

## Adverse Childhood Experiences and Mental Health Among Incarcerated Womxn

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### Abstract

#### Introduction:

*This study uses the term “womxn” instead of “women.” This alternative spelling to women is inclusive of trans and non-binary womxn.* Once womxn are incarcerated, they are often forgotten and do not receive adequate support to deal with any pre-existing trauma or mental health conditions. Mental health services in prisons can be inadequate or non-existent. There is a lack of research on incarcerated womxn. Research has failed to [adequately] study the mental health of those incarcerated, their pathways to prison, their Adverse Childhood Experiences (ACEs) and how those experiences affect their long-term mental health. Specifically, the author looks at ACEs and mental health of the womxn and how that can vary by race (specifically Black/African American and White womxn).

#### Method:

832 womxn (49.2% White, 35% African American) who were currently serving a sentence at Logan Correctional Center in 2017 and 2018 were interviewed. Womxn were asked about their ACEs using the Patient Health Questionnaire-Depression to assess depression and anxiety and the Patient Health Questionnaire- Anxiety for Post Traumatic Stress Disorder (PTSD). The writer conducted multiple regressions using SPSS software.

#### Result:

42.8% of womxn experienced clinical levels of depression, 64.5% experienced clinical levels of PTSD, and 28.7% of womxn experienced clinical levels of anxiety. On average, womxn experienced 4.54 ACEs. Womxn’s ACE scores were significantly associated with depressive symptoms ( $B=0.47$ ,  $p<0.001$ ), PTSD ( $B=0.522$ ,  $p<0.001$ ), and anxiety ( $B=0.631$ ,  $p<0.001$ ). In these models, race was not significantly related to mental health symptoms.

#### Discussion:

These results illustrate womxn’s correctional facilities should consider providing more mental health services that are trauma informed and cognizant of past adversity. By integrating such services in womxn’s correctional facilities, it would allow the incarcerated womxn to understand their mental health and find ways to cope, destress, and heal from past trauma. Previous lack of access to mental health services could have played a vital role in their pathway to prison.

*Keywords: Mental Health, Womxn, and Prison.*

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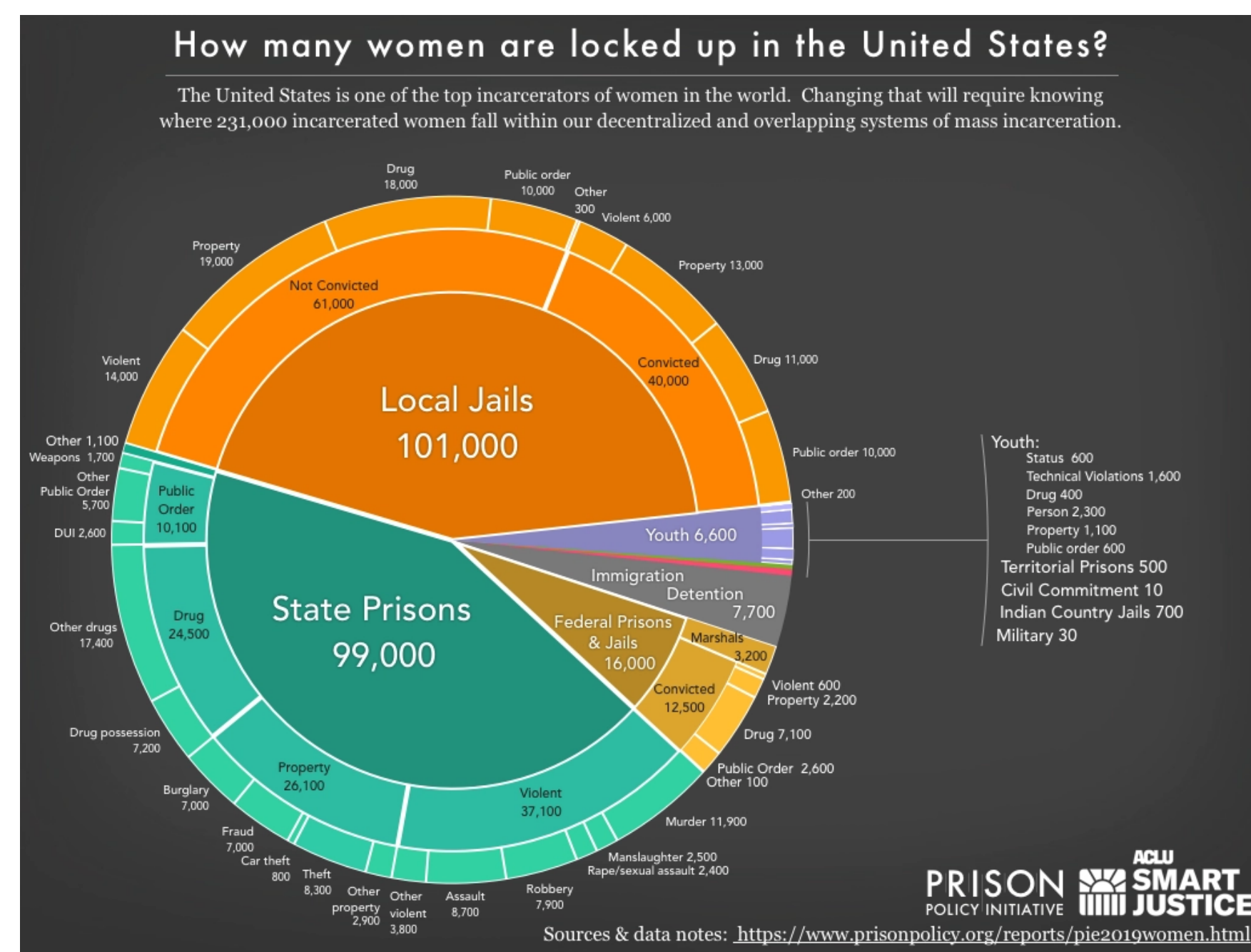
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## INTRODUCTION

According to “Women’s Mass Incarceration: The Whole Pie 2019” from October 2019, there were 200,000 womxn incarcerated in the United States. However, this remains an under-researched population in the empirical literature.



Most womxn who are incarcerated in the United States have experienced psychological, sexual, and physical abuse in their childhood. (Jones, et al., 2018) Negative life events and traumatic experiences have been linked to depression, PTSD, and anxiety disorder. (Dehart, 2008)

Theoretical models highlight sexual victimization and traumatic experiences pre-incarceration are considered a pathway to prison, though research needs to be developed further to incorporate trauma-informed practices into interventions for womxn who are incarcerated. (Karlsson, et al., 2018; Dehart, 2008) For example, there needs to be more evidence-based gender-specific treatment about how to support incarcerated womxn instead of using the same treatment as men. (Golladay, et al., 2014; Rossegger, et al., 2009)

Adverse Childhood Experiences (ACEs) are an important variable to consider in relation to forms of negative mental health outcomes. ACEs can increase the risk for trauma and triggers that are left unresolved, which can be a catalyst for mental health disorders or heightened symptomatology.

### The Current Study

This study investigates ACEs of womxn who have been incarcerated in relation to their mental health symptoms, including Post Traumatic Stress Disorder, Depression, and Anxiety.

Based on the previous literature, it is hypothesized ACEs do affect mental health outcomes of womxn who are incarcerated, such as having clinical levels of depression, PTSD, and anxiety. Moreover, their ACEs may act as a pathway to prison, which are experiences and actions that collectively can push them closer to the criminal justice system.

## METHOD

### Participants

832 women (49.2% White, 35% African American, 15% Latina, Asian American, multiracial, or another race) who were currently serving a sentence at Logan Correctional Center in 2017 and 2018 were interviewed

### Procedure

Secondary data analyses were conducted using a dataset of womxn who were incarcerated at a multiple-level security prison in Illinois.

### Measures

Variable	Measure	Scoring
Adverse Childhood Experiences	10-item ACEs questionnaire that measures specific forms of adversity	Yes/No to 10 ACE questions
PTSD	7-item Short Screening Scale for DSM-IV Post Traumatic Stress Disorder (citation) to assess for PTSD symptoms in the last four weeks	Likert-type scale ranging from 0 (not at all) to 3 (nearly everyday)
Depression	9-item depression sub-scale that reviews their current depressive symptoms they experienced in the past two weeks	4-point Likert Scale
Anxiety	7-item sub-scale that measured anxiety symptoms felt over the last 4 weeks	4-point Likert Scale

Measures used in the current study.

### Data Analyses

The current study’s hypothesis was tested using multiple regression analysis in SPSS. ACEs (independent variable) was examined in relation to PTSD, Depression, and Anxiety (Dependent variables), controlling for race (1 = African American). Analyses were conducted separately for each mental health outcome.

## RESULTS

Womxn were asked multiple questions about their childhood experiences and indicated whether or not they experienced certain adverse experiences. Womxn, on average, had experienced 4.54 of the ACEs (range: 0-10 experiences).

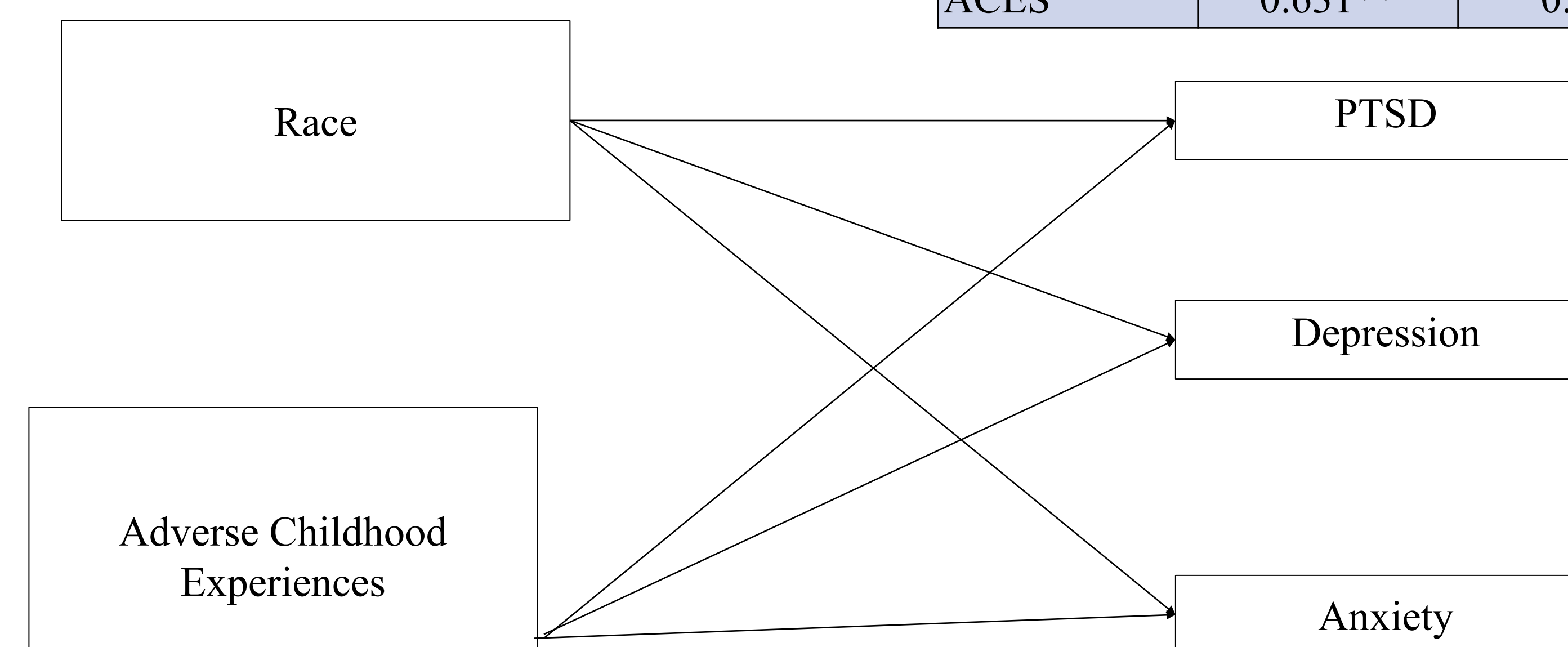
Across models, ACEs were significantly associated with higher mental health symptoms. Moreover, in this study there was no correlation with race and mental health outcomes.

	PTSD		
	B	$\beta$	p
Race	-0.08	-0.01	.82
ACEs	0.52**	0.28	<.001

Tables display the results for the multiple regression analyses. Asterisks are used to indicate significant findings

	Depression		
	B	$\beta$	p
Race	0.094	0.008	0.817
ACEs	0.47**	-0.229	<.001

	Anxiety		
	B	$\beta$	p
Race	0.344	0.031	0.347
ACEs	0.631**	0.329	<.001



Conceptual Model for the Current Study

## CONCLUSIONS

There is a significant relationship between ACEs and mental health outcomes such as anxiety, depression, and PTSD. However, there was not a significant correlation between race and mental health outcomes.

The findings from this study can help social workers better understand how to support their clients who are currently in prison and any clients who may seem like they are on the “pathway” to prison. It can also help social workers support different policies and practices they may have not been inclined to before.

After conducting this study, researchers should continue to further study gender-specific pathways for womxn - especially womxn from underrepresented backgrounds. Continuously, there can be further research done on race and ethnicity and how that can affect their experiences with ACEs and interactions with the criminal justice system.

Another variable that should be taken into consideration is cultural differences. Cultural differences may affect the incarcerated womxn’s experiences in childhood or how they perceive mental health and barriers making resources inaccessible to them. When considering other variables, one may find those from marginalized communities face many barriers that can also affect their pathways to prison.

The biggest take away from this research is how these womxn’s health, stories, and experiences are consistently being silenced and overlooked.

## REFLECTIONS

Since this is my first experience with research, I have learned a great deal about what it looks like to gather literature to support my hypothesis and analysis, how to apply statistics to research, and the lack of research done on certain populations.

By having the opportunity to do research work in my undergraduate career, it also allowed me to consider if I would like to be involved in research in the future. This will affect my future practice by acting as a possible starting point. There is still a great deal of work to be done in this specific area, so this can help bring awareness to this issue and promote more studies and large-scale change, such as policies.

## ACKNOWLEDGEMENTS

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