



# Prevalence and Severity of Lifetime Physical and Sexual Victimization Among Incarcerated Women

Angela Browne,\* Brenda Miller,† and Eugene Maguin‡

## Introduction

Beginning in the 1960s in the United States, a new area of interpersonal victimization—that of aggression by intimates—began receiving increased attention from researchers, mental and medical health treatment providers, and legal policy-makers. Attention to violence by family members initially focused on the physical abuse of children (Gil, 1970; Kemp, Silverman, Steele, Droege-mueller, & Silver, 1962). Public awareness of physical aggression between intimates expanded in the 1970s and 1980s to include new findings on violence between marital partners, particularly violence against wives (Dobash & Dobash, 1979, 1984; Dutton, 1988; Frieze, 1980; Martin, 1976; Pagelow, 1981, 1984; Walker 1979). With the publication of Straus, Gelles, and Steinmetz's (1980) nationally representative incidence study on family violence in 1980, an area of inquiry was born that has remained a focus of extensive research, interven-

---

\*Senior Research Scientist, Harvard Injury Control Research Center, School of Public Health, Harvard University, Boston, Massachusetts, USA.

†Director, Center for Research on Urban Social Work Practice, University of Buffalo, Buffalo, New York, USA.

‡Assistant Research Professor, Center for Research on Urban Social Work Practice, University of Buffalo, Buffalo, New York, USA.

The authors would like to acknowledge the contributions of the following persons in the conduct of this research: Bedford Hills Correctional Facility Administration and staff; Department of Corrections Division of Program Planning Research and Evaluation Unit staff; Project Manager Pam Varker; Project Interviewers Margaret Feerick, Susan Piercey, Judy Rodriguez, Angela Taylor, and Alessandra Testa; and the 150 women who shared with us the experiences of their lives.

This work was supported by grants from the National Institute on Drug Abuse Grant No. RO1DA06795-04, "Impact of Family Violence on Women's Drug Use," Brenda A. Miller, PI, Bill Downs and Angela Browne, Co-PIs; and a Women's Health Supplement Award from the National Institutes of Health, Brenda A. Miller and Angela Browne, Co-PIs.

Address correspondence and reprint requests to Angela Browne, Harvard Injury Control Research Center, Harvard School of Public Health, 677 Huntington Avenue, 4th Floor, Boston, MA 02115, USA.

tion, and legal policy efforts up to the present (Tjaden & Thoennes, 1996). Research on violence by intimates spans the disciplines of sociology, criminal justice, law, medicine, psychology, psychiatry, and social work, and has stimulated rapid and dramatic changes in legislation, social policy, and public awareness.

As a result of scientific inquiry, we now have an extensive body of knowledge on the incidence and prevalence of physical and sexual aggression by intimates and on potential short- and long-term effects for survivors (see Gelles & Conte, 1990 for a review). However, virtually all empirical research during this period has been based on general population studies or on mental health, medical, court, or shelter samples (Browne & Bassuk, 1997). Except for a few studies, literature on the prevalence of interpersonal violence fails to include individuals who are out of the community serving long-term sentences in correctional settings. This article begins to address this gap by presenting findings from a comprehensive study of victimization histories among incarcerated women in a maximum-security setting. Empirical information on this population is critical, given the sharp increases in the rates of incarceration in the United States over the past 15 years and the economic and human price this increased use of imprisonment exacts.

### *Changing Patterns of Incarceration in the United States*

Although long considered too small a population to warrant extensive consideration, women now constitute the most rapidly growing segment of the prison population and the segment about which we know the least. The United States has the highest rate of incarceration in the industrialized world, even higher than that of former police states such as South Africa and the former Soviet Union (U.S. Expands its Lead in the Rate of Imprisonment, 1992). Since 1985, the nation's prison and jail populations have nearly doubled on a per capita basis, to over 1.6 million today. Nearly 30% of this population is imprisoned in three states—California, Texas, and New York (Gilliard & Beck, 1996). During 1995 alone, the number of individuals in prison grew by over 72,000, an increase of 6.8%. On December 31, 1995, 1 in every 167 U.S. residents was incarcerated (Gilliard & Beck, 1996).

The most dramatic increase over the past decade has been in the incarceration of women, which has nearly quadrupled (Beck & Gilliard, 1995). A large part of this rapid growth has been due to the increased use of prison for drug, rather than violence-related, offenses. For example, in 1986, 1 in every 8 incarcerated women was serving time for drug-related offenses; by 1991, that number had risen to 1 in 3 (Snell & Morton, 1994). Even when one considers only those individuals incarcerated in maximum security facilities (a population more likely to be serving time for crimes of violence), less than 60% of currently incarcerated women are incarcerated for violent felonies. In New York State—the state with the third largest prison population in the United States—60% of *all* women under custody on April 18, 1998 were serving time for drug-related offenses. About one quarter (26%) were incarcerated for violent felonies committed either by themselves or by a companion. Only a small minority (9%) were incarcerated for property or other offenses.

### *Long-Term Effects of Violence by Intimates and Reasons for the Incarceration of Women*

Parallels between the literature on *long-term effects of violence by intimates* and the *predominant reasons for women's incarceration* (noted above) make a further understanding of imprisoned women's prior trauma histories particularly important. For example, empirical studies have shown a strong association between histories of family violence and development of later alcohol and drug problems in survivors, irrespective of whether samples are drawn from clinical or community populations. (e.g., Downs, Miller, Testa, & Panek, 1992; Polusny & Follete, 1995; Rohsenow, Corbett, & Devine, 1988; Singer, Petchers, & Hussey, 1989; Toray, Coughlin, Vuchinich, & Patricelli, 1991). Women victims of child sexual molestation or severe physical child abuse by parental figures are at significantly higher risk for substance abuse and addiction as teenagers and adults than women who have not had these experiences (Brown & Anderson, 1991; Miller, Downs, & Testa, 1993; Straus & Kantor, 1994; Windle et al., 1995). These findings hold even when risk factors such as the presence of alcoholic parents or sociodemographic variables are controlled. However, most research on connections between drugs and violent victimization has focused on violence related to the business of buying and selling drugs and on the drug subculture; little attention has been given to drug use as a possible *secondary* effect of earlier experiences with aggression or threat.

Girls from physically or sexually abusive homes also are more at risk of separation from their families of origin before adulthood due to out-of-home placements or running away, and then become at increased risk of involvement in drug- or prostitution-related activities. Further, in a prospective cohort study of long-term consequences of severe physical or sexual abuse or neglect in childhood (based on 908 substantiated cases in the Midwest), Widom and Ames (1994) found that children who had experienced severe child abuse or neglect were at significantly higher risk for arrest as juveniles and adults compared to a matched control group. Although the absolute percentage was low, girls who had been sexually abused (compared to girls with *other* types of victimization and to controls) were at increased risk of adult arrests for prostitution.

Finally, one of the most consistently found aftereffects of sexual molestation during childhood is a vulnerability in some survivors to later involvement with violent intimates (e.g., Beitchman et al., 1992; Browne & Finkelhor, 1986). Drug use also increases the likelihood of relationships with intimates who are violent—both to the women and to others—and who are involved in a variety of other criminal activities. Increased exposure to violent intimates increases the risk of defensive acts by women in protection of themselves or a child (e.g., Browne, 1987), as well as the likelihood that women will be present or will otherwise have “certain knowledge” when a crime is committed by an intimate and will therefore be charged with and convicted of involvement with that crime. Thus, some of the long-term effects of victimization by family members may play important roles in the events for which women today are imprisoned.

### *Prevalence of Lifetime Physical and Sexual Victimization Among Incarcerated Women*

Questions about lifetime histories of physical and sexual victimization are just starting to be included in studies of incarcerated women. In most cases, these questions are inserted into studies on other subjects; measurement is abbreviated, question sets lack validity and reliability, and methodologies used predict that resulting prevalence levels may be low. (For example, Finkelhor, 1994 noted that, across studies, prevalence estimates of abuse seem most affected by the number of questions used to measure victimization experiences, with multiple questions yielding the highest endorsements.) The six studies in the literature using U.S. samples are reviewed below.

#### *Findings from National Samples*

Only two national studies included victimization questions in surveys with incarcerated women. In 1991, the Bureau of Justice Statistics (BJS) conducted its first nationally representative survey of women in prison, interviewing approximately 1 in every 11 women in state correctional facilities (Snell & Morton, 1994). This survey included three screening questions on lifetime experienced of victimization: (a) “*Have you ever been physically or sexually abused?*”; (b) (If yes to sexual abuse) “*In this incident did someone use force to rape you or attempt to rape you?*”; and (c) (If yes to either) “*Did you know any of the persons who abused you?*” If respondents endorsed any items, they were asked about the number of occurrences, their age, and the perpetrator(s)’ age(s) at the time, and the relationship category of the perpetrator(s). Of the 38,798 women participants, 43% reported some type of assault prior to that incarceration; 33.5% reported lifetime physical abuse and 33.9% reported lifetime sexual abuse. About half of those reporting abuse had been assaulted by an intimate. More than three quarters of those reporting abuse had been sexually abused or assaulted. Over half (56%) of those who were sexually abused had experienced a completed rape (Snell & Morton, 1994).

Although the BJS sample was large and representative, the methodology used may have suppressed rates. Questions on victimization occurred near the end of the interview in a section on involvement with gangs, and only one question was used to screen for abuse histories. If respondents gave a negative response or refused to answer that questions, no further questions were asked. The BJS methodology also required respondents to *label* actions they experienced as “abuse” in order to endorse the screening item—a technique less likely to reveal experiences with physical or sexual assault by intimates than behavioral indices describing actions without labeling them as inappropriate. A revised BJS survey is currently being conducted in which questions have been reworded to include behavioral descriptors and the question set has been expanded.

The other national survey was conducted by the American Correctional Association (1990) in 1987, using similar methodology. In this sample of 1,720 women, 43% of adult respondents were white non-Hispanic, 36% were African American, and 10% were Hispanic. Respondents were asked whether

they had ever been “*the victim of physical abuse (e.g., being beaten, kicked, or tied up)*” and if they had ever been “*the victim of sexual abuse.*” If they said yes to either question, they were asked how many times incidents happened, their age at the time of the first incident, the relationship of the perpetrator, whether they disclosed the abuse to anyone, and—if they reported the incident—what happened. Based on these questions, 53% of adult respondents reported ever being physically abused—with 82% of these reporting 3 or more incidents; and 36% reported sexual abuse—with 55% reporting multiple incidents. Over one third (36%) reported physical abuse occurring before age 20, and 30% reported sexual abuse prior to that age, mostly between the ages of 5 and 14. Sexual abuse was most often perpetrated by male family members. One fourth of all respondents reported physical abused by husbands or boyfriends.

### *Findings from Local Samples*

Only four other studies appear in the literature as being conducted in the United States and including victimization questions or obtaining information on sexual trauma. Bloom, Chesney, and Owen (1994) conducted a study of a randomly selected sample of 297 women housed in California’s three women’s prisons and the California Rehabilitation Center (a coed facility at that time). Women in the sample averaged 32 years of age; over one third (35%) were African American, 36% were white non-Hispanic, and 17% were Hispanic. Respondents were asked whether they had ever been “*physically abused/harmed/hit*” as a child, whether they had been “*physically abused/battered*” as an adult; if they had ever been “*sexually abused*” as a child or as an adult, and if they had ever been “*sexually assaulted (using violence)*” as a child or in adulthood. For any positive endorsements, participants were asked how often this occurred and the relationship category of the perpetrator(s). Using these questions, Bloom et al. (1994) found that 29% of California’s incarcerated women reported violence by parental caretakers and 31% reported child sexual abuse. Over half (60%) reported being physically assaulted in adulthood, primarily by male partners, and 23% reported adult sexual assault.

Similar findings were obtained by Sargent, Marcus-Mendoza, and Chong (1993) and Fletcher, Rolison, and Moon (1993), in their study of 267 women at a mixed-security level prison in Oklahoma. Women in this sample also had an average age of 32; 48% were White non-Hispanic, 37% were African American, and 9% were Native American. Participants were asked four questions about victimization: if they were “*physically abused*” before age 18 or, after age 18, were “*physically abused by a mate, husband, boyfriend, lover, friend, acquaintance, or partner*”; and if they were “*raped, sexually abused, or molested*” before age 18 or, after age 18, were “*raped (forced to commit sexual acts against your will)*.” Questions did not distinguish between assaults by intimates and nonintimates. Based on these questions, over one third (37.5%) reported being physically abused as children and 69% reported being physically abused as adults. Over half (55%) reported experiencing sexual assault; 40% of the sample reported sexual assault in childhood and 38% reported sexual

assault as adults. Sargent et al. (1993) noted that, in other analyses, respondents who reported physical or sexual abuse also were more likely to report problems with alcohol or other drugs.

Lake (1993) did post-hoc analyses on reported experiences of abuse by intimates and assault, sexual assault, and robbery by nonintimates among 83 women incarcerated in Washington state in 1986. The average age of these women was 29; over half were White non-Hispanic (63%), 20.5% were African American, and 8% were Hispanic. Since the study had been designed primarily to assess criminal behavior, assessments of physical and sexual victimization were quite abbreviated. Physical abuse in childhood was assessed by asking about kinds of "*punishment*" used by parental figures before the respondent's age 12. Respondents were classified as "*abused*" only if a parental figure had punched or kicked her; both design factors could sharply limit resulting prevalence levels. Sexual assault by relatives was described to respondents as someone "*using force or threats*" to make her engage in sex. Other types of sexual abuse were excluded—a potentially large omission. (Since children are socially and legally prohibited from leaving their homes, child victims are often forced to remain in an environment where inappropriate and illegal activities are perpetrated against them, regardless of whether overt threat or force is used.) Given endorsements, questions were asked about the relationship of the respondent to perpetrators, but the study did not include a way to determine whether sexual abuse occurred in childhood. Physical assaults by partners were assessed by asking if the respondent had ever been hit by a spouse or live-in partner (dating violence was not assessed). Physical and sexual assaults by strangers were measured in the same manner as those by intimates.

Using these measures, 29% of respondents reported physical abuse in childhood; 18% reported sexual abuse by relatives—a prevalence somewhat *lower* than that among women in general community-based samples (Finkelhor, 1994). However, 70% reported violence by an intimate partner and nearly half of those reported sustaining injuries severe enough to need medical treatment. Over one third (37%) reported physical assaults by strangers, and 30% reported sexual assaults; nearly three quarters reported being physically or sexually assaulted by strangers or robbed. In total, over 85% of the sample reported at least one type of victimization experience. In examining potential correlations between experiences of abuse in childhood and later assaults by partners or nonintimates, Lake reports no evidence of associations between childhood abuse and later victimization. However, this may be an artifact of the small sample size, measurement problems for childhood variables, and the resulting low endorsement—especially for childhood sexual abuse. Lake also finds family sexual assault uncorrelated with later arrest data, possibly also due to these methodological factors (see also Bonta, Pang, & Wallace-Capretta, 1995 for similar Canadian findings and similar conclusions based on unusually low endorsements of childhood abuse).

Finally, Singer, Bussey, Song, and Lunghofer (1995) interviewed 201 women randomly selected from all new admissions to the Cleveland House of Corrections from May to September 1992. (Actively violent or psychotic women were excluded.) Women were an average age of 30; most were African

American (73%) or White non-Hispanic (21%). In this municipal jail sample, half of the women were incarcerated for prostitution; 13% were incarcerated for drug offenses or drug-related loitering. Although this study did not specifically ask about intimate violence, 68% of respondents reported being forced into sexual activity as adults, and nearly half (48%) reported being sexually victimized as children.

In sum, the six studies published over the past 10 years suggest a substantial prevalence of physical or sexual assault among incarcerated women. However, these assessments used only three to six direct questions, often requiring that *respondents* decide whether actions by intimates and others qualified as abuse, molestation, battery, or rape. Studies vary widely in their ability to distinguish (a) childhood from adult experiences, (b) perpetration by intimates versus nonintimates, and (c) cumulative experiences of victimization over the lifespan. The research reported here was conducted to lay a foundation of prevalence and severity data—based on comprehensive measures with established validity for evaluating physical and sexual assault—upon which to build future inquiries on the links between later behaviors and lifetime exposure to violence. The purpose of these analyses is not to link victimization experiences to particular types of criminal behaviors, but rather to identify the prevalence of these experiences in a population of incarcerated women. In addition to the importance of establishing parallel knowledge to prevalence and severity findings on other populations, more comprehensive data on the level of prior victimization in incarcerated populations is essential to inform intervention and prevention efforts and criminal justice policy.

## Method

Analyses presented here are based on data from a National Institute of Health-funded supplement to a larger National Institute on Drug Abuse (NIDA) prospective study. The NIDA study investigated the impact of family violence on women's drug use based on a sample of 600 women from four groups: shelters for partner violence, drug treatment centers, and community samples matched to these groups for geographical residence and age. Although the NIDA study was comprehensive, only women living in the community were included. This study added a sample of women ( $n = 150$ ) from the societally cost-intensive and rapidly growing women's prison population, representing women who spend extended time out of the community in correctional settings.

The focus of the analyses is the aggregate experiences of incarcerated women in terms of prior victimization histories. The reported prevalence and severity of six types of violence will be discussed: (a) severe physical violence by parental figures, (b) child sexual molestation—both familial and nonfamilial, (c) severe physical aggression and (d) rape by intimate partners in adulthood, and (e) physical and (f) sexual violence by strangers or acquaintances. Data includes detailed information on reported experiences with physical and sexual victimization and threats throughout the lifespan among women serving long-term (over 6 year) prison sentences, as well as reports on resultant inju-

ries and other outcomes. Data do not include reports on victimization while incarcerated.

### *Setting*

These data are drawn from cross-sectional interviews with 150 women entering the general population of Bedford Hills Maximum Security Correctional Facility (BHCF) in Bedford Hills, New York. BHCF, with a population of 760 to 840, is New York State's only maximum security prison for women, as well as the Reception Center for all women sentenced to prison in New York State. A maximum security facility was chosen for this research because of the assumed presence of a saturated population for inquiry into issues of drug abuse and violent victimization. The relatively longer sentences served by most maximum security inmates also offered the potential of later follow-up studies with this population.

### *Respondents*

All women entering the general corrections population of BHCF (thus excluding women in reception who were transferred to nonmaximum security settings) for 26 consecutive months on new charges who met study criteria and had less than 1 year total time away from the community were invited to participate. A list of eligible participants was prepared monthly for the project by the Department of Correctional Services, Division of Program Planning, Research and Evaluation Unit. Because the first few weeks of incarceration can be a chaotic and potentially frightening time, women were invited to participate after they had been in the general corrections population at BHCF for at least 2 months and had had time to become familiar with prison routines and become involved in ongoing program and work activities.

The following categories were excluded from the eligible respondent pool: (a) women with severe mental illness, as determined by the Office of Mental Health Satellite Unit (OMH) at BHCF, (b) women considered a mental health risk at the time of their eligibility due to active suicidal ideation or recent incidents of self-harm (as determined by OMH), (c) women serving disciplinary time in the Segregated Housing Unit (SHU) at the time of their eligibility, and (d) women who were medically hospitalized at the time of their eligibility. For the last three categories, women were given a later opportunity to participate if they returned to the general population and were not considered at special risk. Due to human subject concerns, no women entering BHCF at ages younger than age 18 were accepted into the study.

Of the 304 women entering the general population on new charges with less than 1 year away from the community who were 18 years of age and older during the interviewing frame, 74 (24%) were excluded from the eligible subject pool for mental health ( $n = 56$ ) or medical ( $n = 5$ ) reasons or because they were in SHU ( $n = 13$ ). Of the 230 women eligible for the project, 68% completed the interview, 9% refused to participate, 11% failed to appear for the call out (scheduled appointment), and 12% were absent from the facility during interview weeks due to being at court or in other facilities.



### *Demographic Characteristics of Sample*

Respondents ranged in age from 18 to 59 years, with a mean and median age of 32 years. Ethnically, the largest group of women were African American (49%); 25% were Hispanic and 12% were White non-Hispanic. Most Hispanics in the sample were from Puerto Rico or other Caribbean countries. The majority of women reported they had never married (53%). However, 23% reported being married or in a common-law relationship at the time of the interview, while 17% were either divorced or separated. The majority of women (78%) had one or more children. Over four fifths (82%) were born in the United States. This sample is similar to recent national data on all women in state prisons in median age (31 years nationally), percent Black (45% nationally), and number who had children (78%; Snell & Morton, 1994). However, the BHCF sample has a higher proportion of Hispanics (25% vs. 14%) and married women (23% vs. 17%), and a lower proportion of White non-Hispanics (12% vs. 36%). Women at BHCF were much less likely to be divorced or separated (17% vs. 32%; Snell & Morton, 1994).

### *Protocol*

Interviews were conducted on prison grounds 1 week each month over a 1-year period. All eligible women were sent a memo at the beginning of each interviewing week explaining the study, reassuring them that all new residents were being invited to participate and they were not being singled out in any way, and informing them that they would be called out to meet a project interviewer who would describe the study to them in more detail. Potential participants were briefed on the study individually by going through the detailed consent form with an interviewer in a private interviewing space. If they agreed to participate, they were interviewed at that time. In most cases the interview protocol took 2.5 to 3.5 hours to complete; the majority of interviews were completed in one sitting. At the conclusion of the interview, respondents were given a resource list in Spanish and English detailing mental health and family violence resources available within the prison setting and how to access those resources.

Interview questions were derived from the NIDA study. Some special considerations for prison data collection, such as time constraints on interviews, limited replication. All questions related to time periods prior to the current incarceration. Interviewers were selected for prior experience with research interviewing on sensitive topics in special settings. All interviewers were women. Interviews were conducted in either English or Spanish, depending on the preference of the interviewee. All interviews were conducted in private with just the participant and the interviewer present.

### *Measures*

*Physical Violence.* The physical aggression scale of the Conflict Tactics Scales (CTS; Straus, 1979, 1990a, 1990b) was used to obtain data on physically violent actions by childhood caretakers and by intimate partners in adulthood.

Developed in the United States in 1971, the CTS has been used in two national samples of more than 8,000 respondents and employed in hundreds of studies in Western countries over the past 27 years. Alpha coefficients of reliability range from .79 to .62. Numerous indicators of concurrent validity, construct validity, and independence from social desirability effects have been demonstrated in research by Straus and others (e.g., see Straus, 1990a, pp. 40–44 and Straus, 1990b, pp. 63–70 for a review). Items give behavioral descriptions of physically aggressive acts with a yes/no or a frequency response for each item. The aggression scale is further divided into “minor” and “severe” violence indexes. The “minor” violence items are: threw something at the other; pushed, grabbed, or shoved; slapped or spanked. Severe violence items are: kicked, bit, or punched; hit or tried to hit with an object; beat up; choked (or for parent-to-child violence, burned or scalded); threatened with a knife or gun; and used a knife or gun. Only results from the “severe” violence index are reported here. Although Straus and colleagues (Straus, 1990b; Straus & Gelles, 1990) used the CTS to assess adults’ behaviors toward their children, many empirical studies have since used the index as a retrospective measure of abuse in childhood (e.g., Tjaden & Thoennes, 1996).

*Severe Physical Violence by Childhood and Adolescent Caretakers.* Following Straus and colleagues (Straus, 1990b; Straus & Gelles, 1990), severe physical violence by childhood caretakers was defined as the occurrence of at least one of the following before age 18: being kicked, bit, or hit with a fist; hit with an object; beaten up; burned or scalded; or threatened or assaulted with a knife or gun. In addition, we incorporated the non-CTS item, “having one’s life threatened in some other manner.” This allowed us to elicit information about violent behaviors not captured by specific CTS items. The prevalence of severe caretaker violence in the family of origin was computed for the women’s primary mother figure, primary father figure, and for other childhood caretakers combined. The primary parental figures were those with whom the women had resided the longest (until age 18 or leaving home, whichever came first) or for the longest duration prior to age 13. Other childhood or adolescent caretakers were the mothers or fathers with whom women had resided for the second-longest period of time up until their age 18 or they left home. Although this category may contain people that were not routinely (or at all) involved in caretaking, we use the term *caretakers* for brevity’s sake when referring to these three categories in the aggregate.

*Child Sexual Molestation.* Child sexual molestation was defined as both contact and noncontact sexual experiences occurring before age 18 and involving a person at least 5 years older than the woman at the time of the incident, a relative irrespective of any age difference, or any individual who had forced the respondent to engage in sexual activities. Detailed items described experiences of sexual molestation in three categories: inappropriate exposure, sexual contact (touching), and any form of penetration. Specific sexual experiences included invitations to do something sexual; sexually oriented touching (e.g., breast, abdomen, thighs); oral sex; digital penetration (“other person inserted a finger or object into your vagina or anus”); and intercourse (“other person

inserted his penis into your vagina or anus"). Interviewers read the list of items and asked if each item had ever occurred. A measure of total sexual abuse prevalence was constructed from these items. For each endorsement, respondents were asked their age at the time of occurrence, the perpetrator's age if known, and the perpetrator's relationship to them.

This method of using multiple questions of a specific nature rather than a single, more general question, has been shown to produce more reports of sexual abuse (Briere, 1992; Finkelhor, 1994; Peters, Wyatt, & Finkelhor, 1986; Russell, 1986). Interview questions were drawn from previous works by Finkelhor (1979) and Sgroi (1982). Over the past 12 years, the indices of sexual abuse used in this study have been used with over 1400 women across community and treatment settings to help respondents identify sexual abuse experiences (Miller et al., 1993). The data for these variables were taken from a series of questions that elicited information on the first five persons involved in reported incidents of sexual abuse. Community agency involvement was measured by a question that assessed whether the police, juvenile courts, social service agencies, regular (adult) court, or any other official agency was involved with the family as a result of sexual molestation incidents.

*Severe Physical Violence by Intimate Adult Partners.* Severe physical violence by intimate partners was defined similarly to violence by childhood caretakers, except that—following Straus (1990a)—being “choked, strangled, or smothered” appeared in the adult violence scale. Our definition of severe violence by an adult partner differs in two ways from that of Straus and Gelles (1990). First, as with parental violence, we incorporated the non-CTS item “having one’s life threatened in some other manner,” enabling us to elicit information about violent behaviors not captured by specific CTS items. In addition, respondents were asked if they had been “threatened with an automobile.” Respondents were asked about all “*intimate partners*” (*by this we mean a male or female you had a romantic or sexual relationship with for 1 month or more*) since age 14, starting with their “*very first date or lover*.” A separate item measured whether women had been harassed, threatened, or assaulted by any ex-partners after an intimate relationship had ended.

*Threats of Harm by Intimate Partners.* Threats of harm to self or others by the women’s assailants were measured by items that were asked of all women about threats by an intimate partner, irrespective of whether they reported severe partner violence. These threats included: (a) to kill themselves, (b) to kill the respondent, or (c) to kill the respondent’s relatives or friends.

*Medical Outcomes of Partner Violence.* The prevalence of injuries sustained by women as a result of severe violence was measured by a series of questions adapted from Walker (1984), increasing in severity from “no visible injury but painful” to “permanent injury to eyes, head, joints, back, or limbs” (Browne, 1987; Walker, 1984). This set of items was asked if severe violence was reported by any intimate adult partner. The total injury prevalence was constructed of all injury items except the “no visible injury but painful” item. Thus, a positive response to the total injury prevalence indicates that the at-

tack resulted in at least minor bruises, cuts, burns, or blackened eyes. Respondents were also asked if they needed or received medical treatment as a result of partner violence.

*Other Outcomes of Partner Violence.* Other outcome measures of partner violence included whether the woman had moved away from an intimate partner to escape his/her violence, whether the woman or others had ever called the police related to a partner’s violence, whether the woman had ever obtained a restraining order, and whether charges had ever been filed related to partner violence.

*Lifetime Physical and Sexual Victimization by Strangers.* Victimization by persons *other* than parental caretakers or intimate partners was assessed by five items that asked whether women had ever: (a) had something taken from them by force (e.g., been held up or mugged); (b) been beaten up or attacked with a dangerous object such as a rock or bottle; (c) been knifed, shot at, or attacked with another weapon; (d) been threatened with assault (excluding telephone threats) or threatened with a knife, gun, or some other weapon; or (e) been raped. Those reporting experiences in any of these categories were asked how many times this had occurred between their ages of 10 and 17, since they turned 18, and in the 6 months prior to this incarceration, and the number and relationship of perpetrators involved.

**Results**

*Severe Physical Violence by Childhood and Adolescent Caretakers*

Overall, results show that a substantial majority of the sample of women in the general corrections population reported having experienced sexual molestation or severe violence prior to the current incarceration. Over two thirds (70%) reported experiencing severe physical violence from a childhood or adolescent caretaker or parent. Just over half (51%) reported that their primary female caretaker had inflicted physical violence, and over one quarter (29%) reported that their primary male caretaker had severely physically attacked them. Seventeen percent reported that other caretakers had inflicted severe physical violence (Table 1).

TABLE 1  
Severe Physical Violence by Childhood and Adolescent Caretakers<sup>a</sup>

Any caretaker/other adult in household	70%
Primary female caretaker	51%
Primarily male caretaker	29%
Other caretakers	17%

<sup>a</sup>N = 150.

### *Child Sexual Molestation*

Over half of all respondents (59%) reported some form of sexual abuse during childhood or adolescence. Nearly half (49%) of all respondents reported experiencing exposure; 51% reported sexual touching, and 41% reported experiencing vaginal, oral, or anal penetration. Of those women reporting sexual molestation, 27% reported biological or adoptive fathers or stepfathers as the perpetrators (surprisingly, fathers were just as likely as stepfathers to be the reported perpetrators); nearly half (42%) of the sample reported sexual victimization by other male relatives (excluding foster parents). Just over half of those who reported molestation (56%) gave nonrelatives (including foster parents) as the perpetrators. Finally, a small minority (2%) of the sample reported that they had been victimized by a female relative. Over half (51%) of those reporting childhood or adolescent sexual abuse reported that their first molestation occurred between the ages of 0 and 9. For nearly half of those reporting childhood sexual abuse (42%), the duration of the abuse was estimated to exceed 1 year. Over one quarter estimated the duration as more than 3 years. Among women reporting childhood sexual abuse, only one quarter (24%) reported that their experiences of molestation had come to the attention of outside authorities. When an outside agency was reported as involved, the police or a social service agency were most often mentioned (21% and 10%, respectively). Interestingly, few women reported that either juvenile or adult courts became involved (6% and 9%, respectively) (see Table 2).

### *Severe Physical Violence by Intimate Adult Partners*

Experiences of severe physical violence by intimate partners in adulthood were reported by three quarters (75%) of all respondents. Sixty percent reported being kicked, bitten, or hit with a fist; over half (57%) reported being beaten up; 50% reported being hit with an object able to do damage. Even when only the most *severe* sounding items are considered, 40% of all respondents reported being choked, strangled, or smothered; 36% reported being threatened with a knife or gun; and one quarter reported being cut with a knife or shot at by an intimate partner. In addition, over one third (35%) reported that they had experienced marital rape or been forced to participate in other sexual activity (Table 3).

*Threats of Harm by Intimate Partners.* Verbal threats of severe harm were also commonly reported: Over half of all respondents (53%) reported that a partner had threatened to kill them; over one third (36%) reported that a partner had threatened to kill himself. Homicide threats were reported as extending to the women's friends and relatives in 16% of the cases.

*Medical Outcomes of Partner Violence.* Nearly two thirds of all respondents (62%) reported that they had been injured by an intimate partner during adulthood. Although minor bruises were the most common form of injury mentioned (with 56% reporting this injury), over one fifth of all respondents (21%) reported suffering a concussion and 17% reported broken bones as a

**TABLE 2**  
**Child Sexual Molestation<sup>a</sup>**

	%
Type of molestation	
Any	59
Exposure	49
Sexual touching	51
Vaginal, oral or anal penetration	41
Of those reporting molestation (any type)	(n = 89)
Relationship of perpetrator(s)	
Father or stepfather	27
Other male relatives	42
Female relatives	2
Nonrelatives (includes foster parents)	56
Age at first molestation experience	
0 through 9 years	51
10 through 14 years	42
15 through 17 years	8
Duration of molestation experience	
Only once or <1 month	23
1 month to 1 year	36
More than 1 year to 3 years or less	15
More than 3 years to 5 years or less	15
More than 5 years	12
Intervention by outside agency	
Any	24
Police involvement	21
Adult court involvement	9
Juvenile court involvement	6
Social service agency involvement	10

<sup>a</sup>N = 150.

result of a partner's violence. Nearly half (46%) reported that they needed medical treatment for injuries inflicted by their partner.

*Other Outcomes of Partner Violence.* Over one third (37%) of the total sample reported obtaining an order of protection related to partner violence, and over one quarter (28%) reported that charges had been filed. Half of all respondents who had ever *ended* a relationship with an intimate partner reported that they had been physically assaulted, threatened, or harassed after separation.

### *Physical and Sexual Violence by Nonintimates*

The final dimension of lifetime violent victimization assessed was criminal victimization by "nonintimates": persons other than parental figures or intimate partners. Three quarters (77%) of all respondents reported that they had been the target of some form of victimization by others, which ranged from

**TABLE 3**  
**Severe Physical Violence by Intimate Adult Partners<sup>a</sup>**

	%
Physical violence by an intimate partner	
Any	75
Kick, bit, or hit with a fist	60
Hit with an object able to do damage	50
Beat up	57
Burned or scalded	7
Choked, strangled, or smothered	40
Threatened with a knife or a gun	36
Actually used a knife or a gun	24
Threatened life with an automobile	7
Threatened life in some other manner	21
Forced sex by an intimate partner	
Threats of harm by intimate partners	
Any	56
Threatened to kill respondent	53
Threatened to kill self	36
Threatened to kill respondent's relatives or friends	16
Medical outcomes of partner violence	
Physically injured by a partner	62
Most prevalent injuries	
Minor bruises	56
Severe bruises	38
Concussion	21
Broken bones	17
Needed medical treatment	46
Other outcomes of partner violence	
Assaulted, threatened, or harassed postseparation	50
Obtained restraining order	37
Charges were filed	28

<sup>a</sup>N = 150.

threats of assaults involving weapons to physical and sexual attacks. The most common forms of criminal victimization mentioned were muggings (reported by 49% of the sample) and threats of assaults involving weapons (also reported by 49% of the sample). Only slightly less common were violent assaults, reported by 38% of respondents. Again, more than one quarter (28%) of all respondents reported being knifed or shot at. Violent sexual attacks were reported by one third of the sample. When all forms of violence are considered together, only 6% of respondents did *not* report experiencing at least one physical or sexual attack during their lifetime (Table 4).

### *Relationship of Childhood Victimization to Adult Victimization*

Finally we examined whether women who reported different types of victimization prior to age 18 were also more likely to report physical or sexual at-

TABLE 4  
Physical and Sexual Violence by Nonintimates<sup>a</sup>

	%
Physical or sexual violence	
Any	77
Held-up/mugged	49
Threatened to beat up/threatened with a weapon	49
Beaten up/physically attacked	38
Knifed or shot at	28
Other physical assault	2
Raped/attacked sexually	33

<sup>a</sup>N = 150.

tack in adulthood. Overall, 80% of women reporting that they experienced *severe physical violence* by parental caretakers in childhood or adolescence also reported later experiencing *severe physical violence* by an intimate partner. (In contrast, 62% of women who did not report experiencing severe assault by parental caretakers reported severe physical violence by a partner.) Similarly, women who reported being *sexually molested* before age 18 were much more likely to report *sexual assaults by nonintimates* during adulthood than women who reported no sexual intrusions during childhood (40% vs. 23%) (Table 5).

Discussion

These findings suggest that violence across the lifespan for women incarcerated in the general population of a maximum security prison is pervasive and severe. Lifetime prevalence rates of severe violence by intimates reported in this study far exceed those for *all* acts of physical abuse reported by women in

TABLE 5  
Relationship of Childhood Victimization to Adult Victimization

Adult victimization	Childhood victimization			
	Severe violence by caretakers		Child sexual molestation	
	Yes (%)	No (%)	Yes (%)	No (%)
Severe partner violence (75%)	80.0*	62.2*	80.9	65.6
Sexual assaults —				
nonintimates (33%)	35.0	28.9	40.2*	23.0*
Physical assaults —				
nonintimates (72%)	75.0	64.4	76.1	65.6

\*Chi-square test,  $p \leq .05$ .



the general female population—as identified in a recent national random sample of 8,000 U.S. women—of 40% for physical abuse by parental caretakers and 22% for violence by adult partners (Tjaden & Thoennes, 1996; Tjaden, personal communication, 1996). Similarly, the 59% lifetime prevalence rate of child sexual molestation stands in stark contrast to the 20 to 27% prevalence rates obtained in community-based samples (Finkelhor, 1994).

For these incarcerated women, experiences of physical and sexual assault began early. According to these reports, by age 11, over two thirds (66%) of those experiencing child sexual abuse had already been molested; 71% of those assaulted by caretakers had already experienced severe violence by a parental figure. Reports of childhood victimization strongly predict reported re-victimization later in life. Women who reported severe physical violence by parental figures were 29% more likely to report that they later became involved with an intimate adult partner who was physically violent; women who reported childhood sexual molestation were 75% more likely to endorse violent sexual assault items than women who did not report childhood molestation.

In thinking about implications of early experiences of violence, we have primarily emphasized the parallels between long-term effects of experiences with violence and predominant reasons for women's incarceration. It is also true that there is an association between involvement in drug abuse and/or illegal activities and an increased risk of physical and sexual victimization. Since 82% of the sample reported experiencing severe parental violence and/or childhood sexual abuse before reaching adulthood, it is unlikely that victimization precipitated simply by drug use or criminal activity increased the cumulative lifetime prevalence figure significantly. However, the high rates of reported victimization by adult partners and nonintimates undoubtedly was driven, in part, by respondents' involvement in illegal drug use and other illegal activities.

This study offers several strengths. Interviews were conducted with women entering the general population of the prison facility rather than with participants in special programs or mental health interventions, thus enhancing the generalizability of findings to incarcerated women in other facilities. The study was designed to distinguish (a) childhood from adult experiences, (b) perpetration by intimates versus nonintimates, and (c) cumulative experiences of victimization over the lifespan. Measures of key domains were detailed and comprehensive, with proven validity and long histories of use in other empirical studies. All key measures were based on behavioral indices; respondents were never asked to label intimates as abusive in order to endorse a question or to respond to questions based on their personal definition of battery, abuse, or molestation. In line with Finkelhor's (1994) earlier observations, the higher prevalence rates identified in this study compared to earlier inquiries among incarcerated women underscore the importance of research utilizing comprehensive and validated measures of victimization.

The study also has several limitations. Lifetime prevalence rates of the types of violence under investigation may be underreported. For purposes of comparability and due to our concerns about strains on mental health resources within BHCF, severely and chronically mentally ill women and women considered to be mental health risks were excluded from the study. Although research with mentally ill inpatient populations and women who self-mutilate or

seriously consider suicide suggest a high prevalence rate of past physical and sexual victimization, we believe a study specifically focused on the severely mentally distressed would be most appropriate for assessing their trauma histories. Women who refused to participate in this study also may have lowered prevalence findings, due to the exclusion of their histories. A memo that accompanied each notice of call-out described the study as including questions about relationships with family and intimate partners. In informally stating their reasons for refusal at the time of call-out, many of those refusing referred to this sentence and said that they had “had things happen to them that they wanted to forget.” Self-report techniques also risk underreporting of sensitive or painful information by participants due to shame or actual repression of traumatic childhood experiences (e.g., Widom & Ames, 1994). In this study, respondents sometimes asked to skip questions on sexual molestation or abuse by parents or said that responding to those questions would be disloyal to their families.

Although record data of private events such as violence by intimates severely underreport their actual occurrence in a population, self-report techniques risk both under- and overreporting. Thus, lifetime prevalence levels of violence in this study also may be overreported. For example, some participants may have felt that manufacturing stories of early abuse experiences would help justify their later incarceration. The structure of the interview and the interviewing process was designed to minimize this possibility; respondents were not asked about reasons for their current incarceration or precursors to it and knew that interviewers were blind to their criminal history and the charges for which they were serving time. Still it may have occurred. If overreporting did occur with some participants, it would not be enough to eliminate the phenomenon. For example, even if prevalence levels were overreported by 20%, this would reduce the intensity and severity, but results would still represent a phenomenon of significant magnitude and implications for policies related to incarcerated female populations.

### *Implications for Research*

Despite these caveats, this study—along with a few others—suggests that there is a sufficiently high prevalence of severe physical and sexual assault across the lifespan among incarcerated women to warrant further inquiries on how trauma histories relate to later imprisonment. Research directions suggested by this and other studies (e.g., Widom & Ames, 1994) include investigations of: (a) mechanisms by which victimization by intimates *contribute* to women’s later involvement in the criminal justice system; (b) what types of background characteristics, resiliency and support factors, and/or trauma profiles *differentiate* women with trauma histories who become involved with the criminal justice system from women with trauma histories who do not; (c) the *impact* of victimization histories on women’s prison adjustment and needs for mental health and other interventions while incarcerated; and (d) what *types* of early interventions or interventions during incarceration might offset negative effects of trauma and promote a positive readjustment to the community

upon release. The pervasiveness of reported abuse experiences in this study did not suggest that victimization histories *per se* would be correlated with particular types of crimes. However, future studies that wanted to be specifically predictive could possibly look at *profiles* of abuse histories among women that might be related to specific types of criminal offenses.

### *Implications for Interventions and Programs*

Levels of severe physical assault and sexual molestation in early childhood identified in this study are particularly troubling in their potential for long-lasting psychological and behavioral outcomes (e.g., Beitchman et al., 1991, 1992; Bryer, Nelson, Miller, & Kroll, 1987; Finkelhor, 1995; Herman, 1992). Time spent in an incarcerated setting provides an *opportunity* for targeted interventions that could markedly improve the potential for adjustment within the incarcerated setting and successful reintegration when women return to the community (e.g., Morash, Haarr, & Rucker, 1995).

For example, a study completed by the New York State Department of Correctional Services (DOCS) Division of Program Planning, Research and Evaluation (Canestrini, 1994) found evidence of specific short-term effects on recidivism for women who had participated in an on-site program for survivors of family violence. The program was comprehensive, with educational activities, support groups, and individual counseling. In addition, small groups addressed issues of survivors of child abuse, child sexual abuse/incest, and partner violence, as well as those of women who killed adult partners and women with child-related crimes. The DOCS study followed up all women (220) who had participated in the Family Violence Program at BHCF between 1988 and April 1994 and were subsequently released. Control variables for the study included type of crime, second felony offender status, ethnicity, and age at release.

After a 21-month follow-up, women with 6 to 12 months in the program had less than *half* the recidivism rate (10% vs. 24%) as women released during the same period who did not participate in the program, even when type of crime, second felony offender status, ethnicity, and age at release were controlled. Women with less than 6 months in the program had the second highest rate of return: 19%. Although the researchers did not speculate on factors affecting this outcome, this study illustrates the potential impact on recidivism of focused interventions that deal directly with histories of traumatic victimization. Beyond the humanitarian issues of providing support and intervention to individuals in our society who are suffering, addressing some of the long-term effects of violent victimization is particularly important in incarcerated populations. If left unaddressed, posttrauma effects—potentially part of the pathway leading *to* incarceration—would be expected to markedly worsen the prognosis for a successful return to life outside correctional facilities upon release.

### *Implications for Policy*

The number of imprisoned women in the United States has nearly quadrupled over the past 15 years. An increased understanding of the precursors to

imprisonment for women is now timely and critical. Incarceration as a “solution of choice” for drug-related offenses is a radically costly alternative, both for individual taxpayers and on a state and federal level. Costs for holding one individual in jail or prison in New York City are now estimated at \$58,000 per year (Singer et al., 1995). Estimates for the cost of building one prison cell range from \$52,000 to \$94,000 for a maximum security facility, in 1990 dollars (*America Behind Bars*, 1992; cf. Byrne, Lurigio, & Petersilia, 1992). Yet the current level of growth in the U.S. prison population would require building a 1,000-bed prison every 6 days (Beck & Gilliard, 1995; Langan, 1991). Alternative responses to substance abuse and other effects of earlier trauma would be far more cost effective than the total expenses of arrest, prosecution, incarceration, and parole.

## References

- American Correctional Association. (1990). *The female offender: What does the future hold?* Washington, DC: St. Mary's Press.
- America Behind Bars*. (1992). New York: Edna McConnell Clark Foundation.
- Beck, A. J., & Gilliard, D. K. (1995). *Prisoners in 1994*. Washington, DC: United States Department of Justice.
- Beitchman, J. H., Zucker, K. J., Hood, J. E., DaCosta, J. E., Akman, D., & Cassavia, E. (1991). A review of the short-term effects of child sexual abuse. *Child Abuse and Neglect*, 15, 537–556.
- Beitchman, J. H., Zucker, K. J., Hood, J. E., DaCosta, G. A., Akman, D., & Cassavia, E. (1992). A review of the long-term effects of child sexual abuse. *Child Abuse and Neglect*, 16, 101–118.
- Bloom, B., Chesney, L. M., & Owen, B. (1994). *Women in California prisons: Hidden victims of the war on drugs*. San Francisco, CA: Center on Juvenile and Criminal Justice.
- Bonta, J., Pang, B., & Wallace-Capretta, S. (1995). Predictors of recidivism among incarcerated female offenders. *The Prison Journal*, 75, 277–294.
- Briere, J. (1992). Methodological issues in the study of sexual abuse effects. *Journal of Consulting and Clinical Psychology*, 60, 196–203.
- Brown, G. R., & Anderson, B. (1991). Psychiatric morbidity in adult inpatients with childhood histories of sexual and physical abuse. *American Journal of Psychiatry*, 148, 55–61.
- Browne, A. (1987). *When battered women kill*. New York: The Free Press.
- Browne, A., & Bassuk, S. S. (1997). Intimate violence in the lives of homeless and poor housed women: Prevalence and patterns in an ethnically diverse sample. *American Journal of Orthopsychiatry*, 6, 261–278.
- Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin*, 99, 66–77.
- Bryer, J. B., Nelson, B. A., Miller, J. B., & Kroll, P. A. (1987). Childhood sexual and physical abuse as factors in adult psychiatric illness. *American Journal of Psychiatry*, 144, 1426–1430.
- Byrne, J., Lurigio, A., & Petersilia, J. (1992). *Smart sentencing: The emergence of intermediate sanctions*. Newbury Park, CA: Sage.
- Canestrini, K. (1994). *Follow-up study of the Bedford Hills Family Violence Program*. Albany, NY: State of New York Department of Correctional Services, Division of Program Planning, Research and Evaluation.
- Dobash, R. E., & Dobash, R. (1979). *Violence against wives*. New York: The Free Press.
- Dobash, R. E., & Dobash, R. (1984). The nature and antecedents of violent events. *British Journal of Criminology*, 24, 269–288.
- Downs, W. R., Miller, B. A., Testa, M., & Panek, D. (1992). Long-term effects of parent-to-child violence for women. *Journal of Interpersonal Violence*, 7, 365–382.
- Dutton, D. G. (1988). *The domestic assault of women: Psychological and criminal justice perspectives*. Boston, MA: Allyn and Bacon.
- Finkelhor, D. (1979). *Sexually victimized children*. New York: Free Press.
- Finkelhor, D. (1994). The International epidemiology of child sexual abuse. *Child Abuse and Neglect*, 18, 409–417.
- Finkelhor, D. (1995). The victimization of children: A developmental perspective. *American Psychologist*, 49, 173–183.

- Fletcher, B. R., Rolison, G. L., & Moon, D. G. (1993). The woman prisoner. In B. R. Fletcher, L. D. Shaver, & D. G. Moon (Eds.), *Women prisoners: A forgotten population* (pp. 15–26). Westport, CT: Praeger.
- Frieze, I. (1980). *Causes and consequences of marital rape*. Paper presented at the Annual Meeting of the American Psychological Association, Montreal, Canada.
- Gelles, R. J., & Conte, J. R. (1990). Domestic violence and sexual abuse of children: A review of research in the eighties. *Journal of Marriage and the Family*, 52, 1045–1058.
- Gil, D. G. (1970). *Violence against children*. Cambridge, MA: Harvard University Press.
- Gilliard, D. K., & Beck, A. J. (1996). *Prison and jail inmates, 1995*. Washington, DC: United States Department of Justice.
- Herman, J. L. (1992). *Trauma and recovery*. New York: Harper Collins.
- Kemp, C. H., Silverman, F. N., Steele, B. F., Droegemueller, W., & Silver, H. K. (1962). The battered-child syndrome. *Journal of the American Medical Association*, 181, 105–112.
- Lake, E. S. (1993). An exploration of the violent victim experiences of female offenders. *Violence and Victims*, 8, 41–51.
- Langan, P. A. (1991). America's soaring prison population. *Science*, 251, 1568–1573.
- Martin, D. (1976). *Battered wives*. San Francisco, CA: Glide.
- Miller, B. A., Downs, W. R., & Testa, M. (1993). Interrelationships between victimization experiences and women's alcohol use. *Journal of Studies on Alcohol*, (Suppl. 11), 109–117.
- Morash, M., Haarr, R. N., & Rucker, L. (1995). A Comparison of programming for women and men in U.S. prisons in the 1980s. *Crime and Delinquency*, 40, 197–221.
- Pagelow, M. D. (1981). *Women-battering: Victims and their experiences*. Beverly Hills, CA: Sage.
- Pagelow, M. D. (1984). *Family violence*. New York: Praeger.
- Peters, S. D., Wyatt, G. E., & Finkelhor, D. (1986). Prevalence. In D. Finkelhor (Ed.), *A sourcebook on child sexual abuse* (pp. 15–59). Beverly Hills, CA: Sage Publications.
- Polusny, M. A., & Follete, V. M. (1995). Long-term correlates of child sexual abuse: Theory and review of the empirical literature. *Applied Preventive Psychology*, 4, 143–166.
- Rohsenow, D. J., Corbett, R., & Devine, D. (1988). Molested as children: A hidden contribution to substance abuse? *Journal of Substance Abuse Treatment*, 5, 13–18.
- Russell, D. E. H. (1986). *The secret trauma: Incest in the lives of girls and women*. New York: Basic Books.
- Sargent, E., Marcus-Mendoza, S., & Chong, H. Y. (1993). Abuse and the woman prisoner. In B. R. Fletcher, L. D. Shaver, & D. G. Moon (Eds.), *Women prisoners: A forgotten population* (pp. 54–64). Westport, CT: Praeger.
- Sgroi, S. M. (1982). *Handbook of clinical intervention in child sexual abuse*. Lexington, MA: D.C. Heath.
- Singer, M. I., Bussey, J., Song, L. Y., & Lunghofer, L. (1995). The psychosocial issues of women serving time in jail. *Social Work*, 40, 103–113.
- Singer, M. I., Petchers, M. K., & Hussey, D. (1989). The relationship between sexual abuse among psychiatrically hospitalized adolescents. *Child Abuse and Neglect*, 13, 319–325.
- Snell, T. L., & Morton, D. C. (1994). *Women in prison: Survey of state prison inmates, 1991*. Washington, DC: U.S. Department of Justice.
- Straus, M. A. (1979). Measuring intrafamily conflict and violence: The Conflict Tactics (CT) Scales. *Journal of Marriage and the Family*, 41, 75–88.
- Straus, M. A. (1990a). Measuring intrafamily conflict and violence: The Conflict Tactics (CT) Scales. In M. A. Straus & R. J. Gelles (Eds.), *Physical violence in American families: Risk factors and adaptations to violence in 8,145 families* (pp. 29–45). New Brunswick, NJ: Transaction.
- Straus, M. A. (1990b). The Conflict Tactics Scales and its critics: An evaluation of new data on validity and reliability. In M. A. Straus & R. J. Gelles (Eds.), *Physical violence in American families: Risk factors and adaptations to violence in 8,145 families* (pp. 49–79). New Brunswick, NJ: Transaction.
- Straus, M. A., & Gelles, R. J. (Eds.). (1990). *Physical violence in American families: risk factors and adaptations to violence in 8,145 families*. New Brunswick, NJ: Transaction.
- Straus, M. A., Gelles, R. J., & Steinmetz, S. (1980). *Behind closed doors: Violence in the American family*. Garden City, NY: Anchor Press.
- Straus, M. A., & Kantor, G. K. (1994). Corporal punishment of adolescents by parents: A risk factor in the epidemiology of depression, suicide, alcohol abuse, child abuse, and wife beating. *Adolescence*, 29, 543–561.
- Tjaden, P., & Thoennes, N. (1996). *Violence against women: Preliminary findings from the violence against women in America survey*. Denver, CO: Center for Policy Research.
- Toray, T., Coughlin, C., Vuchinich, S., & Patricelli, P. (1991). Gender differences associated with adolescent substance abuse: Comparisons and implications for treatment. *Family Relations*, 40, 338–344.

- U.S. expands its lead in the rate of imprisonment. (1992). *New York Times*, February 11, p. C18.
- Walker, L. E. (1979). *The battered woman*. New York: Harper and Row.
- Walker, L. E. (1984). *The battered woman syndrome*. New York: Springer.
- Widom, C., & Ames, M. A. (1994). Criminal consequences of childhood sexual victimization. *Child Abuse and Neglect*, 18, 303–318.
- Windle, M., Windle, R. C., Scheidt, D. M., & Miller, G. B. (1995). Physical and sexual abuse and associated mental disorders among alcoholic inpatients. *American Journal of Psychiatry*, 152, 1322–1328.