SUBSTANCE-ABUSING WOMEN OFFENDERS AS VICTIMS: CHRONOLOGICAL SEQUENCING OF PATHWAYS INTO CRIMINAL BEHAVIOR

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ABSTRACT

Substance-abusing Women Offenders as Victims: Chronological Sequencing of Pathways Into Criminal Behavior

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Alarming rates of U.S. women’s imprisonment for drug-related offenses in the last decade generated increased interest in explanations of women’s criminal behavior. Previous research on women’s pathways indicated that gender mattered significantly in shaping how women enter a pattern of law-violating behavior. These studies furthered the women’s-routes-to-crime premise by proposing typified pathways and linking specific experiences to outcomes such as drug abuse and criminality. Particularly, the role of sexual and/or physical abuse and/or neglect has been highlighted as a key factor in propelling women into a criminal trajectory. This investigation uses a retrospective approach to explore the differing pathway sequences among justice-involved women using childhood victimization, substance use and criminality as key variables. The research draws on Feminist Pathway Theory and Life Course Theory (LCT) to build the current study.

The data come from Project WORTH (Women’s Option for Recovery Treatment and Health). The sample (n=1,209) consists of women in the criminal justice system, classified as substance abusers. Bivariate, logistic, multinomial logistic regression and negative binomial regression were used to explore: (1) the distribution of temporal patterns of women’s pathways into crime; (2) assess the
dominant pathway; (3) examine relationships between common pathways and other risk factors; and (4) assess the relationship between common pathways and frequency of offending.

Results indicate that there were eight common pathways. The most dominant pathway to crime among these women is one in which drug use preceded arrest without the presence of childhood abuse (Pathway 1). The second highest populated pathway reflected the feminist pathway theory’s main premise; childhood victimization triggers drug use and entrance into crime (Pathway 3). Further analyses found that women who with history of familial drug use, parental incarceration, prior foster care and mental health issues were more likely to follow Pathway 3. Lastly, women in Pathway 1 have less frequency of offending. The findings are consistent with prior research suggesting that women’s paths to crime differ. Results also challenge the position of childhood victimization in women’s pathways into crime and assert that women victimized during childhood have a greater disadvantage given additional risk factors embedded within that pathway.
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Chapter 1: Introduction

“Does violence beget violence?” In 1989, this question was asked as a way to investigate the link between childhood victimization (abuse), family violence, delinquency and adult criminality (Widom, 1989a). The answer was discussed as follows: being abused as a child increased the risk for becoming an abusive parent, a delinquent or an adult violent criminal, but the path to these outcomes was not certain. In other words, not all children who are abused grow up to be delinquent or adult criminals (Widom, 1989a, 1989b; Maxfield & Widom, 1996; Herrenkohl, Huang, Tajuma & Whitney, 2003). In fact, Widom (1989b) found that 26 percent of child abuse and neglect victims had later offenses, whereas 74 percent did not. Nevertheless, a positive relationship between childhood victimization, and other risky behaviors, such as delinquency, drug use and adult criminality have been documented in the literature (Herrenkohl et al., 2003; Maxfield & Widom, 1996, Smith & Thornberry, 1995; Widom, 1989b; Widom, 2000).

The National Incidence Study (NIS) of Child Abuse and Neglect (U.S. Department of Health, 2010) reported that more than 1.25 million children experienced maltreatment during the study’s year (2005–2006). This meant that one child in every 58 in the United States was a victim of maltreatment. Overall, approximately 44 percent were abused and 61 percent were neglected\(^1\). Most of the abused children experienced physical abuse (58%), less than one-fourth was

\(^1\) The NIS classifies children in every category that applies, so the components may sum to more than 100%.
sexually abused (24%), while slightly more than one-fourth was emotionally abused (27%). Almost one-half of the neglected children experienced educational neglect (47%), more than one-third was physically neglected (38%), and one-fourth was emotionally neglected (25%).

Statistics from the Survey of Inmates in State and Federal Correctional Facilities (2004) revealed that approximately 63 percent of those who had histories of sexual abuse were women and 37 percent were males. In regards to experiences of physical abuse, 47 percent were women and 53 percent were men. Among males who were sexually abused, 79 percent were sexually abused prior to the age of 18. In comparison, 47 percent of the women who were sexually abused experienced the abuse before the age of 18 and.

Moreover, Harlow (1999) found that between 6 and 14 percent of male offenders and between 23 and 37 percent of female offenders reported that they had been physically or sexually abused prior to the age of 18. Also, according to the Bureau of Justice Statistics, women inmates were more likely to be abused as children (prior to 18) as compared to their counterparts in the general population (Greenfeld and Snell, 2000; Harlow, 1999). Approximately six out of ten women in state prisons had been sexually and physically abused in the past (Harlow, 1999). Although these statistics are difficult to compare to those of the general population, an integrative review of 16 studies estimated that for the general adult population 5 to 8 percent of males and 12 to 17 percent of females were abused as children (Gorey & Leslie, 1997). These statistics provide

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2 These are raw cross-tabulation statistics that come from the Survey of Inmates in State and Federal Correctional Facilities, 2004 (ICPSR study #4572)
evidence that those in the criminal justice system tend to report a higher incidence of abuse.

The statistics above highlight the incidence of child abuse in the United States and overall victimization among individuals in the criminal justice system. It is evident that women have higher rates of abuse. In general, the experience of childhood abuse and neglect has substantial deleterious effects on both men’s and women’s criminal behavior (Widom, 1989b). Specifically, childhood physical abuse significantly increases adult criminal behavior, and victims of sexual childhood abuse are more likely to be arrested for prostitution as adults, regardless of gender (Widom, 1989b; Widom and Ames, 1994). However, childhood sexual abuse, at the hands of a family member, is more likely to happen to girls than to boys (Widom, 1989b; Belknap, Holsinger & Dunn, 1997). Thus studies found that females were more likely to suffer from long-term consequences of child sexual abuse, such as depressive disorders (Chapman Chapman, Whitfield, Felitti, Dube, Edwards, & Anda, 2004; Widom, 1989b).

Moreover, in a study that compared girls who had not been abused with those who had; abused and neglected girls were nearly twice as likely to be arrested as juveniles compared to those girls who had not been abused or neglected (20.0 percent versus 11.4 percent). Also, abused and neglected girls were twice as likely to be arrested as adults (28.5 percent versus 15.9 percent), and 2.4 times more likely to be arrested for violent crimes (8.2 percent versus 3.6 percent) compared to girls who had not been abused or neglected (Widom, 2000). Also, abused and neglected females were more likely to be arrested for
violent offenses as compared to males (Widom, 2000). However the majority of offenses were against domestic partners or other family members, but not strangers (Herrera & McCloskey, 2001).

The prior studies provided evidence to support the argument that a large portion of female criminality is linked to victimization (during both childhood and adulthood) (Bloom, Owen, Covington & Raeder, 2003b; Covington, 2001; Daly, 1992; Gilfus, 1992; Richie, 1996; Widom, 2000). Linking women’s victimization to their criminalization is often based on an assumption of a patriarchal society that structurally lessens the status of women as compared to men, increasing the risk of women’s victimization in today’s society (Burguess-Proctor, 2006; Alarid & Cromwell, 2006). As best explained by Alarid and Cromwell (2006):

…raising and socializing girls, is for most people, different than raising boys. Early childhood experiences in turn affect how young girls view themselves. This constitutes throughout adulthood and affects how women view their relationships with other people and with organizations and social systems outside the family (pg. 1).

This is not intended to dispute that men do not suffer from the effects of adverse childhood experiences, but rather it is an attempt to explain women’s reaction to their victimization, particularly their lack of self worth and disempowerment (in a world that already views them as weak). Research on gender bias in the decision-making process in the juvenile justice system exposed differential treatment between girls and boys. Chesney-Lind and Shelden (1992) found that

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3 This feminist perspective, is also known as radical feminism. It identifies patriarchy or male dominance as the root cause of women’s oppression. In criminology this type of feminism focuses on manifestations of patriarchy in crimes against women, such as domestic violence or rape, and recognizes that women’s offending often is preceded by victimization, typically at the hands of men (Burguess-Proctor, 2006, pg. 29).
girls were more likely than boys to experience formal and informal control of their behavior, particularly when challenging social expectations of femininity (e.g., sexual activity, running away, staying out late, and inappropriate friendships). All these are possible reactions to childhood abuse. For example one of the responses of young women when they are victimized is to run away from home. This very act is deemed delinquent, thus criminalizing women’s reaction to their abuse (Chesney-Lind, 1989; Gilfus, 1992). Therefore, placing women at the center of a study of victimization and offending can help to capture and explain specific processes about their patterns into the criminal justice system.

Women emerged as an important group to study for various reasons. One notable reason is the recent increase in their incarceration rate. Although, the number of women in the criminal justice system does not compare to the larger number of their male counterparts (Sabol, West & Cooper, 2009), recent statistics warrant attention to women’s involvement in the criminal justice system.

**Women as a Focus of Research**

The percentage of women increased within the total correctional population from 14 percent in 1990 to 18 percent in 2009, while men's percentage of the total correctional population declined during the same period (Glaze, 2010). These dynamics make the existing research on women and girls in the justice system especially timely. According to the Bureau of Justice Statistics, by the end of 2006 the prison and jail populations in the United States increased 2.9 % from year end 2005, up from the overall average change of
2.6% between 2000 and 2005 (Sabol, Couture & Harrison, 2007). This increase is largely attributed to the growth of the number of women offenders. In 2006, the number of women in prison increased by 4.5% as compared to the growth of males of 2.7% (Sabol et al., 2007). This rate for female prisoners was almost double the average annual growth (2.9%) for the overall prison population.

This dramatic increase in the number of women in the criminal justice system has brought attention to the context of women’s lives in relation to their patterns of offending. These incarcerated women often have histories of physical and sexual abuse, high rates of HIV infection, and substance abuse (Bloom et al, 2003a; Bloom et al, 2004). The large scale imprisonment of women has also resulted in an increasing number of children who suffer the effects of their mothers’ incarceration and the subsequent loss of important family ties (Chesney-Lind, 1998; Sentencing Project, 2007).

Despite sensationalized media images of violent women offenders, like Andrea Yates⁴, the dramatic increase of women offenders in the correctional system cannot be traced to an increase in their participation in violent offenses. Instead, the rate of women’s violent offending has declined, whereas the rate of women’s convictions for drug offenses has risen considerably in the recent past (Chesney-Lind, 1997; Greenfeld & Snell, 2000; Snell & Morton, 1994). Blumstein and Beck’s (1999) analysis of the population growth in U.S. prisons indicated that drug offenses were the major contributor for the increase of women and minorities in prisons. Among state prisoners, females were more likely than

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⁴ Andrea Yates was a former Houston, Texas resident known for killing her five young children on June 20, 2001 by drowning them in the bathtub in her house. On July 26, 2006, a Texas jury ruled Yates to be not guilty by reason of insanity.
males to be sentenced for drug (29% vs. 19%) and property offenses (31% vs. 20%) (Sabol et al., 2007).

Studies also suggest that when women are arrested for property offenses, they are likely to report: (1) being under the influence of drugs at the time of the offense and/or (2) that they committed the offense to support a drug habit (Greenfeld & Snell, 2000; Harrison, 2001). Furthermore, a greater percentage of women in the federal prison system reported a sharp increase in drug use the month before apprehension. In 2004, approximately 48 percent of women reported drug use the month before the offense in contrast to 37 percent of women in 1997 (Mumola & Karberg, 2006). Thus, it appears that one of the most common pathways to crime traveled by women is through drug use and drug-related offenses (i.e., drug possession and use of illegal substances) (Bloom et al., 2004; Chesney-Lind & Rodriguez, 1983; Gilfus, 1992; Richie, 1996).

Theoretical Assumptions of Women's Entry into the Criminal Justice System

As highlighted above, women's most common entrance(s) into the criminal justice system are "based on survival (of abuse and poverty) and substance abuse" (Bloom et al., 2004, p.37). In addition, research on women offenders revealed histories of dysfunctional family backgrounds, victimization, turbulent relationships (family and/or intimate partners), and prior mental illnesses (Bloom et al., 2003b; Bloom, et al., 2004; Chen et al., 2004; Scott, Foss, Lurigio, Dennis, 2003; McClellan, Farabee Crouch, 1997; Van Etten, Neumark, Anthony, 1999; Wright, 2002). Moreover, research on substance-abusing female offenders
found that prior victimization triggered the onset of substance use, which often led to interactions with the criminal justice system (Bloom et al., 2003b; Bloom, Owen & Covington, 2004; Chen, Tyler, Whitbeck, 2004; Van Etten, Neumark, Anthony, 1999; McClellan et al., 1997; Wright, 2002).

Prior research also showed that the link between early sexual abuse and substance use is mediated by running away (Chen et al., 2004). Girls who were victimized at home were more likely to run away from home, and more likely to be arrested for drug offenses (Siegel and Williams, 2000). That is, abused girls often ran away to escape their aggressor or family problems and were introduced to drugs through deviant peers. Chesney-Lind (1989) argued that the mere act of running away, a strategy of survival for abused girls, was often criminalized and girls (and women) were turned from victims to offenders.

Another influential factor in women’s entrance to the criminal justice system was depression. In a study, addressing adverse childhood experiences and mental health in adulthood, women had a greater prevalence of depressive disorders than men (Chapman et al., 2004). The study acknowledged that this could be attributed to the higher prevalence of adverse childhood experiences among women in comparison to men. Furthermore, among a sample of inmates, women were more likely to internalize feelings of emotional distress as a result of child maltreatment than men (McClellan et al., 1997). Victimization contributes to mental health disorders, such as depression and post-traumatic stress disorders, and mental health problems sometimes act as precipitating factors to drug abuse that, in turn, often leads to arrest (DeHart, 2004).
Theoretical Framework

Several criminological theories exist today that focus on the importance of life events and their temporal sequence. Sampson’s and Laub’s (1993) Life Course Theory will be integrated into the theoretical framework of this research. Life Course Theory suggests that it is important to test risk factors at childhood and adulthood to assess their differential impacts on drug use and criminal behavior. In addition and more importantly, Feminist Pathway Theory is the primary theoretical framework used for the purpose of this study. This theory has the most detailed explanation that incorporates the complex relationship between victimization, additional risk factors, drug use and criminal behavior of women.

The factors noted above follow a gender-specific pattern. These factors collectively, and organized temporally, form the basis of feminist “pathway” research. This type of research recognizes that the experiences of girls and boys differ significantly (Belknap & Holsinger, 2006; Belknap, 2007; Giordano, Cernkovich, Rudolph, 2002). Within this perspective, patriarchy (socialization of gender roles, vulnerability to abuse from males and female responses to male domination) also becomes central to the study of the causes of delinquency for women (Belknap & Holsinger, 2006). As explained by Belknap and Holsinger (2006), “the feminist pathway approach to understanding the causes of illegal behavior emphasizes childhood abuses as significant risks for subsequent delinquency” (p. 51). Life events, therefore, become explicitly important in the study of women offenders (Belknap, 2007).
Belknap (2007) explained that although the word “pathway” to crime is somewhat new, these types of studies have been around since the late 1970’s. Life course and “cycle of violence” studies are consistent with the pathway approach, too, but they do not claim to be feminist in nature (Belknap, 2007). Nonetheless, like feminist pathway research, life course and cycle of violence research determines whether life events place men and women at risk of offending. Moreover, a number of feminist pathway studies have developed typologies that are representative of the characteristics of the women in prison or in the criminal justice system (Daly, 1992; Richie, 1996). Other research has found that there are not only gendered ways into the criminal justice system, but also out of the “system” (Cobbina, 2009; Giordano et al., 2002). Few have, however, placed these characteristics/risk factors that prompted women to enter the criminal justice system in a temporal sequence by age of onset. Specifically, this study will explore an explicit set of pathways into the criminal justice system involving the most common characteristics outlined by Feminist Pathway research (e.g. childhood victimization, drug use onset, first arrest).

Foundations of the Current Research

Despite research findings on the predictive validity of the risk factors associated with women and crime, what is notably absent from the literature is an examination of the timing in which these events occur in a woman’s life, also known as the temporal order of events (Belknap & Holsinger, 2006). As described above, a distinguishing characteristic of drug-involved women in the criminal justice system is their high rates of previous sexual and physical
victimization (Belknap & Holsinger, 2006; Owen, 1998, Richie, 1996). In fact, previous research reported that women themselves have made a connection between prior sexual and physical abuse and their subsequent criminal behavior (Belknap & Holsinger, 2006; Chesney-Lind & Rodriguez, 1983). It is this inherent connection between victimization, drug use, and crime that drives the current research.

Although studies have reported associations between childhood maltreatment, substance abuse and criminal behavior later in life (Maxfield & Widom, 1996; Widom & Ames, 1994; Widom, Marmostein, White, 2006), the ordering of those relationships should be further explored. This research proposes to examine these relationships through an age-sequence approach, that is, placing each variable in a pathway according to the age when the event first occurred. Previous anecdotal data from women in a drug treatment program informed the design of this study. Between September of 2008 and June of 2009, I completed an internship at an outpatient drug treatment for women. I was allowed to sit in the morning and afternoon meetings with the women for several months. After a period of training, I developed and conducted workshops that would enhance the women’s ability to communicate their feelings about a wide range of issues. During this time, I was able to observe and listen to many of the women’s stories regarding their drug use, relationships with loved ones, their children, and past sexual and/or physical abuse. The narratives of these women varied in terms of empowerment and victimization. Nonetheless, the victimization narratives often pointed to previous childhood and adulthood sexual
and physical abuse. Interestingly, according to these women’s accounts, their
drug use and criminal behavior throughout their life appeared to be related to
when the sexual/physical abuse occurred. Some of the women indicated that the
abuse committed against them during childhood had more pervasive effects in
their lives than the abuse during the latter part of their lives (adulthood).
Therefore, this study is built on these anecdotal accounts.

**The Current Study**

The data for this study come from Project WORTH (Women’s Options for
Recovery, Treatment and Health). A project spearheaded by Dr. Greg Falkin
and Dr. Sheila Strauss from the National Development Research Institute (NDRI)
through a National Heath Institute grant. Project WORTH was a large-scale
evaluation project of women who entered drug treatment programs through the
criminal justice system in New York City and Portland, Oregon. The data were
collected by surveying women in drug treatment programs who were mandated
to participate by the criminal justice system. Participation in the study was
voluntary. The individual guided surveys were administered within the first two
weeks of the women entering the outpatient, inpatient or prison drug treatment
programs between 1995 and 1999. This project collected in depth information
about women’s drug use and interactions with the criminal justice system.

The current study is designed first to explore the variation and distribution
of the temporal patterns\(^5\) of women’s pathways into the criminal justice system.

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\(^5\) This translates into the sequencing of events by the age in which they occurred rather than just clustering them.
While exposure to traumatic events, such as sexual or physical abuse and neglect, have been linked to substance abuse and criminal behavior (Danielson, Amstadter, Dangelmaier, Resnick, Saunders & Kilpatrick, 2009; Widom, 1995; Widom, Marmorstein & White, 2006; Wilson & Widom, 2009), previous research, including feminist pathway studies, has not temporally ordered the events associated with the main variables: victimization, drug use, and arrest (Belknap & Holsinger, 2006; Danielson, et al., 2009). The analysis of the temporal ordering of these events will translate into being able to answer which pathways among all possible ones are the most populated.

This study also examines whether the pathway that begins with childhood victimization, leads to drug use/abuse and then to involvement with the criminal justice system is the dominant pathway for substance-abusing female offenders as suggested by feminist theorists (Belknap, 2007; Belknap & Holsinger, 2006).

Third, the study will investigate differences in characteristics of women in various pathways. Research states that many women who were sexually, physically abused or neglected were also likely to experience other types of adverse childhood experiences, putting them at greater risk for physiological and psychological disorders (Anda et al, 2006; Dong et al., 2004; Felitti et al., 1998). Therefore, we will compare across pathways to see if the women were also likely to experience other adverse experiences (e.g., familial drug use, parental incarceration) and across demographical variables (e.g. race, marital status, employment).
Finally, the study will investigate the relationship of the pathways to the frequency of crimes committed by women. Previous research on the timing of physical victimization suggest that children abused at earlier ages suffer greater harm to their psychological functioning (internalizing behaviors) than those abused later in life (Carslon, Furby, Armstrong & Schlaes, 1997). Ireland and Widom (1994) showed a significant relationship between victimization prior to the age of 12 and arrests for drugs and alcohol as an adult but not as a juvenile. These findings indicate that the timing of abuse is a salient factor in examining the developmental effects of victimization. There may be implications for intervention in these specific results. For example, if we find that following a pathway where victimization is present has more pervasive effects on women’s criminal involvement through frequency of criminal offending, then (1) prevention and screening efforts should be directed toward adolescent girls who have been abused during childhood and (2) trauma-specific treatment programs for women should be implemented in substance abuse and correctional settings.

This study, therefore, explores: (1) the distribution of temporal patterns of women’s pathways into the criminal justice system; (2) assess whether the dominant belief regarding women’s pathways is correct; (3) examine relationships between common pathways and other risk factors; and (4) assess the relationship between common pathways and frequency of offending.

This study will take into account additional life circumstances and life events that are related to potential turning points (e.g., family drug use, parental incarceration, age of first drug use, age of regular drug use, and age of first
arrest). Previous literature suggests that the evaluation of a single risk factor isolated from related factors may overestimate its effects (Wilson & Widom, 2009). Thus, this study included a number of theoretically relevant variables in the regression models to reduce possible estimate inflation.

**Significance of the Research**

Examination of the varying pathways is critical because it can potentially lead to a greater understanding of women’s differing patterns of lifetime criminal behavior and patterns of desistance. Moreover, as acknowledged by the National Institute of Drug Abuse (NIDA), there is still a need to identify developmental changes and transitions associated with women’s drug use. Consequently, the results of this study could potentially increase understanding of how sexual and physical victimization throughout the life span leads to a pattern of drug use and criminal behavior that persists over time. It can also serve as the basis for trauma treatment based upon the circumstances and timing of the abuse.

Belknap (2007) stated that it is critical for future theory building to examine the pathways to crime for males as well as females. However, there is a dearth of studies that have gathered and analyzed data on women. Feminist pathway research is a response to the rare inclusion of women in life course research. Given the correlation between women’s victimization, illegal substance use and criminal justice interactions, this research offers the potential to enhance the understanding of women’s trajectories into drug use and criminal behavior.
In addition, this study highlights the need for integrative research to address the gaps in our understanding of women’s differing patterns of victimization and their pathways to drug use and crime. The high rate of incarceration among women with histories of drug use and abuse contributes to prison overcrowding, increase correctional and community costs, and creates other collateral consequences that result from the incarceration of mothers, sisters and daughters.

Overview of Remaining Chapters

As described, this dissertation is a study of the pathways of substance-abusing women into the criminal justice system. Specifically, it examines the temporal sequence of the most common characteristics outlined by Feminist Pathway research (e.g. childhood victimization, drug use, first arrest) by age of onset. The next chapter describes the literature on the gendered ways in which women enter the criminal justice system. It also reviews the previous research on the adverse effects of childhood abuse and neglect.

In Chapter 3, a detailed account of feminist pathway theory and the relevant research which emerged from this perspective are explored. Also, life course theory is defined and all the relevant elements of the theory which apply to women’s entrance into the criminal justice system are furthered defined. Together these theories, and perspectives are useful in building a framework to study the lives of substance-abusing women offenders. Chapter 4 shifts the focus to the data and methods used in this dissertation. Unlike, most studies that
explore women’s pathways into crime, this study used a sample of over a thousand women. Chapter 5 included the results of the analysis conducted to answer the research questions. More importantly, the age-specific (age of first drug use, age of first time abused occurred and age of arrest) data allowed for the creation of several pathways using the most frequently cited factors triggering a criminal trajectory in women’s lives, drug use and child abuse. Chapter 6, discussion and conclusion, builds from the findings in chapter 5 to integrate theory and prior research to the current results. It discusses the implications of the study for research on pathways into the criminal justice system among women, and concludes with an overview of policy implications that emerged from this research.
Chapter 2
Review of Related Literature

Despite the neglect of the study of women and crime historically, an upsurge in the area of gender and crime led the way to a significant increase in theory development and research in the 1970’s (Adler, 1975; Cernkovich & Giordano, 1979; Simon, 1975; Steffensmeier & Allan, 1998). Even so, women and girls are still overlooked today. Commonly, gender is included in empirical research as a control variable, therefore denying the role of complex gendered experiences in shaping deviant behavior (Cernkovich, Lanctot, Giordano, 2008). According to Cernkovich and colleagues (2008), “such an empirical weakness contributes to a superficial understanding of females’ involvement in antisocial behavior since it does not allow for an assessment of their specific risk factors” (p. 5). Moreover, the dearth of studies that analyze women’s patterns of criminal behavior reflects a lack of interest largely due to the small number of females in the criminal justice system in comparison to males (Giordano, Cernkovich, Rudolph, 2002; Daly & Chesney-Lind, 1988). However, regardless of their small numbers, the Bureau of Justice Statistics indicated that the rate of females incarcerated in State and Federal facilities has dramatically increased in the last decade (Sabol et al., 2007). Therefore, one of the objectives of this dissertation research is to highlight women’s involvement in the criminal justice system

1 Also known as the “gender-ratio problem” (Daly and Chesney-Lind, 1988).
through an analysis of gendered (i.e., female-specific) experiences reflected in variables and pathways.

The overall emerging themes in the literature concerning female offending range from focusing on the context of women’s crimes (i.e. motive, circumstances, role) (Goetting, 1988; Koons-Witt, 2003; Maher, 1997) to distinct causal factors of women’s offending (i.e., family background, childhood and adult physical and sexual abuse, drug use, relationships and children) (Bloom et al., 2003b, Bloom et al., 2004; Daly, 1992; Owen, 1998, Richie, 1996). Other studies examined the possibility that the increase of women in the criminal justice system is not due to a more violent female offender but rather to the increased social control of girls’ and women’s behavior, which has shifted the penal and enforcement practices (Steffensmeier, 1993; Steffensmeier and Schwartz, 2009). Hence, evidence from previous studies that investigate the causes and correlates of female crime suggests a complex interaction of variables in understanding the gendered nature of delinquency and crime. This study is intended to supplement the criminological literature concerned with individual causal factors of women and crime. The current research examines female criminality with a particular focus in understanding the nature of drug use and childhood victimization in relation to their pathways into the criminal justice system. This issue brings together the feminist, psychological, epidemiological and criminal justice literature to shape the conception of women’s entrance and persistence into criminal behavior.
Who are the Women?

The increase in the number of women in the criminal justice system has drawn attention to them, particularly those characteristics that are related to arrests and incarceration. These include demographic factors such as: age; race/ethnicity; income and employment; criminal history and, family variables, such as marital/relationship status, household membership, and number of children. Generally, Black and Hispanic women in the criminal justice system are disproportionately represented (30% and 16% respectively) in comparison to white women (Harrison and Beck, 2006). Most of the women in the criminal justice system are young, between 25 and 34 years of age, and have never been married (Greenfeld and Snell, 2000). In addition, many are single mothers. Approximately 70 percent have a child under the age of 18. They also reported being unemployed prior to arrest (The Sentencing Project, 2007; Greenfeld and Snell, 2000). Female inmates in state prisons had higher rates of mental health problems than male inmates (73% and 55% respectively) (James & Glaze, 2006) and much higher than that found in the general population. Furthermore, the majority of women are imprisoned due to drug and property offenses and less likely to be serving time for violent offenses compared to their male counterparts (Sabol et al., 2007). Drugs clearly contribute to offending and are also reflected in the high rates of dependence among female prisoners. National statistics reported that 60 percent of women in State and 43 percent of the women in Federal prisons met the criteria for drug dependence or abuse (Mumola and Karberg, 2006).
The characteristics of the general prison population described above are similar to the population of drug-abusing women offenders (Johnson, 2006; Zlotnick et al., 2003). Drug-abusing women offenders also differ in some important ways from women offenders in general. For example, they tend to be older; the median age of drug-abusing women is between 30 and 39 years old (Johnson and Zlotnick, 2007; Mosher & Phillips, 2006). They are also more likely to have several prior arrests and convictions than non drug-abusing women (Mumola & Karberg, 2006). Additionally, substance-abusing women in the criminal justice system are more likely than non drug-abusing women to have physical and mental health problems (Bloom et al., 2003a; Bloom, Owen and Covington, 2004; Brown et al., 2004; Bush-Baskette, 1998; Ellis et al., 2004; Fiorentine et al., 1997; Greenfeld and Snell, 2000; Johnson, 2006; Kubiak et al., 2004; Messina et al., 2003; The Sentencing Project, 2007; Zlotnick et al., 2003;). Specifically, they are more likely to suffer from HIV/AIDS, hepatitis C and other health problems in comparison to non-drug-abusing females (Sentencing Project, 2007) and report suffering from more psychiatric symptoms than non-drug-abusing women inmates (McClellan et al., 1997; Wallen, 1998).

The characteristics of female offenders described above suggest that women enter the criminal justice system in ways dissimilar than their male counterparts, particularly though their offending patterns (i.e. women are more likely be charged with drug offenses whereas men are likely to be charged with violent offenses (Lo, 2004; Bloom et al., 2003a; Bloom et al., 2003b, Bush-Baskette, 1998; Klein et al., 2003; Testa et al., 2003; Evans et al., 2002;
Based upon the premise that men’s and women’s experiences and psychosocial development differ, a theoretical perspective called the Feminist Pathway Theory, emerged. This theory emphasized that the life experiences of female offenders differ from those of male offenders and that these experiences appear to have a significant influence on the subsequent substance abuse and criminality of women (Belknap, 2007; Gilfus, 1992; Richie, 1996; Steffensmeier & Allan, 1998; Owen, 1998). This theory is the main premise from which this study developed, however, a more detailed discussion will be presented in chapter 3.

Common Pathways for Women to Enter the “System”

In this context, pathways refer to the theoretical sequence of events that lead to female criminality. Richie (1996) called these “paths to crime,” Owen (1998) called them “pathways to imprisonment” and Gilfus (1992) called them “routes of entry.” Regardless of the label, all of these perspectives discuss life events or risk factors that precipitate women’s entrance into the criminal justice system. This suggests that women can have differing pathways into crime. Also, paths can overlap to result in cumulative effects that can also lead to crime. Research suggests that “women’s most common pathways to crime are based on survival of abuse, poverty and substance abuse” (Bloom et al., 2004, p.34). Another risk factor associated with women’s entrance into the criminal justice system is family or household dysfunction via drug use and criminality (Giordano,
2010; Kruttschnitt and Giordano, 2009). In other words, early exposure to drugs and criminal values in early family life greatly increase the likelihood of girl’s/women’s future interactions with the criminal justice system and their own drug use (Johnson, 2006).

**The Adverse Childhood Experiences (ACE) Study as an Organizing Principle**

Although not all women who are victimized end up in prison, issues of physical and sexual abuse and neglect are central in the investigation of understanding women’s pathways into the criminal justice system (Bloom et al., 2003b; Bloom et al., 2004; Chesney-Lind, 1997; Belknap, 2007). In one of the largest community-based studies of the effects of negative childhood events (including physical and sexual abuse and neglect), the Adverse Childhood Experiences (ACE) Study\(^2\) researchers found that the impact of adverse childhood exposure (i.e. sexual, physical abuse and neglect) on adult health status is strong and cumulative (Felitti et al., 1998). There was a relationship between adverse childhood experiences and adult physiological distress. This relationship was mediated through health risk behaviors, such as smoking, alcohol abuse, drug abuse, over-eating and sexual promiscuity. Felitti et al. (1998) believed that these behaviors were used as a way to cope with the anxiety, anger and depression which often extends from childhood maltreatment. The results from this study also highlighted that those who were exposed to one type of childhood abuse were likely to experience other forms of victimization and household dysfunction.

\(^2\) A large epidemiological study that examined the impact of a broad range of childhood stressors on the health and social outcomes of adults.
Similar results regarding the multiple forms of victimization and household dysfunction were found in a later study by Dong et al., (2004). In comparison to those adults who were not abused as children, adults exposed to one type of childhood abuse (i.e. sexual, physical and/or neglect) were more likely to be exposed to other adverse childhood experiences such as parental divorce/separation, domestic violence, familial criminality, familial substance abuse and exposure to a household member with a mental illness. This is an important finding because it shows that childhood abuse is often not an isolated event in children’s lives. These findings also suggest that there could be a cumulative effect on emotional and physical health outcomes extending from childhood abuse but also from a wide range of related adverse childhood experiences (i.e., domestic violence, familial criminality and familial drug abuse, etc.) (Corso, Edwards, Fang & Mercy, 2008; Dong et al., 2004; Felitti et al., 1998)

Furthermore, Anda et al., (2006) found that persons with cumulative exposure to childhood maltreatment (i.e., sexual, physical abuse, neglect) had increased stress responses in the brain, which resulted in the impairment of multiple brain structures and functions as adults. Specifically, they found impaired memory, unexplained periods of panic, a history of hallucinations, impaired fear, sexual and aggressive behavior responses among the study participants. These detrimental effects of traumatic stress increased the odds of being unable to control anger and the risk of perpetrating partner violence. These results strengthened the evidence of the effect of childhood maltreatment on brain development, behavior and cognition.
Although, the research discussed above does not solely pertain to females, it does frame the overall argument that childhood abuse and neglect and other adverse childhood experiences are temporally related to a chain of events. Childhood abuse precedes disruptions in neurodevelopment, followed by the emergence of behavioral health problems and risk behaviors in adolescence and early adulthood, chronic illness and finally early mortality. Thus, many of the experiences that women offenders report, including family dysfunction, childhood abuse and neglect, relationship problems, early pregnancies, mental health and substance use problems, can be linked temporally, often in cause and effect chains. The ACE Study and many pathways-based studies form the organizing principle for the current study. The following areas present the results of specific studies in several topical domains.

**Histories of Victimization**

The experience of violence, particularly in childhood, has been presented as a common pathway of women into the criminal justice system. The reported experiences of past physical and sexual victimization are higher for women in the criminal justice system than for men (Chen et al., 2004; Bloom, Owen & Covington, 2004; Bloom et al., 2003a; Bloom et al., 2003b). Fifty-seven percent of women in state prisons stated that they had been physically or sexually abused, and 69% of these women said that the abuse occurred before the age of 18 (Greenfeld & Snell, 2000). Chen and colleagues (2004) found that early sexual abuse indirectly affected drug use for a population of homeless females. A path analysis showed that childhood sexual abuse indirectly affected drug use on
the streets via running away at an earlier age, spending more time on the streets and use of deviant strategies to survive including prostitution and drug sales (Chen et al., 2004). Furthermore, the type of drugs used differed between female adolescents with and without sexual abuse histories. Female adolescents who were abused were more likely to be poly-drug users and more likely to use cocaine. It is believed that this reduces the negative emotional effects resulting from sexual abuse (Chen et al., 2004). In other words, it made them forget. These findings were corroborated by previous research that found that female inmates with histories of sexual abuse have a higher risk of substance dependence than male inmates and are more likely than men to use harder drugs such as heroin and crack (Evans et al., 2002).

Even though other studies have cited early sexual abuse and childhood maltreatment as a factor in adult criminality for both males and females, sexual abuse has more pervasive effects on the drug use and criminality of females than males (Bloom et al. 2003a; Byqvist, 1999; Chen, 2004; Evans et al., 2002; Lo, 2004; Martin & Bryant, 2001; McClellan et al., 1997; Mullings et al., 2002; Sanders-Phillips, 1998; Van Etten, 1999; Wright, 2002). Women tend to internalize sexual abuse and neglect whereas males tend to externalize their experiences (Evans et al., 2002; McClellan et al. 2007). This means that abused women are more likely to respond to abuse with depression and tend to have thought patterns that perpetuate depression, whereas men engage in behaviors that distract them from depression (McClellan et al., 1997). Therefore, female victims may be more likely to turn to alcohol and drugs and males are more likely
to engage in violent activity (Toray, Coughlin, Vuchinich, & Patricelli, 1991; Widom, 1989b, 1995). In other words, women are more likely to “self-medicate to relieve the pains of victimization” (McClellan et al., 1997, p. 472) which often leads to drug dependence and ultimately arrest and incarceration (Testa et al., 2003; McClellan et al., 1997). Since victimization is the main focus on this study, further analysis of how this affects differing aspects of life is warranted.

Assessing Victimization

Research regarding the consequences of victimization on personal and social development is often weakened by issues of definition. Widom (1989a) explained that child abuse can be defined differently by state laws. Thus, the outcome variable, child abuse, is often compromised due to variation of definitions and unsubstantiated (missing) cases. For example, some studies operationalized child abuse to include the substantiated physical, sexual and neglect cases of children from official records (Maxfield & Widom, 1996; Widom & Ames, 1994; Widom, 1989; Wilson and Widom, 2009). Others derived the child abuse variable by measuring severe physical discipline strategies from mothers’ reports (Herrenkohl et al., 2003; Keiley, Howe, Dodge, Bates & Pettit, 2001). Widom (1989) suggested that research design and measurement problems (sample sizes, weak sampling methods, and inaccurate data sources to define child maltreatment) help to explain the variation of results across studies linking child abuse and criminal and/or drug use behaviors.

The research on the consequences of victimization is also compromised by the issues of prospective versus retrospective research design. Widom
(1989) explained that retrospective accounts are open to recall bias, especially when asked to remember childhood histories. Also, when interviewing offenders, there is a possibility that they may believe claiming child abuse would benefit them by acquiring empathy and/or leniency (Widom, 1989). Prospective, longitudinal studies have the advantage of assessing and documenting temporal order relationships. This process provides a higher confidence level of whether victimization or other factors are directly related to the outcome. Prospective and retrospective approaches address fundamentally different questions. For example Widom (1989) asked: What percentage of abused and neglected children go on to abuse drugs versus the retrospective question: what percentage of people who abuse drugs were abused or neglected as children? Although, the number of empirical works using longitudinal data is growing (Widom, 1989b, Maxfield & Widom, 1996), cross-sectional (retrospective) studies have also uniquely contributed to specific aspects of the child victimization, crime and drug abuse link. Childhood victimization experiences that are collected through self-report might not have been detected in official records, since, a number of these cases go unreported (Widom et al., 1999).

**Family Background**

Families of origin play a significant role in women’s risk of criminal behavior. First, women in the criminal justice system are more likely than men to have had at least one incarcerated family member (Bloom et al., 2003b). Moreover, in comparison to male offenders, women are also more likely to grow up in homes with one parent as well as come from families where one or more
members have drug abuse problems (Bloom et al., 2004, Bloom et al., 2003b; Snell & Morton, 1994). Research focusing on women indicates that exposure to family members’ drug problems is a significant predictor of regular drug use prior to arrest (Johnson, 2006; Dodge & Potocky, 2000; Sanders-Phillips, 1998). A recent study on drug use among incarcerated women found that the majority of the women grew up in families with drug use and alcohol abuse (Johnson, 2006).

In addition, an earlier ethnography on female crack sellers in New York uncovered that having family members who sold and used drugs played a significant role in the subjects’ own substance abuse and criminal activities (Dunlap, Johnson & Maher, 1997). The following quote illustrates this effect: “…my uncles, they stay in drugs, you know I was in that type of situation all my life…You know they drug dealers and stuff like that…So it affected my family too, you know. My mother too at that time cause we was in there… so we was there involved with this, and I was there seeing it‖ (p.41). This woman’s family history exposed her to drug use and provided her with the necessary knowledge to distribute drugs professionally. Interestingly, this woman’s “selling” career began with her brother as her provider and her reason for selling was quoted as giving her “a whole lot of self-esteem” (p.41). This serves to illustrate how women’s drug use and drug-related criminal activities are often related to family dysfunction.

Although a disruptive family background can account for the onset of drug use and criminal activities of men, Gilligan (1993) suggests that women may be more vulnerable to family problems. Gilligan’s theory of women’s psychological
development implies that while masculinity is defined through boys’ separation from their mothers or families, femininity is defined through attachment to family. In terms of female drug use and criminality, this insight suggests that due to males’ individualistic identity, family problems may not be as strong of a factor for predicting drug use and criminality as it is for females. Furthermore, research also suggests that females may be more likely to react to neglect with self-blame and this may increase their levels of depressive behaviors (McClellan et al., 1997). A problematic family background can affect female’s coping mechanism and behavior, which in turn is significantly associated with illicit drug use and can lead to further criminal behavior (Johnson, 2006; Chen et al., 2004; Dodge & Potocky, 2000).

**Drug use**

As previously discussed, one of women’s most common paths to crime through drug use (Bloom et al., 2003a; Bloom et al., 2004). Although drug-related offending and drug use are also significant in men’s involvement with the justice system, it seems that men’s most commonly traveled and direct path to prison is through violent criminal acts (McClellan et al, 1997). An explanation is that women’s drug use may be tied directly to their experiences of interpersonal violence. Some suggest that women are more likely to use drugs to cope with internalized feelings of shame (due to prior abuse), whereas men may externalize the same negative event with feelings of anger (Gilligan, 1993; McClellan et al., 1997).
As previously discussed, female offenders have a high prevalence of drug abuse (Mumola and Karberg, 2006). Illicit drug use among females is strongly correlated with criminality (Bloom et al., 2003a; Evans et al., 2001; Farabee, Joshi, Anglin, 2001; Sommers et al., 2000; Dunlap, Johnson & Maher, 1997; McClellan et al., 1997). Findings from a study about substance abuse and crime showed that “female inmates were significantly more likely than male inmates to have begun experimenting with drugs prior to getting involved in other forms of criminality” (McClellan et al., 1997, p.468). This finding establishes temporality to the relationship between drugs use and crime for women but also confirms that substance abuse is a common part of their path to criminality.

Furthermore, several feminist criminologists described pathways comprised primarily of “drug” events. For example, Daly (1992) described a pathway called “drug-connected” women. In this path, women were imprisoned due to drug trafficking; however, many of the women reported the offense was co-opted by their intimate partners. Other research on women drug sellers and traffickers disputes this claim and finds that men are not always at the center of women’s entrance into the drug market economy (Maher, 1997; Anderson, 2008). In fact, women have displayed a level of autonomy or agency in determining their own entrance into the drug market economy as sellers (Maher, 1997; Sommers, Baskin & Fagan, 2000). In addition, Richie (1996) described a similar pathway called “addicted,” where a drug offense was the primary reason why the women were in prison. In this path, women expressed that their drug use started because their partners had introduced them to it. They also commented
that their drug abuse was a consequence of a previous "battering incident" where drugs were used as a way to "reconnect." Furthermore, in a recent study, Brennan, Breitenbach & Dieterich (2010) found that among a group of California women inmates, drug use was a prevalent factor in four of the eight clustered pathways which emerged. Nevertheless drug use rarely occurs within a vacuum; that is, it is often a mediating factor to crime which extends from other overlapping issues within women's lives (e.g., family problems, victimization, depression) (Widom & Ames, 1994; Widom, Ireland, Glynn, 1994; Wilson & Widom, 2009).

Mental Health Problems

Female drug arrestees were statistically more likely to experience feelings of guilt or worthlessness and have suicidal thoughts extending from previous victimization (Lo, 2004). Women with mental illnesses entering the criminal justice system tend to have a history of physical and sexual abuse, physical illness, responsibility for minor children, and self esteem issues (Veysey, 1998). Moreover, women usually react to sexual victimization with self-blame, depression, and substance abuse; illegal substances often provide an emotional escape that enhances self-esteem (McClellan et al., 1997). Therefore, many of the substance-abusing imprisoned women are often diagnosed with some type of mental health disorder (Najavits, 2005; Zlotnick et al., 2003).

Women who enter the criminal justice system are more likely to have the same high incidence of mental disorders as men (Bloom et al., 2004; Bloom et
al., 2003b; Jordan, Schlenger, Fairbank & Caddell, 1996; Teplin, Abram, McClelland, 1996). Twenty-three percent of women in state prisons reported that they are taking some sort of medication for a mental illness (Greenfeld & Snell, 2000). Moreover, a landmark study found that 80% of pretrial female inmates met the criteria for one or more lifetime psychiatric disorders (Teplin et al., 1996). The most common disorders were drug dependence, post-traumatic stress disorder (PTSD), anxiety, and major depressive disorder (Messina et al., 2003; Teplin et al., 1996). Similar results were found in a North Carolina study, where women leaving the jails and entering prison displayed high rates of antisocial personality, borderline personality disorder and PTSD (Jordan et al., 1996). The dual diagnosis of PTSD and substance use disorder is associated with higher clinical severity, which can affect women's rehabilitation from drug abuse (Najavits, 2005; Zlotnick et al., 2003). Dually diagnosed women are more likely to perceive their use of drugs as a method to dull their emotional pain that often extends from sexual, physical abuse and/or neglect (Evans et al., 2002; McClellan, 1997).

Additionally, the mental health problems of urban women of color, are more severe than those of their male counterparts (Ross & Lawrence, 2009). Psychological factors such as exposure to violence, stressful events, and feelings of powerlessness are also related to women's illicit drug use (Sanders-Phillips, 1998). These effects are intensified for low-income Black women and Latinas, because they tend to be exposed to more factors related to unhealthy
lifestyle behaviors that are likely to affect their psychological status and potential for drug use (Sanders-Phillips, 1998).

*Relationships with Men*

Feminist theorists (Gilligan, 1993; Miller, 1976) argue that girls and women define themselves in relation to others, where men tend to focus their identities on external measures. This difference is reflected then in the role relationships play in women’s involvement in both drug use and crime. Previous research suggests that women’s unstable relationships with men have a significant effect on their initiation into drug use, which often leads them to incarceration (Bloom et al., 2003b, Pellissier et al., 2003). Research found that women are more likely than men to be initiated into drug use through intimate relationships, but men are more likely to be introduced to drugs in the context of male-centered peer relationships (Evans et al., 2002). Women are also more likely to stay in a relationship with a drug-addicted partners or “sellers” in order to continue their consumption of drugs “free of charge” (Testa et al., 2003). In a study of female crack sellers, one woman discussed how she was first introduced to crack through an ex-boyfriend with whom she was involved for more than five years (Dunlap et al., 1997). Even after the relationship ended, she stayed in close contact with her ex-boyfriend to support her drug habit (Dunlap et al., 1997).

Furthermore, researchers found that within the crack subculture, income generation strategies for women usually takes one of two forms. First, women rely on their bodies to produce income (i.e., sexual acts with unknown men) or as
a strategy to obtain drugs directly (i.e., sex traded for drugs). Second, they rely on their attachments to men to support their crack habits (i.e., as girlfriends). Some relied on both (Evans et al., 2002). In a study examining the criminal careers of prostitutes, using crack was significantly associated with the frequency of prostitution (Maxwell & Maxwell, 2000).

Women tend to experience higher levels of violence as prostitutes in drug markets than men in the same position in part due to gender inequality and stereotyping, as well as differences in size and strength allowing men to physically and sexually control over women (Surrat, Inciardi, Kurts & Kiley, 2004; Maxwell & Maxwell, 2000). Furthermore, data lend support to the concept of a subculture of violence as it relates to drug addicted female sex workers. In other words, women, violence and victimization are considered “normative” consequences of the intersection of prostitution and the drug culture (Surrat et al., 2004; Testa et al., 2003).

As noted above, gender differences and the relationships of female substance abusers with men play a role in women’s drug addiction and victimization, and are also important in their criminal involvement. The drug arrests of women are often shadowed by intimate relationships with men. It is not uncommon for women arrested for drug crimes to refuse to testify against their boyfriends or husbands. The result is that women serve much longer sentences than their male partners (Bloom et al., 2004; Chesney-Lind, 2002; Tinto, 2001; SenGupta & Peterson, 1999). This has been called “inverted sentencing,” where the person with the least information and involvement
receives the harsher sentence due to an unwillingness to provide information to reduce charges (i.e., through a plea bargain) (Tinto, 2001 p. 934).

Furthermore, Richie’s (1996) work on Black battered women’s pathway to crime highlights the imprisonment of women as a consequence of their relationships with abusive men. The first pathway, “women held hostage,” is explained as follows:

…. involved women whose intimate partner batterers used extreme violence against them to keep them hostage and isolated, and these women were frequently charged in the deaths of their children that were caused by their batterers (p.101).

Other relevant pathways were “projection and association” and “fighting back.” The first pathway refers to women who find themselves in prison because they committed crimes against men other than their batterers. The women projected their feelings of anger and symbolically retaliated against these men for past abuse they endured at the hands of another man. The second pathway involved women attacking their abusers. These women committed offenses, such as arson, property offenses and assaults. The women saw these actions as necessary for their own defense against their batterers.

Victimization, Crime and Delinquency, and Drug Use

Some of the same linking mechanisms attached to the relationship between childhood maltreatment and physical and psychological adult outcomes corroborate the relationship between women’s victimization and criminality.
Substantial research shows victimization to be a precursor to involvement in crime and drug use (DeHart, 2004; Maxfield & Widom, 1996; Widom, 1989b, Widom et al., 1994). During the last two decades the most pervasive claim of the child victimization literature is that abused children have a greater likelihood of offending in adolescence and in adulthood (Mass et al., 2008; Widom, 1989a; Maxfield & Widom, 1996, Smith & Thornberry, 1995). The testing of the “cycle of violence” hypothesis\(^3\) generated results showing that abused and neglected children have a higher likelihood of arrests for delinquency, adult criminality, and violent criminal behavior, as compared to non-abused children (Widom, 1989b). In comparison to the non-abused group, abused and neglected children had an increased number of offenses, earlier age at first offense and were more likely to be chronic offenders. Analyses by gender also showed that the long-term consequences of child abuse and neglect were manifested for females differently than males. Abused and neglected females were more likely to suffer from depression, and possibly be hospitalized for it as a consequence of early adverse childhood experiences, rather than the direct outward aggression displayed by males. Widom (1989b) argues that child abuse or neglect may not directly cause crime or delinquency. However, the relationship does remain, with intervening factors that mediate the relationship between abuse and crime; in the case of women, depression can be one of these factors (1989b). Alcohol abuse is another; prior studies found that female victims of childhood abuse were at increased risk for alcohol problems and alcohol/drug arrests in young adulthood (Ireland & Widom, 1994; Widom, Ireland, Glynn, 1995). Widom’s (1989b) “cycle

\(^3\) Victims of child abuse and neglect will become delinquents and violent offenders as adults.
of violence” study laid the groundwork for future child abuse hypothesis testing by incorporating methodological improvements, such as enlarging the sample size, using control groups and using a prospective approach.

More recent literature on female offenders provided additional evidence of the indirect relationship between sexual abuse and criminal behavior. Chen and colleagues (2004) found that sexually abused girls usually ran away at an earlier age. Thus, by running away earlier, these young girls were forced to resort to survival strategies such as affiliating with deviant peers, and trading sex for shelter, food and drugs. This indirectly affected their drug use on the streets (Chen, Tyler & Whitbeck, 2004). This study is consistent with previous findings which revealed that girls who grow up in abusive homes develop unique ways of self-preservation, including running away, that may ultimately subject them to criminal exploitation (Chesney-Lind & Shelden, 1998). Consequently, their delinquency could be considered an indirect by-product of escaping an abusive home-life (Chesney-Lind, 1989; Herrera and McCloskey, 2001).

Six years after the “cycle of violence” study, Maxfield and Widom (1996) revisited the study of the effects of child abuse and neglect on delinquency, adult criminality, and violent behavior. Follow up data collected from men and women that were abused as children (at ages 22 to 26) revealed that childhood abuse and neglect were still significant (for both men and women) in predicting delinquency, adult criminality, and violence. The percentage of individuals involved in criminal activity had risen substantially over the intervening years. By 1994, nearly half of the abused and neglected individuals had been arrested in
comparison to only a third of the non-abused control group. The analysis also revealed that women were at increased risk for violent offense arrests, whereas this relationship was not significant for males. Maxfield and Widom (1996) emphasized that even after most of the individuals in the follow up data had passed through the “peak years” of criminality (average age, 32.5), childhood victimization continued to have verifiable long-term consequences for delinquency, adult and violent criminal behavior.

Furthermore, studies examining criminality as a consequence of child victimization found differing effects by type of abuse. A study found that men and women victims of childhood sexual abuse were not at risk for later violent criminal behavior, but were more likely to have been arrested for prostitution during adulthood (Widom & Ames, 1994). Conversely, Maxfield and Widom (1996) found that in comparison to non-abused persons, those with physical abuse were more likely to be arrested for a violent offense as juveniles and adults. However, sexual abuse victims were least likely to have arrests for violent offenses (Maxfield & Widom, 1996).

Although no strong correlation was found between sexual abuse and violent criminal behavior as a juvenile or as an adult, this type of abuse did have implications for the non-violent criminal behavior of both men and women. Individuals who were sexually victimized as children were at increased risk for being arrested during adolescence and for non-violent offenses as an adult. Nevertheless, most of the sexual abuse victims were females (Maxfield and
Widom, 1996). These results highlight gender differences against a backdrop of neglect, physical and sexual abuse.

Herrera and McCloskey (2001) found no difference in the number of girls and boys arrested in their sample, even though boys committed more property, violent and felony offenses compared to their female counterparts. Also, physically abused girls were seven times more likely to commit a violent offense than non-abused girls. Additionally, Herrera and McCloskey (2001) found that escalated forms of child abuse have more severe effects on girls’ offense patterns, particularly in violent offending against their own family members, which may result from family-perpetrated victimization.

Furthermore, a link between childhood victimization and adult victimization has also been determined in prior studies (Gilfus, 1992; Gorcey, Santiago & McCall-Perez, 1986). However, it is important to understand that this link is often mediated through a host of other factors or negative life events (e.g., substance abuse, depression, running away, street life). Gorcey et al. (1986) found that 37 percent of women who were previously abused as children also reported having been raped as adolescents and as adults. Another study of women’s child sexual abuse and sexual re-victimization found that 56 percent of previously abused women compared to 21 percent of non-abused women experienced adult sexual victimization (Wyatt, Guthrie & Notgrass, 1992). Finally, in a sample of women seeking clinical psychological services, the majority reported multiple types of victimization incidents throughout their lives, including high rates of adult victimization (Follette, Polusny, Bechtle & Naugle, 1996). The study showed that
individuals who reported multiple types of abuse displayed higher levels of post-traumatic symptoms. Follette et al. (1996) disputes claims that women who experience multiple forms of trauma are “habituated” into repeated violent experiences, but instead states that their increasing levels of anxiety, depression and dissociation disrupts their behavioral reactions to repeated abuse.

Additionally, Gilfus’ (1992) research on women’s entry routes to crime best describes the link between childhood abuse and later abuse as adults. Gilfus (1992) explained that regardless of past childhood abuse, many of the women in her study viewed themselves as protectors and caretakers, but it was exactly this view of themselves that placed some women at risk for adulthood victimization. Gilfus (1992) illustrates this through a narrative of a woman she named Denise. Denise’s mother was an alcoholic who often neglected and physically abused her children. Denise and the other siblings acted as the parents of the household to the younger children and to her mother. Denise developed a sense of pride in being the caretaker of her family. However, this ability to take care of others who were abusive and neglectful became a negative trait in her life because “the first man she fell in love with was a pimp and an addict who beat her and lived off her earnings as a prostitute, yet her loyalty to him allowed her to serve an earlier prison sentence for a crime which she now claims he had committed.” Thus, “caretaking” emerged as a central theme in explaining the relationship between childhood and adult victimization.

Moreover, the link between childhood victimization and adult abuse can be seen through women’s involvement in the drug-market economy (as users and/or
sellers). In Maher’s (1997) ethnography, 42 percent of the women were abused as children and 64 percent of these women also experienced a physically abusive relationship with a man. All of the women confirmed that all of these relationships had been with drug-using male partners. This suggests that the relationship of child abuse and adulthood abuse is mediated through their use of drugs and their drug-using partners’. It is possible that the abusive relationships coupled with drug use can lead women into the criminal justice system through what Richie (1996) calls “fighting back.” This is when in the process of women trying to defend themselves they harm their abusers that result in women’s arrests. Also, disputes about drugs can arise between drug using couples and may result in the arrest of both individuals. Moreover, because drug use is one of the outcomes of childhood abuse, further use can lead women to buy their supply (i.e., drugs) from highly transient drug using communities characterized by high volumes of crime. Thus, it is possible that women are victimized within the context of purchasing or “copping” drugs.

Chronicity and Timing

Recently, other factors that may negatively affect the victimization-crime-drugs relationship have been explored. These include the duration (chronicity) of abuse, timing, and whether multiple types of victimization (physical, sexual, neglect) have compounded or combined effects. Herrenkhol & Herrenkhol (2007) tested the combined effects of multiple forms of child maltreatment. These included: child physical, sexual abuse, neglect, and childhood exposure to
domestic violence. Results showed that child physical and sexual victimization predicted aggression and other externalizing behaviors in adolescence. However, neglect and exposure to domestic violence by themselves were not predictive of any adolescent misbehavior. This is contrary to previous research, which showed that exposure to marital violence predicted both violent and petty adolescent offending in both males and females (Herrera & McCloskey, 2001). This disparity in results could be due to a difference in the operationalization of variables used in the analyses (both independent and outcome variables).

Furthermore, results from a prospective study suggests that timing and duration of child maltreatment can influence a child’s level of risk for early (14-16) and later (16-18) adolescent delinquency (Thornberry, Ireland & Smith, 2001). This study also tested the effects on drug use and alcohol-related problems. Thornberry and colleagues (2001) found that adolescent and persistent victimization had strong and consistent effects on delinquency and drug and alcohol use. In contrast to the results of previous studies, they do not find a consistent relationship between childhood-only victimization and adolescent outcomes (i.e., delinquency, drug use, alcohol use). The results suggested that adolescent and persistent victimization have stronger and more consistent negative consequences during adolescence than victimization only during childhood. Abuse at adolescence, increased the odds of early delinquency by more than four times and late adolescent delinquency by three times. The

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4 This study defined child maltreatment according to Monroe County Department of Social Services in Rochester, NY. physical and sexual abuse; it included lack of supervision; moral, legal, and educational neglect; and emotional abuse).
study also highlighted that delinquency outcomes worsen upon repeated victimization.

Additionally, Thornberry et al. (2001) concluded that one-time, early childhood abuse may consequently result in a fading-away phenomenon. In other words, if non-persistent abuse occurs early in a child’s life, it can result in less damaging effects on outcomes such as general delinquency, school dropout, drug use, alcohol problems, and depressive symptoms. This can result from having more time to dissipate the abuse’s negative effects. Thornberry et al. (2001) explained that these children and their families may be resourceful and resilient, able to gradually decrease the effects of such stressful event. A second explanation is that the absence of long-term effects could be due to successful interventions, including alternative placement from the home, if the abuser was a family member.

Results of previous studies have been mixed in regards to at what age victimization causes the most detrimental effects. Research on the timing of physical victimization suggest that children abused at earlier ages suffered from more detrimental psychological functioning effects (internalizing behaviors) (Carslon, Furby, Armstrong & Schlaes, 1997; Keiley et al., 2001), while children abused at later ages were found to exhibit more external misbehavior than non-abused children (Keiley et al. 2001). Moreover, Fagan (2005) suggested that victimization experienced as an adolescent may have an increasing influence on delinquency and later perpetration of intimate partner violence for males and females. In contrast, Ireland and Widom’s (1994) study showed a significant
relationship between victimization prior to the age of 12 and arrests for drugs and alcohol as an adult, but not as a juvenile. Keiley et al., (2001) argue that very early abuse and neglect (as an infant) have extremely damaging effects. Abuse and neglect interfere with infant’s ability to develop feelings of security, trust in others and self-esteem, which are important for social and emotional growth throughout life (Keiley et al., 2001). In the case of children in abusive families, emotional bonds with the parent(s) may never be formed. Thus, victimization would have more deleterious effects at this time of life as opposed to a later development period when the attachment relationship has already been formed and strengthened (Keiley et al., 2001). This is similar to Hirschi’s attachment proposal, Social Bond Theory (1969). Hirschi (1969) argued that delinquency could be explained by the absence of social bonds. In particular, attachment to parents and family, which are crucial in promoting interpersonal and emotional development, socialization and conformity to norms.

Additionally, previous literature emphasized the possibility that children’s social information processing patterns are shaped within the first eight years of life (Dodge & Price, 1994; Gottfredson & Hirschi, 1990). Thus, early victimization may disrupt this development. This could lead to a host of psychological issues or lack of problem-solving skills which are found to have an effect on delinquency and drug use (Ireland and Widom, 1994; Felitti et al., 1998; Widom, 1989b). In contrast, victimization at a later age may be less detrimental because healthy processing patterns have already been developed (Keiley, 2001 p.892).
These findings indicate that the timing of abuse is a salient factor in examining the developmental effects of victimization. While the findings vary from study to study, it is important to recognize that none of the previous results dispute the fact that childhood victimization has long-term effects on crime and drug use patterns (Maxfield & Widom, 1996; Widom, 1989a). Further, Thornberry et al. (2001) underscored that the “timing” of victimization should not be disregarded. Rather it is critical that services are provided and target the interruption caused by victimization, since persistent abuse seem to cause more damaging consequences (Thornberry, et al., 2001).

Limitations of Previous Studies

Paucity of Studies Utilizing Timing of Events

Although the link between victimization and deviant behavior (e.g., school failure, drug use, delinquent/criminal behavior) has been studied extensively, only two studies have investigated the relationship of the time (in life) when the incident to the outcome of interest. In a recent study, Danielson and colleagues (2009) examined trauma-related risk factors for alcohol and drug abuse among a sample of young adults. The results supported the findings of previous studies that found that lifetime exposure to traumatic events increases risk for substance abuse among young adults. The Danielson study also highlighted different patterns of trauma-related risk factors that emerged in women compared to men. For example, age was a significant risk factor for women; those in the lowest age range (18-20) had a higher risk of both alcohol and drug abuse. However, this
investigation failed to include the timing of violence exposure, which is potentially a relevant factor when investigating substance abuse among women (Becker & Grilo, 2006).

**Statistical and Methodological Limitations of Previous Studies**

Furthermore, due to high attrition rates, previous studies have lacked the appropriate power, which means that it could affect the robustness of the regression coefficients, thus, lessening some of the effects discovered. Other sexual assault and alcohol/drug abuse studies that included women, also incurred low sample size as problematic to their overall conclusions (Sanjuan, Langenbacher & Labouvie, 2009). To address these issues, the current study has a large sample size (N=1,209) and tests the hypothetical model suggesting that the timing of sexual/physical abuse affects women’s onset of criminal activities and subsequent involvement in the criminal justice system.

Furthermore, Wilson and Widom (2009) examined the path from child abuse and neglect to illicit drug use in middle adulthood. They tested the hypothesis that prostitution, homelessness, delinquency and crime, and school problems were potential mediators of the relationship between childhood abuse, neglect and illicit drug use in middle adulthood. They found that childhood abuse and neglect was related to illicit drug use in women but not men. The researchers listed the use of documented cases of child abuse and neglect as a possible limitation. Their reason was that these cases may represent the most extreme situations and do not capture cases of abuse and neglect that did not come to the attention of the authorities. The current study addresses this issue by using
self-report disclosure of sexual and physical abuse. Although, self-reports are not always reliable because they are often subject to exaggeration and concealment, the women in these interviews revealed unreported sexual and physical abuse. Also, unlike other questionnaires that survey women in the criminal justice system, the operationalization of abuse is inclusive of sexual, physical abuse and neglect. It also asks about the duration of the event and age at which the abuse started.

Summary

Risk factors originate from negative life events experienced by these women. Depending on the response to a negative event, the event can become traumatic in a person's life (Bloom & Covington, 2009). Trauma is both an event and a particular response to an event (DSM-IV). The literature clearly shows that for the most part women’s drug addiction and numerous contacts with the criminal justice system are results of years of “emotional pains” and traumatic events in their lives.

Ultimately, there is a relationship between the risk factors mentioned above, drug abuse, and criminality. The overlap of factors among the drug and criminal trajectories of women are consistent with empirical evidence describing the lives of women offenders (Evans et al., 2002; Dunlap et al., 1997). The correlation between family dysfunction, prior victimization, turbulent relationships with men, mental illness, and criminality is primarily linked by the onset and addiction to drugs. In other words, the traumatic events in women’s lives combined with drug use predispose these women to have contacts with the
criminal justice system. For instance, sexual victimization as a child could lead to truancy from the home, which may lead to homelessness, early onset of drug use and prostitution. Prostitution is in itself an unlawful act (in most states in the United States); therefore this could be the act that starts the criminal trajectory for drug addicted women. Addicted women’s behavior is often criminalized; this is the reason why the War on Drugs is often referred to as the War on Women (Chesney-Lind, 1995).

The following chapter discusses the theoretical underpinnings of the current study. Life Course Theory examines pathways to crime using a developmental perspective which focuses on the individuals’ changes from birth until death (Sampson & Laub, 1993). Although Life Course Theory was not originally applied to female offenders, the recognition that turning points and transitions in life affects an individual’s later life stages is a useful heuristic for understanding women’s pathways. Feminist Pathway theory is the primary theory used to understand the temporal patterns of women’s paths to incarceration. This set of related theories is grounded in a woman-specific perspective and is feminist in nature. This theory argues that women’s pathways must reflect women’s (and girls) lived experiences and the social-political context in which women are imbedded.
Chapter 3
Theoretical Framework

Historically, criminologists have left girls and women out of their analyses. Researchers have also commonly applied theories created to explain male behavior to females without recognizing that these theories may be insufficient and inappropriate. Arguably, the intrinsic problem with the preceding approach is that men and women are different. Gilligan (1993) highlighted concerns about male biased developmental theorizing. She states, “…these differences arise in a social context where factors of social status and power combine with reproductive biology to shape the experiences of males and females and the relations between the sexes” (p.2). Furthermore, in criminology, theories or studies using women-only samples have suffered from the criticism of methodological inadequacy and relevance (Belknap, 2007). Nevertheless, research with only women, absent from a comparison to men, can efficiently produce meaningful, relevant results about women’s criminal behavior. It will also build up confidence and credibility in feminist research. This is best explained by Brown (2002), who states, “The move to a broader concept of human process away from the dichotomous gender frame removes women from an automatic position of ‘minority’ and frees them for autonomous self-exploration and development” (p.30).

Historically, women have been relegated to an inferior status in comparison to men. For example, in 1895, Lombroso and Ferrero set the stage
for a sexist criminological theory of women in *The Female Offender*, arguing that women were less developed biologically than men. Lombroso also maintained that less developed humans were more likely to be deviant, yet women were always perceived less likely to be criminal. Thus, Lombroso and Ferrerro (1895) focused their attention on prostitutes as the deviant, primitive female category and established another category for what they considered to be the law-abiding, feminine women (Belknap, 2007).

White, economically-privileged, males have dominated the study of criminology, so it is not surprising that many of the theoretical works come from a middle-class male perspective and experience (Daly and Chesney-Lind, 1988). In response, feminist theorists and criminologists have called for more complex and appropriate scholarly theories that enhance and better explain women’s criminal activities (Daly and Chesney-Lind, 1988). The article *Feminism and Criminology*, published in 1988, marked advancement in understanding women within the context of crime. Also, the introduction of *Feminist Criminology* as a journal, the number of well received presentations focusing on gender differences at the American Society of Criminology, and the additional scholarly works marking the experiences of women, are indications that the field of criminology continues to make strides toward understanding women (McCoy et al., 1995; Richie, 1996; Chesney-Lind, 1997, 1998; Maher, 1997; Owen, 1998; Bush-Baskette, 1998; Steffensmeier and Allan, 1998; Sommers et al., 2000; Young and Harrison, 2001; Bloom et al., 2003a, 2003b; Belknap, 2007).

Particular to this research is the recognition that women are at the center. Thus,
gender-based theoretical viewpoints are critical in research design, subject selection and engagement, analysis and interpretation.

Feminist theory is divided into liberal, radical, Marxist, socialist, and other varieties of feminist schools of thoughts. The main premise underlying these feminist perspectives is that, given the power differential between men and women, it is important to recognize how this has affected the experiences of women in society, mainly as subordinate beings (Akers, 2000). At the center of feminists explanations of crime are two main issues: the generalizability problem (do theories of men apply to women?) and the gender ratio problem (why are there gender differences in rates of arrest and criminal activity?) (Daly and Chesney-Lind, 1988). In an attempt to explain the second issue through existing theory, feminist theorists tend to point out that there is a need for gender-specific variables that could better predict inter-gender differences in crime (Chesney-Lind, 1997). Scholars have referenced these gendered variables as important factors that shape men and women’s patterns of criminal offending (Bloom et al., 2003a, 2003b, 2004). This has led to the development of Feminist Pathway Theory (Belknap, 2007).

The Feminist Pathway Theory is “…research that attempts to examine girls’ and women’s (rarely boys’ and men’s) histories, allowing them, when possible, ‘voice’ in order to understand a link between childhood, adult events, traumas and the likelihood of subsequent offending” (Belknap, 2007, p.71). The pathway perspective confirms the importance of correlated factors (family background, victimization, mental health, relationships and demographic
variables) on drug use and crime. Research on women’s pathways indicate that gender matters significantly in shaping how these pathways lead women to substance abuse and crime (Bloom et al., 2003a; Evans et al., 2002; Owen, 1998; Richie, 1996; Van Voorhis & Presser, 2001; Van Voorhis, 2008).

Several studies, mostly qualitative, that were grounded in feminist criminology have identified key risk factors and needs that would improve the lives of women offenders (Bloom et al., 2003a; Chesney-Lind, 1997; Covington, 1998; Daly, 1992; Richie, 1996). These studies have furthered the “women’s pathways to crime” premise by proposing typified pathways or linking specific experiences to outcomes such as educational failure, substance abuse, and mental illness (Bloom and Covington, 2009; Bloom et al., 2003a; Bloom et al., 2004; Chesney-Lind, 1997; Covington, 1998; Daly, 1992; Richie, 1996). More importantly as Giordano (2010) explains “…thorough understanding of what got the women where they are is necessary in order to adequately depict their lives as adults…” (p. 24). Giordano also points out that focusing only on previously recognized risk factors for men and women (e.g., delinquent peers, poverty, poor education) would ignore important features of women’s lives involved in the criminal justice system. Giordano states that current generic research and theory:

“…ignores many of the realities that have been effectively depicted by feminist researchers, including romantic ties to abusive, antisocial partners who may reside within the household. We also might bypass any attention to the women’s psychological well-being and drug use as strongly influenced by earlier sexual abuse experiences as well as their current circumstances” (. 24).

The following briefly reviews critical work in the identification of women’s pathways to crime.
The first Feminist Pathway study, according to Belknap (2007), was James and Meyerding (1977). This study collected self-report data (i.e. interviews and surveys) from prostitutes on the street and in jail. The researchers compared their data on prostitutes with data from a non-prostitute population to investigate whether the early childhood sexual experiences of the prostitutes differed from the non-prostitute population. James and Meyerding (1977) found that the prostitutes had more negative sexual experiences compared to the other population of women. This led the researchers to speculate that early sexual experiences could lead to prostitution.

Additionally, Daly (1992) developed five typologies of women likely to find themselves in the criminal justice system. The sample for this study consisted of 30 women. The five typological categories were: street women; harmed and harming women; battered women; drug-connected women; and, other women. Specifically, street women were those who ran away from abusive homes. They are likely to become drug abusers and/or rely on prostitution, drug dealing or theft to survive. Their arrest and conviction rates were high. Harmed and Harming Women endured physical, sexual abuse or neglect in early childhood. By adolescence these women found themselves reacting with violence or carried a tough demeanor due alcohol consumption, drug addiction, or psychological problems. Daly (1992) also identified subgroups within this category: women whose violence escalated when (1) they drank, (2) when supporting a drug habit, and (3) those who could not cope with their immediate circumstances. Next, Battered Women were in violent relationships with men or had recently ended
these relationships. Many of these women found themselves in the criminal justice system because they had been fighting men that they were or had been in relationships with. *Drug-Connected Women* used or sold drugs in their relationships with boyfriends or family members. Lastly, *other women*: These women did not fit any of the other profiles, had no problems with drugs or alcohol, and did not have a prior record. The reason for offending extended from their desire for money (i.e. embezzlement, white collar related offenses).

Furthermore, an often cited and in-depth investigation addressing pathways to crime is Richie’s (1996) *Compelled to Crime: The Gender Entrapment of Battered Black Women*. This study focused on African American battered women in prison. However, she also collected information from non-battered African American women and White women. Richie’s main contributions from this research were: (1) the development of a gender entrapment theory\(^1\) (2) the dismissal of myths about why battered women stay and (3) the impacts of race and racism. Richie (1996) identified several battered women’s pathways to crime; these were divided into pathways associated with African-American battered women, pathways associated with both African American and White battered women, pathways associated with African American and White battered women, and African American non-battered women.

The first pathway associated with African American battered women was *women held hostage*. These were women whose partners used extreme violence

\(^1\) A gender entrapment theory involves the understanding between (1) violence against women in their intimate relationships, (2) culturally constructed gender-identity development and (3) women’s participation in illegal activities (Belknap, 2007).
to keep them “hostage” (i.e. isolated). These women were often charged with the
deaths of their children that were caused by their batterers. Next, the *projection and association* pathway included women who committed violent crimes against
men that were not their batterers due to symbolic retaliation for past abuse.
Lastly, the *poverty* pathway included women who were arrested for property
crimes. The second types of pathways associated with both African American
and White Battered Women were *sexual exploitation* and *fighting back*. Women
under *sexual exploitation* were in prison due to illegal sex work; often
forced/coerced by their batterers. Women in this category had high rates of prior
child and adult sexual abuse. Women under *fighting back* committed assault
offenses against their batterers. The women viewed it as self defense rather than
cries. Finally, a pathway associated with African American and White battered
women and non-battered African American women was *addiction*. A drug
offense led these women to go to prison. The drug use for African American
battered women usually followed victimization; drug use was used to reconnect
with the batterer. Some women reported being forced to use drugs by their
batterer. Non-battered African American women reported more voluntary drug
use and for battered White women selling drugs was a way to produce income to
leave their batterer.

Another key study, which furthered women’s pathways theory to crime
was Barbara Owen’s (1998) study of 300 women in a California prison. Owen
(1998) highlighted the importance of investigating women’s life histories because
these often impacted the way these women experienced prison. There were five
life events/experiences identified which were common across the women in prison: (1) the multiplicity of abuse, (2) unstable family life, (3) having children, (4) street life, and (5) spiraling marginality. The multiplicity of abuse referred to ongoing physical, sexual abuse and/or neglect. Women were often victimized during childhood and also during adulthood. This research also stated that an unstable family life was related to a volatile environment while growing up. Owen (1998) also found that the women’s relationships with their children were often weak and early parenthood limited their opportunities for future economic stability. Also, many of the women committed prior delinquent acts and experienced street life, which made them move farther from attachments to conventional ties/lifestyle. Lastly, spiraling marginality refers to the intersection of substance abuse, street life, poverty and children. Owen stated: “The roles of drugs, abuse, poverty/limited opportunity, and early parenthood shaped the lives of these women to an extent that normal existence (defined by standard middle-class values) was unlikely” (p. 50). Therefore, the women use crime as a strategy for survival according to Owen (1998).

For the most part Feminist Pathway research asks women about their lives retrospectively and attempts to sequence major events that could have led to their current deviant status (Belknap, 2007). Interestingly, one of the recent theoretical criminological approaches that is not considered feminist but is most consistent with the Feminist Pathway Theory is the Life Course Theory (LCT) developed by Sampson and Laub (1993). The LCT theorizes that life events, particularly those during childhood and adolescence, affect one’s risk of deviant
behavior later in life (Sampson and Laub, 1993). The life course perspective examines “pathways through the age-differentiated life span,” recognizing that there are different life events, turning points and transitions in individuals’ lives, which affect their behavior (Elder, 1985, p.17). Sampson and Laub (1993) found that juvenile delinquency and troublesome behavior in childhood and adolescence predicted criminality in adult life.

According to Belknap (2007), the life course perspective is feminist in nature. It supports the need to incorporate significant childhood and adult experiences and to understand how these (particularly social bonds) are related to delinquent, criminal and deviant behavior (Belknap, 2007). Previous research using this perspective found that indeed these experiences affect male subjects (Sampson and Laub, 1993), but scant research of this sort has been done on females (Giordano et al., 2002). Belknap (2007) explains that this lack of research on females is somewhat “excusable” since life course research calls for longitudinal data sets that began collection long before there was any interest and effort to investigate females and gender effects. Belknap’s (2007) review of studies that used LCT showed that much of the research did not report gender differences or distinguished between types of abuse, early development and subsequent deviant conduct. Life Course Theory highlights the need to look into important life events to predict future deviant behavior.

Furthermore, the Life-Course perspective, from which Sampson’s and Laub’s LCT developed, has two main concepts underpinning the analysis of life course dynamics. The first, a trajectory, is “a pathway or line of development over
the life span, such as work life, marriage, parenthood, self-esteem, or criminal behavior” (Elder, 1985, p. 31-32). These trajectories are long-term patterns of behavior and are marked by a sequence of transitions. The second are transitions “marked by life events (such as first job) that are embedded in trajectories and evolve over shorter time spans; changes that are more or less abrupt” (Elder, 1985, p. 31-32). Also important to the Life Course Perspective are turning points. These are potentially life changing forces. In other words, when life events and transitions modify life trajectories, they have the power to redirect life’s paths. The adjustment to these turning points or life events is significant, “since the same event or transition followed by different adaptations can lead to different trajectories” (Elder, 1985, p.35). Turning points could be positive, such as entrance to college, or negative, such as prolonged incarceration. Therefore, in the long term, the life course perspective presumes that childhood events affect experiences in adulthood and in the short-term “transitions or turning points can modify life trajectories, which can redirect paths” (Sampson and Laub, 1993, p.8). Another important component to life course dynamics is the concept of duration; that is, the time between changes in state. The duration of events holds significant meaning for the life course. Duration of unemployment is correlated with the risk of becoming unemployable. Elder (1985) explained that, “the consequences of the duration of any event depend on what people bring to the situation” (p. 32). In other words, previous life experiences and the social bonds to society will make a difference in how a person reacts to certain life events and transitions throughout the life course.
Informal social controls also affect the likelihood of changes in adult crime. Events during adulthood, such as job stability and marriage, are important in decreasing adult criminality (Sampson and Laub, 1993). Therefore, these gradual changes that often come during adulthood increase social bonds to society and explain why some people desist from offending. For example, social bonds to work, education, and family can change a person’s crime trajectory and the effects of these social bonds can vary at different points in life (childhood, adolescence, young adulthood). Although these bonds can reduce criminal activity, they can also be broken and act as a threat and destabilize a specific portion of the life course (also referred to as turning points, which vary across age groups).

Moreover, when Sampson and Laub’s work (1993) attempted to develop and test this theoretical model, they wanted to make sure that it accounted for crime and delinquency during the different stages of life: childhood, adolescence and adulthood. Thus, they created a theory of age-graded informal social control to explain crime and deviance over the life span. This theoretical framework follows a developmental approach, where they examine individuals’ offending patterns through their life spans, which also take into account life transitions as a way to understand their pattern of offending. “This strategy has also been referred to as a stepping stone approach, where factors are time ordered by age and assessed with respect to outcome variables” (Sampson and Laub, 1993, p.244).
Sampson and Laub’s (1993) person-centered approach divides the life course into different stages/points in life. These stages consist of: childhood, adolescence, transition to adulthood, young adulthood and transition to middle adulthood. These are operationalized by the age of a person. That is childhood is marked between ages 0-10, adolescence is between 10-17, transition to young adulthood is between ages 17-25, young adulthood is between ages 25-32, and transition to middle adulthood is 32-45.

LCT emphasizes the effects of informal social ties and bonds to society throughout individuals’ lives. The nature of informal social ties differs according to age. In adolescence, social control comes from the family, school, peer groups, and the juvenile justice system. During young adulthood, college or vocational training institutions, work, marriage and the criminal justice system are the social control mechanisms and bonding factors to society. Finally during middle adulthood, the dominant institutions of social control are work, marriage, parenthood, investment in the community and the criminal justice system (Sampson and Laub, 1993). Thus, Sampson’s and Laub’s theory develops from the principle of social control, which is premised on the theory that when a person’s bond to society is reduced, the result is crime and deviance.

Sampson and Laub (1993) differentiate between the formal way of thinking of social control in terms of social repression and state sanctions (i.e., surveillance and incarceration) and instead look at it “as the capacity of a social group to regulate itself according to desired principles and values, and hence to make norms and rules effective” (p. 18). Therefore, informal social control has
an effect on interpersonal bonds that link persons to each other or institutions (e.g., school, family, community and work). As a result, the weakening of these bonds can affect whether a person commits deviant behaviors. In other words, the life course perspective contends that social ties to institutions (e.g., work, school) and individuals (e.g., family, spouse) over the life course mediate transitions within an individual’s trajectory. For example, the sexual abuse of a young girl by a close male relative in the family can be a turning point in the girl’s life. If the family ignores the abuse or the girl is chastised for such accusations, her social bond to the family can be weakened. This weakened relationship can in turn weaken further interpersonal bonds with other caring members within the family, school or social group (i.e., friends). This can redirect her path from conventional to antisocial behavior. Thus, Sampson and Laub (1993) “contend that pathways to crime and conformity are mediated by social bonds to key institutions of social control” (p.18).

However, Giordano (2010) found evidence supporting the premise that the family, specifically parents, may not serve as social controlling agents if they are deviant. Consistent with Hirschi’s (1969) hypothesis about parental influence on children, Mead’s (1934) symbolic interactionist theory, and premises extending from social learning theory and differential association; Giordano states that it is possible to directly transmit “favorable definitions to violation of the law” when a parent directly shares information or attitudes in support of criminal behavior (e.g., getting high, hurting others/fighting, teaching them not to let anyone push them around and fight when necessary). Nevertheless, as Giordano pointed out,
Hirschi (1969) and Mead (1934) assume that individuals are not passive learners and many exert agency in receiving these messages, stipulating that family/parental criminality alone does not result in a child’s deviant/criminal behavior.

Recently, the life course perspective was applied to drug use. Feminist pathways research highlights the importance of drug use and abuse in women’s pathways to crime (Bloom et al. 2003, Richie, 1996, Owen, 1998; Van Voorhis and Presser, 2001). Therefore, it is implied that women’s trajectories to drug use are very similar to those of crime initiation. Hser and colleagues (2007) used Life Course theory to build a conceptual framework for understanding drug use trajectories (Hser et al., 2007). According to the researchers the life course perspective

“…offers an organizing framework for classifying varying drug use trajectories, identifying critical events & factors contributing to the persistence or change in drug use, analytically ordering events that occur during the life span and determining contributory relationships” (p. 515).

Hser and colleagues (2007) compared the similarities between drug abuse research and criminology terminology (see Table 1). This parallelism may be useful to understand the level of life course theory’s applicability to drug abuse research.
Table 1- Parallels in Criminology and Drug abuse concepts

<table>
<thead>
<tr>
<th>Developmental Criminology</th>
<th>Drug Abuse Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criminal offending</td>
<td>Lifetime use</td>
</tr>
<tr>
<td>Frequency of offending</td>
<td>Frequency of use</td>
</tr>
<tr>
<td>Crime variety</td>
<td>Polydrug use (crack, heroin, etc.)</td>
</tr>
<tr>
<td>Seriousness of offending</td>
<td>Severity of use</td>
</tr>
<tr>
<td>Crime switching over time</td>
<td>Drug switching</td>
</tr>
<tr>
<td>Desistence</td>
<td>Drug use cessation</td>
</tr>
</tbody>
</table>


The life course perspective serves as a framework for the study of drug use because it focuses on long-term patterns of stability and change in relation to transitions across the life span (Hser et al., 2007). Hser and colleagues (2007) created a life course drug use framework that builds upon Sampson and Laubs’s terminology and conceptual ideas. These concepts are mainly related to the developmental stages of a trajectory; for example: drug onset, addiction, relapse, cessation, crime onset, recidivism and desistence.

**Drug Initiation**

Most drug use begins during adolescence. Research indicates that early age onset of drug use is one of the best predictors of future drug abuse and dependence (Lynskey, Heath, Bucholz, Slutske, Madden, Nelson, Statham, Martin, 2003). Studies suggest that adolescents who begin to use early in age are more likely to use drugs more frequently, are likely to increase their levels of intake quicker and are more likely to continue its use past adolescence (Anthony
and Petronis, 1995). Drug use usually starts between the ages of 14 to 18, peaking during the late teens and early adulthood and is commonly discontinued sometime during early adulthood (likely during their mid 20’s) (SAMHSA, 2007). Studies found that initial involvement generally is due to peer pressure, drug availability, and/or other risk factors (SAMHSA, 2007). Subsequent escalation or addiction has been suggested to be due to biological, psychological, and environmental characteristics (Larkin, Wood, Griffiths, 2006).

Similarly to previous theories, identity research also provides important information regarding how multi-level characteristics affect drug abuse. This type of research is mainly concerned with studying changes in identity in order to predict behavior. For example, one of the early works by (Goffman, 1959) posits that people perform carefully scripted roles in the course of everyday social interaction with others. More recent work links this interaction with the acquisition of drug-related identities during involvement with drugs (see, for example, Anderson and Mott, 1998). They note the importance of identity change in the initiation, persistence, and termination of drug addiction. Their data confirm that for many individuals drug-related identity change began in childhood and early adolescence with marginalizing experiences. The conflict of identity extends from a degradation of self-concept and marginalization (Anderson, 1994; Anderson and Mott, 1998). Anderson and Mott’s theoretical model of drug-related identity maintains “that the greater the number of marginalizing experiences, traits, or statuses one has, the greater the risk or motivation for drug-related identity change” (1998, pg. 5). This suggests that
young girls and women may be more at risk for this type of identity development based upon greater rates of marginalizing and negative life experiences (Chen et al., 2004; Bloom, Owen, Covington, 2004; Evans et al., 2002; McClellan, 1997). Although, the theory is mainly concerned with the acquisition of drug-related identities, Anderson and Mott (1998) recognize that there are other types of identity change that could affect the drug identity and may be operating at the same time (e.g. the law-abiding citizen to convicted criminal).

Anderson (2008) also developed a theoretical perspective that recognizes women’s agency in relation to their involvement with drugs and crime. Anderson’s goal is to shift the discussion about women drug abusers to one focused on their exerted agency. According to her, previous literature concerned with understanding the drug use experience of women has focused on women’s dysfunction and their failure to perform stereotypical female roles (e.g., mother, spouse) because of their drug use. Anderson (2005) calls this the “pathology and powerlessness” perspective. This perspective emphasizes issues of dependence, powerlessness, exploitation and victimization in women’s experiences in a drug setting. As Anderson (2008) observes, this narrative also “fails to recognize how women balance conventional pursuits with illegal ones. Consequently, by studying women’s substance abuse as a set of problems among marginal women, the fields of sociology and criminology have not thoroughly considered how women’s experiences and agency help us understand the world and our society as it pertains to drugs, crime and deviance” (p. 2).

Thus, Anderson created a more empowered perspective. This method frames women’s drug experiences in five types of agency that gives them relational and structural power. These are: (1) survival/instrumental agency, (2) symbolic
resistance, (3) leisure and recreational activities, (4) expressive and/or revenge-based agency, and (5) political activism and social change.

<table>
<thead>
<tr>
<th>Type of Agency</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survival/instrumental agency</td>
<td>This type of agency is likely to return relational power rather than structural power. Sex work, drug dealing, minor hustles, caretaking and providing emotional support are examples of how women take care of themselves &amp; others in the face of great obstacles. They are capable actors who take charge of their lives while negotiating the illicit world.</td>
</tr>
<tr>
<td>Symbolic resistance</td>
<td>This type of agency actively rejects stigma, derogatory images and undesirable expectations by managing &amp; creating alternative identities…they may adopt new more intimidating &amp; socially respected identities…</td>
</tr>
<tr>
<td>Leisure and recreational activities</td>
<td>This type of agency is a form of structural power since it focuses on independent &amp; autonomous desire &amp; pursuits. Deviance (drug use) yields rewards at times….</td>
</tr>
<tr>
<td>Expressive and/or revenge-based agency</td>
<td>This type of agency returns structural power. It features violent competencies &amp; activities for exploitation &amp; intimidation. This violence is usually motivated by hedonism, materialism, dominance (e.g., women’s drug-using violence can be about reputation &amp; bravado). This is opposite to self-defense explanations.</td>
</tr>
<tr>
<td>Political activism and social change</td>
<td>This type of agency returns relational &amp; structural power. Drug-abusing women may be motivated by their illegal experiences to change or alter social institutions (e.g. HIV outreach models).</td>
</tr>
</tbody>
</table>

Source: Anderson (2008).

This framework can assist researchers in explaining the etiology of women substance abusers’ crimes. Anderson also points out that by focusing on agency and its relation to power, criminologists and policy makers can objectively: (1)
assist in theoretical development about females, (2) search for women’s reasons for offending and (3) devise appropriate sanctions and gender-specific programming.

Furthermore, Giordano et al. (2002) also used the Life Course Theory along with concepts of agency to develop a theory of cognitive transformation. This theory, however, is more concerned with the criminal desistence process of females. However, it is important to acknowledge because it stresses that risk factors alone are not enough to initiate into or desist from criminal behavior. An individual’s subjective stance is also important. It emphasizes “cognitive and identity transformations and the actor’s own role in the transformation process” (p.992).

Together these theories and perspectives are useful in building a framework to study the lives of substance-abusing women offenders. These scholarly works allow for a more comprehensive look at the different aspects of this research study. First, life course theory highlights the importance of age in building pathways to crime and delinquency. Feminist Pathway theory and research provides in-depth understanding of women in the criminal justice system and relevant risk factors discussed by the women themselves. Lastly, research on drug initiation and identity change offer ways to interpret age and behavior as it relates to drug use and more pervasive outcomes.

Finally, Feminist Pathway Theory and Life Course Theory are the more promising avenues to theorize about the etiology of crime and delinquency of female offenders. The life course perspective examines human development
through an age graded approach. That is, *age matters* when trying to assess the impact of life events and transitions on future life outcomes. Similar to this, Feminist Pathway theory incorporates events, transitions or turning points throughout the entire life span to determine crime and delinquency. In particular, Feminist Pathway theory assumes that girls and boys, women and men’s trajectories to crime and delinquency vary due to gender differences. Additionally, emphasis is placed on childhood variables, and early experiences, which are expected to be closely linked to the onset of deviant behaviors, such as delinquency or crime. This present study applied aspects of both theories to determine whether women indeed follow specific pathways into the criminal justice system and to test these pathways against each other in predicting repeated criminal behavior.
Chapter 4
Data and Methods

The Feminist Pathway and the Life Course theories are useful in identifying critical transitions or life events (during childhood, adolescence and/or adulthood) related to changes in drug use and criminal activity over the life span. The way criminologists have viewed women’s criminality and drug use have for the most part not taken into account the complexity of their lives. These theories argue that the relationship between criminality and women’s drug use are closely linked with previous life experiences, particularly sexual and physical victimization. Specifically, most feminist pathway research temporally positions sexual and physical victimization in the beginning of women’s life trajectory, followed by drug use, and inevitably resulting in arrest/contact with the criminal justice system (Bloom et al., 2003a; Bloom and Covington, 2009; Owen, 1998; Van Voorhis and Presser, 2001). Thus, the current study is designed to test the overarching hypothesis that temporal patterning of women’s pathways into the criminal justice system exists.

Specifically, this research seeks to answer the following questions:

1) What are the common pathways of female offenders who are substance abusers? (i.e. what are all the possible orderings of child/adult abuse, age of first drug use, and age of first arrest?)
2) Is there a dominant pathway for women who enter the criminal justice system as suggested by feminist theorists? (specifically childhood abuse→ drug use→ arrest)

3) Are the common pathways related to other characteristics (e.g., demographics)?

4) Are the common pathways related to the frequency of offending for the women?

Data

This study uses secondary data as the basis of the analyses. The data for this study come from Project WORTH (Women’s Options for Recovery, Treatment and Health). Project WORTH was a large-scale evaluation project of women who entered drug treatment through the criminal justice system in New York City and Portland, Oregon. The principal investigators were Dr. Greg Falkin and Dr. Sheila Strauss from the National Development Research Institute (NDRI). The data were collected by surveying a large number of women in drug treatment programs who were mandated to participate by the criminal justice system. Participation in the study was voluntary. Project WORTH was selected because the data set is comprised of a large sample of females and the interviews included many gender-specific questions, which allowed the testing of the assumptions outlined here.

The surveys were administered between 1995 and 1999 and collected in-depth information about women’s drug use and interactions with the criminal justice system. The face-to-face survey interviews were conducted within the first
two weeks of the women entering the outpatient, inpatient or prison drug
treatment programs. This project was charged with the evaluation of different
types of drug treatment programs. The main outcomes of interest were reduction
in drug use and criminal activity. The principal investigators believed the data
are reasonably accurate, because: the interview had built in checks to correct
serious inaccuracies and misrepresentations; the interviewers were highly
sensitive to the women’s issues and skillful in building rapport and instilling
confidence; the interviewers assisted the women in developing a month-by-
month events timeline (showing birthdays, holidays, and other memorable events
in their lives) to aid them in accurately recalling their drug use, criminal behaviors
and life circumstances (e.g., time in jail, prison, and residential drug treatment)
during each of the past 12 months; the women were assured that their
confidentiality would be protected with a Federal Certificate of Confidentiality.

Participants and Design

This analysis is based on a baseline sample of 1,209 women (641 in New
York City and 568 in Portland, Oregon) in drug treatment programs who were
under the jurisdiction of the criminal justice system. The women could either be in
a prison drug treatment program or an inpatient or outpatient program. Many of
the women had severe substance abuse problems, prior criminal records, and
serious psychological and social deficits. The participants were likely to be
polydrug users, have poor health, and their work experiences were limited. They
were, on average, 33 years of age, had never been married, and the highest
level of education completed was 10th grade.
Measures

The primary measure of interest is the temporal patterns. The independent variables were informed by both theoretical frameworks - Feminist Pathway Theory and Life Course Theory. In addition to age and race/ethnicity, the independent variables are marked by important life events and may be related to turning points in some individuals' lives. Finally, the current study controls for demographic variables such as: race, education, employment and marital status.

Table 3 shows a list of the variables used in the analysis.

<table>
<thead>
<tr>
<th>Table 3 - Description of Variables</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Variables</strong></td>
</tr>
<tr>
<td><strong>Criminal Activity</strong></td>
</tr>
<tr>
<td>Age of First Arrest</td>
</tr>
<tr>
<td>Number of convictions (DV)</td>
</tr>
<tr>
<td>Number of times arrested before 18</td>
</tr>
<tr>
<td>Juvenile detention</td>
</tr>
<tr>
<td>Total days in juvenile detention</td>
</tr>
<tr>
<td>Primary type of crime</td>
</tr>
<tr>
<td>Primary person taught crime</td>
</tr>
<tr>
<td>Demographics</td>
</tr>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td>Race</td>
</tr>
<tr>
<td>Marital Status</td>
</tr>
<tr>
<td>Employment</td>
</tr>
<tr>
<td>Drug Use</td>
</tr>
<tr>
<td>Age of first drug use</td>
</tr>
<tr>
<td>Age of regular drug use</td>
</tr>
<tr>
<td>First type of drug used</td>
</tr>
<tr>
<td>Primary drug problem</td>
</tr>
</tbody>
</table>
and opiates.

<table>
<thead>
<tr>
<th>Primary person who taught how to use drugs</th>
<th>1=no one, 2=mother, 3=father, 4=brother or sister, 5=other relative, 6=female friend, 7=boyfriend/male lover/husband/baby's dad, 8=female partner, 9=male friend, 10=other.</th>
<th>Person who taught the women how to use the drug they use the most</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Frequency of drug use w/romantic partner</th>
<th>1=never; 2= infrequently; 3=regularly; 4=always.</th>
<th>The number of times do the women use/get high with their romantic partners</th>
</tr>
</thead>
</table>

**Childhood (<18)**

<table>
<thead>
<tr>
<th>Familial drug use</th>
<th>0=No; 1=Yes</th>
<th>Family’s regular drug use (3 days or more/week for a month or more)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental incarceration</td>
<td>0=No; 1=Yes</td>
<td>Respondents’ mother or father incarceration</td>
</tr>
<tr>
<td>Sexual/physical victimization</td>
<td>0=No; 1=Yes</td>
<td>Experience physical, neglect and/or sexual abuse prior to 18</td>
</tr>
<tr>
<td>Child Sexual Abuse</td>
<td>0=No; 1=Yes</td>
<td>Fondle, touch you, pressure into having sex, physically forced to have sex</td>
</tr>
<tr>
<td>Child Physical Abuse</td>
<td>0=No; 1=Yes</td>
<td>Lock or tie you, beat, burn you or seriously hurt you</td>
</tr>
<tr>
<td>Child Neglect</td>
<td>0=No; 1=Yes</td>
<td>Deprive you of food, kick or throw you out of the house</td>
</tr>
<tr>
<td>Child Abuse age</td>
<td>0=No; 1=Yes</td>
<td>How old were you the first time any of these things happened?</td>
</tr>
<tr>
<td>Childhood Severity</td>
<td>1= Once; 2= Few times; 3= More than a few times but</td>
<td>How often did any of these things happen</td>
</tr>
<tr>
<td>Interaction w/ Foster Care</td>
<td>0=No; 1=Yes</td>
<td>Respondents’ interaction with foster care system</td>
</tr>
<tr>
<td>----------------------------</td>
<td>-------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>Adulthood (&gt;18)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual/physical victimization</td>
<td>0=No; 1=Yes</td>
<td>Respondents’ experienced physical/sexual abuse as adult</td>
</tr>
<tr>
<td>Adult Sexual Abuse Only</td>
<td>0=No; 1=Yes</td>
<td>Forced to have sex or perform sexual acts you didn't want to</td>
</tr>
<tr>
<td>Adult Physical Abuse Only</td>
<td>0=No; 1=Yes</td>
<td>Physically abused as adult</td>
</tr>
<tr>
<td>Both Abuse</td>
<td>0=No; 1=Yes</td>
<td>Women who have been abused as children and as adults</td>
</tr>
<tr>
<td>Mental health</td>
<td>0=No; 1=Yes</td>
<td>Ever been prescribed medications for any psychological or emotional difficulties?</td>
</tr>
</tbody>
</table>

**Measuring criminal behavior**

The primary dependent variable of interest in this study is *lifetime number of criminal convictions*. Nevertheless, *age of first arrest* is used to calculate women’s pathway into the criminal justice system. It assesses the age at which the women first became involved with the system. Although this only measures the first phase of involvement in the criminal justice system, early age at first arrest has been considered as one of the strongest predictors of long-term and serious criminal activity (Loeber and LeBlanc, 1990). In the Philadelphia birth cohort study (Tracy, Wolfgang and Figlio, 1990; Wolfgang, Figlio and
Sellin, 1972), for example, those individuals arrested before age 15 had nearly 2.5 times as many arrests as those arrested after age 15. Moreover, Patterson and colleagues (1991, 1992) demonstrated that those adolescents who have their first police contacts prior to age 15 are at a significantly higher risk for chronic offending, both as juveniles and as adults (Patterson, Capaldi, and Bank, 1991; Patterson, Crosby and Vuchinich, 1992). *Lifetime number of criminal convictions* as a dependent variable acknowledges that arrests alone may not be a good measure of repeated criminal behavior. Arrest is the first phase in entering the criminal justice system but only about half of all people arrested are eventually convicted (Schmalleger, 2008). Arrests leading to convictions mean that the women were sentenced and penalized. The frequency of criminal convictions assists in assessing/describing a chronic offender.

Furthermore, the women were asked how many times they were arrested prior to the age of 18, how many times they were sent to juvenile detention facilities, and if they spent any time in a juvenile facility. They were then asked to report the length of time spent in the facility(ies).

**Primary Type of Crime**

The women were also asked to self-report the type of crime they committed the most. They categories under this variable were recoded to minimize the number of categories that had few or no cases in them. The categories were: 1=stealing, 2=violent crimes, 3=drug dealing, 4=money hustles
(e.g. loan shark, forge checks, sell stolen goods), 5=carry unlicensed gun,
6=trading sex for money, and 7=driving while drunk.

**Primary Person Who Taught the Most about Crime**

Additionally, the women were asked to self-report the person that taught them the most about the crime they most often committed. The categories under this variable were recoded to minimize the number of categories that had few or no cases in them. The categories were 1=“no one,” 2=boyfriend/lover/sex partner/husband, 3=female lover/sex partner, 4=male friend, 5=family member, and 6=other.

**Childhood Sexual, Physical Abuse and Neglect**

Childhood sexual and/or physical abuse and neglect were assessed through a series of questions that measure sexual and/or physical abuse and neglect before the age of 18. The women were asked (1) whether any member of their family

1 These include: mother alone, father alone, stepmother alone, stepfather alone, mother and father or parent and step-parent, foster care mother, foster care father, adopted mother, adopted father, grandmother, grandfather, aunt or great-aunt, brother, sister, other relative, friend of my family.
More than a few times but not regularly; 4= Regularly for a month or more). The inclusion of this variable is consistent with the literature on the life course perspective, which theorized that duration was an important factor in the likelihood that a life event will lead to a turning point in a life trajectory (Elder, 1985). A composite variable, including childhood victimization and severity was created using the compute command.

The *age of first abuse* will also be included in the analyses. Previous literature indicated that the age of abuse is a salient factor in examining the developmental effects of victimization (Carston, et al., 1997; Keiley et al., 2001; Widom, 1994). The women were asked, how old were you the first time this happened to you?

**Adult Sexual Abuse and Physical Assault**

Adult sexual abuse and physical assault is measured using a dichotomous measure (0=No; 1= Yes). To measure adult sexual abuse women were asked whether they were “ever forced to have sex or perform sexual acts they didn’t want to?”

Secondly, the physical assault was determined by asking: “were you ever seriously injured as a result of (1) being hit, slapped, beaten, kicked, burned, suffocated, or knocked down when there was no weapon or sharp or heavy object involved? And (2) ever cut, stabbed, or shot because someone attacked you with a weapon or another sharp or heavy object?” The measure was
combined using the compute command and coded dichotomously (0=No; 1=Yes).

**Measuring Substance Use and Abuse**

This study takes into consideration the age at which drugs were used for the first time and the age of regular use. This was measured by two observed variables assessed at the 1995-1999 face-to-face interviews. First, participants were asked about the age at which they ever used an illegal substance (including alcohol to intoxication) for the first time. Then, women were asked about the age at which they first began using drugs regularly (3 or more days per week for a month or more). All illegal substances, including “alcohol to intoxication” will be incorporated in the analyses.

**First Type of Drug Used**

The women were asked about the first drug that they tried. The categories under this variable were: 1=alcohol to intoxication, 2=marijuana, 3=cocaine, 4=crack cocaine, 5=heroin, 6=heroin and cocaine (speedball), 7=methamphetamine, 8=pain relievers/tranquilizers/opiates, and 9=hallucinogens and inhalants.

**Primary Drug Problem**

The women were asked to self-report their own drug use. This variable was created to assess which drug the women thought was their main problem/main addiction. The women were able to select from a number of
different drugs (i.e. alcohol, marijuana, cocaine, heroin). For this particular variable the categories were recoded to minimize the categories with few or no answers. The categories were 1=alcohol to intoxication, 2=marijuana, 3=cocaine, 4=crack cocaine, 5=heroin, 6=heroin and cocaine (speedball), 7=methamphetamine, 8=pain relievers, 9=hallucinogens and opiates.

**Primary Person who Introduced to Drug Use**

Introduction to drug use by a particular person was assessed by asking the women; who “turned” you into drugs? They then had a choice of selecting from a group of individuals: 1=no one, 2=mother, 3=father, 4=brother or sister, 5=other relative, 6=female friend, 7=boyfriend/male lover/husband/baby’s dad, 8=female partner, 9=male friend, or 10=other.

**Frequency of Drug use with a Romantic Partner**

This variable asked how often the women got high with a romantic partner, regardless of sex. The variable was operationalized as: 1=never; 2=infrequently; 3=regularly; or, 4=always.

*Family Risk Factors:*

**Familial Drug use**

Familial drug use was assessed through self reports during the face-to-face interviews. This was indicated by a multiple-item dichotomous variable (0=No; 1=Yes). The question in the interview which reflected this variable is:
“Thinking back to the time while you were growing up, did any of the following family members (a) mother, (b) father, (c) other adult who raised you, (d) brothers/sisters, (e) other children in house, (f) other adults in house used illegal drugs regularly -- 3 or more days a week?” This variable was constructed by using a compute command and combining all of the questions above.

Parental incarceration and criminality

Parental incarceration was measured by asking whether either their mother or father had ever been in jail or prison? (0=No; 1=Yes)

Foster Care

The women’s interaction with the foster care/adoption system was assessed. The premise is that women, who were placed in foster care, were removed from an adverse environment to a healthier one. Therefore, being in the foster care system should act as a protective factor and thus decrease the age of first arrest and number of subsequent criminal convictions. This interaction was measured by asking whether they had ever been in foster care or were given up for adoption (0=No; 1=Yes).

Mental Health

To measure mental health problems in women’s lives, the survey asked about mental health 12 months prior to treatment and in their lifetime. This construct is operationalized by asking the following question: have you ever in
your life been prescribed medication for any psychological or emotional
difficulties? (0=No; 1=Yes).

Statistical Analyses

Analyses were conducted using PASW Statistics 18.0 (SPSS 18) and
STATA 11. The present study performed a variety of descriptive, bivariate, and
multivariate analyses in order to explore the population under study.

Questions and Hypotheses

1) What are the common pathways of female offenders who are substance
abusers? (i.e. what are all the possible orderings of child/adult abuse, age
of first drug use and age of first arrest?)

**NULL:** The distribution of cases is equivalent across all possible
pathways.

**H1:** There are several common pathways of substance-abusing female
offenders.

2) Is there a dominant pathway for women who enter the criminal justice
system as suggested by feminist theorists?

**NULL:** No single pathway contains a disproportionate or majority percent
of cases.

**H2:** The dominant pathway for women that enter the criminal justice
system is: childhood abuse→ drug use→ arrest; as postulated by feminist
pathway theory.
3) Are the common pathways related to other characteristics (e.g., demographics, family drug use, parental incarceration, prior foster care, mental health?)

**NULL:** There are no significant differences in risk factors among women in different pathways

**H3:** The common pathways will be related to other variables previously discussed in the literature review as important characteristics in entrance of women into the criminal justice system (e.g., demographics, family drug use, parental incarceration, prior foster care, mental health).

4) Are the common pathways related to the frequency of offending for the women?

**NULL:** Pathways are not significant predictors of frequency of offending

**H4:** The dominant pathway (childhood abuse→ drug use→ arrest) will have the most predictive value on higher frequency of offending.

**Analysis Plan**

In order to answer the research questions posed, the following analyses were conducted:

1. First, a set of analyses will be conducted to describe the distribution of the sample in the following areas: demographic information, family history, risk factors (including victimization), drug use and criminal history.
2. All pathway sequences were computed. Pathways with no cases will be eliminated and the distributions will be presented.

3. Bivariate contrasts will be analyzed using the pathways as the independent variables and analyzing (1) control variables and (2) number of arrests (primary dependent variable).

4. The pathways will be regressed onto the women’s total number of convictions throughout their lifetime to see whether different pathways lead to different risk outcomes, specifically frequency (repeated) criminal behavior through the number of lifetime convictions variable, while controlling for other relevant variables.

A negative binomial regression is best suited for a count variable like number of lifetime convictions. Count data are highly non-normal and are not well estimated by ordinary least square regression (Long, 1997). Negative binomial regression is typically used when there are signs of overdispersion. Negative binomial regression uses a different probability which allows for more variability in the data.

Graph1 shows the overdispersion of the dependent variable, lifetime number of convictions. Since, the data are strongly skewed to the left, OLS regression would be inappropriate. Typically count data often follow a Poisson distribution. Statistical theory stated that in a Poisson distribution the mean and variance are the same. However, for lifetime number of convictions the variance
is over ten times larger than the mean. Thus, Negative Binomial regression is best for overdispersed data.

Figure 1: Over dispersion of Dependent Variable: Lifetime Number of Convictions
Chapter 5: Results

The study sample included 1,209 women. Descriptive statistics (see Table 4) of the individual level data showed that approximately 39 percent were Black/African American, followed by 36 percent White, and 18.8 percent Hispanic. The majority of the women reported having less than a high school level education (67.3%) and never being married (52.7%). In addition, 28.5 percent of the women were unemployed 12 months prior to their incarceration or treatment and were on average 33 years old at the time of the interview.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>36.1</td>
</tr>
<tr>
<td>Non-Hispanic Black/AA</td>
<td>39.1</td>
</tr>
<tr>
<td>Hispanic</td>
<td>18.8</td>
</tr>
<tr>
<td>Other</td>
<td>5.9</td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Less than High School</td>
<td>67.3</td>
</tr>
<tr>
<td>High School Graduate</td>
<td>14.7</td>
</tr>
<tr>
<td>1-3 yrs of College</td>
<td>16.1</td>
</tr>
<tr>
<td>College Graduate</td>
<td>1.7</td>
</tr>
<tr>
<td>Post-grad Degree</td>
<td>.2</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
</tr>
<tr>
<td>Never married</td>
<td>52.7</td>
</tr>
<tr>
<td>Legally married</td>
<td>23.8</td>
</tr>
<tr>
<td>Divorced/legally separated</td>
<td>20.5</td>
</tr>
<tr>
<td>Widowed</td>
<td>3.0</td>
</tr>
<tr>
<td>Social Status</td>
<td></td>
</tr>
<tr>
<td>Employed</td>
<td>28.5</td>
</tr>
<tr>
<td>Age at time of interview</td>
<td>Mean (SD)=33(7.3)</td>
</tr>
</tbody>
</table>
Table 5 displays family history variables and history of prior mental health status via prescription for medication. Among all of the women, 40.0 percent experienced a childhood where family members regularly used drugs in the household. At least 19.3 percent had a parent incarcerated and 18.4 percent were placed in foster care or for adoption during their childhood years. Additionally, 35.0 percent of the women had been prescribed medication for some type of psychological or emotional difficulty sometime in their lifetime.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Familial Drug Use</td>
<td>40.0</td>
</tr>
<tr>
<td>Parental Incarceration</td>
<td>19.3</td>
</tr>
<tr>
<td>Prior Foster Care</td>
<td>18.6</td>
</tr>
<tr>
<td>Prior Mental Health Medication</td>
<td>35.0</td>
</tr>
</tbody>
</table>

Furthermore, the disaggregation by type of victimization (see Table 6) revealed that a total of 27 percent of women did not report any childhood or adulthood victimization; 25 percent of the women were victimized during adulthood, but did not report any childhood abuse; 13 percent of the women had been victimized during childhood but not during adulthood; and lastly, 35 percent of the women had been victimized during both childhood and adulthood.

<table>
<thead>
<tr>
<th>Victimization</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No child/No adult</td>
<td>27.1%</td>
</tr>
<tr>
<td>Child/No Adult</td>
<td>13.0%</td>
</tr>
<tr>
<td>No Child/Adult</td>
<td>24.7%</td>
</tr>
<tr>
<td>Both child/adult</td>
<td>35.3%</td>
</tr>
</tbody>
</table>

Pearson Chi²=79.6 (df=1), p<.001
Overall, less than half (48.2%) were neglected, or sexually and/or physically abused during childhood (see Table 7). Of the women with a history of childhood victimization, 76.0 percent reported having been sexually abused, 47.0 percent reported physical abuse and 44.5 percent reported having been neglected as a child. Women were on average nine years old when they were first sexually, physically abused or neglected as children and most of these victimizations occurred more than once (82.6%).

Table 7- Detailed History of Victimization (N=1,209)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood Victimization (sexual, physical, neglect)</td>
<td>48.2</td>
</tr>
<tr>
<td>Childhood-Sexual Victimization</td>
<td>76.0</td>
</tr>
<tr>
<td>Childhood- Physical Victimization</td>
<td>47.0</td>
</tr>
<tr>
<td>Childhood- Neglect Victimization</td>
<td>44.5</td>
</tr>
<tr>
<td>Childhood- Abuse Severity</td>
<td></td>
</tr>
<tr>
<td>Once</td>
<td>17.4</td>
</tr>
<tr>
<td>A few times</td>
<td>28.2</td>
</tr>
<tr>
<td>More than a few times but not regularly</td>
<td>24.8</td>
</tr>
<tr>
<td>Regularly for a month or more</td>
<td>29.6</td>
</tr>
<tr>
<td>Adulthood Victimization (sexual, physical)</td>
<td>60.0</td>
</tr>
<tr>
<td>Adulthood- Sexual Victimization</td>
<td>70.8</td>
</tr>
<tr>
<td>Adulthood- Physical Victimization</td>
<td>74.1</td>
</tr>
<tr>
<td>Average Age Child Abuse began</td>
<td>Mean (SD)= 9(5.1)</td>
</tr>
</tbody>
</table>

*Note: Percentages do not add to 100%. These categories are not mutually exclusive; women may have reported several types of abuse. N=1,209

Furthermore, the majority of the women reported having been either sexually or physically victimized as adults (60.0%) (see Table 7). Of these women, 70.8 percent answered yes when asked if they had been sexually
abused as adults and 74.1 percent reported some type of physical abuse as an adult.

Table 8 - Age of First Drug use and Age of Regular Drug Use (N=1,209)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean(SD)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age  First  Drug Use</td>
<td>14 (5.3)</td>
<td></td>
</tr>
<tr>
<td>Age  Regular Drug use</td>
<td>17 (6.1)</td>
<td></td>
</tr>
<tr>
<td>Age First Drug use before 18</td>
<td></td>
<td>24.3</td>
</tr>
</tbody>
</table>

N=1,209

Table 8 displays substance use variables. The average age of first drug use was 14 years old and the mean age of regular drug use was at age 17. Also, in light of theoretical assumptions that early age of drug onset leads to more pervasive effects later in life, this study differentiated first drug use prior to age 18 and after 18. Twenty-four percent of the women tried drugs for the first time before the age of 18 and approximately 76 percent used drugs for the first time after the age of 18.

Moreover, approximately 46 percent of the women in the sample reported that marijuana was the first drug that they tried, followed by 33 percent of the women who stated alcohol to intoxication was their first drug (See Table 9). Next, answers about the women’s current drug problem revealed that the majority of them considered crack cocaine as their main problem; 21 percent acknowledged that heroin was their primary drug followed by 16 percent who considered methamphetamine their core drug problem (See Table 10).
Table 9 - First Drug You Ever Tried? (N=1,209)

<table>
<thead>
<tr>
<th>Type of Drug</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol to intoxication</td>
<td>33.5</td>
</tr>
<tr>
<td>Marijuana</td>
<td>45.9</td>
</tr>
<tr>
<td>Cocaine</td>
<td>3.7</td>
</tr>
<tr>
<td>Crack freebase</td>
<td>3.9</td>
</tr>
<tr>
<td>Heroin</td>
<td>5.4</td>
</tr>
<tr>
<td>Heroin &amp; Cocaine (speedball)</td>
<td>0.3</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>3.5</td>
</tr>
<tr>
<td>Pain relievers/tranquilizers/opiates</td>
<td>1.4</td>
</tr>
<tr>
<td>Hallucinogens/Inhalants (glue, paint)</td>
<td>2.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

N=1,209 (Missing cases=3)

Table 10 - Which Drug was your Primary Drug Problem Overall? (N=1,209)

<table>
<thead>
<tr>
<th>Types of Drug</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol to intoxication</td>
<td>11.0</td>
</tr>
<tr>
<td>Marijuana</td>
<td>6.2</td>
</tr>
<tr>
<td>Cocaine</td>
<td>5.3</td>
</tr>
<tr>
<td>Crack freebase</td>
<td>36.7</td>
</tr>
<tr>
<td>Heroin</td>
<td>21.0</td>
</tr>
<tr>
<td>Heroin &amp; Cocaine (speedball)</td>
<td>2.4</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>16.1</td>
</tr>
<tr>
<td>Pain relievers/tranquilizers</td>
<td>0.8</td>
</tr>
<tr>
<td>Hallucinogens/Opiates</td>
<td>0.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

N=1,209 (Missing cases=11)

Further investigation about the context of women's initiation into drug use revealed that 23.3 percent of the women were introduced or “turned onto” drug use by a female friend. Also, family exerted a significant amount of influence in “turning” the women onto drugs, altogether 21.7 percent of the women started...
using drugs because a family member introduced them to it. Nineteen percent of the women said that it was their boyfriend, male lover, husband, or baby’s father that introduced them to drugs. Moreover, 12.5 percent stated that through a non-romantic male friendship they had been introduced to drugs. By combining the intimate male partner and the male friend categories, it is apparent that the women’s introductions to drug use in this sample was greatly influenced by male relationships, this is consistent with previous literature on women’s pathways into drug use and crime (Chesney-Lind, 1997; Gilfus, 1992; Mullins and Wright, 2003). Furthermore, 17 percent were quoted as saying that no one “turned” them onto drugs.

<table>
<thead>
<tr>
<th>Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No one</td>
<td>17.0</td>
</tr>
<tr>
<td>Mother</td>
<td>4.1</td>
</tr>
<tr>
<td>Father</td>
<td>3.1</td>
</tr>
<tr>
<td>Brother or sister</td>
<td>8.5</td>
</tr>
<tr>
<td>Other relative</td>
<td>6.0</td>
</tr>
<tr>
<td>Female friend</td>
<td>23.3</td>
</tr>
<tr>
<td>Boyfriend; male lover; husband, baby’s dad</td>
<td>19.4</td>
</tr>
<tr>
<td>Female partner</td>
<td>.9</td>
</tr>
<tr>
<td>Male friend</td>
<td>12.5</td>
</tr>
<tr>
<td>Other</td>
<td>5.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

**Table 11 - Who Turned you into Drugs (N=1,209)**

N=1,209 (Missing cases=1)

The women were also asked about how often they got high with a lover or sex partner, regardless of gender. Altogether, more than half (57.4%) of the
women responded that they frequently (regular to always) used drugs with their partners (see Table 12).

**Table 12- How Often Did You Get High with a Lover/Sex Partner**  

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>12.4</td>
</tr>
<tr>
<td>Infrequently</td>
<td>30.2</td>
</tr>
<tr>
<td>Regularly</td>
<td>41.1</td>
</tr>
<tr>
<td>Always</td>
<td>16.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

N=1,209 (Missing cases=5)

In addition, the women in this sample had a mean age at first arrest of 23 years old (see Table 13). The women also had an average of seven convictions. It is important to acknowledge that in this study, first arrests occurred at different time points in the women's lives. Thirty-one percent of the women were first arrested during childhood (prior to the age of 18) and approximately 69 percent were first arrested after the age of 18. The women also had an average of five arrests and three juvenile detention episodes prior to the age of 18. For those women who had been incarcerated as juveniles, the average number of days spent in a detention center was 375 (a little over a year).

**Table 13- Criminal History**  

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean (SD)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td># of times arrested prior to 18</td>
<td>4.6 (7.8)</td>
<td></td>
</tr>
<tr>
<td># of times sent to juvenile detention</td>
<td>2.7 (5.5)</td>
<td></td>
</tr>
<tr>
<td>Total # of days incarcerated before 18</td>
<td>374.8 (581.4)</td>
<td></td>
</tr>
<tr>
<td>Age First Arrest</td>
<td>23 (8.2)</td>
<td></td>
</tr>
<tr>
<td>No. of convictions</td>
<td>7 (9.6)</td>
<td></td>
</tr>
</tbody>
</table>
Further inquiry about women’s criminal offending history revealed that drug dealing was the primary type of crime committed (48.5%). Stealing was the second most often type of crime committed; however, it was not remotely close to drug dealing (19.9%). Also, about 15 percent reported trading sex for money or drugs as their primary crime (most often committed). These results are consistent with prior research on women’s criminal behavior that asserts that drug-related and other non-violent offenses (and often drug-related) catapult women into the criminal justice system (Bloom et al., 2004; Greenfeld and Snell, 2000; Sabol et al., 2007) as opposed to a popular belief that the increase in female offending is due to an increase in female violence. Also, when the women were asked about their knowledge on how to commit their preferred type of crime, the majority (46.8%) of the women reported that “no one” taught them how to commit their crime of choice but rather they taught themselves (see Table 15). Twenty-one percent stated that their male intimate partner taught them the most about their crime of choice, followed by thirteen percent who said that a male friend taught them.
The current investigation focuses on a commonly held belief regarding the temporal relationship of women’s criminality and drug use. Many feminist researchers suggest that drug use is a contributing factor to criminal activity. This research does not answer this directly, but descriptive results provide some insight into this argument by ordering age of first use and age of first arrest (see Table 16). Results indicated that a vast majority (86.1%) of the women
interviewed identified their age of first drug use to be prior to the age of first arrest; whereas only 6.7 percent of the women stated that their age of first arrest preceded the age of first drug use. A small percentage (7.2%) of the women identified having been arrested and trying drugs at the same time (i.e., same age).

<table>
<thead>
<tr>
<th>Table 16- Women's First Interaction with Drugs and/or Arrest</th>
</tr>
</thead>
<tbody>
<tr>
<td>What came first, Drugs or Arrest?</td>
</tr>
<tr>
<td>Age First Drug Use &lt; Age First Arrest</td>
</tr>
<tr>
<td>Age First Arrest &lt; Age First Drug Use</td>
</tr>
<tr>
<td>Age First Drug Use = Age First Arrest</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

N=1,209 (Missing cases=14)

Common Pathways of Substance-Abusing Female Offenders

The primary purpose of this study was to investigate the temporal and the distribution patterns of women’s pathways into the criminal justice system. The first research question asked was:

1) What are the common pathways to crime of substance-abusing female offenders? Specifically, what are all the possible orderings (i.e., pathways) of child/adult abuse, age of first drug use and age of first arrest?

The computation of the first set of pathway sequences involving the main factors (i.e., childhood abuse, drug use and criminal behavior) as suggested by feminist theorists, childhood victimization, drug use and arrest resulted in a total of nine pathway sequences (see Table 17).
Table 17-Women's Pathways involving Age of Childhood abuse, Drug use and First Arrest (N=1,209)

<table>
<thead>
<tr>
<th>PATHWAY SEQUENCE</th>
<th>Number IN PATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pathway 0 (D=A)</td>
<td>41 (3.5%)</td>
</tr>
<tr>
<td>Pathway 1 (D&lt;A)</td>
<td>542 (45.7%)</td>
</tr>
<tr>
<td>Pathway 2 (A&lt;D)</td>
<td>41 (3.5%)</td>
</tr>
<tr>
<td>Pathway 3 (CV&lt; D&lt; A)</td>
<td>431 (36.3%)</td>
</tr>
<tr>
<td>Pathway 4 (CV&lt; A&lt; D)</td>
<td>32 (2.7%)</td>
</tr>
<tr>
<td>Pathway 5 (D&lt;CV&lt;A)</td>
<td>75 (6.3%)</td>
</tr>
<tr>
<td>Pathway 6 (D&lt;A&lt;CV)</td>
<td>21 (1.8%)</td>
</tr>
<tr>
<td>Pathway 7 (A&lt;CV&lt;D)</td>
<td>2 (0.2%)</td>
</tr>
<tr>
<td>Pathway 8 (A&lt;D&lt;CV)</td>
<td>1 (0.1%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1186 (100%)</strong></td>
</tr>
</tbody>
</table>

Note: N=1,209; 23 cases missing. Child Victimization (CV), Drugs (D), Arrest (A)

*Child Victimization was not present in these pathways

Table 17 shows the percentage distribution of the women in each pathway sequence. The sample was categorized into nine pathways by organizing each variable into a chronological sequence. Pathway 0, 1, and 2 display a sequence where childhood victimization is not present. In Pathway 0, age of first drug use and first arrest occurred concurrently (n=41; 3.5%). In Pathway 1, age of first drug use occurred prior to the age of first arrest; almost half of the sample (n=542; 45.7%) was included in this category. Contrary to Pathway 1, in Pathway 2, age of first arrest occurred prior to age of first drug use; only 3.5 percent were (n=41) were in this category. Pathways 3 through 8 reflect women who reported a history of childhood abuse. Pathway 3 followed the order of childhood abuse...
first, followed by drug use and then arrest. This is the most common argument regarding women’s pathways into criminal behavior arguing that child abuse creates a trauma in the young girl’s life, the adolescent girl begins to use drugs as a coping strategy and arrest results often as a by-product of this combination. This is the second most common pathway in the sample (n=431; 36.3%). However, it is the most prominent pathway presented by previous feminist pathways literature involving women offenders (Bloom, et al., 2003a, Bloom et al., 2004).

Pathway 4 described women who were also sexually and/or physically abused and/or neglected first sometime in childhood. However, following this event(s), they were arrested prior to their first drug use. Only 2.7 percent (n=32) of the women in the sample followed this path. Pathway 5 portrayed a third variation. In this case women used drugs first prior to child victimization and were later arrested. There were a few more women in this pathway (6.3%, n=75) than there were in pathway 4 (e.g. childhood victimization, arrest and drug use).

Furthermore, there were 1.7 percent (n=21) women in pathway 6, which began with drug use, followed by first arrest and childhood victimization. As mentioned above, some of the women were arrested prior to the age of 18; therefore in sequences where arrests occurred prior to childhood victimization, it means that those women entered the criminal justice/juvenile system earlier in life. Lastly, there were only two women under Pathway 7 and one woman under Pathway 8. Both of these pathways began with age of first arrest; then in Pathway 7, women endured childhood victimization followed by their first experience with drugs. In
Pathway 8, women were first arrested, and then had their first experience with drugs prior to childhood victimization.

After careful investigation of the pathways traveled by the women in this sample, Pathway 1 was the most common pathway sequence. Childhood victimization was absent from this pathway, resulting in a key finding that differs from previous literature. However, in regards to the pathways that included childhood victimization, drug use and arrest; Pathway 3 (CV<D<A) was the most prevalent among the women in this sample. Nonetheless, it was not the only pathway into the criminal justice system; 19.5 percent of the women followed a sequence different from the two dominant pathways. Pathways 4 (CV<A<D), 5 (D<CV<A), and 6 (D<A<CV) also had a number of women which fell under those chronological sequences. However, Pathways 7 and 8 were followed by a very limited number of women (n=2; n=1 respectively) in the sample. Because of the very small numbers, both of these pathways were dropped from further analyses.

**Emergence of Dominant Pathways**

The second research question was: Is there a single dominant pathway for women who enter the criminal justice system as suggested by feminist theorists (specifically, childhood abuse→ drug use→ arrest)?

The simple answer is yes. The dominant pathway that emerged from these analyses was Pathway 1; a pathway which did not include childhood victimization. Pathway 1 simply identified drug use as occurring prior to arrest. This is inconsistent with much of previous literature on women’s pathways that suggests that childhood abuse is central to the events that lead women (and
girls) to justice involvement (Bloom et al., 2004; Bloom et al., 2003a; Bloom et al., 2003b). Nonetheless, the specified pathway suggested by feminist theorists (childhood abuse → drug use → arrest) was the second most traveled pathway (36.0%) by the women in this sample. A closer look at these two pathways revealed interesting profiles.

A crosstabulation analysis (see Table 18) allowed for a closer look at the difference in the profile narratives of these two groups of women who followed these two different paths. Significant results were found among the common predictor variables. Overall, women in Pathway 3, which consisted of women who were first victimized in childhood, then began using drugs and were later arrested, had higher rates of familial drug use, parental incarceration, prior foster care and mental health in comparison to women in Pathway 1 (the most dominant pathway among this group of women). Specifically, 46.9 percent of women in Pathway 3 grew up in families where drug use was common in comparison to 32.5 percent of the women in Pathway 1 ($X^2=20.94$, $p<.001$).
<table>
<thead>
<tr>
<th>Variables</th>
<th>Pathway 1 (D&lt;A)</th>
<th>Pathway 3 (CV&lt;D&lt;A)</th>
<th>TOTAL</th>
<th>$X^2$ (df)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hisp White</td>
<td>33.8%</td>
<td>39.3%</td>
<td>352</td>
<td>4.24 (5)</td>
<td>.515</td>
</tr>
<tr>
<td>Non-Hisp Black</td>
<td>40.2%</td>
<td>37.7%</td>
<td>380</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latina/Hispanic</td>
<td>19.9%</td>
<td>17.2%</td>
<td>182</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>6.1%</td>
<td>5.8%</td>
<td>58</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
<td></td>
<td>.434 (1)</td>
<td>.510</td>
</tr>
<tr>
<td>Not Married</td>
<td>77.1%</td>
<td>78.9%</td>
<td>758</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>22.9%</td>
<td>21.1%</td>
<td>215</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School Grad</td>
<td></td>
<td></td>
<td></td>
<td>13.9 (4)</td>
<td>.007</td>
</tr>
<tr>
<td>Less than HS</td>
<td>65.0%</td>
<td>67.9%</td>
<td>639</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H.S. Grad</td>
<td>17.8%</td>
<td>10.8%</td>
<td>142</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-3yrs of College</td>
<td>15.2%</td>
<td>18.9%</td>
<td>162</td>
<td></td>
<td></td>
</tr>
<tr>
<td>College Grad</td>
<td>2.0%</td>
<td>1.7%</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-grad</td>
<td>0.0%</td>
<td>0.7%</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Degree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment</td>
<td>28.6%</td>
<td>29.1%</td>
<td>280</td>
<td>.026(1)</td>
<td>.872</td>
</tr>
<tr>
<td>Family Drug use</td>
<td>32.5%</td>
<td>46.9%</td>
<td>378</td>
<td>20.9 (1)</td>
<td>.000</td>
</tr>
<tr>
<td>Parental Incarceration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior Foster Care</td>
<td>10.6%</td>
<td>25.8%</td>
<td>168</td>
<td>38.8 (1)</td>
<td>.000</td>
</tr>
<tr>
<td>Mental Health Rx</td>
<td>30.2%</td>
<td>42.0%</td>
<td>343</td>
<td>14.3 (1)</td>
<td>.000</td>
</tr>
<tr>
<td>Age First Drug Use Mean (SD)</td>
<td>15 (4.8)</td>
<td>14 (4.9)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age First Arrest Mean (SD)</td>
<td>25 (8.7)</td>
<td>23 (7.9)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Convictions Mean (SD)</td>
<td>5.6 (7.1)</td>
<td>7.5 (9.9)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Moreover, 26.2 percent of women in Pathway 3 reported having had at least one parent in prison during their childhood, whereas 11.3 percent of the women in Pathway 1 ($X^2 = 36.6, p < .001$) recounted the same details. The same difference was reflected in prior foster care; a higher percentage of women in Pathway 3 had been in foster care in comparison to those women in Pathway 1 ($X^2 = 38.76, p < .001$). Lastly, a higher percentage of women in Pathway 3 appeared to have been prescribed medication for a previous mental health diagnosis compared to the women in Pathway 1 ($X^2 = 14.3, p < .001$).

Furthermore, a logistic regression model (see Table 19) was constructed to further evaluate whether the common pathways are related to other characteristics. Specifically, this analysis sought to find whether demographic variables and risk factors of women offenders influenced entrance into Pathway 1 or 3 (the two dominant pathways revealed earlier in the chapter). The model was statistically significant ($X^2 = 84.2, p < .001$) and the Nagelkerke $R^2$ was .112. Therefore 11.2 percent of the variance in the dependent variable, following Pathway 1 or Pathway 3, was explained by the independent variables in this equation. Familial drug use, parental incarceration, foster care and previous prescription of mental health medication have a statistically significant effect on the likelihood of following Pathway 1 or Pathway 3. First, experiencing family drug use in childhood increases the odds of following Pathway 3 by a factor of 1.53 (logit = .427, $p < .05$). Also, having a parent in prison during childhood increases the odds of following Pathway 3 by a factor of 2.12 (logit = .753, $p < .001$). Next, prior foster care also increases the odds of following Pathway 3 by a factor
of 2.55 (logit=.937, p<.001). Lastly, previous prescription of mental health medication increases the odds of following Pathway 3 by a factor of 1.5 (logit=.375, p<.05). Consequently, having the following characteristics, familial drug use, parental incarceration, prior foster care and prior prescription of mental health medication for a prior diagnosis placed women at greater risk of following Pathway 3.

Table 19- Logistic Regression Model Predicting the Likelihood of Following Pathway 1 (drug use→crime) or Pathway 3 (CV→drug use→crime) (N=1,209)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Logit</th>
<th>S.E.</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race (1=Non-White)</td>
<td>-.120</td>
<td>.150</td>
<td>.887</td>
</tr>
<tr>
<td>Married (1=Yes)</td>
<td>-.067</td>
<td>.165</td>
<td>.935</td>
</tr>
<tr>
<td>High School Grad (1=Yes)</td>
<td>.037</td>
<td>.148</td>
<td>1.04</td>
</tr>
<tr>
<td>Employed (1=Yes)</td>
<td>-.124</td>
<td>.157</td>
<td>.883</td>
</tr>
<tr>
<td>Age</td>
<td>.000</td>
<td>.010</td>
<td>1.00</td>
</tr>
<tr>
<td>Familial Drug Use</td>
<td>.427*</td>
<td>.144</td>
<td>1.53</td>
</tr>
<tr>
<td>Parental Incarceration</td>
<td>.753**</td>
<td>.186</td>
<td>2.12</td>
</tr>
<tr>
<td>Foster Care</td>
<td>.937**</td>
<td>.187</td>
<td>2.55</td>
</tr>
<tr>
<td>Mental Health Rx (1=Yes)</td>
<td>.375*</td>
<td>.146</td>
<td>1.50</td>
</tr>
<tr>
<td>Intercept</td>
<td>-.714</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Model X² (df)</td>
<td>84.2</td>
<td>(9)**</td>
<td></td>
</tr>
<tr>
<td>Nagelkerke R²</td>
<td>.112</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p<.010, **p<.001
Table 20- Multinomial Logistic Regression Model Predicting the Likelihood of Pathways into the Criminal Justice System (N=1,209)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Logit</th>
<th>S.E.</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pathway 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race (1=Non-White)</td>
<td>.173</td>
<td>.144</td>
<td>1.188</td>
</tr>
<tr>
<td>Married (1=Yes)</td>
<td>.070</td>
<td>.158</td>
<td>1.072</td>
</tr>
<tr>
<td>High School Grad (1=Yes)</td>
<td>-.026</td>
<td>.140</td>
<td>.975</td>
</tr>
<tr>
<td>Employed (1=Yes)</td>
<td>.127</td>
<td>.149</td>
<td>1.135</td>
</tr>
<tr>
<td>Familial Drug Use</td>
<td>-.429 **</td>
<td>.138</td>
<td>.651</td>
</tr>
<tr>
<td>Parental Incarceration</td>
<td>-.681 ***</td>
<td>.176</td>
<td>.506</td>
</tr>
<tr>
<td>Foster Care</td>
<td>-.955 ***</td>
<td>.178</td>
<td>.385</td>
</tr>
<tr>
<td>Mental Health Rx (1=Yes)</td>
<td>-.431 **</td>
<td>.140</td>
<td>.650</td>
</tr>
<tr>
<td>Intercept</td>
<td>1.33</td>
<td>.309</td>
<td></td>
</tr>
<tr>
<td>Pathways 4-8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race (1=Non-White)</td>
<td>.501*</td>
<td>.215</td>
<td>1.650</td>
</tr>
<tr>
<td>Married (1=Yes)</td>
<td>-.079</td>
<td>.238</td>
<td>.924</td>
</tr>
<tr>
<td>High School Grad (1=Yes)</td>
<td>.477 **</td>
<td>.236</td>
<td>1.611</td>
</tr>
<tr>
<td>Employed (1=Yes)</td>
<td>.252</td>
<td>.232</td>
<td>1.286</td>
</tr>
<tr>
<td>Familial Drug Use</td>
<td>-.751 ***</td>
<td>.209</td>
<td>.472</td>
</tr>
<tr>
<td>Parental Incarceration</td>
<td>-.867 ***</td>
<td>.239</td>
<td>.420</td>
</tr>
<tr>
<td>Foster Care</td>
<td>-1.14 ***</td>
<td>.239</td>
<td>.319</td>
</tr>
<tr>
<td>Mental Health Rx (1=Yes)</td>
<td>-.371</td>
<td>.212</td>
<td>.690</td>
</tr>
<tr>
<td>Intercept</td>
<td>.045</td>
<td>.442</td>
<td></td>
</tr>
<tr>
<td>Model X² (df)</td>
<td>138.79 (16)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reference category- Pathway 0-2; *p<.05, **p<.010, ***p<.001

Additionally, a post-hoc analysis was conducted. Table 20 shows a multinomial regression analysis. The outcome measure was the first set of pathways, including childhood victimization, age of first drug use and arrest. However, Pathways 0-2 were recoded as pathways without victimization (reference category), Pathway 3 was left intact as the main feminist pathway and Pathways 4-8 became the alternative pathways. First, for women who experienced familial
drug use during childhood, the multinomial log-odds of following Pathway 3 in comparison to Pathway 0 (no victimization) would be expected to decrease by .429 unit while holding all variables in the model constant. In other words, women with prior familial drug use are less likely to follow Pathway 3 in comparison to Pathways 0-2. This effect is similar for women who had prior parental incarceration, foster care, and mental health issues. That is, women with those characteristics are more likely to follow Pathway 0 (no victimization) in comparison to Pathway 3. In addition, when comparing the rest of the pathways (4-8) to pathways with no victimization (Pathways 0-2) we find that women who have prior familial drug use, parental incarceration, and foster care histories have reduced odds of following Pathways 4-8. This means that women with these characteristics are more likely to follow a pathway without victimization. Moreover, minority women and those who graduated high school have increased odds of following pathways 4-8 in comparison to pathways 0-2 (no victimization).

**Common Pathways Inclusive of Childhood and Adulthood Victimization**

Furthermore, there were women in this sample, who also reported abuse at a later stage in their lives (adulthood). By adding adulthood victimization into the chronological sequencing fifteen pathways were identified.
<table>
<thead>
<tr>
<th>PATHWAY SEQUENCE</th>
<th>IN PATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pathway 0 No Victimization</td>
<td>312 (26.4%)</td>
</tr>
<tr>
<td>Pathway 0 (No Victimization) D&lt;A</td>
<td>275 (22.7%)</td>
</tr>
<tr>
<td>Pathway 0 (No Victimization) A&lt;D</td>
<td>23 (1.9%)</td>
</tr>
<tr>
<td>Pathway 0 (No Victimization) D=A</td>
<td>14 (1.2%)</td>
</tr>
<tr>
<td>Pathway 1 CV/ No AV</td>
<td>158 (13.4%)</td>
</tr>
<tr>
<td>Pathway 1 (CV/No AV) D&lt;A</td>
<td>137 (11.3%)</td>
</tr>
<tr>
<td>Pathway 1 (CV/No AV) A&lt;D</td>
<td>13 (1.1%)</td>
</tr>
<tr>
<td>Pathway 1 (CV/No AV) D=A</td>
<td>8 (0.7%)</td>
</tr>
<tr>
<td>Pathway 2 No CV/ AV</td>
<td>303 (25.7%)</td>
</tr>
<tr>
<td>Pathway 2 (No CV/AV) D&lt;A</td>
<td>256 (21.2%)</td>
</tr>
<tr>
<td>Pathway 2 (No CV/AV) A&lt;D</td>
<td>20 (1.7%)</td>
</tr>
<tr>
<td>Pathway 2 (No CV/AV) D=A</td>
<td>27 (2.2%)</td>
</tr>
<tr>
<td>Pathway 3 (CV&lt; AV&lt; D&lt; A)</td>
<td>26 (2.2%)</td>
</tr>
<tr>
<td>Pathway 4 (CV&lt; AV&lt; A&lt; D)</td>
<td>2 (0.2%)</td>
</tr>
<tr>
<td>Pathway 5 (CV&lt; D&lt; A&lt; AV)</td>
<td>115 (9.7%)</td>
</tr>
<tr>
<td>Pathway 6 (CV&lt; D&lt; AV&lt; A)</td>
<td>170 (14.4%)</td>
</tr>
<tr>
<td>Pathway 7 (CV&lt; A&lt; D&lt; AV)</td>
<td>12 (1.0%)</td>
</tr>
<tr>
<td>Pathway 8 (CV&lt; A&lt; AV&lt; D)</td>
<td>4 (0.3%)</td>
</tr>
<tr>
<td>Pathway 9 (D&lt; CV&lt; AV&lt; A)</td>
<td>28 (2.4%)</td>
</tr>
<tr>
<td>Pathway 10 (D&lt; CV&lt; A&lt; AV)</td>
<td>36 (3.1%)</td>
</tr>
<tr>
<td>Pathway 11 (D&lt; A&lt; CV&lt; AV)</td>
<td>11 (0.9%)</td>
</tr>
<tr>
<td>Pathway 12 (A&lt; D&lt; CV&lt; AV)</td>
<td>1 (.1%)</td>
</tr>
<tr>
<td>Pathway 13 (A&lt; CV&lt; D&lt; AV)</td>
<td>2 (0.2%)</td>
</tr>
<tr>
<td>Pathway 14 (A&lt; CV&lt; AV&lt; D)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Total</td>
<td>1180 (100%)</td>
</tr>
</tbody>
</table>

Note: Child Victimization (CV), Adulthood Victimization (AV), Drugs (D), Arrest (A) N=1209; 29 cases missing
After adding adulthood victimization to age of childhood victimization, age of first drug use and age of first arrest, twelve pathways were computed for those with both childhood and adult victimization (3-14); and Pathways 0 through 2 (pathways in which either childhood victimization, adult victimization or both were absent) were disaggregated by creating pathways which included the temporal order of first drug use and first arrest. Under this chronological sequencing, Pathway 0 (no victimization) was again the most common pathway \( (n=312; 26.5\%) \), Pathway 2 (no childhood victimization/adulthood victimization) was the second highest \( (303 (25.7\%)) \) followed by Pathway 1 (childhood victimization/no adulthood victimization) at 158 (13.4\%).

Furthermore, Pathways 5 \( (n=115; 9.7\%) \) and 6 \( (n=170; 14.3\%) \) were the most common pathways traveled by women who were victimized as children and as adults. In Pathway 5, women were first victimized as children, which triggered drug use followed by arrest and lastly adulthood victimization. Pathway 6 also began with childhood victimization, followed by drug use but then adulthood victimization occurred prior to first arrest. Pathways 3, 9 and 10 were the next most traveled pathways, but the number of cases were limited \( (n=26, 2.2\%; n=28, 2.3\%; n=36, 3.0\% \text{ respectively}) \). Overall, 34.2 percent \( (n=407) \) of women followed a sequenced pathway which included childhood and adulthood victimization to the criminal justice system.
Relationship between the First Set of Common Pathways and Other Characteristics

The third research question is: Are the common pathways related to other characteristics (e.g. demographics, family drug use, parental incarceration, prior foster care, mental health)? This question is first addressed through an investigation of bivariate correlations (see Table 22).
Table 22- Bivariate Correlations of Pathways with Control and Demographical Variables (N=1209)

<table>
<thead>
<tr>
<th>Pathway 0</th>
<th>Pathway 1</th>
<th>Pathway 2</th>
<th>Pathway 3</th>
<th>Pathway 4</th>
<th>Pathway 5</th>
<th>Pathway 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convictions</td>
<td>.019</td>
<td>−.139*</td>
<td>.024</td>
<td>.034</td>
<td>.107*</td>
<td>.043</td>
</tr>
<tr>
<td>Familial Drug use</td>
<td>−.014</td>
<td>−.145</td>
<td>−.061*</td>
<td>.102*</td>
<td>.102*</td>
<td>.084*</td>
</tr>
<tr>
<td>Parent_Incarceration</td>
<td>.012</td>
<td>−.190*</td>
<td>−.046</td>
<td>.129*</td>
<td>.129*</td>
<td>.082*</td>
</tr>
<tr>
<td>Prior Foster Care</td>
<td>−.029</td>
<td>−.186*</td>
<td>−.054</td>
<td>.143*</td>
<td>.143*</td>
<td>.073*</td>
</tr>
<tr>
<td>Mental Health Rx</td>
<td>−.073*</td>
<td>−.100*</td>
<td>−.015</td>
<td>.102*</td>
<td>.102*</td>
<td>.032</td>
</tr>
<tr>
<td>Non-White</td>
<td>.028</td>
<td>.051</td>
<td>.067*</td>
<td>−.044</td>
<td>−.044</td>
<td>−.041</td>
</tr>
<tr>
<td>Married</td>
<td>.030</td>
<td>.006</td>
<td>.008</td>
<td>−.027</td>
<td>−.027</td>
<td>−.016</td>
</tr>
<tr>
<td>High School_Grad</td>
<td>.014</td>
<td>.039</td>
<td>.023</td>
<td>−.001</td>
<td>−.001</td>
<td>−.029</td>
</tr>
<tr>
<td>Employed</td>
<td>.013</td>
<td>−.002</td>
<td>.002</td>
<td>.006</td>
<td>.006</td>
<td>.019</td>
</tr>
<tr>
<td>Age</td>
<td>−.066</td>
<td>−.073*</td>
<td>−.050</td>
<td>−.025</td>
<td>−.025</td>
<td>−.074*</td>
</tr>
</tbody>
</table>

N=1209; *p<.05, **p<.001
Table 22 presents the correlation matrix, which tested the relationships between the main pathways (0-6) against the demographical variables, additional risk factors and the number of lifetime convictions (primary dependent variable). A full set of bivariate correlations was conducted between all the variables, however, table 22 only displays the relevant information for testing the bivariate relationships between the pathways and other risk factors. Specifically, there was a small and negatively significant relationship between pathway 0 and having been prescribed medication for mental health ($r=-.073$, $p<.001$). In other words, having been prescribed mental health medication in the past increases the prevalence of pathway 0 ($D=A$). Pathway 0 was not related to any of the other control variables. Moreover, there was a small and negatively significant relationship between parental incarceration, prior foster care, having been prescribed medication for mental health ($r=-.190$, $p<.001$; $r=-.186$, $p<.001$; $r=-.100$, $p<.001$ respectively) and pathway 1 ($D<A$). Specifically, parental incarceration, prior foster care and being prescribed medication for a mental health diagnosis decreased the occurrence of pathway 1, where first drug use occurred prior to first arrest. Furthermore, there was a small, negative and statistically significant relationship between familial drug use and pathway 2; having been arrested first prior to drug use ($A<D$) ($r = -.061$, $p<.05$). Moreover, having a family where drug use was prevalent decreases the incidence of pathway 2. Also, being non-white is negatively correlated with pathway 2 ($r=.067$, $p<.001$).
The bivariate results for pathway 3 (CV< D< A) indicated a small, significant and positive correlation with familial drug use, parental incarceration, prior foster care and being prescribed medication for mental health (r=.102, p<.001; r=.129, p<.001; r=.143, p<.001; r=.102, p<.001 respectively). That is, familial drug use, parental incarceration, prior foster care and prescription for a mental health diagnosis increased the pervasiveness of pathway 3 (childhood abuse followed by drug use and then arrest). In addition, as shown in Table 22, parental incarceration and prior foster care had a small, positive and statistically significant correlation with the occurrence of pathway 4 (CV<A<D) (r=.063, p<.05; r=.068, p<.05 respectively). That is, having had a parent in prison and being in foster care as a child increased the prevalence of pathway 4. Also, graduating high school had a small, negative and statistically significantly relationship with pathway 4 (r=−.073, p <.05). This meant that graduating high school decreased the occurrence of pathway 4, where child abuse occurs first, followed by arrest and drug use. Finally, familial drug use, parental incarceration and prior foster care are positive and statistically significantly correlated with pathways 5 and 6. In other words, the prevalence of family drug use, parental incarceration and having been in foster care increased the incidence of pathway 5 (D<CV<A), where first drug use is followed by childhood victimization and then first arrest (r=.084, p<.001; r=.082, p<.001; r=.073, p<.05). Moreover, these same variables also increased the occurrence of pathway 6 (D<A<CV), where first drug use is followed by arrest and then childhood victimization.
Predictive Value of the Main Pathway Typologies on Frequency of Offending

4) Are the common pathways related to the frequency of offending for the women? In order to answer this question, a negative binomial regression was conducted to investigate which pathway had the most predictive value influencing the number of lifetime convictions (frequency of offending).

Table 23-Negative Binomial Regression Results for the Predictive Value of the Pathway Typologies on Frequency of Offending (N=1209)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Model 1 Pathways Only</th>
<th>Model 2 Pathways &amp; Correlates</th>
<th>Model 3 Pathways, Correlates &amp; Demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pathway 0 (D=A)* (REFERENCE)</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Pathway 1 (D&lt;A)*</td>
<td>-.356* (.157)</td>
<td>-.425** (.159)</td>
<td>-.475** (.153)</td>
</tr>
<tr>
<td>Pathway 2 (A&lt;D)*</td>
<td>.036 (.217)</td>
<td>-.057 (.218)</td>
<td>-.102 (.211)</td>
</tr>
<tr>
<td>Pathway 3 (CV&lt;D&lt;A)</td>
<td>-.068 (.159)</td>
<td>-.186 (.160)</td>
<td>-.263 (.154)</td>
</tr>
<tr>
<td>Pathway 4 (CV&lt;A&lt;D)</td>
<td>.504* (.226)</td>
<td>.322 (.228)</td>
<td>.243 (.219)</td>
</tr>
<tr>
<td>Pathway 5 (D&lt;CV&lt;A)</td>
<td>.074 (.187)</td>
<td>-.019 (.188)</td>
<td>-.139 (.181)</td>
</tr>
<tr>
<td>Pathway 6 (D&lt;A&lt;CV)</td>
<td>.635* (.255)</td>
<td>.466 (.255)</td>
<td>.352 (.249)</td>
</tr>
<tr>
<td>Familial Drug Use (1=Yes)</td>
<td>-.032 (.061)</td>
<td>.058 (.060)</td>
<td></td>
</tr>
<tr>
<td>Parental Incarceration (1=Yes)</td>
<td>.018 (.075)</td>
<td>.066 (.074)</td>
<td></td>
</tr>
<tr>
<td>Prior Foster Care (1=Yes)</td>
<td>.157* (.074)</td>
<td>.169* (.073)</td>
<td></td>
</tr>
<tr>
<td>Mental Health Rx (1=Yes)</td>
<td>.301*** (.155)</td>
<td>.172** (.059)</td>
<td></td>
</tr>
<tr>
<td>Race (1=Non-White)</td>
<td></td>
<td></td>
<td>-.433*** (.058)</td>
</tr>
<tr>
<td>Married (1=Yes)</td>
<td></td>
<td></td>
<td>-.125 (.067)</td>
</tr>
<tr>
<td>High School Grad (1=Yes)</td>
<td></td>
<td></td>
<td>-.130* (.060)</td>
</tr>
<tr>
<td>Employed (1=Yes)</td>
<td></td>
<td></td>
<td>.067 (.062)</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td>.034*** (.004)</td>
</tr>
<tr>
<td>Constant</td>
<td>2.08</td>
<td>2.04</td>
<td>1.23</td>
</tr>
</tbody>
</table>
Child Victimization was not present in these pathways. N=1209; *p<.05, **p<.010, ***p<.001

Explanation of the Negative Binomial Regression Results

This set of statistical analysis was completed to answer the fourth research question: Are the common pathways related to the frequency of offending for the women? Table 23 presents the results of the negative binomial regression for the predictive value of the pathways on the frequency of offending (i.e. number of lifetime convictions). All of the models were statistically significant (Model 1- $X^2 = 66.7$, df=6, $p<.001$; Model 2-$X^2 = 98.2$, df=10, $p<.001$; Model 3-$X^2 = 220.8$, df=15, $p<.001$). Model one only tested effect of the most common pathways on the number of lifetime convictions. Pathway 0 (D=A) was the reference category, thus it was excluded. The results showed that pathway 1 (D<A) was negative and significantly related to the number of lifetime convictions ($\beta = -.356$, $p<.05$). Compared to the reference category, pathway 1 reduced the number of lifetime convictions. This indicates that women who followed this path, (in the absence of childhood victimization) have an associated 42 percent (percent change = $100 \times [\exp(-.356)-1]$) fewer number of lifetime convictions (i.e., lower frequency of offending) while holding all other pathways constant. Also, pathway 4 and 6 were positive and significantly related to the number of lifetime convictions. Pathway 4 (CV<A<D) increased the number of lifetime convictions in comparison to pathway 0 (reference category). Therefore, the number of lifetime convictions was 65 percent higher for women who followed pathway 4 compared to those who followed pathway 0. Pathway 6 (D<A<CV) also increased the number of lifetime convictions in comparison to pathway 0. Thus, the number of

<table>
<thead>
<tr>
<th>Pseudo R²</th>
<th>.0097</th>
<th>.014</th>
<th>.033</th>
</tr>
</thead>
<tbody>
<tr>
<td>-2LL</td>
<td>-3391.17</td>
<td>-3357.30</td>
<td>-3278.39</td>
</tr>
</tbody>
</table>

*Child Victimization was not present in these pathways. N=1209; *p<.05, **p<.010, ***p<.001.
lifetime convictions was 88 percent higher for women who followed pathway 6 compared to those who followed pathway 0.

However, in Model two, the addition of correlates identified as important in women’s pathways to the criminal justice system significantly altered the relationship between the pathways. This indicated the importance of the correlates in order to understand women’s pathways. The results in Model two showed that only pathway 1 was negative and statistically significant ($\beta = -0.425$, $p < 0.010$). Pathway 1 (D<A) decreased the number of lifetime convictions in comparison to pathway 0, while holding all else constant. Thus, following pathway 1 was associated with a 53 percent lower number of lifetime convictions in comparison to those who followed pathway 0. Moreover, prior foster care was significant and positively related to lifetime number of convictions ($\beta = 0.157$, $p < 0.05$). This meant that women who were in foster care had approximately 17 percent higher number of lifetime convictions, while holding all else constant. In other words, those who were in foster care had more convictions than those who had not been in foster care. Moreover, having been prescribed medication for a mental health diagnosis was significant and positively related to the lifetime number of convictions ($\beta = 0.301$, $p < 0.001$). This denotes that having been prescribed medication for mental health is linked with a 35 percent higher number of lifetime convictions, while holding all else constant.

In Model three, the demographical variables were added. Race, marital status, high school graduation, employment and age were included in the model in addition to all the pathways and the correlates. Pathway 1 continued to be
negative and statistically significant ($\beta=-.475; p<.010$). Thus, in comparison to pathway 0, following pathway 1 decreased the number of lifetime convictions, while holding all else constant. This was associated with a 61 percent lower number of lifetime convictions in comparison to pathway 0. Also, foster care was positive and statistically significant in this model ($\beta=.165; p<.05$). This meant that prior foster care increased the number of lifetime convictions by 18 percent. Mental health was also positive and statistically significant ($\beta=.172; p<.001$). That is, having been prescribed medication for a mental health diagnosis increased the number of lifetime number of convictions by 19 percent. Race (1=non-white) was negative and statistically significant ($\beta=-.433; p<.001$). Minority women had a 54 percent lower number of lifetime convictions compared to white women, while holding all else constant. Furthermore, high school graduation was negative and statistically significant ($\beta=-.130; p<.05$). Graduating from high school decreased the total number of lifetime convictions by 14 percent in comparison to those that did not graduate high school, while holding all else constant. Lastly, age was positive and statistically significant ($\beta=.034; p<.001$). As age increased, the number of lifetime convictions also increased. This was associated with only a 3 percent higher number of convictions, while holding all else constant.
Summary of Analyses

The previous analyses informed the following answers:

1) **What are the common pathways of substance-abusing, female offenders?** (i.e. what are all the possible orderings of child/adult abuse, age of first drug use and age of first arrest?)

*NULL:* The distribution of cases is equivalent across all possible pathways. **(Reject)**

*H1:* There are several common pathways of substance-abusing female offenders

The first hypothesis stated that there would be several pathways populated by substance-abusing female offenders. After the analyses the results concluded that there were eight common pathways among the first chronological sequence, which included age of childhood victimization, age of first drug use and age of first arrest. However, two of those pathways included two cases or less. Therefore, they were excluded from the equation. The emergence of these pathways revealed the varying order of life events such as childhood victimization, first drug use and first arrest. Pathway 1, where drug use occurred prior to their first arrest, suggested that women’s drug use led to arrest; a commonly held assumption in the literature. This pathway along with pathway 0 and pathway 2 were created in the absence of childhood victimization. Earlier descriptive analyses revealed that 48.2 percent of the women were victimized as children, thus a little bit more than
half of the women in the sample had not been victimized during childhood. Consequently this finding resulted in the creation of pathways 0, 1 and 2, which excluded childhood victimization.

Additionally, there were twelve populated pathways in the second chronological sequence, which included age of childhood and adulthood victimization, age of first drug use and age of first arrest. As with the previous ordering of the first set of pathways; pathways 0, 1 and 2 did not include all of the variables of interest. Therefore, these pathways were created in the absence of one or more variables. For example pathway 0, is the no victimization pathway so variables like childhood and adulthood victimization were not included. Nonetheless, women in pathway 0 did have an age of first drug use and first arrest, for that reason sub-category pathways temporally ordering drug use and first arrest were created under pathway 0, pathway 1 and pathway 2.

2) **Is there a dominant pathway for women that enter the criminal justice system as suggested by feminist theorists?**

*NULL: No single pathway contains a disproportionate or majority percent of cases.* *(Reject)*

*H2: The dominant pathway for women that enter the criminal justice system is: childhood abuse→ drug use→ arrest; as postulated by feminist pathway theory.*
The second hypothesis argued that the dominant pathway for women who enter the criminal justice system is: the occurrence of childhood abuse/victimization is prevalent among the majority of women offenders, this life event then offsets a pattern where drug use begins after the victimization, which then leads to arrest and increased involvement in the criminal justice system.

However, analyses showed that the dominant pathway for women who entered the criminal justice system among this sample included women who were not sexually and/or physically abused or neglected as children. The most dominant pathway which emerged included women who began to use drugs prior to their first arrest (n=542 / 1186; 45.7%). The absence of the key variable, childhood victimization, was unexpected. However, the second most prevalent pathway was: the occurrence of childhood abuse/victimization was prevalent and this life event then offset a pattern where drug use began after the victimization, which then lead to arrest (n= 431 / 1186; 36.3%).

3) Are the common pathways related to other characteristics (e.g. demographics, family drug use, parental incarceration, prior foster care, mental health?)

NULL: There are no significant differences in risk factors among women in different pathways. (Reject)

H3: The common pathways will be related to other variables previously discussed in the literature review as important characteristics in entrance
of women into the criminal justice system (e.g., demographics, family drug use, parental incarceration, prior foster care, mental health).

It was expected that the common pathways would be related to other variables previously mentioned in the literature as important characteristics in entrance of women into the criminal justice system (e.g. demographics, family drug use, parental incarceration, prior foster care, mental health).

Results showed that Pathways 0, 1 and 3 were all related to having been prescribed medication for mental health. Pathway 1 was also related to parental incarceration and prior foster care. Pathway 2 was related to familial drug use and race (1=non-white). Pathway 3 was also related to familial drug use, parental incarceration and prior foster care. Pathway 4 was related to parental incarceration, prior foster care and high school graduation. Pathway 5 and 6 were significantly related to familial drug use, parental incarceration and prior foster care. Nonetheless, all of these bivariate relationships were small, thus not explaining a great deal of the variance in the occurrence of the pathways followed by the substance-abusing, female offenders in this sample.

However, once the two most dominant Pathways (1 and 3) were closely examined through bivariate (chi-square) and multivariate (logistic regression) analyses, more concrete results about the relationships between the pathways and other risk factors were revealed. Bivariate analyses (see Table 18) revealed that familial drug use, parental incarceration, prior foster care and having been prescribed mental health medication in the past are all
statistically significantly related to Pathways 1 and 3. Nevertheless, those women who followed Pathway 3 had more cases of familial drug use (pathway 3=46.9% v. pathway 1=32.5%), parental incarceration (Pathway 3=26.2% v. Pathway 1=11.3%), prior foster care (Pathway 3=25.8% v. Pathway 1=10.6%), and prior prescription for mental health medication (Pathway 3=42.0% v. Pathway 1=30.2%). Furthermore, logistic regression analyses confirmed the bivariate analyses. Indeed familial drug use, parental incarceration, foster care and prior mental health medication prescription all raised the odds of following pathway 3 (see Table 21).

4) Are the common pathways related to the frequency of offending for the women?

**NULL**: Pathways are not significant predictors of frequency of offending (Reject).

**H4**: The dominant pathway (childhood abuse→ drug use→ arrest) will have the most predictive value on higher frequency of offending.

The original hypothesis was that the dominant pathway according to feminist pathway theory (Pathway 3) would have the most predictive value on higher frequency of offending (more pervasive criminal involvement).

[Pathway 3= the occurrence of childhood abuse/victimization is prevalent among the majority of women offenders, this life event then offsets a pattern where drug use begins after the victimization, which then leads to arrest]
The results from the first negative binomial regression model predicting the frequency of offending (i.e. number of lifetime convictions) showed that Pathway 1 instead of the previously hypothesized dominant Pathway 3 was significant in predicting most of the value of frequency of offending among the women in comparison to the Pathway 0 (reference category) (see Table 23). However, the sign of the coefficient was not in the expected direction. Pathway 1 was negative and statistically significant. Meaning that in comparison to Pathway 0, following Pathway 1 decreased the number of lifetime convictions, while holding all else constant. This was associated with fewer number of lifetime convictions.

Also, Pathway 1 continued to be significant in light of demographical variables and risk factors added into the other two model equations. After controlling for demographics and risk factors; prior foster care, prior prescription of mental health medication, race (0=white, 1=non-white), high school graduation and age were all significant in predicting the value of lifetime number of convictions. Prior foster care, previous prescription of mental health medication and age were all significant in increasing the number of lifetime convictions. In contrast, following Pathway 1, being a minority and graduating high school were all significant in predicting reduced number of lifetime convictions.
CHAPTER 6: DISCUSSION AND CONCLUSION

This study contributes to the limited body of research that examines the temporal order of life events that lead to female offending through childhood abuse and drug use. The present research study was designed primarily to address the overarching premise that temporal patterning of women’s pathways into the criminal justice system exists; that is, while many women offenders share common risk factors, the sequence of these life events: (1) vary, and, they (2) share a limited set of common pathways. The present research set out to: (1) identify all populated pathways; (2) detect the most common sequences followed by the women; (3) examine the relationship between other risk factors and the common pathways; and, (4) explore the influence of these contrasting pathways on the frequency of offending among the women (i.e., total number of lifetime convictions).

Feminist Pathway and Life Course Theories were the principal guiding theories in this research. One of the main assumptions of Feminist Pathway theory is that in order to understand the causes of women’s delinquent behaviors, one must emphasize and focus on women’s childhood victimizations (Belknap & Holsinger, 2006). Previous feminist pathway research reported high incidences of childhood abuse among women offenders (Chen et al., 2004; Bloom, et al., 2004; Bloom et al., 2003a; Bloom et al., 2003b; Greenfeld & Snell, 2000), and thus assume that childhood abuse is central to women’s trajectories to offending. Most feminist pathway research temporally positions childhood
sexual and physical victimization in the beginning of women offenders’ life trajectories. This is then expected to lead to drug use and inevitably to arrest/contact with the criminal justice system (Bloom et al, 2003a; Bloom and Covington, 2009; Owen, 1998; Van Voorhis and Presser, 2001). Thus, the findings of this research challenge: (1) the position of childhood victimization in women’s pathways into crime; (2) the assumption that childhood victimization is generally present in women offender’s lives; and, (3) the dominance of this particular pathway as proposed by Feminist Pathway Theory.

The sample of substance-abusing female offenders was racially/ethnically diverse, with approximately 36 percent of the women identifying as non-Hispanic white, 39 percent identified themselves as non-Hispanic black, 19 percent were Hispanic and the remainder 6 percent were classified as other. The racially and ethnically diverse sample allows for greater generalizability, in contrast to previous feminist pathway research whose main sample was largely composed of African-American women (Richie, 1996; Simpson, Yahner, Dugan, 2008). Consistent with previous research on women in the criminal justice system, the majority reported “drugs,” specifically drug dealing as the main reason for being in the “system” (Blumstein and Beck, 1999; Chesney-Lind, 1997; Greenfeld and Snell, 2000; Snell and Morton, 1994). Even though all of the women in this sample were in some type of substance-abusing treatment program (as mandated by the criminal justice system), very few had robbery, theft, or burglary charges. These charges are often assumed to be related to the financing of drug use, but this was not the primary type of crime committed by this sample of
women. The results of this study also revealed that the most common type of drug used was crack. This was consistent with previous research, which suggested that higher proportions of women use stimulants rather than opiates (Wright, 2002). Evans et al., (2002) found that overall illicit drug use was significantly higher among female inmates particularly for “hard” drugs, such as crack and heroin. Crack was by far the most problematic drug for women drug users; it caused most of their drug dependency problems (McClellan et al., 1997). Additionally, Chen et al. (2004) found that females with a history of sexual abuse were more likely to use cocaine, since it was known to them as a way to reduce negative emotional effects, followed by hallucinogens and tranquilizers (Chen et al., 2004; McClellan et al., 1997).

A more detailed look at the context of women’s drug use revealed interesting findings regarding their initiation. Consistent with previous literature, men played a significant role in these women’s initiation to drug use (Bloom et al., 2004; Dunlap et al., 1997; Testa et al., 2003; Evans et al., 2002). Whether it was a boyfriend, husband or a non-romantically involved friend; the women in this sample disclosed that men were at the center of their drug onset. Evans et al., (2002) presented evidence to show that men and women differed in their initiation to drug use and that women were more likely than men to be initiated into drug use through intimate relationships with men. Also, in a study of female crack sellers, a similar theme surfaced, where women discussed how they were first introduced to crack through ex-boyfriends (Dunlap et al., 1997).
However, introduction to drug use by a female friend also emerged as an important category. This response came a close second to the women’s primary response. A number of women also responded that “no one had turned them into drugs.” The initiation context of their drug use with men and other female friends asserts the main premise of Relational Theory (Miller, 1976) and Gilligan’s (1993) work on women’s human development; connection and not separation. As Covington (2007) observed, “…women develop a sense of self and self-worth when their actions arise out of, and lead back into, connections with others” (p.3). However, the combination of the two responses (i.e., that they were introduced to drugs primarily through other female friends and that no one had introduced them to drugs) challenges some assumptions about how and why girls and women become drug-involved. The latter response that their drug use began in the absence of a third party displayed a type of agency (i.e., exerting power, a means of control) by the women, which is often ignored in the discussion of women offenders (Anderson, 2008; Baskin and Sommers, 2008; Katsulis & Blankenship, 2008).

Crime and drug use in the street are for the most part socially constructed, meaning that our cultural beliefs about gender (and race) guide our perception about who is a more culpable criminal. For the most part we like to think of female offenders as falling victim to the influence of a “bad man.” But to reduce their involvement in street-level criminal and drug using “hustles” (Anderson, 2008; Baskin and Sommers, 2008; Maher, 1997) to a “bad man” overlooks the complexity of their lives. Moreover, Katsulis and Blankenship
(2008) complement this viewpoint by arguing that depending on the setting, substance-abusing offenders could change their narratives as either villains or victims. That is, stories of victimization may often arise while interviewing women depending on the types of questions that she is asked. Katsulis and Blankenship (2008) explained, “accommodation to the victim role can protect women from attacks on their moral character in a social setting…gain access to scarce recourses…and help persuade a judge offer a lighter sentence” (pg.93). This is not to diminish the fact that women are more easily victimized, but instead it allows a different perspective of women offenders. This is what Anderson (2008) called “pathology and powerlessness.” Anderson (2008) argues that accepting this victim viewpoint “might have individual benefits, but it can also be dangerous insofar it reinforces the idea of women as passive victims in all areas of life, thereby shutting the door on agency, accountability and the potential for significant purposeful change” (p.93). It is that purposeful change, based particularly in one’s identity of self (Anderson, 1994; Anderson & Mott, 1998; Goffman, 1959) that has been associated with women’s progression to desistence (Giordano, et al., 2002; Baskin & Sommers, 2008).

Furthermore, one of the goals of this study was to obtain a more complete description of the women’s individual trajectories based simultaneously on the age of childhood victimization, age of drug onset, and age of first arrest. The use of Life Course Theory implicitly defined age as important in explaining offender’s criminal trajectory; together with Feminist Pathway theory the assumption is that pathways to crime are age-graded (Sampson & Laub, 1993; Belknap &
Holsinger, 2006). However, previous feminist pathway research has not used this age-graded method to develop temporal patterns. Thus beginning with the drug use versus arrest enigma, exploratory analyses in this study provided evidence using this age-graded approach. The majority of women in this sample were found to have used drugs for the first time prior to their first arrest; therefore asserting that drug use is likely to precede women's involvement in the criminal justice system and not vice versa. This is consistent with previous research examining the chronology of drug use and criminality which finds that female inmates in comparison to male inmates were more likely to start experimenting with drugs prior to criminal justice involvement (McClellan et al., 1997).

Next, the addition of childhood victimization into this trajectory provided the answers to the research questions. The first question asked about the common pathways of female offenders who were substance abusers (i.e., what are all the possible orderings of child/adult abuse, age of first drug use and age of first arrest?). The results suggested that there were nine possible pathways in the first set of chronological sequences that include age of childhood victimization, age of first drug use, and age of first arrest. Of those, two had very few cases and did not appear to be viable pathways. Moreover, there were twelve populated pathways in the second set of chronological sequences that included age of childhood and adulthood victimization, age of first drug use, and age of first arrest. Similar to previous research, this study established that women come into contact with the criminal justice system through distinct etiological routes (Brennan et al., 2010; Daly, 1992; DeHart, 2004; Simpson et
But unlike previous studies, these routes or pathways in this study account for the age in which each event first occurred. The nine age-graded pathways which emerged in this sample were: 1) Pathway 0-women who began to use drugs in the same year when they first became involved with the criminal justice system via first arrest; 2) Pathway 1-women who used drugs before being arrested for the first time; 3) Pathway 2-women who were arrested prior to their first experience with drugs; 4) Pathway 3-women who were sexually and/or physically abused or neglected as children, who then began using drugs and later entered the criminal justice system; 5) Pathway 4-women who were sexually and/or physically abused or neglected as children who entered the criminal justice system shortly after and later initiated drug use; 6) Pathway 5-women who initiated drug use prior to being victimized (as children) and were later arrested for the first time; 7) Pathway 6-women who began to use drugs, were later arrested for the first time and were victimized (as children) after entering the criminal justice system; 8) Pathway 7-women who entered the criminal justice system and were consequently sexually, physically abused and/or neglected and then began to use drugs; and finally 9) Pathway 8-women who entered the criminal justice system and subsequently began to use drugs and were later victimized (as children). Thus, the number of cases in the populated pathways challenge the position of women’s childhood victimization by Feminist Pathway theory. For example, women could have been victimized during childhood after they started using drugs; which could change the narrative or context of their pathways into crime.
Another noteworthy finding within this sample was the cumulative impact of victimization over the life span. More than a third (35.3%) of the women had been victimized in childhood as well as in adulthood. This is consistent with DeHart’s (2004) qualitative study of women’s pathways to prison, where a majority of the women had been abused multiple times and at different stages in their lives. DeHart (2004) uses the concept of “poly-victimization,” coined by Finkelhor, Omrod and Turner (2004), to describe simultaneous victimization. Specifically, women who were abused in childhood have a greater risk of being abused as adults (Gorcey et al., 1986; Wyatt et al., 1992; Follette et al., 1996). The results are also consistent with previous studies that found that many women in the criminal justice system have suffered from a multiplicity of abuse (Bloom et al., 2003a; Bloom et al., 2004; Gilfus, 1992; Richie, 1996). This study illustrates this through the chronological sequencing of pathways which included both childhood and adulthood victimization.

There were a total of fifteen pathways that emerged from sequencing both of the victimization variables, first drug use and first arrest. Pathways 0 through 2 were created in the absence of victimization. Nevertheless, there were three sub-type pathways embedded within pathway 0, 1 and 2. These sub-types were created by using the age of first drug use and first arrest. The first subtype was women who began to use drugs in the same year when they first became involved with the criminal justice system via first arrest; the second was women who used drugs before their first arrest; and, the third was women who were arrested prior to their first experience with drugs.
The chronological sequencing of the rest of the pathways included both of the victimization variables, first drug use and first arrest. These were: 1) Pathway 3- women who were sexually and/or physically abused or neglected as children, then were abused as adults, later became involved with drugs and were arrested thereafter; 2) Pathway 4-women who were sexually and/or physically abused or neglected as children, then were abused as adults and then became involved with the criminal justice system prior to their involvement with drugs; 3) Pathway 5-women who were sexually and/or physically abused or neglected as children, then began to use drugs and were arrested before their first adulthood victimization experience; 4) Pathway 6-women who were sexually and/or physically abused or neglected, then began to use drugs and subsequently experienced adulthood victimization and were later arrested for the first time; 5) Pathway 7-women who were sexually and/or physically abused or neglected were then arrested, later used drugs for the first time and then experienced adulthood victimization; 6) Pathway 8-women who were sexually and/or physically abused or neglected, consequently were arrested for the first time, were abused as adults and later initiated drug use; 7) Pathway 9-women who began to use drugs first, then were abused as children, subsequently were abused as adults and lastly they were arrested for the first time; 8) Pathway 10-women began to use drugs first, were later abused as children, then were arrested for the first time and later victimized as adults; 9) Pathway 11-women began to use drugs first were later arrested for the first time and were subsequently abused as children and later as adults; 10) Pathway 12-women
who became involved with the criminal justice system first, later began to use drugs, then were abused as children and later as adults; 11) Pathway 13-women who became involved in the criminal justice system, were later victimized as children, then became involved with drug and lastly were abused as adults; 12) Pathway 14-women who were involved with the criminal justice system first, were later abused as children, then abused as adults and lastly began to used drugs.

Consequently, the chronological sequences identified above support the first hypothesis that temporal patterning of women’s pathways into the criminal justice system exists, that is, while many women offenders share common risk factors, the sequence of these life events vary. This directly leads to the second research question: Is there a dominant pathway for women that enter the criminal justice system as suggested by feminist theorists?

One of the most common pathways among the first set of chronological sequences is indeed the one proposed by feminist theorists and follows the sequence of childhood victimization, drug use, and arrest. However, the single leading pathway for women in this sample was a sequence where drug use preceded arrest (Pathway 1). The absence of the key variable, childhood victimization, was unexpected. This finding contrasts with previous feminist pathway literature that assumes that childhood victimization is prevalent among most women offenders (Bloom et al., 2003a; Bloom et al. 2004; Daly, 1992; Gilfus, 1992). This is one of the most notable findings in this study. This discovery disrupts the national profile of women offenders because although childhood victimization is higher among this population, it is not the most
common pathway as described in the Feminist Pathway Theory (Belknap, 2001; Bloom et al., 2003a). Nonetheless, the drug use to arrest pathway is consistent with literature that posits that women are more likely to be involved in crime if they are drug users (Brown, 2002; Chesney-Lind, 1997; Cobbina, 2009; Bloom et al., 2003; Van Voorhis, et al.2001, 2008).

It is possible that this finding tells a story that supports Anderson’s (2008) claim about a more empowered perspective on women, drugs and crime; therefore denying the “pathology and powerlessness” paradigm that is often used in the discussion of women offenders. Anderson’s (2008) viewpoint is that research about women substance abusers is always based upon themes of dysfunction, victimization, exploitation, dependence and powerlessness. Anderson's (2008) work shifts the nature of the discourse through a discussion of women’s power and agency in illegal context and activities. Anderson states:

…persistent focus on women’s victimization and/or the consequences they encounter in criminal contexts denies not only an understanding of the benefits they obtain from illicit drug world interaction but also how they exercise agency and mobilize resources to achieve a sense of control over their lives (p.3).

The finding that pathway 1 was the most predominant pathway slightly changes the discussion of substance-abusing women as victims. The absence of victimization in this pathway could be due to: (1) simply the non-existence of the event or (2) the lack of disclosure about victim status. It is possible that not all women disclosed their victim status, but if this is the case, this is an important point to acknowledge. This has direct implications to substance-abusing women’s identity of self. This corresponds to Anderson’s symbolic resistance agency,
which states that “women actively reject stigma, derogatory images and undesirable expectations by managing and creating new alternative identities…” (p.5). Nevertheless, as Katsulis and Blankenship (2008) point out, substance-abusing females can change the narrative of their identity depending on the setting. For example, women in a criminal justice system may use the victim role narrative not to disrupt an image of a repentant woman. Conversely, this identity is less useful while in a street setting, where women may not want to portray themselves as victims.

However, this study does not reject the main premise of Feminist Pathway theorists, which is that women and girls often come in contact with the criminal justice system based on survival of abuse/victimization. This is because the second most prevalent pathway was: women who were sexually and/or physically abused or neglected as children, who then began using drugs and later entered the criminal justice system (pathway 3). Consequently the second assumption that childhood victimization led to drug use and then to arrest as the primary pathway was partially supported. This highlights the various paths women travel to the criminal justice system and the importance of taking age into account. It also draws attention to the fact that there is not just one entry into the criminal justice system that accounts for the origins of women’s crime. Similar to the theorizing process and multiple studies conducted about men’s criminality, the study of women’s pathways reveal overlapping and complicated mechanisms for their criminal behavior.
The most dominant pathway in the second set of chronological sequences which used both of the victimization variables and ages of first drug use and arrest was again the pathway that lacked any type of victimization (pathway 0). Nevertheless, among the pathways which included victimization, pathways 5 and 6 were the most common among the group. The pathway 5 group, were women who were victimized as children, began to use drugs, then were arrested and later victimized as adults. Women in pathway 6 were those who were victimized as children, began using drugs, were victimized again as adults and were later arrested. The pathways mentioned above are often cited in feminist pathway literature when conveying the multiplicity of abuse women offenders endured and also the premise behind gender-specific correctional risk assessments (Van Voorhis et al., 2001; 2008).

These pathways revealed something interesting about the timing and possibly the context of adulthood victimization among a group of substance-abusing women offenders who were victimized in childhood. In both pathways 5 and 6, adult victimization comes after age of first drug use, potentially supporting a linkage between childhood and adulthood victimization through drug use. This is consistent with previous literature that states that women’s involvement in the drug market economy (as a seller or user) could lead to riskier behavior and that victimization is due to the violent context of the “drug world” (Baskin et al., 2000; Dunlap et al., 1997; Maher, 1997). Also, childhood victimization could affect women’s cognitive make up which can be exacerbated by the use of drugs as the women are trying to escape, mask the pain and/or cope with their abuse. These
cognitive behavioral changes can disrupt relationships, trust and bonding mechanisms; thus by virtue of these cognitive limitations (Anda et al., 2006; Felitti et al., 1998; Giordano et al., 2002) women may be more vulnerable to intimate partner abuse (Gilfus, 1992; Richie, 1996).

Results from the third research question: Are the common pathways related to other characteristics (i.e., demographics, family drug use, parental incarceration, prior foster care, mental health)? -demonstrated that women, who followed pathways 1 and 3, differed. Results from the bivariate analysis showed that women who followed pathway 3 fared significantly worse, possessing more risk factors than women who followed pathway 1. Higher percentages of the women in pathway 3 experienced previous familial drug use, parental incarceration, prior foster care, and had mental health issues. The same variables were statistically significant in predicting the likelihood of following pathway 3 versus pathway 1. These findings affirmed that many of the gendered risk factors are associated with pathway 3, the primary path often cited by feminist criminologists, where childhood victimization is prevalent; drug use began subsequently to that event and arrest thereafter. Furthermore, these results support previous research which stressed that experiencing multiple forms of abuse or household dysfunction during childhood produces harmful consequences on adult mental health (Chapman et al., 2004). Women who experienced familial drug use, parental incarceration and prior foster care were more likely to follow a path where childhood victimization was present. Thus it is safe to assume that this could have been the result of inadequate or
inappropriate parental care. Also, the results revealed that childhood abuse occurred within the context of poor family functioning. Previous research suggests that childhood abuse is often not an isolated event in children’s lives. They are also more likely to be exposed to other adverse childhood experiences such as parental divorce/separation, domestic violence, familial criminality, familial substance abuse and exposure to a household member with a mental illness (Anda et al., 2006; Chapman et al., 2004; Dong et al., 2004; Felitti et al., 1998). Thus it is possible that the women also suffered added trauma from not feeling able to share or turn to her family members for help. This case was highlighted in Baskin and Sommers (1998) research, where many of the women reported that they felt “unprotected and alone” in the aftermath of the abuse due to the uncertainty of their familial environment. Moreover, these findings support Daly’s (1992) “harmed and harming women” pathway. “Harmed and harming” women, like those in pathway 3 suffered from neglect, sexual and/or physical abuse as children began abusing drugs as teens and later entered the criminal justice system through felony court. Like those women in pathway 3, Daly (1992) states that these women were unable to cope with difficult situations and displayed symptoms of psychological harm.

Post-hoc analyses yielded interesting results about the pathways women followed in this sample. A multinomial logistic regression analyses was conducted to include all the pathways from the first set of chronological sequences (i.e., childhood victimization, first drug use and first arrest). Unlike the previous findings from the first logistic regression, for this analyses the main
feminist pathway sequence, pathway 3, was compared to the pathways that did not include childhood victimization (pathways 0-2, reference category) and was also compared to the rest of pathways that did not fit the feminist pathway sequence (pathways 4-8). Women who experienced familial drug use, parental incarceration, foster care and prior mental health diagnosis were more likely than those who did not experience these life events to follow pathway 3 relative to pathways without victimization. These post-hoc analyses were consistent with previous logistic regression analyses, which found that having these risk factors also predicted the likelihood of following pathway 3. Furthermore, in regards to the rest of the pathways which included childhood victimization relative to those pathways that did not, the results indicated that women who experienced familial drug use, parental incarceration, foster care and prior mental health diagnosis were more likely than those who did not experience these life events to follow pathways 4-8 relative to pathway 0. Therefore, these results suggest that women who are subjected to more gendered risk factors are likely to follow a pathway where childhood victimization is present. Thus, asserting one of the premises in feminist pathway research, that girls who are exposed to an adverse family setting where familial drug use, parental incarceration, and prior foster care are experienced, can lead to their victimization as children (Belknap, 2007; Bloom et al., 2003a; Bloom et al., 2003b; Brennan, Breitenbach, Dieterich, 2010).

Finally, results from the fourth research question, are the common pathways related to the frequency of offending for the women, did not support this study's original assumption. The present research used Feminist Pathway
Theory to deduce a commonly held premise, which was that pathway 3 would be the most significant pathway to predict higher frequency of offending for the women. Pathway 3 was characterized by the occurrence of childhood abuse/victimization, then drug use and arrest.

The findings from the first negative binomial regression model predicting the frequency of offending (i.e. number of lifetime convictions) showed that pathway 1 instead of the previously hypothesized dominant pathway 3 was significant in predicting frequency of offending among the women in comparison to the pathway 0 (D=A, reference category). Pathway 3 was not statistically different from the reference group (pathway 0). Pathway 1 was negative and statistically significant; meaning that in comparison to the reference category, membership in pathway 1 decreased the number of predicted lifetime convictions. This was associated with fewer number of lifetime convictions. One can speculate that a path where drug use was the main factor that drove women into the criminal justice system, in the absence of childhood victimization, displayed a less complex profile. Perhaps these women reflected less serious mental health issues and less chaotic family processes that are commonly related to childhood abuse; thus, being able to avoid the criminal justice system in different ways than those with childhood victimization.

However, additional risk factors, identified by feminist pathway literature were associated with an increase in lifetime number of convictions. Pathway 1 continued to be negatively significant in light of the demographical variables and risk factors added into the other two model equations. In addition, prior foster
care, prior prescription of mental health medication, race, high school graduation and age were all significant in predicting the value of lifetime number of convictions. In particular, prior foster care was found to increase the number of lifetime convictions. Initially, it was suspected that prior foster care would decrease the number of lifetime convictions because it meant being extracted from a less than desirable family environment to a more stable one. The premise was that this would act as a protective factor. Nevertheless, prior foster care signifies exactly the opposite, turbulent family history and family disruption (DeHart, 2004). This finding refocuses the attention on the role of the family in explaining women’s criminal involvement (Giordano, 2010; Kruttschnitt & Giordano, 2009; Sampson & Laub, 1993). The positive effect of prior foster care on increased criminal involvement is supported by previous research and theoretical assumptions that assert that women are more vulnerable to tumultuous family environments because it disrupts attachment (Gilligan, 1993; Hirschi, 1969; Huebner & Betts, 2002; Miller, 1976). Interestingly, familial drug use and parental incarceration alone were not significant in increasing the number of lifetime convictions as expected. However, other literature found positive relationships between familial drug use and/or parental incarceration and girls’ delinquency (Johnson, 2006; Dodge and Potocky, 2000). It is possible that including prior foster care in this analysis encompassed the most serious type of family disruption, which resulted in the child’s removal from their home (foster care). Family processes are extremely important in women’s criminal involvement, therefore this study provides empirical evidence to continue to focus
on family-related risk factors. This research also emphasizes that “family variables” focusing on the lack of attachment and the most severe aspects of family disruption may yield more comprehensive results for the offending patterns of women.

Moreover, the results of this study revealed an association between being prescribed medication for a mental health diagnosis in the past and higher frequency of offending via lifetime convictions. Such findings are consistent with prior research establishing that women with mental health problems in the criminal justice system have higher recidivism rates than female offenders without mental health problems (Benda, 2005). These findings warrant the importance of identifying and attending to the mental health needs of women offenders (Bloom et al., 2004; Bloom et al., 2003b; Jordan et al., 1996; Teplin et al., 1996; Van Voorhis et al., 2001).

Also, age was a significant factor in increasing the number of lifetime convictions. Therefore, older women, as expected, had more criminal convictions than younger women in this sample. However, being a minority and graduating from high school were all significant in predicting reduced number of lifetime convictions. In contrast to previous research that used homogenous samples of women offenders (Richie, 1996; Simpson et al., 2008) this study was able to see whether race was an important factor in determining increased lifetime number of convictions. The findings suggested that Black, Hispanic, Asian and Native American women in comparison to White women had a reduced number of lifetime convictions. Although this is inconsistent with official statistics and other
literature that found the minority women are disproportionally represented in the criminal justice system (Harrison and Beck, 2006), these results could be explained by the disparity in sentencing. Previous research has found that women of color are sentenced more harshly, particularly for drug offenses (Bush-Baskette, 1998; 2010). Hence it could be that many of the women of color have served longer sentences and as a result have less number of convictions. It is also possible that judges aware of this racial disparity could have previously diverted many of the women in this sample out of the criminal justice system (e.g., drug court). Moreover, those that graduated from high school had fewer lifetime convictions; consistent with previous literature that posits that educational achievement reduces criminal behavior (Lochner and Moretti, 2003; Farrington and Welsh, 2007; Sum, Khatiwada, McLaughlin, 2009).

Limitations

It is important to stress that entrance into one stage of these pathways does not invariably lead to the next stage. That is, not all women who have used drugs have been arrested; not all women who have suffered from childhood victimization have used drugs, been arrested or victimized as adults. Since this study used a purposive sampling technique in order to identify women in the criminal justice system who had substance abuse problems, thus ensuring the presence of certain experiences, this is a substantial limitation. Since all women were criminal justice-involved, this research could not differentiate between offenders and non-offenders. Therefore these results are not generalizable to
women that were not in the criminal justice system or women in the criminal justice system who are not drug users. The study also cannot make statements about the chronological sequences followed by men. It is possible that these pathways are common for both genders and are not gender-specific at all. Nevertheless, the large sample size increases the confidence that these results are robust.

These data were collected through in-person interview surveys. Thus, the limitations of self-reports are also applicable to this study. The self-reported nature of women’s drug use fails to differentiate the magnitude of their substance abuse. Also, because these were retrospective accounts of their lives, women may have had an issue recalling exact times or ages. For the most part, interviewers felt that the women were honest about their answers. Moreover, respondents were not randomly selected by the researchers. Instead, participants self-selected themselves and volunteered for the interview. There is evidence that non-random selection can yield biased results; more so when participants self-select than when others make the selection decision (Shadish, Cook & Campbell, 2002). The degree of this potential bias is unknown.

Nonetheless, this sample was racially and ethnically diverse and the distributions of other demographic variables demonstrated substantial variation.
Policy Implications

As with the majority of feminist pathway research, this study calls attention to responding to women’s pathways. Programs and services in correctional facilities and the criminal justice system as a whole should take into account the context of women’s lives with the understanding that this may explain, at least to some degree, how and why women get arrested. Even though the child victimization pathway was not the most dominant one, results from this study revealed that women in this particular pathway have more risk factors associated with their lives. These included familial drug use, parental incarceration, prior foster care and mental health issues. Thus, treatment programs that specifically target childhood victimization in combination with problematic family life may have a positive effect on women’s criminal and drug-using patterns of behavior. Other researchers have also called for similar programming, which emphasizes targeting familial factors when developing a gender-specific curriculum for delinquent girls (Bloom et al., 2003; Bloom et al., 2004; Kruttschnitt & Giordano, 2008; Van Voorhis, 2001). Beyond services behind bars, these types of programs need to be known to and readily available to probation officers, juvenile authorities and judges and other court staff that refer girls and women to programs.

Intrinsically, the results of this study also have implications for the development of drug and delinquency/crime prevention programs for girls. A comprehensive curriculum that includes opportunities for the girls in these settings to exert some sort of agency, which they may be missing in other
aspects of their lives, can also yield more promising results with girls who have been abused. Often, researchers and/or practitioners have a sense of “what works,” but as the results of this study and the vast majority of feminist criminology research show, maintaining one assumption of how girls/women enter the criminal justice system limits the type of approaches to support this population.

Another implication based on the findings is the need for an assessment that takes into consideration the age in which “risk factors” occur in women’s lives. In other words, the assumption that age matters should be translated into assessment protocols for criminal justice populations. Also, during the assessment period, we should allow for greater verbalization of women’s own thoughts regarding 1) the reasons why they entered the system and 2) ask about their strengths and buffers, which may keep them out of the criminal justice system (Cobbina, 2009; DeHart, 2004).

Future Research

Future research should continue to collect information on risk factors specific to women, but should also consider collecting this data using an age-graded approach. For example, Simpson et al., (2008) collected data from women using a life calendar method, which collects age-graded data by using a month by month timeline. As with this study, collection of risk factors by phases of women’s lives (i.e., childhood, adolescence and adulthood) could lead to more comprehensive results about the initiation and continuation of criminal behavior.
Also, the use of a longitudinal study design could result in greater reliability of the results, since the respondents would not have to recall exact ages. Also, future research should also collect information on the duration and severity of abuse to determine whether it mediates frequency of criminal justice involvement. Furthermore, research should differentiate the pathways described above by dichotomizing ages of onset (early versus late onset). That is each pathway would then have two additional subtypes by taking into account this disaggregation. Life Course theory and research call attention to the implications of earlier versus late initiation of drug use and criminal behavior, thus it would be interesting to discern whether this disaggregation matters in the frequency of offending for women.

Additionally, future research should pay close attention to sample selection. Gathering information from both, offenders/ non-offenders and across gender, would allow the researchers to examine how pathways into the criminal justice system differ significantly, from women non-offenders and men. Specifically, how are victimized, non-offending women different from substance-abusing women offenders who were victimized? Future research on women’s pathways into the criminal justice system should take into consideration the role of women’s resiliency and agency (Anderson, 2008; Maher, 1997; Sommers et al., 2000) into their initiation of drug use and criminal activities and to see whether victim narratives began to emerged as adults or during childhood. It would also be interesting to use Anderson’s (2008) “empowerment perspective”
of women’s illicit drug experiences while doing a more in-depth qualitative study of women’s pathways into the criminal justice system.

**Conclusion**

This research highlights the importance of acknowledging the different ways in which women come into contact with the criminal justice system. The findings of this study challenge (1) the position of childhood victimization in women’s pathways into crime; (2) the assumption that childhood victimization is generally present in women offender’s lives and (3) the dominance of the pathway as set out by Feminist Pathway’s Theory. Women were found to have two different sets of chronological pathway sequences. The first was inclusive of childhood victimization, age of first drug use and age of arrest; the second was inclusive of both types of victimization, (childhood and adulthood), age of first drug use and arrest. The overarching hypothesis that temporal patterning of women’s pathways into the criminal justice system exists was confirmed by the results in this study. Moreover, a pathway in the absence of childhood victimization was found to be the dominant pathway inconsistent with Feminist Pathway theory which asserts that women come into contact with the criminal justice system through childhood victimization which leads to drug use and then arrest. Nonetheless, this study found that this pathway was the second most prevalent pathways traveled by the women in this sample. Further analyses also found that women who also had a history of familial drug use, parental incarceration, prior foster care and mental health issues were more likely to
follow pathway 3 (the Feminist Pathway- childhood victimization → drug use → arrest). This provided empirical evidence that although a majority of the women come into contact with the criminal justice system drug use in the absence of victimization, those who do come through the latter pathway are at greater disadvantage given the additional risk factors embedded within that pathway. Moreover, those who follow the first pathway, (drug use → arrest) predict less frequency of offending when compared to a pathway where drug use and arrest occurred concurrently. Lastly, prior foster care, mental health issues and age, significantly increased the number of lifetime convictions. Nevertheless, being a minority and graduating from high school acted as protective factors for reduced number of lifetime convictions.
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