Theoretical Approaches to Understanding Women's Psychological Health in Prison

Two explanatory theories exist specifically about factors that influence women's psychological health in prison: deprivation theory and importation theory. Deprivation theory (or called the "indigenous approach") has the main premise that the prison environment "inherently deprives the inmate of basic needs, resulting in tension and particular ways of adaption" (Parisi, 1982, p. 9). Based on sociological work by Sykes (1958) in a men's prison and similar study of a women's prison (Gillombardo, 1966), deprivation theory was established with the idea that the prison deprives individuals of material goods, social acceptance, personal freedom, and heterosexual relationships, and these deprivations of the prison environment cause inmates to respond with depression, anxiety, anger, mental health distress, violence, aggression and oppositional attitudes (Parisi, 1982; Sykes, 1958; Sykes & Messinger, 1960). As a component of deprivation, the lack of control over one's environment in combination with a lack of predictability is linked to behavioral and emotional distress (Glass & Singer, 1972; Moos, 1976). Therefore, the characteristics of the prison shape an individual's psychological response. It is suggested that women in prison experience more intensely the pains of imprisonment given their higher rates of psychological distress during incarceration (Collica, 2010; Fogel, 1993; Paulus & Dzindolet, 1993).

Deprivation theory predicts that the greater the level of deprivation within a prison, the higher the rate of poor psychological health for prisoners. Because prisons have varying degrees

of deprivation, prisoners' psychological responses are not the same across prisons (Haycock, 1993). Therefore, maximum security prisons are expected to have greater rates of poor prisoner psychological health (e.g. higher rates of mental health disorders and suicides) than medium and minimum security prisons (Daniel & Fleming, 2006; Way, Miraglia, Sawyer, Beer, & Eddy, 2005). However, higher levels of deprivation are also found as a result of other prison factors, and these deprivation conditions influence poor psychological health for prisoners. For example, minimum-level security prisons with high levels of overcrowding (as measured by prison census, intended capacity and inmate-to-staff ratios) have similarly high rates of prisoner suicide as maximum security prisons (Huey & McNulty, 2005). Theoretically and based on limited empirical evidence, "most people who have done time in the best-run prisons return to the free world with little or no permanent, clinically-diagnosable psychological disorders as a result" (Haney, 2003, p. 6). Lastly, inmates who perceive the incarceration environment as not putting them in a state of deprivation have shown better rates of positive psychological adjustment (Gibbs, 1991; Wright, 1991).

In terms of the prison environment, many factors have been found to be associated with influencing women's psychological health including: the type of correctional facility as either having a rehabilitative or custody approach (C. Kruttschnitt & Vuolo, 2007; Vuolo & Kruttschnitt, 2008); the level of institutional overcrowding (Cox, Paulus, & McCain, 1984; Snow, Paton, Oram, & Teers, 2002); the women's perceptions of the level of safety within the prison, especially in regards to protection from sexual victimization (Goodstein, MacKenzie, & Shotland, 1984; Slotboom, Kruttschnitt, Bijleveld, & Menting, 2011); separation from children and other outside social supports (Fogel, et al., 1992; Poehlmann, 2005a); and prison policies around visitation and social support (Pollock, 2001; Themeli, 2006). A branch of deprivation

theory—trauma deprivation (or trauma exacerbation) theory- pays particular attention to prison procedures, norms, policies and practices that perpetuate traumatic events for women in prison, such as dehumanizing and unnecessarily invasive body searches, deliberate violations of women's limited privacy, and degrading verbal treatment of incarcerated women, in causing poor psychological health (Moloney, van den Bergh, & Moller, 2009).

A main critique of deprivation theory is that the prison environment does not explain variations in prisoner psychological health—for example, not all prisoners develop depression while incarcerated in the same prison (Clements, 1979; Goodstein & Wright, 1989). In particular, feminist critiques have stressed that women in prison cannot be treated as a monolithic population with a homogenous response to prison (McQuaide & Ehrenreich, 1998). For example, some women enter prison and describe it as the safest place they have ever lived, whereas other women enter the same prison and perceive the structure, policies, and prison norms as threatening and unsafe; caution has been suggested in that prisons may not necessarily be safe, but rather the perception of safety in prison may be connected to the high levels of violence women experienced in the communities and homes in which they lived before prison (Bradley & Davino, 2002; Ferraro & Moe, 2003). Thus, such studies grapple with disentangling the role of the prison deprivations and individual-level variations of women's psychological responses to prison. Likewise, deprivation-based studies require some level of comparison (e.g. across prison security level) that may not be possible- for example, if there is only one state women's prison, an equivalent comparison site may not be readily available. In general, deprivation theory provides a contextual understanding of the role of the prison environment, yet does not appear to be fully sufficient in explaining women's psychological health in prison.

In contrast, importation theory has the premise that an inmate's individual demographics and past experiences determine their psychological health in prison. In other terms, a prisoner "imports" individual characteristics that determine how they psychologically respond to prison (Innes, 1997; Irwin & Cressey, 1962) as these factors shape their perceptions and responses to stress from the environment (Silverman & Vega, 1990). Moreover, this perspective is driven by the underlying idea that prisoners are consistently *deviant* regardless of location—that prisoners respond to prison similarly to how they acted in the community and factors that led to imprisonment are the same factors that will guide a prisoner's psychological and behavioral response in prison (Irwin & Cressey, 1962). In other words, a prisoner is perceived as having "deviant subcultural values, beliefs, and behaviors that typify the criminal population" which "are brought inside confinement facilities" (DeLisi, Trulson, Marquart, Drury, & Kosloski, 2010, p.2). Therefore, this field of research has utilized demographics as well as factors significantly connected to criminal behaviors (e.g. substance use history) to predict and explain psychological health in prison (DeLisi, Berg, & Hochstetler, 2004; Ellis, Grasmick, & Gilman, 1974; Harer & Steffensmeier, 1996). For example, having a history of childhood abuse has been linked to both criminal behaviors (Heney & Kristiansen, 1998) and poor psychological health in prison (Islam-Zwart & Vik, 2004). Similarly, the risk factors for suicide are considered the same for outside or inside prison as they are individual-level demographic, social, psychological, and behavioral factors (Kovasznay, Miraglia, Beer, & Way, 2004; Mumola, 2005; Way, et al., 2005).

Researchers using this theoretical perspective explore the following variables: (1) age (Craddock, 1996; Flanagan, 1983; MacKenzie, 1987); (2) race (Flanagan, 1983; Poole & Regoli, 1980); (3) previous criminal justice involvement (Loucks & Zamble, 2001); (4) personal and family histories, especially in regards to trauma (Clements-Nolle, Wolden, & Bargmann-Losche,

2009; Gendreau, Goggin, & Law, 1997); (5) substance abuse (Steiner & Wooldredge, 2009) and (6) prior mental health disorders (Faust & Magaletta, 2010). These importation factors are often used to describe "profiles" of women in prison, the myriad of risk factors to be assessed when women enter prison, and as evidence or rationale for criminal justice practices and policies (Moloney, et al., 2009). For example, women who are serving first-time sentences in prisons report qualitatively having a harder time psychologically responding to prison (Pogrebin & Dodge, 2001). Also, several forms of theory fall into the category of importation, including cumulative adversity and trauma theory (Armour, 2012).

Critiques of importation theory have described these perspective as emphasizing prisoner pathology (Hayes, 1995, 1999; Liebling, 1995) which distracts from problematic environmental, function, policy, and practice factors within prisons (Lester & Danto, 1993). Likewise, importation theory has not proved as a consistently successful theoretical perspective in the prevention of poor psychological outcomes, such as prisoner suicide (Liebling, 1995, 1999). Importation factors are often described as prisoner risk factors, are disproportionately higher in populations of women in prison, and thus, women who enter prison are labeled as a "high risk population" (Adams, 1992). The conflation of needs into risk factors (often framed as criminogenic risk factors) has shifted the responsibility from system-solutions to individual-level factors for women offenders to address themselves (Hannah-Moffat, 1999; O'Malley, 1992). For example, to prevent suicides and self-harm, prison policies promote punitive efforts, such as segregation, to punish incarcerated women who self-harm instead of improving prison conditions and expanding treatment opportunities (Thomas, Leaf, Kazmierczak, & Stone, 2006). Researchers warn that this focus on individual factors may have negative consequences for

women, including prolonging their stays in prison (Kruttschnitt & Gartner, 2003), and distract from harmful prison conditions.

Empirical support exists for integrating both deprivation and importation theoretical perspectives. Researchers who have utilized variables reflective of both perspectives into predictive models of women's psychological experiences in prison have found significance for both types of variables and thus, stressed the need for integrated models (Cao, Zhao, & Van Dine, 1997; Dye, 2010; Gover, Pérez, & Jennings, 2008; Hochstetler & DeLisi, 2005; Paterline & Petersen, 1999). Similarly, Vuolo and Krutttschnitt (2008) examined regression models first with importation factors on psychological health, which explained 6 percent of the variance, and second just with deprivation factors, which explained 20 percent of the variance. When deprivation and importation factors were added into the model, the combination of the variables explained 32 percent of the variance in women's psychological health (Vuolo & Kruttschnitt, 2008). Thus, support exists for research on women's psychological health in prison with the utilization of both deprivation and importation theoretical perspectives.

Organization of the Dissertation

This multiple manuscript dissertation is intended to expand the research focused on psychological health of incarcerated women with life sentences by increasing the knowledge about their pre-prison life experiences, the outcomes of intervention testing for this population, and advancing theory about ways that women with life sentences psychologically respond in prison. All three manuscripts are guided by an integration of deprivation and importation perspectives in the understanding of women's psychological health in prison.

Chapter 2, Manuscript 1

The first manuscript is guided mainly by importation theory in a process of exploring pre-prison experiences that have been shown across a variety of studies to be significantly associated with women's psychological health in prison. In particular, while these factors have been studied quantitatively and as separate factors in other studies, this study qualitatively examines these factors across the pre-prison life span for each woman in order to examine themes and patterns across these factors. Exploring pre-prison life experiences of women with life sentences assists in better understanding what risk/need factors these women present with as they enter prison and the possible intervention domains for this population. Specifically, this manuscript answers the following research question: *What are pre-prison life experiences for women with life sentences? How do these events present in their pre-prison life courses? What intervention needs do women with life sentences have upon entry to prison?*

Chapter 3, Manuscript 2

The second manuscript examines the effects of a new intervention provided to women with life sentences and in particular look at changes in women's mental health from pre-intervention to post-intervention. This manuscript incorporates both importation and deprivation based theories in this examination of the new intervention entitled Beyond Violence. Women's mental health is examined through pre, post, and follow-up surveys with quantitative measures of specific mental health disorder symptoms. This manuscript answers the following questions: *Do mental health symptoms of anxiety, depression, PTSD, and serious mental illness improve for incarcerated women with life sentences after participating in Beyond Violence? Do forms of anger and anger expression change after participating in Beyond Violence? Are changes in*

mental health symptoms and anger- related outcomes for women based on the length of time served?

Chapter 4, Manuscript 3

The third manuscript incorporates deprivation and importation perspectives to qualitatively explore how women with life sentences cope in prison, especially in terms of coping with psychological distress and preventing negative psychological outcomes (e.g. depression and suicide). This manuscript answers the following research questions: *How do women with life sentences cope in prison? What importation and deprivation factors influence how they cope?*

Chapter 5, Discussion and Conclusion

This final chapter summarizes the key findings within and across the manuscripts with implications for social work in the areas of theory, practice, policy, and research.

REFERENCES

REFERENCES

Abrams, L. S., & Curran, L. (2000). Wayward girls and virtuous women: Social workers and female juvenile delinquency in the progressive era. *Affilia, 15*(1), 49-64.

Acevedo, & Bakken, T. (2001). The effects of visitation on women in prison. *International Journal of Comparative and Applied Criminal Justice, 25*(1), 49-69.

Adams, K. (1992). Adjusting to prison life. *Crime and Justice, 16*, 275-359.

Aday, R. H., & Krabrill, J. J. (2011). *Women aging in prison: A neglected population in the correctional system*. Boulder, CO: Lunne Reinner Publishers.

Adler, M., & Longhurst, B. (2002). *Discourse power and justice: Towards a new sociology of imprisonment.* London: Routledge.

Armour, C. (2012). Mental health in prison: A trauma perspective on importation and deprivation. *International Journal of Criminology and Sociological Theory, 5*(2), 886-894.

Baunach, P. J. (1985). *Mothers in prison*. New Brunswick, NJ: Transaction Books.

Belknap, J. (2007). *The invisible woman: Gender, crime, and justice*. Stamford, CT: Cengage Learning.

Belknap, J., & Holsinger, K. (2006). The gendered nature of risk factors for delinquency. *Feminist Criminology, 1*(1), 48-71.

Bell, C., Coven, M., Cronan, J. P., Garza, C. A., Guggemos, J., & Storto, L. (1999). Rape and sexual misconduct in the prison system: Analyzing America's most" open" secret. *Yale Law & Policy Review, 18*(1), 195-223.

Bernaz, N. (2013). Life imprisonment and the prohinition of inhuman punishments in international human rights law: Moving the agenda forward. *Human Rights Quarterly, 35*(2), 470-497.

Berry, P. E., & Eigenberg, H. M. (2003). Role strain and incarcerated mothers: Understanding the process of mothering. *Women & Criminal Justice, 15*(1), 101-119.

Blitz, C. L., Wolff, N., Pan, K.-Y., & Pogorzelski, W. (2005). Gender-specific behavioral health and community release patterns among new jersey prison inmates: Implications for treatment and community reentry. *American Journal of Public Health, 95*(10), 1741-1746.

Bloom, B., Chesney-Lind, M., & Owen, B. (1994). *Women in california prisons: Hidden victims of the war on drugs.* Rockville, MD: National Institute of Justice.

Bloom, B., Owen, B., & Covington, S. (2003). *Gender-responsive strategies: Research, practice, and guiding principles for women offenders*. Rockville, MD: National Institute of Justice.

Bloom, B., Owen, B., & Covington, S. (2004). Women offenders and the gendered effects of public policy. *Review of Policy Research, 21*(1), 31-48.

Bloom, B., & Steinhart, D. (1993). *Why punish the children?: A reapraisal of the children of incarcerated mothers in America*: Atlanta, GA: Carter Center.

Bonta, J., & Gendreau, P. (1990). Reexamining the cruel and unusual punishment of prison life. *Law and Human Behavior, 14*(4), 347-372.

Boothby, J. L., & Durham, T. W. (1999). Screening for depression in prisoners using the Beck Depression Inventory. *Criminal Justice and Behavior, 26*(1), 107-124.

Borrill, J., Snow, L., Medlicott, D., Teers, R., & Paton, J. (2005). Learning from 'near misses': Interviews with women who survived an incident of severe self-harm in prison. *The Howard Journal of Criminal Justice, 44*(1), 57-69.

Bradley, R. G., & Davino, K. M. (2002). Women's perceptions of the prison environment: When prison is "The safest place I've ever been". *Psychology of Women Quarterly, 26*(4), 351-359.

Bush-Baskette, S. R. (2004). The war on drugs as a war against black women. In S. Miller (Ed.), *Crime Control and Women: Feminist Implictions of Criminal Justice Policy*, (185-194). London: Sage Publications Inc.

Cao, L., Zhao, J., & Van Dine, S. (1997). Prison disciplinary tickets: A test of the deprivation and importation models. *Journal of Criminal Justice, 25*(2), 103-113.

Carbone-Lopéz, K. C., & Kruttschnitt, C. (2003). Assessing the racial climate in women's institutions in the context of penal reform. *Women & Criminal Justice, 15*(1), 55-79.

Carson, E. A., & Sabol, W. J. (2012). *Prisoners in 2011*. Washington, DC: Bureau of Justice Statistics.

Cheliotis, L. K. (2006). How iron is the iron cage of new penology? The role of human agency in the implementation of criminal justice policy. *Punishment & Society, 8*(3), 313-340.

Chesney-Lind, M., & Pasko, L. (2013). *The female offender: Girls, women, and crime. (*3rd edition). Thousand Oaks, CA: Sage Publications, Inc.

Chesney-Lind, M. (2002). Criminalizing victimization: The unintended consequences of pro-arrest policies for girls and women. *Criminology & Public Policy, 2*(1), 81-90.

Citizens Alliance on Prisons and Public Spending. (2013). *Michigan lifers by the numbers*. Lansing, MI: Author.

Clausen, J. (1997). Gender, contexts, and turning points in adults' lives. In P. Moen, G. Elder, & K. Luscher (Eds.), *Examining lives in context: Perspectives on the sociology of human development*, (pp. 365-389). Washington DC: American Psychological Association.

Clements-Nolle, K., Wolden, M., & Bargmann-Losche, J. (2009). Childhood trauma and risk for past and future suicide attempts among women in prison. *Women's Health Issues, 19*(3), 185-192.

Clements, C. B. (1979). Crowded prisons. *Law and Human Behavior, 3*(3), 217-225.

Clemmer, D. (1958). *The prison community.* New York, NY: Rinehart.

Cobbina, J. E. (2009). *From prison to home: Women's pathways in and out of crime* (Doctoral Dissertation). Retrieved from ProQuest Dissertations and Theses. (Accession Order No. 3367004)

Collica, K. (2010). Surviving incarceration: Two prison-based peer programs build communities of support for female offenders. *Deviant Behavior, 31*(4), 314-347.

Comfort, M. L. (2003). In the tube at San Quentin: The "secondary prisonization" of women visiting inmates. *Journal of Contemporary Ethnography, 32*(1), 77-107.

Cox, V. C., Paulus, P. B., & McCain, G. (1984). Prison crowding research: The relevance for prison housing standards and a general approach regarding crowding phenomena. *American Psychologist, 39*(10), 1148-1160.

Craddock, A. (1996). A comparative study of male and female prison misconduct careers. *The Prison Journal, 76*(1), 60-80.

Cullen, F. T., Fisher, B. S., & Applegate, B. K. (2000). Public opinion about punishment and corrections. *Crime and Justice, 27*, 1-79.

Daly, K. (1992). Women's pathways to felony court: Feminist theories of lawbreaking and problems of representation. S*outhern California Review of Law and Women's Studies, 11*, 11-64.

Daly, K. (1994). *Gender, crime, and punishment*. New Haven, CT: Yale University Press.

Daniel, A. E., & Fleming, J. (2006). Suicides in a state correctional system, 1992-2002: A review. *Journal of Correctional Health Care, 12*(1), 24-35.

Davis, A. Y., & Shaylor, C. (2001). Race, gender, and the prison industrial complex: California and beyond. *Meridians, 2*(1), 1-25.

DeHart, D., Lynch, S., Belknap, J., Dass-Brailsford, P., & Green, B. (2013). Life history models of female offending: The roles of serious mental illness and trauma in women's pathways to jail. *Psychology of Women Quarterly, 38*(1), 138-151.

DeHart, D. D. (2008). Pathways to prison: Impact of victimization in the lives of incarcerated women. *Violence Against Women, 14*(12), 1362-1381.

DeLisi, M., Berg, M. T., & Hochstetler, A. (2004). Gang members, career criminals and prison violence: Further specification of the importation model of inmate behavior. *Criminal Justice Studies, 17*(4), 369-383.

Dirks, D. (2004). Sexual revictimization and retraumatization of women in prison. *Women's Studies Quarterly, 32*(3/4), 102-115.

Dodge, L. M. (1999). "One female prisoner is of more trouble than twenty males": Women convicts in Illinois prisons, 1835-1896. *Journal of Social History, 33*(2), 907-930.

Dressel, P., Porterfield, J., & Barnhill, S. (1998). Mothers behind bars: Incarcerating increasing numbers of mothers has serious implications for families and society. *Corrections Today, 60*, 90-97.

Dye, M. H. (2010). Deprivation, importation, and prison suicide: Combined effects of institutional conditions and inmate composition. *Journal of Criminal Justice, 38*(4), 796-806.

Dye, M. H. (2011). The gender paradox in prison suicide rates. *Women & Criminal Justice, 21*(4), 290.

Dye, M. H., & Aday, R. H. (2013). "I just wanted to die": Preprison and current suicide ideation among women serving life sentences. *Criminal Justice and Behavior, 40*(8), 832-849.

Ellis, D., Grasmick, H. G., & Gilman, B. (1974). Violence in prisons: A sociological analysis. *American Journal of Sociology, 80*(1), 16-43.

Enos, S. (2001). *Mothering from the inside: Parenting in a women's prison*. Albany, NY: State Univeristy of New York Press.

Fairbank, W. G. (1901). *Girls' reformatories and their inherent characteristics.* Paper presented at the Official Proceedings of the Annual National Conference on Social Welfare, Washington, D.C.

Fang, X., Brown, D. S., Florence, C. S., & Mercy, J. A. (2012). The economic burden of child maltreatment in the United States and implications for prevention. *Child Abuse & Neglect, 36*(2), 156-165.

Faust, E., & Magaletta, P. R. (2010). Factors predicting levels of female inmates' use of psychological services. *Psychological Services, 7*(1), 1-10.

Feeley, M. M., & Simon, J. (1992). New penology: Notes on the emerging strategy of corrections and its implications. *Criminology, 30*(4), 449-479.

Feinman, C. (1983). An historical overview of the treatment of incarcerated women: Myths and realities of rehabilitation. *The Prison Journal, 63*(2), 12-26.

Ferraro, K. J., & Moe, A. M. (2003). Mothering, crime and incarceration. *The Journal of Contemporary Ethnography, 32*(1), 9-40.

Flanagan, T. J. (1983). Correlates of institutional misconduct among state prisoners. *Criminology, 21*(1), 29-40.

Fogel. (1993). Hard T: The stressful nature of incarceration for women. *Issues in Mental Health Nursing, 14*(4), 367-377.

Fogel, Martin, S. L., Anderson, N. L., Murphy, S. A., & Dickson, L. A. S. (1992). The mental health of incarcerated women. *Western Journal of Nursing Research, 14*(1), 30-47.

Foster, H. (2012). The strains of maternal imprisonment: Importation and deprivation stressors for women and children. *Journal of Criminal Justice, 40*(3), 221-229.

Freedman, E. B. (1984). *Their sister's keepers: Women's prison reform in america, 1830-1930*: Ann Arbor, MI: University of Michigan Press.

Frost, N. A., Greene, J., & Pranis, K. (2006). *Hard hit: The growth in the imprisonment of women, 1977-2004*. New York: Women's Prison Association.

Gendreau, Goggin, C. E., & Law, M. A. (1997). Predicting prison misconducts. *Criminal Justice and Behavior, 24*(4), 414-431.

George, E. (2010). *A woman doing life: Notes from a prison for women*. New York: Oxford University Press.

Gibbs, J. J. (1991). Environmental congruence and symptoms of psychopathology a further exploration of the effects of exposure to the jail environment. *Criminal Justice and Behavior, 18*(3), 351-374.

Gillombardo, R. (1966). *Society of women: A study of a woman's prison*. New York: Wiley.

Glass, D. C., & Singer, J. E. (1972). *Urban stress: Experiments on noise and social stressors*. New York, NY: Academic Press.

Glaze, L. E., & Maruschak, L. M. (2008). *Parents in prison and their minor children*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.

Goffman, E. (1961). *Asylums*. Garden City: Anchor-Double Day.

Goodstein, L., MacKenzie, D. L., & Shotland, R. L. (1984). Personal control and inmate adjustment to prison. *Criminology, 22*(3), 343-369.

Goodstein, L., & Wright, K. N. (1989). Inmate adjustment to prison. In L. Goodstein & D.L. MacKenzie (Eds.), *The American prison: Issues in Research and Policy* (pp. 229-251). New York, NY: Plenum Press.

Gover, A. R., Pérez, D. M., & Jennings, W. G. (2008). Gender differences in factors contributing to institutional misconduct. *The Prison Journal, 88*(3), 378-403.

Greenfeld, L. A., & Snell, T. L. (1999). *Women offenders*. Washington, DC: Bureau of Justice Statistics.

Greer. (2000). The changing nature of interpersonal relationships in a women's prison. *The Prison Journal, 80*(4), 442-468.

Greer. (2002). Walking an emotional tightrope: Managing emotions in a women's prison. *Symbolic Interaction, 25*(1), 117-139.

Griffin, P., Torbet, P., & Szymanski, L. (1998). *Trying juveniles as adults in criminal court: An analysis of state transfer provisions*. Rockville, MD: National Center for Juvenile Justice.

Gunter, T. D., Arndt, S., Wenman, G., Allen, J., Loveless, P., Sieleni, B., et al. (2008). Frequency of mental and addictive disorders among 320 men and women entering the Iowa prison system: Use of the Mini-Plus. *Journal of the American Academy of Psychiatry and the Law Online, 36*(1), 27-34.

Haney, C., & Zimbardo, P. (1998). The past and future of us prison policy: Twenty-five years after the Stanford prison experiment. *American Psychologist, 53*(7), 709-727.

Hannah-Moffat, K. (1999). Moral agent or actuarial subject: Risk and Canadian women's imprisonment. *Theoretical Criminology, 3*(1), 71-94.

Harer, M. D., & Steffensmeier, D. J. (1996). Race and prison violence. *Criminology, 34*(3), 323-355.

Harlow, C. W. (2003). *Education and correctional populations*. Washington, D.C: Bureau of Justice Statistics.

Haycock, J. (1993). Comparative suicide rates in different types of involuntary confinement. *Medicine, Science, and the Law, 33*(2), 128-136.

Hayes, L. M. (1995). Prison suicide: An overview and a guide to prevention. *The Prison Journal, 75*(4), 431-456.

Hayes, L. M. (1999). Suicide in adult correctional facilities: Key ingredients to prevention and overcoming the obstacles. *The Journal of Law, Medicine & Ethics, 27*(3), 260-268.

Heney, J., & Kristiansen, C. M. (1998). An analysis of the impact of prison on women survivors of childhood sexual abuse. *Women & Therapy, 20*(4), 29-44.

Hochstetler, A., & DeLisi, M. (2005). Importation, deprivation, and varieties of serving time: An integrated-lifestyle-exposure model of prison offending. *Journal of Criminal Justice, 33*(3), 257-266.

Holtfreter, K., & Morash, M. (2003). The needs of women offenders. *Women & Criminal Justice, 14*(2-3), 137-160.

Houck, K. D. F., & Loper, A. B. (2002). The relationship of parenting stress to adjustment among mothers in prison. *American Journal of Orthopsychiatry, 72*(4), 548-558.

Huey, M. P., & McNulty, T. L. (2005). Institutional conditions and prison suicide: Conditional effects of deprivation and overcrowding. *The Prison Journal, 85*(4), 490-514.

Human Rights Watch & Amnesty International. (2005). *The rest of their lives: Life without parole for child offenders in the United States*. New York, NY: Authors.

Innes, C. A. (1997). Patterns of misconduct in the federal prison system. *Criminal Justice Review, 22*(2), 157-174.

Irwin, & Cressey, D. R. (1962). Thieves, convicts and the inmate culture. *Social Problems, 10*(2), 142-155.

Irwin, J. (1970). *The felon*. Englewood Cliffs, NJ: Prentice-Hall.

Irwin, J. (1980). *Prisons in turmoil*. Boston: Little, Brown.

Irwin, J., & Owen, B. (2005). Harm and the contemporary prison. In A. Liebling & S. Maruna (Eds.), *The effects of imprisonment* (pp. 94-117). Devon, U.K.: Willan Publishing.

Islam-Zwart, & Vik, P. W. (2004). Female adjustment to incarceration as influenced by sexual assault history. *Criminal Justice and Behavior, 31*(5), 521-541.

Islam-Zwart, Vik, P. W., & Rawlins, K. S. (2007). Short-term psychological adjustment of female prison inmates on a minimum security unit. *Women's Health Issues, 17*(4), 237-243.

James, D. J., & Glaze, L. (2006). *Mental health problems of prison and jail inmates*.Washington, DC: Bureau of Justice Statistics.

Johnson. J. (1976). *Culture and crisis in confinement*. Lexington, MA: Health & Co.

Johnson, J. & Toch, M. (1982). *The pains of imprisonment*. Thousand Oaks, California: Sage.

Jordan, B. K., Schlenger, W. E., Fairbank, J. A., & Caddell, J. M. (1996). Prevalence of psychiatric disorders among incarcerated women: Convicted felons entering prison. *Archives of General Psychiatry, 53*(6), 513-519.

Jose-Kampfner, C. (1990). Coming to terms with an existential death: An analysis of women's adaptation to life in prison. *Social Justice, 17*(2), 110-130.

Kazura, K. (2000). Family programming for incarcerated parents: A needs assessment among inmates. *Journal of Offender Rehabilitation, 32*(4), 67-83.

Keaveny, M. E. (1999). Life events and psychological well-being in women sentenced to prison. *Issues in Mental Health Nursing, 20*(1), 73-89.

Knight, M., & Plugge, E. (2005a). The outcomes of pregnancy among imprisoned women: A systematic review. *BJOG: An International Journal of Obstetrics & Gynaecology, 112*(11), 1467-1474.

Knight, M., & Plugge, E. (2005b). Risk factors for adverse perinatal outcomes in imprisoned pregnant women: A systematic review. *BMC Public Health, 5*(1), 111-125.

Koons-Witt, B. A., & Schram, P. J. (2003). The prevalence and nature of violent offending by females. *Journal of Criminal Justice, 31*(4), 361-371.

Kovasznay, B., Miraglia, R., Beer, R., & Way, B. (2004). Reducing suicides in New York state correctional facilities. *Psychiatric Quarterly, 75*(1), 61-70.

Kruttschnitt, C., & Gartner, R. (2003). Women's imprisonment. *Crime and Justice, 30*(1), 1-81.

Kruttschnitt, C., & Gartner, R. (2005). *Marking time in the golden state: Women's imprisonment in California*. Cambridge, UK: Cambridge University Press.

Kruttschnitt, C., Gartner, R., & Ferraro, K. (2002). Women's involvement in serious interpersonal violence. *Aggression and Violent Behavior, 7*(6), 529-565.

Kruttschnitt, C., & Vuolo, M. (2007). The cultural context of women prisoners' mental health: A comparison of two prison systems. *Punishment & Society, 9*(2), 115-150.

Kubiak, S. (2004). The effects of PTSD on treatment adherence, drug relapse, and criminal recidivism in a sample of incarcerated men and women. *Research on Social Work Practice, 14*(6), 424-433.

Kubiak, S., Beeble, M., & Bybee, D. (2012). Comparing the validity of the K6 when assessing depression, anxiety, and PTSD among male and female jail detainees. *International Journal of Offender Therapy and Comparative Criminology, 56*(8), 1220-1238.

Kubiak, S., Boyd, C. J., Slayden, J., & Young, A. (2005). The substance abuse treatment needs of prisoners. *Journal of Offender Rehabilitation, 41*(2), 1-19.

Kubiak, Hanna, J., & Balton, M. (2005). "I came to prison to do my time — not to get raped": Coping within the institutional setting. *Stress, Trauma, and Crisis, 8*(2-3), 157-177.

Kubiak, Siefert, K., & Boyd, C. J. (2004). Empowerment and public policy: An exploration of the implications of Section 115 of the Personal Responsibility and Work Opportunity Act. *Journal of Community Psychology, 32*(2), 127-143.

Landenberger, N., & Lipsey, M. (2005). The positive effects of cognitive–behavioral programs for offenders: A meta-analysis of factors associated with effective treatment. *Journal of Experimental Criminology, 1*(4), 451-476.

Langan, & Pelissier. (2001). Gender differences among prisoners in drug treatment. *Journal of Substance Abuse, 13*(3), 291-301.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York, NY: Springer Publishing Company.

Leigey, M. E., & Hodge, J. P. (2012). Gray matters: Gender differences in the physical and mental health of older inmates. *Women & Criminal Justice, 22*(4), 289-308.

Leigey, M. E., & Reed, K. L. (2010). A woman's life before serving life: Examining the negative pre-incarceration life events of female life-sentenced inmates. *Women & Criminal Justice, 20*(4), 302-322.

Lester, D., & Danto, B. L. (1993). *Suicide behind bars: Prediction and prevention*: Charles Press Philadelphia, PA.

Levine, B. (2014). *Parolable lifers in Michigan: Paying the price of unchecked discretion*. Lansing, MI: Citizens Alliance on Prisons and Public Spending.

Liebling, A. (1995). Vulnerability and prison suicide. *British Journal of Criminology, 35*(2), 173-187.

Liebling, A. (1999). Prison suicide and prisoner coping. *Crime and Justice, 26,* 283-359.

Liebling, A., & Maruna, S. (2005). *The effects of imprisonment*. Cambridge, UK: The Institute of Criminology, University of Cambridge.

Lindquist, C. H., & Lindquist, C. A. (1997). Gender differences in distress: Mental health consequences of environmental stress among jail inmates. *Behavioral Sciences & the Law, 15*(4), 503-523.

Loper, A. B. (2002). Adjustment to prison of women convicted of possession, trafficking, and nondrug offenses. *Journal of Drug Issues, 32*(4), 1033-1050.

Loper, A. B., Carlson, L. W., Levitt, L., & Scheffel, K. (2009). Parenting stress, alliance, child contact, and adjustment of imprisoned mothers and fathers. *Journal of Offender Rehabilitation, 48*(6), 483-503.

Loucks, & Zamble, E. (2001). *Predictors of criminal behavior and prison misconduct in serious female offenders*. Ottawa, Ontario: Correctional Service Canada.

Lutze, F. (2003). The acceptance of ultramasculine stereotypes and violence in the control of women inmates. In B. H. Zaitzow & J. Thomas (Eds.), *Women in prison: Gender and social control* (pp. 183-203). Colorado: Lynne Reinner.

MacKenzie. (1987). Age and adjustment to prison interactions with attitudes and anxiety. *Criminal Justice and Behavior, 14*(4), 427-447.

MacKenzie, Robinson, & Campbell. (1989). Long-term incarceration of female offenders: Prison adjustment and coping. *Criminal Justice and Behavior, 16*(2), 223-238.

Magaletta, P. R., Patry, M. W., Wheat, B., & Bates, J. (2008). Prison inmate characteristics and suicide attempt lethality: An exploratory study. *Psychological Services, 5*(4), 351-361.

Martin, S. L., Cotten, N. U., Browne, D. C., Kurz, B., & Robertson, E. (1995). Family violence and depressive symptomatology among incarcerated women. *Journal of Family Violence, 10*(4), 399-411.

Maruschak, L. M. (2008). *Medical problems of prisoners.* Rockville, MD: U.S. Department of Justice.

Mauer, M., King, R., & Young, M. (2004). *The meaning of "life": Long prison sentences in context*. Washington, D.C.: The Sentencing Project.

Mauer, M., Potler, C., & Wolf, R. (1999). *Gender and justice: Women, drugs, and sentencing policy*. Washginton, DC: The Sentencing Project.

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*(4), 455-476.

McDaniels-Wilson, C., & Belknap, J. (2008). The extensive sexual violation and sexual abuse histories of incarcerated women. *Violence Against Women, 14*(10), 1090-1127.

McQuaide, S., & Ehrenreich, J. H. (1998). Women in prison: Approaches to understanding the lives of a forgotten population. *Affilia, 13*(2), 233-246.

Messina, Burdon, W., Hagopian, G., & Prendergast, M. (2006). Predictors of prison-based treatment outcomes: A comparison of men and women participants. *The American Journal of Drug and Alcohol Abuse, 32*(1), 7-28.

Messina, Burdon, W. M., & Prendergast, M. L. (2003). Assessing the needs of women in institutional therapeutic communities. *Journal of Offender Rehabilitation, 37*(2), 89-106.

Messina, & Grella, C. (2006). Childhood trauma and women's health outcomes in a California prison population. *American Journal of Public Health, 96*(10), 1842-1848.

Messina, 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*(11), 1385-1401.

Moloney, K. P., van den Bergh, B. J., & Moller, L. F. (2009). Women in prison: The central issues of gender characteristics and trauma history. *Public Health, 123*(6), 426-430.

Moos, R. H. (1976). *Human adaptation: Coping with life crises*. Lexington, MA: Heath & Co.

Morse, J., & Field, P. (1995). *Qualitative research methods for health professionals*. Thousand Oaks, CA: Sage.

Mumola, C. J. (2005). *Suicide and homicide in state prisons and local jails*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.

Negy, C., Woods, D. J., & Carlson, R. (1997). The relationship between female inmates' coping and adjustment in a minimum-security prison. *Criminal Justice and Behavior, 24*(2), 224-233.

Nellis, A. (2012). *The lives of juvenile lifers: Findings from a national survey*. Washington, D.C.: The Sentencing Project.

Nellis, A. (2013). *Life goes on: The historic rise in life sentences in America*. Washington, D.C.: The Sentencing Project.

Nellis, A., & King, R. S. (2009). *No exit: The expanding use of life sentences in America*. Washington, D.C.: The Sentencing Project

O'Malley, P. (1992). Risk, power and crime prevention. *Economy and Society, 21*(3), 252-275.

O'Malley, P. (1996). Risk and responsibility. In A. Berry, Obsorne, T., & Rose, N.S. (Ed.), *Foucault and political reason: Liberalism, neo-liberalism and rationalities of government.* (pp. 189-207). Chicago, IL: University of Chicago Press.

O'Malley, P. (2000). Criminologies of catastrophe? Understanding criminal justice on the edge of the new millennium. *Australian & New Zealand Journal of Criminology, 33*(2), 153-167.

Owen, B. (1998). *"In the mix": Struggle and survival in a women's prison*. Albany, NY: State University of New York Press.

Owen, B., Wells, J. B., Pollock, J., Muscat, B., & Torres, S. (2008). *Gendered violence and safety: A contextual approach to improving security in women's facilities*. Washington, D.C.: National Institute of Justice.

Parisi, N. (1982). *Coping with imprisonment*. Thousand Oaks, CA: Sage Publications.

Paterline, B. A., & Petersen, D. M. (1999). Structural and social psychological determinants of prisonization. *Journal of Criminal Justice, 27*(5), 427-441.

Paulus, P. B., & Dzindolet, M. T. (1993). Reactions of male and female inmates to prison confinement: Further evidence for a two-component model. *Criminal Justice and Behavior, 20*(2), 149-166.

Pelissier, B. M. M., Camp, S. D., Gaes, G. G., Saylor, W. G., & Rhodes, W. (2003). Gender differences in outcomes from prison-based residential treatment. *Journal of Substance Abuse Treatment, 24*(2), 149-160.

Peugh, J., & Belenko, S. (1999). Substance-involved women inmates: Challenges to providing effective treatment. *The Prison Journal, 79*(1), 23-44.

Poehlmann, J. (2005). Incarcerated mothers' contact with children, perceived family relationships, and depressive symptoms. *Journal of Family Psychology, 19*(3), 350-357.

Pogrebin, M. R., & Dodge, M. (2001b). Women's accounts of their prison experiences: A retrospective view of their subjective realities. *Journal of Criminal Justice, 29*(6), 531-541.

Pollock-Byrne, J. M. (1992). Women in prison: Why are their numbers increasing. *Correction: Dilemnas and directions*, 79-95.

Pollock, J. (1984). Women will be women: Correctional officers' perceptions of the emotionality of women inmates. *The Prison Journal, 64*(1), 84-91.

Pollock, J. (2001). *Women, prison, and crime*. Stamford, CT: Cengage Learning.

Pollock, J., & Davis, S. M. (2005). The continuing myth of the violent female offender. *Criminal Justice Review, 30*(1), 5-29.

Poole, E. D., & Regoli, R. M. (1980). Role stress, custody orientation, and disciplinary actions. *Criminology, 18*(2), 215-226.

Pratt, J. (2000). Emotive and ostentatious punishment its decline and resurgence in modern society. *Punishment & Society, 2*(4), 417-439.

Rafter, N. H. (1985). *Partial justice: Women in state prisons, 1800-1935*. Boston, MA: Northeastern University Press.

Rafter, N. H. (1987). Even in prison, women are second-class citizens. *Human Rights, 14*, 28-51.

Rainville, G. A., & Smith, S. K. (2003). *Survey of 40 counties, 1998: Juvenile felony defendants in criminal courts*. Washington, D.C.: National Institute of Justice.

Reitzel, L. R., & Harju, B. L. (2000). Influence of locus of control and custody level on intake and prison-adjustment depression. *Criminal Justice and Behavior, 27*(5), 625-644.

Reynolds, M. (2008). The war on drugs, prison building, and globalization: Catalysts for the global incarceration of women. *NWSA Journal, 20*(2), 72-95.

Richie, B. (2012). *Arrested justice: Black women, violence, and America's prison nation*. New York: NYU Press.

Richie, B. (1996). *Compelled to crime: The gender entrapment of battered black women*. London: Routledge.

Sacks, J. Y. (2004). Women with co-occurring substance use and mental disorders in the criminal justice system: A research review. *Behavioral Sciences & the Law, 22*(4), 449-466.

Salina, D. D., Lesondak, L. M., Razzano, L. A., & Weilbaecher, A. (2007). Co-occurring mental disorders among incarcerated women: Preliminary findings from an integrated health treatment study. *Journal of Offender Rehabilitation, 45*(1-2), 207-225.

Salisbury, E. J., & Van Voorhis, P. (2009). Gendered pathways a quantitative investigation of women probationers' paths to incarceration. *Criminal Justice and Behavior, 36*(6), 541-566.

Sanders, J. F., McNeill, K. F., Rienzi, B. M., & DeLouth, T.-N. B. (1997). The incarcerated female felon and substance abuse: Demographics, needs assessment, and program planning for a neglected population. *Journal of Addictions & Offender Counseling, 18*(1), 41-51.

Sargent, J. P. (1984). Evolution of a stereotype: Paternalism and the female inmate. *Prison Journal, 64*(1), 37-44.

Schram, P. J., Koons-Witt, B. A., & Morash, M. (2004). Management strategies when working with female prisoners. *Women & Criminal Justice, 15*(2), 25-50.

Schroots, J. J., & Assink, M. H. (2005). Portraits of life: Patterns of events over the lifespan. *Journal of Adult Development, 12*(4), 183-197.

Schwartz, J., Steffensmeier, D., & Feldmeyer, B. (2009). Assessing trends in women's arrest via data triangulation: Arrests, convictions, incarcerations, and victim reports. *Social Problems, 56*(3), 494-525.

Severance, T. A. (2004). Concerns and coping strategies of women inmates concerning release. *Journal of Offender Rehabilitation, 38*(4), 73-97.

Severance, T. A. (2005). "You know who you can go to": Cooperation and exchange between incarcerated women. *The Prison Journal, 85*(3), 343-367.

Sexton, L. (2012). *Under the penal gaze: An empirical examination of penal consciousness among prison inmates*. Washington, D.C.:National Institute of Justice.

Sheridan, M. J. (1996). Comparison of the life experiences and personal functioning of men and women in prison. *Families in Society, 77*(7), 423-434.

Silverman, M., & Vega, M. (1990). Reactions of prisoners to stress as a function of personality and demographic variables. *International Journal of Offender Therapy and Comparative Criminology, 34*(3), 187-196.

Simon, J., & Feeley, M. (2003). The form and limits of the new penology. *Punishment and Social Control*, 75-116.

Slotboom, A.-M., Kruttschnitt, C., Bijleveld, C., & Menting, B. (2011). Psychological well-being of incarcerated women in the netherlands: Importation or deprivation? *Punishment & Society, 13*(2), 176-197.

Snow, L., Paton, J., Oram, C., & Teers, R. (2002). Self-inflicted deaths during 2001: An analysis of trends. *British Journal of Forensic Practice, The, 4*(4), 3-17.

Sparks, R. (2000). Perspectives on risk and penal politics. In T. Hope & R. Sparks (Eds.), *Crime, risk and insecurity* (129-145). New York: Routledge.

Sparks, R. (2001). Degrees of estrangement: The cultural theory of risk and comparative penology. *Theoretical Criminology, 5*(2), 159-176.

Staton-Tindall, M., Duvall, J. L., Leukefeld, C., & Oser, C. B. (2007). Health, mental health, substance use, and service utilization among rural and urban incarcerated women. *Women's Health Issues, 17*(4), 183-192.

Staton, M., Leukefeld, C., & Webster, J. M. (2003). Substance use, health, and mental health: Problems and service utilization among incarcerated women. *International Journal of Offender Therapy and Comparative Criminology, 47*(2), 224-239.

Steiner, B., & Wooldredge, J. (2009). Individual and environmental effects on assaults and nonviolent rule breaking by women in prison. *Journal of Research in Crime and Delinquency, 46*(4), 437-467.

Struckman-Johnson, C., & Struckman-Johnson, D. (2002). Sexual coercion reported by women in three midwestern prisons. *Journal of Sex Research, 39*(3), 217-227.

Swann, C. A., & Sylvester, M. S. (2006). The foster care crisis: What caused caseloads to grow. *Demography, 43*(2), 309-335.

Sykes, G. M. (1958). *The society of captives: A study of a maximum security prison*. Princeton, NJ: Princeton University Press.

Sykes, G. M., & Messinger, S. L. (1960). The inmate social system. In R.A. Cloward et al., (Eds.), *Theoretical studies in social organization of the prison* (5-19). New York: Social Science Research Council.

Tanenhaus, D. S., & Drizin, S. A. (2002). Owing to the extreme youth of the accused: The changing legal response to juvenile homicide. *Journal of Criminal Law and Criminology, 92*(3), 641-706.

Teplin, L. A., Abram, K. M., & McClelland, G. M. (1996). Prevalence of psychiatric disorders among incarcerated women: I. Pretrial jail detainees. *Archives of General Psychiatry, 53*(6), 505-512.

Themeli, O. (2006). Gender issues and consideration for preventing self-harm in women's prisons. In G.E. Dear (Ed.), *Preventing suicide and other self-harm in prison* (187-194). London: Palgrave Macmillan.

Thomas, J., Leaf, M., Kazmierczak, S., & Stone, J. (2006). Self-injury in correctional settings: "Pathology" of prison or of prisoners? *Criminology & Public Policy, 5*(1), 193-202.

Toch, H. (1975). *Men in crisis: Human breakdowns in prisons*. New York: Aldine.

Trammell, R. (2009). Relational violence in women's prison: How women describe interpersonal violence and gender. *Women & Criminal Justice, 19*(4), 267-285.

Tripodi, S. J., Bledsoe, S. E., Kim, J. S., & Bender, K. (2011). Effects of correctional-based programs for female inmates: A systematic review. *Research on Social Work Practice, 21*(1), 15-31.

Tuerk, E. H., & Loper, A. B. (2006). Contact between incarcerated mothers and their children. *Journal of Offender Rehabilitation, 43*(1), 23-43.

Twaddle, A. C. (1976). Utilization of medical services by a captive population: An analysis of sick call in a state prison. *Journal of Health and Social Behavior, 2*(1), 236-248.

Van Wormer, K. S., & Bartollas, C. (2000). *Women and the criminal justice system*. Boston: Allyn and Bacon.

van Zyl Smit, D., Weatherby, P., & Creighton, S. (2014). Whole life sentences and the tide of European human rights jurisprudence: What is to be done? *Human Rights Law Review, 14*(1), 59-84.

Vuolo, M., & Kruttschnitt, C. (2008). Prisoners' adjustment, correctional officers, and context: The foreground and background of punishment in late modernity. *Law & Society Review, 42*(2), 307-336.

Ward, D., & Kassebaum, G. G. (1965). *Women's prison: Sex and social structure*. Chicago: Aldine Publishing Company.

Warren, J. I., Hurt, S., Loper, A. B., & Chauhan, P. (2004). Exploring prison adjustment among female inmates: Issues of measurement and prediction. *Criminal Justice and Behavior, 31*(5), 624-645.

Watterson, K. (1996). *Women in prison: Inside the concrete womb*. (Revised edition): Boston: Northeastern University Press.

Way, B. B., Miraglia, R., Sawyer, D. A., Beer, R., & Eddy, J. (2005). Factors related to suicide in New York state prisons. *International Journal of Law and Psychiatry, 28*(3), 207-221.

Weisberg, R., Mukamal, D., & Segall, J. D. (2011). *Life in limbo: An examination of parole releases for prisoners serving life sentences with the possibility of parole in california.* Stanford University: Stanford Criminal Justice Center.

West, H. C., & Sabol, W. J. (2008). *Prisoners in 2007*. Washington, DC: Bureau of Justice Statistics.

Wolff, N., Shi, J., Blitz, C. L., & Siegel, J. (2007). Understanding sexual victimization inside prisons: Factors that predict risk. *Criminology & Public Policy, 6*(3), 535-564.

Wright, K. N. (1991). A study of individual, environmental, and interactive effects in explaining adjustment to prison. *Justice Quarterly, 8*(2), 217-242.

Zaitzow, B. H. (2003). 'Doing gender'in a women's prison. In B.H. Zaitrow and J. Thomas (Eds.), *Women in prison: Gender and social control* (21-38). London: Lynne Reinner Publishers.

CHAPTER TWO:

LIFE BEFORE "I KILLED THE MAN THAT RAPED ME": AN EXPLORATION OF THE PRE-PRISON LIFE EXPERIENCES OF INCARCERATED WOMEN WITH LIFE SENTENCES

Abstract

As the number of women incarcerated with a life sentence increases, an understanding of their pre-prison life experiences is needed in order to inform interventions for this population of women. This need is based on the premise of importation theory in regards to understanding women's mental health during imprisonment. Also, this is based on the lack of interventions for women with life sentences and the common practice of denying them treatment opportunities. This study examined the pre-prison lives of a sample of incarcerated women with life sentences in order to look at patterns and themes across common importation factors for women in prison. The lifeline format was utilized in order to gain an understanding of their pre-prison life course. The primary theme was the dominance of adversity and trauma in women's pre-prison lives. These experiences appear pivotal and connected to four sub-themes: (1) women's use of substance as a dynamic of abusive relationships, (2) risking behaviors as ways of coping with and responding to trauma and adversity; (3) a lack of interventions to address their mental health and substance use; and (4) an end point of prison which women described as criminal behaviors in the context of their victimization and substance use. Implications for social work theory and practice are discussed, as well as implications for policy for women's treatment opportunities in prison. Lastly, a prevention perspective is presented to consider intervention for women outside of prison.

Introduction

As the number of women in prison has increased over the past decades (Carson & Sabol, 2012) especially for women with longer sentences (Nellis, 2013), women's psychological health in prison has been of interest to professionals in the areas of corrections, mental health, and policy. Some of the reasons for the focus include preventing inmates' self-harm and/or harm of others, coordinating treatment for their mental and physical health while incarcerated, creating and modifying policies around psychological health treatment, and promoting rehabilitation (Warren, Hurt, Loper, & Chauhan, 2004). One major guiding theoretical perspective about women's psychological and behavioral adjustment to prison is importation theory, or that a prisoner "imports" individual characteristics that determine how she adjusts to and behaves in prison (Innes, 1997; Irwin & Cressey, 1962) as these factors shape inmates' perceptions and responses to stress from the environment (Silverman & Vega, 1990). Researchers using this theoretical perspective have explored demographic factors such as age (Craddock, 1996; Flanagan, 1983; MacKenzie, 1987), behavioral factors such as previous criminal justice involvement (Loucks & Zamble, 2001), substance use (Steiner & Wooldredge, 2009), and personal and familial adversity histories (Clements-Nolle, et al., 2009; Gendreau, et al., 1997). Overall, the importation factors are often used to describe "profiles" of women in prison, identifying the multiple risk factors to be assessed when women enter prison. These factors also serve as evidence or rationale for criminal justice practices and policies, including treatment and service provision decisions (Moloney, et al., 2009). Thus, this study seeks to inform women's needs in prison, especially for women with life sentences who are a permanent and under-served population within prisons.

Background

Currently, women comprise approximately 7 percent of all inmates held in state and federal prisons (Carson & Sabol, 2012). Both the number and rate of women incarcerated have steadily increased since the 1980s. Specifically, from 1977 to 2004, the number of women in prison expanded by 757 percent (Frost, et al., 2006). This exponential increase has been linked to macro-level factors, including the war on drugs with excessive arrests for drug-related offenses (Bloom, et al., 1994; Bush-Baskette, 2004), changes in assault-related arrest policies, especially in situations of domestic violence (Pollock & Davis, 2005; Schwartz, Steffensmeier, & Feldmeyer, 2009), stricter sentencing policies (Bloom, et al., 2004; Chesney-Lind, 2002; Mauer, et al., 1999), and massive for-profit prison building (Davis & Shaylor, 2001; Reynolds, 2008; Richie, 2012). Accordingly, the number of women incarcerated with life sentences also increased by 14.2% from 2008-2012, and currently, five percent of incarcerated women are serving life sentences in the United States (Nellis, 2013). Sentencing practices around the legal meaning of a life sentence have also changed over the past decades and continue to vary by state in terms of degree of frequency and stringency. As part of the "tough on crime" rhetoric, life sentences have increasingly meant either until end of natural life, or the equivalency, in which inmates are released due to very old age or advanced terminal illness (Nellis, 2013). On average, a person serving a life sentence stays incarcerated for 29 years (Mauer, et al., 2004).

One issue of specific concern with the rising number and rate of women incarcerated is that women enter prison with high rates of mental health disorders and distress (Fogel, 1993; Gunter, et al., 2008; Loper, 2002; Messina, et al., 2003). Women have also reported a decline in mental health while incarcerated (Lindquist & Lindquist, 1997). A majority of incarcerated women report clinically significant depressive symptoms while in prison, with studies finding a range

from 50 to 90 percent of women reporting such symptoms (Keaveny, 1999; Martin, et al., 1995; McClellan, et al., 1997; Staton, et al., 2003). For example, the Bureau of Justice utilized criteria from the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV) to screen the prevalence of mental health problems for inmates across the U.S.; 73% of women in state prisons had a mental health problem which is six times higher than the rate of 12% for women in the community (James & Glaze, 2006). While a majority of women experience psychological distress upon entry to prison, some women have chronic and persistent psychological distress while incarcerated (Bonta & Gendreau, 1990; Islam-Zwart, et al., 2007; Paulus & Dzindolet, 1993), which is especially concerning as it is a major risk factor for women engaging in self-harming and destructive behaviors while in prison (Boothby & Durham, 1999; Islam-Zwart, et al., 2007). Indeed, suicide is the second leading cause of death for prisoners (Mumola, 2005), and women in prison have suicide rates that are double the rates of women in the general community (Dye, 2011).

Importation Factors and Women's Mental Health

Importation theory has the premise that an inmate's individual demographics and past experiences influence their psychological health in prison. Therefore, this field of research has utilized demographic factors (e.g. age, race) as well as factors significantly connected to criminal behaviors (e.g. substance use history) to predict and explain psychological health in prison (DeLisi, et al., 2004; Ellis, et al., 1974; Harer & Steffensmeier, 1996). For example, having a history of childhood abuse has been linked to both criminal behaviors (Heney & Kristiansen, 1998) and poor psychological health in prison (Islam-Zwart & Vik, 2004).

Researchers using this theoretical perspective have found significant associations between women's mental health in prison and the following variables: (1) demographic

background factors such as age (Craddock, 1996; Flanagan, 1983; MacKenzie, 1987) and race (Flanagan, 1983; Poole & Regoli, 1980); (2) previous criminal justice involvement (Loucks & Zamble, 2001); (3) personal and family histories, especially in regards to adverse and traumatic experiences (Clements-Nolle, et al., 2009; Gendreau, et al., 1997); (4) a history of substance use, abuse, and treatment (Steiner & Wooldredge, 2009) and (5) a history of mental health disorders and treatment prior to prison (Faust & Magaletta, 2010). These factors are often examined as adverse pre-prison life experiences and framed as risk factors that can also be targets for invention or treatment while in prison. The following is a description of the existing research regarding these factors.

Previous criminal justice involvement. Factors such as prior arrests, previous incarceration, and family history of incarceration are commonly examined within an importation framework. Women with a first-time offense have shown higher rates of depression in prison than women with more extensive criminal justice involvement histories (Boothby & Durham, 1999; McClellan, et al., 1997). Also, women experiencing second-generation incarceration report poorer psychological adjustment than prisoners not experiencing second generation incarceration (Novero, Loper, & Warren, 2011).

Personal and familial histories. Early childhood experiences of abuse, foster care, parental violence, and other difficulties are connected to clinically significant depressive symptoms for incarcerated women (Poehlmann, 2005b). Child abuse histories in particular are associated with suicide attempts by women in prison (Clements-Nolle, et al., 2009). Incarcerated women report extensive histories of abuse and violence in both their childhoods and adulthoods (Jordan, et al., 1996; Siegel & Williams, 2003; Teplin, et al., 1996) at rates that are significantly higher than rates for incarcerated men (Messina & Grella, 2006; Raj et al., 2008) and women in the

community (Gorey & Leslie, 1997; McDaniels-Wilson & Belknap, 2008; Messina & Grella, 2006; Raj, et al., 2008; Tusher & Cook, 2010). For example, one study of women in prison found 40 percent of women had experienced childhood sexual abuse, 55 percent childhood physical abuse, 53 percent adulthood rape, 63 percent adulthood physical abuse, and 41 percent other traumatic events (Zlotnick, 1997). Notably, most incarcerated women have experienced multiple adverse events otherwise known as cumulative adversity (Messina & Grella, 2006). In a study of over 400 women in prison, almost all women (99%) reported experiencing at least one traumatic event, and on average they reported eight traumatic events in their lifetime (Cook, Smith, Tusher, & Raiford, 2005).

Such histories of trauma and adversity are connected to post-traumatic stress disorder (PTSD) which is also strongly associated with depression (Dutton, 2009; Mechanic, Weaver, & Resick, 2008; Schneider, Baumrind, & Kimerling, 2007; Temple, Weston, Rodriguez, & Marshall, 2007). One study of women in prison found that 48 percent were currently experiencing PTSD and the odds of experiencing depression in prison were significantly higher for women with PTSD than those without PTSD (Zlotnick, 1997).

Substance use. Substance use disorders are highly prevalent among women involved in the criminal justice system, with approximately 75 percent of incarcerated women meeting criteria for dependency (Kubiak, et al., 2005) and 82 percent of women meeting criteria for a substance use disorder (Gunter, et al., 2008). Both alcohol and drug abuse and dependence rates are higher for women in prison than male prisoners and the general population (Fazel, Bains, & Doll, 2006). Substance use is connected to the time immediately before incarceration, yet is often a lifetime issue for women. Staton, Leukefeld, and Webster (2003) found that 85 percent of women in prison report multiple substance use in the thirty days prior to incarceration and 90

percent report a lifetime of drug dependence/abuse problems. Furthermore, substance abuse often co-occurs with mental health disorders for incarcerated women (Weizmann-Henelius, Putkonen, Naukkarinen, & Eronen, 2009) and is linked to women's experiences of trauma and adversity (Grella, Stein, & Greenwell, 2005; Messina & Grella, 2006). Lastly, a history of substance abuse is a risk factor for suicide for women in prison (Loucks, 1997).

Mental health history. Women enter prison with high rates of mental health disorders—both currently and as a lifetime issue (Langan & Pelissier, 2001). For example, 91 percent of women entering an Iowa prison met criteria for a current mental health disorder, and 93 percent for a lifetime mental health disorder based on assessment through the MINI-Plus (Gunter, et al., 2008). Mental health disorders found in women involved in the criminal justice system are linked to previous trauma and violence exposure (Greenfield & Marks, 2010; Jordan, et al., 1996; Kubiak, Beeble, & Bybee, 2010; Mechanic, et al., 2008; Teplin, et al., 1996; Zlotnick et al., 2008). Also, women with histories of mental health treatment, suicide concerns, and substance abuse prior to imprisonment utilize mental health services in prison at a higher rate than women without such histories (Faust & Magaletta, 2010), which indicates that women's mental health concerns continue in prison.

Pre-Prison Factors and Prison-Based Treatment

Pre-prison life factors not only influence mental health during incarceration, but have also been found to be connected to pathways to crime for women, specifically historical factors of family adversity, substance abuse, trauma, and strained parenting (Belknap, 2007; Owen, 1998; Pollock, 2001; Richie, 1996). As such, they have been considered in multiple forms of prison-based risk assessments, especially recent gender-responsive developments, in determining risk levels of women who are incarcerated. These assessments are part of a process of

determining the provision of services for women for the purpose of rehabilitation, preventing future recidivism, and changing "dynamic" factors that contribute to poor functioning (Hannah-Moffat & Shaw, 2003; Van Voorhis et al, 2010; Wright et al, 2007). Therefore, the consideration of pre-prison factors is important for exploring women's mental health while incarcerated and is linked to creating and implementing available services and allocated treatment plans by the prison.

Pre-Prison Factors for Women Serving Life Sentences: A Distinct Population?

Women with life sentences are a growing sub-population of women in prisons (Nellis, 2013). Many concerns have developed in response to this rise in the number of those incarcerated with life sentences due to human right concerns, institutional costs, and questionable judicial processes (Mauer, King, & Young, 2004). One major concern is the lack of appropriate services to meet the needs of women with life sentences, especially as they age (Aday & Krabill, 2011). Overall, there is a dearth of empirical information about this population, and, as such, little is known about factors that influence this population's psychological adjustment to prison. Only one study has examined and compared a limited number of adverse pre-prison life experiences for incarcerated women with life sentences to men with such sentences, as well as comparing them with other incarcerated women without life sentences (Leigey & Reed, 2010). Using a national sample with survey data, Leigey and Reid (2010) found that women with life sentences presented with significantly higher rates of adverse pre-prison life experiences including histories of parental incarceration, parental substance abuse, poverty, and childhood and adulthood abuse than men with life sentences. When compared to incarcerated women without life sentences, women with life sentences had significantly higher rates of histories of poverty and sexual abuse (Leigey & Reed, 2010). Likewise, a recent study surveyed only women

with life sentences and found high rates of pre-prison suicide-related factors; 46% of women reported suicide ideation and 44% reported suicide attempts (Dye & Aday, 2013). Also, a majority of women with life sentences are first time inmates; 78% of a national sample of 99 women with life sentences (Leigey & Reed, 2010) and 95% of 214 women with life sentences in one prison (Dye & Aday, 2013) were first-time prison inmates. Thus, women with life sentences comprise of a high risk population that is a coping with both a new and a permanent environment when they enter prison. Notably, only these two published studies have actively contributed to a profile, or a working understanding, of the distinct experiences, areas of risk and needs of this population based on pre-prison life experiences.

Strikingly, women with life sentences are often excluded from treatment programming within prisons. Over sixty percent of lifers who entered prison as juveniles report being denied entrance into prison-based programming due to state or prison policies, primarily because such treatment programming is reserved for women with shorter sentences or those being released from prison (Nellis, 2012). Likewise, the vast majority of evidence-based programming for incarcerated women is intended for women preparing to re-enter the community/exit the prison and to reduce recidivism (Tripodi, et al., 2011). Women with life sentences have not even been considered as a target population for intervention, as they are rarely, if ever, included in samples of incarcerated women for new intervention development and testing. Thus, they are both an understudied and underserved subpopulation of incarcerated women.

Current Study

Existing importation-focused research has identified several risk factors for poor mental health during incarceration for women in general. Moreover, a growing body of research suggests that these risk factors occur at higher rates for women with life sentences, which is

concerning given the elevated risk of multiple negative outcomes, such as self-harm, suicide, and persistent depression. While risk factors determine treatment plans for women in prison, women with life sentences are often denied such treatment. Therefore, research is needed to inform both intervention development and treatment policy for this specific permanent population of women in prison.

A majority of this existing research considers women's pre-prison life factors as distinct risk factors quantitatively (e.g. Messina & Grella, 2007). While this approach is insightful and helpful, it does not maintain the full context of women's pre-prison lives which can provide greater insight into the details of life course experiences and the dynamics between factors that occur in women's lives prior to entrance into prison. This type of rich analysis might provide useful insights for treatment provision for women convicted of serious offenses that result in life sentences. Thus, a goal is to not only gain knowledge of *what* risk factors women have, but also, *how* those factors were experienced in their pre-prison lives. For example, Boyd, Hill, Holmes, and Purnell (1998) utilized a lifeline approach to understanding the context of African American women's use of crack cocaine, especially in relation to traumatic experiences, in order to better understand the dynamics, patterns, and themes across risk factors. As this study was one of the first to illustrate the links between drug use and traumatic events in order to improve intervention targets, similar methods for women incarcerated for life sentences could provide insight into intervention development for this underserved population of women.

This study explores the pre-prison histories of incarcerated women with life sentences through the format of constructing and analyzing pre-prison lifelines. Specifically, the following factors were included as relevant for each woman in all lifelines: (1) previous criminal justice involvement; (2) personal and familial experiences; (3) onset of substance use; (4) substance use

treatment experiences; (5) mental health treatment experiences. These lifelines were examined in order to understand the themes of women's pre-prison lives, and in particular, the dynamics of the relationships between factors. This study seeks to add to the existing knowledge about this population of women by providing a rich description of their pre-prison lives. The purpose is to illuminate shared themes in the pre-prison lives of incarcerated women with life sentences and inform intervention efforts for this population upon entry to prison in order to prevent negative mental health outcomes.

Methods

Using clinical assessment data about pre-prison life experiences, lifelines (a specific form of timeline) of pre-prison life experiences were created for each woman in a sample of 26 incarcerated women with life sentences in order to examine these histories for themes and patterns across and between women's lives.

Sample

This study utilized a purposeful sample of 26 incarcerated women serving life sentences within a Midwestern state women's prison. All women are part of a larger study looking at intervention development for women with violent offenses. Likewise, all women had been convicted of murder; however, 15 of the women serving life sentences were convicted of first degree murder (i.e. premeditated or intentional murder) and 11 were convicted of second degree murder (i.e. unplanned, unintentional murder or murder due to reckless or neglectful behavior). In this state, felony murder is considered similar to first degree murder in that the person intended to do great bodily harm, and open murder is a term used for a combination of first and second degree murder. The sample included women ranging in age and length of time served in order to include a variety of women's experiences. The average age was 42 years old, with a

range from 22 to 60 years of age, and women had served an average of 14 years in prison, with a range from 1 to 38 years. Half of the women identified their race as White or Caucasian and half identified as Black or African American. Also, 11 of the women were mothers to minor-age children, as well as 11 women were mothers of children who were 18 or older.

Procedure

The data were collected through a structured assessment tool administered to this sample of women during clinical interviews. All of the 26 women were participating in a larger intervention development study, and, as such, participated in a two-step interview prior to the pilot of a new intervention. Research staff met with potential participants to explain the study's purpose and procedures and to obtain signed consent from each woman before the interview was arranged.

The two-step interview process included 1) completion of a self-report assessment tool and 2) clinical interview to review this assessment. The assessment tool was routinely used within the Residential Substance Abuse Treatment unit of the prison and was created by the service provider contracted to perform these services. The assessment tool covered a range of topics, including histories of alcohol and substance use, substance use treatment, mental health treatment, family and childhood dynamics, abuse and victimization experiences, previous criminal justice involvement, adulthood relationships, employment, education, parenting and children, and social supports. After women independently completed the assessment tool, a mental health professional reviewed the information with them and recorded any additional information provided during the interview. These interviews were performed by the same professional: a master's level social worker with extensive experience and training in working with issues of substance use, mental health, trauma, and incarceration. Each interview occurred

in the clinician's private office. The interviews ranged in length, from approximately thirty to ninety minutes. After the interviews were completed, copies of the assessments with the clinician's impressions and notes were given to the research team.

Lifeline Format

Data from the assessment interviews were coded by the research team to categorize each reported life event and gain consistent time/age references, as well as to ascertain the discrete or continuous nature of the event, before submitting the data to the lifeline format. The lifeline is a specific type of timeline format that allows for the display of extracted and highlighted life events (Clausen, 1997) in order to maintain a contextual and life course perspective (Schroots & Assink, 2005). Lifelines are helpful for theory construction and gaining clinical insights for specific populations (Gramling & Carr, 2004; Quam & Abramson, 1991). This format has been performed in other studies of women (Boyd, Hill, Holmes, & Purnell, 1998; Davies, 1996), including to understand adolescent factors connected pathways to crime for women in jail (Hanks & Carr, 2008) and to test the stress-diathesis theoretical perspective for women who use crack cocaine (Boyd, et al., 1998). Lifelines, as included in the larger category of timelines or life events calendars, have been described as having utility and purpose in criminological research in identifying pivotal and co-occurring life events for prevention and intervention purposes (Roberts & Horney, 2010). For this study, variables within the clinical interview were coded and plotted on a lifeline organized by life years, according to age at the time of event and the specific event in order to construct visual displays of individuals' lives.

Variables for coding. In order to construct the individual lifelines of pre-prison experiences, each clinical assessment was hand-coded with the following life events. If a woman reported that an event happened, it was included on her lifeline during the age(s) that she

indicated. The following specific event variables have been shown to significantly influence women's mental health in prison, as described previously.

Criminal justice history. Women's histories of previous prison incarceration, jail incarceration, arrests, and juvenile delinquency were elicited from the clinical assessment. Women reported the year of each charge (or their age at the time of the charge) and the legal outcome. As part of this history, women were asked about their drug use in relation to their criminal activities, with yes/no questions about committing crimes under the influence, selling drugs for profit, selling drugs to obtain drugs, and stealing from friends and/or family.

Personal and familial histories. The aspects of women's family histories that were recorded during the assessment include details about their caregivers, changes in caregivers, their relationships with romantic partners, and specific events within their families. Specifically for childhood, women reported who raised them, the year when their parents separated and divorced, the year when a parent passed away, if they were adopted (and when/at what age), and descriptions of their relationships within their childhood families with their caregiver(s) and sibling(s). Women also reported if and when a caregiver was incarcerated. Women were asked to elaborate on these aspects of their family histories, especially about the quality of their childhood (i.e. "*Describe the quality of your childhood*") and the circumstances surrounding any changes in caregivers.

Women answered questions about specific forms of childhood adversity, including sexual abuse, witnessing parental violence in the home, physical abuse and emotional abuse. These questions included the following: for physical abuse, "*Were you ever punished resulting in bruises, cuts, burns, or other injuries?*"; for verbal/emotional abuse, *"Did your parents ever have a pattern of making threats, putting you down, calling you names, or humiliating you?"*; for

sexual abuse, *"When you were a child, were you ever touched or fondled, or were you made to touch/fondle someone in a sexual way? If yes, did this happen more than once?"*; and for witnessing family violence, *"Did you ever see your parents physically fighting or causing injury to your brothers and sisters?"*. Each question had further prompting for additional information about these experiences.

Women's experiences in youth and adulthood of other specific forms of trauma were elicited and included intimate partner violence, being stalked, witnessing extreme violence against another person, and being in a situation that required physically defending self or others. For intimate partner violence, the following questions were asked of each woman: "*Did your spouse, partner, or significant other ever hit, slap or punch you during an argument? If yes, please describe*", "*Were you ever forced to have sex by a spouse/significant other?*", and "*Did your partner ever have a pattern of making threats, putting you down, calling you names, or humiliating you? If yes, please explain*." With stalking, women were asked: "*Has anyone stalked you, caused you to feel intimated or concerned for your safety? If yes, please explain.*" Lastly, women were asked: "*Did you ever witness death or extreme violence against someone else? If yes, age and explain*" and "*Have you ever physically defended yourself or others, which resulted in violence? If yes, describe*."

Women's reports of other major relational changes, including changes related to motherhood and parenting, were also included. Women were asked to provide the ages and quality of relationship with their child(ren). Women included information about children both living and deceased, as well as children for whom they had rights or had their rights terminated.

Substance use history. Within the clinical assessment, women reported their histories of using alcohol, cocaine, crack cocaine, depressants, hallucinogens, heroin, marijuana, opiates, and

stimulants. They included information about their age at first use, their ages during regular use of each substance, the month/year of their last use of each substance, and details of who introduced them to each substance. They were also asked to provide details corresponding life events with the onset of use of each substance. Participants were asked about any incidents of overdose (i.e. "*Have you ever overdosed? When?*") and to describe those experiences in detail. Lastly, information about their substance use treatment was elicited, with questions specifically about their dates of treatment, types of treatment, length of treatment, and outcomes of each treatment experience.

Mental health history. Each participant was asked to report details about any/each of her `psychiatric treatment experiences, including the date of each entry (month/year/ their age), the type of facility, precipitating factors, and any outcomes. These experiences included inpatient and outpatient services with room for women to specify what type of treatment(s) they received (e.g. therapy, medication). Also, women were asked if they had a history of suicide attempts at any point in their lifetime; if a specific age or date was provided, this event was included within the lifeline.

Analysis

Analytic induction (Katz, 1983; Ragin, 1987) was used to perform a systematic examination of women's lifelines for key similarities. While the coded variables were chosen based on importation theory and existing empirical evidence, the analysis process included looking for themes and patterns across and within events and life experiences, specifically how they presented in women's lives. The lifelines were analyzed with an iterative process of developing and testing codes, theme clusters, and commonalities and differences across interviews, as is typically performed with life history interviews (Morse & Field, 1995).

Each woman was assigned a pseudonym for the process of analysis, which is included in the results section below. Upon entry into prison, women are assigned an identification number by the prison, and they are referred to, both by staff and other inmates, primarily by this number or their last name in prison throughout their prison stay. Since this is commonly a way to dehumanize or depersonalize prisoners (Zaitzow, 2003), this study deliberately did not use identification numbers in order to refer to women throughout the analysis. Table 1 includes each woman's study name along with select criminal justice status factors.

Table 1: Demographics of Incarcerated Women with Life Sentences

Name (*)	Race	Number of Years in Prison	Age at Incarceration	Type of Homicide Conviction
Annette	Black	25	19	Second Degree
Beverly	Black	13	32	Felony Murder
Casey	White	21	17	First Degree
Denise	White	11	32	Felony Murder
Emily	White	15	23	First Degree
Frederica	White	20	34	Second Degree
Gloria	Black	24	21	Second Degree
Halley	White	9	25	Second Degree
Irene	White	2	41	Second Degree
Jacqueline	Black	8	46	Second Degree
Kathy	White	2	21	Felony Murder
Lydia	Black	12	40	Felony Murder
Melinda	White	8	26	First Degree
Nancy	Black	38	22	Second Degree
Olivia	Black	10	21	Felony Murder
Pamela	White	8	28	Felony Murder
Paula	Black	8	25	Felony Murder
Rachel	White	24	27	Second Degree
Rita	Black	16	27	Felony Murder
Stacy	White	24	25	Second Degree
Susan	Black	1	44	Open Murder
Terri	Black	15	20	Second Degree
Tori	White	11	36	Felony Murder
Veronica	Black	24	18	First Degree
Wendy	White	5	22	Second Degree
Yvette	Black	19	37	First Degree

**These are pseudonyms to protect women's identities.*

Results

The overarching theme present in the women's lifelines was cumulative trauma and adversity throughout the pre-prison life course. Very few of the women's lifelines had childhood periods devoid of abuse and adversity, and most women's adolescent periods and adulthoods were dominated by interpersonal abuse and violence. This theme of cumulative trauma and adversity thus became the organizing and primary theme from which sub-themes emerged as present in a majority of the lifelines.

Specifically, the sub-themes were (1) the pivotal role of an abusive relationship in introducing alcohol and other drugs; (2) women's risky behaviors as both the result of adversity and coping strategies for trauma and adversity; (3) the lack of intervention in the form of substance abuse treatment and/or mental health treatment; and (4) the end-point of prison. A summary of these themes is presented in Table 2. For the lifelines, women's terms to describe their life events were used, such as "raped", "molested", and "abused".

Primary Theme: Cumulative Trauma & Adversity throughout the Pre-Prison Life Course

The pervasiveness and chronic nature of the abuse these women experienced is connected to additional dynamics in their lives, and subsequently, it was impossible to separate the role of adversity and trauma from the other aspects of their lives. Women overwhelmingly described lives of persistent emotional, physical, and sexual abuse, beginning early in life from their caregivers and family members, and continuing into their teens and adulthoods from their intimate partners and acquaintances. As detailed in Table 3, with a majority of women reporting childhood sexual abuse, abuse in their home during childhood, and intimate partner violence, not surprisingly, *all women reported experiencing at least one type of violence*. Likewise, women

reported experiencing additional and multiple adverse experiences, such as incarceration of a parent, parental or child death, or parental separation early in life.

Table 2: Primary and Sub-Themes from Analysis of the Lifelines

Primary Theme: Cumulative Trauma and Adversity Across the Pre-Prison Life Course This primary theme refers to the *persistent* presence of trauma, abuse, and adversity in women's childhoods and pre-prison adulthood lives, *leading to a lack of safety in primary relationships*.	
Sub-Theme	**Description**
Abusive Relationships & the Introduction of Alcohol and Other Drugs	A majority of women described the person *who introduced them to alcohol and/or other drugs* as their caregiver and/or romantic partner. Likewise, substance use was often a *dynamic of close/primary relationships* for women with their caregivers, family members, and/or partners.
Women's Risky Behaviors as Both Responses to Trauma and Adversity and as Coping Strategies	Overwhelmingly, women detailed that they responded to/coped with adversity and trauma by (1) *using alcohol and/or other drugs*; (2) *attempting suicide*; and (3) *running away from home* in an attempt to be safe.
Missing Intervention Points	While all but one woman used substances, *a limited number of women engaged in substance use treatment.* Likewise, *few women obtained mental health treatment*, and most treatment services were brief and crisis oriented (specifically to address suicide attempts.) For a small number of women, mental health treatment was not even provided for suicide attempts. *Thus, the lack of intervention is the crux of this sub-theme.*
End Point Prison	In women's details of their crime for which they were convicted, *a majority of women describe a relational component to their crime (*e.g. involvement with/for/against a person in a close, often abusive, relationship.) Likewise, many note t*he role of substance use* in their behavior associated with the conviction. Notably, for over half of the women, the conviction that carried a life sentence resulted in *their first stay in prison.* Likewise, women's *needs continued while in prison.*

Table 3: Women's Histories of Adversity, Substance Use, & Mental Health

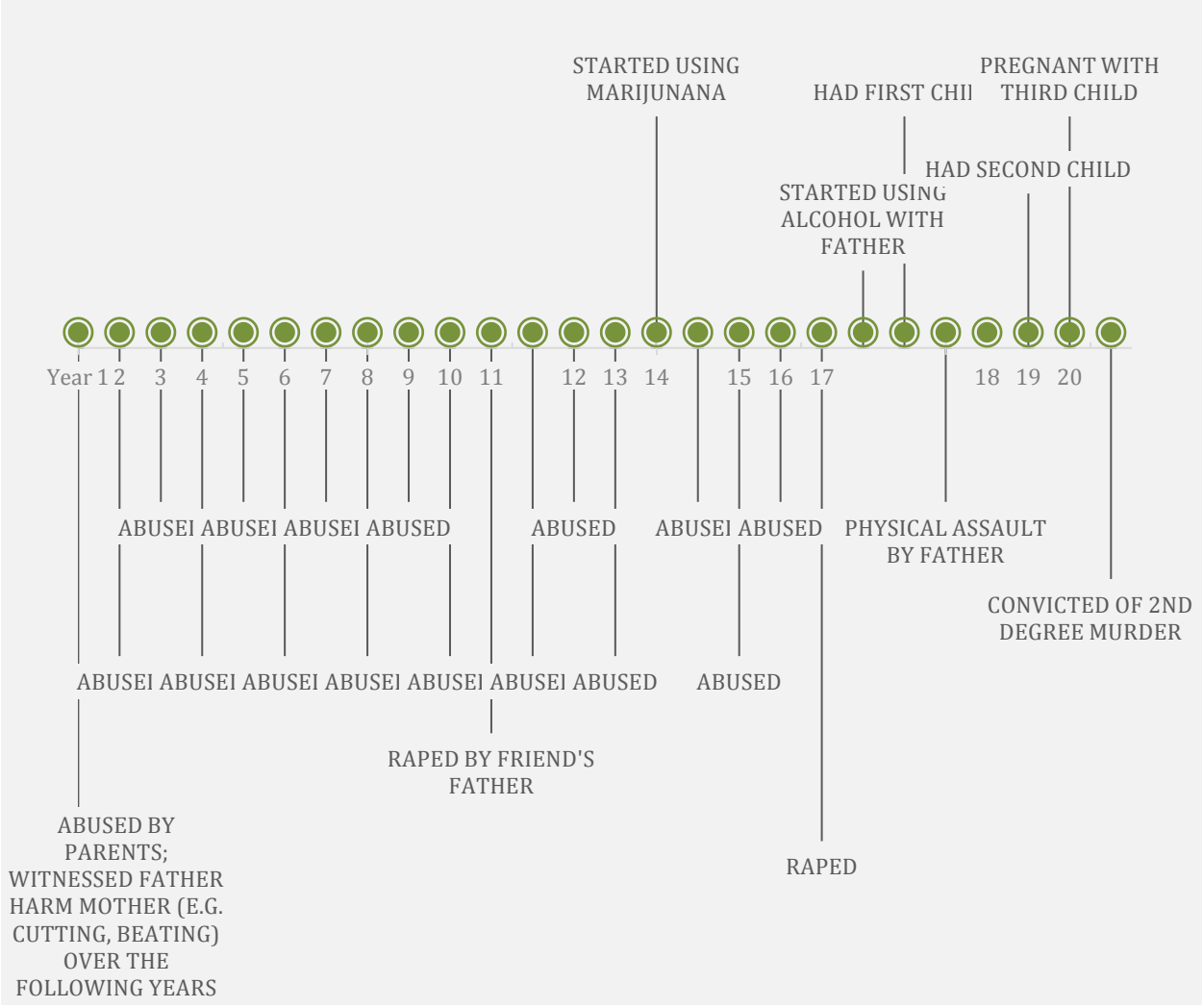
	%	n
Abuse and Adversity Histories		
Any Pre-Prison Victimization/Trauma	100%	26
Childhood Abuse (under age 18)		
Physical Abuse	65%	17
Emotional Abuse	69%	18
Sexual Abuse	81%	21
Witnessed Abuse in Home	58%	15
Intimate Partner Violence	77%	20
Childhood and Adulthood Victimization	73%	19
Witnessed Death or Extreme Violence	65%	17
Physically had to Defend Self	73%	19
Family History of Substance Abuse/or Mental Illness	77%	20
Mental Health History		
Suicide Attempt Pre-Prison	50%	13
Received Mental Health Treatment Pre-Prison	46%	12
Substance Use History		
Women Who Ever Used Substances	96%	25
Used Alcohol on a Regular Basis	81%	21
Used Cocaine on a Regular Basis	62%	16
Used Crack Cocaine on a Regular Basis	54%	14
Used Heroin on a Regular Basis	42%	11
Used Marijuana on a Regular Basis	96%	25
Received Substance Abuse Treatment	32%	8
Criminal History Background		
First Time in Prison	85%	22
First Offense with Conviction	62%	16
Had Previous Jail Incarcerations	23%	6
Crimes Under Influence of or for Drugs	76%	19

***No safety in primary relationships*.** Women's homes and their close relationships appeared to be sites of violence with little safety. For example, one woman summarized her childhood as: *"I witnessed my stepdad abuse my mom on a daily basis and I witnessed my mom abuse me and my siblings in return."* Women's childhood abuse primarily came from their caregivers (e.g. fathers, mothers, stepfathers, boyfriends/girlfriends of parents, foster care parents, and/or grandparents), and their adolescence/ adulthood violence was mainly intimate partner violence from boyfriends and husbands. Similarly, several women noted that the loss of a parent or parents prompted entrance into unsafe home environments. One such woman was Beverly, whose parents both passed away by the time she was 4 years old. She then entered foster care homes only to experience physical and emotional abuse by her foster care parents from age 6 to when she ran away at age 15. As another example, for Wendy, it was the loss of her grandmother (her self-described *"major source of support"*) when she was 12 years old that coincided with a series of adverse events—including rape by her mother's friend, intimate partner violence by her boyfriend, and using substances with her mother, step-father, step-mother, uncles, and aunt. Lastly, for Tori, when her parents divorced at age 4, her mother and grandfather became her primary caregivers. Her grandfather then began molesting her at age 5 and continued for eight years.

Women reported multiple perpetrators from various relationships. For Denise, by the age of 9, she was experiencing physical and emotional abuse by her mother and step-father, and sexual abuse by her grandfather. For many women, abuse also came from distant or extended family members, such as uncles, acquaintances, and trusted community members (e.g. a friend's father). As an example, Nancy was sexually abused by both a cousin and a family friend throughout her childhood until age 12. Childhood and adulthood violence blurred together, as

women reported abuse from boyfriends occurring as young as age 13 concurrent with abuse that was occurring in their homes. As an example, at age 17, while Gloria was still experiencing sexual abuse by her father and defending herself from his physical abuse, she was also experiencing physical abuse from her boyfriend. Figure 1 shows her lifeline to illustrate the continual abuse present in her life. While her lifeline reflects her experiences, the presence of adversity and trauma was common across all women's lifelines and mainly in their primary relationships.

Figure 1*:* Lifeline for Gloria



***Persistency*.** Due to the multiplicity of abusers, women reported multiple types of abuse with little breaks in abuse. For example, Casey was *"beaten"* by her parents until age 5, and then after her parents separated, was physically abused by her step-father starting at age 6. By age 12, she had been sexually abused by at least five people (including several uncles and a neighbor). At age 14, she started dating physically abusive boyfriends. Also, she began using alcohol, cocaine, crack cocaine, and marijuana, and was stalked by her drug dealer. She was sent to prison at age 17 for murder. Other than the year between ages 13-14, her lifeline was dominated with multiple forms of victimization. For Rachel, her first reported abuse was being burned by a sibling at age 2, followed by a broken arm from her brother. She described witnessing domestic violence in her childhood home between her mother and father. After her mother passed away when she was 9 years old, in her new home, she was sexually abused by a cousin whom she lived with for eight years. She also reported protecting herself from violence from her caregiver. In her adult years, she experienced persistent physical, sexual, and emotional intimate partner violence (*"all the guys I went with hit me"*) before being imprisoned at age 26 for murder. As yet another example, Rita described herself as a "*rape baby*" and her childhood included witnessing her mother being abused and *"always high or drunk."* She stated that she basically *"had to raise myself."* Until she entered prison at age 25, Rita's adulthood was dominated by daily crack cocaine use, caring for five children (one of which passed away), and experiencing physical, emotional, and verbal abuse by her husband. Lastly, Frederica was in an abusive relationship with her boyfriend/husband from age 15 to 33 which resulted in head injuries, substance use and selling drugs, and caring for four children. She entered prison at age 33.

For some women, the forms of abuse that they experienced across their pre-prison life courses did not change—merely, the perpetrators changed. For example, Annette detailed being

sexually abused by her mother's boyfriend starting at age 12 and then sexually abused by her own boyfriend at age 18 (the same year as her crime). Likewise, Rachel grew up trying to protect herself from her physically abusive caretaker and then at age 19 was in physically abusive intimate relationships.

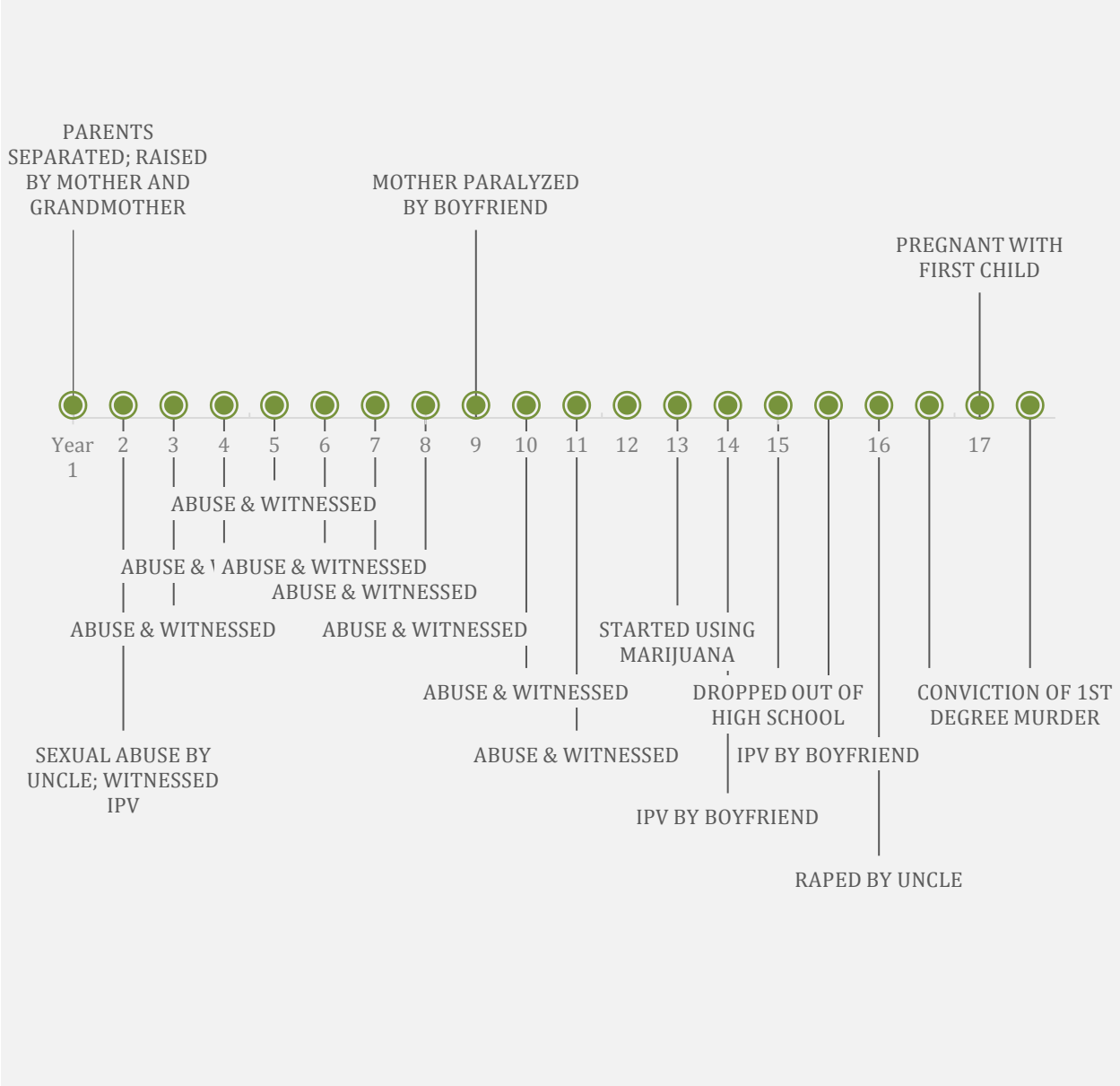
Therefore, a key finding was not just that all women reported experiencing abuse, but that women experienced abuse for a majority of their pre-prison lifetimes, based on the described duration and persistency. Likewise, this abuse did not often occur in just one relationship, but rather multiple relationships stretching through childhood, adolescence, and adulthood. The type of abuse was a singular type for some women, and for others, they experienced multiple forms of abuse and violence.

Sub-Themes of Women's Pre-Prison Lives

Four sub-themes emerged, showing interconnections between women's experiences of trauma and adversity with substance use, specific coping strategies, and their crime involvement. Additionally, missing from most women's lifelines were points of intervention in the form of substance use and mental health treatment. These sub-themes were present for a majority of the women's pre-prison lives. However, for two women, only the primary theme of trauma and adversity dominated their lifelines without evidence for the sub-themes found in other women's lives. Veronica described witnessing intimate partner violence between her parents and experiencing sexual abuse during her childhood, and then experiencing intimate partner violence from her boyfriends. Given her incarceration occurred at age 17, her lifeline was primarily filled with multiple forms of victimization, as seen in Figure 2. Similarly, for Emily, she reported sexual abuse by her father at age 11, and then intimate partner violence by a boyfriend for every year from age 14 to her crime at age 22. She was the only woman who did not report substance

use. Veronica's and Emily's lifelines did not contain the patterns presented in the sub-themes, as found in other women's lives, yet cumulative trauma was indeed present and dominant in their lifelines.

Figure 2: Lifeline for Veronica



As another point, one woman had limited information about the sub-themes. Lydia described childhood adversity in the form of her mother being imprisoned for manslaughter, and she detailed her abusive experiences as primarily starting at age 18 with her boyfriend who

"stalked and beat" her as well as tried to rape her. She shared that her alcohol use lead to her use of crack cocaine age at 26 which coincided with multiple and ongoing experiences of intimate partner violence throughout her adulthood. However, she did not describe connections between the events. The only sub-theme that was blatantly present in her life was limited substance abuse treatment engagement, given that she engaged in brief court-ordered treatment.

The sub-themes described below are embedded within the overarching theme of adversity and trauma in women's pre-prison lives, and were found in a majority of women's lifelines. However, women described a range in experiencing one, many, or all sub-themes; within this sample, women had a degree of heterogeneity in their pre-prison life experiences. Lifeline examples are included in the following descriptions of the sub-themes and these were chosen to show the ways that the primary and sub-themes were often present in women's lives.

Sub-Theme 1*: Abusive Relationships & the Introduction of Substance Use*

For a group of women, substance use, and, more specifically, the introduction of alcohol or another drug occurred in the context of an abusive relationship. Thus, two patterns emerged either solo or simultaneously for women: (1) the introduction to alcohol and other drugs by abusive people in their lives; and/or (2) the use of alcohol and other drugs as a component/dynamic of an abusive relationship. For example, women reported an introduction to drugs and alcohol by parents and/or described later in life using a new substance with a boyfriend.

Introduction to substance use by a caregiver or partner. Almost half of the women reported that they started using substances with a parent, caretaker, family member, and/or intimate partner. Some women described substance use as part of their family's norms. For example, Wendy started using alcohol with her family members at age 16 and specifically

cocaine with her step-mother at age 17. As for Rita, she witnessed her parents regularly using substances while she was a child, and at age 13, she started using crack cocaine with her mother, which developed into a daily habit of using after having her own child at age 14.

Moreover, women specifically described the introduction of substances by family members who displayed other abusive behaviors. Susan described her mother as the one who introduced her to alcohol at age 14; her mother also physically and emotionally abused her throughout her childhood. Several women named their fathers as both perpetrators of abuse and as the key person introducing them to alcohol and drugs. A key example is Halley, whose childhood was characterized by physical, emotional, and sexual abuse by her father who also introduced her to alcohol and marijuana at age 12 and cocaine at age 14. For Stacy, her father sexually abused her starting at age 7, and then started using alcohol with her at age 17. Likewise, Gloria explained that her father introduced her to alcohol, but this also occurred alongside being *"violated sexually"* by him.

Substance use as a dynamic of abusive relationship. Using substances with a partner within the context of an abusive intimate relationship was prevalent as well. For example, Rita used marijuana and alcohol with her physically abusive boyfriend, and Kathy started using cocaine at age 16 with her boyfriend who gave her broken noses and *"beatings in front of our families".* Women's reports commonly included the introduction of crack cocaine and cocaine by their boyfriends and husbands across their lifelines—from the introduction of cocaine by a boyfriend at age 14 (Irene), or using with a boyfriend starting at age 28 (Jacqueline), to the introduction and subsequent daily use of cocaine and crack cocaine with a husband (Frederica). For Denise, the escalation of drug use to crack cocaine and heroin use with her husband occurred

the same year as she perpetrated the crime that led to her conviction. Lastly, Pamela described her partner as her drug dealer who beat and stalked her when she tried to leave.

Sub-Theme 2*: Women's Risky Behaviors as Responses to and Coping Strategies for Trauma and Adversity*

Overwhelmingly, women detailed that they responded to/coped with adversity and trauma by (1) using alcohol and/or other drugs; (2) attempting suicide; and/or (3) running away from home in an attempt to be safe. A large group of women detailed that their substance use was specifically a chosen way of coping with the abuse and adversity in their lives, or as Pamela described it, *"initially to help with the pain"* and to manage, as Rachel said, *"personal issues and memories"* of abuse or simply *"family dysfunction"* (Yvette). A few women were more specific about their corresponding life event that prompted substance use, such as Terri citing being molested by her step-father as the reason for starting to use marijuana and alcohol at age 16. Tori described using alcohol daily starting at age 5 due to *"molestation by grandfather"* and then crack cocaine after the death of her mother. After a childhood history of emotional and sexual abuse by her family, Denise specified that she started using alcohol at age 16 *"to deal with family".* Kathy described using alcohol, marijuana, and other substances at age 13 in order to cope with molestation by her step-father, and cited using heroin at age 17 to deal with intimate partner violence by a boyfriend.

Another common response to the magnitude of adversity was suicide attempts. Such attempts started during childhood for some women. For example, Olivia detailed emotional and physical abuse by her mother during childhood and then molestation by her father, followed by attempted suicide at age 10. The sexual abuse continued—she was raped multiple times over 3-4 years by one of her mother's boyfriends, and she attempted suicide twice more at age 14.

Likewise, Pamela was sexually assaulted by a neighbor for four years (from age 8-13) and reported suicide attempts starting at age 12. For Paula, a suicide attempt occurred at age 17 after she experienced approximately two years of intimate partner violence by her boyfriend (who was also 17 years older than her). Women's lives included multiple types of adversities outside of abuse, and for Wendy in particular, having a child who was stillborn prompted her to attempt suicide at age 16.

A smaller group of women reported having a coping response of running away from home (e.g. a foster home or home with biological parents) as a child or adolescent due to any or multiple forms of abuse (such as Tori at age 14). For Nancy, after living with her aunt for entire childhood and experiencing sexual abuse for the majority of this time, she ran away at age 15, which co-occurred with being raped by another adult, dropping out of school, and starting to use marijuana and alcohol. Some women reported using one or multiple coping responses, or reported multiple behaviors occurring simultaneously. With Beverly, after running away from an abusive foster care home at age 15, she started using marijuana as a *"way of coping"* with life. Also, Susan described leaving home at age 16 due to the pervasive abuse; she was being sexually abused by two uncles and a cousin and physically abused by her mother and older siblings. She also reported starting to use alcohol, marijuana, and depressants at the same time.

Sub-Theme 3*: Missing Intervention Points*

***Substance abuse treatment services*.** Almost all the women (25 out of the 26) reported having used substances prior to prison. The average age of the start of substance use was approximately 14 years of age, with the earliest being age 5 and the oldest starting age was age 18. Women's first substance use varied in terms of type; 8 out of the 25 women first used marijuana, 5 used alcohol first, 3 used a different substance first—as well as 9 out of the 25

women started with multiple substances (most often, alcohol and marijuana). Only 8 women received substance abuse treatment prior to prison. For women who did receive treatment, substance abuse treatment was relatively brief, lasting from a few hours to 6 months. Women reported inpatient, outpatient, and residential substance abuse treatment settings. Mostly, women cited substance abuse treatment utilization as due to court referral or probation requirements (Wendy, Tori, Lydia; Irene). The low number of women engaged in substance use treatment pre-prison limited the ability to understand why women did or did not engage in services given that no defining characteristic (such as having children) appeared to shape treatment engagement except the referral aspect.

Mental health treatment services. Of the 26 women, almost half (12 women) reported at least one mental health treatment encounter previous to prison. The most commonly reported reason for utilizing mental health services was related to suicide risk, including suicide attempts, ideation, and severe depression (especially during childhood and early adolescence). For some women, multiple suicide attempts prompted multiple utilizations of mental health services (Halley; Irene; Olivia; Pamela; Susan; Wendy). However, suicide attempts did not necessarily dictate entrance into mental health treatment services, such as with Denise and Paula who reported attempting suicide but no mental health treatment. Other specific symptom-related reasons for mental health services included anxiety and hallucinations, "anger issues," losing parental rights, childhood behavioral issues, and running away, along with services required due directly to abuse in the home. Regardless of the symptomatic reason they received mental health services, women often reported abuse and adversity as the precipitating factor for treatment although the abuse was rarely addressed from a broader or preventative approach. For example, Stacy, after her parents divorced at age 5, was sexually abused by an uncle in the same year and

then by a man who became her step-father at age 7; correspondingly, she entered a specialized inpatient children's mental health treatment for behavioral issues from ages 7-11.

Sub-Theme 4*: End-Point Prison*

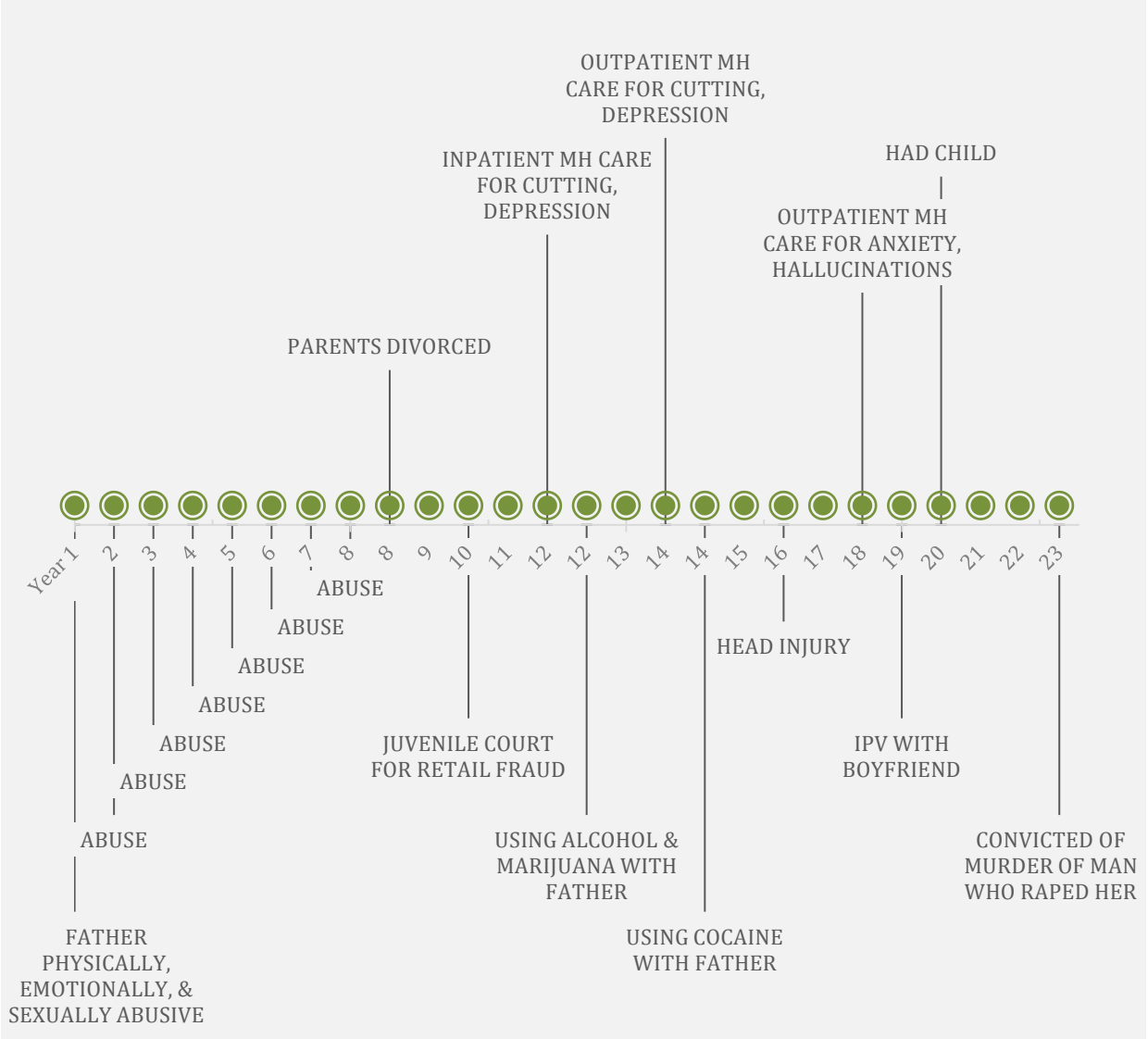
While all women ended up in prison with a conviction of a violent offense and a life sentence, for a majority of women, this was their first prison stay. Only 4 women had been sentenced to prison previous to their current offense, and thus, for 22 women, their current conviction carrying a life sentence was also their first time in prison. Their crimes appeared to occur in the context of the other previously mentioned major themes: within or as a response to abuse/victimization and/or under the influence of substance use.

Relational component to crimes. Given women's lifeline histories of persistence abuse by those in close relationships (e.g. parents, partners), not surprisingly, the crimes that they were convicted of and given a life sentence for were described by the women as often having a relational component. Relational in this context means that the victim(s) of their crime was someone they were close to/had a history with, and/or that they had a relationship with their co-defendant involved in the crime.

Some women's crimes were performed in the context of a history of their victimization. For example, Jacqueline was abused physically and emotionally by her boyfriend for fifteen years, and she stabbed him, resulting in his death. As another example, Annette was convicted of the murder of her abusive boyfriend after enduring an extensive history of childhood physical and sexual abuse. When asked about ever having to defend herself, she wrote, *"My case is based on that. In an attempt to leave my (childhood) abuse, I began prostitution to make money to leave the state and came across a man who tried to force me to have sex against my will. Out of fear, we struggled/fought. He died."* For Irene, she grew up witnessing her father abuse her

mother and step-mother and reported that she would *"always get into it with my father to protect my step-mother."* Then, after 24 years of experiencing intimate partner violence, she was convicted of killing her husband. Halley described that she had to physically defend herself *"when I killed the man that raped me"*, and her lifeline (see Figure 3) showed a history of abuse, especially sexual abuse in early childhood. Lastly, Rachel who also had a lifetime history of physical and sexual abuse responded to the sexual abuse of her young daughter with violence against the perpetrators, which resulted in her conviction.

Figure 3*:* Lifeline for Halley



History of abuse with co-defendant. Some women's crimes occurred with someone with whom they had an abusive relationship. Women's co-defendants included husbands (Melinda), boyfriends (Pamela and Paula), and ex-boyfriends (Wendy). Strikingly, one woman (Olivia) described that her crime of *"[setting] up robbery for father to get money for crack cocaine"* and it ended with the murder of someone she was dating. As seen in her lifeline in Figure 4, her father had molested her for several of her childhood years until he was then imprisoned for this abuse. For Melinda, her husband was her co-defendant, and they were convicted of robbing and killing a man – perhaps not coincidentally, this was a man who sexually abused her for years during her adolescence. Wendy described her crime as occurring after six years in an abusive relationship with her boyfriend. After he came to her house for his items and argued with her, he then returned to her house again with his friends and began shooting. Several people were harmed in her situation, and both she and her boyfriend were convicted. Lastly, Beverly described being with a boyfriend who was in a gang and that she *"got caught up"* with the gang. In that lifestyle, witnessing death and violence were a *"constant way of life,"* which she describes as contributing to her crime.

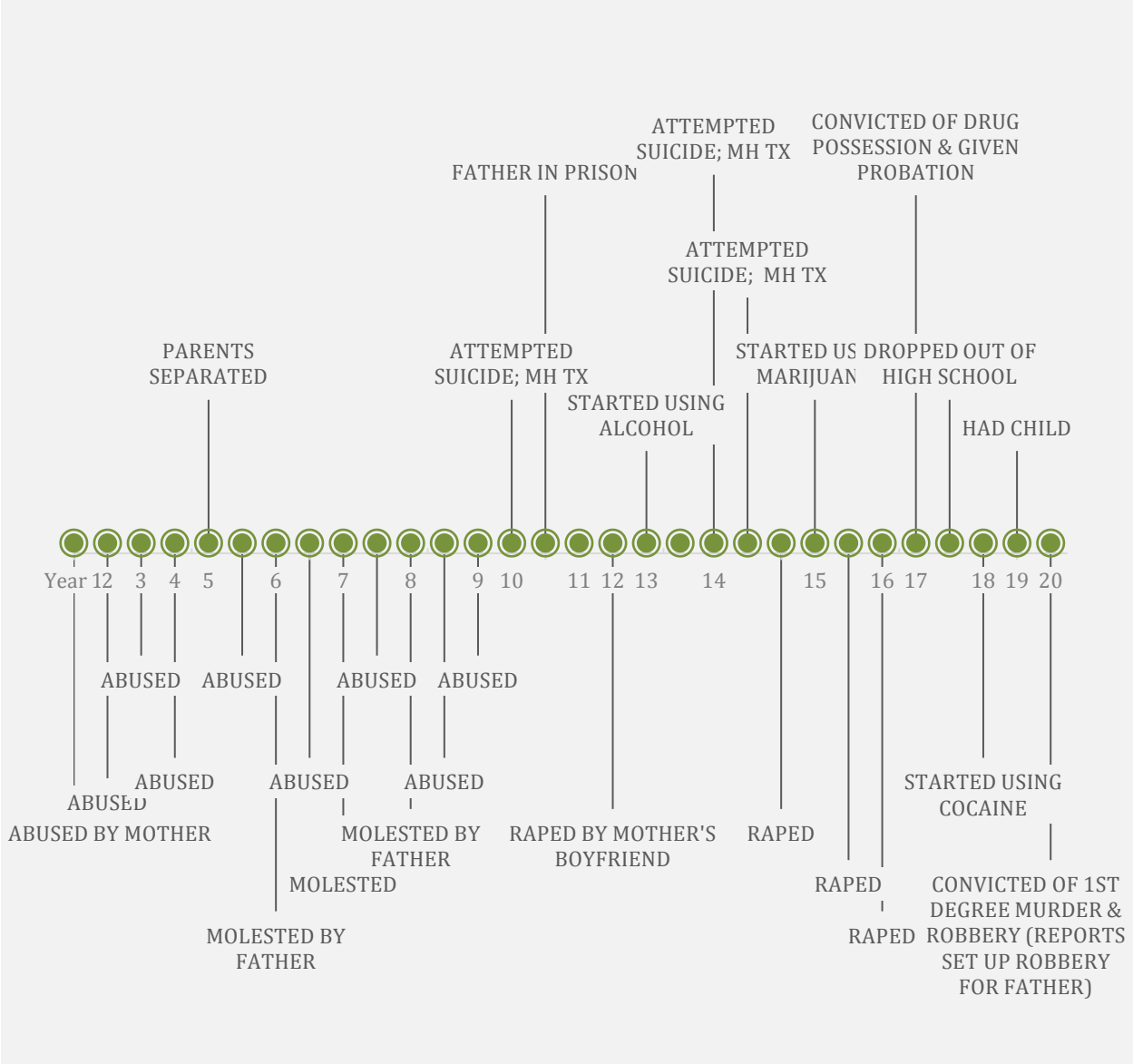
***Substance use at the time of the crime*:** Substance use was noted as contributing to other risky behaviors for women, such as Tori describing *"I've stolen money from family and a couple of friends in order to support my alcohol and drug habits. I even sold my body for drugs and alcohol and stealing money from the tricks."* Susan reported that she *"would steal and traded sex for money to buy drugs (crack cocaine)."* A large majority of the women reported committing crimes in order to get drugs, or while under the influence of drugs. Frederica explained that she *"committed my crime while under the influence, stole from family members to further my drug use, sold drugs for money and to get high."*

Most of the women (19 out of 26) reported that their current case/conviction was committed while they were under the influence of alcohol and/or other substances. For example, Casey detailed that *"when the murder was committed, I was drunk and high of marijuana."* In Yvette's lifeline, she witnessed violence in her childhood home, but she did not describe her substance use (drinking alcohol daily starting at age 20) as related to her adversity. She also did not report intimate partner violence during her adolescence or adulthood. However, at age 36, she started using crack cocaine on a regular basis, and this use she specifically connected to her crime. She described being on crack cocaine, not sleeping for multiple days, and stabbing her friend while in this state of being. Interestingly for Yvette, it was the escalation of substance use that prompted her criminal behaviors, and the persistency of adversity seems less apparent in her lifeline.

***Continuation of need for services in prison*:** While the lifelines only included pre-prison experiences, it is striking that in women's disclosures of substance and mental health treatment within the clinical assessment process, they also shared distressing and concerning experiences within prison. They included details of needing interventions due to poor mental health and continuing (or new) substance use. Since the beginning of their life sentence, half of the women have attempted suicide and/or had major depression, which has resulted in psychiatric evaluations and medications. For example, Veronica (see Figure 2) and Halley (see Figure 3) attempted suicide in prison. Some women have reported starting new substances (such as heroin) and/or continuing use of substances while in prison. A common experience is for women to have participated in one 8-week substance abuse program or in an Alcoholics Anonymous or Narcotics Anonymous group at the beginning of their life sentence. Thus, women's concerns

continue in prison and the treatment opportunities are limited, especially given the long-term and ongoing nature of their incarceration based on their sentence.

Figure 4*:* Lifeline for Olivia



Discussion

This study examined the pre-prison lives of a sample of incarcerated women with life sentences in order to look at patterns and themes across common importation factors for women in prison. The lifeline format provided a sobering picture of the duration of abuse and adversity

in women's lives, and most women in this sample had lifelines of persistent abuse and adversity. These experiences appear pivotal as women's primary relationships were sources of victimization, and these relationships commonly had the dynamic of introducing substance use. Women's responses to their multiple and persistence adverse experiences included risky coping behaviors of substance use, suicide attempts, and running away. While a few women received substance use and/or mental health treatment, a majority of women did not receive any such intervention services before prison. Lastly, an overwhelming majority of women are serving a life sentence for their *first prison sentence* for crimes committed under the influence of substances as well as in the context of victimization.

Women's experiences of multiple forms of adversity and the persistency of these experiences, spanning from a young age to their imprisonment, are of concern from a cumulative adversity perspective. Previous studies have found that experiencing multiple or high rates of adverse events is significantly linked with poor mental health outcomes which are also worsened by social isolation, being impoverished, and marginalized by social identities/status (e.g. Grote et al., 2007; Lloyd & Turner, 2003; Kubiak, 2005). Of concern, women in this study reported high rates of suicide risk factors, including previous ideation and attempts that were both addressed and unaddressed by mental health treatment. Notably, suicide risk continued for half the women while in prison.

While a dominant theme in this study is the persistency of abuse and adversity throughout women's pre-prison lives, women also shared that substance use was a feature of their abusive relationships—as a dynamic within their experiences of abuse (e.g. introduction to and/or using with an abuser) or in terms of being a coping mechanism for the abuse they experienced. Similar findings have been found in other studies linking trauma and adversity to risky behaviors,

especially substance use (e.g. Dube et al, 2003; Kilpatrick et al, 2000; Sharp, Peck & Hartsfield, 2012). In particular, sexual abuse is significantly linked to daily drug use (Sharp, Peck & Hartsfield, 2012). Likewise, in this study, women's experiences of regular substance use were seen in the context of their ongoing victimization. As also seen in pathways research (e.g. Belknap, 2007; Daly, 1994), women's experiences of victimization and substance use were intertwined in their descriptions of their crimes.

Implications for Social Work Theory

Feminist scholars have pushed against importation theorists for focusing on a pathology profile of women offenders (Shaw, 1992). Within importation theory, prisoners are often labeled as a "high risk population," especially women who often enter prison with a high number of factors (Adams, 1992). The conflation of needs into risk factors (often framed as criminogenic risk factors) has shifted the responsibility from system-solutions to individual-level factors for women offenders to address themselves (Hannah-Moffat, 1999; O'Malley, 1992). By examining these pre-prison life experiences in a lifeline format, the lack of interventions for substance abuse and mental health needs is a clear gap in women's pre-prison lives—and moreover, there is a lack of intervention to prevent continuing abuse and adversity. For most (if not all) women in this sample, multiple critical intervention time points (e.g. suicide attempts) occurred in women's pre-prison lives without adequate intervention. Perhaps the most glaring concern is the lack of safety in women's pre-prisons lives. Indeed, one of the key insights of a lifeline approach is that "it is an organising principle for the events. It provides an opportunity for linking the story with the wider social, political and environmental context during the interview" (Adriansen, 2012, p. 53). Examining women's pre-prisons lives beyond the individual-level, one major implication is the need for system-level interventions, including policy and prevention focused advocacy, to

provide women with treatment, safety, and intervention options outside of (and prior to) prison or involvement with the criminal-legal systems. A life course perspective speaks to the need to de-escalate the trauma and adversity in women's lives throughout childhood, adolescence, and adulthood.

Recent work has posited that importation theory in relation to understanding prisoner mental health concerns may be best framed within a trauma framework or a "trauma context" (Armour, 2012, p.889) given the high rates of trauma women experience pre-prison and during prison (Moloney, van den Bergh, & Moller, 2009). The lifelines and themes in women's lifelines are centered on their experiences of multiple, persistent, and cumulative trauma. Thus, cumulative risk theory and cumulative trauma theory may warrant a stronger incorporation in the importation theory framework. Likewise, this theory can help inform intervention development and testing, as well as future research for women in prison.

Implications for Social Work Practice

Women in prison with life sentences are often not eligible for treatment interventions in prison as such opportunities are designed and reserved for women re-entering the community in order to reduce recidivism. However, given that the women in this sample had pre-prison lifelines with multiple, interacting importation factors, this population of women warrants further attention and investigation in several domains. First, more research is needed on intervention development and testing with this population while they are incarcerated. Due to the prevalence of adversity, trauma, and other importation factors, their mental health in prison may be an ongoing concern. As seen in research on women with life sentences and suicide (Dye & Aday, 2013), working to improve women's mental health is an issue of suicide prevention. Understanding how these pre-prison life factors interact and present in women's lives may

inform intervention development. Thus, a multifaceted intervention that addresses multiple forms of trauma experiences, coping strategies and relational behaviors (e.g. the use of violence and substances) may be helpful, especially with attention to treatment engagement given the low rate of previous treatment experiences.

Second, with intervention development, simultaneous policy advocacy is needed to expand service provision for all women in prison. A specific facet of such service provision is the need to consider ongoing treatment options as women serve a life sentence. As a larger goal, a third area of attention is the need for a prevention-focused approach for women's pre-prison lives. Relying on prison-based treatment as the primary point of intervention is insufficient and sorely out of touch with social work's ethics and preventative and intervention-based approach. Given that a majority of women's lifelines had no substance use or mental health interventions and that prison was the major intervention site, work is needed in the community to prevent women from being underserved and that are multifaceted in content with an explicit focus on reducing involvement in the criminal justice system.

Limitations

While this study offers insight into future work, there are multiple limitations. First, this study utilized a small sample which allowed for in-depth analysis, but also does not take into account variations across women. Future research with larger samples of women with life sentences is needed. It may also be helpful to know what factors shaped the sentencing decision for a particular woman. Future work may consider a comparative nature: for example, comparing women with and without life sentences, examining the role of race in women's pre-prison lives, and comparing the histories of women in different states and looking at how life sentences are defined on a state-level.

Second, a limitation of this lifeline approach is that the lifelines were researcher-constructed. As this data was collected as part of a clinical assessment, women may not have disclosed their experiences fully, especially given the power dynamics within the prison between clinical staff and prisoners. Also, women may have limited their discussions about illegal behaviors inside and outside of prison, such as substance use. Likewise, recall bias is a concern with life history extraction, and given some women had been incarcerated over twenty years, key life events may be missing, or misrepresented in terms of time. Future research may consider a life-history interview with women with life sentences in order to verify how women conceptualize their lives and connections between events.

Third, most of the variables examined were of an adverse nature. Protective factors included were service engagements. However, additional protective factors such as resiliency and positive supports may provide additional insights and should be considered for future research. Furthermore, more detail about women's perceptions of life events, such as parenting, may provide insight into how these events influence their lives.

Conclusion

Incarcerated women with life sentences have been rendered invisible, isolated, and shunned through their permanent prisoner status, and they have been described as neglected and underserved by researchers (Owen, 1998). Examining the pre-prison lives of this population points to the overwhelming role of trauma and adversity throughout their lives, as well as the lack of intervention points prior to prison. Social work practice, policy, and research efforts are needed with a focus towards this population- both in prison and prior to prison.

REFERENCES

REFERENCES

Adams, K. (1992). Adjusting to prison life. *Crime and Justice, 16*, 275-359.

Aday, R. H., & Krabrill, J. J. (2011). *Women aging in prison: A neglected population in the correctional system*. Boulder, CO: Lunne Reinner Publishers.

Adriansen, H. K. (2012). Timeline interviews: A tool for conducting life history research. *Qualitative studies, 3*(1), 40-55.

Armour, C. (2012). Mental health in prison: A trauma perspective on importation and deprivation. *International Journal of Criminology and Sociological Theory, 5*(2), 886-894.

Belknap, J. (2007). *The invisible woman: Gender, crime, and justice*. Stamford, CT: Cengage Learning.

Belknap, J., & Holsinger, K. (2006). The gendered nature of risk factors for delinquency. *Feminist Criminology, 1*(1), 48-71.

Bloom, B., Chesney-Lind, M., & Owen, B. (1994). *Women in California prisons: Hidden victims of the war on drugs.* Rockville, MD: National Institute of Justice.

Bloom, B., Owen, B., & Covington, S. (2004). Women offenders and the gendered effects of public policy. *Review of Policy Research, 21*(1), 31-48.

Bonta, J., & Gendreau, P. (1990). Reexamining the cruel and unusual punishment of prison life. *Law and Human Behavior, 14*(4), 347-372.

Boothby, J. L., & Durham, T. W. (1999). Screening for depression in prisoners using the Beck Depression Inventory. *Criminal Justice and Behavior, 26*(1), 107-124.

Boyd, C. J., Hill, E., Holmes, C., & Purnell, R. (1998). Putting drug use in context: Life-lines of African-American women who smoke crack. *Journal of Substance Abuse Treatment, 15*(3), 235-249.

Bush-Baskette, S. R. (2004). The war on drugs as a war against black women. In S. Miller (Ed.), *Crime Control and Women: Feminist Implictions of Criminal Justice Policy*, (185-194). London: Sage Publications Inc.

Carson, E. A., & Sabol, W. J. (2012). *Prisoners in 2011*. Washington, DC: Bureau of Justice Statistics.

Chesney-Lind, M. (2002). Criminalizing victimization: The unintended consequences of pro-arrest policies for girls and women. *Criminology & Public Policy, 2*(1), 81-90.

Clausen, J. (1997). Gender, contexts, and turning points in adults' lives. In P. Moen, G. Elder, & K. Luscher (Eds.), *Examining lives in context: Perspectives on the sociology of human development*, (pp. 365-389). Washington DC: American Psychological Association.

Clements-Nolle, K., Wolden, M., & Bargmann-Losche, J. (2009). Childhood trauma and risk for past and future suicide attempts among women in prison. *Women's Health Issues, 19*(3), 185-192.

Cook, Smith, S. G., Tusher, C. P., & Raiford, J. (2005). Self-reports of traumatic events in a random sample of incarcerated women. *Women & Criminal Justice, 16*(1-2), 107-126. *American Psychologist, 39*(10), 1148-1160.

Craddock, A. (1996). A comparative study of male and female prison misconduct careers. *The Prison Journal, 76*(1), 60-80.

Daly, K. (1994). *Gender, crime, and punishment*. New Haven, CT: Yale University Press.

Davies, K. (1996). Capturing women's lives: A discussion of time and methodological issues. *Women's Studies International Forum, 19*, 579-588.

Davis, A. Y., & Shaylor, C. (2001). Race, gender, and the prison industrial complex: California and beyond. *Meridians, 2*(1), 1-25.

DeLisi, M., Berg, M. T., & Hochstetler, A. (2004). Gang members, career criminals and prison violence: Further specification of the importation model of inmate behavior. *Criminal Justice Studies, 17*(4), 369-383.

Dube, S. R., Felitti, V. J., Dong, M., Chapman, D. P., Giles, W. H., & Anda, R. F. (2003). Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: the adverse childhood experiences study. *Pediatrics, 111*(3), 564-572.

Dutton, M. A. (2009). Pathways linking intimate partner violence and posttraumatic disorder. *Trauma, Violence, & Abuse, 10*(3), 211-224.

Dye, M. H. (2011). The gender paradox in prison suicide rates. *Women & Criminal Justice, 21*(4), 290.

Ellis, D., Grasmick, H. G., & Gilman, B. (1974). Violence in prisons: A sociological analysis. *American Journal of Sociology, 80*(1), 16-43.

Faust, E., & Magaletta, P. R. (2010). Factors predicting levels of female inmates' use of psychological services. *Psychological Services, 7*(1), 1-10.

Fazel, S., Bains, P., & Doll, H. (2006). Substance abuse and dependence in prisoners: A systematic review. *Addiction, 101*(2), 181-191.

Flanagan, T. J. (1983). Correlates of institutional misconduct among state prisoners. *Criminology, 21*(1), 29-40.

Fogel. (1993). Hard T: The stressful nature of incarceration for women. *Issues in Mental Health Nursing, 14*(4), 367-377.

Frost, N. A., Greene, J., & Pranis, K. (2006). *Hard hit: The growth in the imprisonment of women, 1977-2004*. New York: Women's Prison Association.

Gendreau, Goggin, C. E., & Law, M. A. (1997). Predicting prison misconducts. *Criminal Justice and Behavior, 24*(4), 414-431.

Gorey, K. M., & Leslie, D. R. (1997). The prevalence of child sexual abuse: Integrative review adjustment for potential response and measurement biases. *Child Abuse & Neglect, 21*(4), 391-398.

Gover, A. R., Pérez, D. M., & Jennings, W. G. (2008). Gender differences in factors contributing to institutional misconduct. *The Prison Journal, 88*(3), 378-403.

Gramling, L. F., & Carr, R. L. (2004). Lifelines: A life history methodology. *Nursing Research 53*(3), 207-210.

Greenfield, E. A., & Marks, N. F. (2010). Identifying experiences of physical and psychological violence in childhood that jeopardize mental health in adulthood. *Child Abuse & Neglect, 34*(3), 161-171.

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*(1), 43-56.

Grote, N. K., Bledsoe, S. E., Larkin, J., Lemay, E. P., & Brown, C. (2007). Stress exposure and depression in disadvantaged women: The protective effects of optimism and perceived control. *Social Work Research, 31*(1), 19-33.

Gunter, T. D., Arndt, S., Wenman, G., Allen, J., Loveless, P., Sieleni, B., et al. (2008). Frequency of mental and addictive disorders among 320 men and women entering the Iowa prison system: Use of the Mini-Plus. *Journal of the American Academy of Psychiatry and the Law Online, 36*(1), 27-34.

Hanks, R. S., & Carr, N. T. (2008). Lifelines of women in jail as self-constructed visual probes for life history research. *Marriage & Family Review, 42*(4), 105-116.

Hannah-Moffat, K. (1999). Moral agent or actuarial subject: Risk and Canadian women's imprisonment. *Theoretical Criminology, 3*(1), 71-94.

Harer, M. D., & Steffensmeier, D. J. (1996). Race and prison violence. *Criminology, 34*(3), 323-355.

Heney, J., & Kristiansen, C. M. (1998). An analysis of the impact of prison on women survivors of childhood sexual abuse. *Women & Therapy, 20*(4), 29-44.

Innes, C. A. (1997). Patterns of misconduct in the federal prison system. *Criminal Justice Review, 22*(2), 157-174.

Irwin, & Cressey, D. R. (1962). Thieves, convicts and the inmate culture. *Social Problems, 10*(2), 142-155.

Islam-Zwart, & Vik, P. W. (2004). Female adjustment to incarceration as influenced by sexual assault history. *Criminal Justice and Behavior, 31*(5), 521-541.

Islam-Zwart, Vik, P. W., & Rawlins, K. S. (2007). Short-term psychological adjustment of female prison inmates on a minimum security unit. *Women's Health Issues, 17*(4), 237-243.

Jordan, B. K., Schlenger, W. E., Fairbank, J. A., & Caddell, J. M. (1996). Prevalence of psychiatric disorders among incarcerated women: Convicted felons entering prison. *Archives of General Psychiatry, 53*(6), 513-519.

Katz, J. (1983), "A theory of qualitative methodology: The social system of analytical fieldwork", in Emerson, R. (Ed.), *Contemporary Field Research: A Collection of Readings*, Little Brown Company, Boston, MA.

Keaveny, M. E. (1999). Life events and psychological well-being in women sentenced to prison. *Issues in Mental Health Nursing, 20*(1), 73-89.

Kilpatrick, D. G., Acierno, R., Saunders, B., Resnick, H. S., Best, C. L., & Schnurr, P. P. (2000). Risk factors for adolescent substance abuse and dependence: Data from a national sample. *Journal of Consulting and Clinical Psychology, 68*(1), 19-28.

Kubiak, S. P. (2005). Trauma and cumulative adversity in women of a disadvantaged social location. *American Journal of Orthopsychiatry, 75*(4), 451-463.

Kubiak, Beeble, M., & Bybee, D. (2012). Comparing the validity of the K6 when assessing depression, anxiety, and PTSD among male and female jail detainees. *International Journal of Offender Therapy and Comparative Criminology, 56*(8), 1220-1238.

Kubiak, Boyd, C. J., Slayden, J., & Young, A. (2005). The substance abuse treatment needs of prisoners. *Journal of Offender Rehabilitation, 41*(2), 1-19.

Langan, & Pelissier. (2001). Gender differences among prisoners in drug treatment. *Journal of Substance Abuse, 13*(3), 291-301.

Leigey, M. E., & Reed, K. L. (2010). A woman's life before serving life: Examining the negative pre-incarceration life events of female life-sentenced inmates. *Women & Criminal Justice, 20*(4), 302-322.

Lindquist, C. H., & Lindquist, C. A. (1997). Gender differences in distress: Mental health consequences of environmental stress among jail inmates. *Behavioral Sciences & the Law, 15*(4), 503-523.

Lloyd, D. A., & Turner, R. J. (2003). Cumulative adversity and posttraumatic stress disorder: evidence from a diverse community sample of young adults.*American Journal of Orthopsychiatry, 73*(4), 381-394.

Loper, A. B. (2002). Adjustment to prison of women convicted of possession, trafficking, and nondrug offenses. *Journal of Drug Issues, 32*(4), 1033-1050.

Loucks. (1997). *Research into drugs and alcohol, violence and bullying, suicides and self-injury and backgrounds of abuse*. Edinburgh: Scottish Prison Service.

Loucks, & Zamble, E. (2001). *Predictors of criminal behavior and prison misconduct in serious female offenders*. Ottawa, Ontario: Correctional Service Canada.

MacKenzie. (1987). Age and adjustment to prison interactions with attitudes and anxiety. *Criminal Justice and Behavior, 14*(4), 427-447.

Martin, S. L., Cotten, N. U., Browne, D. C., Kurz, B., & Robertson, E. (1995). Family violence and depressive symptomatology among incarcerated women. *Journal of Family Violence, 10*(4), 399-411.

Mauer, M., King, R., & Young, M. (2004). *The meaning of "life": Long prison sentences in context*. Washington, D.C.: The Sentencing Project.

Mauer, M., Potler, C., & Wolf, R. (1999). *Gender and justice: Women, drugs, and sentencing policy*. Washginton, DC: The Sentencing Project.

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*(4), 455-476.

McDaniels-Wilson, C., & Belknap, J. (2008). The extensive sexual violation and sexual abuse histories of incarcerated women. *Violence Against Women, 14*(10), 1090-1127.

Mechanic, M. B., Weaver, T. L., & Resick, P. A. (2008). Mental health consequences of intimate partner abuse. *Violence Against Women, 14*(6), 634-654.

Messina, Burdon, W. M., & Prendergast, M. L. (2003). Assessing the needs of women in institutional therapeutic communities. *Journal of Offender Rehabilitation, 37*(2), 89-106.

Messina, & Grella, C. (2006). Childhood trauma and women's health outcomes in a California prison population. *American Journal of Public Health, 96*(10), 1842-1848.

Moloney, K. P., van den Bergh, B. J., & Moller, L. F. (2009). Women in prison: The central issues of gender characteristics and trauma history. *Public Health, 123*(6), 426-430.

Morse, J., & Field, P. (1995). *Qualitative research methods for health professionals*. Thousand Oaks, CA: Sage.

Mumola, C. J. (2005). *Suicide and homicide in state prisons and local jails*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.

Nellis, A. (2012). *The lives of juvenile lifers: Findings from a national survey*. Washington, D.C.: The Sentencing Project.

Nellis, A. (2013). *Life goes on: The historic rise in life sentences in America*. Washington, D.C.: The Sentencing Project.

Novero, C. M., Loper, A. B., & Warren, J. I. (2011). Second-generation prisoners adjustment patterns for inmates with a history of parental incarceration. *Criminal Justice and Behavior, 38*(8), 761-778.

O'Malley, P. (1992). Risk, power and crime prevention. *Economy and Society, 21*(3), 252-275.

Owen, B. (1998). *"In the mix": Struggle and survival in a women's prison*. Albany, NY: State University of New York Press.

Paulus, P. B., & Dzindolet, M. T. (1993). Reactions of male and female inmates to prison confinement: Further evidence for a two-component model. *Criminal Justice and Behavior, 20*(2), 149-166.

Poehlmann, J. (2005). Incarcerated mothers' contact with children, perceived family relationships, and depressive symptoms. *Journal of Family Psychology, 19*(3), 350-357.

Pollock. (2001). *Women, prison, and crime*. Stamford, CT: Cengage Learning.

Pollock, J., & Davis, S. M. (2005). The continuing myth of the violent female offender. *Criminal Justice Review, 30*(1), 5-29.

Poole, E. D., & Regoli, R. M. (1980). Role stress, custody orientation, and disciplinary actions. *Criminology, 18*(2), 215-226.

Quam, J. K., & Abramson, N. S. (1991). The use of time lines and life lines in work with chronically mentally ill people. *Health & Social Work, 16*, 76-83.

Ragin, C. C. 1987. The comparative method. Moving beyond qualitative and quantitative strategies. Berkeley: University of California Press.

Raj, A., Rose, J., Decker, M. R., Rosengard, C., Hebert, M. R., Stein, M., et al. (2008). Prevalence and patterns of sexual assault across the life span among incarcerated women. *Violence Against Women, 14*(5), 528-541.

Reynolds, M. (2008). The war on drugs, prison building, and globalization: Catalysts for the global incarceration of women. *NWSA Journal, 20*(2), 72-95.

Richie. (2012). *Arrested justice: Black women, violence, and America's prison nation*. New York: NYU Press.

Richie, B. (1996). *Compelled to crime: The gender entrapment of battered black women*. London: Routledge.

Roberts, J., & Horney, J. (2010). The life event calendar method in criminological research. In A. R. Piquero & D. Weisburd (Eds.), *Handbook of Quantitative Criminology* (pp. 289-312), New York: Springer.

Schroots, J. J., & Assink, M. H. (2005). Portraits of life: Patterns of events over the lifespan. *Journal of Adult Development, 12*(4), 183-197.

Schneider, R., Baumrind, N., & Kimerling, R. (2007). Exposure to child abuse and risk for mental health problems in women. *Violence and Victims, 22*(5), 620-631.

Schwartz, J., Steffensmeier, D., & Feldmeyer, B. (2009). Assessing trends in women's arrest via data triangulation: Arrests, convictions, incarcerations, and victim reports. *Social Problems, 56*(3), 494-525.

Sharp, S. F., Peck, B. M., & Hartsfield, J. (2012). Childhood adversity and substance use of women prisoners: A general strain theory approach. *Journal of Criminal Justice, 40*(3), 202-211.

Shaw, M. (1992). Issues of power and control-women in prison and their defenders. *Brit. J. Criminology, 32*, 438-443.

Siegel, J. A., & Williams, L. M. (2003). The relationship between child sexual abuse and female delinquency and crime: A prospective study. *Journal of Research in Crime and Delinquency, 40*(1), 71-94.

Silverman, M., & Vega, M. (1990). Reactions of prisoners to stress as a function of personality and demographic variables. *International Journal of Offender Therapy and Comparative Criminology, 34*(3), 187-196.

Staton, M., Leukefeld, C., & Webster, J. M. (2003). Substance use, health, and mental health: Problems and service utilization among incarcerated women. *International Journal of Offender Therapy and Comparative Criminology, 47*(2), 224-239.

Steiner, B., & Wooldredge, J. (2009). Individual and environmental effects on assaults and nonviolent rule breaking by women in prison. *Journal of Research in Crime and Delinquency, 46*(4), 437-467.

Temple, J. R., Weston, R., Rodriguez, B. F., & Marshall, L. L. (2007). Differing effects of partner and nonpartner sexual assault on women's mental health. *Violence Against Women, 13*(3), 285-297.

Teplin, L. A., Abram, K. M., & McClelland, G. M. (1996). Prevalence of psychiatric disorders among incarcerated women: I. Pretrial jail detainees. *Archives of General Psychiatry, 53*(6), 505-512.

Tripodi, S. J., Bledsoe, S. E., Kim, J. S., & Bender, K. (2011). Effects of correctional-based programs for female inmates: A systematic review. *Research on Social Work Practice, 21*(1), 15-31.

Tusher, C. P., & Cook, S. L. (2010). Comparing revictimization in two groups of marginalized women. *Journal of Interpersonal Violence, 25*(10), 1893-1911.

Van Voorhis, P., Wright, E. M., Salisbury, E., & 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*(3), 261-288.

Warren, J. I., Hurt, S., Loper, A. B., & Chauhan, P. (2004). Exploring prison adjustment among female inmates: Issues of measurement and prediction. *Criminal Justice and Behavior, 31*(5), 624-645.

Wright, E. M., Salisbury, E. J., & Van Voorhis, P. (2007). Predicting the Prison Misconducts of Women Offenders The Importance of Gender-Responsive Needs. *Journal of Contemporary Criminal Justice, 23*(4), 310-340.

Zaitzow, B. H. (2003). 'Doing gender'in a women's prison. In B.H. Zaitrow and J. Thomas (Eds.), *Women in prison: Gender and social control* (21-38). London: Lynne Reinner Publishers.

Zlotnick, C. (1997). Posttraumatic stress disorder (ptsd), ptsd comorbidity, and childhood abuse among incarcerated women. *The Journal of Nervous and Mental Disease, 185*(12), 761-763.

CHAPTER THREE:

TESTING A NEW INTERVENTION WITH INCARCERATED WOMEN WITH LIFE SENTENCES: ASSESSING CHANGES IN MENTAL HEALTH AND ANGER

Abstract

Women in prison serving a life sentence are a small but growing subpopulation of incarcerated women. Despite their long-term presence within prisons, there is no existing intervention designed for, tested with, or tailored for this population of women. However, incarcerated women with life sentences present with and report multiple persistent physical and mental health needs upon entry and throughout their stays in prison. This study tested a new gender-responsive, trauma-informed violence prevention intervention (Beyond Violence) that was designed for women with violent offenses and targeted improving women's mental health and anger expression. Pre, post, and follow up surveys were administered to two treatment groups with women with life sentences. Multilevel modeling was conducted to assess changes over time for women's mental health and anger expression and to compare outcomes for women based on their length of time served. While significant positive outcomes were found for all women in regards to trait anger and anger control, women who had been in prison for less than ten years started with higher scores on multiple measures and showed significant rates of change over time. This study is preliminary and offers insight into further social work practice, policy advocacy and research for this population of women.

Introduction

Incarcerated women serving life sentences are a sub-population in prisons that has been largely neglected by prison administrators, practice professionals, and researchers (Owen, 1998; Nellis, 2013). This gap is especially evident in the general lack of evidence-based interventions for incarcerated women with violent offenses, as well as specifically, the absence of interventions tailored for this sub-population and the lack of inclusion of this sub-population in samples testing new interventions. This lack corresponds with the common prison policy of denying or excluding women with life sentences from treatment-based interventions, as such interventions are commonly reserved for women re-entering the community (Nellis, 2013). However, incarcerated women with life sentences have high rates of risk factors based on their pre-prison life experiences and reports of physical and mental health needs during incarceration (Aday & Kabrill, 2011; Dye & Aday, 2013; Leigey & Reed, 2010). Given the rising number of incarcerated women with life sentences (Nellis, 2013), an intervention that is efficacious in addressing these women's mental health and wellbeing in prison may benefit not only the women, but also prison administrators and clinical staff and the women's families. Thus, this study examined the short-term outcomes for incarcerated women with life sentences who completed a new violence prevention intervention which also focused on improving women's mental health and anger-related feeling and expressions.

Background

Women comprise a small fraction of those arrested (14%) and sentenced (5%) for a violent offense within the U.S. (West, Sabol, & Greenman, 2010). A majority of women with life sentences (94%) are serving time for violent offenses and the number of women sentenced to life sentences are a growing subpopulation, rising 14% from 2008-2012 (Nellis, 2013). The increase

in the number of women with life sentences is linked to "tough on crime" sentencing practices (such as the two-strike law in Georgia) focused on long sentences (Nellis & King, 2009). Also, the implication of a life sentence has shifted from indeterminate (i.e. until rehabilitation occurs) to literally the end of natural life (Mauer, King, & Young, 2004). While sentencing varies state to state, there are two main types of life sentences: a "life sentence" and "life without parole". A "life sentence" carries the potential for a prisoner to be released from prison on parole, whereas "life without parole" is typically devoid of that potential. On a national scale, one out of every nine prisoners has a life sentence, either with or without parole, or as a long sentence that exceeds natural life span (Nellis, 2013). On average, a person serving a life sentence is incarcerated for 29 years with little opportunity to be released (Mauer, et al., 2004). For example, in California, those in prison with a life sentence have an 18% chance of being approved for release by the Parole Board (Weisberg, et al., 2011), and in Michigan, the chance is 9% (Levine, 2014) making release a rare event.

A key component for women's release from prison is their reduced risk for criminal behavior and recidivism, gained often through required, formal treatment-based interventions (Chesney-Lind, 1998; Messina, Burdon, Hagopian, & Prendergast, 2006). In order for women to be even considered for possible release, prison administrators evaluate women's progress toward and capacity for positively managing dynamic risk factors, such as attitudes, emotionality, and coping skills, in decision-making processes related to release and risk (Hannah-Moffat & Yule, 2011). These skills and progress are often obtained through treatment-based programming while in prison. In a recent systematic review of interventions specifically for women in correctional settings in the United States, none of the reviewed interventions were primarily focused on anger management or violence prevention (Tripodi, Bledsoe, Kim, & Bender, 2011). Most of the

interventions concentrated on substance abuse treatment with the goal of preventing recidivism, and were designed to be delivered to women preparing to exit prison and re-enter their communities. (Of note, the review excluded a study by Eamon, Munchua, and Reddon (2002) that focused on an anger management intervention for incarcerated Canadian women convicted of violent and/or nonviolent offenses.) A small number of the reviewed interventions had the purpose of improving women's behavior, as well as physical and mental health while in prison (Tripodi, Bledsoe, Kim, & Bender, 2011).

While none of the reviewed interventions detailed a specific focus or inclusion of women with life sentences, this population of women could benefit from interventions aimed at improving wellbeing in prison. Women with life sentences arrive at prison with higher rates of psychosocial needs, including high rates of mental health concerns, suicide risk factors, and histories of sexual abuse, childhood abuse, and intimate partner violence victimization (Leigey & Reed, 2010). Based on personal accounts, women who enter prison with a life sentence describe feeling unable to process their reality and emotionally numb, as well as easily hopeless and depressed (George, 2010). In a qualitative study, women with life and long term sentences reported depression, hopelessness, and anger, especially at the beginning of their sentence, as they described adjusting to prison as a process of coming to terms with "an existential death", akin to the stages of grief often described by terminally-ill patients (Jose-Kampfner, 1990). This process also includes perpetual psychological distress over time in prison. Women with life sentences report a multitude of physical and mental health concerns especially as they age in prison (Aday & Krabrill, 2011). Women who have served longer sentences (over ten years) have reported more problems with the prison environment, such as boredom and a dearth of educational, work, and social opportunities (MacKenzie, et al., 1989), and one study suggested

that the more time a woman serves, the more difficulty she may have with psychologically responding to prison (Vuolo & Kruttschnitt, 2008). Depression and suicide risk are particular recurring factors for concern, both early in women's stays in prison (Dye & Aday, 2013) and after longer periods of time in prison (Clements-Nolle, Wolden, & Bargmann-Losche, 2009) .

Women with life sentences are in need of physical and mental health treatment opportunities in prison. The prison physical and psychological health care system may face increased demands as the number of women serving life sentences increases, both for women upon arrival to prison and over their long-term stay in prison. Thus, given the lack of interventions for this population of women with the corresponding needs of these women, testing and evaluating a new intervention with women with life sentences fills a current gap in both research and practice, with an opportunity to advance policy advocacy efforts as well.

A New Intervention: Beyond Violence

In response to the need for a violence prevention intervention for incarcerated women, Beyond Violence (Covington, 2011) was developed as a gender-responsive and trauma informed intervention specifically for incarcerated women with violent offenses. Gender-responsive and trauma informed services have been strongly advocated for incarcerated women (Bloom, Owen, & Covington, 2003; Fournier, Hughes, Hurford, & Sainio, 2011; Laux et. al, 2008) given that motivations for, and victims of, crimes perpetrated by women frequently differ from male perpetrated crimes (e.g. Pollock & Davis, 2005; Kruttschnitt, Gartner, & Ferraro, 2002). Also gender differences have been found in comparisons of background and incarceration experiences of men and women (e.g. Messina, Burdon, Hagopian, & Prendergrast, 2006; Raj et al., 2008; Fazel, Bains, & Doll, 2006; Kubiak, Beeble & Bybee, 2010; James & Glaze, 2006). Gender-responsive interventions focus on empowerment and improving problem solving, self-image, and

self-efficacy, based on understanding the pathways to crime common for women include their high rates of victimization, mental health distress and substance use disorders (Chesney-Lind & Pasko, 2013; Bloom, Owen, & Covington, 2003; Green, Miranda, Daroowalla, & Siddique, 2005).

Beyond Violence (Covington, 2011) is based in trauma theory (Herman, 1992,1997) and incorporates a guiding tenant that experiences of trauma influence both perceptions of and reactions to life events (Kendall-Tackett, 2000). This trauma-informed approach incorporates an understanding that early or ongoing exposure to traumatic events can result in mental health distress (Breslau et al. 1999; Ehrensaft, Moffitt, & Caspi, 2006; Horwitz et al. 2001; Molnar, Buka, & Kessler 2001), repressed anger (Cougle, Timpano, Sachs-Ericsson, Keough, & Riccardi, 2010; Neumann, Houskamp, Pollock, & Briere, 1996; Newman & Peterson, 1996; Springer, Sheridan, Kuo, & Carnes, 2007) and the use of alcohol and other drugs as ways of coping and responding to trauma (Hedtke et al., 2008; Najavitis, Weiss, & Shaw, 1997). Likewise, these factors have shown significant associations with violence perpetration by women: serious mental illness and symptoms of depression, anxiety, and PTSD (Goldenson, Geffner, Foster, & Clipson, 2007; Kirby et al., 2012; Logan & Blackburn, 2009; Silver, Felson, & Vaneseltine, 2008); anger expression as highly suppressed or highly expressed (Maneta, Cohen, Schulz, & Waldinger, 2012; Swan, Gambone, Fields, Sullivan, & Snow, 2005; Wolfe, Wekerle, & Straatman, 2004), and substance abuse (White & Widom, 2003). Also, these factors have shown significant associations when studied individually and when studied in tandem as a conceptual model of women's involvement in violence (Kubiak, Kim, Fedock, & Bybee, under review; Swan & Snow, 2006).

In addition to a foundation in trauma-theory, Beyond Violence is centered in the socio-ecological model of violence prevention (Dahlberg & Krug, 2002) endorsed and utilized by the World Health Organization. Violence is defined in this model as falling into three broad categories: self-directed violence, interpersonal violence, and collective violence. This model incorporates addressing risk factors for violence prevention, which are the same for violence victimization and perpetration. Likewise, the socio-ecological model of violence prevention acknowledges risk factors on individual, relational, community, and societal level and organizes the curriculum content into these four areas. The content of the intervention was developed after an extensive review of existing interventions, focus groups conducted with likely participants about the material (e.g. psycho-education and activities), and discussions with professionals (treatment and criminal justice oriented). Beyond Violence utilizes a multimodal approach and a variety of evidence-based therapeutic strategies (i.e., psycho-education, role-playing, mindfulness activities, cognitive behavioral restructuring, and grounding skills for trauma triggers) to address issues of mental health, substance abuse, trauma histories, and anger regulation. This 20-session group intervention is designed to be delivered by a trained professional with a group size of 8-15 women. Each session lasts approximately 2 hours. Beyond Violence incorporates attention to women's victimization histories, gender socialization, and co-occurring substance use and mental health disorders in order to prevent future violence and improve women's wellbeing.

Current Study

Thus far, Beyond Violence has demonstrated efficacy with positively influencing women's mental health and anger-related outcomes in both the therapeutic treatment unit of prison (Kubiak, Kim, Fedock, & Bybee, 2012) and in general population (Kubiak, Kim, Fedock,

& Bybee, 2014) with women convicted of violent offenses. For the pilot testing of Beyond Violence, three groups of women with violent offenses were utilized, which included a small sub-sample of eight incarcerated women with life sentences (Kubiak, Fedock, Tillander, Kim, & Bybee, 2014). This small sub-sample had higher scores on measures of mental health and showed a significant decrease in PTSD symptoms when compared to women without life sentences (Kubiak, Kim, Fedock, & Bybee, 2012). Feedback from the women with life sentences in the pilot groups was elicited in order to make the Beyond Violence content applicable and relevant for women with life sentences. Given that women's rates of violence in prison are low (Owen, Wells, Pollock, Muscat, & Torres, 2008), this study focused mainly on the mental health and anger-related outcomes of Beyond Violence with this population of women. It is seemingly the first study to utilize a treatment sample of only women with life sentences and to investigate outcomes specifically for these women.

This study examines the short-term outcomes related to changes in mental health symptoms and anger experiences and expressions for two Beyond Violence treatment groups of incarcerated women with life sentences. The research questions for this study were: 1) Do mental health symptoms of anxiety, depression, PTSD, and serious mental illness improve for incarcerated women with life sentences after participating in Beyond Violence?; 2) Do forms of anger and anger expression change after participating in Beyond Violence?. Also, based on the current research that differences may exist between women new to prison and those who have been in prison for a long period of time, the last research question is: 3) Are there differences in mental health and anger-related outcomes for women based on the length of time served?

Methods

Study Design

This study had a pretest-posttest design (Shadish, Cook, & Campbell, 2002). A survey was administered by the research staff prior to the start of treatment, at the end of treatment, and three months following the end of treatment. A sample of 26 incarcerated women was divided into two Beyond Violence treatment groups (Group A with 14 women; Group B with 12 women) with no control group. This study was part of a larger multi-phase intervention study, and all study procedures were approved by the Institutional Review Board at Michigan State University, which included review by a prison advocate.

Participants

An initial random sample of 68 women with life sentences was utilized in order to form two Beyond Violence treatment groups within a state women's prison. Considering that women with life sentences are typically not included in treatment groups within this prison, the sample of women met the researchers' criteria as well as received final approval by prison administrative leadership. Correctional administrators worked with research staff to determine women who met criteria for group inclusion. Criteria included: (1) currently housed in a lower security level; (2) absence of major misconduct tickets in the previous eighteen months and a need for substance abuse treatment; and (3) currently serving a life sentence (with or without possibility of parole) for a violent offense. From the list generated by the prison administrators, women were stratified on amount of time served and then assigned to the treatment groups such that the groups were equivalent in amount of time served. Prison administrators also prohibited certain relational dynamics within the groups' composition (e.g. no relatives such as mothers/daughters and no co-defendants within the same group.) Also, women's schedules were reviewed to ensure

availability for group participation on the chosen day/times for the treatment; women who had work conflicts were considered ineligible.

Research staff held an informational meeting with the remaining eligible women (n=28) to discuss their possibility of participating in a Beyond Violence treatment group, provide an overview of the process and specific information about the study, and gather informed consent from women who were interested in the intervention. Of the 28 women called-out for this meeting, three women did not attend, and a second informational meeting was held with these three women at a subsequent date. After these two informational meetings, a total of 26 women agreed to participate after one woman declined to participate and one woman was ineligible. All women were living on the General Population unit of the prison. Likewise, all women had been convicted of murder; however, 15 of the women serving life sentences were convicted of first degree murder (i.e. premeditated or intentional murder) and 11 were convicted of second degree murder (i.e. unplanned, unintentional murder or murder due to reckless or neglectful behavior). The characteristics of this sample (see Table 4) are reflective of overall characteristics of incarcerated women with life sentences (Nellis, 2013).

Procedures

As is standard in intervention research (Fraser et al, 2009), pre- and post-tests were used to assess changes in repeated measures at the end of the intervention. A member of the study's research team (who was not involved in the treatment groups) met with women at three time points for survey collection: (1) before the first group session; (2) at the end of the intervention; and (3) three months after the end of the group.

The same facilitator conducted both treatment groups and had an extensive, over ten-year clinical experience background with women involved in the criminal justice system. The groups

did not occur completely simultaneously; Group 1 lasted from July-September 2012 and Group 2 occurred ofrom August-November 2012. Both groups met twice a week for one and half hours per session. Prison policy dictated that women could not miss more than two group sessions in order to participate; women attended an average of 19.42 sessions out of the 20 sessions.

Table 4: Participant Demographics and Background Experiences

	Frequency	%
Conviction		
First Degree Murder	15	57.69%
Second Degree Murder	11	42.31%
Sentence		
Life with Opportunity for Parole	17	65.38%
Life without Opportunity for Parole	9	34.62%
Race		
Black women	13	50%
White women	13	50%
Time Served (# of Years Incarcerated)		
>10 years	10	38.46%
<10 years	16	61.54%
Marital Status		
Single	20	76.92%
Married/Partner	3	11.54%
Separated/Divorced	3	11.54%
Mothering		
Children, Minors	11	42.31%
Children, Not Minors	11	42.31%
No Children	4	15.38%
Trauma Histories		
Childhood Emotional Abuse	19	73.08%
Childhood Physical Abuse	15	57.69%
Childhood Sexual Abuse	22	84.61%
Any Childhood Abuse	24	92.31%
Intimate Partner Violence	19	73.08%
Adult Victimization (not-IPV)	14	53.85%
Any Trauma	26	100%
Perpetration Histories		
Physical Violence (Partner)	11	42.31%
Physical Violence (Other)	8	30.77%
Both Partner and Other	5	19.23%
Uncaught Violent Behaviors	13	50%

Measures

The survey used at each time point included measures assessing various constructs of mental health (i.e., depression, anxiety, PTSD and serious mental illness) and types of anger and anger expressions. These measures were used to examine differences over time.

Depression. The Patient Health Questionnaire: Depression Subscale (Kroenke, Spitzer & Williams, 2001) is a 9-item subscale that assesses the number of depression symptoms experienced in the prior two week period. This scale has been used to measure depression with multiple populations including adults with offense histories, incarcerated youths, and incarcerated women (Domalanta, Risser, Roberts, & Risser, 2003; Kubiak, Kim, Fedock, & Bybee, 2012). The scale has items such as "Experienced little interest or pleasure in doing things" and "Felt bad about yourself, or felt that you are a failure or have let yourself or your family down." Respondents rated items on 4-point Likert scale ranging from "Not at all (0)" to "Nearly everyday (3)." The nine responses were summed to measure the severity of depression symptoms and had a Cronbach's alpha ranging from .75-.90 with this sample.

Anxiety. The Patient Health Questionnaire: Anxiety Subscale (Spitzer, Kroenke, & Williams, 1999) is comprised of 7-items that examine the number of anxiety symptoms over the past four weeks. The first item ,"Over the last four weeks, how often have you been feeling nervous, anxious, on edge, or worrying a lot about different things?", was a screening question to determine if participants had experienced anxiety symptoms over the prior four week period. Participants then responded to the remaining six items which included "Getting tired very easily", and "Feeling so restless that it's hard to sit still." Respondents rated each item with a response on a 4-point Likert scale ranging from "Not at all (0)" to "Nearly every day (3)". The summed score of the 7 items was used for analysis and the Cronbach's alpha ranged from .87-.88 with this sample.

Post-Traumatic Stress Disorder/PTSD. The Short Screening Scale for DSM-IV Posttraumatic Stress Disorder (modified version, Breslau, Peterson, Kessler, & Schultz, 1999) was an 8-item measure that collected current PTSD symptoms. This measure has been used for detained youth and women involved in the criminal justice system (Abram, Teplin, Charles, Longworth, McClelland, & Dulcan, 2004; Kubiak, Beeble, & Bybee, 2010) The first item was a screening question to determine if participants were ever exposed to a traumatic event; specifically, "In your life, have you ever had any experience that was considered frightening, horrible, or upsetting?" Participants who provided an affirmative response to the screening question were then asked to answer the remaining seven items, which included items such as, "Avoided being reminded of this experience by staying away from certain places, people, or activities" and "Became jumpy or got easily startled by ordinary noises or movements." Respondents provided responses on a 4-point Likert scale ranging from "Not at all (0)" to "Nearly everyday (3)". Cronbach's alpha for this scale ranged from .79 to .83 for this sample.

Serious mental illness/ SMI. The K6 (Kessler et al., 2002; Kessler et al,. 2003) is a brief 6-item measure that assesses the participant's overall mental health and examines their level of serious mental health distress over the prior four week period. The items include, "Over the last 4 weeks, how often have you felt nervous" and "Over the last 4 weeks, how often have you felt hopeless?" Respondents provided responses to items on a 5-point Likert scale of frequency ranging from "None of the time (0)" to "All of the time (4)". A total score was used for analysis and Crohbach's alpha ranged from .87 to .91 for this sample.

State and trait anger. The State-Trait Expression Inventory – 2 (STAXI-2; Spielberger, 1999) is used to measure the experience and intensity of anger as an emotional state and as an emotional trait. This instrument has been commonly and widely used for the measurement of the

experience and expression of anger among incarcerated men and women (Dear, Thomson, Howells, & Hall, 2001; Fernández-Montalvo, Echeburúa, & Amor, 2005; Schützwohl & Maercker, 2000; Suter, Bryne, Bryne, Howells, & Day, 2002). The test-retest reliability of this instrument has also shown to remain stable over time (Bishop & Quah, 1998; Jacobs, Latham, & Brown, 1988). The STAXI-2 was included to explore changes in the experience of, responses to, and the expression of anger, mainly through the constructs of state anger (i.e. anger as a temporary emotional state) and trait anger (i.e. intensity of anger as a constant component of the personality).

The 57-item STAXI-2 includes six scales, five subscales, and an Anger Expression Index. The State Anger scale assesses the intensity of angry feelings at a particular time, specifically the present moment. High State Anger scores translate to having experiences of relatively intense angry feelings. The State Anger scale consists of 15 items in three subscales, Feeling Angry, Feel like Expressing Anger Verbally, and Feel like Expressing Anger Physically. Participants rate the intensity of their emotions "right now" on a 4-point Likert scale ranging from "1 (Not at all)" to "4 (Very much so)". The Cronbach's alpha for this scale ranged from .91 to .97 with this sample

The Trait Anger scale measures how the respondent feels anger over time and perceives this anger. High Trait Anger scores indicate that a respondent may feel frequently and persistently angry feelings and often feel treated unfairly by others. The Trait Anger scale consists of 10 items in two subscales, Angry Temperament and Angry Reaction. Participants rate how they 'generally' feel on a 4-point Likert scale ranging from "1 (Almost never)" to "4 (Almost always)". Cronbach's alpha for this scale ranged from .84 to .90 with this sample.

Four sub-scales assess the expression and management of anger: Anger Expression-Out, Anger Expression-In, Anger Control-Out and Anger Control-In. Each sub-scale is comprised of 8 items. Anger Expression-Out measures the expression of anger toward other persons in the environment, and high scores indicate frequent use of aggressive behaviors as an expression of anger. Cronbach's alpha for this subscale ranged from .61 to .77 for this sample. Anger Expression-In measures the angry feelings directed inward, and high scores correspond to having intense angry feelings, but with the tendency to suppress these feelings rather than expressing them either physically or verbally. Cronbach's alpha for this sub-scale ranged from .68 to .81 for this sample. Anger Control-Out is related to behaviorally preventing the expression of anger toward other persons or objects in the environment, and higher scores are typically favorable as they display a monitoring of angry feelings and preventing of aggressive outward anger expression. Cronbach's alpha for this sub-scale ranged from .87 to .93 for this sample. Anger Control-In is related to the control of suppressed angry feelings by calming down or cooling off when angered. Persons with high Anger Control-In scores tend to calm down and reduce their anger quickly. Cronbach's alpha for this sub-scale ranged from .93 to .95 for this sample. For each of these sub-scales, participants rate how they generally react in certain situations on a 4-point Likert scale ranging from "1 (Almost never)" to "4 (Almost always)" for these four scales.

Analysis

Preliminary analysis was conducted using paired-samples t-tests to examine differences in mental health and anger-related measures across all participants over time. To confirm and further test these results, multilevel modeling (MLM; Raudenbush & Bryk, 2002) was used for final analysis, in effect taking into account that repeated measures are nested within individuals. MLM is currently suggested in treatment studies for an analysis of longitudinal data with

repeated measures (Nash, Kupper, & Fraser, 2004). The intraclass correlation (ICC) ranged from .40 to .71 for all outcome variables, indicating that substantial proportions of variance were accounted for by grouping of observations within women, thus confirming MLM as an appropriate analytic strategy. Also, the number of months between the baseline and the end of treatment survey ranged from 2.56 months to 2.93 months, with a mean of 2.76 months (*SD*=0.19) and between the baseline and final follow-up survey, the number of months ranged from 5.93 to 7.63 across women, with a mean of 6.72 months (*SD*=0.42). In addition to appropriately handling dependencies in repeated measures data, MLM allows for variability in the timing of the collection of measures across participants over time and accommodates missing data.MLM shows the relationship and type of change between participants' starting scores and their change over time based on each participant's individual intercept and slope. This allows for examining the changes in the slope, taking into account at what point each woman started. This two-level MLM incorporated three assessments collected over three time points (Time=Level 1) for each of the 26 participants in the sample (Participants =Level 2). For Level 1, Time was measured as number of days since the pre-test survey and centered on the pre-test.

The MIXED procedure in SPSS was utilized for this analysis (IBM SPSS Statistics, version 22.0; Peugh & Enders, 2005). The models included random intercepts. A comparison of models with random and fixed slope effects was conducted and the model with the best fit according to Likelihood Ratio Chi-Square was chosen. For all models, a quadratic term (e.g. converting time into a power polynomial) was tested, but no significant quadratic trends were found with any of the models. The results presented below are based on models with Time centered on the pre-test assessment; however, analyses were also run with the results centered on the post-test with similar results found. To test for differences in outcomes between women

based on the length of time served (short versus a long time served), the grouping variable was added to the best-fitting model for each dependent variable. This variable was given the label of "Length of Time Served" with women given a code of "0" for less than 10 years and a "1" for having served more than 10 years of their life sentence. Additional analysis included probing significant 2-way interaction effects in order to fully explore the direction and significance of the simple slopes for each group (Preacher, Curran, & Bauer, 2006).

Surveys were collected from all 26 women at the pre and post-test time points. However, two women were unable to complete their surveys at the three month time point; one woman who undergoing chemotherapy which confined her to her cell and another woman declined to participate in this final assessment. Also, at each time point, some women chose not to answer some survey questions- however, a majority of questions were answered. Taking into account the data from all three time points, Little's Test of Missing Completely at Random (Little's MCAR) was conducted and suggested that the pattern of missing data was random (Little's MCAR chi square =148.58, df= 2618, p=1.00). All cases were included in the analysis, and in consideration of the small sample and other issues, a restricted maximum likelihood (REML) approach was used for estimation (Snijders & Bosker, 1999). For this sample of 26 women, power estimation for multilevel analyses was conducted with Optimal Design Software (Raudenbush et al., 2011). This showed that the sample of 26 would provide statistical of power of .8 to detect as significantly different from zero at two-tailed $p<.05$ a large slope effect (i.e., accounting for at least 17% of the variance with ICC of .40; 20% with ICC of .70). For detection of differences between groups who had served long vs. short amounts of time, the minimum detectable effects would be larger, accounting for at least 25% of the variance.

Results

Participants

Demographic and background characteristics of the participants are reported in Table 4. The mean age for the sample was 42 years old (*SD*=9.48 years; range 22-60) and the average length of time served in prison was 14.35 years (*SD*=8.95 years, range 1-38 years). The two treatment groups were relatively equivalent in regards to the stratification variables used for randomization; the groups did not significantly differ in average age or length of incarceration. All women were convicted of homicide. Therefore, the analyses were conducted with data combined from both groups of women. Women's scores on the mental health and anger related outcomes at pre, post, and 3 month follow-up time points are reported in Table 5. These scores are also reported based on women's length of time served. For screening purposes, women who had served less than 10 years went from an average depression score of 10.10 (*SD*=6.37) to 5.70 (*SD*=5.52). The clinical cut-off score for major depression is 10 or higher, indicating the average score fell below the clinical cut-off over time (Kroenke & Spitzer, 2002).

Preliminary Paired Sample T-Tests Results for Changes for All Women over Time

The results of the initial paired sample t-tests are reported in Table 6. For mental health measures, significant score changes were found for serious mental illness at both post-test and the 3 month follow-up time point. Significant changes in scores were also found for PTSD from pre-test to the 3 month follow-up time point. For the anger-related measures, significant changes were found for Trait anger, as well as Anger Control In and Anger Control Out from the pre-test to the post-test time point and also from the pre-test to the 3 month follow-up time point.

Table 5: Mental Health and Anger Outcome Variables across Time for All Women

	Baseline		Post-BV		Follow-Up	
	Mean	***SD***	**Mean**	***SD***	**Mean**	***SD***
Depression	7.19	*5.80*	5.46	*6.00*	5.25	*5.14*
1-9 years served	10.10	*6.37*	6.40	*7.04*	5.70	*5.52*
10+ years served	5.38	*4.75*	4.88	*5.41*	4.93	*5.05*
Anxiety	5.42	*4.51*	4.42	*4.73*	4.96	*5.39*
1-9 years served	7.80	*4.64*	5.80	*5.82*	4.50	*5.56*
10+ years served	3.94	*3.87*	3.56	*3.85*	5.29	*5.44*
PTSD	6.65	*5.07*	5.34	*4.90*	4.88	*4.50*
1-9 years served	9.50	*5.60*	6.00	*5.35*	4.90	*4.66*
10+ years served	4.88	*3.90*	4.94	*4.72*	4.86	*4.56*
SMI	7.35	*5.54*	5.35	*6.17*	5.88	*6.28*
1-9 years served	10.40	*5.37*	5.50	*5.91*	6.50	*7.34*
10+ years served	5.44	*4.87*	5.25	*6.52*	5.43	*5.65*
Trait Anger	15.69	*5.11*	13.15	*3.99*	12.92	*4.60*
1-9 years served	16.80	*5.75*	13.40	*4.14*	13.00	*5.68*
10+ years served	15.00	*4.72*	13.00	*4.01*	12.86	*3.88*
State Anger	20.04	*6.94*	18.85	*5.91*	20.13	*9.60*
1-9 years served	20.90	*9.10*	20.20	*7.90*	20.80	*9.64*
10+ years served	19.50	*5.47*	18.00	*4.34*	19.64	*9.91*
Anger Expression Out	13.88	*3.35*	13.04	*3.78*	12.79	*3.08*
1-9 years served	15.00	*3.80*	12.90	*4.33*	13.00	*4.00*
10+ years served	13.19	*2.95*	13.13	*3.54*	12.64	*2.37*
Anger Expression In	16.11	*4.62*	15.42	*4.45*	17.04	*5.83*
1-9 years served	18.30	*5.32*	17.90	*4.61*	17.60	*5.99*
10+ years served	14.75	*3.66*	13.13	*3.69*	16.64	*5.92*
Anger Control Out	21.65	*6.25*	24.04	*6.96*	24.75	*5.77*
1-9 years served	21.90	*6.89*	24.20	*7.42*	21.70	*5.89*
10+ years served	21.50	*6.04*	23.94	*6.90*	26.93	*4.76*
Anger Control In	22.50	*7.38*	25.73	*6.58*	26.88	*6.15*
1-9 years served	21.60	*7.55*	25.90	*6.38*	23.30	*6.40*
10+ years served	23.06	*7.46*	25.63	*6.91*	29.43	*4.67*

Table 6: Paired-Samples T-Tests Results for Mental Health and Anger Measures for All Women over Time

	Pre/Post Tests				**Pre/Follow-Up Tests**			
	Pre-Test Mean (SD)	***Post-Test Mean (SD)***	***Test Statistic[1]***	***Effect Size[2]***	***Pre-Test Mean (SD)***	***Follow-Up Test Mean (SD)***	***Test Statistic[1]***	***Effect Size[2]***
Depression	7.19 (5.80)	5.46 (6.00)	1.65	0.32	7.19 (5.80)	5.25 (5.14)	1.68	0.34
Anxiety	5.42 (4.51)	4.42 (4.73)	1.35	0.26	5.42 (4.51)	4.96 (5.39)	0.38	0.07
PTSD	6.65 (5.07)	5.34 (4.90)	1.61	0.31	6.65 (5.07)	4.88 (4.50)	2.25*	0.46
SMI	7.35 (5.54)	5.35 (6.17)	2.11*	0.41	7.35 (5.54)	5.88 (6.28)	1.23*	0.25
State Anger	20.04 (6.94)	18.85 (5.91)	1.32	0.26	20.04 (6.94)	20.13 (9.60)	-0.297	0.06
Trait Anger	15.69 (5.11)	13.15 (3.99)	3.91*	0.77	15.69 (5.11)	12.92 (4.60)	-2.86*	0.58
Anger Expression Out	13.88 (3.35)	13.04 (3.78)	1.72	0.34	13.88 (3.35)	12.79 (3.08)	1.37	0.28
Anger Expression In	16.11 (4.62)	15.42 (4.45)	0.87	0.17	16.11 (4.62)	17.04 (5.83)	-0.62	0.13
Anger Control Out	21.65 (6.25)	24.04 (6.96)	-2.49*	-0.49[3]	21.65 (6.25)	24.75 (5.77)	-2.05*	-0.42[3]
Anger Control In	22.50 (7.38)	25.73 (6.58)	-2.75*	-0.54	22.50 (7.38)	26.88 (6.15)	-3.07*	-0.63

*: p<.05, **: p<.01, ***: p<.001

[1] T-value from paired samples t-test, *df*=25

[2] Cohen's D

[3]Negative d's reflect average increases in scores

Changes in Mental Health and Anger Outcome Variables over Time

The results of MLM analyses on each of the outcome measures are summarized in Table 7. The first set of columns lists the intercept terms, which were estimated as random and centered at the pre-intervention time point. For example, on average, the women scored 6.65 on the depression measure, which is significant (e.g. significantly different than zero). Average scores were found to be significant for all measures, but this result is not necessarily informative. The second set of columns lists the slope coefficients describing the trajectory of change over time. In most cases, slope terms were estimated as fixed; for two dependent variables, slopes were estimated as random. The *mental health* outcome variable slope coefficients were negative, indicating that the scores of mental health symptoms decreased from the pre-test to the 3 month follow up assessment. However, none of these slopes were significantly different from zero. For the *types of anger* related variables, the slope coefficients for Trait anger were also negative, indicating the desired decrease in this types of anger. This decrease for Trait anger was significant over time. Unlike Trait anger, State anger showed an increase, yet this change was not significantly different than zero. In terms of *forms of anger expression*, the coefficients for the variable of Anger Expression Out decreased, meaning a lessening of physical acts (such as pushing, yelling) to express anger while the slope coefficients for Anger Expression In increased. However, neither of these changes were significantly different than zero. Lastly, the coefficients for Anger Control Out and Anger Control In increased, and for Anger Control In, this change was significant, indicating positive changes in skills of managing and defusing anger.

Table 7: Multilevel Analysis of Mental Health and Anger Outcomes over Time (2-level Multilevel Models)

	Intercept at the Baseline Time Point			Time		
	B	***sig***	***se***	***B***	***Sig***	***se***
Depression	6.65	***	1.01	-0.24		0.16
Anxiety	5.06	***	0.90	-0.03		0.14
PTSD	6.17	***	0.90	-0.19		0.14
SMI	6.58	***	1.14	-0.10		0.15
State Anger[a]	19.49	***	1.34	0.07		0.29
Trait Anger	15.12	***	0.86	-0.38	**	0.12
Anger Expression Out	13.69	***	0.65	-0.11		0.08
Anger Expression In	15.67	***	0.91	0.16		0.15
Anger Control Out	22.45	***	1.22	0.31		0.31
Anger Control In	23.26	***	1.22	0.58	**	0.18

*: p<.05, **: p<.01, ***: p<.001

a. For this dependent variable, the random slope model was used as it was estimated through the Likelihood Ratio Chi-Square comparison test to be the best fit. For all other dependent variables, models with a fixed slope were used as they were estimated to be the best fit.

Changes in Mental Health and Anger Variables over Time by Amount of Time Served

The results of MLM analyses for all measures including the covariate of length of time served are reported in Table 8. Women's length of time served was categorized into less than 10 years (coded 0) and more than 10 years (coded 1). Women who had served less than 10 years started Beyond Violence with higher scores on all *mental health measures*. They were significantly higher on scores of anxiety (-4.08, *SE*=1.82, *p*=0.03), with scores approaching significant difference for depression (-3.87, *SE*=2.05, *p*=0.07) and PTSD (-3.37, *SE*=1.85, *p*=0.08). [Note that the negative coefficients indicate higher levels for this group, which was coded 0.] Also, for women who had served less than 10 years, the rate of change was significantly different than zero for depression (an average decrease of 0.58 points per month, *SE*=0.24, *p*=0.02), anxiety (an average decrease of 0.47 points per month, *SE*= 0.21, *p*=0.03), and PTSD (an average decrease of 0.48 points per month, *SE*=0.21, *p*=0.03). The monthly average

rate of change for serious mental illness approached significance for women who had been in prison for less than 10 years (-0.41, *SE*= 0.23, *p*=0.08).

These findings suggest that time served is a variable that could be treated similarly to a control variable. Thus, this allows for revealing the main effects of the Beyond Violence intervention. The results displays in Table 8 show that there were significant decreases in the mental health measures, indicating potential positive effects of the intervention.

Table 8: Multilevel Analysis of Mental Health and Anger Outcomes over Time by Length of Time Served[1]

	Intercept			**Time**			**Years**			**Time * Years**		
	B	**sig**	**se**	**B**	**sig**	**se**	**B**	**sig**	**se**	**B**	**sig**	**se**
Depression	9.01	***	1.61	-0.58	*	0.24	-3.87		2.05	0.59		0.32
Anxiety	7.54	***	1.43	-0.47	*	0.21	-4.08	*	1.82	0.76	**	0.27
PTSD	8.23	***	1.45	-0.48	*	0.21	-3.37		1.85	0.49		0.27
SMI	8.72	***	1.84	-0.41		0.23	-3.53		2.35	0.55		0.31
State[a]	20.61	***	2.18	-0.00		0.47	-1.82		2.78	0.12		0.61
Trait	16.02	***	1.41	-0.50	**	0.18	-1.48		1.80	0.22		0.24
Expression Out	14.48	***	1.08	-0.26	*	0.12	-1.32		1.37	0.27		0.16
Expression In	18.28	***	1.42	-0.11		0.23	-4.27	**	1.81	0.45		0.30
Control Out	23.68	***	1.98	-0.08		0.25	-2.06		2.53	0.66	*	0.33
Control In	24.45	***	1.98	0.19		0.28	-2.00		2.53	0.68		0.37

*: p<.05, **: p<.01, ***: p<.001

[1]Length of time incarcerated (Years) was categorized into 0= Less than 10 years; 1= 10 years or longer.

[a] For this dependent variable, the random slope model was used as it was estimated through the Likelihood Ratio Chi-Square comparison test to be the best fit. For all other dependent variables, models with a fixed slope were used as they were estimated to be the best fit.

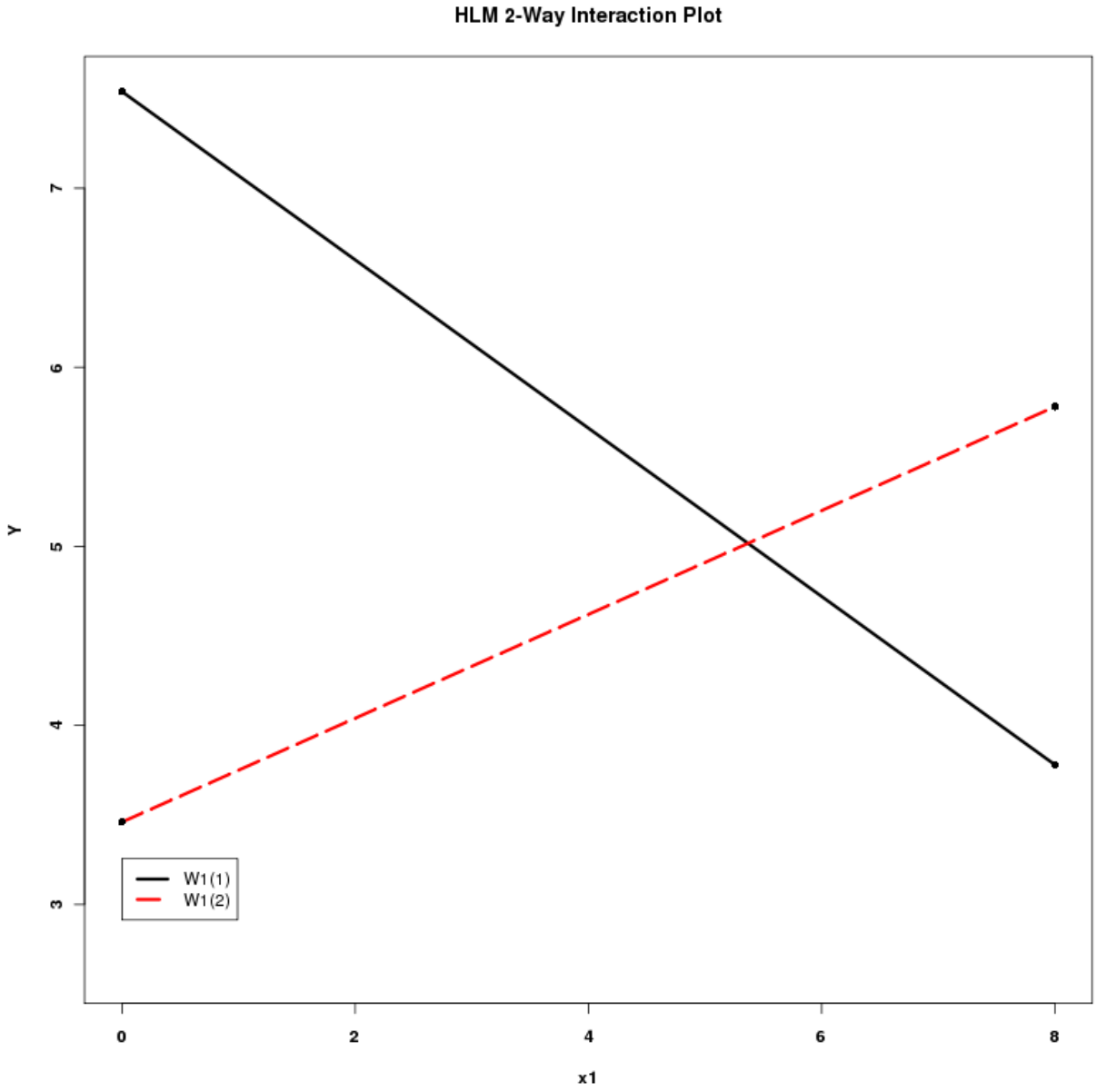
Significant interactions of time and length of time incarcerated were found for anxiety (*B*=0.76, *SE*=0.27, *p*=0.008), and approached significant for depression (*B*=0.59, *SE*=0.32, *p*=0.08), PTSD (*B*=0.49, *SE*=0.27, *p*=0.08) and serious mental illness (*B*=0.55, *SE*=0.31, *p*=0.08). The simple slopes for anxiety showed that the score for women who had served less time significantly decreased (-0.47, *z*=-2.35, *p*=0.02) while the score for women who had served more time increased and approached significance (0.29, z=1.6743, p=0.09). The plot of changes

over time for both sub-groups is presented in Figure 5. [Note that the plots are constructed with the x-axis covering the full range of time and the y-axis displaying only the observed range- this which was done to provide maximum visibility of this interaction.] For depression, serious mental illness, and PTSD, women who had served a longer period of time did not show changes significantly different from zero.

In regards to the *anger variables*, women who had served less than 10 years started Beyond Violence with higher scores on all anger measures, and were significantly higher on scores of Anger Expression In (-4.27, *SE*=1.81, *p*=0.02) than women who had served over 10 years in prison. For women who had served less than 10 years in prison the rate of change was significantly different than zero on Trait anger (an average decrease of 0.50 points per month, *SE*=0.18, *p*=0.009) and Anger Expression Out (an average decrease of 0.26 points per month, *SE*=0.12, *p*=0.03).

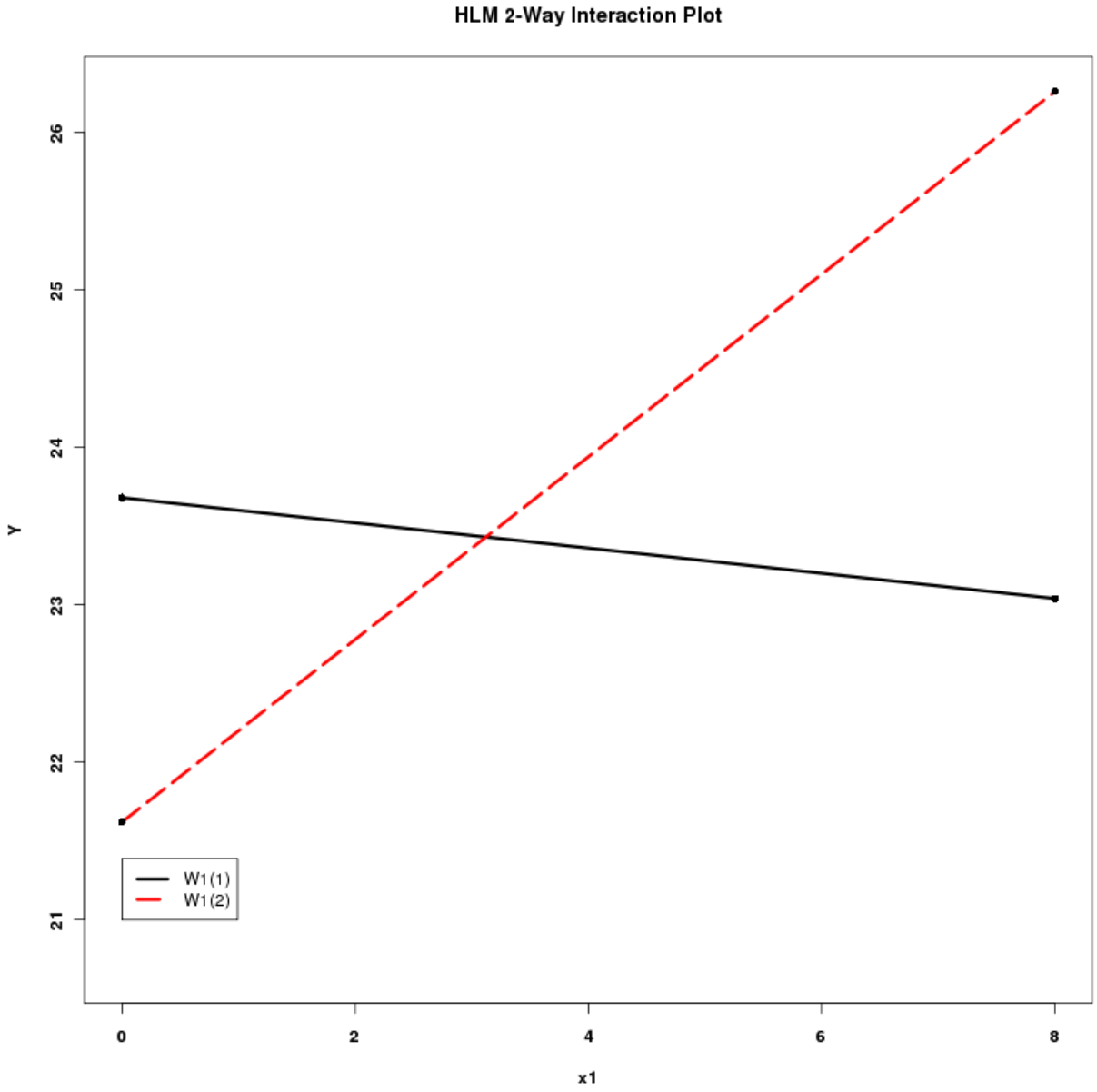
Significant interactions were also found for Anger Control Out (*B*=0.66, *SE*=0.33, *p*=0.05), and approaching significant for Anger Expression Out (*B*=0.27, *SE*=0.16, *p*=0.09) and Anger Control In (*B*=0.66, *SE*=0.33, *p*=0.07). The simple slope for Anger Control Out showed that the score for women who had served longer amounts of time significantly increased over time (0.58, *z*=2.59, *p*=0.009) and women who had served less time did not have a significant change. The plot of both sub-groups changes over time for Anger Control Out in presented in Figure 6. [Note that the plots are constructed with the x-axis covering the full range of time and the y-axis displaying only the observed range- this which was done to provide maximum visibility of this interaction.] For Anger Expression Out and Anger Control In, women who had served a longer period of time did not show changes significantly different from zero in their scores.

Figure 5: Simple Slope of Anxiety by Women who had Served Less Time (1) and Women who had Served Longer Time (2)[a]



[a] Note that the plots are aligned with the x-axis covering the full range of time and the y-axis covering only the observed points- this was done to provide maximum visibility of this interaction.

Figure 6: Simple Slope of Anger Control Out by Women who had Served Less Time (1) and Women who had Served Longer Time (2)[a]



[a] Note that the plots are aligned with the x-axis covering the full range of time and the y-axis covering only the observed points- this was done to provide maximum visibility of this interaction.

Discussion

This study examined the mental health and anger related outcomes for 26 women incarcerated with life sentences who completed a new group intervention entitled Beyond Violence. Also, outcomes were assessed and compared for women based on their amount of time served in prison (i.e. women who have been in prison less than 10 years and those who have been in prison for 10 or more years). While this study had a small sample, it offers preliminary indications of intervention efficacy with this underserved population of incarcerated women, as well as provides insight into a trajectory of future work in regards to social work practice, policy, and research with women with life sentences.

This new intervention displays some indications of a good fit for this population of women. Beyond Violence is a trauma-informed, gender responsive intervention aimed at violence prevention and targets improving mental health, preventing substance abuse, and changing women's experiences of and emotional and behavioral responses to anger. In terms of this study's sample, all women reported experiencing at least one form of trauma in their lifetimes; a majority of women reported experiences of childhood emotional and physical abuse, sexual abuse, and intimate partner violence. Also, as all women were serving sentences for a conviction of murder, the core component of Beyond Violence in addressing experiences of both victimization and perpetration of violence appears to fit with the background experiences of this sample. These high rates of trauma experiences are similar to another study of women with life sentences' pre-prison life experiences (Leigey & Reed, 2010), and extensive trauma histories are not uncommon for women involved in the perpetration of violence (e.g. Magdol, Moffitt, Caspi, & Silva, 1998; Swan & Snow, 2006; Temple, Weston, & Marshall, 2005). Therefore, for social work practice with women with life sentences (and indeed, even more generally, with women

convicted of violent offenses), a trauma-informed approach should be considered as a crucial element, especially with a perspective of understanding the multiple and varied forms of violence women may have experienced.

Beyond Violence is intended to decrease symptoms of mental health concerns. While the averages of the mental health outcome scores decreased over time, none of these changes were significant for all women over time. Sub-group analyses displayed specific dynamics for women who had served less than 10 years of their life sentence. This group of women who had served less time had higher scores for depression, PTSD and serious mental illness and a significantly higher score of anxiety. Likewise, they showed a significant rate of change for depression, anxiety, and PTSD. These findings are similar to previous work that has focused on women's distress upon the beginning of their life sentence. In Dye and Aday's (2013) examination of women with life sentences and suicide risk, women with less time served had a higher rate of suicide ideation than women who had been in prison longer. However, time served was not a significant factor in predicting suicide ideation. Other contextual factors, such as level of outside support, and mental health concerns (specifically depression) shaped women's suicide risk. Another study found that a longer time in prison (over 5 years) was significant with suicide attempts by women in prison (Clements-Nolle, Wolden, & Bargmann-Losche, 2009). Typically, serving ten years or longer in prison has been considered a "long term" sentence in previous studies (e.g. Thompson & Loper, 2005). However, it is not fully understand how women serving life sentences monitor or conceptualize time—what is the significance of 10 years in prison? For this sample of women, it was common practice within the prison to go to the parole board after serving ten years (regardless of the life sentence). Therefore, more information is needed on women's experiences as connected to time served—particularly how women's mental health in

prison changes with life events and environmental shifts throughout their prison stay, especially fluxes in support, changes in security levels, release related opportunities (e.g. parole board hearings, legal appeals) and prison programs (e.g. access to visitation programs).

This study and existing work suggest that women may benefit greatly from intervention earlier in their prison stay, and more insight is needed into treatment engagement and response for women with longer time served. Based on a qualitative exploration, women serving lengthy sentences who have been in prison a long time still experience persistent and daily psychological distress (in a different manner than when they first entered prison) related to the deprivations of prison (Jose-Kampfner, 1990). Interestingly, in this study, women who had served over ten years showed a significant increase in anxiety over time. This finding may suggest a need for changes within the prison environment. A common coping strategy for women in prison is emotionally shutting-down as a way to stay safe (Greer, 2002). Therefore, asking women with life sentences and with a longer history of time served to examine their life histories (including trauma experiences and crime) may require additional time for processing, changes to the prison environment and staff responses to women's emotions, and a complimentary focus on continued coping with emotional vulnerability. These needs are in alignment with the core principles of gender-responsive services within prison (Bloom, Covington, & Owen, 2003). These studies, taken together, suggest that intervention development work is needed that addresses women's experiences over time in prison and with an intervention design with multiple points of intervention. Ongoing support through peer groups, mentoring, and further treatment opportunities may be especially helpful for this population of women, as prison life both changes and remains monotonous.

Similarly, for the anger related variables, desired changes in the average scores occurred over time, however, only Trait Anger and Anger Control In were found to significantly change for all women. Trait anger examines a woman's feelings of chronic anger and often presents as a feeling of constant frustration. It has emerged as significantly mediating the relationship between impulsivity and women's use of both intimate partner violence and general violence (Shorey, Brasfield, Febres, & Stuart, 2011). Thus, it has value for a violence-prevention intervention variable. However, one aspect of Trait anger is a perceived sense of injustice (Spielberger, 1999). Given the conditions of prison in terms of overcrowding, replicating social inequities (e.g. De Viggiani, 2007), and human rights violations (e.g. Culley, 2012; Greer, 2000; Labelle, 2008), Trait anger as both a conceptualized personality factor and as an indication of perceived injustice within the environment may represent an intersection of importation and deprivation theories. Thus, anger, for some women, may be an appropriate response given the context and the concept of decreasing feelings of anger for women in prison may benefit from examination of the personal and political context. Future research would benefit from exploring women's perceptions of injustice, prison conditions, and histories of anger, as well as how they navigate these factors while incarcerated. This may also warrant a more nuanced and tailored definition of "healthy anger" specifically for women in prison.

Anger Control In significantly increased, which is a desired change considering it reflects a skill in anger management (e.g. the ability to cool off, calm down, and self-regulate one's anger). Women with high levels of perpetration of intimate partner violence report suppressed anger with low anger control in addition to experiences of victimization, mental health concerns, and substance use (Swan & Snow, 2003). Therefore, Beyond Violence appears to be successfully targeting a form of anger and an anger expression connected with women's

involvement in violence. In a prison environment where women are deprived of numerous external resources, the procurement of skills in internal, or intrapersonal, management of anger is seemingly a positive gain and appropriate for the setting. Anger Control Out and Anger Control In are connected to behavioral changes in the sense of relating to the expression of feelings of anger. Notably, women with longer time served showed a significant increase in their Anger Control Out scores, which displays their ability to gain new coping skills and utilize them within the prison. Future research may benefit from exploring further how women navigate their feelings of anger within prison and how they safely express anger in an environment incompatible with emotional expression, especially anger (Greer, 2002).

Lastly, while Beyond Violence offers preliminary indicators of efficacy, an overarching issue is the need for social work policy advocacy to improve prison policies and the treatment of incarcerated women with life sentences. One tangible and crucial policy implication is the need to modify policies that restrict eligibility for women with life sentences for treatment-based programming within prisons. Based on a national survey, approximately 62% of prisoners with a life sentence were not involved in treatment-based programming—mainly due to prison-based policies prohibiting those with life sentences from participating (Nellis, 2012). State-level and prison-specific policies may differ, and social workers should critically evaluate these policies for issues of inclusion and exclusion, quality and duration of treatment, and ultimate provision of treatment.

Correspondingly, women with life sentences need to be considered a priority for treatment based intervention; beyond just being placed on a waitlist for group, they may benefit from opportunities to actually engage in treatment. The issue of treatment for all women in prison is a larger concern for the field of social work to consider in the context of the new

penology. The concept of a "new penology" is that prisons now have a heightened focused on containment, custody, control, surveillance, and risk assessment and management with intensified bureaucratization (Adler & Longhurst, 2002; Cullen, et al., 2000; Feeley & Simon, 1992; Pratt, 2000; Simon & Feeley, 2003). The new penology discourse has emerged from the intensified focus on risk management and prisoner security classification, and the shift of emphasis on individual responsibility instead of institution-guided rehabilitation (O'Malley, 1992, 1996, 2000). Thus, social work policy advocacy requires presenting an ethical, human-rights focused treatment framework (Ward & Birgden, 2007), which includes services for women with life sentences. Future research is needed to continue to ascertain the treatment needs of this sub-population and test interventions, as well as simultaneous policy advocacy to ensure the translation of clinical research efforts into practice.

Limitations

As a preliminary and novel study, several limitations require attention. First, this study used a small sample from one prison, making these results non-generalizable. Likewise, the results must be viewed in light of the limited power of the sample size. However, other studies of new interventions have utilized MLM with similar sized samples in order to ascertain outcomes over time (e.g. Goodkind, 2005), and this study sought to utilize rigorous methods in order to most appropriately analyze the data. Thus, this work should be considered preliminary and guide future intervention implementation and testing with this population of women. In particular, larger samples with attention to the length of time women have served will yield further examination into the efficacy of this intervention with this population of women. Given this study was performed in one state prison, deprivation factors (e.g. factors related to the prison climate/environment, policies, and procedures) could not be examined in relation to women's

outcomes. Future studies may include testing Beyond Violence at multiple prisons and within varying security levels in order to assess these factors and compare outcomes.

Second, this study did not have a control group which limits the ability to attribute the changes in measures to Beyond Violence specifically. Given few women had been in a treatment group prior to Beyond Violence, simply the opportunity to be in a group may have influenced their outcomes. Thus, future studies including a control group will allow for comparisons of results with an ability to ascertain the specific effect of Beyond Violence.

Lastly, Beyond Violence is primarily a violence prevention intervention. Typically prison-based studies focused on prisoner behavioral change focus on reductions in the number of misconduct tickets as this is especially important for prison administrators (e.g. Van Tongeren & Klebe, 2010). For this study, the sample was ultimately authorized by prison administrators and given the novelty of such an opportunity, only women in "good standing" with administrators were approved. (This was done with the idea of utilizing these women as future "mentors" for Beyond Violence groups with women with non-life sentences.) Therefore, future studies can consider examining this type of outcome, with an understanding of the often arbitrary and inconsistent nature of tickets (Acevedo & Bakken, 2003; Sexton, 2012), as well as consider assessing positive changes in women's daily functioning within the prison.

Conclusion

This preliminary study examines the mental health and anger related outcomes for incarcerated women with life sentences who completed Beyond Violence. While this study shows some positive results nuanced by women's amount of time served, it also highlights directions for future research, practice, and policy for this underserved population of incarcerated women.

REFERENCES

REFERENCES

Abram, K. M., Teplin, L. A., Charles, D. R., Longworth, S. L., McClelland, G. M., & Dulcan, M.K. (2004). Posttraumatic stress disorder and trauma in youth in juvenile detention. *Archives of General Psychiatry, 61*, 403-410.

Acevedo, K.C. & Bakken, T. (2003). Women adjusting to prison: Disciplinary behavior and the characteristics of adjustment. *Journal of Health & Social Policy, 17*(4), 37-60.

Aday, R. H., & Krabrill, J. J. (2011). *Women aging in prison: A neglected population in the correctional system*. Boulder, CO: Lynne Reinner Publishers.

Adler, M., & Longhurst, B. (2002). *Discourse power and justice: Towards a new sociology of imprisonment*. London: Routledge.

Archer, J., & Graham-Kevan, N. (2003). Do beliefs about aggression predict physical aggression to partners? *Aggressive Behavior, 29*, 41-54.

Bishop, G. D., & Quah, S. H. (1998). Reliability and validity of measures of anger/hostility in Singapore: Cook & Medley Ho Scale, STAXI and Buss-Durkee hostility inventory. *Personality and Individual Differences, 24*, 867-878.

Bloom, B., Owen, B., & Covington, S. (2003). *Gender-responsive strategies: Research, practice, and guiding principles for women offenders*. Washington, D.C: National Institute of Corrections.

Breslau, N., Peterson, E.L., Kessler, R.C., & Schultz, L.R. (1999). Short screening scale for DSM-IV Posttraumatic Stress Disorder. *American Journal of Psychiatry, 156*, 908-911.

Campbell, A., Muncer, S., Mcmanus, I., & Woodhouse, D. (1999). Instrumental and expressive representations of aggression: One scale or two? *Aggressive Behavior, 25*, 435-444.

Chesney-Lind, M. & Pasko, L. (2004). *The female offender: Girls, women, and crime.* Thousand Oaks, CA: Sage Publications.

Clements-Nolle, K., Wolden, M., & Bargmann-Losche, J. (2009). Childhood trauma and risk for past and future suicide attempts among women in prison. *Women's Health Issues, 19*(3), 185-192.

Cougle, J. R., Timpano, K. R., Sachs-Ericsson, N., Keough, M. E., & Riccardi, C. J. (2010). Examining the unique relationships between anxiety disorders and childhood physical and sexual abuse in the national comorbidity survey-replication. *Psychiatry Research, 177*(1-2), 150-155.

Covington, S. (2011). *Beyond Violence: A prevention program for criminal justice-involved women*. Hoboken, NJ: Wiley.

Cullen, F. T., Fisher, B. S., & Applegate, B. K. (2000). Public opinion about punishment and corrections. *Crime and Justice*, 1-79.

Dahlberg L.L., & Krug E. G. (2002). Violence-a global public health problem. In E. Krug, L.L. Dahlberg, J. A. Mercy, A. B. Zwi, & R. Lozano (Eds.), *World report on violence and health* (pp. 1-56). Geneva, Switzerland: World Health Organization.

Dear, G. E., Thomson, D. M., Howells, K., & Hall, G. J. (2001). Self-harm in Western Australian prisons: Differences between prisoners who have self-harmed and those who have not. *Australian & New Zealand Journal of Criminology, 34*, 277-292.

Domalanta, D. D., Risser, W. L., Roberts, R. E., & Risser, J. (2003). Prevalence of depression and other psychiatric disorders among incarcerated youths. *Journal of the American Academy of Child & Adolescent Psychiatry*,*42*(4), 477-484.

Dye, M. H., & Aday, R. H. (2013). "I just wanted to die": Preprison and current suicide ideation among women serving life sentences. *Criminal Justice and Behavior, 40*(8), 832-849.

Eamon, K. C., Munchua, M. M., & Reddon, J. R. (2002). Effectiveness of an anger management program for women inmates. *Journal of Offender Rehabilitation, 34*(1), 45-60.

Ehrensaft, M., Moffitt, T., & Caspi, A. (2006). Is domestic violence followed by an increased risk of psychiatric disorders among women but not among men? A longitudinal cohort study. *American Journal of Psychiatry, 163*(5), 885-892.

Fazel, S., Bains, P., & Doll, H. (2006). Substance abuse and dependence in prisoners: A systematic review. *Addiction, 101*(2), 181-191.

Feeley, M. M., & Simon, J. (1992). New penology: Notes on the emerging strategy of corrections and its implications. *Criminology, 30*, 449-474.

Fernández-Montalvo, J., Echeburúa, E., & Amor, P. J. (2005). Aggressors against women in prison and in the community: An exploratory study of a differential profile. *International Journal of Offender Therapy and Comparative Criminology, 49*, 158-167.

Fournier, A.K., Hughes, M.E., Hurford, D.P., & Sainio, C. (2011). Investigating trauma history and related psychosocial deficits of women in prison: Implications for treatment and rehabilitation. *Women & Criminal Justice, 21*(2), 83-99.

Fraser, M. W., Richman, J. M., Galinsky, M. J., & Day, S. H. (2009). *Intervention research: Developing social programs*. New York: Oxford University Press.

George, E. (2010). *A woman doing life: Notes from a prison for women*. New York: Oxford University Press.

Goldenson, J., Geffner, R., Foster, S. L., & Clipson, C. R. (2007). Female domestic violence offenders: Their attachment security, trauma symptoms, and personality organization. *Violence and Victims*, *22*, 532-545.

Goodkind, J. R. (2005). Effectiveness of a community-based advocacy and learning program for Hmong refugees. *American Journal of Community Psychology*, *36*(3-4), 387-408.

Green, B., Miranda, J., Daroowalla, A., & Siddique, J. (2005). Trauma, exposure, mental health functioning, and program needs of women in jail. *Crime & Delinquency 51*, 133-151.

Greer. (2002). Walking an emotional tightrope: Managing emotions in a women's prison. *Symbolic Interaction, 25*(1), 117-139.

Hannah-Moffat, K., & Yule, C. (2011). Gaining insight, changing attitudes and managing 'risk': Parole release decisions for women convicted of violent crimes. *Punishment & Society, 13*(2), 149-175.

Hedtke, K. A., Ruggiero, K. J., Fitzgerald, M. M., Zinzow, H. M., Saunders, B. E., Resnick, H. S., & Kilpatrick, D. G. (2008). A longitudinal investigation of interpersonal violence in relation to mental health and substance use. *Journal of Consulting and Clinical Psychology, 76*(4), 633.

Herman, J. L. (1997). *Trauma and Recovery.* New York: Basic Books.

Herman, J.L. (1992). Complex PTSD: A syndrome in survivors of prolonger and repeated trauma. *Journal of Traumatic Stress, 5*(3), 377-391.

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*, 184-201.

Jacobs, G. A., Latham, L. E., & Brown, M. S. (1988). Test-retest reliability of the state-trait personality inventory and the anger expression scale. *Anxiety Research, 1*, 263-265.

James, D. J., & Glaze, L. E. (2006). *Mental health problems of prison and jail inmates*. (NCJ Publication No. 213600).Washington, D.C.: U.S. Department of Justice, Bureau of Justice Statistics.

Jose-Kampfner, C. (1990). Coming to terms with an existential death: An analysis of women's adaptation to life in prison. *Social Justice, 17*(2), 110-125.

Kendall-Tackett, K. A. (2000). Physiological correlates of childhood abuse: Chronic hyperarousal in ptsd, depression, and irritable bowel syndrome. *Child Abuse & Neglect, 24*(6), 799-810.

Kessler, R. C., Andrews, G., Colpe, L. J., Hiripi, E., Mroczek, D. K., Normand, S.-L. T., Walters, E. E., & Zaslavsky, A. M. (2002). Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychological Medicine, 32*(6), 959-976.

Kessler, R. C., Barker, P. R., Colpe, L. J., Epstein, J. F., Gfroerer, J. C., Hiripi, E., et al. (2003). Screening for serious mental illness in the general population. *Archives of General Psychiatry, 60*(2), 184-189.

Kirby, A. C., Beckham, J. C., Calhoun, P. S., Roberts, S. T., Taft, C. T., Elbogen, E. B., et al. (2012). An examination of general aggression and intimate partner violence in women with Posttraumatic Stress Disorder. *Violence and Victims, 27*(5), 777-792.

Kroenke, K., & Spitzer, R. L. (2002). The PHQ-9: A new depression diagnostic and severity measure. *Psychiatric Annals, 32*(9), 509-515.

Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine, 16*, 606-613.

Kruttschnitt, C., Gartner, R., & Ferraro, K. (2002). Women's involvement in serious interpersonal violence. *Aggression and Violent Behavior, 7*(6), 529-565.

Kubiak, S.P., Beeble, M.L., & Bybee, D. (2010). Testing the validity of the K6 in detecting Major Depression and PTSD among jailed women. *Criminal Justice and Behavior, 37*(1), 64-80.

Kubiak, S.P., Fedock, G., Tillander, E., Kim, W.J., & Bybee, D. (2014). Assessing the feasibility and fidelity of an intervention for women with violent offenses. *Evaluation and Program Planning, 42*, 1-10.

Kubiak, S.P., Kim, W.J., Fedock, G., & Bybee, D. (Under review). Examining the perpetration of physical violence by women: The influence of childhood adversity, adult victimization, serious mental illness, substance abuse, and anger expression. *Psychology of Women Quarterly*.

Kubiak, S., Kim, W.J., Fedock, G., & Bybee, D. (2012). Assessing short-term outcomes of an intervention for women convicted of violent crimes. *Journal of the Society for Social Work and Research, 3*(3), 197-212.

Kubiak, S., Kim, W.J., Fedock, G., & Bybee, D. (2014). Testing a violence prevention program for women using a randomized control trial. *Research on Social Work Practice*.

Laux, J.M., Dupuy, P.J., Moe, J.L., Cox, J.A., Lambert, E., Ventura, L.A., Williamson, C., et al. (2008). The substance abuse counseling needs of women in the criminal justice system: A needs assessment approach. *Journal of Addictions and Offender Counseling, 29*(1), 36-48.

Leigey, M. E., & Reed, K. L. (2010). A woman's life before serving life: Examining the negative pre-incarceration life events of female life-sentenced inmates. *Women & Criminal Justice, 20*(4), 302-322.

Levine, B. (2014). *Parolable lifers in Michigan: Paying the price of unchecked discretion*. Lansing, MI: Citizens Alliance on Prisons and Public Spending.

Logan, C., & Blackburn, R. (2009). Mental disorder in violent women in secure settings: Potential relevance to risk for future violence. *International Journal of Law and Psychiatry, 32*, 31-38.

MacKenzie, Robinson, & Campbell. (1989). Long-term incarceration of female offenders: Prison adjustment and coping. *Criminal Justice and Behavior, 16*(2), 223-238.

Magdol, L., Moffitt, T. E., Caspi, A., & Silva, P. A. (1998). Developmental antecedents of partner abuse: A prospective-longitudinal study. *Journal of Abnormal Psychology, 107*(3), 375-389.

Maneta, E., Cohen, S., Schulz, M., & Waldinger, R. J. (2012). Links between childhood physical abuse and intimate partner aggression: The mediating role of anger expression. *Violence and Victims, 27*, 315-328.

Mauer, M., King, R., & Young, M. (2004). *The meaning of "life": Long prison sentences in context*. Washington, D.C.: The Sentencing Project.

Messina, Burdon, W., Hagopian, G., & Prendergast, M. (2006). Predictors of prison-based treatment outcomes: A comparison of men and women participants. *The American Journal of Drug and Alcohol Abuse, 32*(1), 7-28.

Molnar, B. E., Buka, S. L., & Kessler, R. C. (2001). Child sexual abuse and subsequent psychopathology: Results from the National Comorbidity Survey. *American Journal of Public Health, 91*(5), 753-760.

Najavits, L. M., Weiss, R. D., & Shaw, S. R. (1997). The link between substance abuse and Posttraumatic Stress Disorder in women. *The American Journal on Addictions, 6*(4), 273-283.

Nash, J. K., Kupper, L. L., & Fraser, M. W. (2004). Using multilevel statistical models in social work intervention research. *Journal of Social Service Research, 30*(3), 35-54.

Nellis, A. (2012). *The lives of juvenile lifers: Findings from a national survey*. Washington, D.C.: The Sentencing Project.

Nellis, A. (2013). *Life goes on: The historic rise in life sentences in america*. Washington, D.C.: The Sentencing Project.

Nellis, A., & King, R. S. (2009). *No exit: The expanding use of life sentences in America*. Washington, D.C.: The Sentencing Project.

Neumann, D. A., Houskamp, B. M., Pollock, V. E., & Briere, J. (1996). The long-term sequelae of childhood sexual abuse in women: A meta-analytic review. *Child Maltreatment, 1*(1), 6-16.

Newman, A. L., & Peterson, C. (1996). Anger of women incest survivors. *Sex Roles, 34*(7), 463-474.

Newmann, J. P., & Sallmann, J. (2004). Women, trauma histories, and co-occurring disorders: Assessing the scope of the problem. *Social Service Review, 78*(3), 466-000.

O'Malley, P. (1992). Risk, power and crime prevention. *Economy and society, 21*(3), 252-275.

O'Malley, P. (1996). Risk and responsibility. In A. Berry, Obsorne, T., & Rose, N.S. (Ed.), *Foucault and political reason: Liberalism, neo-liberalism and rationalities of government.* (pp. 189-207). Chicago: University of Chicago Press.

O'Malley, P. (2000). Criminologies of catastrophe? Understanding criminal justice on the edge of the new millennium. *Australian & New Zealand Journal of Criminology, 33*(2), 153-167.

Owen, B. (1998). *"In the mix": Struggle and survival in a women's prison*. Albany, NY: State University of New York Press.

Peugh, J. L., & Enders, C. K. (2005). Using the SPSS mixed procedure to fit cross-sectional and longitudinal multilevel models. *Educational and Psychological Measurement, 65*(5), 717-741.

Polaschek, D. L., Collie, R. M., & Walkey, F. H. (2004). Criminal attitudes to violence: Development and preliminary validation of a scale for male prisoners. *Aggressive Behavior, 30,* 484-503.

Pollock, J., & Davis, S. M. (2005). The continuing myth of the violent female offender. *Criminal Justice Review, 30*(1), 5-29.

Pratt, J. (2000). Emotive and ostentatious punishment its decline and resurgence in modern society. *Punishment & Society, 2*(4), 417-439.

Preacher, K. J., Curran, P. J., & Bauer, D. J. (2006). Computational tools for probing interactions in multiple linear regression, multilevel modeling, and latent curve analysis. *Journal of Educational and Behavioral Statistics, 31*(4), 437-448.

Raj, A., Rose, J., Decker, M. R., Rosengard, C., Hebert, M. R., Stein, M., & Clarke, J. G. (2008). Prevalence and patterns of sexual assault across the life span among incarcerated women. *Violence Against Women, 14*(5), 528-541.

Raudenbush, S. W., & Bryk, A. S. (2002). *Hierarchical linear models: Applications and data analysis methods* (Vol. 1). Thousand Oaks, CA: Sage.

Raudenbush, S. W., Spybrook, J., Congdon, R., Liu, X., Martinez, A., Bloom, H., & Hill, C. (2011). **Optimal design *plus empirical evidence* (Third ed.). New York, W.T. Grant Foundation.

Schützwohl, M., & Maercker, A. (2000). Anger in former East German political prisoners: Relationship to posttraumatic stress reactions and social support. *The Journal of Nervous and Mental Disease, 188*, 483-489.

Sexton, L. (2012). *Under the penal gaze: An empirical examination of penal consciousness among prison inmates*. Grant Report: National Institute of Justice, Office of Justice Programs, U.S. Department of Justice.

Shadish, W.R., Cook, T.D., & Campbell, D.T. (2002). *Experimental and quasi-experimental designs for generalized causal inference*. Boston: Houghton Mifflin Company.

Shorey, R. C., Brasfield, H., Febres, J., & Stuart, G. L. (2011). The association between impulsivity, trait anger, and the perpetration of intimate partner and general violence among women arrested for domestic violence. *Journal of Interpersonal Violence, 26*(13), 2681-2697.

Silver, F. E., Felson, R. B., & Vaneseltine, M. (2008). The relationship between mental health problems and violence among criminal offenders. *Criminal Justice and Behavior. 35*, 405-426.

Simon, J., & Feeley, M. (2003). The form and limits of the new penology. *Punishment and social control*, 75-116.

Smith, P., & Waterman, M. (2006). Self-reported aggression and impulsivity in forensic and non-forensic populations: The role of gender and experience. *Journal of Family Violence, 21*, 425-437.

Snijders, T., & Bosker, R. (1999). *Multilevel analysis: An introduction to basic and advanced multilevel modeling*. London: Sage.

Springer, K. W., Sheridan, J., Kuo, D., & Carnes, M. (2007). Long-term physical and mental health consequences of childhood physical abuse: Results from a large population-based sample of men and women. *Child Abuse & Neglect, 31*(5), 517-530.

Spitzer, R.L., Kroenke, K., Williams, J.B.W., & Patient Health Questionnaire Study Group. Validity and utility of a self-report version of PRIME-MD: The PHQ primary care study. *JAMA*, 282 (18), 1737–44.

Suter, J. M., Bryne, M. K., Bryne, S., Howells, K., & Day, A. (2002). Anger in prisoners: Women are different than men. *Personality and Individual Differences, 32*, 1087-1100.

Swan, S. C., Gambone, L. J., Fields, A. M., Sullivan, T. P., & Snow, D. L. (2005). Women who use violence in intimate relationships: The role of anger, victimization, and symptoms of posttraumatic stress and depression. *Violence and Victims, 20*(3), 267-285.

Swan, S. C., & Snow, D. L. (2003). Behavioral and psychological differences among abused women who use violence in intimate relationships. *Violence Against Women, 9*(1), 75-109.

Swan, S. C., & Snow, D. L. (2006). The development of a theory of women's use of violence in intimate relationships. *Violence Against Women, 12*(11), 1026-1045.

Temple, J. R., Weston, R., & Marshall, L. L. (2005). Physical and mental health outcomes of women in nonviolent, unilaterally violent, and mutually violent relationships. *Violence and Victims, 20*(3), 335-359.

Thompson, C., & Loper, A. B. (2005). Adjustment Patterns in Incarcerated Women An Analysis of Differences Based on Sentence Length. *Criminal Justice and Behavior*, *32*(6), 714-732.

Tripodi, S. J., Bledsoe, S. E., Kim, J. S., & Bender, K. (2011). Effects of correctional-based programs for female inmates: A systematic review. *Research on Social Work Practice, 21*(1), 15-31.

Van Tongeren, D. R., & Klebe, K. J. (2010). Reconceptualizing prison adjustment: A multidimensional approach exploring female offenders' adjustment to prison life. *The Prison Journal, 90*(1), 48-68.

Vuolo, M., & Kruttschnitt, C. (2008). Prisoners' adjustment, correctional officers, and context: The foreground and background of punishment in late modernity. *Law & Society Review, 42*(2), 307-336.

Ward, T., & Birgden, A. (2007). Human rights and correctional clinical practice.*Aggression and Violent Behavior, 12*(6), 628-643.

Weisberg, R., Mukamal, D., & Segall, J. D. (2011). *Life in limbo: An examination of parole releases for prisoners serving life sentences with the possibility of parole in california.* Stanford University: Stanford Criminal Justice Center.

West, H. C., Sabol, W. J., & Greenman, S. J. (2010). *Prisoners in 2009* (NCJ Pub. No. 231675). Washington, DC: Bureau of Justice Statistics.

White, H. R., & Widom, C. S. (2003). Intimate partner violence among abused and neglected children in young adulthood: The mediating effects of early aggression, antisocial personality, hostility and alcohol problems. *Aggressive Behavior, 29*(4), 332-345.

Wolfe, D. A., Wekerle, C., Scott, K., Straatman, A. L., & Grasley, C. (2004). Predicting abuse in adolescent dating relationships over 1 year: The role of child maltreatment and trauma. *Journal of Abnormal Psychology, 113*(3), 406-415.

CHAPTER 4:

"I'M LEARNING HOW TO LIVE": AN EXPLORATION OF THE COPING STRATEGIES OF INCARCERATED WOMEN WITH LIFE SENTENCES

Abstract

Incarcerated women with life sentences are a growing population within prisons that face an uncertain future of either death in prison or a potential release from prison. Likewise, they are a sub-population within prisons with high rates of mental health concerns. Coping strategies have been found to improve women's mental health in prison. While other studies have looked at coping in prison for primarily women preparing to re-enter the community, this study specifically explored the coping strategies of incarcerated women with life sentences. Through analysis of semi-structured interviews with 23 incarcerated women with life sentences, the main finding was the pivotal role of how women perceived their life sentence in terms of its duration. This perception ranged from a view of never leaving prison to definitely being released from prison. Distinct coping strategies were linked to each type of the perception of a life sentence. Of note, the most concerning coping strategy—suicide ideation—was most common for women viewing their life sentence as a truly life sentence, especially for women new to prison and early in their sentence. Implications for social work theory, practice, and policy are discussed.

Introduction

Incarcerated women serving life sentences are a growing sub-population in prisons; from 2008 to 2012, the number of women with life sentences grew by 14 percent (Nellis, 2013). This increase is a reflective of a national issue as one in nine prisoners is serving a life sentence (Nellis, 2013). Since "tough on crime" sentencing practices that emerged in the 1980s (such as the two-strike law in Georgia and the three-strikes law in Michigan), a life sentence has shifted from indeterminate (i.e. until rehabilitation occurs) to literally the end of natural life (Mauer, King, & Young, 2004; Nellis 2013). While sentencing varies state to state, there are two main types of life sentences: a "life sentence" and "life without parole". A "life sentence" carries the potential for a prisoner to be released from prison on parole, whereas "life without parole" is typically devoid of that potential. On average, a person serving a life sentence is incarcerated for 29 years with little opportunity to be released (Mauer, et al., 2004). For example, in California, those in prison with a life sentence have an 18% chance of being approved for release by the Parole Board (Weisberg, et al., 2011), and in Michigan, the chance is 9% (Levine, 2014) making release a rare event.

A primary concern about the increase of women with life sentences is this population's high rate of physical and mental health needs. Women with life sentences arrive in prison with higher rates of psychosocial needs (Leigey & Reed, 2010). During their stays in prison, they describe perpetual psychological distress (Jose-Kampfner, 1990). As they age in prison, they report a multitude of physical and mental health concerns (Aday & Krabrill, 2011). One particularly concerning issue is the high rates of both depression and persistent suicide ideation for women with life sentences, from the time they enter prison to throughout their stay (Dye & Aday, 2013; Magaletta, et al., 2008)). While they are long-term inmates in prisons, there is

limited information about the psychological health of women with life sentences, especially in regards to how they cope with and respond to feelings of psychological distress in prison (Dye & Aday, 2013; Leigey & Reed, 2010). This lack of research is part of a larger trend of neglecting and rendering invisible this sub-population of women (Dye & Aday, 2013; Owen, 1998).

As more women enter prisons with life sentences, prisons will continue to experience increased demands on their physical and mental health care systems. It is imperative to better understand influences on women's psychology health in order to prevent suicide and improve their mental wellbeing throughout their stays in prison. This study thus seeks to address this gap in order to inform social work practice (e.g. service provision and intervention development) and policy for this population of women.

Background

Women's Mental Health in Prison

Two explanatory theories exist specifically about factors that influence women's psychological health in prison: deprivation theory and importation theory. Deprivation theory has the basic premise that the prison deprives individuals of material goods, social acceptance, personal freedom, and heterosexual relationships (Sykes, 1958). These deprivations of the prison environment lead inmates to respond with depression, anxiety, anger, mental health distress, violence, aggression and oppositional attitudes (Parisi, 1982; Sykes, 1958; Sykes & Messinger, 1960). As a component of deprivation, the lack of control over one's environment is linked to behavioral and emotional distress (Glass & Singer, 1972; Moos, 1976). Many deprivation factors have been found to be associated with women's psychological health including: the type of correctional facility as either having a rehabilitative or custody approach (Kruttschnitt & Vuolo, 2007; Vuolo & Kruttschnitt, 2008); the level of institutional overcrowding (Cox, et al.,

1984; Snow, et al., 2002); women's perceptions of the level of safety within the prison (Goodstein, et al., 1984; Slotboom, et al., 2011); separation from children and other outside social supports (Fogel, et al., 1992; Poehlmann, 2005); and prison policies around visitation and social support (Pollock, 2001; Themeli, 2006).

In contrast, importation theory has the premise that an inmate's individual demographics and past experiences determine their psychological health in prison. In other terms, a prisoner "imports" individual characteristics that determine how they psychologically respond to prison (Innes, 1997; Irwin & Cressey, 1962) as these factors shape their perceptions and responses to stress from the environment (Silverman & Vega, 1990). Therefore, this field of research has utilized demographics as well as factors significantly connected to criminal behaviors (e.g. substance use history) to predict and explain psychological health in prison (DeLisi, et al., 2004; Ellis et al., 1974; Harer & Steffensmeier, 1996). For example, having a history of childhood abuse has been linked to both criminal behaviors (Heney & Kristiansen, 1998) and poor psychological health in prison (Islam-Zwart & Vik, 2004).

The role of coping strategies. A specific factor that mediates the relationship between importation/deprivation factors and psychological health is coping strategies (Innes, 1997; Sappington, 1996; Zamble & Porporino, 1990). Coping strategies are cognitive and behavioral strategies that an individual utilizes to alleviate and manage stress (Lazarus & Folkman, 1984). These strategies vary based on the interaction of the individual and environment (Morrow & Smith, 1995), and change over time in style and personal efficacy (Liebling, 1999). Existing limited research suggests that women in prison have unique and specific definitions of coping based on their environmental factors and circumstances versus women in the community (Kubiak, Hanna, & Balton, 2005). Specific forms of coping have been linked with less mental

health distress for women in prison (Negy, et al., 1997). For example, women in prison are aware of stereotypes and perceptions of female inmates as excessively emotional and manipulative of staff and other inmates (Pollock, 2001; Van Wormer & Bartollas, 2000). They are also aware of the institutional dangers of showing emotion in prison—e.g. being sent to segregation for anger—and thus, often attempt to show no or little emotion while incarcerated and isolate themselves (Greer, 2002). Considering women in prison are in an environment with little autonomy, control, and support, their previous community-based coping and distress management strategies may not work the same or be successful within the prison setting.

These existing studies about coping in prison suggest that coping goes beyond the limited dichotomy of passive/active, emotion/problem focused, adaptive/maladaptive or avoidance/approach coping that are present in the historical and foundational coping literature (such as Folkman & Lazarus, 1980; Moos, 1993). Avoidance coping is often associated with emotion-focused coping (Folkman & Lazarus, 1980) that has a goal of avoiding the current stressor and trying to mitigate feelings of stress. In contrast, approach coping is compared to problem-focused coping that is actively working to alter the situation and problem-solve (Folkman & Lazarus, 1980; Moos, 1993). This form of coping has been viewed as more effective as a coping strategy (Folkman & Lazarus, 1980; Lazarus & Folkman, 1984). However, studies that encompass women's social locations, the power dynamics of the context, and the social consequences of forms of coping have found that the dichotomy of forms of coping is limited in examining the efficacy of coping and that attention to context is crucial (e.g. Baynard, 1995; Hill, Hawkin, Raposo, & Carr, 1995; Shorter-Gooden, 2004)

It is important to note that incarcerated women have to cope with struggles from both inside and outside the prison. As such, they are in a situation requiring "a level of adaptability

that only a person with extraordinary personal and interpersonal skills would possess" (Negy, Woods, & Carlson, 1997, p. 225). Thus, women in prison have to test, change, and refine their coping strategies, as well as try new strategies, to see how they work and do not work within the prison context (Greer, 2002). In the existing literature, two forms of coping strategies emerge that influence women's psychological wellbeing in prison: intrapersonal and interpersonal coping strategies.

***Intrapersonal coping strategies*.** Women employ intrapersonal (or individual-level) strategies to manage their emotional lives while incarcerated, including engaging in diversion activities (e.g. watching television or reading), spirituals interests (e.g. prayer, meditation), self-reflection (e.g. journaling), and humor (Greer, 2002). These forms of coping are in alignment with the conceptualizations of passive, emotion-focused coping or avoidance coping strategies. Intrapersonal strategies have been described by women in prison as preferable to sharing their feelings with others and as a safe way to respond to the prison environment and dynamics; this preference is shaped by mistrust of other inmates, the desire to not be seen as weak in prison, and the threat of institutional punishment for displaying negative emotions (Greer, 2002). Likewise, these intrapersonal strategies are cited as preferable over sharing with institutional mental health staff as such visits may prolong their prison stay (e.g. may make them look not ready for release from prison). Also, these strategies help women make sense of their situation, lessen depressive feelings and establish hope for the future (Stringer, 2009).

***Interpersonal coping strategies*.** Interpersonal coping strategies are considered as a form of active, adaptive or problem-focused coping. Women describe attempting to create and sustain relationships (especially those with their children outside of prison) as well as with other inmates despite the lack of support from the prison environment (Coll, Miller, Fields, & Mathews, 1998).

While women experience difficulty and distress in adjusting to separation from their children (Fogel, et al., 1992; Houck & Loper, 2002), having quality and frequent contact with their children decreases this distress (Tuerk & Loper, 2006). This positive effect has been attributed to mothering providing women purpose and meaning (Enos, 2001; Ferraro & Moe, 2003).

Women rely on their relationships with other inmates in order to survive prison (Hart, 1995; Kruttschnitt, Gartner, & Miller, 2000). These inmate-based relationships often take the form of family structures often mimicking their families in the community or family structures that allow them to fulfill aspects that were not fulfilled in their families prior to prison (Gillombardo, 1966; Owen, 1998; Trammell, 2009). Also these relationships are in the form of friendships (Greer, 2000; Owen, 1998; Severance, 2005) and intimate relationships (Freedman, 1996; Hensley, Tewksbury, & Koscheski, 2002; Severance, 2005; Ward & Kassebaum, 1965). They describe these relationships as crucial for dealing with separations from outside supports (Severance, 2005; Trammell, 2009). However, these supports can be a source of positive feelings when perceived as offering support (Levitt & Loper, 2009) as well as a source of pain, stress, and distress (Huggins, Capeheart, & Newman, 2006) especially when forms of aggression and interpersonal struggle are present within these relationships (Loper & Gildea, 2004; Trammell, 2009). Overall, women who perceive themselves as having supportive relationships report lower levels of mental health distress in prison (Asberg & Renk, 2014; Bordt, 2012; Carcedo, López, Begoña Orgaz, Toth, & Fernández-Rouco, 2008; Coll, et al., 1998; Greer, 2000; Jiang & Winfree, 2006).

Coping for the Long-Term: Women with Life Sentences

As mentioned previously, increasingly life sentences mean serving a prison sentence until the end of natural life or advanced old age (Mauer, King, & Young, 2004; Nellis & King, 2009).

Therefore, women with life sentences are faced with the challenge of coping with prison usually until the end of their natural lives. While other studies have examined incarcerated women's coping (e.g. Negy, Woods, & Carlson, 1997; Greer, 2002), there is an absence of research about how women with life sentences cope in prison. This gap is concerning, given the evidence of persistence feelings of grief and depression reported by the women (Jose-Kampfner, 1990) and the subsequent evidence of high rates of suicide ideation for women with life sentences while in prison (Dye & Aday, 2013). Thus, insight is needed about what factors influence women's psychological health and how they cope in order to improve their psychological health as they serve a life sentence.

Current Study

Previous work on women coping in prison with sexual victimization (Kubiak, Hanna, & Balton, 2005) has provided indication of the interconnected relationship between person and environment in shaping coping responses (Lazarus & Folkman, 1984). Women in prison have specific ways of coping that take into account the dynamics of the specific prison environment and definitions of safety unique to this environment (Kubiak, Hanna, & Balton, 2007). This perspective goes beyond the limited framework of maladapted versus adaptive coping (or passive/active coping) in order to understand the nuanced, environment-specific coping of women in prison that acknowledges their individual agency, thoughtfulness, awareness of the environment, and context-specific strategies (Kubiak, Hanna, & Balton, 2007).

Thus, this study incorporates a foundation in an integration of importation and deprivation theories, as well as seeks to expand the understanding of how women with life sentences cope with prison. Specifically, this study seeks to answer the following questions: 1)

How do women with life sentences cope in prison? (2) What importation and deprivation factors influence how they cope?

Method

Semi-structured interviews were conducted in 2013 with 23 incarcerated women with life sentences in a Midwestern state women's prison. This was a purposeful sample as this study is part of a larger study focused on intervention development for women with violent offenses, for which a random, stratified sample of women with life sentences was selected for involvement. All study procedures were approved by the Institutional Review Board at Michigan State University, which included review by a prison advocate. The sample included women with shorter amounts of time served (less than 10 years) and longer periods of time served (over 10 years) in order to gather women's experiences across the spectrum of time in prison.

Thus, to answer this study's specific research questions, a total of 26 women with life sentences were approached for an individual semi-structured interview and were informed that participation was voluntary and confidential. No incentives were provided, as prison policy prohibited this possibility. Of the 26 women, 23 women (88%) agreed to participate in an interview; for the three women who did not participate, one woman was undergoing chemotherapy and unable to leave her room, another was in segregation and thus unable to attend an interview, and one woman simply declined. All women in the sample were convicted of homicide; 13 women (56.5%) were convicted of first degree murder and 10 women (43.5%) were convicted of second degree murder. A majority (15 women; 65.2%) were sentenced to life with the opportunity for parole, and the remaining women (8 women; 34.8%) were sentenced to life without the opportunity for parole. A majority of the women (12 women; 52.2%) identified their race as Black, with the rest of the women (11 women; 47.8%) identifying as White. Most of

the women (91.3%) were mothers, with over half of them with minor-age children (52.4%). The average age was 42.2 years old, with a range from 22 to 60 years old. Women had served a range of time in prison, from 1 year to 39 years, with an average length of stay as 15.3 years inside of prison. Most women (15 out of 23; 65%) of women had served over 10 years in prison.

The semi-structured interview included multiple questions ranging from their general wellbeing to specifically how they cope in prison. The questions covered the following topics: how the women were doing emotionally; how their perceptions of their crimes have changed over time; how they were managing their inside and outside relationships (e.g. with friends, family, and staff); how their relationships have changed over time; their insights about any particular challenges of a serving life sentence; how they handle their emotions; and any service or treatment needs they have. Thus, these questions allowed for women to share about importation factors (e.g. pre-prison history factors related to their crime, relationships, trauma experiences, and substance use). Also, women could share about deprivation factors, such as programming and prison staff. The interviews were conducted individually in a private room within the prison; however, a prison surveillance camera was in the room. Since audio and video recording were prohibited within the prison, all interviews were transcribed through dictation. When possible, the researchers conducted interviews in pairs with one researcher asking questions while the other took word-for-word notes. When only one researcher was present, she would write as the participant responded and often repeat back her notes for accuracy. Such transcription methods have been used with other qualitative studies (Emerson, Fretz, & Shaw, 1995), including those with women in prison with prohibited recording practices (e.g. DeHart, 2008). The interviews ranged from approximately fifteen minutes to seventy-five minutes, and were strategically arranged to try to avoid interruptions by mandatory prison activities (e.g.

lockdown, count times.) Institutional Review Board approval was obtained prior to and maintained during the duration of the study. A pseudonym was assigned to each woman in order to provide confidentiality.

Analysis

Based on the extensive literature about coping, inductive analysis was utilized in order to examine women's interviews for coping strategies. Open coding and focused coding (Emerson, Fretz, & Shaw, 1995; Strauss & Corbin, 1998) were conducted in order to explore both how women cope and influences on coping related to importation theory and deprivation theory. The first stage of analysis included coding each interview by the primary researcher and a research assistant. An iterative process of defining and refining codes occurred during the process. Multiple iterations of coding occurred in order to refine the codes, as well as explore patterns within and across cases to look for confirming and opposing themes. This constant comparative method was used in order to generate "both descriptive and explanatory categories" (Lincoln & Guba, 1985, pp. 334). Initial and integrative memos were crafted throughout the process to record patterns, as well as nuanced and disconfirming information (Emerson, Fretz, & Shaw, 1995). A checklist matrix (Miles & Huberman, 1994) of the ways of coping and women's beliefs about their life sentence provided a visual representation of the patterns emerging from the data. This also became a guide point for reviewing the data and codes to confirm the main patterns. The research team discussed and came to agreement regarding the codes for inter-rater reliability. The research team sought to be cautious in the analysis in regards to statements that were not clearly able to be coded or resulted in discrepancy between the researchers. These statements were re-visited multiple times and in instances during which agreement could not be

reached, the differences were recorded and the statements were not utilized for the final analysis. There was less than ten percent disagreement in regards to coding.

Results

Based on the women's interviews, there was no common way that women cope in prison with a life sentence. However, patterns emerged in the data that allowed for insight into specific forms of coping adopted by women for particular purposes. While common coping strategies emerged (e.g. avoidance) and mapped onto existing themes in the literature, the role of the prison environment was essential to these women's descriptions of coping. In particular, the crucial factor determining how women cope with their time in prison was how they perceive their life sentence. This perception incorporated how long-term (or permanent) they viewed a life sentence and the level of hope that they had in regards to getting out of prison. Women's perceptions fell into three different categories of perceptions: (1) *"life means life"* which is a belief that a life sentence means literally until the end of natural life with no or very little hope of being released from prison; (2) *"If I get out"* which is a belief that having a life sentence means a woman has a chance at being released from prison—that release is perhaps a possibility ("life means life"); and (3) *"When I get out"* which is a strong belief in being released in the future. These varying perceptions of their sentence and their possibility of release were linked to distinct ways of coping and became the primary organization or structure of subsequent analysis. The corresponding coping strategies with women's perceptions of their life sentence are displayed in Table 7. In the Table, the letters within the boxes correspond to the first letter of the woman's pseudonym. This visual allows for seeing the patterns between the perceptions and coping strategies. There were no explicit differences for women based their sentence as life with or without the possibility of parole. However, given the central role of women's perception of a life

sentence, women with a sentence of life without the possibility of parole are also noted on the table.

Table 9: Coping Strategies by Perception of Life Sentence[1]

Coping Strategy	Perception of Life Sentence		
	"Life means Life"	"If I get out"	"When I get out"
Suicide Ideation/ Self-Harm	N(*)	D; R(*)	
Avoidance of Thinking & Feeling "Make it"- isolate/avoid Keep Busy/ Stay Distracted	G; L; N(*); Q(*); S;T(*)	R(*)	
Uncertain of What to Do	S	K(*)	
Internal Focus Improve Self/Mental Freedom Release-related Preparation		A;B; D; F(*);I; J; W	E; H;M;O(*); U(*); V
External Focus Outside Relationships Legal case involvement	G	B; D; J;F(*)	C;E;H;M; P;U;V

[1]All women have been given a pseudonym. The letters in the box refer to the first letter of a woman's pseudonym. The key to the names is listed below and women are referred to throughout the paper by these assigned pseudonyms: *A=Anne; B=Beverly; C=Casey; D=Denise; E=Emily; F=Felicia; G=Gloria; H=Halley; I=Irene; J=Jackie; K=Kathy; L=Lydia; M=Melinda; N=Nancy; O=Olivia; P=Paula; Q=Quinn; R=Rachel; S=Susan; T=Teri; U=Ursula; V=Veronica; W=Wendy*

* This symbol denotes women with life sentences without the possibility of parole (LWOP).

Women reported a range of coping behaviors based on the three main perceptions of a life sentence. For women who viewed a life sentence as literally for life, the common coping strategies were suicide ideation and avoidance of thinking and feeling by staying busy with a focus on day-to-day survival. For women who viewed their life sentence as having a possibility of release ("*If I get out*"), they reported coping through improving themselves (both mentally and behaviorally) with the perspective of a long-term goal of release from prison. Lastly, for women who spoke of a perspective of strong confidence regarding a release from prison ("*When I leave*

prison"), the coping strategies employed including self-improvement, as well as a focus on outside relationships and legal case involvement.

It is important to note to three key aspects to Table 9 and the results: (1) the table displays which women described a specific coping strategy and their particular perception of their life sentence—this display is based on their *current coping style*; (2) the table does not display women's descriptions of their historical coping styles and corresponding perceptions. However, the consistent finding was that women described a connection between suicide ideation and a perception of "life means life" when detailing their current OR historical coping style. The following results include historical or past descriptions of this connection for suicide ideation because of how pervasive it was in women's descriptions of their forms of coping; (3) overall, women's coping styles are fluid and potentially change over time. Thus, these results capture a snapshot of their current coping styles (with some reference to historical coping strategies) and focus on the patterns arising from the dynamics of the coping strategies and corresponding perceptions of a life sentence. Each specific perception and the corresponding coping strategies are detailed below, followed by the analysis of importation and deprivation factors that influenced these strategies.

Coping Strategies for "Life means Life"

A group of women perceived their life sentence as a permanent life in prison, meaning that they expected to eventually die in prison and saw little or no hope for release from prison. They detailed specific forms of coping that focused on intentionally avoiding thinking and feeling in regards to having a life sentence, such as with misconduct-inducing behavior (e.g. using substances, fighting), isolating from others, and staying busy. These forms of coping were focused on daily functioning—how to make it in the present, with little long-term motivation or

little connection to long-term goals. These women also described engaging in suicide ideation, suicide attempts and self-harm behaviors when they had lost hope of leaving prison and perceived prison life as permanent. This form of coping was especially common with women new to prison with a life sentence. Lastly, some of the women with this perception said they did not know how to cope with a life sentence and felt stuck in their lives not knowing exactly how to act.

Entering prison as the end of life. This perspective of "life means life—and the end of life" was a particularly common perspective among women when they were new to prison. Entering prison with a life sentence was perceived as literally ending their lives outside of prison- an end to their outside community life. Also, prison life was not described as offering a worthwhile future, and correspondingly, a life sentence was equated with an end to anything positive and to a real life. As Teri described it, "*When you get life, you lose everything. It's like being given a death sentence."* Thus, a life sentence was described as suspending "real" life and essentially, offering no viable life worth striving for inside prison:

> *A lot of younger women with life sentences coming in talk about how they have lost hope and they remind me of me. They have already given up, like they don't have anything to look forward to. I can understand how they feel... It feels so hopeless… When I came in, I needed to know that I still have a chance to have a life.* (Veronica)

Women with this perspective also described a lack of investment in their wellbeing and a lack of motivation for self-improvement. Halley succinctly stated, "*In the beginning, I didn't care. I was going to rot in here*." A life sentence in prison was described as offering nothing to gain on an individual level, and instead only a losing position. For example, Kathy stated, "*When I first started my bit, I felt vulnerable and hopeless. I thought, "What do I have left to lose?"*

In particular with this perspective, women detailed engaging in problematic behavior, or behavior resulting in misconduct tickets and segregation. Partly, this was connected to the idea of prison as a negative, hopeless place—to live in prison meant to live in a place of disconnection, strife, and isolation. Veronica described it as "*I had a life sentence and I thought my life was over. It was hard to see any hope in the situation*" and when she had that perspective, she described her action-response as "*I kept getting sanctions. I was arguing with officers, not realizing that I would never win.*" Also, this behavior was connected to feelings of resistance and anger about a life sentence that were described as normal reaction to a life sentence in prison. As Denise stated, the norm of "*the younger women [having] a hopelessness about them and an idea of 'I'll do my time, my way"* contributed to them *"[staying] in segregation because they can't cope*."

The feeling of being powerless was common amongst women new to prison with a life sentence, as a life sentence meant a loss of freedom and the possibility of leaving.

> *It took me five years to realize I was doing a natural life sentence…I needed to realize I was angry. I was running and trying to escape—I was running in circles to try to get away from the situation. I start thinking I can't fight what's happening*. (Ursula)

Having a life sentence was all-consuming for women upon entry to prison. For Nancy, "*in the first two years of my bit, I dwelled on how I was stuck here and on my sentence."*

"Life means life" and suicide risk. This perspective of "no out" to prison was connected to women responding with suicide ideation and/or attempts. This connection was detailed by women who at the time of the interview held this perspective of "life means life", as well as women's historical descriptions of how they previously perceived their sentence and corresponding coping. This historical pattern was shared by Anne, Beverly, Casey, Halley,

Kathy, Melinda, Teri, and Veronica. Kathy shared that "*in 2011, I tried to commit suicide. I thought it was the only way out."* Being suicidal—or even more broadly, having a sense of deep hopelessness and the inability to escape the reality of prison was described as the norm or the expectation for lifers. This was often explained as the automatic response to a life sentence, such as when Olivia stated, "*a lot of us don't know how to cope. You come in and think, "I've got life. Now, I'm going to kill myself."* Nancy described that "*no one ever thinks I'm a lifer because of the way I act*" because "*I function normally- no one would guess"*, even though suicide ideation was a persistent part of her life- "*in 150 out of 300 days, I think about killing myself*."

The prison norm of suicide ideation amongst lifers was such a pervasive aspect of the prison environment that women started to believe that it was a viable option as a coping strategy. For example, Kathy stated "*Once one woman does it, we all start thinking about it*." Anne described the influence of this culture on her own psyche:

> *There are so many suicides in here. You get here and you have a greater loss of self-worth. No one on the outside cares about you—no one calling anymore, no visits and you start thinking, "Why am I here?" I haven't been suicidal, but I started understanding how they feel and that made me nervous and scared.*

One woman (Kathy) described her life sentence as permanent and outside of her control: "*it makes me feel helpless. I don't know the law. Then I think it really is hopeless and wonder why go on*?"

The perspective of not viewing a life sentence as permanent was explicitly linked to protection against suicide ideation. Melinda shared this sentiment by saying, "*If I felt like I had no hope and no end to this—that this is the end, then I would be more hopeless because this isn't the life I would want to live*." As Anne who believed herself to be strong describes it, "*For*

everything positive you do, there are 20 other things pushing you down. Like suicide—it crosses my mind. I have a strong religious background and a fear of God, and I still would have if I thought this was it."

While lacking overt suicide ideation or suicide attempt, self-harming behaviors were identified by one woman (Denise) as her coping strategy. She also described this as a common strategy amongst women with life sentences as a way to cope with the reality of life in prison:

> *Now, I am more self-destructive. When I first came in, I had a hard time. I was missing my son, dealing with a life sentence. I was a bulimic and was into self-harm. I didn't receive any help from mental health services. Self-harm is the underside of the prison, especially women with life. A lot of us deal with eating disorders and self-destructive behaviors. We keep it hidden too because it's not for attention.*

While this form of coping was not brought up by any other women, this woman mentioned several times that this behavior is one in which many women with life sentences engage.

***With life in prison, stay busy*.** Women with a perspective of "life means life" also described trying to survive with a distinct coping strategy of trying to stay busy in their daily lives specifically in order to avoid thinking and feeling about their life sentence and the lack of possible release. This form of coping included a basic daily functioning as a goal and an intentional focus on staying busy in order to pass time. Partly, women described avoiding thinking about their life sentence. For Lydia who had been in prison for 39 years, she stated: "*In here, you have nothing else to do but think. I watch tv, but it's critical because otherwise, I sit all day and think about if I had been in my victim's shoes. And I can't change it.*"

Notably, this form of staying busy was a day-to-day coping. Likewise, this type of coping was not described as advancing or improving women. It was a way to just *do time* and to get

through it. For example, Teri described her coping as basic functioning, as "*I'm learning how to live*" and even more so, as "*I'm getting through it, making it. I'm trying to make the best out of a bad situation*. She did not bring up any hope of being released from prison nor did she describe any form of personal change. She was sentenced to life without the possibility of parole, which may have influenced this perspective. Gloria described her coping as simply, "*I take one day at a time*" and outlined her daily plan for basic functioning- *"I am planning on staying on my meds. I don't sleep or function properly without my meds. I am doing the best I can- I have only been in seg once."* Focusing on daily life in prison was explained by Nancy who felt stuck in prison for life as necessary:

> *Everything, for me, revolves around the prison, except I also think about my family and kids, but not really in my everyday life—it's all about the prison. You can't make your family part of your everyday life here because it would kill you and depress you to think about how you cannot be with them every day. I try to put those things off and move past them so it doesn't bother me.*

One specific way to stay busy was to start intimate or romantic relationships with other inmates. This was especially common for women new to prison with a life sentence. Many women described this strategy, and as Terri stated, "*the women in here come in and start relationships. It's something to occupy them with, keep their minds on something other than themselves."* It was particularly a norm for women new to prison to cope in this way, as Ursula described, "*you get in this setting and you feel so lonely and desperate… You get with a girlfriend and then are used and abused*." In most of the interviews, these relationships were described in a negative manner, primarily due to women's history of abusive romantic relationships outside of and prior to prison (e.g. Anne's statement of "*I had real low self-esteem*

when I first came in due to a previous relationship.") Thus, some women had chosen to isolate themselves and avoid relationships (both romantic and friendship). This decision was also linked to the difficulty in getting along with all the "*different personalities*" (Teri) in prison, and given that having a life sentence was often thrown in their faces as an insult by women without a life sentence. Quinn who had been in prison for almost 20 years described this dynamic as:

> *I'm capable of talking, even to those who irritate me and get on my nerves… Just because you have a life sentence doesn't mean you don't care- don't press my buttons. A lot of the young ones in here now- in my unit- they are so ignorant. The first thing out of their mouths is "Bitch I'm going home and you'll still be in here." And I say "You'll be back because you're not learning nothing." When you're acting like an ass, then I'm going to give it to you straight… Part of it is that I only go out for a minute. Otherwise, I'll be in my cell, watching TV with no one irritating or bothering me.*

Susan, who had been in for over 15 years, spoke of daily functioning as her main focus, but also felt unsure as to how to function in her daily life in prison. She specified that women with life sentences need to be taught "*how to cope with everyday life"* and in particular, *"you run up against so many different people. Some people bring in problems. You never know how to deal with people without reacting to every little thing*." She partly avoided other people as well because "*a lot of people think that because you have life, you don't feel, that you don't matter*." Therefore, staying busy and alone were ways to avoid not only thinking and feeling, but also to maintain a certain type of behavior and to avoid misconducts. This was not described as for the sake of being viewed as parole-ready, but more to maintain a daily functioning devoid of conflict and distress.

Isolation was a pervasive sub-theme with women with this perspective of "life means life". Entering prison with a life sentence meant a change in their primary relationships. For example, Gloria who focused on functioning also emphasized that having visits with her mom, son, and nephew were "*how I get through*", and had accepted not being her son's legal parent: "*I signed over my rights 3 years ago. I'm okay with it because as long as [my mother] has [my son] and wants him, then he is hers*." For some women, this transition meant lost contact or strained contact with outside supports, especially their children. Rachel stated that "*with the two oldest kids, I do not have good contact. They don't write. The oldest is mad and disappointed. He feels like every time something significant happens, I'm not there for him. It depresses me*." Quinn who had five living children had "*no contact with them*" as their father moved them out of the state. While she wanted to be in touch with them, she stated "*the way it is now- it is what it is*". Thus, there was a sense of life factors not changing with this group of women.

Coping Strategies for "If I get out"

Some women believed that they may get out of prison— that a life sentence does not necessarily mean staying in prison until death. This was indicated during the interviews by women using phrases such as "*If I get out*". As Beverly explained,

> *Everyone has some opportunity to get out. I have never had the view of being in here all my life. At first, I thought I might never get out, but then I saw lifers go home and I thought "this could be done... The advice I give to other women is just don't give up and throw in the towel. I believe people who are given life don't know what will happen down the road."*

This perception of having a chance of being released was associated with certain coping strategies. The corresponding strategies were focused on self-improvement: achieving mental

growth and freedom and living in a way that demonstrated being ready for release. This type of coping was beyond daily functioning; it was behaviors that were associated with self-improvement with a long-term goal of allowing a woman to be granted release. For example, Felicia described it:

> *I try to keep busy. I read my Word. I have gotten into toxic relationships in the past. But I had to realize that this is not my destiny. I had to focus instead on staying involved in order to better understand me and figuring out why I handle situations that way I do. I needed answers—why did I get involved in something useless? Why did I feel my actions did not have serious consequences?*

Women guided by internal development/improvement used these strategies to improve themselves mentally and to prepare to get out of prison.

***Focus on internal freedom/ mental freedom*.** For this group of women, some women expressed believing in a possibility of release from prison, and while serving their time, they focused on gaining a sense of mental freedom. While women who expressed the perception of "life is life" and tried to avoid thinking about their time in prison, this group of women wanted to understand and improve themselves by changing the way they think. For example, Wendy was "*focused on change from within… I keep myself spiritually, mentally, and physically strong*" as her way to cope. (It should be noted that this theme was also expressed by women believing they will actually be released from prison.) This group of women viewed serving time as an opportunity for such growth. Irene described her emphasis on personal change:

> *Since I have been in prison, I have found Christ in my life. Before then it was only alcohol and drugs. I had an abusive boyfriend and I have never really been sober. I used from the age of 14 to the age of 45. I never relapsed because I never got sober. I never*

really got to know who I am. I now have a sense of peace. I have never been this free before even though I am locked up. Out there, I was in bondage… The drugs and alcohol made me mean. I never got a chance to be me. But now I know that I am not a bad person. I think I'm a nice person. I am not a bad person. I try to help others when I can. So I have finally gotten to know me. (Jackie)

This group of women found ways to use their time in prison. This type of coping strategy focused on self-control and individual level freedom. Focusing on self-change was one way to have control over one aspect of being in prison. Emily stated:

Women ask me, "How do you stay positive in here?" I tell them "You can't let this place control you in here, in your head. They may have locked up my body but not my mind. This is mine." And I'm doing this all drug-free.

Likewise, despite the lack of formal treatment opportunities, this type of coping allowed women some agency in their circumstances within prison. For example, Felicia stated "*you have to figure out how to keep living and growing in your mind because no one is going to do that for you*." Irene also described the prison's lack of resources for women's substance use treatment, but said that regardless, "*I just do my time and stay doing positive things.*"

This mental freedom and self-improvement allowed a way for women to cope daily and in the long-term in order to prevent the reality of prison from disrupting their psyche, to circumvent prison equating to a dead-end:

I keep busy. I always tell women without a lot of time to go to school, get a job, stay busy. I stay busy from day to night and then I sleep. I wake up and know I did the time. I took my own advice. I stay busy, stay positive, and don't let prison shake me… When people make prison a jail, then their time gets hard. (Beverly)

The women expressed that the correctional system does not offer confirmation that they will leave prison. For example, Anne was "*trying to be ready to go even though the prison offers nothing indicative of that*." Even more so, the institution and other non-lifer inmates reinforced that a life sentence means life, and this group of women found ways to psychologically subvert or transcend that limited belief.

> *We have simpletons here in prison and they want to say something about my case. They will say "You're a lifer and not going home- I am", but I don't care. I am locked up, but I am more free than they could ever be… I don't want to become institutionalized. Every day I want to do something new. I was institutionalized on the outside where there was nothing different. There was nothing I changed. I had a routine. I would get up and do drugs and get the kids up and get them to school and then do a line. I did the same things every day. I won't do it again. I won't become institutionalized*. (Halley)

Another woman, Ursula, had only recently changed from "if I go home" to the stance of being "about to go home." When describing her past time in prison when she had the perspective of "if I go home", she shared that having a sense of investing in both the present and future—with an acceptance of the ambiguity of when she may be released- helped her in her everyday reality. This also kept her connected to her larger goal of release:

> *I came in at age 17 and have been in 25 years… You need someone to be accountable to, a reason to aspire to be better. The more quality and values that are put into it, the more you appreciate. It's important to also never give up on the possibility of going home, but that also can't stop you from moving forward. I had the mindset of 'I'll do that when I go home'. But my life was passing me by and I realized that I wasn't living fully now.*

Whether you are in for 6 months or 6 years, you have to make the best of it. You can't use your circumstances as an excuse.

As this last example demonstrates, women who had the perception of a possible release balance immediate and future benefits to self-improvement, and in doing so, had a drive and purpose for living even while in prison.

"Do the Footwork"- Activities for release. Women's coping strategy of preparing to leave prison was one way of taking control of their time. As Denise stated, "*I'm coping. You can't sit back and let the time do you. You have to be able to function. You have to do the footwork in case you are able to leave*." This type of coping strategy included participating in any work, education, and program opportunities available within the prison. This involvement also served to keep women out of trouble with correctional staff by preventing them from behaviors they perceived as negative, especially substance use:

I do as much as I can—education, work experiences, as much as I can. The biggest thing is not leaving here the same as I was when I came in… That's how I do my time—I'm always ready to go with clear conduct. Trying to keep my conduct clear keeps me grounded and I think before I act. I try to be ready to go. I got my Associates (degree). I have mentored young children (that's what I call the women who come in young). I do programs now. I am on the softball team. I can't get tickets and can't get high being on the softball team. (Beverly)

Thus, women who engaged in this form of coping aligned their perspective of potential release with concrete behaviors. This engagement in behaviors to prepare to leave was prompted by an internal shift in the perception of time, release, and self-capacity, as Anne described that "*I used to get high in here. I learned to stop doing those types of things when I decided I need to get*

ready to go." Thus, this perspective of having a possibility of release was internally focused- or in other words, perceived as a possibility based on a woman's individual actions (not on state sentencing practices, correctional practices, etc.).

In contrast to women who stay busy and think "life is life", this form of coping activity was perceived as leading women to re-entry—it was purposeful and meaningful in relation to long-term plans—whereas the staying busy was about everyday functioning and mainly for distraction. With this perspective of potential release, everyday activities were linked to a greater purpose of helping women achieve release. Also, it served the purpose of allowing women to make individual-level meaningful changes in their behaviors. This type of coping emphasized personal development, tailored to the woman's life experiences. As Wendy age 54 who had been in prison for over 15 years described:

> *I've been trying to get out of here. I've been gradually changing in the last two years. I was tired of living as that person, as a person not giving a hay about anything, like I was still 15 or 16 years old.*

Moreover, this perspective gave women motivation to change and engage in different behaviors—at the core, to actually change themselves. This allowed them to see themselves as good people, which was in contradiction with the status of "convict", "offender" or "lifer". Thus, this perspective and resulting coping strategies changed how the women viewed themselves, as Irene stated, "*I never got a chance to be me. But now I know that I am not a bad person. I think I'm a nice person. I am not a bad person."* By living a different life inside prison, women saw themselves as fundamentally different—and as capable of different activities and even different lives. Women detailed wanting to show themselves, their children, and the correctional staff that they were capable of change and acting in different, improved ways in order to promote release

from prison. In some ways, the way women described this level of change and form of coping was similar to rehabilitation, as evident in Veronica's description of this form of coping:

> *My focus now is to go home to my daughter. This has to stay #1. If I get in a relationship, then that person will take the focus from what matters. Prison relationships are messy and not meant to be. I don't regret the experience because of what I learned from it. It made me stronger and made me see either I can choose to stay here and be a part of this world or show change and be part of society. I have to show where my mind is. I need to show that I've moved on and that I deserve a second chance.*

Coping Strategies for "When I leave prison"

Lastly, women who firmly believed they would be released from prison focused on internal self-improvement and parole-ready behaviors, legal case involvement, and external relationships. While the previous group of women stated "*If I go home*", this group of women said phrases such as "*When I get out*" (Emily; Halley; Oliva; Paula; Ursula). This group of women holds a strong belief that they will go home and had similar coping strategies to the women who believe they might be released. For example, in regards to the mental freedom, Olivia stated: "*In my heart, I know I'm going to get out—this is not the end for me. I am not going to be miserable for the rest of my life or kill myself."*

Also, in regards to preparing for release, this group of women described similar behaviors geared towards showing they have changed in positive ways. The main difference was a specific focus on actually being released. For example, Halley described her actions as distinctly tied to re-entry plans: "*Now I'm getting my GED. I am taking technical and food classes. When I get out I want to open a restaurant."* Some women described self-change as personally beneficial and the result of getting out as self-directed and in their control. For example, as Emily described it,

"*I do things for me- it has to better me not just for the purpose of them. I have to have goals, plan for getting out."* Similarly, Olivia expressed that "*I have claimed my time and I am working towards getting out.*" For Ursula, this meant that *"I wouldn't have gotten misconducts in the majority of my first 10 years in here if someone had said, "This is what you have to do to get out—get no tickets.*"

This group of women not only tried to act in ways that promote release, but they also tried to avoid losing a release that seems feasible. For example, Veronica expects to leave prison because of a federal appeal and she stated:

> *I'm a mom now and growing up and I realize it's just not worth it. I now have so much to lose and to look forward to. The trips to seg aren't worth it and I won't leave this place if I keep up that mindframe. Now, when I think about doing something, I think what will it get me for tomorrow? If it's segregation, a ticket, no family visits, or no parole, then it's not worth it. It's not worth it to lose going home.*

With this group of women with a perception of leaving prison, this perception appeared to be linked to at least some sense of miscarriage of justice in their case that will be revealed with time. As Melinda described:

> *I've maintained my faith that I am not deserving of the time I got. Something will happen or change to reveal that. I know I'm not a bad person- I'm not evil. I shouldn't spend my life in prison. I didn't kill somebody. If I had, maybe it would be different in me deserving it, but I didn't.*

To be clear, this group of women did not believe they were completely innocent of any crime or undeserving of prison time. They specifically felt that a life sentence was the error and injustice. This group included women with both first and second degree murder- thus both intentional and

unintentional murder. Likewise, many women had co-defendants in their crimes, blurring the lines of responsibility for the homicide for which they were convicted. Jackie shared that "*I'm angry in general about my situation- my whole situation with the criminal justice system. It's not just. I know I belong in here. I'm just not guilty of what they convicted me of."* Therefore, perceiving the provision of a life sentence as excessive and unjust was part of perceiving an eventual release for some women.

Focus on external relationships. While all the women shared about their status with relationships outside of prison, this group of women who believed that they will leave prison explicitly discussed outside supports as a crucial part of coping. It should be mentioned as well that some women who believed they *might be* released also relied on outside supports as a coping strategy. One role of outside relationship was providing support in ways that the prison does not offer—to focus women and to give them hope and perspective outside of the current prison situations and environment of hopelessness. Denise repeatedly spoke of the pivotal role of outside relationships:

> *There was a point in time when it seemed like every officer was against me. I felt like it was an explosive environment. The officers were cussing at me. My fiancée reminded me about what I working for/towards- he asked "What are you working for?". I then stayed in my room until everything boiled over and the officers found someone else to pick on. My family is pivotal to maintaining emotional and mentally in here. Once you don't care, then you get into trouble. That's why they are so important.*

In part, their self-growth focus was described as motivated by and focused on being of benefit to their outside supports. Ursula stressed that

> *It's why I gear myself towards being stronger, building my character, building myself up as a person. If I am not strong enough, then I get stagnated. I sit back and get selfish, start thinking about it. I have to remind myself that my daughter needs me.*

Their descriptions of self-growth in the context of benefiting outside relationships offered a "second-chance" to be the parent they could not be/ or were not before prison. For example, Veronica described:

> *I now picture a future in my mind, before I couldn't do that. I don't see an angry future, either. I have higher goals and standards now. I had none before. I am responsible for mine and my daughter's lives. I want to be more responsible now too. Before, having a job never crossed my mind. Now, I think about it all the time. I want to have family and especially have a family like I didn't have with family—my daughter deserves that.*

Also, this hope of getting out allowed for planning for healing relationships with estranged children. Thus, women explicitly crafted ways to mend these relationships post-release, as detailed by Emily:

> *I feel like I let them down. I don't feel like their mother. I'm their biological mom, but not their mom… The kids are angry. I have a son who was only 2 years old when I came here. He has no base, no mom. He's floundering. He has a problem with drug abuse. Now he's 24 with no mother figure. If I was out, he would have had something solid. It's hard to have a relationship with your child over the phone… I need to get out and help him work through his issues, give him something stable… I have plans for living in a mobile home on my sister's property when I get out. That way, my kids will always have a place to stay.*

Most of the women relying on their outside relationships had a perception of a strong chance of getting out of prison. However, throughout the sample of women, outside relationships were described as precarious. These relationships were described as subject to change and termination, especially as the longer women are in prison, the greater the risk of them experiencing a death of a support or a reduction in visits. This precarious nature was understood by women, even those early in their sentence. Rachel who had served two years in prison stated:

> *Family support is big and it's hard when you're calling and you are trying not to cry and they are always crying on the phone. For awhile I was in a space where there was no money coming from my family because they couldn't afford it. I was relying only on my work pay- which is barely anything. The burden has been lifted since my sister got a job. If you are here for awhile, then people forget about you. That- or something along those lines.*

A common experience for women with life sentences who are mothers was a loss of contact and/ or rights, such as Nancy's statement that "*I don't know any other lifers with rights to their kids still*." Also, for example, Denise's greatest concern is the potential death of her parents and she repeatedly stated "*I have no coping skills for this—no "how-to" grieve in here.*" Irene also expressed "*I miss my family. I don't get any visits. The longer you are in prison, the fewer visits and the less money you get.*" Thus, women who relied on outside relationships may experience changes—either negatively or positively in these supports.

Legal involvement. Women perceiving that they *may be released* expressed a belief that doing good activities in prison will be or would most likely be rewarded with release. This perception was primarily focused on self-control over daily activities. In contrast, women who believed they are going home and who focused primarily on legal involvement as a way to cope

placed their hope in the outside legal system. For example, Casey stated: "*I am working on getting my case overturned. There is no evidence supporting my case. I was wrongfully convicted… I think there is always a way out... One day, I will come back to talk to prisoners about my story after my case is overturned."*

Women's involvement in legal case work often entailed multiple steps of attempting legal remedies and this involvement offered both current and long-term goals:

> *I try to stay motivated. I try not to get depressed. I have been doing work on my case and trying to get back to court. I have had to save money for a lawyer and I have been trying to get re-sentenced. I've done an appeal and now I'm focusing on a sentence evaluation. My co-defendant was my father. He's done no time. I will testify against him.* (Melinda)

Legal case work provided women the opportunity to carry out concrete steps that gave them hope of the possibility or the perceived inevitableness of release. Veronica described her "*priorities are that I'm trying to fight an appeals battle on the federal level and I want to be home with my daughter. I should have all the paperwork for my appeal ready to go by May 1."* Daily activities were thus focused on making movement in the process of release. As Ursula shared, "*you need to be able to help your own case versus depending on someone else. It's also something positive to do. To lay down your options is to see an open door—it's put you on a positive track."*

Thus, changes in state policies and legal representations were potential opportunities for women to attempt further legal change for their cases. For example, Paula, who has been in for over 25 years, shared that "*I'm not giving up. There's a new judge, and I'm going to keep trying."* Another woman, Emily, was sentenced for second degree murder and had served 22 years. However, during her time served, state sentencing practices had changed so that there was

a newly established 15 year cap for second degree murder sentences. She spoke of organizing with her family to write letters and asking for release. Also, Ursula was given a life sentence when she was a juvenile and in the context of a federal lawsuit about juveniles and life sentences, she believed she was *"about to go home"* because the department of corrections was *"filing a motion for re-sentencing."*

Importation Factors and Women's Coping

In regards to importation factors that influenced how women with life sentences experience prison, these factors were coded in relation to answers to specific questions (such as about their crime or family), as well as throughout the entire interview. None of the questions specifically asked about women's histories of trauma, however, they primarily shared about trauma from previous relationships (e.g. with family of origin, intimate partners and children) as displayed in women's descriptions of having such histories. Gloria summed it up as "*most of us have experienced [rape], by our husbands, fathers, mothers- and any abuse really, and especially the kind attached to our cases"* and Casey shared this sentiment *"A lot of women are here because of bad relationships. They were abused or raped. I'm in because of a conflict. I should have gotten out but love is blind."* The women described their histories of interpersonal trauma as influencing their mental health (e.g. "*for the PTSD, most of us got it and don't even know we have it",* Beverly), and shaping their behaviors (e.g. Paula's difficulty with male correctional staff touching her and other women's relationships with former intimate partners who are parenting their children). This was especially present in regards to relationships within prison. These histories were described as perpetuating abusive relationships inside of prison with other inmates. As Kathy described:

You can't have a healthy relationship in here. Women feel so many emotions. We hurt people. We need to know how to experience new things—we are used to being hurt. We think "so and so hurt me, why don't you?" We are always looking for an escape and an excuse. We need to learn how to keep ourselves safe.

Likewise, they described previous substance use (e.g. *I had been getting high since I was 14 years old,* Irene) and their previous offense(s) history as influencing their coping strategies. These factors were most salient for women believing "life means life" and struggling with suicide ideation and daily functioning. For example, Nancy who experienced suicidal ideation described

I try to put those things off and move past them so it doesn't bother me…We need help in accepting things in the past and then also learning how to move on from the past. We are always dwelling on the past, but a lot of us also don't want to rehash the past.

Also, Gloria who focused on daily functioning stated "*A lot of the time, I feel like I'm living in the past*" and she described this as a distressing aspect of her daily life, especially in terms of re-experiencing traumatic memories. In summary, importation factors were present in allof the interviews to some degree, but were not expressed as central to women's functioning in prison except for women perceiving "life means life".

Deprivation Factors and Women's Coping

Women's perception of their life sentence was a reflection of the level of deprivation that they perceived as inherent to their sentence. For Kathy in particular, she had a expressed a great deal of uncertainty about her future and expressed feeling almost paralyzed by not knowing the meaning of her life sentence: "*Do I feel I will stay in here for the rest of my life? No. Do I know when I'm going home? No. Do I feel like I'll be in here for the rest of my life? No. So, what do I*

do?" This perception of a life sentence was most striking in regards to the women who believed "life means life", as it was the most severe level of deprivation. Likewise, as based on the women's experiences, having a life sentence was not only a deprivation of release from prison, but also a deprivation of rehabilitative services within prison as these services were reserved for women leaving prison.

Prison practices around treatment. Women described wanting rehabilitation and having an understanding of prison as a potential site for rehabilitation—but not as a site of rehabilitation for them due to their sentence. Only two of the women in the sample had been able to participate in a formal treatment group through the prison—and both of these women had served over 20 years with only one treatment group experience. A majority of the women had never been in a formal prison-based treatment group. They commonly stated that the prison does not offer rehabilitation opportunities (e.g. mental health services, treatment groups, and educational opportunities) inclusively and consistently to women with life sentences. Priority was given to women re-entering the community. For example, Veronica stated "*I don't get school, parenting classes, or even auto mechanics because I don't have a release date and they assign you to those by date of release."* This sentiment of opportunities as elusive was shared by multiple women, as Ursula also stated "*It's hard to get into school or classes, especially for lifers*." This reinforced some women's perception of not leaving prison, as well as being viewed as worthless by the prison. As Kathy described it, "*We don't get the opportunity for any groups—we're just put on the waiting list. It's like they say, "Who cares? They will die here.*" The lack of opportunities was commonly attributed to "*because we are lifers*" (Beverly). Thus, women with life sentences were perpetually waiting for a treatment group opportunity, which was a key aspect of

rehabilitation and would increase the chance of getting out of prison. Kathy further described that

> *It doesn't help in here that it's frustrating how you get to the top of the ladder to get in a group and then you get kicked off by someone who is about to get out. I'll never make in a group. If we had more groups, then we'd have more opportunities and then I could do something different with my life.*

Anne blatantly stated that the "*prison doesn't rehabilitate you*." Thus, a group of women described relying on themselves for rehabilitation, which for some women, was not something they knew how to do. For example, Casey stated "*I can't rehabilitate myself. I don't know how to"*, and Ursula stated, *"Sometimes we don't know what to do."*

There was a sub-set of women who relied on themselves for guiding and ensuring their rehabilitation. For example for Veronica who believed that she will leave prison, she stated that

> *I have an assaultive case and I've gone to seg for assault. I had a ½ hour parole board meeting and I never communicated to them (or even connected for myself) what I expected to change about in my time down. Now, I know I have much work to do to be different.*

In daily life, this process of self-directed rehabilitation was a way to maintain a sense of self despite the prison environment. Felicia described:

> *This place won't rehabilitate you- you have to push for it. I got my GED in the first 6 weeks of being here. I got my associates in four years. I do things for me- it has to better me not just for the purpose of them.*

Ultimately, if an opportunity does arise for women to be released, they still have to demonstrate change- however, without structured ways to be rehabilitated through the prison,

they are at a loss. Ursula described it as "*we get thrown in here and are told to rehabilitate ourselves and given no tools. It's dire in here."*

The lack of treatment opportunities and constant deprivation were described by Kathy as inherent to society's perception of life sentences:

> *I can't rehabilitate myself when I don't know how and there's no help to do so, no techniques for a better life. How are we suppose to better ourselves with nothing? 'They deserve to get life' is what I hear people say about lifers, but they never know what it feels like to walk around in these heavy shoes.*

"They deserve life" was described as equated with deserving a high level of deprivation, including being deprived of the opportunity to be rehabilitated and released.

Treatment by prison staff. A life sentence was reinforced as an actual life duration sentence by some prison staff. For example, Denise described correctional officers telling her "*You'll die in here. I'll retire and you'll still be in here.*" As correctional officers play a primary role in shaping prison culture, inmate expectations, and environment, two women stated that they explicitly feel as though the prison staff actually want them to feel suicidal. They perceived staff viewing and reinforcing their lives as worthless. Also, their sense of hopeless was not taken as a serious concern by the prison, which was expressed as an area for needed intervention development. Kathy shared:

> *The officers here act like they are above us. They had their Staff Appreciation Day meal one day after a woman killed herself. Sometimes I feel like they want us to kill ourselves… We should be able to go the officers with a problem, like any other prisoner, and tell them if we are having a problem or if we know of someone who is having a problem and be heard about it, taken seriously. It is no joke in here.*

Likewise Nancy stated that "*there's a vent in my room that I think I could hang myself on so easily. In here, you could go kill yourself so easily… Sometimes I think do they want us to."* Ursula expressed that more could be done year-round to address suicide risk:

> *There are certain times of the year where they do rounds every 15 minutes, like the holidays, instead of every 30 minutes because they are worried about it [suicide]. It should be addressed. We need a suicide hotline that's a free call and that's taken seriously.*

Also, for Lydia who had been in for 39 years, she stated, "*I've seen the parole board about 6 or 7 times. I understand when they said "Life sentence", it's what they meant. I've seen some other people go home even though they had life because they were really sick or didn't have long to live. I still don't see my situation changing*." Thus, this belief can be created daily and over time, reinforced by decisions made by the parole board, statements by correctional officers, with other inmates, and simply the attitudes and ramifications of prison policies and practices as evident through the lack of treatment opportunities.

***Self-Improvement for prison*.** Overall as suggested previously, the continuum of ways to cope in prison with a life sentence could be described as ranging from a non-rehabilitative to a rehabilitative coping. Several of the women spoke of "*I want to be better myself*" (Jackie) and "*Even if you are a lifer, you want to make something of yourself*" (Kathy). Some of the women shared an investment in rehabilitation for the sake of improving the prison environment, such as Denise who said:

> *We need groups that build our motivation and care for ourselves. We need a venting group to take turns and say what's bothering us. Lifers care about the units we live in—we iron, we clean the floors. Other women say "This isn't mine. I ain't dying here.*

Likewise, the women expressed wanting prison staff to affirm that even women with life sentences can make a difference within prison and to offer structured support for this to occur. Ursula suggested that

> *There should be someone in an advisor role, like when you go to school, someone who plans for you. When you are first here, they sit down with you and you set goals and have a plan…But you need to be able to set-up a plan and see that you are not wasting away for 10 years. You need to know there's a team working for you—a counselor, a therapist—to feel like you can be successful because you have a group of people rooting for you.*

Overall, women described multiple deprivation factors as shaping both their present experiences and future aspirations.

Discussion

While other studies have looked at coping in prison, this study specifically explored the coping strategies of incarcerated women with life sentences. The main finding was the pivotal role of how women perceived their life sentence in terms of its duration. This perception ranged from a view of never leaving prison to definitely being released from prison. Distinct coping strategies were linked to each type of the perception of a life sentence. Of note, the most concerning coping strategy—suicide ideation—was most common for women viewing their life sentence as a truly life sentence, especially for women new to prison and early in their sentence.

Other studies have looked at the coping strategies of women who expect to be released (e.g. Greer, 2002; Negy, Woods, & Carlson, 1997). For women with life sentences, the expectation to be released from prison is not necessarily unrealistic, but is also not a guaranteed outcome. With release rates of those with life sentences ranging from 9 to 18 percent (Nellis,

2013), release is a small possibility. A sentiment of ambiguity and uncertainty—as well as an amount of variability—about the length and meaning of a life sentence was found in this relatively small sample of women with life sentence. This ambiguity is the reflection of a historical ideology of prison as a site of rehabilitation and the conflicting current status of permanent punishment with a life sentence. This dynamic is eloquently described by Nellis and King (2009):

> *Historically, life sentences were seen as indeterminate, with the possibility of parole as a catalyst for seeking personal redemption and growth. The widespread decline in granting parole, even in cases of clearly demonstrated personal change, undermines the incentive for reform and sends an inconsistent message to persons in prison regarding how to spend their years behind bars.* (p. 35)

Thus, with the overwhelming trend of life sentences literally equating to life in prison, what does "healthy" coping look like for women with life sentences? As evident in this study, women who embody the "life means life" punishment discourse are at a great risk of suicide and daily suicide ideation, as well as poorer functioning in prison. However, to embrace a "if/when I am released" perceptive is to push against the over-riding penal discourse of life sentences, yet this perspective offers coping strategies that prevent suicide within prison and allow for some self-growth and improvement within prison. The complexity of the lives of incarcerated women with life sentences offers insight and implications for social work theory, practice, policy, and research.

Implications for Social Work Theory

Given the connections between women's perception of their life sentences and their focus on rehabilitation as a mainly individual-level factor, these women's lives are a reflection of sentencing policy, penal regimes, and individual accountability discourses. Life sentences vary

by state in terms of how they are enacted and perceived politically (Nellis, 2013). Given women's descriptions of coping, the political climate of their sentencing is a viable and relevant factor for consideration, as well as the particular culture of their prison. This study re-affirms existing work that posits that coping is situation driven and bounded within a context, as well as spans beyond a dichotomy of active/passing coping strategies. Thus, continued theory building, expansion, and refinement around women's experiences in prison requires a perspective of the micro, mezzo, and macro factors influencing their daily lived experiences and perceptions of the future.

The future of a woman in prison with a life sentence is uncertain and subject to changes in perceptions of life sentences. Recently, life sentences for juveniles were debated and decided that it is unethical and a "cruel and unusual" punishment (*Miller v. Alabama, 2012*). Some states are re-sentencing those given a life sentence as a juvenile, providing hope to those with life sentences of the possibility of being released from prison. However, the implication of this case is not straightforward nor has it gathered a unified state response. For example, Iowa is resentencing those with life without parole to at least 60 years in prison, the state of Washington is retroactively resentencing prisoners, and Michigan has decided not to retroactively resentence prisoners. Given the reality of uncertainty, accommodative coping may be a particularly useful construct for understanding how women serve time in prison, especially with a life sentence. This involves adjusting goals to respond to a constant stressor (Brandstadter & Renner, 1990). Thus, future research may examine how women live with ambiguity within a penal setting and how they experience changes in factors such as sentencing reforms, political discourses about life sentences, and parole board decisions.

Within deprivation theory literature, inmates who perceive the incarceration environment as not putting them in a state of deprivation have shown better rates of positive psychological adjustment (Gibbs, 1991; Wright, 1991). This study also provides insight into how powerful the deprivation (and associated deprivation of a lack of services) of a life sentence is on women's lives in prison. Thus, social work research is needed that broadens how the deprivations of prison are experienced, and to consider the "person in environment" perspective within correctional settings. Further investigation may benefit from an exploration of deprivations through a human rights perspective (e.g. Ife, 2012) in order to examine how just and ethical penal practices are in terms of the effects on the daily experiences of prisoners.

Implications for Social Work Practice

This study offers insight into practice with this under-served population of women. Opportunities for purposeful and meaningful daily activities were desired by women in order to prevent suicide ideation and to move beyond just functioning within prison. Thus, practice requires an incorporation of not only behavioral strategies feasible for the prison environment, but as connected to larger rehabilitation-focused goals. The impact of such behaviors may be evaluated in terms of not only women's movement towards some release (e.g. a positive parole-board interaction), but also in regards to changes women experience within the prison. Future research may benefit from exploring coping that allows for meaning-making interventions (e.g. Henry et al, 2010) within prison and through long-term goals within the intervention framework.

Based on women's descriptions of importation factors (e.g. trauma histories, parenting status), social workers may address women's concerns related to these areas. Incorporating and improving outside and inside relationships may be a specific area for intervention development, given women's reliance on these supports. Women rely on outside relationships for motivation to

keep growing and improving, as well as to combat the stress of daily prison life. However, it is concerning given that the longer a woman is inside, often the fewer contacts she has. Thus, strategies for ways to grieve and handle loss are also needed components of practice with this population. Similarly, while women rely on legal involvement as a way to cope, practice components should address women's negative legal outcomes (e.g. denial of an appeal). More research is needed that examines precise changes in outside and legal involvement, as well as successful strategies for handling these changes. Lastly, a focus on healthy relationships *within prison* was a frequently expressed need by women. Thus, these relationships should also be addressed within intervention development efforts. Likewise, social workers may gain insight into how to work with women in prison experiencing abusive relationships through existing practice tools (e.g. Kubiak, Sullivan, Fries, Nnawulezi, & Fedock, 2011). Also, social work advocacy is needed in terms of evaluating and expanding existing programs and services within women's prisons, especially those within the intersections of importation and deprivation factors (such as child visitation programs for women who are mothers in prison and educational opportunities for women with a range of educational backgrounds.)

Overall, for social work practice, there is tension around "healthy" and realistic hope for women with life sentences. Social workers have to be aware of the context of a life sentence (e.g. the prison environment, the political meaning, and the possibility of parole on an individual and state-level). This is a dilemma for practice in terms of what to promote as a healthy goal for women with life sentences—do social workers promote a woman's belief in getting out when there is no indication of such a release? Or do social workers encourage women to only make meaning and goals related to prison life within the framework of prison as a permanent location? Given the suicide-related concerns of women believing "life is life", research is needed to elicit

how social workers respond to such risk without giving women false hope of release. Moreover, women's responses must be framed as linked intrinsically to the environment of the prison and as influenced by the larger discourse about life sentences and prisoners with life sentences. Social work advocacy and practice models are needed that illuminate the core values of the dignity of the person for those in prison (National Association of Social Workers, 2008).

Implications for Social Work Policy

In the past four years, there has been a 22 percent increase in the number of individuals incarcerated with a sentence of life without parole (Nellis, 2013). Thus, not only is the number of women with life sentences increasing, but more specifically, the number of women without the possibility of parole is also growing. Therefore, more women may view "life as life", contributing to a potential rise in the number of women experiencing suicide ideation on a daily basis in prison.

Social work policy is needed with an ethical framework in regards to life sentences and the mental health effects of such a sentence. The United States is the country with the highest rate of life sentences in the world (Nellis, 2013). For example, in England and Wales, in 2013, less than 1 percent of all prisoners were serving whole life sentences (van Zyl Smit, Weatherby, & Creighton, 2014) versus 11 percent of those incarcerated in the United States (Nellis, 2013). The percent for the U.S. does not reflect life sentences that are indirect, meaning very long sentences that are the equivalent to life (e.g. 75 years in prison is not technically a life sentence), whereas in England and Wales, 20 years in prison is viewed as excessive and also rare (van Zyl Smit, Weatherby, & Creighton, 2014). Recently, the European Court of Human Rights declared that all prisoners with life sentences have a right to a potential release from prison and a review by the parole board (*Vinter and Others v. United Kingdom, 2012*). This case questions the

potential right to rehabilitation (van Zyl Smit, Weatherby, & Creighton, 2014), the need for international intervention with the U.S. prison system (Bernaz, 2013), and glaring issue of the U.S. as out of sync with and lacking congruency with international prisoner-based human rights (Nellis, 2013). Social work policy advocacy in the area of reforming sentencing practices is greatly needed, as both a human rights concern and a suicide-prevention strategy. Human rights focused social work may guide this advocacy, especially within the perspective of global sentencing practices.

Limitations

This study has multiple limitations. First, all the women interviewed were living within one state women's prison in the Midwest. Future research will benefit from eliciting women's experiences in prisons with a range of deprivation levels both within (e.g. a variety of security levels) and across prisons. Second, this study did not look at differences and similarities across the intersections of race and gender. In particular, research is needed that explores the role of race in how women are perceived in prison in terms of staff and other inmates, and how women's experiences in prison are bounded within the intersections of their multiple identities. For example, given the over-representation of Black women within the women with life sentences national population (Nellis, 2013), how does racism manifest within prison? How are women's attempts at legal remedies for release from prison experienced within a larger legal system of disenfranchising and punishing Black women (Bush-Baskette, 2010; Richie, 2012)? Third, this study conducted single interviews with women at one point in time. Because women's perceptions of their life sentence change—or are able to be changed, their coping strategies also change. Time and life events play a role—for example, appeals being denied, losing external supports, being reminded of life sentence, state policy decisions. To capture women's changes in

coping over time, multiple points of interviews or a method of exploring women's histories in prison would be beneficial in better understanding the influence of time, events, and perhaps changes in prison deprivations. Despite these limitations, this research contributes to the preliminary understanding of how women cope in prison with a life sentence and point to areas of future research, as well as practice and policy implications.

Conclusion

Incarcerated women with life sentences are a growing population within prisons that face an uncertain future of either death in prison or a potential release from prison. Their perceptions of their futures shape their distinct coping strategies. Ultimately, both their perceptions and strategies are shaped not only by their individual life histories, but more so, by the ways in which the deprivations of a life sentence are enacted within the specific prison and by the ramifications of state and national sentencing trends and practices. Social work theory expansion, practice, policy advocacy, and future research are needed to guide ethical change for the lives of this under-served group of women.

REFERENCES

REFERENCES

Aday, R. H., & Krabrill, J. J. (2011). *Women aging in prison: A neglected population in the correctional system*. Boulder, CO: Lunne Reinner Publishers.

Asberg, K., & Renk, K. (2014). Perceived stress, external locus of control, and social support as predictors of psychological adjustment among female inmates with or without a history of sexual abuse. *International Journal of Offender Therapy and Comparative Criminology, 58*(1), 59-84.

Bernaz, N. (2013). Life imprisonment and the prohinition of inhuman punishments in international human rights law: Moving the agenda forward. *Human Rights Quarterly, 35*(2), 470-497.

Bordt, R. L. (2012). From Angela Davis to the Long Island Lolita: An analysis of contemporary women's prison narratives. *Women & Criminal Justice, 22*(2), 135-155.

Brandstadter, J., & Renner, G. (1990). Tenacious goal pursuit and flexible goal adjustment: Explication and age-related analysis of assimilative and accommodative strategies of coping. *Psychology and Aging, 5*, 58–67.

Bush-Baskette, S. R. (2004). The war on drugs as a war against black women. In S. Miller (Ed.), *Crime Control and Women: Feminist Implictions of Criminal Justice Policy*, (185-194). London: Sage Publications Inc.

Carcedo, R. J., López, F., Begoña Orgaz, M., Toth, K., & Fernández-Rouco, N. (2008). Men and women in the same prison: Interpersonal needs and psychological health of prison inmates. *International Journal of Offender Therapy and Comparative Criminology, 52*(6), 641-657.

Coll, C. G., Miller, J. B., Fields, J. P., & Mathews, B. (1998). The experiences of women in prison. *Women & Therapy, 20*(4), 11-28.

Cox, V. C., Paulus, P. B., & McCain, G. (1984). Prison crowding research: The relevance for prison housing standards and a general approach regarding crowding phenomena. *American Psychologist, 39*(10), 1148-1160.

DeHart, D. D. (2008). Pathways to prison: Impact of victimization in the lives of incarcerated women. *Violence Against Women, 14*(12), 1362-1381.

DeLisi, M., Berg, M. T., & Hochstetler, A. (2004). Gang members, career criminals and prison violence: Further specification of the importation model of inmate behavior. *Criminal Justice Studies, 17*(4), 369-383.

Dye, M. H., & Aday, R. H. (2013). “I just wanted to die”: Preprison and current suicide ideation among women serving life sentences. *Criminal Justice and Behavior, 40*(8), 832-849.

Ellis, D., Grasmick, H. G., & Gilman, B. (1974). Violence in prisons: A sociological analysis. *American Journal of Sociology, 80*(1), 16-43.

Emerson, R. M., Fretz, R. I., & Shaw, L. L. (1995). *Writing ethnographic notes*. Chicago, Illinois: University of Chicago.

Enos, S. (2001). *Mothering from the inside: Parenting in a women's prison*. Albany, NY: State Univeristy of New York Press.

Ferraro, K. J., & Moe, A. M. (2003). Mothering, crime and incarceration. *The Journal of Contemporary Ethnography, 32*(1), 9-40.

Fogel, Martin, S. L., Anderson, N. L., Murphy, S. A., & Dickson, L. A. S. (1992). The mental health of incarcerated women. *Western Journal of Nursing Research, 14*(1), 30-47.

Folkman, S., & Lazarus, R.S. (1980). An analysis of coping in a middle-aged community sample. *Journal of Health and Social Behavior, 21*(3), 219-239.

Freedman, E. B. (1996). The prison lesbian: Race, class, and the construction of the aggressive female homosexual, 1915-1965. *Feminist Studies, 22*(2), 397-423.

Gibbs, J. J. (1991). Environmental congruence and symptoms of psychopathology a further exploration of the effects of exposure to the jail environment. *Criminal Justice and Behavior, 18*(3), 351-374.

Gillombardo, R. (1966). *Society of women: A study of a woman's prison*. New York: Wiley.

Glass, D. C., & Singer, J. E. (1972). *Urban stress: Experiments on noise and social stressors*. New York, NY: Academic Press.

Goodstein, L., MacKenzie, D. L., & Shotland, R. L. (1984). Personal control and inmate adjustment to prison. *Criminology, 22*(3), 343-369.

Greer. (2000). The changing nature of interpersonal relationships in a women's prison. *The Prison Journal, 80*(4), 442-468.

Greer. (2002). Walking an emotional tightrope: Managing emotions in a women's prison. *Symbolic Interaction, 25*(1), 117-139.

Harer, M. D., & Steffensmeier, D. J. (1996). Race and prison violence. *Criminology, 34*(3), 323-355.

Hart, C. B. (1995). Gender differences in social support among inmates. *Women & Criminal Justice, 6*(2), 67-88.

Heney, J., & Kristiansen, C. M. (1998). An analysis of the impact of prison on women survivors of childhood sexual abuse. *Women & Therapy, 20*(4), 29-44.

Henry, M., Cohen, S. R., Lee, V., Sauthier, P., Provencher, D., Drouin, P., ... & Mayo, N. (2010). The Meaning-Making intervention (MMi) appears to increase meaning in life in advanced ovarian cancer: A randomized controlled pilot study. *Psycho-Oncology, 19*(12), 1340-1347.

Hensley, C., Tewksbury, R., & Koscheski, M. (2002). The characteristics and motivations behind female prison sex. *Women & Criminal Justice, 13*(2-3), 125-139.

Houck, K. D. F., & Loper, A. B. (2002). The relationship of parenting stress to adjustment among mothers in prison. *American Journal of Orthopsychiatry, 72*(4), 548-558.

Huggins, D. W., Capeheart, L., & Newman, E. (2006). Deviants or scapegoats: An examination of pseudofamily groups and dyads in two texas prisons. *The Prison Journal, 86*(1), 114-139.

Ife, J. (2012). *Human rights and social work: Towards rights-based practice*. London: Cambridge University Press.

Innes, C. A. (1997). Patterns of misconduct in the federal prison system. *Criminal Justice Review, 22*(2), 157-174.

Irwin, & Cressey, D. R. (1962). Thieves, convicts and the inmate culture. *Social Problems, 10*(2), 142-155.

Islam-Zwart, & Vik, P. W. (2004). Female adjustment to incarceration as influenced by sexual assault history. *Criminal Justice and Behavior, 31*(5), 521-541.

Jiang, J.,& Winfree. (2006). Social support, gender, and inmate adjustment to prison life insights from a national sample. *The Prison Journal, 86*(1), 32-55.

Jose-Kampfner, C. (1990). Coming to terms with an existential death: An analysis of women's adaptation to life in prison. *Social Justice, 17*(2), 110-130.

Kruttschnitt, C., Gartner, R., & Ferraro, K. (2002). Women's involvement in serious interpersonal violence. *Aggression and Violent Behavior, 7*(6), 529-565.

Kruttschnitt, C., & Vuolo, M. (2007). The cultural context of women prisoners' mental health: A comparison of two prison systems. *Punishment & Society, 9*(2), 115-150.

Kubiak, Hanna, J., & Balton, M. (2005). "I came to prison to do my time — not to get raped": Coping within the institutional setting. *Stress, Trauma, and Crisis, 8*(2-3), 157-177.

Kubiak, S., Sullivan, C. M., Fries, L., Nnawulezi, N., & Fedock, G. (2011). Best practice toolkit for working with domestic violence survivors with criminal histories. Lansing, MI: Michigan Coalition Against Domestic and Sexual Violence.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York, NY: Springer Publishing Company.

Leigey, M. E., & Hodge, J. P. (2012). Gray matters: Gender differences in the physical and mental health of older inmates. *Women & Criminal Justice, 22*(4), 289-308.

Leigey, M. E., & Reed, K. L. (2010). A woman's life before serving life: Examining the negative pre-incarceration life events of female life-sentenced inmates. *Women & Criminal Justice, 20*(4), 302-322.

Levine, B. (2014). *Parolable lifers in Michigan: Paying the price of unchecked discretion*. Lansing, MI: Citizens Alliance on Prisons and Public Spending.

Levitt, L., & Loper, A. B. (2009). The influence of religious participation on the adjustment of female inmates. *American Journal of Orthopsychiatry, 79*(1), 1-7.

Lincoln, Y.S., & Guba, E.G. (1985). *Naturalistic inquiry*. Thousand Oaks, CA: Sage.

Loper, A. B., & Gildea, J. W. (2004). Social support and anger expression among incarcerated women. *Journal of Offender Rehabilitation, 38*(4), 27-50.

Magaletta, P. R., Patry, M. W., Wheat, B., & Bates, J. (2008). Prison inmate characteristics and suicide attempt lethality: An exploratory study. *Psychological Services, 5*(4), 351-361.

Mauer, M., King, R., & Young, M. (2004). *The meaning of "life": Long prison sentences in context*. Washington, D.C.: The Sentencing Project.

Miles,M.B., & Huberman, A.M. (1994). *Qualitative data analysis: An expanded sourcebook*. Thousand Oaks, CA: Sage.

Moos, R. H. (1976). *Human adaptation: Coping with life crises*. Lexington, MA: Heath & Co.

Moos, R.H. (1993). *Coping responses inventory: Adult form, Professional Manual*. Odessa, FL: Psychological Assessment Resources, Inc.

National Association of Social Workers. (2008). Code of ethics. Washington, DC: Author.

Negy, C., Woods, D. J., & Carlson, R. (1997). The relationship between female inmates' coping and adjustment in a minimum-security prison. *Criminal Justice and Behavior, 24*(2), 224-233.

Nellis, A. (2012). *The lives of juvenile lifers: Findings from a national survey*. Washington, D.C.: The Sentencing Project.

Nellis, A. (2013). *Life goes on: The historic rise in life sentences in America*. Washington, D.C.: The Sentencing Project.

Nellis, A., & King, R. S. (2009). *No exit: The expanding use of life sentences in America*. Washington, D.C.: The Sentencing Project

Owen, B. (1998). *"In the mix": Struggle and survival in a women's prison*. Albany, NY: State University of New York Press.

Parisi, N. (1982). *Coping with imprisonment*. Thousand Oaks, CA: Sage Publications.

Poehlmann, J. (2005). Incarcerated mothers' contact with children, perceived family relationships, and depressive symptoms. *Journal of Family Psychology, 19*(3), 350-357.

Pollock. (2001). *Women, prison, and crime*. Stamford, CT: Cengage Learning.

Richie, B. (2012). *Arrested justice: Black women, violence, and America's prison nation*. New York: NYU Press.

Sappington, A. A. (1996). Relationships among prison adjustment, beliefs, and cognitive coping style. *International Journal of Offender Therapy and Comparative Criminology, 40*(1), 54-62.

Severance, T. A. (2005). "You know who you can go to": Cooperation and exchange between incarcerated women. *The Prison Journal, 85*(3), 343-367.

Shorter-Gooden, K. (2004). Multiple resistance strategies: How African American women cope with racism and sexism. *Journal of Black Psychology,30*(3), 406-425.

Silverman, M., & Vega, M. (1990). Reactions of prisoners to stress as a function of personality and demographic variables. *International Journal of Offender Therapy and Comparative Criminology, 34*(3), 187-196.

Slotboom, A.-M., Kruttschnitt, C., Bijleveld, C., & Menting, B. (2011). Psychological well-being of incarcerated women in the netherlands: Importation or deprivation? *Punishment & Society, 13*(2), 176-197.

Snow, L., Paton, J., Oram, C., & Teers, R. (2002). Self-inflicted deaths during 2001: An analysis of trends. *British Journal of Forensic Practice, 4*(4), 3-17.

Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Procedures and techniques for developing grounded theory.* Thousand Oaks, CA: Sage.

Sykes, G. M. (1958). *The society of captives: A study of a maximum security prison*. Princeton, NJ: Princeton University Press.

Sykes, G. M., & Messinger, S. L. (1960). The inmate social system. In R.A. Cloward et al., (Eds.), *Theoretical studies in social organization of the prison* (5-19). New York: Social Science Research Council.

Themeli, O. (2006). Gender issues and consideration for preventing self-harm in women's prisons. In G.E. Dear (Ed.), *Preventing suicide and other self-harm in prison* (187-194). London: Palgrave Macmillan.

Trammell, R. (2009). Relational violence in women's prison: How women describe interpersonal violence and gender. *Women & Criminal Justice, 19*(4), 267-285.

Tuerk, E. H., & Loper, A. B. (2006). Contact between incarcerated mothers and their children. *Journal of Offender Rehabilitation, 43*(1), 23-43.

Van Wormer, K. S., & Bartollas, C. (2000). *Women and the criminal justice system*. Boston: Allyn and Bacon.

van Zyl Smit, D., Weatherby, P., & Creighton, S. (2014). Whole life sentences and the tide of European human rights jurisprudence: What is to be done? *Human Rights Law Review, 14*(1), 59-84.

Vuolo, M., & Kruttschnitt, C. (2008). Prisoners' adjustment, correctional officers, and context: The foreground and background of punishment in late modernity. *Law & Society Review, 42*(2), 307-336.

Ward, D., & Kassebaum, G. G. (1965). *Women's prison: Sex and social structure*. Chicago: Aldine Publishing Company.

Weisberg, R., Mukamal, D., & Segall, J. D. (2011). *Life in limbo: An examination of parole releases for prisoners serving life sentences with the possibility of parole in california.* Stanford University: Stanford Criminal Justice Center.

Wright, K. N. (1991). A study of individual, environmental, and interactive effects in explaining adjustment to prison. *Justice Quarterly, 8*(2), 217-242.

Zamble, E., & Porporino, F. (1990). Coping, imprisonment, and rehabilitation some data and their implications. *Criminal Justice and Behavior, 17*(1), 53-70.

CHAPTER FIVE:

DISCUSSION, IMPLICATIONS, AND CONCLUSION

"You know it really dawned on me when [after several years in prison, a journalist] came and . . . he asked me, "Do you realize that you're gonna be in prison for the rest of your life?" And I said, "Do you really think that?" You know. . . and I was like, "For the rest of my life? Do you think that God will leave me in prison for the rest of my life?"

- A 29-year old incarcerated woman who received a life sentence at age 16 (Human Rights Watch and Amnesty International, 2005)

"*The older women take the younger women under their wings and say 'this is how prison is.' Then you got to let it sink in. When some women come it, they are unable to comprehend- how do you do 30 years in prison and still be happy, smiling, hold conversation, and going on every day?"*

- Study Participant

As the number of women in prison has increased over the past decades, women's mental health in prison has been of interest to professionals in multiple fields, including criminal justice, social work, and public health. Some of the reasons for this focus include preventing inmates' self-harm and/or harm of others, coordinating treatment for their mental and physical health while incarcerated, creating and modifying policies around psychological health treatment, and promoting rehabilitation. As a growing population (especially as women aging in prison), incarcerated women with life sentences often present with multiple physical and mental health needs in prison yet are often denied treatment based on their type of sentence—in other words, services are often reserved only for women preparing to re-enter the community, which excludes women with life sentences.

For this dissertation, this mixed-methods study seeks to provide insight into improving the mental health of incarcerated women with life sentences. It is shaped by deprivation theory, which illuminates how attributes of the prison influence women's mental health in prison, and importation theory, which focuses on how individuals import specific factors into prison which

influence their mental health in prison. Three key questions are examined through the format of three manuscripts: (1) What are the pre-prison life experiences of incarcerated women with life sentences?; (2) What are the changes in mental health and forms of anger expression for women who complete the Beyond Violence intervention?; and (3) How do women with a life sentence cope in prison? A sample of 26 incarcerated women with life sentences in a state women's prison was utilized, and analyses of their corresponding data from clinical interviews, pre/post/and follow- up surveys, and semi-structured interviews to answer these key questions.

The three manuscripts presented in this dissertation are intended to expand the knowledge about the experiences of incarcerated women with life sentences, and in particular, span an exploration of women's pre-prison lives, current experiences, and perceptions of their future. A specific goal was to examine both importation and deprivation factors and how they intersect and influence women's mental health. Given the lack of research specifically focused on this population of women, these manuscripts provide distinct contributions to the field of social work. In this chapter, results from the three manuscripts are briefly summarized, followed by a discussion of the strengths and limitations of this research, implications for social work theory, practice and policy, and recommendations for future social work research.

An Overview of the Major Findings

The first manuscript focused on women's pre-prison life experiences in order to understand relationships and dynamics between and across importation factors. Through a lifeline format, women's extensive histories of persistent and cumulative adversity were visible. Women's responses to these experiences included coping behaviors of substance use, suicide attempts, and running away. Women's primary interpersonal relationships often included the introduction to substance use. Lastly, a majority of women are serving their first prison sentence

for crimes committed under the influence of substances as well as in the context of relationships with histories of victimization. The key finding of this particular study was that a majority of women had no substance use or mental health based treatment prior to prison, even though a majority also reported frequent substance use and mental health concerns (e.g. depression and suicide attempts). Thus, this study offers two major insights. First, women who entered prison with a life sentence reported multiple importation factors that were interconnected in their occurrence (e.g. suicide attempts as a response to interpersonal violence victimization). Based on existing evidence of the connection between importation factors and women's mental health during prison, women's reports of multiple importation factors of concern provide a rationale for the provision of treatment to this population of women in prison. Second, from a prevention perspective, social work efforts are needed in the community for women at risk of interacting with the criminal justice system, and such efforts may benefit from addressing several, often interconnected concerns, including substance use, mental health, safety within relationships, and recidivism prevention.

The second manuscript examined changes in women's mental health and forms of anger after completing a new gender-responsive, trauma-informed intervention entitled Beyond Violence. Two treatment groups of exclusively incarcerated women with life sentences went through Beyond Violence and completed pre, post, and 3 month follow-up surveys with measures of mental health disorders and forms of anger. In summary, women who had served less than 10 years started with higher scores on most of the mental health measures and showed significant decreases on several of these measures over time. Significant changes were also found for women in regards to anger and forms of anger expression. While these positive results indicate a potential efficacy for Beyond Violence with women with life sentences, more research

is needed within the intervention development trajectory. Given the role of time, women may benefit from multiple interventions.

Lastly, the third manuscript explored incarcerated women's ways of coping in prison with a life sentence. Based on semi-structured interviews with twenty-three of the twenty-six women with life sentences, women described coping strategies as distinctly based on how they perceive their life sentence. In particular, their coping strategies are shaped by their perception of the likelihood of being released from prison. Of concern, women who view their life sentences as truly life sentences expressed suicide ideation and attempts as corresponding coping strategies. This manuscript presents the patterns in women's coping, as well as the complexities of "how-to" cope with a life sentence when the actual duration is uncertain. Also, women cited several key deprivation factors related to a life sentence that shape their perspective of a life sentence and their ways of coping. This manuscript draws attention to the larger issue of life sentences within the context of a human rights framework.

Overarching Themes

Across these manuscripts, time-based insights are gleaned into women's pre-prison life experiences, current experiences, and perceptions of the future. Likewise, for this population of women, the role of the prison context and trends in sentencing practices are relevant and central aspects of their daily lives—perhaps more so than incarcerated women without life sentences. In many ways, women with life sentences have similar pre-prison and prison-based experiences to women without life sentences—such as high rates of trauma experiences and substance use and having a goal of gaining education during incarceration. However, this research also shows how this population is distinct—or in better words, has distinct experiences of a deprivation-level. For example, women with life sentences are treated in specific ways by the prison given their "lifer"

status and are specifically denied rehabilitation. Looking at these three manuscripts together, a cumulative neglect—in the community, prison, and even an expected future neglect—is present as a constant thread. A broad question is where is the advocacy and care for this population of women? Social work is primed to provide this type of justice-focused work. Thus, research regarding women with life sentences sheds insight into community-based work for prevention efforts, prison-based work to improve current conditions, and policy focused work to consider addressing human rights concern for this population. An overarching framework for this body of work is exploring how it fits into the two-tiered focus of human-rights based social work of examining discourses and practices that perpetuate social problems (Ife, 2012).

In terms of discourse, other researchers have described a "throw away the key" mentality and discourse for those with life sentences (Nellis, 2010). It appears that this discourse is somewhat present throughout these women lives as there is an absence of adequate intervention—the neglect appears to have started prior to prison, continue within prison, and shape their expected futures in prison. Thus, to begin to conceptualize this population of women as *underserved* within a life course perspective may be beneficial. Additionally, this dissertation pushes beyond the framing of this population of women as "violent women" and "offenders" to display the complexity of women's lives, before and during prison, and to add dimension beyond their conviction. Therefore, switching the discourse from "violent women" to "women whose lives are embedded in violent contexts" shifts to a more complex discourse that engages women's agency as well as the social contexts of their life events. Also, it begins to illuminate the multiple points of possible social work intervention (e.g. improving community safety, preventing and addressing sexual abuse within families, and preventing self-harm in prison) including but also beyond the individual-level.

In regards to practice, the recurring theme across these manuscripts is the need for interventions, on both clinical and macro levels. For women's time in prison specifically, this theme is also reflection of the influence of both importation and deprivation factors on women's mental health. The context of women's lives is essential, as is their agency and individuality. Within this small sample of women with life sentences, there is heterogeneity to their coping and responses to an intervention, with a commonality of the pains of imprisonment, histories of trauma and adversity, and the uncertainty of a life sentence. Across these studies, women's mental health was influenced by deprivation-level factors. By shifting the discourse around women in prison to consider context, a practice spotlight can be placed on the prison and the larger criminal justice system as a site of intervention.

Strengths and Limitations of the Study

While each manuscript provides specific details about the unique contributions and limitations of the research, there are overarching strengths and limitations. Given the neglect of incarcerated women with life sentences in research and practice, this study provides several novel investigations. An overarching strength of this study is the use of mixed methods in order to elicit multiple aspects of women's mental health while serving a life sentence in prison. Through several forms of data collection that occurred over time, this study was able to explore a variety of importation and deprivation factors. This allowed for the collection of data in the form of both validated measures (such as for depression) and qualitative data. The sample of women, while a small sample, still provided variance, in regards to demographic factors, including race, motherhood status, current age, life with and without parole, and length of time served.

Also another strength is that this study focused on women's experiences prior to and while within prison in order to improve their mental health. A vast body of literature examining

the experiences of women (and men) while incarcerated focuses specifically or even exclusively on behavioral concerns, particularly in terms of misconducts (e.g. Steiner & Wooldrege, 2009; Wright, Salisbury, & Van Voorhis, 2007). Thus, as this study did not dwell on women's offenses or other deviant behavior such as misconducts, it seeks to humanize this population of women who are often referred to only as "offenders". This sentiment is based on the social work ethical principle of "dignity and worth of the person" (National Association of Social Workers, 2008). While not without limitations (as discussed below), this work extends the knowledge base about incarcerated women with life sentences in a way that promotes a core belief that this is a population worth the investment of research and practice resources.

Furthermore, this is the first empirical study to examine treatment outcomes specifically and exclusively with incarcerated women with life sentences. This novelty is a reflection of how under-served women with life sentences are within prisons. Given this study's findings and the limitations of not having comparison treatment-as-usual groups, these treatments groups are more appropriately deemed pilot groups. As a result, this study promotes a future research trajectory of intervention research inclusive of this population. The mixed-methods approach of surveys and interviews allowed for preliminary insight into treatment adaptations and directions specifically for this population of women.

In addition, this study expands theory about women's coping in prison—in particular, highlighting the role of context, the specific deprivation of a life sentence, and the corresponding uncertainty and hopelessness of this sentence. This study is unique in that it highlights coping specifically in relation to women with life sentences. Due to the direct role of deprivation and the perception of a life sentence, the women in this study describe an embodiment of the realities of sentencing practices. Of particular concern is the link between viewing a life sentence as death in

prison which promotes suicide ideation. This finding highlights the ramifications of sentencing practices in the everyday experiences of incarcerated women. Given how the United States' sentencing practices with life sentences are considered incompatible with international human rights, this research projects a larger focus on the role of a human rights focus specifically for women with life sentences.

Lastly, this research should be viewed within the context of prison-based research and tensions of research in this particular context. While this study does not seek to erase women's histories of involvement in criminal behavior or to display them as only victims, it seeks to illuminate the under-studied deprivations of prison and push social work to evaluate the ethical ramifications of these deprivations and other functions of the penal system. It tries to address what Liebling (1999) has questioned and stressed as needed in prison-based research:

> "The pains of imprisonment are tragically under-estimated by conventional methodological approaches to prison life. Prison is all about pain- the pain of separation and loss, the wrench of restricted contact in the context of often fragile relationships, of human failings and struggles…. Why is this (to me, obvious) emotional function of prison so invisible in most empirical research?" (Liebling, 1999, p. 165).

This research started from an exploration of the literature on women's adjustment to prison, and the recurring question of "What does it mean to 'successfully' psychologically adjust to prison, a site of punishment?". This recurring question seemed both personal and political. Throughout this study, another recurring question emerged--- "should women serving life in prison experience suicide ideation daily?", and this ethical question is prime for the field of social work to address. By focusing on women's experiences in prison, this work seeks to show that their

lives still have worth, to display the pains of prison, and question the ethical bounds of punishment.

Study Limitations

This study had several imitations. First, the sample of twenty-six women with life sentences was from one state women's prison. Thus, the women were incarcerated in a prison with relatively the same level of deprivations; a larger sample of women incarcerated in a variety of prisons would allow for a more in-depth study of the nuanced influences of deprivation factors. Future research may address how women with life sentences are treated differently across prisons in terms of treatment opportunities.

Second, all of the women in the sample were in the Beyond Violence treatment groups. Without a comparison group, it is unclear if Beyond Violence was the cause of changes in women's mental health. Also, this limits the ability to understand the role and impact of a treatment-based intervention on women's coping. For example, interviews to explore coping strategies were conducted post-intervention. Future research may benefit from comparing the coping strategies for women with life sentences who have and have not received any treatment opportunities.

Third, this study did not examine the ways in which women's prison experiences vary based on their racial identities. Research about women's pathways to prison has examined the complexities of the intersections of race, class, and gender (e.g. Richie, 2012). However, a critical perspective incorporating intersectionality is limited within the research on women's experiences of prison. This study did not attend to the role of women's racial identities in terms of their experiences. For example, what are women's experiences of racism from other women as well as from prison staff? What is the hierarchy of social position amongst women with life

sentences? Given the role of social organizational neglect in the community for women of color, how does the prison system treat women of color once they are incarcerated, especially those with life sentences? Given the disproportionality of women of color being given life sentences, such research is needed that elicits a greater understanding of women's experiences across and within their racial identities. For incarcerated women with life sentences, it is not known how race operates within the context of prison and in conjunction with "lifer" status. Thus, for this study, differences in treatment outcomes based on race could not be examined because of the limited understanding of the meaning of race for the women who participated.

Fourth, this study utilized a sample of women who were selected based on study criteria as well as prison administrative approval. One restriction was that women who had committed major misconducts and/or were in segregation or a high security level were not allowed to participate. Thus, this sample of 26 women represent women who, by prison standards, are doing well in prison—are managing to do time without major tickets and are not under intensive supervision due to behavioral or mental health concerns. Future research may benefit from a sample of women that includes women who are not faring as well in prison.

Implications for Theory and Social Work

While both importation theory and deprivation theory were the foundation for this study, a crucial theoretical component of this study is the need to expand the understanding of the range of deprivations in prison and how these deprivations may differ in application across prisoners. While current research includes the historical "pains of imprisonment" (Skyes, 1958) and has also expanded to include conceptualized gender-specific pains, such as the role of motherhood (e.g. Celinska & Siegel, 2010), there is a lack of theory incorporating the deprivations specific to a life sentence. As seen in the third manuscript, women with life sentences experience a distinct

deprivation not only from outside-of-prison freedoms and "benefits", but also from rehabilitation within the prison. While prisoners are assumed to lose a wide variety of freedoms and certain rights (e.g. not being able vote), rehabilitation is still considered by some scholars a remaining right that prisoners can access during incarceration (Ward & Birgden, 2006). Rehabilitation is understood as clinical services, life skills development, structured interventions, and work and educational opportunities, yet debates exist over the nature and implementation of rehabilitation (McNeil, 2012). Indeed the idea of rehabilitation is a contested notion within the new penology; in European countries, it is viewed as a constitutional right and in the United States it is not (Rotman, 1986). This difference is posited to be part of the reason the United States in behind in terms of human rights especially as rehabilitation is tied to an idea of "dignity of the person" (Ploch, 2012). Likewise, the lack of implementation of rehabilitation focused activities within prisons is considered part of the "new penology" which is focused more on management and security of prisoners (Lewis, 2005).

Thus, future work is needed that explores ethical and human-rights centered frameworks of the deprivation of rehabilitation for incarcerated women with life sentences. Human rights focused social work examines both the discourses and practices that allow human rights concerns to exist and be perpetuated (Ife, 2012). Examining both the rhetoric of life sentences and the practices associated with a life sentence would provide insight into areas of change. Likewise, this work may benefit from a global comparative nature in order to understand varying perspectives on prisoners, punishment, and models of prisons in order to create alternative, human-rights centered models of criminal justice.

Implications for Social Work Practice

First and foremost, this research promotes incarcerated women with life sentences as a viable population for treatment and intervention development and testing. Based on women's pre-prison life histories, importation factors may be appropriate targets in interventions, in particular as interconnected concerns. Given the pivotal role of trauma, this study provides further suggestion for the need for trauma-informed interventions for women in prison. Likewise, for this specific population, interventions within prison are needed that address life within prison, such as healthy relationships with other inmates and how to parent over the long-term. Future intervention research may study the influence of multiple interventions and how interventions are effective for women. Given women's qualitative feedback, structured peer-support interventions may be especially powerful for women. Likewise, Beyond Violence as an intervention may be of further benefit to women if it incorporates a stronger focus on preventing self-harm and coping with the challenges of life in prison.

In order to promote practice with this population on a micro or clinical level, future work is needed to define a framework for this practice. In an environment of punishment, how do social workers offer non-punitive practice? The power dynamic between a social worker and a prisoner has been described as exemplifying the "social control / helping dichotomy" (p. 704, Pollack, 2004) that is so fundamental, complex, challenging and striking in social work. A strengths-based perspective to practice has been encouraged, especially within the framework of an ever-increasingly management (versus rehabilitation) based penal model (van Wormer, 2001). An anti-oppressive practice framework for women's mental health in prison centers on acknowledging the social context and seeing women's actions, including and especially coping, not as a "symptom" but rather as "containing meaning, such as a reaction to arbitrary power

plays or as a means of coping with feelings of powerlessness" (Pollack, 2004, p. 699). As part of both anti-oppressive social work practice (Pollack, 2004) and a feminist model of mental health care (Pollack, 2005), peer support models have been suggested. Given that promoting empowerment within prison as a practice strategy has been challenged (Kendall, 1994), social work practice models are needed that address the complexities of both a punitive context with deprivations and the possibility of individual-level agency and personal change. Human-rights focused scholars have promoted the idea that ethical clinical practice is possible (albeit difficult) within correctional settings (Ward & Salmon, 2009). Social workers are poised to address this complexity and advance models of ethical, just clinical practice within prison settings.

Implications for Social Work Policy

In conjunction to micro or clinical level practice implications, macro-level practice implications are needed. First, social work should evaluate prison, state, and federal policies about the treatment of prisoners. In particular, this evaluation is needed within a human-rights framework and should include assessing the quality of treatment as well as how treatment differs across prisoners and prisons. Also, as further work is done in regards to intervention development for this population, translational and implementation research are also needed to ensure that interventions are utilized within prisons and allow for inclusivity of women with life sentences.

A larger policy issue is the human rights concerns regarding sentencing policy and practices, especially within a global perspective. From an ethical perspective for social work, what does it mean for women to experience suicide ideation as a reaction to the penal system and to a life sentence? Likewise, as current debates exist over the justness of life sentences, especially for juveniles, social workers have the potential to infuse social justice, an ethical

framework, a preventative perspective and an innovative approach to sentencing practices and the criminal justice system's responses to multiple social problems. Future work may benefit from international comparative work to promote a human rights focused policy advocacy to address life sentences, as well as to promote other models of correctional responses.

Implications for Future Research

Multiple points for future research have been suggested throughout this dissertation. To bring together the varied points raises in this research, the following are specific future research goals. Mainly, longitudinal research is needed that investigates changes in women's mental health over time, as they serve time in prison with an examination the role of prison-events, changes in prison policy, and single and multiple opportunities for treatment engagement. Likewise, such research may benefit from a multi-site design in order to assess for how prison-level deprivations shape women's experiences and mental health. Also, future research with a larger sample of women may allow for more variance in women's histories of life experiences and may allow an investigation of how these factors also shape their mental health in prison. Moreover, prevention-focused research is needed to address how to prevent women from entering prison with a life sentence, and multi-level research (from individual-level interventions to examinations of sentencing practices) may be especially efficacious within a prevention framework.

Conclusion

In summary, this dissertation spanned the range of describing women's pre-prison life experiences to evaluating women's mental health symptoms after an intervention to exploring the intersections of women's forms of coping with their perceptions of their life sentence. This study allowed for an investigation of the role of importation and deprivation theory with the

mental health specifically for incarcerated women with life sentences. Human-rights focused social work theory development, practice, and policy advocacy are needed to address multiple concerns for both women in prison and within a prevention-focus.

REFERENCES

REFERENCES

Celinska, K., & Siegel, J. A. (2010). Mothers in trouble: Coping with actual or pending separation from children due to incarceration. *The Prison Journal, 90*(4), 447-474.

Ife, J. (2012). *Human rights and social work: Towards rights-based practice*. London: Cambridge University Press.

Lewis, S. (2005). Rehabilitation: headline or footnote in the new penal policy?.*Probation Journal, 52*(2), 119-135.

Liebling, A. (1999). Doing research in prison: Breaking the silence?. *Theoretical Criminology, 3*(2), 147-173.

McNeill, F. (2012). Four forms of 'offender'rehabilitation: Towards an interdisciplinary perspective. *Legal and Criminological Psychology, 17*(1), 18-36.

National Association of Social Workers. (2008). *Code of ethics*. Washington, DC: Author.

Nellis, A. (2010). *Throwing away the key: The expansion of life without parole sentences in the United States*. Washington, DC: The Sentencing Project.

Ploch, A. (2011). Why dignity matters: Dignity and the right (or not) to rehabilitation from international and national perspectives. *New York University Journal of International Law and Politics, 44*, 887-949.

Pollack, S. (2004). Anti-oppressive social work practice with women in prison: Discursive reconstructions and alternative practices. *British Journal of Social Work, 34*(5), 693-707.

Richie, B. (2012). *Arrested justice: Black women, violence, and America's prison nation*. New York: NYU Press.

Rotman, E. (1986). Do criminal offenders have a constitutional right to rehabilitation?. *Journal of Criminal Law and Criminology*, 1023-1068.

Steiner, B., & Wooldredge, J. (2009). Individual and environmental effects on assaults and nonviolent rule breaking by women in prison. *Journal of Research in Crime and Delinquency, 46*(4), 437-467.

Sykes, G. M. (1958). *The society of captives: A study of a maximum security prison*. Princeton, NJ: Princeton University Press.

Van Wormer, K. (2001). *Counseling female offenders and victims: A strengths-restorative approach*. New Brunswick, NJ: Springer Publishing Co.

Ward, T., & Birgden, A. (2007). Human rights and correctional clinical practice.*Aggression and Violent Behavior*, *12*(6), 628-643.

Ward, T., & Salmon, K. (2009). The ethics of punishment: Correctional practice implications. *Aggression and Violent Behavior*, *14*(4), 239-247.

Wright, E. M., Salisbury, E. J., & Van Voorhis, P. (2007). Predicting the Prison Misconducts of Women Offenders The Importance of Gender-Responsive Needs. *Journal of Contemporary Criminal Justice*, *23*(4), 310-340.