ABSTRACT

Title of Thesis: TREATMENT ACCESSIBILITY AND MENTAL WELL-BEING AMONGST INCARCERATED WOMEN

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Poor mental well-being is a common health concern among incarcerated women for reasons including increased victimization (physical and sexual) and substance use. In addition to this risk, women in prison face institutional factors such as overcrowding and insufficient training amongst correctional officers that further impact well-being. One of the main problems within women's prisons is overcrowding and a high demand for minimal resources, leaving many women with minimal access to mental health resources. Officers' lack of training for identification and assistance with poor mental well-being has further affected inmates' access to services. Poor mental well-being negatively impacts women's behaviors and could lead towards future offending if not treated. Therefore, making it important to understand how incarcerated women's access to mental health resources in prison relates to their mental well-being. This study proposes an analysis of the relationship between treatment accessibility and mental well-being amongst incarcerated women. If the study demonstrates an association between these variables, while controlling for added risk of mental duress, then it will indicate prison policy's need to address accessibility concerns to improve incarcerated women's mental well-being.

Keywords: women's prisons, accessibility, mental well-being, overcrowding, training and identification, recidivism

TREATMENT ACCESSIBILITY AND MENTAL WELL-BEING AMONGST INCARCERATED WOMEN

By

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Thesis submitted to the Department of College of Behavioral and Social Sciences at the University of Maryland, College Park, in partial fulfillment of the requirements for the degree of

Bachelor of Arts
2022

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Chapter 1: Introduction

In 2019, 222,455 women were incarcerated in jail, federal and state prisons compared to only 119,786 women in 1995 (“Incarcerated Women and Girls,” 2020). The significant increase of women entering the prison system over the years has brought focus towards their mental well-being as “more than 1 in 5 women in the United States [has] experienced a mental health condition” (“Mental Health,” 2019). Mental health conditions include states in which one’s feelings, thoughts, and behaviors are negatively affected to the point of impeding on daily activities. There are many different types of mental health conditions with anxiety disorders and mood disorders, such as depression disorder, being the most prevalent (National Library of Medicine, 2014). Poor mental well-being makes it harder for individuals to complete daily tasks. While these conditions are severe examples of poor mental well-being, many observable behaviors are predictive of one’s state of mental well-being. For example, an individual’s increased engagement in problematic behavior or decreased interest in normal activities could suggest a decline in their mental well-being (Parekh, 2021).

Historically, women have been more susceptible than men to forms of victimization that negatively impact their mental well-being. According to the World Health Organization, 1 in 3 women are victims of some form of physical abuse (“Violence Against Women,” 2021). This type of abuse includes any pain or injury inflicted on another person without consent. Research also indicates that “9 out of every 10 victims of rape are female” (*Scope of the problem: Statistics*, 2021). Additionally, 21.2% of incarcerated women are victims to this form of abuse (Wolff et al, 2006). These statistics are likely unrepresentative of such occurrences due to underreporting of abuse, research suggests only 31% of victims of sexual assault will report their victimization to police (*The Criminal Justice System: Statistics*, 2021). In consequence of these

traumatic experiences, women often rely on substance use as a coping mechanism (Geizinski et. al., 2021). Women gain a sense of temporary relief through the use of substances, however, simultaneously hinder their mental health by neglecting proper treatment for better well-being.

This estimated risk of poor mental well-being is assumed without the consideration of the additional influence of a prison environment. In a study comparing the mental health needs of both incarcerated men and women, women were found “more likely than men to be diagnosed” with a condition (Tyler et al., 2019). Participants in this study were screened for mental disorders, personality disorder, and substance misuse through self-report screening tools (Tyler et al., 2019). This assessment assisted in reflecting incarcerated women’s rates of diagnosis compared to incarcerated men suggesting a high prevalence of poor mental well-being amongst women. Despite this prevalence, incarcerated women face minimized access to mental health treatment services. Institutional factors such as overcrowding and training or identification concerns contribute to inmates’ minimized access, making it more likely for inmates with mental health concerns to be left untreated. Only 37% of incarcerated individuals with mental illnesses received treatment while incarcerated (*Mental health treatment while incarcerated*, n.d). The increased likelihood of mental duress in prison suggests a preference for accessible treatment services, however, research neglects to support whether having access to treatment positively impacts mental well-being.

This research proposes the analysis of treatment accessibility amongst incarcerated women to indicate whether accessibility is associated with one’s state of mental well-being. Findings from this research are imperative because a decline in mental well-being has been shown to increase the likelihood of offenders reoffending (Wallace & Wang, 2020). Current research has the potential to inform implications that could impact prison policy such as

improving mental well-being amongst incarcerated women by addressing accessibility concerns. This research may likely inform policy makers how to minimize recidivism amongst incarcerated women, if the assumed associations show to be true, due to better mental well-being decreasing the likelihood of recidivism.

Chapter 2: Literature Review

Mental well-being represents someone's ability to express and regulate different emotions, maintain relationships, engage in self-acceptance and more (U.S. Department of Health & Human Services, 2022; *Mental health: Strengthening our response*, 2018). Mental well-being falls under the mental health category of one's overall health. In addition to this form of well-being, an individual's health can be assessed through physical and social well-being. Physical well-being is measured by one's ability to sustain a healthy diet with active rest, hydration, and exercise which will minimize risk of disease and illness (*Physical Wellness Toolkit*, 2021). Social well-being, on the other hand, can be measured by one's sense of belonging to social environments and the ability to develop and maintain relationships (Larson, 1993). The skills required to foster good physical and social well-being are typically observable by others suggesting a higher likelihood of identifying cases of poor physical and social well-being. However, skills that foster better mental well-being tend to be less observable leading to a lack of identification and understanding for such well-being.

A proper balance of all well-being helps a person engage in daily activities with a positive approach and minimized distress. Therefore, understanding of all states of well-being is crucial for good overall health. An imbalance in any state of well-being increases one's difficulty in engaging in everyday activities. For example, when someone feels that they do not belong or feel supported, they might further struggle to express their emotions or sustain healthy habits. This can stem from a lack of belonging or a sense of unworthiness to be part of a community. Those with better mental well-being reflect the ability to control their feelings through acquired skills and positive coping mechanisms. These individuals are equipped to handle stressful situations through healthy manners such as taking a deep breath or seeking a friend's advice (The

Mental Health Benefits of Deep Breathing, 2021; The Mental Health Foundation, 2021). Those with poor mental well-being, however, lack necessary skills to manage their emotions, creating difficulty in their ability to express themselves and maintain positive relationships.

Mental well-being may also be affected by adverse or traumatic experiences. Residential instability is one example of an adverse experience that negatively impacts one's mental well-being. Whether someone is living out of their car or in and out of hotel rooms is representative of unstable housing. This type of experience leads to increased struggles with mental well-being including post-traumatic stress, social isolation, and substance use (Mercado et. al., 2021). Those who face adverse experiences often reflect poor mental well-being and use defense mechanisms such as internalizing and externalizing behaviors as a way of addressing unresolved emotions. Internalizing behaviors include bottling up emotions, increased anxiety, and social isolation (Eisenberg et. al., 2001). Internalizers tend to place a sense of blame on themselves for their feelings, which negatively impacts mental well-being because of the neglect towards appropriately understanding and managing emotions. On the other hand, externalization is often seen through a projection of emotions onto other people or things (Eisenberg et. al., 2001). Externalizers might deal with emotions through displacement, which is a redirection of feelings from one source of an emotion to a different source (Bockarova, 2019). These individuals may also manage their emotions through increased aggression and deviance (Eisenberg et. al., 2021). Both internalizing and externalizing behaviors increase the likelihood of substance use and deplete individual mental well-being (Olson et. al. 2021). These types of behaviors demonstrate an individual's difficulty in understanding and managing emotions.

In 2020, 52.9 million adults in the United States had a mental illness ("Mental health by the numbers," 2021). Despite the prevalence of poor mental well-being in the United States,

there are many ways to improve one's state of mental well-being such as increased engagement in physical activity and exercise (Eddolls et. al. 2018). Participation in different therapeutic services also increases well-being through focused and individualized sessions which assist in management of emotions. Mechanisms of improving mental well-being depend on the severity of one's state of well-being as those with increased severity require complex treatment compared to others. Treatment is variable amongst different environments and should be of interest in the context of women's mental well-being in prison.

Women, Mental Well-being, & Incarceration

In the United States, different populations suffer increased risk of poor mental well-being. Historically, women have experienced increased risk of poor mental well-being through notable experiences of abuse and substance use throughout their lifetime (Severson, 2019). These experiences uniquely impact women compared to men, which is important to consider in the study of mental well-being amongst incarcerated women. These women enter the prison system with even greater risk of poor mental well-being through experiences of abuse and substance use.

Physical and Sexual Abuse

Physical abuse is any non-accidental injury inflicted on one person by another including acts of "slapping, shoving, [and] pushing" (National Coalition Against Domestic Violence, n.d.). This type of abuse can leave women with visible injuries such as bruising or swelling. According to The Bureau of Justice Statistics, 33.5% of incarcerated women reported experience of some form of physical abuse (Browne et. al., 1999). Physical abuse inflicted on women is often labeled as domestic violence. Research on partner violence and mental health diagnosis suggests that

female victims of physical abuse show increased likelihood of poor mental well-being (Dichter et al., 2017). More than half of the participants who experienced physical abuse were also diagnosed with a medical condition, suggesting physical abuse was extremely detrimental to their mental well-being (Dichter et al., 2017). Experiences of physical abuse have further shown an association with mental illnesses such as PTSD, depression, and anxiety ("Relationships, Safety, and Violence," n.d.). Physical abuse can include experiences of sexual abuse because as form of abuse includes forcible actions that may inflict injury and reflect harmful effects on women's bodies.

Sexual abuse is more prevalent amongst women with "92% of adult rape victims [being] female" (Victims of Sexual Violence, 2021). This experience has been associated with increased signs of depression, experiences of flashbacks, and a development of PTSD (Effects of Sexual Violence, 2021). Victims of sexual abuse may be more susceptible to behaviors such as self-harm, substance abuse, disassociation, and panic attacks as well (Effects of Sexual Violence, 2021). These effects are reflective of poor mental well-being amongst women and those entering the prison system. Many incarcerated women have reported victimization through sexual abuse at least once in their life (Raj et al, 2008). In a study of incarcerated women over 18 years old reported that more than half the sample were victims of sexual assault (Raj et al., 2008). However, women entering a system unequipped to manage trauma from sexual abuse presents a growing concern for their mental well-being. A study on incarcerated women's experience in prison characterized women as "disadvantaged and marginalized, lifetime victimization, drug use, alcohol use, and overall lack of resources" (Moloney et al., 2009). These characteristics are consequential to the experiences women disproportionately face and the constant neglect in women's prisons compared to men. Many services in place are more compatible to men's needs

and therefore are less effective amongst women. During a study of gender response differences, researchers reported that women were more expressive and emotional than men (Kring & Gordon, 1998). Participants watched emotional films to elicit emotional responses and were instructed to report expressive information, such as descriptive observations of characteristics, roles, and more (Kring & Gordon, 1998). These findings suggest that women experience and respond to situations differently than men, therefore requiring different needs to promote better mental well-being.

Substance Use

In addition to women's high risk of physical and sexual abuse, substance use has been prevalent among victims of abuse (Macdonald, 2013). This association may suggest that substance use is used as a coping mechanism for traumatic or adverse experiences. More often than not, individuals cope with trauma through use of drugs and changes in behavior such as engagement in illegal or criminal activity. According to a study of incarcerated women in state and federal prisons, 82% of the participants used drugs "sometimes" and 64% used "regularly" (Mumola, 1999). However, the use of substances can further harm one's mental well-being rather than acting as a solution to it. According to the National Institute on Drug Abuse, mental health concerns such as "paranoia, depression, anxiety, and aggression" may develop from chronic use of drugs which is reflective of poor mental well-being ("Health Consequences of Drug Misuse," 2020).

Research on women's programming needs further reported "about 54 percent [of women who] used drugs in the month before their current offense, compared with 50 percent for the men" (Morash et al, 1998). While this difference is not drastic, it is still reflective of women experiencing higher risk than men. These findings demonstrate a subgroup of women who enter

prison with a greater risk of poor mental well-being through drug use. The Sentencing Project (2020) supports the idea that women enter the prison system most commonly for violence and drug offenses, suggesting a risk of poor mental well-being prior to incarceration as well as the potential for these inmates to seek drugs while incarcerated (“Incarcerated Women and Girls,” 2020). Exposure to substance use before and while incarcerated could develop or maintain addictive behaviors that further impact mental health.

Ultimately, women’s risk of poor mental well-being from a history of abuse and substance use is indicative of a need for accessible mental health treatment services. However, accessible treatment has been difficult to locate, presenting a growing concern for women entering the prison system.

Institutional Factors and Women’s Risk for Mental Duress

The concern for poor mental well-being is greater amongst incarcerated women both because they enter prison with prior risk of mental duress through notable experiences mentioned above, and the prison environment exacerbates women’s risk of mental duress through institutional factors such as overcrowding and a lack of specialized staff for treatment identification. In 2005, “more than half of all prison and jail inmates had a mental health problem” with female prisoners reflecting higher reports compared to male inmates (James & Glaze, 2006). Women’s incarceration rates have increased twice as fast as men’s between 1978 and 2015 which has reflected a concern for accessible resources and overcrowding within women’s prisons (Sawyer, 2018). Further difficulty in identifying inmates with poor mental well-being has contributed to a lack of accessibility to services as well. In the following sections,

such institutional factors will be explained as contributors to women's lack of access to treatment services and exacerbated risk of poor mental well-being in prison.

Overcrowding

The rapid increase in women entering the prison system has led to overcrowding and difficulty accessing treatment within prison facilities (Severson, 2019). These problems are very prevalent amongst women's facilities as the "average number of female prisoners grew faster than the average male prisoners between 2000-2008" (Barrick et al., 2014). This increase exacerbates women's risk of poor mental well-being for many reasons.

Overcrowding has minimized women's access to treatment services because of an increased demand for limited resources. Resources currently in place become a demand for severe or noticeable conditions leaving those with fewer symptoms unrecognized. Consequently, mental health problems such as the risk of suicide has increased within these facilities (Sharkley, 2010). Overcrowding has forced women to experience a lack of privacy that they have never been accustomed to which has increased their feelings of stress and anxiety as well (Sharkley, 2010). This experience has pushed many women to end their life to stop these feelings rather than struggle to live in facilities that neglect their state of mental well-being. Research has shown that the scarcity of resources further delays treatment for inmates who attempt to access it (Holsinger, 2014). This could be a consequence of strict budgeting amongst prison institutions (Severson, 2019). When faced with strict budgets, the amount of money allocated towards mental health needs and treatment services are minimized. With increasing numbers of women entering the system, strict budgets further impact women's ability to access necessary resources to treat poor mental well-being.

Interviews of women prisoners further reported that overcrowding in facilities developed a sense of dominance and hierarchy in women's prisons (Sharkley, 2010). With limited resources to distribute, women maintained a mindset of protecting the self rather than their community. These women adopt a survival mentality which increases intimidating interactions between inmates (Sharkley, 2010). Without a sense of community or belonging, these women experience an increased risk of worsening their mental well-being through constant struggle for peace.

A study on mental health programming in women's prisons shared a policy change in the Canadian government where all women's prisons were given programs such as trauma counseling in response to lack of resources (Moloney & Moller, 2009). These changes hoped to increase women's ability to access treatment for mental health problems. However, prisons who adopted such forms of widespread treatment often placed restrictions on the use to prevent any potential shortage of resources. Restrictions included placing a minimum length of sentencing to receive treatment. The Correctional Service of Canada specifically placed a two year minimum sentence for women to meet eligibility for the use of new programs (Moloney & Moller, 2009). This sentence restricted populations from accessing services, which contradicts the project's goal despite increasing access to those with longer sentences. Those with "short stays" experience similar conditions that other prisoners face, yet are left untreated or undiagnosed for their mental health problems due to their length of sentencing. The lack of preparation for more incarcerated women has minimized their access to treatment while also potentially impacting their state of mental well-being.

Training & Identification Concerns

In addition to overcrowding issues, correctional officers in women's facilities lack the proper training to detect and assess mental health concerns. These officers supervise prisoners

through scheduled routines while maintaining prison regulations. They often respond to health problems before health specialists in facilities because of their primary detection of cases and responsibility to alert specialists of health issues in the general population. According to the National Commission on Correctional Health Care, prison staff are trained in "response to life threatening situations" (Health Training for Correctional Officers, n.d.). These incidents include emergency situations where officers observe blood or other extreme injuries. Officers are trained to assess situations based on what they can visibly report. Despite their high interaction with inmates, lack of documentation suggests that these officers are not trained in detecting symptoms of mental health conditions such as decreased appetite or engagement which are indicative of poor mental well-being (Parekh, 2021). Instead, officers are specialized to intervene once symptoms have reached a cry for help through extreme visible injuries.

A lack of training in health related problems leads to fewer inmates being diagnosed and treated. In a study comparing mental health disorders amongst prisoners, only some were "screened positive" to receive treatment throughout their sentencing (Tyler et al, 2019). This study revealed common disorders amongst prisoners to evaluate whether current treatment services were equipped to address negative mental well-being in prison (Tyler et al, 2019). Findings of this research emphasized complications in screening processes as they attempted to screen inmates for treatment; suggesting professional training is required to be able to detect poor mental well-being and accurately refer prisoners to proper treatment.

Correctional officers who are regularly in contact with inmates are not qualified to detect specialized concerns; therefore issues remain undetected or misdiagnosed. Inmates are often unidentified as having poor mental well-being from trauma such as abuse and are overlooked by prison staff (Macdonald, 2013). Additional misdiagnosis of problems may lead to increased use

of inaccurate medications that may worsen an inmate's problems. Through delayed treatments and increased use of psychotropic drugs for mental health related issues, inmates who do receive treatment may not receive proper treatment and worsen conditions (“Women’s Prison: A Fact Sheet,” n.d.). Overall, correctional personnel are not trained in specialized areas, so they should not be delegated with responsibility to assess or treat incarcerated women.

Institutional factors in women’s prisons, such as overcrowding and a lack of specialized staff, influence incarcerated women’s access to treatment services in prison. This impact may further influence an inmate's state of mental well-being with minimized opportunity to seek treatment. It is important to study whether an inmate's access to treatment services influences an inmate's mental well-being because of women's prior risk of mental duress as well as their experience with institutional factors.

Mental Well-being and Recidivism

Researching incarcerated women’s access to mental health treatment services in prison is important because of the relationship between mental well-being and recidivism; the tendency of an offender to reoffend post-incarceration. Prior research indicates that prisoners with poor mental well-being have a difficult time reintegrating into society after their release from the prison environment. Through this difficulty, research has suggested that prisoners with poor mental well-being have an increased likelihood of reoffending. A recent study using the Serious and Violent Offender Reentry Initiative, which collected information of inmates’ reentry outcomes, compared the difference in inmate’s state of well-being before and after prison release (Wallace & Wang, 2020). Inmate interviews revealed that those with poor mental health post-release had a higher likelihood of reoffending (Wallace & Wang, 2020). Ironically, punitive

punishment was created with the belief that offenders would take responsibility for their actions or crimes and refrain from offending after release because of the pain inflicted on them in prison. Incarceration is supposed to deter prisoners from further criminalization through pain caused by imprisonment (Schwartz, 1982). However, such pain and consequence has the potential to create or worsen mental duress amongst prisoners. Furthermore, lack of accessibility for those seeking treatment increases the likelihood of women leaving prison with untreated problems. These women face increased difficulty reintegrating into society as mental duress makes it harder to avoid returning to old habits such as further criminalization (O'Keefe et. al., 2007; Severson, 2019). Overall, this effect decreases deterrence expected from punitive punishment and increases the likelihood of recidivism amongst incarcerated women by increasing their risk of mental duress.

Current Study

This thesis proposes the utilization of secondary data gathered on incarcerated women to assess whether treatment accessibility in women's prisons has an impact on inmates' mental well-being. The research will measure inmates' treatment accessibility through recorded use of treatment services such as prescribed medicine or counseling sessions. This information will help categorize whether inmates were able to access treatment, allowing for further comparison of accessibility outcomes. Mental well-being amongst incarcerated women will be measured through feelings of hopelessness, restlessness, and depression as they are indicators of poor mental well-being. Current research expects inmates with no access to treatment services reflect poor mental well-being compared to inmates with access to services.

This research further proposes the use of information regarding incarcerated women's drug use to indicate whether inmates reflect additional risk of poor mental well-being. Data collected on inmates' living situations prior to prison will also be used as a proxy measure for socioeconomic status due to its impact on the initial state of one's mental well-being entering prison. According to psychiatric assessment interviews on homeless young adults, 88% reflected a current psychiatric disorder and 93% of young adults had lifetime persistence (Hodgson et al., 2014). While homelessness is one extreme of instability in terms of housing, it is still reflective of the potential harm that residential instability has on mental well-being. It is expected that women with poor mental well-being will experience higher substance use and residential instability compared to others.

Chapter 3: Proposed Data and Methods

The Survey of Prison Inmates 2016, a national survey of prisoners in state and federal prisons within the United States, was created by the Bureau of Justice Statistics (BJS) for the analysis of male and female prisoner characteristics. SPI targeted prisoners across the country to report statistics on domains such as the following:

"current offense and sentence, incident characteristics, firearm possession and sources, criminal history, demographic and socioeconomic characteristics, family background, drug and alcohol use and treatment, mental and physical health and treatment, and facility programs and rules violations" (Glaze, 2019).

This data is a good fit for current research due to its inclusion of female prisoner responses as well as domains such as mental health and treatment services. Uniquely, SPI has tracked both male and female prisoner's experiences across many domains and was administered six times prior to 2016, suggesting it is the most improved version to date. SPI accounted for many factors such as facility size and populations through limits on collection of interviews, which further increased interest in the use of such data. Largely populated state prisons were limited to 80 interviews per facility while largely populated federal prisons were limited to 100 (Glaze, 2019). On the other hand, state level prisons with small populations were limited to holding 50 interviews per facility while federal prisons could conduct 64 (Glaze, 2019). Facility response rates were also used to ensure a collection of data from high response facilities. The final response rates were above 85% which increased the likelihood of usable data (Glaze, 2019). The study also recruited reserved facilities as a solution to potential decreased response rates amongst the initial sample (Glaze, 2019). Overall, the study's considerations and methodology increased the interest in the use of this survey.

Details regarding the procedure of this study can be found in Glaze, 2019. Participants were informed of confidentiality, consent practices, and voluntary participation prior to

participating in the study. Those who offered consent to examine and share data participated in face-to-face 50 minute interviews assessing measures described below. Computer-assisted personal interviewing (CAPI) was used, which allowed interviewers to ask questions while recording participant responses into a computer system. This method eased instruction for specific instructions such as skipping practices involved in the interviews, which were conducted in both English (94%) and Spanish (6%). Additional measures such as criminal history, family background, and rules violations were included during the assessment, but were not applicable to this study; therefore not explained below. The data comes from a diverse sample with racial and ethnic backgrounds that are not available to the public, but can be referenced in Glaze, 2019.

Participants

This study recruited participants through a stratified sample design, which is a random sampling process in which the interest population is divided into subgroups of similar characteristics (details of the study can be found in Glaze, 2019). In selecting this sample, researchers were first interested in identifying eligible prisons that housed male or female prisoners. Potential facilities were further classified by population size, type of facility, and whether or not they were public or private operations. The facilities were also classified by jurisdiction to indicate the best representative facilities. From the 415 eligible prisons identified and 385 used for the survey, 364 prisons participated. Some prisons were neglected due to lack of response or ineligibility. Ineligible prisons failed to meet requirements such as housing more than 10 prisoners, maintaining operation since the 2012 census, and housing female or male sex. Of the prisons recruited, only 91 housed females.

After the selection of prisons, researchers identified eligible prisoners from state and federal facilities. Prisoners were required to be 18 years or older to participate. The consistency

of prisoners taken from each facility was accounted for by setting a sample size requirement of 64 prisoners per facility, which was also equivalent to 75% of the population for the facilities. 24,848 prisoners participated in the original survey, however, current research will focus on the 6,302 female prisoner responses collected. Despite this focus, it is important to note that the final response rate from the original sample was 98.4%; 98.1% from state facilities and 100% from federal facilities. Participants from each prison were sampled randomly after considerations of response rates, age restrictions, and restricted number of interviews.

Measures

Mental Well-being

Mental well-being was assessed through a 4-point scale (1:all of the time, 4:none of the time) with 6 items including indicators of poor mental well-being over the past 30 days. Items included, “about how often did you feel restless or fidgety” and “about how often did you feel hopeless” (Survey of Prison Inmates, United States, 2016). All six items will be looked at individually, then an average across items will be computed for each participant to create a measure of average well-being. Participants with lower averages will be considered to have poor mental well-being, while participants with higher averages will be considered to have better mental well-being. The full scale is provided in Appendix A.

Treatment Accessibility

Treatment accessibility was assessed through participant’s recorded use of mental health treatment services since being admitted to prison. Five different items or treatment services were used for this assessment. Items included, “have you ever stayed overnight or longer in any type of hospital or other facility to receive treatment or counseling for any problem you were having with your emotions, nerves, or mental health” and “are you currently taking prescription

medicine for any problem with your emotions, nerves, or mental health" (Survey of Prison Inmates, United States, 2016). Respondents who indicated use of any mental health treatment services will be coded as having accessible treatment (1:yes). Respondents who did not report use of treatment services will be coded as lacking accessible treatment (2:no). The full scale is provided in Appendix B.

Control Variable

Drug Use

Drug use was measured through reported use of different drugs "ever" in their lifetime. While participants were asked a series of questions regarding their use across different time periods, this study will only consider inmates' drug use "ever." Items included, "have you ever used heroin" and "have you ever used ecstasy, or "molly," also known as MDMA" (Survey of Prison Inmates, United States, 2016). Respondents who reported any use of drugs in their lifetime supported the expectation of increased risk for poor mental well-being. The full scale is provided in Appendix C.

Residential Stability

As a proxy measure for socioeconomic status, residential stability was measured through reported experience in different living situations "30 days prior to arrest or charge." Participants were given a list of different places with the option to report whether or not they resided in these areas prior to incarceration (1:yes, 2:no). Items included, "have you lived in a homeless shelter, on the street, or in some outdoor location" and "have you lived in a residential treatment facility" (Survey of Prison Inmates, United States, 2016). Those who only reported living in a traditional home owned by themselves or family will be coded as having high residential stability. Those

who reported living in more than one place or any place aside from living in a traditional home will be coded as having low residential stability. The full scale is provided in Appendix D.

Proposed Analytic Strategy

Two main questions will be examined in this study: a) what is the prevalence of mental duress amongst incarcerated women; and b) does women's access to treatment impact their mental well-being? The research will look descriptively at variables of mental well-being and access to treatment services. The study will provide frequency distribution tables to present the percentage of incarcerated women with various levels of mental well-being as well as the percentage who did not access treatment. In addition to these variables, drug use and residential stability will be measured as indicators of additional risk of mental duress and controlled for in the analysis of treatment accessibility and mental well-being. Descriptives of these variables will report the prevalence of drug use along with the percentage of incarcerated women who faced residential instability prior to incarceration. The research will also conduct an OLS regression test to measure the relationship between access to treatment and mental well-being to determine the strength of this relationship. The regression test will model the relationship between mental duress and access to treatment services, controlling drug use and residential stability to see if the relationship remains significant. If there is a statistical difference in this relationship, then this research will be able to indicate whether the group who accessed treatment reflected better mental well-being than the group who did not access treatment, while controlling for drug use and residential instability.

Chapter 4: Discussion and Conclusion

The proposed research results are intended to inform the relationship between treatment accessibility and mental well-being among incarcerated women. Research currently places a strong focus on incarcerated men with analyses of their care, well-being, and post incarceration outcomes. However, women have shown high rates of poor mental well-being with minimal access to treatment services (Holsinger, 2014; Severson, 2019). These women also face additional barriers such as institutional factors. This analysis will address whether accessibility to mental health treatment services in prison impacts incarcerated women's state of mental well-being. These results have the potential to influence prison policy that will improve mental well-being and reduce the likelihood of incarcerated women reoffending (Wallace & Wang, 2020).

Implications

The research findings will have many implications regarding the well-being of incarcerated women. First, findings will provide understanding of differential access to care amongst incarcerated women. This research will be able to report whether incarcerated women lack accessibility to treatment services amongst incarcerated women through reports of using treatment services. With this information, current research will further be able to determine whether access to treatment services impacts well-being. If supported, current research can contribute to the discussion of improving mental well-being among incarcerated women through improvements to accessibility concerns in women's prisons. Since other research has suggested institutional factors hinder incarcerated women's mental well-being as well as minimize their access to treatment, then we can propose the analysis of institutional factors as a means of addressing this impact.

Additionally, findings will provide understanding of which domains are most essentially related to poor mental well-being amongst incarcerated women. If treatment accessibility significantly impacts incarcerated women's mental well-being, while controlling for drug use and residential stability, then research will be able to determine the strength of this impact. If treatment accessibility does not significantly impact incarcerated women's mental well-being, then this research will be able to provide further directions for other essential impacts, such as prior risk of mental well-being. Measuring the prevalence of drug use and residential stability as proxy measures of prior and additional risk of poor mental well-being will allow this research to determine the strength of these variables as well. Overall, determining a strength of impact will allow research to determine which factors are most and least influential throughout one's length of sentencing. Determining the severity of impact will further provide a direction for policy implications. If these factors do not show an influence on incarcerated women's mental well-being, then research can propose the analysis of other factors within the prison system as potential influences.

Limitations and Future Directions

One limitation of this proposed study is the neglect of additional interested controls such as the age and race of incarcerated women. The Survey of Prison Inmates 2016 tracks data from prisoners between the ages of 18 and 95 (Glaze, 2019). This wide range of data presents a concern for generalizability as there are differences in development and social processes throughout one's lifetime. Adolescents and elderly differ in their depiction of poor mental well-being along with their likelihood of addressing such problems, suggesting that different age groups should show a difference in the variables measured. The proposed research was interested in classifying women into appropriate age groups that reflect similar development in relation to

mental well-being in order to improve the generalizability of the proposed findings. Interested age groups included 18-25, 26-39, 40-54, 55-69, and 70+ years old. Future research should aim to group participants into domains to account for differences in the prevalence of mental health concerns.

The current research was also interested in including participant's race in the analysis of mental well-being and accessibility. Despite the exclusion of this variable in the proposed analysis, research shows that there are significant disparities between prisoners of different races. Research aimed at analyzing health outcomes of incarcerated individuals in the United States has added to the discussion of health disparities amongst different races. This research hypothesizes that incarcerated individuals face similar health outcomes due to the controlled setting in which these individuals reside (Nowotny et. al. 2017). However, findings suggest that white women and women of color show differences in prevalence of negative health outcomes (Nowotny et. al. 2017). Reporting differences amongst races could suggest additional implications for future research. If inmates of different races show a difference in their access to care or mental well-being, then research could imply that race plays a role in the consequences of incarceration. Future research should include this measure in order to accurately report differentiation in care and well-being amongst incarcerated women of different races.

Ultimately, the findings of this proposed research could reflect that the data is not equipped to answer the interested research questions. Since control factors used in the proposed study represent potential risk factors, other variables such as maintained relationships during prison could be included as a potential protective factor to the relationship between treatment accessibility and mental well-being. Maintaining relationships during incarceration leads to positive outcomes such as better mental well-being (Folk et. al., 2019). This could be measured

by frequency of visitations throughout prison.Gender differences amongst the prison population might further suggest an analysis of the application of treatment services within women's facilities; are current services meeting the needs of women and their notable risk for poor mental well-being? To answer such questions, research can propose the analysis of the effectiveness of current treatment services and the type of care received during incarceration within women's prisons.

If insignificant findings are reported in this study, then future research should focus on gathering more data on incarcerated women to support whether this relationship is generalizable. Gathering representative data will not only add to current research on incarcerated women, but accurately report the prevalence of mental well-being, access to care, and the relationship between these two variables in women's prisons.

Conclusion

Overall, there is a limitation of available data on incarcerated women compared to men. While the Survey of Prison Inmates 2016 includes more data on incarcerated men than women, with the original documentation including 1,400,363 males compared to 102,308 females, this data includes a good representation of women in the prison system (Glaze, 2019). Female inmates have been reported to make up less than 10% of the prison population which is comparable to the difference in data gathered by SPI 2016 (Federal Bureau of Prisons, 2022). Therefore, the lack of available data on incarcerated women should not diminish the value of the current data collected through SPI 2016, nor its use in the proposed analysis.

The increasing rate at which women are entering the prison system has created negative consequences on women's well-being simultaneously as additional risk prior to incarceration and during incarceration has increased the necessity of treatment services. However, differential

access to treatment and institutional factors have potentially decreased inmates' likelihood of improving mental well-being. In turn, women face risk of reoffending post incarceration. The collection of multiple domains including mental well-being, drug use, residential stability prior to incarceration and access to treatment will help fill a gap in the research of incarcerated women. The proposed analysis will determine the current impact on mental well-being through the analysis of measured factors. Poor mental well-being negatively impacts individuals' daily capabilities, therefore examining potential influences is important to suggest policy recommendations that will improve mental well-being. If supported, such policy recommendations will aid in decreasing the likelihood of recidivism.

References

Barrick, K., Lattimore, P. K., & Visher, C. A. (2014). Reentering women: The impact of social ties on long-term recidivism. The Prison Journal, 94(3), 279–304. https://doi.org/10.1177/0032885514537596

Bockarova, M. (2019). Defense mechanisms: Displacement. Psychology Today. https://www.psychologytoday.com/us/blog/romantically-attached/201906/defense-mechanisms-displacement

Browne, A., Miller, B., & Maguin, E. (1999). Prevalence and severity of lifetime physical and sexual victimization among incarcerated women. International journal of law and psychiatry, 22(3-4), 301–322. https://doi-org.proxy-um.researchport.umd.edu/10.1016/s0160-2527(99)00011-4

Dichter, M.E., Sorrentino, A., Bellamy, S., Medvedeva, E., Roberts, C.B. and Iverson, K.M. (2017). Disproportionate Mental Health Burden Associated With Past-Year Intimate Partner Violence Among Women Receiving Care in the Veterans Health Administration. Journal of Traumatic Stress, 30: 555-563. https://doi.org/10.1002/jts.22241

Eddolls, W. T., McNarry, M. A., Lester, L., Winn, C. O., Stratton, G., & Mackintosh, K. A. (2018). The association between physical activity, fitness and body mass index on mental well-being and quality of life in adolescents. *Quality of Life Research*, *27*(9), 2313-2320.

Effects of Sexual Violence. 2021. RAINN. https://www.rainn.org/effects-sexual-violence.

Eisenberg, N., Cumberland, A., Spinrad, T.L., Fabes, R.A., Shepard, S.A., Reiser, M., Murphy, B.C., Losoya, S.H. and Guthrie, I.K. (2001), The Relations of Regulation and Emotionality to Children's Externalizing and Internalizing Problem Behavior. Child Development, 72: 1112-1134. https://doi.org/10.1111/1467-8624.00337

Federal Bureau of Prisons. (2022). *BOP Statistics: Inmate Gender*. BOP. https://www.bop.gov/about/statistics/statistics_inmate_gender.jsp

Folk, J. B., Stuewig, J., Mashek, D., Tangney, J. P., & Grossmann, J. (2019). Behind bars but connected to family: Evidence for the benefits of family contact during incarceration. Journal of family psychology : JFP : journal of the Division of Family Psychology of the American Psychological Association (Division 43), 33(4), 453–464. https://doi.org/10.1037/fam0000520

Gezinski, L. B., Gonzalez-Pons, K. M., & Rogers, M. M. (2021). Substance Use as a Coping Mechanism for Survivors of Intimate Partner Violence: Implications for Safety and Service Accessibility. Violence Against Women, 27(2), 108–123. https://doi.org/10.1177/1077801219882496

Glaze, L. (2019). Methodology: Survey of Prison Inmates, 2016. Bureau of Justice Statistics. https://bjs.ojp.gov/content/pub/pdf/mspi16.pdf

"Health Consequences of Drug Misuse." (2020). *National Institute on Drug Abuse: Advancing Addiction Science*. https://www.drugabuse.gov/drug-topics/health-consequences-drug-misuse/mental-health-effects

Health Training for Correctional Officers. (n.d.) N*ational Commission on Correctional Health Care.* https://www.ncchc.org/Health-Training-for-Correctional-Officers-27-3.

Hodgson, K. J., Shelton, K. H., & van den Bree, M. B. (2014). Mental health problems in young people with experiences of homelessness and the relationship with health service use: a follow-up study. Evidence-based mental health, 17(3), 76–80. https://doi.org/10.1136/eb-2014-101810

Holsinger, K. 2014. The feminist prison. *The American prison: Imagining a different future*, 87-110.

"Incarcerated Women and Girls." 2020. *The Sentencing Project*. https://www.sentencingproject.org/publications/incarcerated-women-and-girls/

James, D., & Glaze, L. 2006. Mental Health Problems of Prison and Jail Inmates. Bureau of Justice Statistics. https://bjs.ojp.gov/content/pub/pdf/mhppji.pdf

Kring, A. M., & Gordon, A. H. 1998. Sex differences in emotion: Expression, experience, and physiology. *Journal of Personality and Social Psychology, 74*(3), 686–703. https://doi.org/10.1037/0022-3514.74.3.686

Larson, J.S. (1993). The measurement of social well-being. *Social Indicators Research*, 28, 285–296. https://doi-org.proxy-um.researchport.umd.edu/10.1007/BF01079022

Macdonald, M. 2013. Women prisoners, mental health, violence and abuse. *International Journal of Law and Psychiatry*, 36(3), 293-303. https://doi.org/10.1016/j.ijlp.2013.04.014

Mumola, C. J. (1999). Substance abuse and treatment, state and federal prisoners, 1997. US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

"Mental Health." 2019. Office of Women's Health, *U.S. Department of Health and Human Services. https://www.womenshealth.gov/mental-health*

"Mental health by the numbers." 2021. *National Alliance on Mental Illness.* https://www.nami.org/mhstats

Mental health treatment while incarcerated. (n.d.). NAMI. https://www.nami.org/Advocacy/Policy-Priorities/Improving-Health/Mental-Health-Treatment-While-Incarcerated

Mercado, M., Marroquín, J. M., Ferguson, K. M., Bender, K., Shelton, J., Prock, K. A., Maria, D. S., Hsu, H. T., Narendorf, S. C., Petering, R., & Barman-Adhikari, A. (2021). The intersection of housing and mental well-being: Examining the needs of formerly homeless young adults transitioning to stable housing. SSM - population health, 14, 100775. https://doi-org.proxy-um.researchport.umd.edu/10.1016/j.ssmph.2021.100775

Moloney, K. P., & Moller, L. F. 2009. Good practice for mental health programming for women in prison: reframing the parameters. *Public health*, *123*(6), 431–433. https://doi.org/10.1016/j.puhe.2009.04.007

Morash, M., Bynum, T. S., Koons, B. A. 1998. Women Offenders: Programming Needs and Promising Approaches. National Institute of Justice. https://www.ojp.gov/pdffiles/171668.pdf

National Coalition Against Domestic Violence. n.d. National Statistics. NCADV. https://ncadv.org/STATISTICS

Nowotny, K. M., Rogers, R. G., & Boardman, J. D. 2017. Racial disparities in health conditions among prisoners compared with the general population. *SSM-Population Health*, *3*, 487-496.

O'Keefe, M. L., & Schnell, M. J. (2007). Offenders with mental illness in the correctional system. *Journal of Offender Rehabilitation*, 45(1-2), 81–104. https://doi.org/10.1300/J076v45n01_08

Olson, A. E., Shenk, C. E., Noll, J. G., & Allen, B. 2021. Child Maltreatment and Substance Use in Emerging Adulthood: Internalizing and Externalizing Behaviors at the Transition to Adolescence as Indirect Pathways. *Child Maltreatment*. https://doi.org/10.1177/10775595211010965

Parekh, R. (2021). Psychiatry.org - Warning Signs of Mental Illness. American Psychiatric Association. https://psychiatry.org/patients-families/warning-signs-of-mental-illness

Physical Wellness Toolkit. (2021). National Institutes of Health. https://www.nih.gov/health-information/physical-wellness-toolkit

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

“Relationships, Safety, and Violence.” n.d. Office of Women’s Health. https://owh-wh-d9-dev.s3.amazonaws.com/s3fs-public/documents/fact-sheet-relationships-safety-violence.pdf

Sawyer, W. 2018. The gender divide: Tracking women's state prison growth. Prison Policy Initiative. https://www.prisonpolicy.org/reports/women_overtime.html.

Schwartz, G. T. 1982. Deterrence and Punishment in the Common Law of Punitive Damages: A Comment. S. Cal. L. Rev., 56, 134-135.

Scope of the problem: Statistics. 2021. RAINN. https://rainn.org/statistics/scope-problem.

Severson, R. E. 2019. Gender differences in mental health, institutional misconduct, and disciplinary segregation. *Criminal Justice and Behavior*, 46(12), 1719-1737.

Sharkley, L. 2010. Does Overcrowding in Prisons Exacerbate the Risk of Suicide among Women Prisoners? Howard Journal of Criminal Justice, 49(2), 111–124. https://doi-org.proxy-um.researchport.umd.edu/10.1111/j.1468-2311.2009.00602.x

“Survey of Prison Inmates, United States, 2016.” 2021. Bureau of Justice Statistics. Inter-university Consortium for Political and Social Research. 2021-09-15. https://doi.org/10.3886/ICPSR37692.v4

The Criminal Justice System: Statistics. 2021. RAINN.
https://www.rainn.org/statistics/criminal-justice-system

The Mental Health Benefits of Deep Breathing. (2021). Diversus Health.
https://diversushealth.org/the-mental-health-benefits-of-deep-breathing/#:~:text=Deep%20breathing%20is%20one%20of,to%20calm%20down%20and%20relax.

The Mental Health Foundation. (2021). *How to look after your mental health*. Mental Health.
https://www.mentalhealth.org.uk/publications/how-to-mental-health

Tyler, N., Miles, H. L., Karadog, B. & Rogers, G. 2019. An updated picture of the mental health needs of male and female prisoners in the UK: prevalence, comorbidity, and gender differences. *Social Psychiatry and Psychiatric Epidemiology,* 54, 1143–1152.
https://doi.org/10.1007/s00127-019-01690-1

U.S. Department of Health & Human Services. (2022). *What is Mental Health?* Mental Health.
https://www.mentalhealth.gov/basics/what-is-mental-health

National Library of Medicine. (2014). *Mental Disorders*. MedlinePlus.
https://medlineplus.gov/mentaldisorders.html

Victims of Sexual Violence. 2021. RAINN.
https://www.rainn.org/statistics/victims-sexual-violence

Violence Against Women. (2021). World Health Organization (WHO).
https://www.who.int/news-room/fact-sheets/detail/violence-against-women

Wallace, D. & Wang, X. 2020. Does in-prison physical and mental health impact recidivism? SSM-Population Health, 11, 2352-8273. https://doi.org/10.1016/j.ssmph.2020.100569

Wolff, N., Blitz, C. L., Shi, J., Bachman, R., & Siegel, J. A. 2006. Sexual violence inside prisons: rates of victimization. Journal of Urban Health: bulletin of the New York Academy of Medicine, 83(5), 835–848. https://doi.org/10.1007/s11524-006-9065-2

Mental health: Strengthening our response. (2018). World Health Organization. https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

"Women's Prison: A Fact Sheet." n.d. Prison Policy. https://www.prisonpolicy.org/scans/women_prison.pdf

Appendix A

Mental Well-being

FI NOTE: PROVIDE SHOW CARD 2 INMATE BEFORE ASKING MH1-MH6.

The next questions are about how you have been feeling **during the past 30 days**, that is since [DATE_30] For each question please tell me whether you felt that way all of the time, most of the time, a little of the time, or none of the time.

MH1 About how often during the past 30 days did you feel nervous?

1 All of the time
2 Most of the time
3 A little of the time
4 None of the time
DK/REF

MH2 During the past 30 days, about how often did you feel hopeless?

1 All of the time
2 Most of the time
3 A little of the time
4 None of the time
DK/REF

MH3 During the past 30 days, about how often did you feel restless or fidgety?

1 All of the time
2 Most of the time
3 A little of the time
4 None of the time
DK/REF

MH4 How often (during the past 30 days) did you feel so depressed that nothing could cheer you up? Would you say all of the time, most of the time, some of the time, or none of the time?

1 All of the time
2 Most of the time
3 A little of the time
4 None of the time
DK/REF

MH5 About how often (during the past 30 days) did you feel that everything was an effort?

1 All of the time
2 Most of the time
3 A little of the time
4 None of the time
DK/REF

MH6 About how often (during the past 30 days) did you feel worthless?

1 All of the time
2 Most of the time
3 A little of the time
4 None of the time
DK/REF

Appendix B

Treatment Accessibility

The next questions are about any times you may have stayed overnight in any type of hospital or other facility for any problem with your emotions, nerves, or mental health. Please do not include any overnight hospital stays for alcohol or drug use.

MH10 The next questions are about services you have received for any problem with your emotions, nerves, or mental health. As you answer these questions, please do not include any services you've received for drug or alcohol use. Some questions ask about prescription medicine. Prescription medicines are drugs that you take if a doctor authorizes them for you.

ENTER 1 TO CONTINUE

MH12 Since you were admitted to prison [DATE_ADMIT], have you taken prescription medicine for any problem you were having with your emotions, nerves, or mental health?

1 YES
2 NO
DK/REF GO TO MH14

MH13 [IF MH12-1] Are you currently taking prescription medicine for any problem with your emotions, nerves, or mental health?

1 YES
2 NO
DK/REF

MH14 Since you were admitted to prison [DATE_ADMIT], have you received counseling treatment, or therapy from a mental health professional such as psychiatrist, psychologist, social worker, or nurse for any problem you were having with your emotions, nerves, or mental health?

1 YES GO TO MH15
2 NO
DK/REF

MH15 [IF MH14- 1] Are you currently receiving any counseling, treatment, or therapy from a mental health professional such as a psychiatrist, psychologist, social worker, or nurse for any problem with your emotions, nerves, or mental health?

1 YES
2 NO
DK/REF

Appendix C
Drug Use (Ever)

DU1 These next questions are about using drugs other than alcohol. Have you ever once used…

	YES	NO
DU1a. Marijuana or hashish?	1	2
DU1b. Any form of cocaine, including powder, “crack”, free base, and coca paste? GO TO DU1c if DUb = 1	1	2
DU1c. [IF DU1b = 1] “Crack”?	1	2
DU1d. Heroin?	1	2
DU1e. PCP? PCP is also called “angel dust” or phencyclidine.	1	2
DU1f. Ecstasy, or ‘Molly’, also known as MDMA?	1	2
DU1g. Any other type of hallucinogen, including LSD, peyote, mescaline, or psilocybin, found in mushrooms?	1	2
DU1h. Methamphetamine, also known as meth, ice, crystal meth, glass or crank?	1	2
DU1i. Inhalants - that is substances that people sniff or inhale for kicks or to get high? These substances include: amyl nitrite, locker room odorizers, butane, cleaning fluid, gasoline, glue, nitrous oxide or “whip-its”, or spray paints.	1	2

DK AND REF ARE AVAILABLE FOR ALL ITEMS. IN THE CAPI INSTRUMENT, THE ITEMS SHOWN IN THE TABLE ABOVE WERE DISPLAYED ON SEPARATE SCREENS.

Appendix D

Residential Stability

SES6 Now I'm going to read you a list of places you may have lived during the 30 days prior to your arrest [DATE_ARREST]. At any time during those 30 days did you live…

FI NOTE: IF NEEDED, REMIND INMATE THAT THIS QUESTION IS ASKING ABOUT THE 30 DAYS BEFORE THEY WERE ARRESTED OR CHARGED. THIS DATE IS REFERRED TO AS THE ARREST DATE THROUGHOUT THE SURVEY.

	YES	**NO**
SES6a. In a house, apartment, or mobile home that you or your family owned or rented?	**1**	**2**
SES6b. In someone else's house, apartment, or mobile home?	**1**	**2**
SES6c. In transitional housing for former inmates, such as a halfway house?	**1**	**2**
SES6d. In a residential treatment facility?	**1**	**2**
SES6e. In a rooming house, hotel, motel?	**1**	**2**
SES6f. In a car, truck, or other motor vehicle?	**1**	**2**
SES6g. In a homeless shelter, on the street, or in some outdoor location?	**1**	**2**
SES6h. In a prison, jail, or some other type of correctional facility?	**1**	**2**
SES6i. In some other place?	**1**	**2**

DK AND REF ARE AVAILABLE FOR ALL ITEMS. IN THE CAPI INSTRUMENT, THE ITEMS SHOWN IN THE TABLE ABOVE WERE DISPLAYED ON SEPARATE SCREENS.