



MESSAGE FROM THE DIRECTOR

The overrepresentation of women with mental illness in jails has tragic consequences for children and families. It is important that the criminal justice field understands how mental illness, trauma, and other disorders are related to women becoming involved in the criminal justice system. The information from the Women's Pathways to Jail study can help to develop strategies that address and respond to these issues. This information can also help to determine how these issues are related to jail overcrowding, increased pharmacological costs, and increased stress for correctional personnel who

3 F T V M U T

Part I: The Structured Diagnostic Interviews (N = 491)

Notably, 43 percent of participants met criteria for lifetime SMI, and 32 percent met criteria for SMI in the past 12 months. SUDs were the most commonly occurring disorders; 82 percent of the sample met lifetime criteria for drug or alcohol abuse or dependence. Similarly, PTSD rates were high; just over half of the sample (53 percent) met criteria for lifetime PTSD. Women also met criteria for multiple lifetime disorders at high rates (see figure).

Finally, 30–45 percent of individuals who met criteria for a current disorder reported severely impaired functioning associated with SMI, PTSD, or SUD in the past year. The majority (78–84 percent) of the participants who met criteria for an SMI such as major depressive or bipolar disorders had talked with a mental health professional, and most indicated it was effective. In contrast, closer to half of the individuals with PTSD or substance-related problems indicated that they had talked with mental health professionals about these difficulties.

Women with SMI reported significantly more victimization and more extensive offending histories than women who did not meet criteria for lifetime SMI. For example, more women with SMI reported childhood physical abuse (53 percent vs. 32 percent), childhood sexual abuse (60 percent vs. 37 percent), witnessing violence as children (77 percent vs. 60 percent), adult partner violence (75 percent vs. 60 percent), and adult sexual assaults (56 percent vs. 37 percent) than women who did not meet criteria for SMI. In addition, women with SMI reported an average of five prior convictions and 50 percent had committed three or more crimes, whereas women without SMI reported an average of three prior convictions and 50 percent had committed two or more crimes. In addition, individuals with SMI were more likely to be charged with or have committed a violent crime than women without SMI.

Utilizing structural equation modeling (SEM), the study found that childhood trauma and adversity significantly predicted both adult victimization experiences and mental health issues. However, neither childhood nor adult victimization were directly associated with offending. Instead, both forms of victimization significantly predicted mental health, which in turn was the only significant predictor of offending. Mental health was also the only significant predictor of treatment; women who reported significantly predicted b

Discussion

This national sample of women in jails demonstrated high rates of mental health problems, with a majority of the participants meeting diagnostic criteria for lifetime SMI, PTSD, and/or SUD.

Similar to Steadman and colleagues' (2009) finding that 31 percent of female offenders residing in northeastern jails met criteria for a current SMI, this multisite study found that 32 percent of participants met criteria for an SMI in the past year. Furthermore, the number of women meeting criteria for multiple lifetime and current disorders was high. The prevalence of SMI, PTSD, and SUD—as well as high rates for co-occurring disorders—suggests that female offenders enter (or reenter) jail with substantial and often multiple mental health concerns and subsequently have complex treatment needs.

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significant portion of female offenders did not appear to have accessed treatment that addressed their problems or helped them to improve their basic level of functioning. The levels of reported impairment—combined with the frequency of SMI, PTSD, and SUD rates—suggest the critical need for additional resources for mental health assessment and treatment of this population.

The women with SMI reported significantly greater frequency of all forms of victimization

