How Domestic Violence Affects Incarcerated Women

Michelle Ryman
Portland State University

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How Domestic Violence Affects Incarcerated Women

by
Michelle Ryman

An undergraduate honors thesis submitted in partial fulfillment of the requirements for the degree of Bachelor of Science in University Honors and Social Work

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Ericka Kimball

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How Domestic Violence Affects Incarcerated Women

Introduction

The incarceration of women has grown seven times since the 1980s (Bronson & Carlson, 2019), with up to 90% of incarcerated women being survivors of domestic violence (Messina et al., 2007). Survivors of domestic violence can be coerced into criminal activity or self-medicate with illegal drug abuse (Barbcock et al., 2003). Coercion and self-medicating participate in the incarceration of women. Women that suffer coercion in intimate partner violence are significantly more prone to use violence in retaliation against their partner (Jones, 2020). This literature review aims to study if there is a correlation between domestic violence/intimate partner violence and female incarceration.

Definition of Terms

The language used in this literature review is intentional. Women are five times more likely to be abused by an intimate partner (2008). Cho and Wilke (2010) state that 82.2% of female participants were survivors of IPV, while 10.8% were male survivors. While the World Health Organization (2009) claims domestic violence is responsible for 5%-20% of years lost in otherwise healthy women. Because women are more likely to suffer intimate partner violence, this paper uses the word “women” to describe the population of survivors. The word “survivor” is also used instead of “victim” because these women should be empowered rather than victimized. Finally, the terms intimate partner violence (IPV) and domestic violence (DV) are used interchangeably, utilizing the definition below for both terms.

For this literature review, the definition of DV/IPV comes from the Center for Disease Control, which states:
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Domestic violence is a pattern of behaviors involving coercion, physical abuse, the threat of physical violence, psychological abuse, sexual assault, financial withholding, isolation, and any other behavior that allows one partner to control another.

Mental Health Connection to Domestic Violence

Many mental health professionals have tried to explain the answer by diagnosing such mental illnesses as a borderline personality disorder, battered woman syndrome, and post-traumatic stress disorder (PTSD). However, Shilling's study found a significant correlation between the severity of abuse in domestic violence situations, borderline personality scores, and post-traumatic stress disorder (2009). Additionally, Shilling found that survivors thought processes could change in domestic violence situations regardless of the duration or severity of abuse (2009). He also states that 63% of the study's participants reported the abuse to the police, mental health professionals, the court, shelters, and social services. With a thought process change due to IPV (2009) and drug abuse linked to IPV (2021), it is apparent that domestic violence has participated in the rise of incarcerated women.

In contrast, domestic violence may cross a barrier between community members' public and private lives (2005). Police are employed to protect the community, but when domestic violence is considered a private sector problem like self-harm and suicide (2005), it is unknown what role the police play in IPV calls for help. While Felson & Pare (2007) found that police are less likely to arrest an intimate partner than a stranger in minor physical assault. Dawson (2004) found that women are less likely to be arrested when they are the perpetrator of violence (15%) as opposed to men perpetrating violence against women (38%).

Another study based on the National Crime Victimization Survey found that police were less likely to make an arrest in intimate partner violence situations than in violence perpetrated
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toward a stranger (Felson & Ackerman, 2001). While if the perpetrator was a person the survivor knew but not an intimate partner, the police are less likely to arrest than if the perpetrator was an intimate partner (Felson & Pare, 2007). According to Dawson's study (2004), before 1984, the perpetrator of intimate partner violence was less likely to receive maximum punishment when the result was death (2004). In contrast, stranger-on-stranger murder was punished more often than intimate partner murder (2004). Since 1984 the punishment for murder has been extended to the maximum sentencing, even in intimate partner violence (2004).

Racism Plays a Part

Most women in prison are women of color (Burman et al., 2005). While the stigma of staying in a domestic violence situation contributes to women not reporting intimate partner violence, for women of color, the stigma is even greater. Especially while incarcerated (2005).

Women of color are often "othered" by society (2005). This "othering" can be dangerous for survivors coming forward. There are preconceived notions that cultural differences mean the oppression of women (2005). If a woman from a different culture than the western culture comes forward, the stigma of a cultural background oppressing women can grow deeper roots in society (2005). In contrast, the stigma of staying in an intimate partner relationship may breed contempt for the survivor's need to be a "victim" (2005). If a woman has children, this creates another stigma.

Burman (2005) defines domestic violence as economic abuse as well as physical, emotional, and psychological. When women of color leave a domestic violence situation and apply for welfare, the stigma of "welfare queens," which became a famous phrase during the Reagan era, also takes deeper roots in societal beliefs, especially when the survivor becomes a
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Stigma is not the only reason women of color may not come forward and report intimate partner violence. Language and cultural barriers, as well as refugee status, are reasons women of color may not report violence in the home (2005). Domestic violence hotlines and shelters are notoriously underfunded (Quintas, Sousa, 2021). For those that have a language barrier finding an interpreter can be impossible (2005). In contrast, others may fear police involvement, and their refugee status is threatened if they come forward (2005).

There are many reasons survivors do not report intimate partner violence. However, those reasons become exponentially more muddled when language, culture, refugee status, financial insecurity, and racism are considered (2005).

Method

This is a systematic literature review. The database used for this literature review is Portland State University Criminal Justice Abstracts with Full Text. The key words used were incarcerated women, domestic violence or domestic abuse or intimate partner violence, intimate partner violence in law enforcement families. The criteria for the search were peer reviewed, incarcerated women in the United States, with complete PDF available for student view, and between the years 2011-2022. Forty-five articles were reviewed eighteen are used as shown in the bibliography. Articles were not used because they did not include research in the United States (n=8), they did not meet the definition criteria used of domestic violence for this paper (n=8), the full text was unavailable (n=3), the participant were not incarcerated women (n=4), and the focus was not domestic violence (n=4).

Literature Review

Theories, Frameworks, and Lenses
Incarcerating women has grown since the 1970s (Jones, M.S. et al., 2018). As with all theories, many different frameworks are applied to women's incarceration. The frameworks, theories, and lenses used to interpret this research are explained in this section.

Felson & Pare (2007) incorporated four lenses and theories into their research. First, critical theory (2007) is based on women's lack of power in society as opposed to men. The critical theory states that men have more power over women even in intimate relationships and contributes to violence committed against women by men as being more socially accepted than the reverse. The second theory is the blame theory states that if the violence is committed during alcohol-related or crimes of passionate episodes, then the blame is more on the accused (2007). The blame is placed on the survivor if the violence is committed due to infidelity or otherwise provoked (2007). The blame lens suggests that a survivor could act in a deviant manner and deserve the abuse. This is a dangerous line to cross in domestic violence. The third is the protection of the community lens (2007), stating that domestic violence is considered a private matter and not a community issue. This raises questions on police involvement, considering police are required to protect the community, not individuals (2007). Finally, the fourth theory is the practical constraints and consequences theory (2007), which explains that there is less evidence if the survivor refuses to testify or if the witness is a child. There could be a household hardship of losing an income if the perpetrator is incarcerated. The blame could be placed on the survivor if the survivor deviates from social norms (2007).

While Jones et al. (2018) used two theories to explain their research. One theory is the feminist pathway approach (2018), which focuses on how oppression and abuse can lead to deviant behavior, especially how women maneuver oppression through limited social power and how this may lead to trauma and self-destructive behavior. As Jones (2020) states, coercion is
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often used in intimate partner abuse and can lead to criminal behavior and drug use. The second theory from Jones et al. (2018) is the general strain theory (GST). GST explains three sources of strain: negative stimuli caused by child abuse or IPV, loss of positive stimuli such as a parent's death or separation/divorce, and the failure to reach goals. As Decou (2015) states, education significantly correlates with IPV and PTSD levels. This leads to the belief that the inability to finish the goal of education can significantly increase the chances of women becoming survivors of domestic abuse. Shilling (2009) also introduces adult attachment theory, claiming that people with attachment problems find removing themselves from unhealthy and harmful relationships complicated.

Through the lenses of these theories and frameworks, I interpret how domestic violence affects incarcerated women. However, of course, one theory alone cannot explain such a complicated issue, which is why authors may use multiple theories to explain better if intimate partner violence has contributed to female incarceration rates rising seven-fold since 1980 (Bronson & Carlson, 2019).

Reasons for the Rise in Female Incarceration

Studies have found that 70%–90% of incarcerated women suffered from intimate partner violence before incarceration (Bowles et al., 2012). According to Bronson & Carlson (2019), 111,360 women were incarcerated in 2017 alone. That is approximately 7% of the national prison population (2019). Some survivors of intimate partner violence experience numerous tactics against them for control. One tactic that has violent outcomes is coercion.

Jones (2020) found a positive correlation between coercive behavior and violence perpetrated by the survivor. Jones also found (2020) that women who suffered coercion in IPV are significantly more likely to use violence against their partners. Many studies found that the
more often women suffer from coercion and physical violence at the hand of an intimate partner, the more likely they are to report using physical violence against their partner (Barbcock et al., 2003). Physical abuse is also related to self-protection or the protection of children (Caldwell et al., 2009). Women who experience coercion in IPV may turn to violence against their partner to gain control over their situation, retribution, protection of their children, or protect themselves (2003).

Other studies found that illicit drug abuse could be why female incarceration is on the rise (Minieri et al., 2014); furthermore, IPV is linked to drug abuse (Bowles et al., 2012). In addition, other research has found that women may self-medicate with illegal drug use to cope with IPV and PTSD symptoms (DeHart, 2008). In comparison, some women become involved with illegal drug abuse through their violent partners (Daly, 1992).

Minieri et al. (2014) found a correlation between intimate partner violence and drug abuse. In this study, participants reported a median of 18.81 domestic violence incidents in their lifetime (2014). Of these participants, 22.7% perceived they have low power in their relationships (2014). At the same time, 55.3% report less than 12 years of education. Unfortunately, under education and a history of domestic violence is seldom considered in court.

In another study, Romain et al. (2016) hypothesized that women convicted of domestic violence received lesser sentences due to their gender. The hypothesis is that women that are perpetrators will get reduced sentences because the court may feel women do not deserve or cannot handle the same sentences their male perpetrator counterparts can. This hypothesis does not consider that women may respond to violence committed against them. This hypothesis tries to explain why more men are convicted of domestic violence if both men and women are equally as violent. This was hypothesized as an explanation for men being overrepresented as
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perpetrators. However, the study found the opposite. Women are more likely to be persecuted to the full extent of the law than men (2016).

For formerly incarcerated women, the "choice" to stay with a violent partner may not be a choice at all. Pritchard et al. (2014) found that women with previous criminal records have difficulty finding housing resources. This forces some women to move back with their violent partners, which may have gotten them arrested previously. Quintas & Sousa (2021) say that the programs created to help women suffering from domestic violence are notoriously underfunded and have staffing issues that prevent many people from seeking help. Funding these programs makes it easier for survivors to receive the resources badly needed so they will not have to turn to a previously violent partner and deviant behavior.

Incarcerated women have applied for needed resources previous to incarceration, such as mental health care, social support, drug treatment, and help through shelters, to no avail (2014). After incarceration, women have less hope of receiving these services. Prichard (2014) found that incarcerated women feel incarceration has been a significant barrier contributing to their criminal activity by causing desperation. At the same time, other incarcerated women find the prison system to be a large part of a system that continues to fail them and cause harm.

Many women claim to have sought police intervention before they committed a crime, but no officers responded to their calls (2014). Others suggest that the perpetrator uses the justice system against them by claiming the survivor either uses or sells drugs, taking out protective orders against the survivor when pushed to fight off an attack, and using past abusive relationships against the survivor to show a pattern of accusations (2014). The perpetrator's ability to manipulate the justice system can create a more dangerous and stealthier perpetrator while leaving women little hope for police intervention.
Police

Police may have a different perspective on domestic violence. Being a police officer is a stressful occupation. Police often see brutal crime scenes, unconscionable abuses toward vulnerable populations, murders of partners and friends, and fear for their lives at any given moment. Living with this stress and the police force breeding toxic masculinity, many officers are perpetrators of domestic violence. The number of police families suffering domestic violence was up to 40% in the 1990s (Anderson, Lo. 2011). In addition, a study conducted by Johnson et al.. (2005) found a subculture of authoritarianism in the police force that often follows officer's homes.

The Anderson et al.. (2011) study reported that 9% of officers admit to "losing control" and committing violent acts toward their partners. Of those who reported intimate partner violence, 41% were White men, 4% were White women, 27% were Black women, and 28% were Black men. Significant correlations were found in police officers between three independent variables such as authoritarianism, experiencing stressful events, and negative emotions that come with a stressful career, with the dependent variable being officers self-reporting perpetrating intimate partner violence (2005). When police officers are perpetrators of domestic violence, they can sympathize with the perpetrator, not the survivor (2005). This can cause dramatic safety issues for survivors in the future.

Diagnosis

Surviving women of domestic violence have been three times more likely to suffer mental health disorders than women that have not suffered abuse (Tolman & Rosen, 2001). In addition, intimate partner violence and early childhood trauma have been significantly correlated
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to PTSD diagnosis’ (DeHart, 2008). Furthermore, PTSD can have long-lasting effects that impede a person’s everyday life and can last for years after leaving the abusive relationship (Woods, 2005). In comparison, another study by Shilling (2009) found a significant correlation between intimate partner violence and borderline personality disorder. Therefore, the symptomology of borderline personality disorder and PTSD (post-traumatic stress disorder) are defined in this section.

Borderline Personality Disorder

The DSM-5 defines *borderline personality* as a pattern of low self-esteem, the inability to contribute to interpersonal relationships, impulsivity, and the effects each of these symptoms have on the individual. With Shilling’s (2009) findings that women who suffer from intimate partner violence have a greater score of borderline personality disorder, he is saying that any IPV can change how a survivor’s thoughts are processed. Furthermore, Shilling (2009) states that length of abuse did not make a significant difference in the diagnosis, while types of abuse can lead to more mental health harm. Shilling (2009) found the severity of abuse and intimate violence to be the most correlated with borderline personality scores.

Decou (2015) states that out of the participants in this study, 29.4% said they were threatened with a deadly weapon, 30.4% admitted to nonconsensual sex from an intimate partner, and 46.1% reported being chocked. In addition, life-threatening incidents are reported to be a primary cause of PTSD symptoms in a survivor (2015). At the same time, Decou (2015) continues to explain that low education levels correlate with high PTSD symptomology.

Post-Traumatic Stress Disorder (PTSD)

According to the DSM-5, *post-traumatic stress syndrome* symptoms may include
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re-experiencing the event through intrusive memories and thoughts, nightmares, inappropriate reactions to certain stimuli, and long periods of psychosis; alterations in arousal that may look like aggression, harmful behavior, problems with sleep, and hypervigilance; avoidance that can cause upsetting thoughts and intrusive memories; negative alterations in cognition and mood; feelings of not belonging; self-harm activities; depression; blame; and emotions born from trauma (2013).

*Post-traumatic stress disorder* is a diagnosis used for survivors of IPV. DeCou et al. (2015) found that intimate partner violence significantly contributes to PTSD symptoms. At the same time, other studies found that both childhood abuse and IPV contribute to PTSD in incarcerated women (DeHart, 2008). Jones et al. (2018) state that most of the women in this study experienced PTSD symptoms from IPV and suffered drug abuse before incarceration. Another thought on diagnosing survivors of IPV is that the diagnosis itself may be more harmful than helpful. Burman et al. (2005) discuss the problems with different diagnoses in the case of domestic violence. He states that using diagnostic terms like borderline personality disorder, battered women syndrome, and post-traumatic stress disorder only works to blame the survivor (2005). If a survivor is diagnosed with a mental health disorder, the perpetrator may be viewed as the victim trying to care for a mentally unstable individual. Creating a space where a survivor of IPV is the problem with a mental health diagnosis and the perpetrator is a caregiver can create blame for the survivor. In this situation, it is easier to empathize with the perpetrator rather than the survivor.

**Summary**

Intimate partner violence leads to unhealthy coping mechanisms like drug abuse and violence against perpetrators. Using the theories and frameworks to interpret the findings in this
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literature review, women have less power in society, making domestic violence more prevalent in women. In addition, survivors and society often blame survivors for the abuse suffered at the hands of an intimate partner.

While mental health diagnosis can be helpful for treatment options, it can also harm the survivor. Mental health disorders like borderline personality disorder and PTSD have a negative stigma associated with the diagnosis. These diagnoses can make the survivor appear to be challenging to care for, leaving the perpetrator viewed as a caregiver.

While coercion in IPV can contribute to violent retaliation and drug abuse, it can also lead to criminal behavior prompted by the perpetrator. Violence, criminal behavior, and illicit drug abuse can lead to incarceration, making coercion a cause for female incarceration.

Many women have been ignored and punished through the system that is supposed to help. With male perpetrators manipulating the courts, police not taking domestic violence calls seriously and incarcerating women that are desperate for help, the system has failed. The system's failure leads women to look outside the law for help. Women are punished for their lack of power in society, which has adverse effects on the United States. Women are socialized to be the caregivers of vulnerable populations. The more women that are incarcerated, the fewer caregivers these populations have.

Discussion

Different studies found complimentary results. For example, Shilling’s (2009) findings that survivors of intimate partner violence correlate with a borderline personality disorder. Dehart’s (2008) correlation between IPV and PTSD and Decou’s (2015) finding that women with low education levels become survivors of IPV in more significant numbers than those with higher
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education levels. The use of these findings can guide the United States in how to reduce recidivism.

Domestic violence needs to be treated seriously and without judgment of the survivor. Courts can contribute by hearing each accusation separately. For example, when a survivor explains what abuses have occurred, the responding accusations of drug abuse or sales can be considered separate. Past relationships should not be considered when the past relationships can be used to show a pattern of victimization, allowing the court to dismiss allegations as the survivors need to be victims. Police training can include the devastation IPV causes to communities and have protocols in place to remove the option of bias when responding to DV calls for help.

Offering incarcerated women mental health treatment and education is a start. Allowing all women to access care when needed regardless of their immigration status, language, or criminal record would be ideal practices to employ. In addition, funding to complete counseling and safety plans must be established to ensure women do not need to commit criminal activity to escape intimate partner violence.

Finally, as long as women hold less power in society than men, a grant system should be set up to financially care for survivors and their children when escaping dangerous living conditions. This grant should be used for essential living expenses such as moving costs, food, medications, clothing, mental health resources, health insurance, and household costs until the supplement is no longer needed. If society can help survivors before they are forced to look outside legal recourse and complicated coping mechanisms, the United States could see a reduction in incarcerated women.
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The research has many limitations on the effects of intimate partner violence on incarcerated women. One limitation is the representation of women of color. Most of the studies I found in the United States focused on White men and women, while people of color were not represented. Another population underrepresented in the studies is the LGBTQ+ community. More research must be completed with these populations adequately represented in the samples.

Conclusion

There is evidence that intimate partner violence affects incarcerated women. How IPV affects, incarcerated women is more complicated. Each woman has a different story and different coping mechanisms. Whether IPV shows itself as violent attacks, sexual assault, coercion, financial withholding, threats, isolation, psychological abuse, or any other behavior that allows one person to control another, the effects on incarcerated women can be seen clearly. IPV can cause PTSD or borderline personality disorder (2015), changing how a woman intellectualizes her surroundings. Coping mechanisms may include illicit drug use, criminal activity, or violence contributing to the incarceration of survivors. Survivors may also experience a distrust for services and legal avenues put in place to protect them when they become incarcerated after seeking help. There are countless ways IPV affects incarcerated women. These effects can be profound and should not be underestimated.
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<td>Toward a typology of abusive women: Differences between partner-only and generally violent women in the use of violence</td>
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<td>Bowels, M.A. et al.</td>
<td>Family influences on female offenders’ substance use: The role of adverse childhood events among incarcerated women</td>
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<td>The Link between Childhood Maltreatment, Prostitution, and Victimization of Physical Intimate Partner Violence: an Examination of Female Inmates in Taiwan</td>
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<td>2016</td>
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<td>Included: met criteria and discussed education correlations with IPV.</td>
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<td>2018</td>
<td>DeHart, D.</td>
<td>Women’s Pathways to Crime: A Heuristic Typology of Offenders</td>
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<td>2008</td>
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<td>2018</td>
<td>Fedock, G. et al.</td>
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<td>Felson, R., &amp; Pare, P.</td>
<td>Does the Criminal Justice System Treat Domestic Violence and Sexual Assault Offenders Leniently?</td>
<td>Included: for theories and frameworks to interpret findings in other studies.</td>
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<td>2018</td>
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<td>Johnson, J. et al.</td>
<td>Feasibility of an HIV/STI Risk-Reduction Program for Incarcerated Women Who Have Experienced Interpersonal Violence</td>
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<td>Feasibility of an HIV/STI Risk-Reduction Program for Incarcerated Women Who Have Experienced Interpersonal Violence</td>
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<td>Broken Hearts and Battered Lives: Adverse and Abusive Life Histories and Externalized Responses to Anger as Pathways to Illicit Drug Use Among Incarcerated Women</td>
<td>Included: Met al.1 criteria. Discussed 70-90% of incarcerated women are survivors of IPV and theories to interpret findings.</td>
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<td>2018</td>
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<td>Excluded: did not include DV/IPV</td>
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<tr>
<td>2020</td>
<td>McCauley, H.L. et al.</td>
<td>Trauma, Power, and Intimate Relationships Among Women in Prison</td>
<td>Excluded: article did not meet definition of IPV used for this review.</td>
</tr>
<tr>
<td>2017</td>
<td>McLean-Riggs, E.</td>
<td>&quot;locked together / in this small hated space&quot;: Recognizing and Addressing Intimate Partner Violence Between Incarcerated Women</td>
<td>Excluded: full text unavailable.</td>
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<tr>
<td>2012</td>
<td>McPhail, M. et al.</td>
<td>Psychiatric Disorders in Incarcerated Women: Treatment and Rehabilitation Needs for Successful Community Reentry</td>
<td>Excluded: article did not include IPV</td>
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<td>2014</td>
<td>Minieri, A.</td>
<td>Relationship Power As a Mediator of Intimate Partner Violence and Mental Health Issues Among Incarcerated, Substance-Using Women</td>
<td>Included: met al.l criteria and discussed correlation between IPV and illicit drug use.</td>
</tr>
<tr>
<td>2022</td>
<td>Newman, M. et al.</td>
<td>Associations Between Interpersonal Violence, Psychological Distress, and Suicidal Ideation Among Formerly Incarcerated Men and Women</td>
<td>Excluded: article did not meet definition of IPV used for this review.</td>
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<tr>
<td>2020</td>
<td>Novisky, M.A. &amp; Peralta, R.L.</td>
<td>&quot;Gladiator School: Returning Citizens' Experiences with Secondary Violence Exposure in Prison&quot;.</td>
<td>Excluded: article does not include IPV.</td>
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## How Domestic Violence Affects Incarcerated Women

<table>
<thead>
<tr>
<th>Year</th>
<th>Authors</th>
<th>Title</th>
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<tbody>
<tr>
<td>2014</td>
<td>Pritchard, A.J. et al.</td>
<td>A Qualitative Comparison of Battered Women’s Perceptions of Service Needs and Barriers Across Correctional and Shelter Contexts</td>
<td>met al.1 criteria and discussed previously incarcerated women’s difficulty finding resources.</td>
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<tr>
<td>2021</td>
<td>Quintas, P.</td>
<td>Does a Coordinated Program Between the Police and Prosecution Services Matter?</td>
<td>met al.1 criteria and discussed underfunded resources.</td>
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<tr>
<td>2017</td>
<td>Radatz, D.L. &amp; Wright, E.</td>
<td>Does Polyvictimization Affect Incarcerated and Non-Incarcerated Adult Women Differently? An Exploration Into Internalizing Problems</td>
<td>article found in Bruised Inside Out: The Adverse and Abusive Life Histories of Incarcerated Women as Pathways to PTSD and Illicit Drug Use</td>
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<td>2016</td>
<td>Romain, D. &amp; Freiburger, T.</td>
<td>Chivalry Revisited</td>
<td>met al.1 criteria and hypothesized women receive different sentences than men in IPV situations.</td>
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<tr>
<td>2019</td>
<td>Scicluna, P &amp; Clark, M.</td>
<td>Victimisation and addictive careers amongst women in Malta</td>
<td>study not conducted in the U.S.</td>
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<td>2009</td>
<td>Schilling, H.E.</td>
<td>Domestic violence and borderline personality disorder: An analysis of the contributions of abuse duration and severity</td>
<td>met criteria and discussed theories to interpret findings. Shillings article has been cited in several articles on this list.</td>
</tr>
<tr>
<td>2019</td>
<td>Smirnova, M. &amp; Gatewood Owens, J.</td>
<td>The new mothers' little helpers: medicalization, victimization, and criminalization of motherhood via prescription drugs.</td>
<td>article does not include DV.</td>
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<td>2016</td>
<td>Sun, I. et al.</td>
<td>Strain, Negative Emotions, and Level of Criminality Among Chinese Incarcerated Women</td>
<td>study not conducted in the U.S.</td>
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<td>2017</td>
<td>Swoopes, R.M. et al.</td>
<td>Treating Substance Abuse and Trauma Symptoms in Incarcerated Women</td>
<td>article does not define IPV.</td>
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<td>2021</td>
<td>Taylor, S. et al.</td>
<td>Slipping through: mobility's influence on infectious disease risks for justice-involved women in Canada</td>
<td>Excluded: study not conducted in the U.S.</td>
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<td>2001</td>
<td>Tolman, R.M., &amp; Rosen, D.</td>
<td>Domestic Violence in the Lives of Women Receiving Welfare</td>
<td>Included: found in article Bruised Inside Out: The Adverse and Abusive Life Histories of Incarcerated Women as Pathways to PTSD and Illicit Drug Use</td>
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<td>2015</td>
<td>Trammell, R. et al.</td>
<td>Partner Violence in Women's Prison: The Social Consequences of Girlfriend Fights</td>
<td>Excluded: article does not include IPV.</td>
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<td>2016</td>
<td>Willison, J.S.</td>
<td>Characteristics of Violent Crime Committed by Female Prisoners</td>
<td>Excluded: full text unavailable online for student view</td>
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