

Peering beyond the bars: Institutional confinement of female inmates

by

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ABSTRACT

Criminal behavior does not cease when an individual is removed to the confines of the prison walls. Correctional violence is a exists among America's modern prison system. Criminology has built a vast body of research on the institutional misconduct of male offenders, while at the same time has ignored the misconduct of female offenders. This study extends the importation model of inmate behavior to a cohort of female offenders through an examination of demographic characteristics, criminological history, victimization history, and personality disorders on institutional misconduct in a maximum security female prison.

CHAPTER ONE: INTRODUCTION

"Criminology, it seems, is mainly about academic men studying criminal men, and at best it would appear that women represent only a specialism, not the standard fare" (Naffine, 1996:1)

Prisons have become a staple in American life. As a society, we are fascinated and fearful of prison subcultures. Our media devotes countless hours to glorifying and stereotyping the life of the American prisoner with shows such as *Lock Up*, *Oz*, and *Prison Break*. Meanwhile, our policies concerning crime are some of the harshest among Western countries (Tella & Dubra, 2007; Tonry, 1998). Unlike Western European countries which do not utilize capital punishment, the United States executed 55 inmates in 2009 (Snell, 2010). The incarceration rate in the United States is also higher than European countries. Tella and Bura (2007) noted that in 2004, the incarceration rate in the U.S. exceeded 700 per 100,000 inhabitants, which was 5 times that of the incarceration rate in Europe. Michael Tonry (1998) has pointed out the notable difference in American corrections from Western European countries is not the stark difference in crime rate, rather it is the marriage of crime policies and American politics.

What is routinely and notably absent from the entanglement of prisons in both the media and government is the attention paid to incarcerated women. In the eyes of society and our social institutions the archetype prisoner is male. As the quote from Naffine (1996:1) at the beginning of this chapter indicates, women have been routinely absent from research within the discipline of criminology. This view has recently prompted some corrections scholars to refer to incarcerated women as the "forgotten" or "invisible" population (Belknap, 2007; Fletcher et. al.,1993, Chesney-Lind, 2001). By ignoring the nature of female offending,

the criminal justice system has experienced logistical problems in punishing and housing convicted female offenders. During the colonial era, this housing problem was handled by placing female offenders within the same prison facilities as males (Dobash et. al., 1986; Rafter, 1985). More recently, the United States was not prepared for the explosion in the female prison population, (from 12,300 in 1980 to 96,000 in 2002) that emerged at the end of the twentieth century. As a result, women's prisons face issues including: overcrowding, a disparity in sentences based on gender and the available beds in correctional facilities, housing of women further from their homes due to the limited number of female facilities, and design flaws due to women's institutions being built to mirror male prisons (Hoffman, 2009; Young & Reviere, 2006).

As Young & Reviere (2006:1) point out the current system of housing female offenders is not just a cost to the "women themselves but also to their families and communities." In further arguing against the male-orientated custody model, Young & Reviere (2006:1) argue that housing women based on a model that is designed to meet the needs of male offenders "does not meet the needs of women or the nearly 200,000 children they leave behind" (Young & Reviere, 2006:1). To further perpetuate social control, women in prison are not only cast out by society as dangerous but also as "bad mothers, wives, and daughters" (Young & Reviere, 2006:3). Their struggles with past victimization, poverty, and mental health issues are therefore ignored. They are often institutionalized within prisons designed to punish rather than address and treat their specific needs. Sykes and Foucault both argued that such an environment can perpetuate criminal behavior and is often further exacerbated within the prison subculture (Sykes 1958; Foucault 1975).

Corrections scholars know that criminal behavior does not cease once an individual is

confined behind prison walls. Adjustment to prison life is routinely measured in occurrences of institutional misconduct infractions (Thompson & Loper, 2005). Misconduct is broadly defined as failure to follow specific rules (Camp et. al, 2003). These violations will range in severity from acts of noncompliance such as disobeying staff to criminal behaviors such as aggravated assault (Camp et. al., 2003; Craddock, 1996; Farr, 2000). Literature on institutional misconduct among samples of male offenders is vast, yet research on female offenders is still underrepresented in the corrections literature (Thompson & Loper, 2005; Warren, 2005; Zamble, 1992).

Early research on institutional misconduct viewed infractions as being closely linked with inmate culture and the norms, inmate code of conduct, and the "pains of imprisonment" inflicted by staff and the coercive nature of the prison as an institution (Clemmer, 1940; Sykes, 1958). This perspective was known as the deprivation model of prisonization. Through the work of Irwin and Cressey (1962) the importation model emerged suggesting that individual-level criminological risk factors exist prior to inmates entering the prison system. Rather they import these characteristics with them to prison which then influences their participation in institutional misconduct. This is why measures such as: prior incarceration, mental health history, gang association, etc. have been used to assess an inmate's risk level while they are incarcerated (Harer & Langan, 2001; Farr, 2000; Maghan, 1995). While the importation model has empirical support, Delisi et. al. (2010) revealed that Irwin and Cressey (1962) do not specify variables that should be used in assessing pre-prison antisociality. Outside of criminality measures, there is empirical support for exposure to violence and abuse, particularly early in life, leading to antisocial behavior (Farrington & Welsh, 2007; DeLisi & Munoz, 2003; Widom & Maxfield, 2001).

The focus of this research is twofold. First, this research utilized a female-only sample of incarcerated offenders to shed light on the experiences of women behind bars. Second, analysis was directed towards assessing the experiences in terms of criminal history, victimization, and mental illness that women bring with them when entering prison. More specifically, attention was directed toward assessing the interaction between those experiences and institutional misconduct.

CHAPTER TWO: LITERATURE REVIEW

"We have seen that women have many traits in common with children; that they are deficient in the moral sense; and they are vengeful, jealous, and inclined to refined cruelty when they take revenge. Usually, these defects are neutralized by their piety, maternity, sexual coldness, physical weakness, and underdeveloped intelligence" (Lombroso & Ferrero, 1893:183)

The above quote epitomizes the construction of female criminality which the discipline of criminology has been wrestling with since its conception. Positivist studies conducted at the nineteenth century and into the twentieth century linked women's criminality to biological determinism (Belknap, 2007). Dismissing environmental effects, César Lombroso, often cited as the "father" of criminology, noted that male and female criminality was based on individual physical attributes that influenced behavior.

Lombroso, working with William Ferraro, wrote *The Criminal Woman, the Prostitute, and The Normal Woman* (1893, translated by Rafter & Gibson, 2004) and followed with *The Female Offender* (1895) to outline patterns of criminal behavior among women. In addition to talking about women's criminality in the 1800's, Lombroso and Ferrero illustrate the harsh reality of women's second class status in the nineteenth century, where they routinely associate women with being childlike and intellectually inferior to men (Lombroso & Ferrero, 1893 & 1895). Criminal women, were routinely regarded by Lombroso and Ferrero (1893 & 1895) as "monsters" and were considered atavistic beings. The concept of atavism refers to criminals being "throwbacks" to an earlier evolutionary stage (Lombroso & Ferraro, 1895). In search for supporting evidence, Lombroso and Ferraro (1895) measured the skulls, height, weight, neck and leg circumference, arm span and foot length of prostitutes, incarcerated females, and what they referred to as "normal women."

They also documented the hair color, weight of the lower jaw, moles, tattoos, facial symmetry, wrinkles, skin pigmentation, and the sex organs of these women (Lombroso & Ferraro, 1883 & 1895). The end result was a book highlighting physiological traits associated with female criminality.

In *The Female Offender*, Lombroso and Ferraro (1895) also provided a discussion of "normal women's" intellectual inferiority. They explain that women lack "creative genius" and that women with creative power often assume masculine traits. As Lombroso and Ferraro (1895:83) state "one need only look at pictures of women of genius of our day to realize that they seem to be men in disguise." Further discussion by the authors suggests this lack of female genius is a result of women being highly influenced by others and her time monopolized by motherhood. According to the "father" of criminology, even "normal women" are limited in their opportunities and social status as a result of reproduction or in essence biology.

Lombroso and Ferraro were not the only scholars of the nineteenth and twentieth centuries who defined female criminality as a result of individual and often biological traits. W.I. Thomas, focused on sexual delinquency (i.e.: prostitution) and noted that women are pathologically consumed by the need to feel love. Such a preoccupation, according to Thomas, can lead women into a criminal lifestyle (Thomas, 1823).

Other positivist scholars of note such as Sigmund Freud and Otto Pollock also theorized the causes behind women's criminality. Sigmund Freud made an argument outlining female behavior as a psychological infatuation with the anatomical differences between males and females. As a result, Freud argued that women develop a masculinity complex which results in engaging in "masculine behavior" such as crime (Belknap, 2007).

Otto Pollak's (1950) *The Criminality of Women* speculated that women are as devious as males, however, women are deceitful in nature and therefore are better at hiding their crimes (Comack, 2006). For example, amongst early criminologists, poisoning others was considered one of women's secret criminal behaviors. In general, positivist theorists associated female criminality with biology, emotionality, and sexuality. Even if their views of women as offenders were simplistic and focused on women's biology or psychology as the source of criminal behavior, at least women were included in the discussion. Many sociological theories neglected to discuss women at all.

Prominent sociological theories of crime further illustrate the invisibility of women in criminology. Credited with developing strain theory, Robert Merton (1938) outlined the root cause of strain as the inability for some people in a society to legitimately meet culturally defined goals. For example, educational success in the United States is considered a stepping stone to social mobility, however, not everyone has the same educational opportunities in the United States. While Merton's theory was a break from biological causes of crime and articulated social class inequalities which then and still now exist in the United States, it does not address gender inequalities. If lower socio-economic individuals experience more strain and thus are more likely to engage in crime, than women -who are historically paid less and experience higher levels of poverty- should be committing a higher percentage of crime (Belknap, 2007; Comack, 2006; Chesney-Lind & Shelden, 2004).

Alternative versions of strain theory, by Albert Cohen (1955) and Cloward and Ohlin (1960) continued to narrowly focus on lower-class male delinquency. The absence of girls and women in the samples from which they formulated their theories on strain is based on the belief that men are the ones in society who truly experience strain. For Cohen (1955), the

strain that women experience centers around dating and marriage. Therefore their criminal behavior is linked to their sexuality. Similarly, Cloward and Ohlin (1960) focused on women's strain as linked to family and sexuality. As Naffine (1987:5) summarized Cloward and Ohlin's approach to male versus female delinquency:

The delinquent subculture is therefore a male solution to an exclusively male problem. Females are neither pressured to achieve the major success goals of their society nor offered a delinquent outlet for their frustrations. The horizons of the female are confined to the family. The limited nature of their offending, its predominantly sexual in nature, reflects this narrow set of concerns with personal relationships.

Strain theorists failed to realize that just as men experience unequal opportunities, so do women. Traditional strain theorists focused on economic and social class strain, meanwhile they neglected to examine strain in relation to sexism or racism that women in the United States had, and in some cases still have, a history of experiencing daily (Belknap, 2007; Comack, 2006).

Edwin Sutherland's and Donald Cressey's (1949) differential association theory focused on criminal behavior as learned behavior. Moving from social class as a source of criminality, Sutherland and Cressey's work highlighted the importance of associations with others, particularly peers in explaining criminality. Despite that their theory was presented as non-sex-specific, girls were once again rarely mentioned. The emphasis was still on male delinquency, as illustrated in the Sutherland and Cressey (1978:77) quote: "In an area where the delinquency rate is high a boy who is sociable, gregarious, active, and athletic is very likely to come into contact with other boys in the neighborhood, learn delinquent behavior from them, and become a gangster" (Belknap, 2007; Comack, 2006; Chesney-Lind & Shelden, 2004).

Labeling theory, originating with the work of Howard Becker (1963) has traditionally focused on how deviant labels are attached to individuals and in turn how that label impacts future behavior. Feminist scholars note that Becker's work on the famous book *Outsiders*, focused on deviance from the viewpoint of men. Women were peripheral and mentioned as wives of the men amongst the musician subculture he studied. Another important distinction in regards to labels that feminist criminologists have made is the type of label often associated with criminality for males and females. Morris (1987) and Frigon (1995) contend that women law breakers are more likely to be labeled as mentally ill than men. Whereas men are more likely to be labeled as criminal. As Frigon (1995:29) noted how women's perceived madness has been associated with crime and concludes:

Punishing females (and to some degree males) for not conforming to their "appropriate" gender roles has a long history...examples include the long history of executing women charged as "witches." Thus, a distinction for the criminal female appears to fall into "mad" (mentally ill, including the rejection of culturally prescribed gender roles) and "bad" (just pure evil).

Thus the significance of the label's stigma is recognized from criminal behavior as well as behavior that challenges traditional gender roles (Belknap, 2007; Comack, 2006; Frigon, 1995; Morris, 1987).

Social control theorists focus on what drives people to abide by the law, rather than break the law. Travis Hirschi (1969) outlined social bond theory in his book *Causes of Delinquency*. Here Hirschi suggested that four types of social bonds, attachment, commitment, involvement, and belief encourage law abiding behavior. While testing the hypothesis, Hirschi collected data on both males and females. In the end, he focused only on a sample of white, male adolescents. Hirschi (1969) pointed out the disappearance of girls

from his sample and suggested he would like to revisit that demographic in future analysis, but he never did (Belknap, 2007; Chesney-Lind & Shelden, 2004).

Criminological theory attempts to explain the origin of criminal behavior. Early theories focused on biology and individual traits. Sociological theories attempted to examine structural conditions and relationships in connection to delinquency and crime. Most of these theories were formulated to examine samples of males and explain male offending patterns. When women are included they were secondary or represented as a homogenous group, rather than looked at for their unique experiences based on race, class, and gender. It was not until the 1970's when feminist criminologists such as Carol Smart, Allison Morris, and Ngaire Naffine scrutinized core criminological theories for their failure to explain women's involvement in crime. In emphasizing the need for scholarship on female criminality, Lorraine Gelsthorpe and Allison Morris (1988:103) stated:

Theories are weak if they do not apply to half of the potential criminal population; women, after all, experience the same deprivations, family structures and so on that men do. Theories of crime should be able to take account of both men's and women's behaviour and to highlight those factors which operate differently on men and women. Whether or not a particular theory helps us to understand women's crime is of fundamental, not marginal importance for criminality.

As articulated in this statement, a persistent need exists to examine the criminality of women in addition to understanding the criminal behavior of men in the United States. Today, as more women are incarcerated than ever before, it is increasingly necessary to understand women's criminality and their needs behind prison walls. The next section of this chapter outlines the patterns of women's offending in the contemporary United States.

The Nature of Female Offending

Contemporary criminology has only recently begun to include women in empirical and theoretical discussions of crime. As Dana Britton (2000:58) specifies, "criminology remains one of the most thoroughly masculine of all social science fields." Simply put most scholars within the discipline have been males and they tend to study male offenders. The primary reason for this difference is in the numbers. The gender gap in crime is relatively undisputed within criminology. Statistically speaking, the prevalence of males engaging in crime is higher than females engaging in crime. The Uniform Crime Reports (UCR) indicates that in 2009, nearly 75% of the arrests across the United States were of males. We also know that empirically speaking, the severity of crimes often varies by sex (Belknap, 2007). The UCR (2009) reveals that 81.2% of violent crimes arrests were of males. Women also make up a smaller percentage of the total number of inmates incarcerated within the United States. In 2009, the Bureau of Justice Statistics reports that 18% of the incarcerated population in the United States was female.

It is also important to point out that the UCR (2009) reports that arrest records of females have increased 11.4% from 2000 to 2009 (see Table 2-1). The overall total of arrests for males, however, actually decreased 4.9% between 2000 and 2009 (UCR, 2009). This corresponds to the Bureau of Justice Statistics (2006) report that the adult female jail population has increased 6.2% annually which is greater than the male population increase of 3.2% in our nations' jails. This increase again is echoed across the prison population of the United States. The Bureau of Justice Statistics (2009) confirmed a 14% increase of females within the correctional population from 1990 to 2009. At the same time there has been a 4%

decrease of the total population of males within the correctional population between 1990 and 2009.

	Males		Percent Change	Females		Percent Change
	2000	2009		2000	2009	
Year						
Total Charges	6,491,372	6,174,287	-4%	1,874,217	2,087,303	+11.4%

Source: Uniform Crime Report (2009). *Table 33: Ten Year Arrest Trends*. Washington, D.C.: Federal Bureau of Investigation.

In addition to examining the percentage of males and females arrested annually, arrest statistics reveal offending patterns for both males and females. The FBI's Uniform Crime Reports offer insight into which crimes women engage in at a greater prevalence (see Table 2-2). The UCR indicated the top five types of criminal acts female offenders were arrested for in 2009, which included: prostitution (69.6%), embezzlement (50.9%), larceny-theft (43.7%), fraud (42.8%), and forgery (37.7%). Whereas the 2009 UCR arrest records for the top five offenses males engaged in during 2009 included: forcible rape (98.7%), weapons possession (92.0%), sex offenses (91.2%), murder and non-negligent manslaughter (89.6%), and gambling (88.8%). The statistical differences presented by these numbers (see Table 2-2) also indicate another noticeable trend, the seriousness of women's offending. There is empirical support indicating that women are less likely to engage in serious violent offenses and more likely to participate in property or vice crimes (i.e. prostitution and drugs) (UCR, 2009).

Offense Type	Female arrest	% Female	Male Arrest	% Male
Murder and non-negligent manslaughter	1,020	10.4	9,775	89.6
Forcible rape	208	1.3	16,442	98.7
Robbery	11,919	11.8	100,702	88.2
Aggravated Assault	72,905	22.0	331,372	78.0
Burglary	35,109	14.9	235,226	85.1
Larceny-Theft	463,508	43.7	1,060,754	56.3
Arson	1,617	17.0	7,892	83.0
Forgery	25,425	37.7	41,932	62.3
Fraud	69,393	42.8	92,850	57.2
Embezzlement	7,177	50.9	6,920	49.1
Stolen Property	17,300	20.9	65,644	79.1
Vandalism	38,504	18.1	174,477	81.9
Weapons	10,511	8.0	120,430	92.0
Prostitution	39,437	69.6	17,203	30.4
Sex offenses (except rape and prostitution)	5,337	8.8	55,085	91.2
Drug Abuses	242,414	18.6	1,062,777	81.4
Gambling	904	11.2	7,163	88.8
Offenses against family/children	22,332	25.4	65,557	74.6
Driving under influence	251,695	22.6	860,689	77.4
Disorderly conduct	139,315	26.9	379,059	73.1
Vagrancy	5,655	21.4	20,725	78.6
All other (except traffic) offenses	696,621	23.6	2,249,656	76.4

Source: Uniform Crime Report (2009). *Table 42: Arrests by Sex*. Washington, D.C.: Federal Bureau of Investigation.

As feminist criminologist scholars have pointed out since the 1970's women are not a homogenous group. Looking at women's participation in crime must also include an analysis of differences among women based on age, race, and social class. The Federal Bureau of Investigation's Uniform Crime Reports (UCR) are a popular assessment tool for examining annual arrest rates. Unfortunately, the UCR does not control for social class nor does it examine race and gender arrest rates simultaneously. Therefore, Table 2-3 demonstrates the rate of female offenders by race in a state or federal prison facilities across the U.S. in 2009.

Table 2-3: Prisoners Incarcerated Across the United States by Race, 2009

Year	Total	White	Black	Hispanic	Other^a
2009	105,200	51,200	28,200	17,500	8,300
2008	105,300	50,700	29,100	17,300	8,200
2007	105,500	50,500	29,300	17,600	8,100

^aIncludes: Native Americans, Alaskan Natives, Asians, Native Hawaiians, Pacific Islanders, and persons identifying as two or more racial groups

Source: West, Heather C., William J. Sabol, and Sarah J. Greenman. 2010. *Prisoners in 2009*. Washington, DC: U. S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

It is important to point out that by examining women who are already incarcerated, we cannot account for discrepancy afforded based on bias within the criminal justice system. Research has repeatedly documented inconsistencies in chivalry awarded to white women by the criminal justice system more frequently than women of color (Dodge, 2000; Lieber & Mack, 2003; Steffensmeier, et. al. 1998). That said, the most recent figures from the Bureau of Justice Statistics (2009) most recent figures documenting women in prison suggests there are currently more White women incarcerated than any other single racial group (see Table 2-3). But when looking at all incarcerated women of color, there are approximately 2,800 more women across all racial groups incarcerated than White women (see Table 2-3).

Age is another important demographic when considering criminal offending patterns. The age-crime curve indicates that individuals' criminal propensity gradually decreases over the life-course. However, Kruttschnitt (1996:139) suggests that "the age-crime curve may not be gender invariant" or in other words, the age-crime curve may vary by gender. According to the most recent Bureau of Justice Statistics on women incarcerated in state and federal

prisons across the United States, more inmates across all three racial groups were in their 30's (see Table 2-4).

Table 2-4: Estimated Number of State and Federal Female Prisoners by Age and Race, 2009

Age	White	Black	Hispanic
18-19	400	300	200
20-24	5,500	2,900	2,300
25-29	7,300	4,200	3,100
30-34	9,000	4,900	3,300
35-39	10,000	5,800	3,300
40-44	8,800	4,900	2,700
45-49	5,300	3,000	1,500
50-54	2,500	1,400	700
55-59	1,300	500	300
60-64	600	200	200
65 or older	400	100	100

Source: West, Heather C., William J. Sabol, and Sarah J. Greenman. 2010. *Prisoners in 2009*. Washington, DC: U. S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

There is not a direct measure of socioeconomic class in most corrections data collections.

However, educational attainment is often available. The Bureau of Justice Statistics (1999)

reports that 56 percent of females held in State prisons and 73 percent of those held in

Federal prisons have completed high school, while 34 percent have attended some college.

Yet, the economic circumstances of these women are difficult as 37 percent of these women

reported having incomes less than \$600 per month prior to their arrest. Furthermore, many of

these women have minor children. As of 1999 the Bureau of Justice Statistics estimated that seven in ten women within the corrections system had children under the age of eighteen. With estimates placing these women as having an average of more than two children the Bureau of Justice Statistics estimates more than 1.3 million children with mothers under correctional supervision (Sabol et. al., 2006).

As previously stated, women offenders are not a homogenous group. Their criminal histories vary by offense and demographics by race and social class. Therefore controlling for race and age become important in understanding criminal behavior among women. Despite their differences some patterns have emerged. First, statistically speaking women tend to engage in less violent crime than their male counterparts. Women's rates of offenses in property crimes have been increasingly high in larceny-theft and non-index crimes such as embezzlement and forgery. Second, a pattern has emerged in terms of violence among men and women. Women's arrest records indicate they have less violent propensities than men. However, as the UCR records from 2009 indicate, 22% of arrests for females was for aggravated assault and 10.4% was for murder. Thus, women should not be excluded as perpetrators of violence. This becomes increasingly important when talking about housing these women with women who have engaged in nonviolent offenses such as larceny-theft or burglary. The next section of this chapter will address where and how we choose to house female offenders across the history of the United States.

Women's Incarceration

Women's invisibility within the discipline of criminology extends beyond the theoretical frameworks of crime and into the imprisonment of female offenders. Again, due to the lack of women who have been incarcerated compared to men, criminologists and

policy makers have a history of ignoring the needs of incarcerated female offenders (Balfour, 2006; Pollock, 2002). This was evident when the President's Commission on Law Enforcement and Administration of Justice (1960) neglected to comment on women in the prison system (Pollock, 2002). The fact that little research existed prior to the 1970's on women's incarceration, does not mean that the United States historically ignored the offenses committed by women. Rather, the United States has a history of locking up female offenders who were considered a nuisance to society.

Whipping, public confessions, burnings, banishments, and hangings were common approaches to dealing with criminals regardless of sex in the colonial United States (Dobash, Dobash, & Gutteridge, 1986; Young & Reviere, 2006). In the preindustrial era, women were not only punished in a similar fashion as men, they were often incarcerated in the same facilities as men (Dobash et. al., 1986; Rafter, 1985; Young & Reviere, 2006). While these women were often in a separate wing of the prison, they lived in poor conditions and often suffered sexual abuse at the hands of male prison staff (Dobash et. al. 1986). For example, women in Auburn State Prison in New York were housed in a windowless attic and were expected to deliver food, water, and pickup refuse on a daily basis (Young & Reviere, 2006). Such tasks were not unique to women in the Auburn State Prison. Across the U.S., women incarcerated in male prisons were expected to engage in traditional women's work for the era such as managing the cooking, cleaning, and sewing within the prison system (Dobash et. al., 1986). Such conditions existed until the late 19th century, when reformers such as Elizabeth Fry, Dorthea Dix, Sarah Doremus and Abby Hopper Gibbons encouraged separate correctional facilities for male and female offenders (Dobash et. al., 1986; Freedman, 1974; Pollock, 2002; Rafter, 1985).

In the 1800's women's reformer movements established Houses of Refuge for deviant women (often prostitutes) to be confined. These early reformers believed that the women themselves were not inherently criminal, rather their criminality was a product of poverty and poor environments (Pollock, 2002). The Houses of Refuge in New York also educated women, offered religious instruction and provided them with occupational skills such as sewing (Dobash et. al., 1986; Freedman, 1974; Pollock, 2002; Rafter, 1985). Nicole Rafter (1985:176) describes reformatories as being "designed to induce childlike submissiveness, and inmates were regarded as recalcitrant children." It is important to note that most women during the reform movement still were confined in custodial institutions (i.e. male prisons) and hardly any residents in the House of Refuge were women of color (Pollock, 2002; Rafter, 1985). For some women the House of Refuge was an alternative, progressive approach to reforming their criminal and deviant lifestyles.

In addition to the House of Refuge, women reformers campaigned for incarcerating offenders in sex segregated institutions. They also called for women serving as staff members in the female institutions. Their cause was achieved in 1870 when both Indiana and Massachusetts built separate prison facilities for men and women (Pollock, 2002; Rafter, 1985). Unlike the Houses of Refuge, the first female prisons were "dark structures" and lacked education and occupational programming for the inmates (Freedman, 1981). Sex segregated prisons were widely established in the U.S. by 1930. Similar to male custodial prisons, it was taboo to house African American and White women together in prisons (Rafter, 1985). Between 1930 and the mid-1960's prison building became common place in the United States. This was in part due to the creation of the Federal Bureau of Prisons in 1930. The creation of the Bureau of Prisons established a more unified and centralized

administration of the nations prisons. It also oversaw the building of new institutions (Bureau of Prisons, 2010). Ten years after the creation of the Bureau of Prisons, the prison facilities in the United States had nearly doubled (Bosworth, 2010). Despite the influx of prison facilities, female prisoners were still ignored until the 1970's (Dobash & Dobash, 1986; Giallombardo, 1966; Pollock; 2002; Ward & Kassebaum, 1965). In 1971, there were 34 states with separate male and female prisons and two federal institutions for women, one in West Virginia and one in California (Schweber, 1984 Young & Reviere, 2006). In 1977, there were 28 state prisons for women and 24 state prisons with women's sections across the United States. Building of federal prisons also continued and by 1998 there were fifteen female-only federal prisons across the United States. Today, there are an estimated 108 facilities for adult women prisons in the United States, spanning all types of classification systems. That is, these institutions house women from minimum to maximum security classifications (Young & Reviere, 2006).

It is evident that incarcerating women offenders in the United States has posed its own unique challenges. Space and overcrowding has historically been a common problem for prison administrators. Near the end of the twentieth century, prison officials were unprepared for the increase in the women's correctional population. In some instances, women have been housed six to a cell (Young & Reviere, 2006). From the harsh punishments of the colonial period, to the reform era, and once again an emphasis on incapacitating future offending through the use of the prison system, the treatment of women within the penal system has been fluid. Corrections scholars have cited the harsh environment of the prison system as a mechanism to facilitate future violence within prison. The next section of this chapter will explore institutional misconduct among female offenders.

Institutional Misconduct in Prisons

"It's reassuring for those of us trapped in here to think that even in a prison fight there is some standard of morally acceptable actions, but, in reality, anything goes" -Erin George, A Woman Doing Life (2010:55).

Prisons have historically served a dual purpose in American society. First, they emerged from the punishment philosophy in the Quaker era of the United States where criminals were reprimanded and paid penance for their crimes. In the reform era, prisons morphed into institutions where offenders went to be rehabilitated for their offenses (Gillespie, 2003). Secondly, prisons remove offenders from the general society therefore incapacitating motivated offenders from committing more crime in conventional society. Such a incarceration process may also offer non-offenders a feeling of safety in their everyday lives (Caplow & Simon, 1990; Gillespie, 2003). This may be in part related to the steady increase the United States has witnessed in the number of people incarcerated each year since the 1980's. Blumstein and Beck (1999) report the number of inmates in state and federal prisons increased over 200 percent from 1980 to 1996. From 2000 to 2008, the Bureau of Justice Statistics reports the prison population increased by 159,200 prisoners, 60% of which were associated with an increase of incarcerating violent offenders (Sabol & West, 2010). In that same period, the number of female offenders incarcerated in prisons across the United States rose 25% (West & Sabol, 2009).

The current model of incarceration and increase in imprisonment of offenders across the United States has macro level societal implications. Crime has also consistently been a rallying point in American politics. Examples of this include the Willie Horton advertisement the Bush campaigned used in the 1998 Presidential race against Michael Dukakis, the War on

Drugs campaign originating in the 1970's and Nancy Reagan's "Just Say No" campaign in the 1980's. Such political rhetoric often translates to significant social implications through expenditures spent on preventing and punishing crime in the United States. The Bureau of Justice Statistics reports that expenditures for state prisons increased 225% between 1985 and 1996. Such increases warranted Hagan and Dinovitzer (1999:130) to report that "several large states now spend as much or more money to incarcerate young adults than to educate their college aged citizens." The Bureau of Justice Statistics (2010) further noted that corrections expenditures increased 56% between 1990 and 2000¹. In 2007, the Bureau of Justice Statistics reports spending 74 billion dollars on corrections alone (Kyckelhahn, 2010). The sheer increase among our prison population and the money we spend on incarcerating offenders is enough to warrant that attention be paid to what happens these individuals while they are institutionalized within our criminal justice system.

Yet, this is not always the case. At the societal level, the implication for our method of imprisonment in the United States is the motto "out of sight, out of mind." For members of conventional society, prison may even be viewed as a break in an offender's criminal career. DeLisi (2003) notes that prison is often referred to by scholars as a black box of the criminal career where little attention is paid to continued involvement in criminal behavior. When in reality, DeLisi (2003) explains, prisons are simply one point on the pathway of an offender's criminal career. Simply put, prisons serve a purpose in removing offenders thus limiting their ability to engage in crime in conventional society, but criminal behavior does not cease once an individual is confined behind prison walls. Riveland (1999:1) eloquently stated "simply

¹ According to the Bureau of Justice Statistics, this figure accounts for an adjustment with inflation.

because people are in the controlled environment of a prison does not stop them from being assaultive or violent, attempting to escape, inciting disturbances, preying on weaker inmates, or otherwise exhibiting disruptive behavior.’’ It is such forms of criminal behavior referred to as rule violation or institutional misconduct that permeates the prison environment.

Institutional misconduct is broadly defined as failure to follow specific rules (Camp et. al, 2003). These violations will range in severity from acts of noncompliance such as disobeying staff to criminal behaviors such as aggravated assault (Camp et. al., 2003; Craddock, 1996; Farr, 2000).

Literature on institutional misconduct among samples of male offenders is vast, yet research on female offenders is still underrepresented in the corrections literature (Thompson & Loper, 2005; Warren, 2005; Zamble, 1992). While male offenders have been routinely characterized as noncompliant and violent behind prison walls, females' institutional behavior has been documented as less violent, having fewer escape attempts, and fewer behavioral infractions (DeLisi, 2003; Brennan & Austin, 1997; Bottoms, 1999; Craddock, 1996; Harer & Langan, 2001). With little empirical research on misconduct among female offenders, only a small amount of evidence exists to understand what is driving misbehavior among female inmates. This study seeks to fill the void by examining misconduct among a cohort of female offenders in a women's prison in a southeastern state of the United States. In order to discuss misconduct among female offenders it is first important to understand the classification structure of female prisons, define misconduct infractions, and outline the dominant theoretical perspective on how adjustment to the prison environment is connected to misconduct.

Prison Classification Structure

Just as human beings are socialized to learn the norms, values, and rituals of a culture, prisoners are socialized to adapt to their prison environment. In order to maintain order and effectively manage prisoners behind bars, correction agencies have developed a classification system where offenders are categorized into groups based on the risk they pose to themselves, other inmates, and correctional staff (Harer & Langan, 2001; Farr, 2000; Maghan, 1995). The most common classification categories are by security levels that include: maximum, medium, and minimum security (Farr, 2000). Burke and Adams (1991:1) specify that classification categories impact “housing, access to programs, location, levels of privilege, and degree of liberty.” As indicated by Far (2000:4), the primary purpose of the classification system is “to keep custodial order and prevent escape and thus risk to the community.” Consequently, the classification system shapes inmates “overall correctional experience” impacting programs and privileges available to them (Farr, 2000:4).

Peggy Burke and Linda Adams (1991) conducted a study sponsored by the National Institute for Corrections and the Department of Justice discovered that most state correctional facilities utilize the same classification system for male and female inmates. Similarly, Morash, Bynum, and Koons (1998) reported that 39 states in the U.S. use the same classification measures for men and women. Initial prison classifications are based on the incarcerating offense and prior criminal history. Prison classifications are fluid, they can change over time. Reclassification of an inmate generally occurs between six months to a year of prison admittance. If a prisoner has a violent encounter they may be reclassified into a higher risk level. Concurrently, if a prisoner engages in an extended period of good behavior he or she may be reclassified downwards on the risk scale (Harer & Langan, 2001;

Farr, 2000).

There is a potential limitation to risk assessment classifications for female offenders, prison classification is based on patterns of male offending. As Emily Wright, Emily Salisbury and Patricia Van Voorhis (2007:311) note these “custody classification systems were developed with male samples and were designed with male offenders in mind.” A growing body of scholarship has called into question the validity of using this classification system, a system designed for male offenders, on female offenders. Such criticism of the classification system centers on male offenders routinely characterized as considerably more violent than female offenders.

Farr (2000) concludes that female offenders pose less institutional risk for serious acts of misconduct such as riots, assaults, stabbings and deaths. She concludes a major problem with the classification system is over-classification of women in regards to crime seriousness. Farr (2000) also argues that since women who commit violent crimes are often victims of domestic violence by the individual they attack or kill and/or often accessories to a violent crime rather than the instigator low-risk female offenders are being classified as high-risk. She argues this can impact the treatment needs of incarcerated women. Despite the classification level, with fewer institutions for female offenders, women who are categorized into a low level risk group may actually be incarcerated in an institution made for higher risk offenders (Covington & Bloom, 2003; Farr, 2000; Nesbitt, 1994). This in part may be due to the gender neutral classification system combined with the simple fact that there are fewer prisons for females than males and the prison population of female offenders is growing at a steady rate. It should be noted that not all scholarly research on risk classification deems the current system as problematic.

Through an examination of 269,355 male and female offenders Harer and Langan (2001) concluded that the risk classification system is equally predictive of male and female violent misconduct. However, Harer and Langan (2001) indicate that there is a discrepancy among the nature of violent offenses that males and females are engaging in behind prison walls. For this reason Harer and Langan (2001:531) suggest “these groupings might be used more for determining custody practices such as freedom of movement in the institution... rather than for assigning women to appropriately secure prisons.” Despite the contradictory findings on classification and misconduct, it seems most scholars suggest a review of how women are placed into custodial institutions.

Misconduct Infractions

As stated earlier, institutional misconduct is broadly defined as failure to follow specific rules (Camp et. al, 2003). Such behavior includes a host of different rule violations that range from minor infractions to violent, criminal offenses. Infractions are documented on an inmate's correctional record. They often are coded from 100 through 400, a range based on the seriousness of the infractions². For example, in a study on federal prisoners conducted by Harer and Langan (2001), misconduct categories were coded from 100 to 400 where killing or attempting to kill another inmate was coded as a 100 level infraction. Assaulting another inmate or correctional staff member was coded as a 224 infraction (Harer & Langan, 2001).

Popular media has categorized prisons as excessively violent places, where physical and sexual violence is commonplace. Nancy Wolff, Cynthia Blitz, Jing Shi, Jane Siegle and

² Depending on the correctional institution, the rank will vary from most (100) serious to least (300 or 400) serious offense or least (100) serious to most (300 or 400) serious offense.

Ronet Bachmann (2007) report some truth to the popular stereotype that prisons are violent places. Utilizing surveys and interviews with 7,221 male and 564 female inmates they discovered the rates of physical assaults on male inmates to be over eighteen times higher than assaults on males in the general population. Females in prison experienced assault rates that were twenty-seven times higher than females outside of prison. Such misconduct among prisoners has been attributed to a wide range of contributing factors, including but not limited to: demographic characteristics, inmate/staff relationships, adjustment to prison, mental health issues, and the correctional institutions themselves (Casey-Acevedo & Bakken, 2001; Cunningham and Sorenson, 2007; DeLisi, 2003; Ireland, 2000; Hemmens & Marquart, 2000; Hewitt, Poole, & Regoli, 1984).

In terms of demographic characteristics, age has been routinely found to be the strongest predictor of misconduct in prison. Sentence length has also been associated with violence in prison, though the findings are often mixed. Karen Casey-Acevedo and Tim Bakken (2001) examined misconduct among 123 female inmates in a maximum-security prison. They discovered the younger inmates, serving long term sentences were more violent than inmates serving shorter sentences. Recently, Mark Cunningham and Jon Sorenson (2007) again found younger inmates to engage in violent misconduct but conversely younger inmates who had shorter sentences also seemed to be the most violent. In Cunningham and Sorenson's study of 24,514 male inmates in Florida, older inmates with longer sentences were less likely to engage in violent misconduct. In this study, age was the strongest predictor of violence among inmates. They concluded that inmates under the age of 21 were three and a half times more likely to commit a violent misconduct infraction than those in the reference group of 31-35 years old (Cunningham & Sorenson, 2007). This same pattern was

reported by MacKenzie (1987) who argued that prison misconduct is prevalent among inmates until their late twenties and then declines quickly. Across misconduct literature, younger inmates have been associated with being violent, unruly, and prone to rule breaking behavior (Craddock, 1996; DeLisi, 2003; Ireland, 2000). Hemmens and Marquart (2000) note that young inmates propensity to engage in misconduct may be attributed to distrust of and constant surveillance from correctional officers.

Race is another demographic measure where findings on institutional misconduct have been contradictory. Disparities of the prevalence of misconduct exist among self-reported studies and official prison records by race. Hewitt, Poole, and Regoli (1984) discovered the same rate of infractions among Black and White inmates. Yet, others have found minority groups to engage in a disproportionate amount of misconduct while in prison (Griffin & Pratt, 2001; Craddock, 1996). DeLisi and Regoli (1999) indicate that this discrepancy may be due to correctional staff discretion and bias towards minority groups. This is an important distinction as one limitation that has been routinely cited among corrections scholars is the tremendous discretion that correctional staff have in issuing misconduct violations. For example, Hemmens and Marquart (2000) noted in their study of incarcerated offenders in Texas, that correction staff and inmate relations varied significantly based on age and race. They found that younger inmates tended to feel that prison staff was too forceful and treated them poorly. Additionally, they found African American offenders were more likely than White offenders to believe staff used too much force on inmates.

Criminological measures have also been associated with institutional misconduct. Matt DeLisi (2003:655) argues that among the “most active and dangerous criminal offenders, prison is not an exceptional event but instead a normal episodic occurrence during

a lengthy offending career.” Through an examination of 1,005 inmates from the southwestern United States, DeLisi (2003) concluded that prior criminality was a significant predictor of prison misconduct. Commonalities exist between career criminals and importation model literature. Both exert that individual level characteristics impact an individual's experience in prison.

As Young and Reviere (2006:72) note, "many of these women have been victims of violence all of their lives." Over the past forty years, the criminal justice system has become more aware of the victimization that many incarcerated women have experienced prior to prison. It was in the 1970's when terms such as "battered woman" and "sexual harassment" were recognized and given a name (Belknap, 2007). Over the years, numerous scholars have reported a higher prevalence of victimization among males (Cohen & Felson, 1979; Gottfredson, 1986). However, JoAnne Belknap (2001: 208) artfully explains that "quantity alone is not is not sufficient enough to address the gendered nature of these crimes" she goes on to say "it is vital to address the nature of crimes regularly perpetuated against females". A study conducted by Caroline Wolf Harlow (1999) on behalf of the Bureau of Justice Statistics reported that 57.2% of state female prisoners and 39.9% of federal female inmates reported experiencing some form of abuse prior to their incarceration. Upon further dissection of the data, 46.5% of female inmates within state institutions and 32.3% of inmates in federal institutions reported experiencing physical abuse. 39% of female state inmates and 22.8% of federal female inmates reported being a victim of sexual abuse prior to entering the prison system (Harlow, 1999). Many of these women experience abuse at the hands of a family member or partner (Young & Reviere, 2006). Some abused women go on to engage in criminal behavior themselves, in some cases by murdering their abuser

(Campbell, 2007; Morraco, 1998; Saunders, 1986).

In her groundbreaking study, Cathy Spatz Widom (1989) provided empirical support for the cycle of violence hypothesis, which links abuse and neglect to antisocial behavior. Using a matched sample of individuals who had experienced early cases of childhood abuse or neglect and a control sample of individuals, Widom discovered those who had been abused or neglected had a greater likelihood of antisocial behavior in adolescents and adulthood. In fact, the sample with a history of abuse had an earlier onset of criminal behavior, greater likelihood of running-away, engaged in more self-destructing behavior, and a greater likelihood of offending. In a follow-up study, as adults in their 30's more than 50% of the participants in the experimental group had been arrested (Maxfield & Widom, 1996). It is possible that such effects from the cycle of violence can continue on while behind bars, particularly if a woman who has a history of victimization has never been treated or been able to confront her feelings about her past victimization experience.

Another notable contributor to antisocial behavior is mental illness. Robert Kessler and colleagues (2005) estimates that one in four Americans or 26.2% who are 18 years of age or older suffer from a mental disorder. There is a high prevalence of psychiatric disorders among incarcerated offenders. Metzner (1997) speculates that anywhere from 8 to 19 percent of inmates (both males and females) suffer from some type of mental disorder that impairs their functioning ability. He further concludes that another 15 to 20 percent of inmates will need some form of psychiatric intervention while behind bars. Most recently, the Bureau of Justice Statistics (2006) estimated that in 2005 more than half of all jail and prison inmates in the United States had a mental health problem. In essence, as Young and Reviere (2006:100) stated "America's prisons have become a repository of our nation's mentally ill."

Studies frequently report that higher rates of mental illness and substance abuse exist among incarcerated female offenders than among incarcerated male offenders (Young & Reviere, 2006; Belknap, 2007). For example, a study in England and Wales discovered that 50% of the female inmate population suffered from a mental disorder (O'Brien et. al, 1997). Another study in the United States discovered that 45 percent of incarcerated women needed mental health treatment (Acoca & Austin, 1996). There are multiple reasons that corrections scholars attribute to the high rates of mental illness in prisons among women. First, as outlined by Young and Reviere (2006:102), mental health problems "are both caused and exaggerated by substance abuse and prior exposure to violence, poverty, racism, and sexism." Thus the crime that some women may have been incarcerated for may be attributed in part to their mental health. As illustrated in this quote, the woman's mental health may be a result of larger structural forms of inequality and/or oppression (i.e. poverty and sexism). Second, according to the Substance Abuse and Mental Health Services Administration (2005) only 7.6 percent of health care expenditures in 2001 were for mental health services. Today, the health needs of incarcerated women, particularly when it comes to mental health, are largely unmet within the correctional system (Young & Reviere, 2006; Belknap, 2007). If women are entering prison with mental illness which is then left untreated, they may have interpersonal problems and engage in rule breaking behavior when confined.

One common form of mental disorders recognized by the American Psychiatric Association are personality disorders. The American Psychiatric Association (2000) estimates that 14.8% of Americans suffer from at least one personality disorder. In a meta-analysis of mental health disorders among prisoners in Western countries, Fanzel and Danesh (2002) concluded that 42% of women had a personality disorder. The fourth edition of the

Diagnostic and Statistical Manual of Mental Disorders (henceforth, DSM-IV-TR) is the diagnostic tool clinicians use to identify a personality disorder within an individual. A personality disorder is broadly defined in the DSM-IV-TR (2000:629) as:

An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distressed impairment.

The DSM-IV-TR officially recognizes ten personality disorders that are organized into three clusters. The first cluster or Cluster A includes odd/eccentric disorders such as: paranoid personality disorder, schizoid personality disorder, and schizotypal personality disorder. The second grouping or Cluster B includes dramatic or erratic disorders. This category includes: antisocial personality disorder, borderline personality disorder, histrionic personality disorder, and narcissistic personality disorder. Cluster C includes disorders that invoke fear or anxiousness. This cluster includes avoidant personality disorder, dependent personality disorder, and obsessive-compulsive personality disorder (O'Donohue, Fowler, and Lilienfeld 2007).

The APA recognizes personality disorders manifesting in adolescence or early adulthood, however, some research indicates that characteristics of these disorders are illustrated in childhood temperament as early as 3 years of age. In an experimental, longitudinal study of temperament and antisociality, Caspi et. al. (1996) discovered that children who were classified as "undercontrolled" and "inhibited" at age 3, when reassessed at age 21, were more likely to be involved in crime, meet the diagnostic criteria for antisocial personality disorder, and be diagnosed as depressed. Thus Caspi and colleagues

(1996) concluded that there is a link between temperament by age 3 and behavior and psychiatric disorders in adulthood.

Psychiatric disorders, particularly personality disorders are often characterized by difficulties in interpersonal relationships which may play a significant role in the origins of institutional misconduct (McMurrin & Howard, 2009). For example, paranoid personality disorder is characterized by "a hostile interpersonal style, emotional coldness, hypersensitivity to criticism, stubbornness, and rigidly held beliefs of others' intents" (APA, 1994; O'Donohue et al., 2007) which can translate to difficulty with interpersonal interaction. Other personality disorders may result in heightened aggression and impulsivity. Johnson et al. (2000) discovered that any Cluster B disorder in adolescence was closely associated with violent activity such as fighting, arson, and robbery. It becomes incredibly important to diagnose mental illness among our prison population to understand the risk they may pose to their selves or others and address their needs behind prison walls. To understand the personality disorders and their potential connection to institutional misconduct, it is first important to acknowledge the differences between the ten personality disorders. This next section of literature will describe the ten personality disorders as outlined by the American Psychiatric Association (henceforth, APA).

Personality Disorders

Paranoid Personality Disorder

Paranoid personality disorder (PPD) is one of the most commonly diagnosed disorders in the general population (Edens et. al, 2009). The APA characterizes paranoid personality disorder as a "pervasive mistrust of other people" and reports its prevalence in the

anywhere between 0.5-2.5 % within the general population (APA, 1994; Bernstein & Useda, 2007; Edens et. al., 2009; O'Donohue et. al., 2007). In addition to severe mistrust of others, paranoid personality disorder is characterized by "a hostile interpersonal style, emotional coldness, hypersensitivity to criticism, stubbornness, and rigidly held beliefs of others' intents (APA, 1994; Bernstein et. al., 1995, Edens et. al., 2007, and O'Donohue et al., 2007). A diagnosis for paranoid personality disorder is given when an individual meets four or more of the following criteria (O'Donahue et. al, 2007):

Table 2-5 DSM-IV-TR Diagnostic Criteria for Paranoid Personality Disorder in an Adult Diagnosis
<ol style="list-style-type: none"> 1. Suspects, without sufficient basis, that others exploit, harm, or deceive 2. Doubts others' loyalty or trustworthiness 3. Are reluctant to confide in others for fear that information will be used against them 4. Read hidden or demeaning meanings into benign remarks or events 5. Bear grudges (i.e., are unforgiving of insults, injuries, or slights) 6. Perceives attacks on their character or reputation and are quick to react with anger or counterattack 7. Have recurrent suspicions of spouse or partner's sexual infidelity

Clinicians recognize individuals who suffer from paranoid personality disorder experience severe impairment/dysfunction in their daily lives. The prototypical person suffering from paranoid personality is preoccupied with threats, real or imagined, and the assumption that others are malicious. To protect oneself, someone with paranoid personality disorder will avoid other people, constantly search for signs of a threat, and preemptively attack another who is viewed as threatening (O'Donohue et. al., 2007). This pattern of antagonistic behavior results in difficulty maintaining healthy interpersonal relationships. Often times people with paranoid personality disorder are pathologically jealous (O'Donohue et. al. 2007). People

with paranoid personality disorders are at an increased risk for depression and anxiety disorders, violence and other criminal behavior, suicide attempts, and a reduction in their overall quality of life (Edens. et.al., 2007).

Schizoid Personality Disorder

Schizoid personality disorder (SCD) is defined as "a pervasive pattern of detachment from social relationships and a restricted range of expression of emotions in interpersonal settings" (APA, 2000). This particular disorder has been recognized as one of the least frequently diagnosed personality disorders in the United States. The prevalence is so low, the DSM-IV-TR does not provide data regarding schizoid personality disorder occurrence. Prevalence rates of schizoid personality disorder have fluctuated based on the edition of the DSM. The DSM-III reported a prevalence rate of 1.4% within the general population (Mittal, Kalus, Bernstein, & Siever, 2007). Low prevalence of diagnosis today is based on the version of the DSM and that only the most severe cases of schizoid personality disorder are given a diagnosis nowadays (Wolff, 1998).

Unlike paranoid personality disorder, where someone experiences a high degree of distrust in others, someone with schizoid personality disorder simply prefers to be alone. The central feature of schizoid personality disorder is the pervasive pattern of detachment from others and the restriction of emotions expressed by one with this disorder. For one to be diagnosed with the disorder they must experience four or more of the criteria listed in Table 2-6. Individuals believed to be suffering from schizoid personality disorder have difficulty expressing emotions. They lack social skills and often have no desire for sexual relationships,

therefore they often have few friendships, date infrequently, and live relatively solitary lives (APA, 2000).

Table 2-6 DSM-IV-TR Diagnostic Criteria for Schizoid Personality Disorder in an Adult Diagnosis

1. lacks a desire for intimacy, seems indifferent to developing close relationships, and does not derive much satisfaction from being part of a family or social group
2. almost always chooses solitary activities that does not include interaction with others
3. has little, if any, interest in having a sexual relationship with another person
4. takes pleasure in few, if any, activities
5. lacks close friends or confidants other than immediate relatives
6. appears indifferent to praise or criticism from others
7. shows emotional coldness, detachment, or flattened affectivity

Schizotypal Personality Disorder

Schizotypal personality disorder (SPD) is the final of the three Cluster A disorders defined by the APA. Schizotypal personality disorder is "a pervasive pattern of social and interpersonal deficits marked by acute discomfort with, and reduced capacity for, close relationships as well as by cognitive and perceptual distortions and eccentricities of behavior" (APA, 2000). Much of the empirical research on schizotypal personality disorder originated from clinical observations on schizophrenia (Bollini & Walker, 2007). Research by Kraepelin (1919) and Bleuler (1924) noted that some first degree relatives of probands, revealed odd behavioral patterns that were similar to schizophrenia symptoms (Bollini & Walker, 2007). Meehl (1962) coined the term "schizotaxia" to describe what he referred to as a genetic liability for schizophrenia based on a "neurointegrative" defect. According to Meehl (1962) this genetic propensity for it did not always result in clinical schizophrenia. Rather he argued that conditional on environmental circumstances some schizotaxic individuals could

remain stable over time while for others environmental conditions could trigger schizophrenia. Research on pre-schizophrenia symptoms gave rise to the label "schizotypal personality disorder" by the 1970's and by the 1980's the disorder had its own criteria in the DSM-III (Bollini & Walker, 2007). Today, an estimated 3% of the general population has been diagnosed with the schizotypal personality disorder (APA, 2000). For an official diagnosis of schizotypal personality disorder someone must meet five or more of the following criteria:

Table 2-7 DSM-IV-TR Diagnostic Criteria for Schizotypal Disorder in an Adult Diagnosis
<ol style="list-style-type: none"> 1. incorrect interpretations of casual incidents and external events as having a particular and unusual meaning specifically for the person 2. superstitious or preoccupied with paranormal phenomena outside the norm of their subculture (in children bizarre fantasies; in adults belief in clairvoyance or telepathy) 3. unusual perceptual experiences, including bodily illusions 4. odd thinking and speech (i.e.: vague, circumstantial, metaphorical) 5. suspicious or paranoid ideation 6. inappropriate or constricted affect during interaction (i.e.: stiff or constricted in mannerisms) 7. behavior or appearance that is odd, eccentric, or peculiar 8. lack of close friends or confidants other than first degree family members 9. excessive social anxiety that does not diminish with familiarity and tends to be associated with paranoid fears rather than negative judgments about the self

Individuals with schizotypal disorders experience a range of interpersonal problems.

Comparable to schizoid personality disorder, someone with schizotypal personality disorder often has a lack of close friends. Unlike schizoid personality disorder, with schizotypal disorder, spending more time with another person can actually increase their suspicions of

that person rather than diminish their anxiety. Other notable symptoms include, ideas of reference where they believe unrelated events pertain to them. Individuals with schizotypal personalities often believe that they have special abilities such as magical control over others or the capacity to read other's thoughts (APA, 2000).

Antisocial Personality Disorder

Antisocial personality disorder (ASPD) was first recognized as a disorder by the APA in 1952 where the classification was first recognized in the DSM-I. Antisocial personality disorder, which is defined by "the violation of the rights of others and a general lack of conformity to social norms" has a long history of being associated with antisocial behavior (Robins, Tipp, & Przybeck, 1991). The original description of antisocial personality disorder in the DSM-I was associated as a "sociopathic personality disturbance" that was linked to "sexual deviations, addictions, and delinquency" (O'Donohue et. al., 2007). The diagnosis description was controversial because some scholars were arguing that this was an attempt to "medicalize" bad behavior (Robins et. al., 1991). The diagnosis criterion were revised in the later editions of the DSM, specifically the DSM-III. A large focus of this revised definition included early behavioral indicators of delinquency in childhood and adulthood. Behaviors such as: truancy, delinquency, stealing, vandalism, irresponsibility, aggressiveness, impulsivity, recklessness, and lying (O'Donohue et. al., 2007). The most recent version of the DSM-IV-TR recognizes that Antisocial Personality Disorder frequently has an onset in childhood that is manifest as Conduct Disorder. The diagnosis of Antisocial Personality Disorder however, is reserved for adults.

Lee Robins and her colleagues (1991) argue that antisocial personality characteristics develop as early as eight years old in children. For a child to be diagnosed with Conduct Disorder, the childhood version of Antisocial Personality Disorder they must show aggressive and destructive behaviors prior to age 15. They must have three of the following fifteen symptoms listed in Table 2-8 which result in impaired social, academic, or occupational functioning (O'Donohue et. al., 2007).

Table 2-8 DSM-IV-TR Diagnostic Criteria for Conduct Disorder in Children

Aggression towards people or animals:

1. Frequent bullying, threatening, and intimidation of others
2. Frequent initiation of physical fights
3. Use of dangerous weapons
4. Physical cruelty toward people
5. Physical cruelty toward animals
6. Theft involving victim confrontation
7. Forced sexual contact

Destruction of property:

8. Deliberate fire setting with intent to cause damage
9. Deliberate destruction of property

Deceptiveness or stealing:

10. Breaking/entering (house, building, or vehicle)
11. Frequent lying to acquire things or to avoid duties
12. Nontrivial theft without victim confrontation

Serious rule violations:

13. Frequent violations of parental curfew, starting before age 13
14. Running away from home
15. Frequent truancy, starting before age 13

Scholars report that one half of adults with Antisocial Personality Disorder have been diagnosed with Conduct Disorder by the age of 10 and 95% have been given a diagnosis by the age of 12 (Swanson, Bland, and Newman, 1994). The younger the age of onset of Conduct Disorder in children, the more likely the conduct disorder turns into Antisocial Personality Disorder as an adult (Lahey, 2005; McMurrin & Howard, 2009; Robins, 1966). The second adult diagnosis is given when an individual meets three or more symptoms (see Table 2-9) since age 15 (APA, 2000; McMurrin & Howard, 2009; O'Donohue et. al., 2007).

Table 2-9 DSM-IV-TR Diagnostic Criteria for Antisocial Personality Disorder in an Adult Diagnosis
<ol style="list-style-type: none"> 1. Repeated participation in illegal acts 2. Deceitfulness 3. Impulsiveness or failure to make plans in advance 4. Hostile-aggressive behavior 5. Engagement in actions that endanger self or others 6. Frequent irresponsible behavior 7. Absence of remorse

Community studies across the United States have reported prevalence rates of 9.5% while Great Britain reports a prevalence of 5.8% among its population. Researchers have also noted that Conduct Disorder is more common among young males than young females (McMurrin & Howard, 2009). The prevalence of Antisocial Personality Disorder among the population varies by study and by country. The APA estimates that 2% of the general population of the U.S. suffers from Antisocial Personality Disorder. They also estimate that men experience this disorder twice as frequently as women (APA, 2000; O'Donohue et. al, 2007).

This sex difference in the diagnosis has been repeatedly reported among researchers. In 2005, a study of 43,093 U.S. citizens discovered a lifetime prevalence rate of ASPD at

5.5% among men and 1.9% among women (Compton et. al., 2005). A study in Baltimore concluded that there was a difference in prevalence between males and females diagnose with ASPD of 4.5% (McMurrin & Howard, 2009). A recent Norwegian study found that among the 1,142 women participants no cases of Antisocial Personality Disorder were reported among the women while men had a lifetime prevalence of 1.3% (Torgensen, Kringlen, & Cramer, 2001; McMurrin & Howard, 2009). Scholars argue that the likely differences of Antisocial Personality Disorder among males and females can be attributed to multiple causes including, adolescent brain development, exposure to alcohol and drugs, and pubertal sex hormones (McMurrin & Howard, 2009).

Borderline Personality Disorder

Borderline Personality Disorder (BPD) is defined by the American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Disorder (DSM-IV-TR) as "a pervasive pattern of instability of interpersonal relationships, self -image, and affects, and marked impulsivity that begins by early adulthood and is present in a variety of contexts" (APA, 2000, pg. 706). Borderline Personality Disorder is estimated to impact 2% of the general population, 10% of individuals in outpatient treatment, and 20% of psychiatric patients (APA, 2000). Presently in the United States alone an estimated 6 million individuals suffer from BPD. An estimated 70-75% of BPD patients have at least one experience with a self-inflicted injury, indicating the serious nature of the personality disorder (O'Donohue et. al., 2007). BPD is frequently diagnosed in adolescence or early adulthood. Borderline Personality Disorder diagnoses are more prevalent among females. Currently, an estimated 75% of people with the BPD diagnosis are female (APA, 2000). In order to meet the

diagnostic criteria for Borderline Personality Disorder (BPD) one must meet five of the nine criteria (See Table 2-10).

Table 2-10: DSM-IV-TR Diagnostic Criteria for Borderline Personality Disorder

An individual must meet five (or more) of the following criteria for a diagnosis:

1. frantic effort to avoid real or imagined abandonment
2. a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation
3. identity disturbances: markedly and persistently unstable self-image or sense of self
4. impulsivity in at least two areas that are potentially self-damaging (i.e.: spending, sex, substance abuse, reckless driving, binge eating)
5. recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior
6. affective instability due to a markedly reactivity of mood (i.e.: intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and rarely more than a few days)
7. chronic feelings of emptiness
8. inappropriate, intense anger or difficulty controlling anger (frequent displays of temper, constant anger, recurrent physical fights)
9. transient, stress-related paranoid ideation or severe dissociative symptoms

Histrionic Personality Disorder

The definition of histrionic personality disorder is "pervasive and excessive emotionality and attention-seeking behavior" (APA, 2000). The APA reports limited population studies exist on the prevalence of histrionic disorder. In the general community an estimated 2-3% of people experience histrionic personality disorder (APA, 2000). However, clinical studies report a range of 10-15% of patients with histrionic personality disorder (APA, 2000).

Histrionic disorder is marked by a pervasive need to be the center of attention (see Table 2-11). To do so, individuals with histrionic personality disorder, may dress provocatively, be overly flirtatious, and do something dramatic (i.e. make up stories) to

remain the focus of attention. Provocative behavior is not only directed towards people with whom the person with histrionic disorder is romantically interested in but also towards people in occupational and social relationships. Such behavioral characteristics are coupled with theatricality, excessive outward displays of emotion, and being overly trusting of others (APA, 2000).

Table 2-11 DSM-IV-TR Diagnostic Criteria for Histrionic Personality Disorder in an Adult Diagnosis

1. is uncomfortable in situations where he or she is not the center of the attention
2. interaction with others is often characterized by in inappropriate sexually seductive or provocative behavior
3. displays rapidly shifting and shallow expressions of emotions
4. consistently uses physical appearance to draw attention to oneself
5. has a style of speech that is excessively impressionistic and lacking in detail
6. shows self-dramatization, theatricality, and exaggerated expression of emotion
7. is suggestible (i.e.: easily influenced by others)
8. considers relationships to be more intimate than they actually are

Narcissistic Personality Disorder

The term narcissism is derived from the Greek myth of Narcissus, which is a story focused on self-awareness. Narcissus, unknowingly fell in love with his own reflection and ultimately died when the image did not love him back (Thomas, 1923). This Greek myth illustrates a central feature of narcissistic personality, a grandiose sense of self-importance. The American Psychiatric Association (2000, pg. 714) defines narcissistic personality disorder as "a pervasive pattern of grandiosity, need for admiration, and lack of empathy that begins in early adulthood and is present in a variety of contexts." Narcissistic personality disorder (NPD) entered Diagnostic and Statistical Manual's third edition (DSM-III) in 1980.

Estimates of the prevalence of the disorder range from 2 to 16% among the clinical population and 1% within the general population (APA, 2000).

As illustrated by the Greek myth of Narcissus, whose name became synonymous with self-involvement, people with narcissistic personality disorder are self-absorbed. They generally overestimate their sense of achievement and may appear boastful. They frequently require excessive admiration and may fish for compliments. Conversely, they do not recognize the accomplishments of others. A person with narcissistic personality disorder may appear emotionally cold to others and lack empathy. They may be envious of others and often believe others are envious of them. They may respond to criticism with humiliation or rage (APA, 2000; Levy et. al., 2007). A diagnosis of narcissistic personality disorder requires that five or more of the disorder's criteria be met (See Table 2-12).

Table 2-12 DSM-IV-TR Diagnostic Criteria for Narcissistic Personality Disorder in an Adult Diagnosis

1. has a grandiose sense of self-importance (i.e.: exaggerates achievements)
2. is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love
3. believes that he or she is "special" and unique and can only be understood by, or associate with, other special or high status people (or institutions)
4. requires excessive admiration
5. has a sense of entitlement (i.e.: unreasonable expectations of especially favorable treatment)
6. is interpersonally exploitative (i.e.: takes advantage of others to achieve his or her own ends)
7. lacks empathy; is unwilling to recognize or identify with the feelings of others
8. is often envious of others or believes that others are envious of him or her
9. shows arrogant, haughty behaviors or attitudes

Avoidant Personality Disorder

While many personality disorders are characterized by difficulty in developing interpersonal skills, avoidant personality disorder (APD) is typified by a disruption in interpersonal functioning. The official definition of avoidant personality disorder in the DSM-IV-TR is "a pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation" (APA, 2000 pp. 718). Avoidant personality disorder often begins in childhood or adolescence and without intervention is believed to become chronically present in adulthood (Herbert, 2007). Avoidant personality disorder is thought to be one of the most common of all personality disorders. The DSM-IV-TR reports a prevalence of 0.5% to 1.0% in the general population. Avoidant personality disorder has been reported to be present in 10% of clinical patients (APA, 2000). Community samples have reported an even greater prevalence of avoidant personality disorder. Torgersen, Kringlen, and Cramer (2001) reported a prevalence rate of 5% in Oslo, Norway between 1994 to 1997. For someone to receive the clinical diagnosis of having an avoidant personality disorder they must meet four or more of the criteria established by the DSM-IV-TR (see Table 2-13).

Table 2-13 DSM-IV-TR Diagnostic Criteria for Avoidant Personality Disorder in an Adult Diagnosis

1. avoids occupational activities that involve significant interpersonal contact, because of fear of criticism, disapproval, or rejection
2. is unwilling to get involved with people unless certain of being liked
3. shows restraint within intimate relationships because of fear of being shamed or ridiculed
4. is preoccupied with being criticized or rejected in social situations
5. is inhibited in new interpersonal situations because of feelings of inadequacy
6. views self as socially inept, personally unappealing, or inferior to others
7. is unusually reluctant to take personal risks or engage in any new activities because they may prove embarrassing

Dependent Personality Disorder

Dependent personality disorder (DPD) is one of three Cluster C dramatic and erratic disorders. Dependent personality disorder entered the Diagnostic and Statistical Manual's third edition in 1980. The current DSM-IV-TR defines dependent personality disorder as "a pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation" (ASA, 2000: 721).

Table 2-14 DSM-IV-TR Diagnostic Criteria for Dependent Personality Disorder in an Adult Diagnosis

1. has difficulty making decisions without an excessive amount of advice and reassurance from others
2. needs others to assume responsibility for most major areas of his or her life
3. has difficulty expressing disagreement with others because of fear of loss of support or approval
4. has difficulty initiating projects or doing things on his or her own (because of lack of confidence)
5. goes on excessive lengths to obtain nurturance and support from others, to the point of volunteering to do things that are unpleasant
6. feels uncomfortable or helpless when alone because of exaggerated fears of being unable to care for himself or herself
7. urgently seeks another relationship as a source of care and support when a close relationship ends
8. is unrealistically preoccupied with fears of being left to take care of himself or herself

Dependent personality disorder is characterized by difficulty in making everyday decisions. This inhibition to make decisions is so pervasive that often people with dependent personality disorder allow others to assume responsibility for major areas of their lives (i.e. where to live, what type of job to have). Since individuals with the disorder are dependent on others, they often have difficulty expressing disagreement, go to excessive lengths to gain

support and often feel helpless when they are alone (ASA, 2000). A diagnosis of a dependent personality disorder requires five or more diagnostic criteria are met (see Table 2-14).

In avoidant personality disorder, people have difficulty initiating relationships. With dependent personality disorder people have difficulties separating from those closest to them. Dependent personality disorder has been reported as "one of the most frequently reported personality disorders among mental health clinics" (APA, 2000: 723). A meta-analysis conducted in 1997 discovered a prevalence rate of 11% in women and 8% among men (Bornstein, 1997). The APA (2000) acknowledges that this disorder has been diagnosed in clinical settings more frequently among females than males. The reason behind the gender difference remains unclear (Bornstein, 2007).

Obsessive-Compulsive Personality Disorder

The final Cluster C disorder is obsessive-compulsive personality disorder. The DSM-IV-TR defines obsessive-compulsive personality disorder (OCPD) as "a preoccupation with orderliness, perfectionism, and mental and interpersonal control, at the expense of flexibility, openness, and efficiency" (APA, 2000: 725). It is interesting to note that OCPD is actually one of the few personality disorders included in every edition of the Diagnostic and Statistical Manual (DSM) printed by the APA. This may be due to the fact that the APA (2000) reports the prevalence of obsessive-compulsive personality disorder at about 1% of the general population and 3-10% of patients within mental health clinics.

The diagnosis of an obsessive-compulsive personality disorder requires four or more of the diagnostic criteria be met (see Table 2-15). Common symptoms associated with obsessive-compulsive disorder include a preoccupation with details, attention to rules, lists, schedules, etc. This personality disorder is often associated with repetition and a need to

check for possible mistakes. Such perfectionism can interfere with the completion of tasks and even impede on leisure time. They are reluctant to delegate tasks to others and if they are working with others often expect them to conform to their own way of doing things. People with the disorder are often very scrupulous, try and minimize waste and as a result can be apprehensive to throw items out. People with obsessive-compulsive personality disorder can often be perceived as rigid and stubborn (APA, 2000).

Table 2-15 DSM-IV-TR Diagnostic Criteria for Obsessive-Compulsive Personality Disorder in an Adult Diagnosis

1. is preoccupied with details, rules, lists, order, organization, or schedules to the extent that the major point of the activity is lost
2. shows perfectionism that interferes with task completion (i.e.: is unable to complete a project because his or her own overly strict standards are not met)
3. is excessively devoted to work and productivity to the exclusion of leisure activities and friendships
4. is over conscientious, scrupulous, and inflexible about matters of morality, ethics, or values
5. is unable to discard worn-out or worthless objects even when they have no sentimental value
6. is reluctant to delegate tasks or to work with others unless they submit to exactly his or her way of doing things
7. adopts a miserly spending style toward both self and others; money is viewed as something to be hoarded for future catastrophes
8. shows rigid stubbornness

The ten personality disorders are very different from each other, however some of the criteria overlap which allows for the clustering of the personality disorders into similar groupings. Examination of the facets of the individual disorders allows for a glimpse into how someone with a personality disorder diagnosis may struggle to interact with others in a pro-social fashion.

Taken together, personality disorder diagnosis, social demographics, past history of incarceration, and a past history of victimization are considered when assigning inmates into the classification structure of the prison. As previously mentioned, such a classification has implications for housing while behind bars. Such measures have also been considered in theorizing how inmates would behave while incarcerated. The next section of the literature review focuses on the implications the measures above have been theorized to relate to institutional misconduct and behavior in prison.

Competing Models of Prisonization

Research on institutional misconduct is rooted in prisonization theory. This theory, originally explained by Donald Clemmer (1940) holds that internalizing the attitudes and ideals of a culture influence an individual's likelihood to persist in a lifetime of crime. The central premise of Clemmer's theory was about the power of the prison subculture. Clemmer (1940) argued that exposure to incarceration resulted in inmates to be heavily socialized into a prison subculture. According to Clemmer, prisonization is “the taking on, in greater or lesser degree, of the folkways, mores, customs, and general culture of the penitentiary” (Clemmer, 1940:299). Clemmer believed that such exposure to the prison lifestyle resulted in indoctrination to mores and folkways that directly influenced behavior of inmates.

Building on Clemmer's (1940) theory of prisonization, Gresham Sykes (1958) discussed misconduct as a result of inmates difficulty in adjusting to prison life. In *The Society of Captives*, Gresham Sykes (1958) outlined what he called the pains of imprisonment. It is through these pains of imprisonment that Sykes describes inmates face five types of deprivation. First, inmates face the deprivation of liberty as their world shrinks

to the confines of the prison walls. Second, deprivation of autonomy, where individuals lose their sense of identity and individuality. Third, deprivation of security is where Sykes stressed the toll that constantly worrying about one's safety and ability to trust others plays on overall wellbeing behind the prison walls. Fourth, the deprivation of goods and services refers to the inability to access items that are common place in conventional society. Lastly, in deprivation of heterosexual relationships, Sykes refers to inmates being cut off from sexual relationships with partners of the opposite sex. Taken together, Sykes (1958:64) describes these deprivations as "just as painful as physical maltreatment...[and] appear as a serious attack on the personality, as a threat to the life goals of the individual, to his defensive system, to the self-esteem or to his feelings of security." To surmise, the deprivation model as outlined by Sykes (1958) the pains of imprisonment drives inmates to cope through the prison inmate subculture.

While the deprivation model of prisonization focuses on the prison environment fostering the creation of a prison subculture and ultimately the driving force of institutional misconduct, an alternative model was proposed by John Irwin and Donald Cressey. Together, Irwin and Cressey (1962) argued that prisonization is the result of beliefs and behaviors outside prison that inmates bring with them while they serve their sentence of incarceration. In essence, the criminal subculture that exists in conventional society, is transferred into the institution of prison from criminal offenders. The importation model suggests that not all inmates equally experience the pains and deprivation of imprisonment that Clemmer (1940) and Sykes (1958) were referring. Rather, it is individual values, beliefs and behaviors that some researchers argue shape prison misconduct during incarceration. Thus the importation model suggests that inmates with for example, more extensive arrest and incarceration

histories, prior involvement with gangs, serious substance abuse problems, or previous use of violence should be the most difficult-to-manage offenders behind bars.

Since the 1960's years of research has been conducted that supports Irwin's and Cressey's importation model. Liqun Cao, Jihong Zhao, and Steve Van Dine (1997) utilized data from an intake study in the Ohio Penitentiary System that included data on 1,722 male and female prisoners and examined that data in relation to rule infractions while in prison. What they found was that the individual level characteristics such as age of admission into prison, education, gender, marriage, and race were significant in predicting rule infractions. What this reveals is that individual differences are more significant in shaping inmate behavior than structural conditions.

While importation model has empirical support, Delisi et. al. (2010) revealed, Irwin and Cressey (1962) do not specify variables that should be used in assessing pre-prison antisociality. Outside of criminality measures, there is empirical support for exposure to violence and abuse, particularly early in life, leading to antisocial behavior (Farrington & Welsh, 2007; DeLisi & Munoz, 2003; Widom & Maxfield, 2001). It is also important to note that very few studies using the importation model of prisonization reflect analysis of female offenders. This study attempted to address the question, are characteristics that female offenders import into confinement related to their institutional misconduct? To answer this question, this study accounted for sociological demographic measures, past victimization, mental health diagnoses, and criminological variables as measures of importation among the sample of female inmates. In keeping with the literature, this analysis addressed the following groups of hypotheses:

Past Victimization Hypotheses:

H1: In support of the cycle of violence hypothesis, any past history of physical or sexual victimization will yield a strong association with institutional misconduct at the 200 or violent levels.

H2: Many female offenders have a history of past victimization and often may kill a spouse, partner, or family member who was abusing them. Therefore, it is hypothesize that serving a sentence for a violent crime will not be a significant predictor of violent misconduct.

Control Hypotheses:

H3: In keeping with the literature, young age is expected to be predictive of institutional misconduct.

H4: Based on previous literature, it is expected that inmates who have a prior history of incarceration will engage in more violent misconduct than inmates who are incarcerated for the first time.

Mental Health Hypotheses:

H5: As expressed in the literature, diagnosis of Cluster B personality disorders will be associated with a greater association of violent forms of institutional misconduct.

H6: A diagnosis of one or more personality disorders will have the strongest predictive effect on institutional misconduct across all three levels than any other criminality, victimization, or social demographic variable.

CHAPTER THREE: METHODOLOGY

As Chapter 2 indicates there are few corrections studies that utilize samples of female-only offenders. Traditionally, research within criminology and criminal justice has emphasized analysis of male offenders. This gap by gender is further inflated within the scholarship of institutional misconduct (Warren, 2005). Through a comprehensive analysis of secondary data, this study sought to help fill the void in corrections literature and gender by examining misconduct among a sample of female-only offenders in a maximum security prison.

Data Description

The present study utilized data from the ICPSR version of *Women Coping in Prison at the Fluvanna Correctional Center for Women in Virginia, 1999-2000*, originally collected by Janet I. Warren. The data focused on prison adjustment and coping among female inmates. Data was collected over multiple stages between 1999 and 2000 using interview questionnaires. Questions designed by the principal investigator, Janet Warren were tailored to gather information on personality disorders, institutional violence, impulsivity, criminal history, previous victimization and institutional misconduct. From the potential participants ($N=1,006$) approximately 80% of the prison population or a total of 802 inmates agreed to participate in Warren's initial research protocol. Inmates were informed about the study by researchers who were accompanied by correctional staff. Inmates who agreed to participate, read and signed inform consent agreements were escorted to a room separate from their cells to complete the initial research protocol (Warren, 2001 & 2006).

The initial research protocol or Part 1 includes questions collected from the 802

inmates on the following information: demographics; criminal and institutional history; the Brief Symptom Inventory (BSI), a measure of mental health symptom status; the Structured Clinical Interview for Diagnostic and Statistical Manual IV (DSM-IV); Personality Disorders Personality Screening Questionnaire (SCID II PQ); the Prison Violence Inventory (PVI), the Prison Adjustment Questionnaire (PAQ) and the Parenting Stress and Attachment Questionnaire. Filling out the initial protocol took between 45 to 60 minutes. Questionnaires were orally administered to any participant who expressed difficulty reading or understanding the questions. Participants were offered refreshments by the researchers as a means of making the participants comfortable during the completion of the research protocol. Part 2 through Part 5 includes additional information on a sub-sample of women with personality disorders and information from correctional staff (Warren, 2001 & 2002 & 2006). Based on the focus and scope of this study, only data from Part 1 of the study was utilized in this analysis. All of Warren's data collection procedures were approved by the Institutional Review Board of Virginia and were supported through the National Institute of Justice, Office of Justice Programs, and the U.S. Department of Justice. Access to the data for this study was granted by the Interuniversity Consortium for Political and Social Research (ICPSR).

Dissertation Measures

In trying to apply the importation model of prisonization to this sample of female offenders five types of measures were of particular interest in this study. Institutional misconduct was the dependent variable of interest while the independent variables were measures of demographics, criminal/prison history, past victimization, and personality disorders. To include a broad range of these possible contributing factors that individuals

bring with them when entering the prison system, only the data from Part 1 of the study were utilized in this research. Additionally, variables for most of the measures (unless continuously coded) were dummy coded and a meaningful reference category of zero was created. Each variable was also examined for missing data.

Missing data existed within the dataset. There were 5 participant Id's that had extensive missing data across social demographics, criminal history measures, and misconduct. It was possible the participant was transferred to another correctional facility or was released prior to the researchers utilizing the survey instrument and collecting their data. For this reason, these 5 participants were deleted from this analysis. Next, identifying which type of missing data was present in the remaining sample was essential. Improper handling of missing values can distort analysis. Using univariate statistics and the Missing Values Analysis (henceforth MVA) tool in SPSS, the research was able to identify that the data was not missing at random. Rather, the missing data tended to center around the criminological variables. When missing values exist, it is a subjective process on how the researcher will handle the missing data.

Of the 5 social demographic variables of interest, four had a less than 5% missing, which is generally considered a small percentage and therefore able to be dropped from a large sample for analysis. Of the social demographic variables of interest in this analysis, age in years (AGE) had a 8% missing. However, the MVA results for two criminological variables including: the participants time served in months at the Fluvanna Correctional Center (TIMEFLU), and the participants security risk classification (CLASS) were missing 7% and 17% respectively. The MVA generates a "Separate Variance t Tests" in which rows

are all variables which have 1% missing or more, and columns are all variables. In any cell, if $P(2\text{-tail}) \leq .05$ this means that missing cases in the row variable are significantly correlated with the column variable and thus are not missing at random. If cases were missing at random a common rule is that cases may be dropped, but otherwise imputation of values is the usual course of action. The t-test also produces means for the two groups for each variable in the case of "missing" and "non-missing." The probability of the t tells the researcher whether the mean of a given variable are different for the two groups, "missing" and "non-missing." The further apart the means, the more influence the missing has on the column variable. Both criminological variables yielded large differences in the means between groups. Age did not show a significant difference. To account for missing data, researchers have multiple options including estimating missing data based on prior knowledge, mean substitution, expectation maximization, multiple imputation, and regression (Tabachnick & Fidell, 2007).

For this study, multiple imputation was utilized in the statistics program SAS. Multiple imputation is a commonly utilized method for estimating missing secondary data (Tabachnick & Fidell, 2007). Rather than replacing missing data with a single value as simple imputation does, multiple imputation replaces each missing value with multiple plausible values. With the PROC MI method in SAS, multiple imputation generates an imputation number for each case or participant per iteration in the dataset. For each imputation per case, PROC MI will generate an estimated mean. While the number of iterations run is a subjective decision for a researcher, Rubin (1996) indicated that for a small amount of missing data in a large data set 5 imputations are sufficient. To conclude the PROC MI method, a standard deviation for each imputation must also be calculated.

Researchers must then estimate the coefficient of variation by using the formula $(SD/\bar{x}) * 100$. As a general rule 30% or less is a preferred coefficient of variation percentage, however, some researchers will accept values where the coefficient of variation is 50%.

For this study, the PROC MI method was used to impute missing data for the variables AGE, TIMEFLU, and CLASS. The researcher used 100 imputations per case and the coefficient of variation cut off was 50%. Thus if the coefficient of variation was less than 50% the mean was imputed into the variable. If not the case was deleted as an efficient estimation method could not be utilized for the case. While PROC MI is a common method of estimating missing data, since data was imputed for three measures any significant findings with these three variables should be interpreted with caution. After accounting for missing data, the current study yielded a sample size of 637 participants ($N=637$). The measures included in this study include the following:

Institutional Misconduct

Behavioral adjustment in prison was ascertained by Warren through a file review of institutional violations that inmates had obtained between the onset of the data collection in 1999 and 2000 when data collection ceased. Since the severity of institutional misconduct has the potential to encompass a range of behaviors (i.e. being in an unauthorized area to killing another inmate) the dependent variable was looked at in three distinct categories, much like the Department of Corrections three tiered classification system for infractions. These three categories included: violent infractions, nonviolent rule violations, and institutional-only misconduct. All three dependent variables were measured in counts and therefore were continuously coded.

Violent infractions (SUMVIO) included serious violent offenses that would be considered a criminal offense in or out of prison, such as fighting with or stabbing another inmate. Participants counts of violent misconduct ranged from 0 to 4 instances on their record at the time of data collection. 86% of participants did not have an infraction for violent institutional misconduct. Among the sample, 10.5% had one violent infraction and another 2.2% had two counts of violent misconduct on their institutional record. Less than 1% had multiple infractions totaling 3 or 4 instances of violent misconduct.

Nonviolent societal rule violations (SUM200) included prison infractions that were criminal offenses but nonviolent. Examples of these include stealing or threatening another inmate. The 200 level, nonviolent societal rule infractions had the largest range with participants having anywhere between 0 and 28 counts of nonviolent societal rule infractions on their institutional record. The mean was 2.8 instances of such 200 level institutional misconduct infractions.

Finally, institutional-only misconduct infractions (SUM100) describe noncompliance with prison rules. These are infractions that are only criminal inside the prison walls such as disobeying prison staff or smoking in an unauthorized smoking zone (Department of Corrections; Warren, 2004). A majority of the participants (90%) did not have a documented 100 level institutional-only misconduct infraction. Among the cohort, 8% had one count of institutional-only (100 level) misconduct. 1.3% had two counts of institutional-only misconduct and less than 1% had 3 or 5 counts of institutional-only or 100 level misconduct respectively.

Table 3-1: Summary Statistics for Dependent Variables

Variable	Mean	Standard Deviation	Range	Skewness	Kurtosis
SUM100	0.12	0.41	0-5	5.12	39.2
SUM200	2.82	4.40	0-28	2.41	6.73
SUMVIO	0.19	0.54	0-4	3.60	15.1

Demographic Variables

Five demographic variables were utilized for analyses in this study. The demographic characteristics included (See Table 3-2): age, race, marital status, number of kids, and the highest education level completed. Prior corrections literature illustrates that age, race and sex have been significant factors in prison misconduct. Traditionally males from minority groups have been over represented among the prison population. Additionally research has found that African Americans are more likely to be cited for infractions while in prison than white inmates (Poole & Regoli, 1980; Daly & Tonry, 1997). In this sample, 38% of participants self-identified as White while 57% self-identified as Black. 2.2% of participants self-identified as Biracial. Another 1% self-identified as Hispanic. Less than 1% self-identified as either Native America (0.3%), Asian (0.8%). For this reason, the variable race was dummy coded (0=Non-White/1=White). This yielded a sample of participants who were identified as 62% Non-White and 38% White.

Age has also been a strong predictor of misconduct while incarcerated. Recent studies have shown that the younger the offender the more prone they are to engaging in misconduct than older inmates (Cunningham & Sorensen, 2007; Casey-Acevedo & Bakken, 2001). In this study, age was continuously coded and consisted of the precise age of each participant when completing the questionnaire while incarcerated. The age of the participants ranged

from 18 to 79 and averaged 34 years.

Of the 637 participants, 45.5% identified as being "always single." 19% reported being married and nearly 5% self-identified as being part of a common law marriage. Another 16.5% indicated they were divorced while nearly 9% reported being legally separated and another 5% indicated they were widowed. For the sake of the analysis, a dummy code variable for marital status was created. Marital status was dummy coded (0 = Not Married/1=Married). Participants who identified as being married or in a common law marriage were dummy coded with a 1. While participants who indicated they were single, divorced, separated, or widowed were coded with a 0 for Not Married. Thus 76% of the sample were coded as not married while 24% were coded as married.

Previous research indicates that many incarcerated women are mothers (Bosworth, 2010). In this sample, 19.3% of women reported having no children kids. A majority of the participants were mothers, though the number of children they reported having varied. The mean number of children was 2 and ranged from 0 to 6 or more. Approximately 22% reported having only 1 child. A near equal number of participants (21.7%) reported having two children. 17% reported mothering three children while 11.5% indicated they had four children. A smaller portion of the sample reported having more than 4 children with 5.8% and 2.4% reporting 5 and 6 or more children respectively. Children were dummy coded in this analysis (0=No Kids/1=One or more kids). Therefore 19.3% were coded as having no children while 80.7% were coded with being a mother to one or more children.

Lastly, the education level (continuously coded) of participants ranged from completing 6th grade to having a college education. Half of the sample had not completed high school and the mean education level was completion of 11th grade. 24.5% of the sample

had completed high school, another 22% reported having taken some college level classes, and 4.2% of the sample had graduated college with at least a 2 year degree.

Table 3-2: Demographics among the Cohort

Demographic	%	Demographic	%
Race		Number of Children	
White	39.8	No kids	19.3
Black	55.7	1 child	22.1
Hispanic	0.9	2 children	21.7
Asian	0.7	3 children	17.3
Native American	0.3	4 children	11.5
Biracial	2.2	5 children	5.8
Other	0.3	6 or more children	2.4
Marital Status		Education Completed	
Always single	45.5	6th grade	1.3
Married	19.3	7th grade	1.9
Common Law	4.7	8th grade	7.8
Separated	8.8	9th grade	8.5
Divorced	16.5	10th grade	14.9
Widowed	5.2	11th grade	15.4
		12th grade	24.5
		Some college	21.5
Age Mean	34 years	College Graduate	4.2

Criminological Variables

Prior incarceration (PRIOR) was used as a criminal history measure (0 = No prior incarceration/1 =Prior incarceration). Among this sample, approximately 67% had no record of prior incarceration. Additional criminological measures included examining if the offense each participant was incarcerated for was a violent offense (VIOCRIME) the sentence (SENT) given by the criminal justice system in months, the amount of time served on the sentence at the Fluvanna Correctional institution (TIMEFLU) at time of the interview, and the security risk classification (CLASS) each participant was given at the time of the interview. The participants in this study were predominantly involved in a range of

nonviolent offenses. 38% of participants were serving a sentence for property crimes and approximately 28% were serving a sentence for drug crimes. 12% of participants were serving a sentence for a homicide offense. Another 17% of participants were serving a sentence for a violent, non-homicide offense (i.e. aggravated assault). A small portion of participants (1.4%) were incarcerated for a sex offense (i.e. rape, carnal knowledge of a sexual offense, sexual assault, etc). Another 1.1% were incarcerated for child abuse or child neglect. Less than 1% of participants were serving a sentence for arson. All other crimes (1.9%) such as driving under the influence were classified under "other" (see Table 3-3). In this study, offense (VIOCRIME) was dummy coded (nonviolent = 0/violent =1). Violent crimes were based on the coding schema of the original PI and included homicide, aggravated assault, manslaughter, and any sexual offense as violent. All others were then coded as nonviolent.

The sentences participants were serving ranged from 1 year to life behind bars. Official sentences in months ranged from 12 months to 1080 months. This roughly translates to a minimum of one year to a range of up to 90 years in prison, which for someone of at least 18 years old would be the equivalent of life in prison. The mean sentence among all the participants was 122 months which roughly translates to 10 years of incarceration. The amount of time participants had served on their sentence was also included in the criminological variables. It should be noted that the sentence variable (SENT) was specific to the amount of time the participants had served on their sentence for the conviction, which could have included serving time at multiple facilities. To account for the time served specifically at the Fluvanna Correctional institution a variable specific to the Fluvanna correctional institution (TIMEFLU) was utilized.

The last criminological variable of interest was security classification the security risk classification at the time of the interview. The risk classification spanned three levels (1= low/2= medium/3= high). Approximately 40% of the participants were grouped in the low risk classification. 25% of participants were classified as a greater risk and therefore given the medium risk classification label. While just over one third (34.5%) of the participants were classified as high risk offenders, meaning correctional administrators and staff thought they had the most likely chance of breaking the rules or causing problems behind prison walls.

Table 3-3: Criminological Variables of Interest among the Cohort

Prior Incarceration	%	Sentence Mean & by Category	%
No Prior History	67.3	Less than 2 years	22.8
Prior History	32.7	2-5 years	34.4
		5-10 years	18.4
Offense Committed		10-15 years	7.8
Drug	27.6	15-20 years	4.7
Property	38.3	20 or more years	11.9
Homicide	12.2		
Violent (Non-Homicide)	16.6	Mean Sentence in Months	122
Arson	0.8		
Sex Offense	1.4	Time Served at Fluvanna in Months	
Child Offense	1.1	Less than 1 month	0.2
Other	1.9	1 to 5 months	13.4
		6 to 10 months	33.0
Security Classification		11 to 15 months	16.3
Low Risk	40.2	16 to 20 months	26.5
Medium Risk	25.3	21 to 25 months	10.5
High Risk	34.5	More than 25 months	0.2
		Mean of Time Served Fluvanna in Months	12

Personality Disorders

The research protocol included The Structured Clinical Interview for DSM-IV Personality Disorders Screening Questionnaire (SCID-II Screen). Through the completion of 124 questions stated in lay terms an individual assessment of personality pathology was

derived for 10 recognized personality disorders recognized by the American Psychiatric Association's and outlined in the DSM-IV-TR (American Psychiatric Association, 1994). The personality disorders in question included: paranoid, schizoid, schizotypal, antisocial, borderline, histrionic, avoidant, dependent, narcissistic, and obsessive-compulsive. These diagnoses were dummy coded in the data set by the principal investigator (0= Not Met/1=Diagnosis Met). Of all the participants in this study, only 8.5% did not meet the criteria for at least one personality disorder (see Table 3-4). This meant that nearly all of the participants met the diagnostic criteria for at least one personality disorder.

	%
Any Cluster A Disorder Diagnosis	74.7
Paranoid	62.6
Schizoid	42.5
Schizotypal	32.2
Any Cluster B Disorder Diagnosis	80.1
Borderline	59.7
Narcissistic	59.5
Antisocial	45.1
Histrionic	9.4
Any Cluster C Disorder Diagnosis	71.1
Avoidant	35.8
Dependent	14.9
Obsessive-compulsive	58.7
No Personality Disorder Diagnoses	8.5

The 10 personality disorders are grouped by the APA into three Clusters. Nearly 75% of the sample met the diagnostic criteria for any Cluster A disorder. 80% of the sample met the diagnostic criteria for at least one of the four Cluster B disorders. Finally, approximately 71% of the participants met the criteria for at least one of the Cluster C disorders. The high prevalence of diagnoses across all three Clusters indicates comorbidity (see Appendix A) or

individuals meeting the criteria for more than one disorder among the sample. The facets of the disorders were used in this study in addition to the dichotomous clustering variables. Further descriptive data indicates the most heavily diagnosed criteria were paranoid disorder (63%), borderline disorder (60%), narcissistic disorder (60%), and obsessive compulsive disorder (59%) (see Table 3-4).

Past Victimization

As indicated in Chapter 2, women who are incarcerated often have a history of past victimization (Belknap, 2007; Young & Reviere, 2006). The original data set included two periods of time examining past victimization. The first time period participants were asked about were any victimizations prior to age 18. Additionally, participants were asked if they experienced victimization 6 months prior to prison. For the sake of this study, the two time periods were combined to create a series of new victimization variables that spanned the original two time periods, thus examining if participants had ever been a victim of the type of victimization in question, prior to entering prison. Participants were asked if they were ever a victim of rape, sexual assault (other than rape), nonsexual physical assault. Their responses were dummy coded by the principal investigator (0=No/1=Yes). The cohort in this study was no exception to the trend discussed in prior literature. Of the 637 participants, approximately 40% reported at some point in time prior to entering prison being the victim of rape. Another 37.7% reported being the victim of a sexual assault (other than rape). Nearly 40% of the sample indicated they had a prior history of victimization from a physical assault (see Table 3-5).

Table 3-5: Victimization among the Cohort Prior to Entering Prison

Victimization reported	% Reporting Yes to Victimization
Was a victim of rape	39.6
Was a victim of a sexual assault (other than rape)	37.7
Was a victim of a non-sexual, physical assault	39.1

Analytical Strategy

This study utilized multiple methodological approaches in an attempt to discern which importation measures were explicitly associated with institutional misconduct. Since the dependent variable, institutional misconduct, was widely dispersed Poisson Regression was utilized to examine each level of misconduct and the independent variables. Institutional misconduct is measured in counts. Event counts are observed in an established place and over a given period of time. In this case the counts were in the Fluvanna Correctional Center among a cohort of female offenders that were institutionalized between 1999-2000. Event counts or in the case of this study, counts of institutional misconduct, are bound by zero, assume only integer values, do not occur independently, are positively skewed, and take only integer values. All of these conditions pose challenges with Ordinary Least Squares (OLS) regression.

Ordinary Least Squares regression is a commonly used regression technique for fitting linear statistical models. However, OLS regression is characterized by assumptions that pose challenges when assessing crime rates through count data. The assumption of homogeneity of error variance can be violated with count data and a population size. Thus counts of crime rates or in this case institutional misconduct are likely to be skewed,

particularly when looking at these for small populations (Hayes & Cai, 2007; Osgood, 2000). Additionally, normal distributions cannot be assumed when crime rates or misconduct infractions are small. The lowest count possible is zero, which can cause the distribution to become increasingly skewed to the lower bound. This has potential for biasing the regression coefficient results through the OLS model (Osgood, 2000). To account for these issues criminologists frequently use Poisson Regression, which originated to handle conviction rates in France (Osgood, 2000).

Poisson regression is commonly used to measure count data. For a Poisson, the mean (λ) and the variance (σ^2) should be relatively equal but when the variance exceeds the mean ($\lambda < \sigma^2$) counts become overdispersed. Therefore the Poisson model works best for low count events. When event counts increase, the data may be overdispersed. Poisson regression diagnostics will indicate poor fit as a result of overdispersion. The basic Poisson model is as follows:

$$p(x; \lambda) = \frac{\lambda^x e^{-\lambda}}{x!} \quad \text{for } x = 0, 1, 2, \dots$$

In the instance of overdispersion, negative binomial regression is often utilized. The negative binomial model calculates a dispersion parameter (α) that acts to increase the conditional variance of y . This allows for the negative binomial model to generate fewer false positives than any other model. The negative binomial regression model equation is:

$$\Pr(Y_i = k | \chi_i) = \frac{\Gamma(k + \alpha^{-1})}{\Gamma(k) \Gamma(\alpha^{-1})} (\alpha^{-1} / \alpha^{-1} + \mu_i)^{-\alpha^{-1}} (\mu_i / \alpha^{-1} + \mu_i)^k \quad k = 0, 1, 2, \dots$$

Therefore, negative binomial regression models can account for complexity with count data including zero counts, high frequencies, and over-dispersion (DeLisi 2003; Zorn, 1998).

Poisson and Negative Binomial Regression are the most successful analytical strategies for handling the problems that arise with OLS regression. Poisson Regression does not assume homogeneity of variance. Additionally, with Poisson Regression crime or misconduct rates of zero are not problematic as they are in OLS regression. In addition to these regression analyses, comparisons of the subsample of offenders with violent institutional misconduct were made between the sample who did not have violent misconduct infractions. The subsample of offenders with violent institutional misconduct infractions among the cohort was small (N=89). Thus limited analysis could be conducted with the small sample size. Instead, comparisons were made between the two groups of offenders in the sample. Independent samples t-test with equal variances were used to compare the difference in the means from the two groups to a given value (usually 0). The variables in the study were coded both as continuous and dummy coded measures. Therefore, both the t-tests with equal variances and the Pearson Chi-squared tests were used to compare the two groups.

CHAPTER FOUR: ANALYSIS

As mentioned in Chapter 2, the importation model of prisonization conceptualizes that individuals bring traits with them into correctional institutions that directly relate to their continued antisocial behavior while in prison (Irwin & Cressey, 1962). While the importation model has gained popularity among corrections scholars since appearing in 1962, use of the importation model to explain institutional misconduct has been applied to relatively few studies of female offenders. The analyses described in this chapter, applied importation to a cohort of female offenders and address the question, are characteristics female offenders imported into confinement related to their institutional misconduct?

To test the theory and answer this question, models in this chapter examined the social demographics, criminological variables, past victimization, and personality disorders at three levels of institutional misconduct. In order to investigate the relationships among the variables of interest, two methodologies, Poisson and Negative Binomial Regression were employed. The first section of this chapter addresses how Poisson and Negative Binomial Regression were utilized to examine the relationship between count data of across all three levels of institutional misconduct and the independent variables of interest.

The second section of this chapter includes an examination of a small violent offenders subsample. A discussion of the female offenders who had at least one violent infraction while the data was collected is presented. This sections serves to illustrate any differences between the offenders with violent misconduct and fractions and those without any violent infractions.

Poisson and Negative Binomial Regression Models

As previously mentioned in Chapter 3, Poisson Regression is commonly used for analyzing event count data. When event counts increase, the data may be overdispersed. In such an instance, Negative Binomial Regression is often utilized to account for overdispersion. Poisson Regression in STATA provides an indication of overdispersion, which specifies that Negative Binomial Regression should be utilized. In this study, the 200 level misconduct infractions were overdispersed. That is the range of 200 level misconduct infractions varied greatly among the sample. For this reason, when the 200 level misconduct infraction tables are present, a Negative Binomial Regression table is present. For both the 100 level infractions and violent institutional (SUMVIO) infractions, Poisson Regression was utilized.

Model 1: Level 100 (SUM100) Institutional Misconduct and Poisson Regression

To test the importation model of prisonization a full model was created for the Poisson Regression. Model 1 included all the independent variables of interest, including: age, race, marital status, kids, education, prior incarceration, incarceration for a violent offense, security risk classification, sentence in months, time served at the Fluvanna Correctional Center, any diagnosis of a Cluster A, B, or C personality disorder, any past victimization for rape, sexual assault, and/or physical assault. Within corrections literature, it is often cited that age is a significant predictor of misconduct. In previously studies of male and female inmates younger inmates have been routinely cited as accruing more misconduct infractions and engaging in more violent forms of institutional misconduct (Cunningham & Sorenson, 2007; Casey-Acevedo & Bakken, 2001; MacKenzie 1987). Based on the literature outlined in Chapter 2, it was hypothesized that *young age is predictive of institutional*

misconduct (Hypothesis 3). However age was not a significant predictor of 100 level, institutional-only misconduct infractions. At the institutional-only level, age was not predictive of misconduct among the cohort and the hypothesis (*H3*) was not upheld.

**Table 4-1: Poisson Regression
for 100 Level Misconduct**

	b	SE	Z-score
			LRchi2(16) = 74.10
			Log likelihood = -210.51914
			Prob > chi2 = 0.0000
			Pseudo R2 = 0.1497
Age	0.00	0.02	0.00
Marital Status	0.37	0.28	1.33
Kids	-0.42	0.28	-1.48
Race	-0.28	0.27	-1.03
Education	-0.04	0.07	-0.56
Any Cluster A diagnosis	0.29	0.38	0.76
Any Cluster B diagnosis	0.18	0.47	0.42
Any Cluster C diagnosis	0.43	0.32	1.38
Past victim of rape	-0.01	0.28	-0.02
Past victim of sexual assault	-0.29	0.32	-0.09
Past victim of physical assault	0.22	0.31	0.73
Prior incarceration	-0.35	0.28	-1.26
Violent offense conviction	-0.90 *	0.29	-2.91
Risk Classification	0.72 *	0.17	4.28
Sentence in months	0.00 *	0.00	-2.20
Time served in Fluvanna	0.09 *	0.02	5.70

*denotes significance at $p < 0.005$

The second hypothesis that was addressed with the Model 1 regression analysis was *Hypothesis 6*, which stated *a diagnosis of one or more personality disorders will have the strongest predictive effect on institutional misconduct across all three levels than any other criminality, victimization, or social demographic variable*. As indicated in Table 4-1, personality diagnoses were not significant at the 100 level, institutional-only level of misconduct. The hypothesis (*H6*) at the 100 level of infractions for institutional misconduct was rejected.

As shown in Table 4-1, several criminological measures were significant predictors of institutional only (100 level) misconduct behind bars. Individuals who were convicted for a nonviolent offense were likely to engage in institutional-only misconduct infractions (estimate= -0.09, $z = -2.91$). Security risk classification was also significant in predicting 100 level misconduct (estimate= 0.72, $z = 4.28$). Inmates who had served more time in months at the Fluvanna Correctional Institution totaled more 100 level institutional-only misconduct infractions than inmates who had served few time at the facility (estimate= 0.09, $z = 5.70$).

Model 2: Level 200 (SUM200) Institutional Misconduct and Negative Binomial Regression

As mentioned in Chapter 3, nonviolent institutional misconduct (SUM200) had the greatest mean and range of all the institutional misconduct dependent variables. That is that behaviors such as threatening other inmates and staff were more common than 100 level infractions and violent misconduct infractions. It is worth noting that these offenses really mirrored the crimes that women were engaging in prior to incarceration (see Chapter 2). As mentioned in Chapter 2, it was hypothesized that *in keeping with the literature, young age is expected to be predictive of institutional misconduct (Hypothesis 3)*. As shown in Table 4-2, age was a significant predictor of institutional misconduct. Younger inmates were significantly more likely than older inmates to engage in nonviolent misconduct while confined (estimate= -0.06, $z = -9.16$). Age was the only social demographic that was predictive of 200 level infractions. The hypothesis (*H3*) was upheld in terms of 200 level institutional misconduct.

Cathy Spatz Widom outlined the cycle of violence hypothesis in 1989. Her research suggested that there are long term effects of abuse and neglect, including antisocial behavior

in adolescence and adulthood. Therefore this study sought to address the hypothesis: *In support of the cycle of violence hypothesis, any past history of physical or sexual victimization will yield a strong association with institutional misconduct at the 200 or violent levels (Hypothesis 1)*. In this model, a past victimization of rape was significant. However, participants who had a past history of being a victim of rape were less likely to accrue infractions for 200 level violations (estimate= -0.24, $z = -2.01$). While past victimization of sexual assault (other than rape) and past victimization of physical assault were not significant in the model. In this case the hypothesis supporting the cycle of violence was not upheld.

**Table 4-2: Negative Binomial Regression
for 200 Level Misconduct**

	B	SE	Z-score
			LRchi2(16) = 360.17
			Log likelihood = -1166.8278
			Prob > chi2 = 0.0000
			Pseudo R2 = 0.1337
Age	-0.06 *	0.01	-9.16
Marital Status	-0.13	0.12	-1.08
Kids	-0.15	0.12	-1.24
Race	-0.17	0.11	-1.61
Education	-0.01	0.28	-0.43
Any Cluster A diagnosis	0.70	0.14	0.49
Any Cluster B diagnosis	0.31	0.16	1.87
Any Cluster C diagnosis	-0.70	0.12	-0.59
Past victim of rape	-0.24 *	0.12	-2.01
Past victim of sexual assault	0.24	0.13	1.80
Past victim of physical assault	-0.08	0.13	-0.62
Prior incarceration	0.17	0.11	1.53
Violent offense conviction	-0.55 *	0.13	-4.29
Risk Classification	0.35 *	0.69	5.10
Sentence in months	0.00	0.00	-1.30
Time served in Fluvanna	0.14 *	0.01	14.58

*denotes significance at $p < 0.005$

Drawing on the literature presented in Chapter 2 that indicated a significant prevalence of mental illness in correctional institutions, this study sought to address the hypothesis: *a diagnosis of one or more personality disorders will have the strongest predictive effect on institutional misconduct across all three levels than any other criminality, victimization, or social demographic variable (Hypothesis 6)*. While personality diagnosis for a Cluster A and Cluster C disorder were non-significant, Cluster B diagnoses was nearing significance ($p > z = 0.06$) which is worth mentioning in relation to the hypotheses for this study. However, for the 200 level of nonviolent institutional misconduct the hypothesis (*H6*) was not supported.

Three criminological variables that were previously significant at the 100 level of institutional misconduct were once again significant at the 200 level for nonviolent institutional misconduct. The amount of time served in the Fluvanna Correctional Facility in months was positively related to misconduct infractions (estimate= 0.14, $z = 14.58$). Security risk classification was predictive of 200 level institutional misconduct infractions (estimate= 0.35, $z = 5.10$). Those inmates who were serving time for a nonviolent crime were once again likely to have infractions for 200 level institutional misconduct violations (estimate= -0.55, $z = -4.29$).

Model 3: Violent Institutional Misconduct (SUMVIO) and Poisson Regression

It was hypothesized that the strongest predictors of violent misconduct would be age, a Cluster B personality disorder diagnosis, past victimization, and prior history of incarceration. However, the parameter estimates for the Poisson Regression model indicated that some of the strongest predictors of prison violence were once again criminological variables. *Hypothesis 6*, suggested that *a diagnosis of one or more personality disorders will have the strongest predictive effect on institutional misconduct across all three levels than*

any other criminality, victimization, or social demographic variable. As expressed in Chapter 2, prior research indicated that a diagnosis of a Cluster B disorder was often associated with violent institutional misconduct among inmates. Thus, *Hypothesis 5* suggested that *diagnoses of Cluster B personality disorders would be associated with a greater association of violent forms of institutional misconduct*. As indicated in Table 4-3, personality diagnoses were not predictive of violent misconduct. Therefore, when it came to predicting violent institutional misconduct *Hypothesis 5* and *6* were not met.

**Table 4-3: Poisson Regression
for Violent Misconduct**

	b	SE	Z-score
			LRchi2(16) = 157.58
			Log likelihood = -269.99725
			Prob > chi2 = 0.0000
			Pseudo R2 = 0.2259
Age	0.001	0.01	0.14
Marital Status	0.22	0.23	0.96
Kids	-0.11	0.24	-0.47
Race	-1.12 *	0.26	-4.28
Education	-0.10 *	0.52	-1.99
Any Cluster A diagnosis	-0.35	0.28	-0.13
Any Cluster B diagnosis	0.30	0.34	0.88
Any Cluster C diagnosis	0.30	0.24	1.26
Past victim of rape	0.33	0.23	0.14
Past victim of sexual assault	-0.33	0.27	-1.23
Past victim of physical assault	0.33	0.25	1.35
Prior incarceration	-0.34	0.22	-1.54
Violent offense conviction	-0.70 *	0.22	-3.16
Risk Classification	0.78 *	0.14	5.57
Sentence in months	0.00 *	0.00	-2.44
Time served in Fluvanna	0.11 *	0.13	8.33

*denotes significance at $p < 0.005$

Based on the empirical research presented in Chapter 2 on age and institutional misconduct, *Hypothesis 3* suggested that *young age is expected to be predictive of institutional*

misconduct. As indicated in Table 4-3, age was not a significant predictor of violent misconduct. Two other social demographic measures were significant in the model.

Participants who were racial and ethnic minorities were significantly more violent than white participants (estimate= -1.12, $z = -4.28$). Education was also predictive of violent misconduct infractions. The less education one had, the more predictive of violent misconduct (estimate= -0.10, $z = -1.99$).

Corrections literature indicates that prior criminality is often an indicator of future institutional misconduct. Based on the empirical findings mentioned in Chapter 2, *Hypothesis 4* suggested that *inmates who have a prior history of incarceration would engage in more violent misconduct than inmates who are incarcerated for the first time*. As Table 4-3 indicates, many criminality measures were significant in the model, prior incarceration was not significant. Another criminality measure that was hypothesized from previous literature was the importance of being incarcerated for a violent crime. As mentioned in Chapter 2, many females who are incarcerated for a violent crimes have been abused prior to entering prison. Based on the empirical evidence and prior literature surrounding victimization of incarcerated female offenders Hypotheses 1 and 2 originated. Hypothesis 1 stated: *in support of the cycle of violence hypothesis, any past history of physical or sexual victimization will yield a strong association with institutional misconduct at the 200 or violent levels*. Model 3 did not yield any significant findings for prior victimization.

An additional hypothesis was created based on the prior literature that indicates many female offenders who are serving sentences for violent crimes such as murder are not inherently violent. Literature suggests that their crimes are often related to their history of abuse and that these women do not have a history of violence but rather once incident of

murdering or attempting to murder their abuser, usually a family member. Based on the literature presented in Chapter 2, *Hypothesis 2* proposed that many *female offenders have a history of past victimization and often may kill a spouse, partner, or family member who was abusing them*. Thus the hypotheses presented included, *-serving a sentence for a violent crime would not be a significant predictor of violent misconduct*. There was support for hypothesis 2, as offenders who were incarcerated for nonviolent crimes were more likely to engage in violent institutional misconduct behind bars (estimate= -0.70, $z = -3.16$).

Again, non-hypothesized criminological measures were significant in the model. Security risk classification indicated that the more stringent the risk classification, the greater the predictor of violent infractions (estimate= 0.78, $z = 5.57$). Time served within the Fluvanna Correctional Facility was also a significant predictor of violent misconduct. That is the more months one spent in the correctional facility, the more violent infractions they had accrued (estimate= 0.11, $z = 8.33$). Sentence in months was also significant, those who had served fewer months on their sentence were less likely to engage in violent misconduct in prison.

When examining the parameter estimates for the full models it became clear criminological variables were similarly predictive of institutional misconduct across all three levels (100, 200, and violent). Time served at the Fluvanna Correctional Center, security risk classification, and incarceration for a violent offense was significant across all three models. Sentence was significant across Models 1 and 3. While the hypothesized criminality measure expected to be significant, particularly at the violent level of institutional misconduct, prior incarceration was not significant in any of the three models. Social demographics were significant in the more serious SUM200 and SUMVIO institutional misconduct offense

levels. However, the social demographics that were significant were not consistent across the two models. In Model 1, age was significant. While in Model 3, race and education were significant. Lastly, prior victimization of rape was significant within Model 2.

Institutional Misconduct and Personality Disorder Regressions

As mentioned in the hypotheses of this study, special attention was paid to understanding personality disorder diagnoses on the three levels of institutional misconduct. While personality disorders were not significant in the full models (Models 1, 2, 3) to satisfy the interest of the researcher and because at the 200 level the diagnosis of a Cluster B personality disorder was near significance, regression models were created to look at just the personality disorders and the institutional misconduct variables. Utilizing Poisson and Negative Binomial Regression analyses were conducted to examine the predictive association of a diagnosis of a personality disorder across all three levels of institutional misconduct. Ten personality disorders recognized by the APA in the DSM-IV-TR were included in the model. As mentioned in Chapter 3, these included: paranoid, schizoid, schizotypal, antisocial, borderline, histrionic, narcissistic, avoidant, dependent, and obsessive-compulsive disorders. Based on prior studies of both male and female offenders confined in prison, it was hypothesized *that those with a diagnosis of Cluster B personality disorders will be associated with a greater association of violent forms of institutional misconduct (Hypothesis 5)*. Hypothesis 6 suggested that *any personality disorder, whether from Cluster A, B, or C would be a significant across all levels of misconduct*. To explore what personality disorders might indicate some significance when it comes to institutional misconduct, three models were run to examine the independent variables of personality disorders on institutional misconduct.

*Model 4: Personality Disorders and SUM100 Institutional Misconduct***Table 4-4: Poisson Regression for 100 Level Misconduct & Personality Disorders**

	B	SE	Z-score
			LRchi2(10) = 24.56
			Log likelihood = -232.67796
			Prob > chi2 = 0.0062
			Pseudo R2 = 0.0501
Paranoid Disorder Diagnosis	-0.84 *	0.28	-2.94
Schizotypal Disorder Diagnosis	0.25	0.27	0.93
Schizoid Disorder Diagnosis	0.30	0.25	1.23
Borderline Disorder Diagnosis	0.34	0.32	1.05
Histrionic Disorder Diagnosis	0.30	0.34	0.87
Narcissistic Disorder Diagnosis	0.84 *	0.31	2.74
Antisocial Disorder Diagnosis	-0.21	0.26	-0.82
Avoidant Disorder Diagnosis	0.36	0.28	1.28
Dependent Disorder Diagnosis	0.40	0.36	0.12
Obsessive Compulsive Disorder Diagnosis	0.20	0.25	0.78

* denotes significance at $p < .01$

As indicated at the 100 level (see Table 4-4) of institutional misconduct, again which is violation of laws or policies specific to the correctional institution, a diagnosis of paranoid disorder or narcissistic personality disorder was significant of institutional misconduct. Narcissistic disorder was significant (estimate= 0.84, $z = 2.74$) at the 100 level. Narcissistic personality disorder was the only Cluster B disorder that was significant. Narcissistic personality disorder is characterized by grandiose self-importance, a sense of entitlement, and arrogance which may be reflective of the reasons why these individuals were more likely to accrue infractions for misconduct. Additionally, paranoid personality disorder was significant. There was an inverse association as participants who had a diagnosis of paranoid disorder (estimate= -0.84, $z = -2.94$) were likely to have fewer infractions for 100 level misconduct violations, such as being in an unauthorized area or failure to keep one's cell

clean. Paranoid personality disorder is characterized by being overly concerned about threats or malicious behavior from others. Thus, they may be hyper vigilant about rule breaking behaviors.

Model 5: Personality Disorders and SUM200 Institutional Misconduct

Table 4-5: Negative Binomial Regression for 200 Level Misconduct & Personality Disorders

	B	SE	Z-score
			LRchi2(10) = 69.04
			Log likelihood = -1300.3007
			Prob > chi2 = 0.0000
			Pseudo R2 = 0.0259
Paranoid Disorder Diagnosis	0.63	0.15	0.41
Schizotypal Disorder Diagnosis	0.11	0.16	0.70
Schizoid Disorder Diagnosis	0.70	0.13	0.52
Borderline Disorder Diagnosis	-0.02	0.16	-0.13
Histrionic Disorder Diagnosis	0.23	0.21	1.09
Narcissistic Disorder Diagnosis	0.56 *	0.14	4.01
Antisocial Disorder Diagnosis	0.67 *	0.13	5.09
Avoidant Disorder Diagnosis	-0.01	0.15	-0.07
Dependent Disorder Diagnosis	-0.27	0.19	-1.45
Obsessive Compulsive Disorder Diagnosis	-0.15	0.13	-1.15

*denotes significance at the $p < 0.005$

At the 200 level of institutional misconduct, two Cluster B personality disorders were significant in the model. Narcissistic disorder diagnoses were once again predictive of institutional misconduct (estimate= 0.56, $z = 4.01$). Institutional misconduct infractions at the 200 level were severe but non-violent. For example, threatening another inmate would be an example of a 200 level infraction. As mentioned in Chapter 2, one characteristic of narcissistic personality disorder is being interpersonally exploitative. That is someone with a diagnosis of narcissistic personality disorder may manipulate others for their own advantage. People with this disorder may also have a exaggerated sense of self-importance, lack

empathy, and have a sense of entitlement. It is not hard to imagine someone with this personality disorder threatening another inmate or staff member.

The other Cluster B disorder that was positively associated with 200 level misconduct was Antisocial Personality Disorder (estimate= 0.67, $z = 5.09$). Antisocial personality disorder is characterized by intimidating or bullying others, damage to property, and repeat participation in rule breaking behavior. Adults diagnosed with antisocial personality disorder are often diagnosed with the precursor, Conduct Disorder in adolescence. This often means their rule breaking behavior is pervasive.

Model 6: Personality Disorders and SUMVIO Institutional Misconduct

Empirical studies explained in Chapter 2 indicate that a diagnosis of a dramatic or erratic personality disorder, also known as a Cluster B personality disorder, are associated with institutional misconduct. Based on such empirical findings, *Hypothesis 5* was constructed, which said: *a diagnosis of Cluster B personality disorders will be associated with a greater association of violent forms of institutional misconduct*. In an effort to explore this hypothesis Model 6 was included in the analysis.

Upon examining personality disorder diagnoses against counts of violent institutional misconduct, narcissistic and antisocial personality disorders were again consistent predictors of misconduct. Individuals with a diagnosis of narcissistic personality disorder were more likely to have accrued infractions for violent behavior while confined (estimate= 0.76, $z = 2.92$). As were those with a diagnosis of antisocial personality disorder (estimate= 0.50, $z = 2.36$).

Table 4-6: Poisson Regression for Violent Level Misconduct & Personality Disorders			
LRchi2(10) = 45.96			
Log likelihood = -315.1818			
Prob > chi2 = 0.0000			
Pseudo R2 = 0.0680			
	b	SE	Z-score
Paranoid Disorder Diagnosis	-0.04	0.25	-0.16
Schizotypal Disorder Diagnosis	0.16	0.21	0.77
Schizoid Disorder Diagnosis	0.33	0.20	1.66
Borderline Disorder Diagnosis	0.28	0.27	1.04
Histrionic Disorder Diagnosis	0.40	0.25	1.56
Narcissistic Disorder Diagnosis	0.76 *	0.26	2.92
Antisocial Disorder Diagnosis	0.50 *	0.21	2.36
Avoidant Disorder Diagnosis	0.26	0.22	0.12
Dependent Disorder Diagnosis	-0.08	0.26	-0.29
Obsessive Compulsive Disorder Diagnosis	-0.21	0.19	-1.06

*denotes significance at $p < 0.005$

Again, both were Cluster B disorders characterized by a focus on lack of empathy, a sense of entitlement and pervasive rule breaking behavior. While it seems there is some truth to the hypothesis (*H5*), Cluster B personality disorders will be predictive of violent forms of misconduct, only two of the four Cluster B personality disorders were predictive of violence behind bars. Borderline personality disorder and histrionic disorder were not associated with institutional misconduct infractions at any level, violent or otherwise. While narcissistic personality disorder diagnoses were predictive of all three levels of institutional misconduct. Antisocial personality disorder was predictive of both the 200 level, of serious but nonviolent infractions and violent institutional misconduct. But the strength of this hypothesis is diminished when examining the full model with all the independent variables of interest (see Table 4-3). It is possible that the effects of personality disorders were weakened in the full models by criminological variables (i.e. security risk classification) that factor other

independent variables such as a diagnosis of a personality disorder into the variable. Since there was special interest outlined in the hypotheses for Cluster B disorders, the next and last two regression models, Models 7 and 8, explore the patterns of the diagnostic criteria among narcissistic and antisocial personality disorders and institutional misconduct.

Model 7: Narcissistic Personality Disorder Diagnostic Criteria and Institutional Misconduct

As indicated in Chapter 2, the APA outlines multiple criteria for all personality disorder diagnoses. As mentioned in Chapter 3, participants in the *Women Coping in Prison at the Fluvanna Correctional Center for Women in Virginia*, included the scores for participants on each SCID II PQ scale for all ten diagnostic criteria for personality disorders. Given that narcissistic personality disorder was significant across all three levels of institutional misconduct, Model 7 was created in the interest in exploring potential patterns of diagnostic criteria and the connection to institutional misconduct. This model explores the nine diagnostic criteria associated with narcissistic personality disorder and the associations that can be made at each level (100, 200, and violent) of institutional misconduct. Five or more of these criteria must be met for an individual to be diagnosed with the personality disorder.

As indicated in Table 4-7, there were no narcissistic diagnostic criteria that were significantly predictive of misconduct across all three levels. However, the patterns of the narcissistic criteria that were significant are intuitive with the varying levels and severity of the institutional misconduct infractions. For example, at the 100 level which was institutional misconduct specific to the correctional facility, the significant criteria was often envious (estimate = 0.60, z -score= 2.18) and arrogant (estimate = 0.54, z -score= 2.10). Refusing to

keep their cells clean, being in an unauthorized area, or lying to correctional staff are examples of 100 level institutional misconduct infractions. Understanding the diagnostic criteria for narcissistic personality disorder sheds light on possible characteristics of individuals who have accrued such infractions. Someone who is spiteful of others or haughty in their demeanor maybe more inclined to feel that they can break the rules. They may even feel the rules do not apply to them.

**Table 4-7: Regression Model for Narcissistic Personality Disorder
Diagnostic Criteria and Institutional Misconduct**

	100 Level^a	200 Level^b	Violent Level^a
	b (Z-score)	b (Z-score)	b (Z-score)
Nar1- <i>grandiose self- importance</i>	-0.44 (-1.77)	0.02 (0.17)	0.16 (0.76)
Nar2- <i>preoccupied with fantasies</i>	0.07 (0.22)	0.06 (0.35)	0.06 (0.25)
Nar3- <i>association with other "special" people</i>	-0.42 (-1.48)	-0.11 (-0.71)	0.03 (0.12)
Nar4- <i>requires excessive admiration</i>	0.49 (1.90)	0.23 (1.66)	0.35 (1.72)
Nar5- <i>sense of self entitlement</i>	-0.46 (-1.76)	0.11 (0.77)	0.18 (0.88)
Nar6- <i>interpersonally exploitative</i>	0.37 (1.29)	0.40 (2.75)*	0.07 (0.31)
Nar7- <i>lacks empathy</i>	0.40 (1.43)	0.24 (1.74)	0.67 (2.75)*
Nar8- <i>often envious</i>	0.60 (2.18)*	0.38 (2.75)*	0.37 (1.67)
Nar9- <i>arrogant behavior</i>	0.54 (2.10)*	0.15 (1.15)	0.23 (1.12)
Model χ^2	27.04*	49.22*	39.40*
Pseudo R ²	0.0014	0.0190	0.0593

*Denotes significance at the p<0.005 level

^a Poisson Regression

^b Negative Binomial Regression

At the 200 level of institutional misconduct Table 4-7 indicates that being interpersonally exploitative (estimate = 0.40, z-score= 2.75) and often envious (estimate= 0.38, z-score= 2.75) were significant predictors of institutional misconduct. Again, 200 level misconduct is nonviolent but serious. Thus threatening another inmate, theft, or trying to escape would be examples of such misconduct infractions. Given the nature of these institutional misconduct

infractions it seems particularly astute that these are the two criteria that were significant. Someone who is often envious of others may be inclined to threaten others or steal others belongings in an attempt to reduce their jealousy. While being interpersonally exploitative seems inherent to using or threatening others in an attempt for self-gain.

Lastly, Table 4-7 indicates that only one variable was significant at the violent level of misconduct, lacks empathy (estimate = 0.67, z -score= 2.75). When someone is unwilling or pathologically cannot recognize the feelings and needs of others, it is not surprising that they would be more inclined to act in a violent manner towards others. Within the confines of the prison walls, someone who has diminished emotional capacity will struggle with interpersonal relationships, whether that is with their cell mate, a prison guard, or another inmate.

Model 8: Antisocial/Conduct Disorder Personality Disorder Diagnostic Criteria and Institutional Misconduct

As indicated in the hypotheses for this study, interest originated from prior empirical studies of the role dramatic or erratic disorders, also known as Cluster B disorders, on institutional misconduct. In an effort to further discuss personality disorders role on violent behavior, Model 8 was established. The model is derived from antisocial personality disorder being significant at the 200 and violent level of institutional misconduct (Models 5 and 6). As mentioned in Chapter 2, one of the persistent criticisms of antisocial personality disorder is the giving a medical label to bad behavior (Robins, et. al. 1991). In examining the diagnostic criteria for antisocial personality disorder (see Chapter 2) it is reasonable to expect that someone with a positive diagnosis of a disorder characterized by frequent irresponsible behavior and impulsiveness may engage in institutional misconduct behind bars. What is

unique about the antisocial personality disorder diagnosis is that for half of all adults diagnosed, the behavioral problems actually originated in late childhood or early adolescence as conduct disorder. The women in this sample were also screened with the SCID II PQ scale for conduct disorder. Thus, Model 8 is a reflection of the patterns of persistent chronic antisocial behavior in adolescence based on the sample's current engagement in varying types of institutional misconduct (see Table 4-8).

**Table 4-8 Regression Model for Conduct Disorder
Diagnostic Criteria and Institutional Misconduct**

	200 Level^b	Violent Level^a
	b (Z-score)	b (Z-score)
Cd1- <i>intimidating</i>	0.12 (0.55)	0.21 (0.70)
Cd2- <i>physical fights</i>	0.07 (0.32)	0.02 (0.08)
Cd3- <i>dangerous weapons</i>	0.43 (2.18)*	0.80 (2.86)*
Cd4- <i>physical cruelty to people</i>	-0.13 (-0.40)	0.85 (2.56)*
Cd5- <i>cruel to animals</i>	0.01 (0.01)	0.19 (0.57)
Cd6- <i>theft w/ confront</i>	0.23 (0.43)	0.49 (1.45)
Cd7- <i>forced sexual contact</i>	-0.30 (-0.94)	0.45 (1.27)
Cd8- <i>arson</i>	0.46 (2.01)*	0.84 (2.97)*
Cd9- <i>destruct property</i>	-0.03 (-0.15)	0.22 (0.69)
Cd10- <i>breaking/entering</i>	0.22 (0.88)	-0.08 (-0.23)
Cd11- <i>frequent lying</i>	0.45 (0.27)	-0.27 (-1.01)
Cd12- <i>theft no confront</i>	0.12 (0.77)	0.24 (0.96)
Cd13- <i>violate curfew</i>	0.24 (1.76)	-0.24 (-1.00)
Cd14- <i>running away</i>	0.25 (1.48)	-0.17 (-0.61)
Cd15- <i>truancy</i>	-0.19 (-1.13)	0.14 (0.51)
Model χ^2	57.20*	58.26*
Pseudo R ²	0.0222	0.0909

*Denotes significance at the $p < 0.005$ level

^a Poisson Regression ^b Negative Binomial Regression

Examining the persistent patterns of behavior these offenders engaged in as adolescence shed some light on their continued criminality behind bars. As indicated by Table 4-8, individuals who have greater counts of 200 level institutional misconduct were likely to have cultivated

an interest in arson (estimate = 0.46, z -score= 2.01), and had a history of using dangerous weapons (estimate = 0.43, z -score= 2.18). These are explicit rule breaking and potentially destructive and harmful behaviors that indicate persistent criminality. Further examination among offenders with violent misconduct infractions indicate that once again these individuals had a significant history of being around or using dangerous weapons (estimate = 0.80, z -score= 2.86) and exposure to arson (estimate = 0.85, z -score= 2.97). They also had indicated physical cruelty towards other individuals (estimate = 0.67, z -score= 2.76). While there is a limit to what examining such past behaviors reveals in terms of institutional misconduct, it does shed light on the fact that some offenders with more severe institutional misconduct infractions may be persistent chronic offenders. For some, rule breaking behavior is pathological, which does give credence to the importation model.

Model 9: Subsample of Violent Offenders

Violent institutional misconduct offenses are documented less often in female correctional facilities than in men's correctional facilities, yet instances of violence do occur in women's facilities (Wolfe, et. al, 2007). In the autobiography, *A Woman Doing Life*, Erin George (2010) explains that violent behavior behind bars at the Fluvanna Correctional Center for Women is often contrived with great care. That is to say, these are not infractions that are often spur-of-the moment but are often planned events. This may be why there is only a small sample of offenders within the cohort had infractions for violent institutional misconduct.

Table 4-9: χ^2 and t-test of Mean Difference			
Variable	Mean/ % Violent (N=89)	Mean/ % Nonviolent(N=548)	χ^2 or t-test
Age	32	34	2.19*
Education	11	11	1.94
Race	83% non-white	59% non-white	19.62*
Marital Status	76% never married	76% never married	0.14
Kids	83% had one or more kids	80% had one or more kids	0.40
Cluster A diagnosis	81% met criteria	74% met criteria	2.09
Cluster B diagnosis	90% met criteria	79% met criteria	6.30*
Cluster C diagnosis	76% met criteria	70% met criteria	1.41
Victimization Rape	39% victimized	40% victimized	0.00
Victimization Sexual Assault	35% victimized	38% victimized	0.36
Victimization Physical Assault	44% victimized	38% victimized	0.97
Prior Incarceration	33% prior incarceration	30% prior incarceration	0.25
Violent Crime Offense	33% violent crime	36% violent	0.15
Risk Classification	2.4	1.9	-6.42
Sentence	113 months	123 months	0.46*
Time Served	48 months	38 months	-2.50

Of the sample (N=637), a small subset of offenders (N=89) had accrued infractions for violent institutional misconduct. As mentioned in Chapter 3, infractions for violent institutional misconduct (SUMVIO) ranged from 0 to 4 counts. All of those violent institutional misconduct infractions had been accumulated by 89 women incarcerated in the Fluvanna Correctional Center for Women. In the interest of addressing whether not the women who had accrued a violent infraction were statistically different from the women who did not have a count of violent misconduct, a test of the means was conducted on the two groups, those with violent infractions and those without. Because the variables were coded

into both continuous and dummy coded measures two sample t-tests with equal variances and the Pearson Chi-squared tests were used for comparisons.

As indicated in Table 4-9, for most variables tests indicated there is not a significant difference between the two groups. The Pearson Chi-squared and two sample t-test indicated significant difference between the two groups when it came to race ($\chi^2= 19.62$), a diagnosis of a Cluster B disorder ($\chi^2= 6.30$), while the t-test indicated a significant difference in age ($t=2.19$) and sentence ($t=0.46$). Thus, when looking at who is committing institutional misconduct infractions behind bars, among the cohort it seems there are not drastic social demographic differences that influence violent institutional misconduct. Nor were there significant differences in their past victimization history. Both samples had high incidence of diagnoses for personality disorders. There were not great disparities that existed in most of the criminological variables between the two groups. Thus, for the most part there is variation among the sample across both groups, those with violent and nonviolent institutional misconduct violations. To further demonstrate the differences that exist even within the violent subsample two vignettes were created specifically for this study (not by Warren) for the two participants with the most counts of violent institutional misconduct. Pseudonyms were created for these two ids with 4 counts of violent misconduct. Again, the point is to illustrate differences that exist within the group of those who had committed violent institutional misconduct infractions.

Kara is a 26 year old woman who has served 20 months of 13 year sentence for a violent crime in the Fluvanna Correctional Center for Women. She is non-white, has never been married, has no kids, and completed 10th grade. Kara had not previously been

incarcerated. At the time of data collection, she was given a security risk classification of 3, which is the high risk category. This could be in part because of her conviction for a violent crime. Kara also meets the criteria for a Cluster A, B, and C personality disorder, which may influence her security risk classification category as well. Prior to prison she was a victim of both sexual assault (other than rape) and physical assault. Not only has Kara accrued 4 violent institutional misconduct violations, she also has 5 infractions for 100 level institutional misconduct and 20 counts of 200 nonviolent institutional misconduct.

Conversely, Sherry is a 43 year old, non-white, married woman with kids who had completed 11th grade. She was serving time for a nonviolent crime and was sentenced to serve 26 months. At the time of data collection, she had served 17 months of her sentence and had managed to acquire 4 counts of violent institutional misconduct infractions. She also had accrued 1 infraction for 100 level institutional misconduct violations and 4 additional counts of 200 level institutional misconduct citations. Sherry was not diagnosed with a personality disorder. She also did not report any past victimizations, either physical or sexual. At the time of data collection she was given a security risk classification of 1, the low risk category. Ultimately, Kara and Sherry indicate that those offenders in the violent subsample are not a homogenous group and their institutional misconduct may be related to a variety of factors.

Both Sherry's and Karen's vignettes illustrate that the offenders who have been cited with institutional misconduct infractions are not a homogenous group. There are notable differences when it comes to demographics and background characteristics among the violent misconduct sample as there are between the nonviolent sample. This comparison also

provides support for the importation model of misconduct, indicating that individual characteristics, not group characteristics are related to violent misconduct infractions.

CHAPTER FIVE: DISCUSSION

For years, corrections scholars have tried to shed light on the structural and interpersonal factors that influence institutional misconduct behind prison walls. Donald Clemmer (1940:299) described prisonization as “the taking on, in greater or lesser degree, of the folkways, mores, customs, and general culture of the penitentiary.” In essence, Clemmer described an indoctrination to the criminal subculture through confinement in society's prisons. Expanding on Clemmer's work, Gresham Sykes' (1958) deprivation model outlined specific conditions of the total institution of a prison that directly contribute to coping through the criminal lifestyle. Deprivation scholars, such as Sykes, argue that the coercive prison environment fosters the creation of a prison subculture where rule breaking behavior is a coping mechanism.

In the 1950's and 1960's a conceptual shift came to fruition among corrections scholars. This shift may be best illustrated with Clarence Schrag's (1954:38) quote " failure to investigate more thoroughly the dynamics of interaction among prison inmates may be a serious theoretical and methodological omission in criminological research." A greater emphasis was placed on individual level characteristics that are associated with antisocial behavior. Irwin and Cressey (1962) developed the importation model out of the belief that inmates import their pre-prison attitudes and behaviors to prison and that these individual traits and behaviors shape institutional misconduct over the duration of confinement.

While each individual criminologist's support for the conceptual framework of prisonization may tilt towards deprivation or importation, the career criminals orientation tends to draw heavily on the model of importation. As Terrie Moffitt (1993:674) describes in

her work on developmental taxonomy, there are a "small group of offenders who engage in antisocial behavior of one sort or another at every life stage" which she attributes largely in part to "a pathological personality." Significant empirical support exists for the importation model, yet as mentioned in Chapter 2, very few studies have been conducted to explore institutional misconduct among female-only samples. In an attempt to add to the gap in existing literature on incarcerated female offenders and assess the importation model of prisonization this study was conducted. Drawing on existing empirical literature, this study utilized the dataset, *Women Coping in Prison at the Fluvanna Correctional Center for Women in Virginia, 1999-2000* to test the role of social demographics, past victimizations, mental health diagnoses, and criminological variables on institutional misconduct. Both Poisson Regression and Negative Binomial Regression were utilized to examine six different hypotheses.

Implication for Social Demographics

National data on incarceration of female offenders indicates that inmates are not a homogenous group, rather variation exists when it comes to age, race, marital status, motherhood, and education level. These social demographics are part of these women's unique identities as they enter the prison system. Empirical research suggest that such social demographics matter when it comes to behavior behind bars. Family roles have been documented as important when it comes to behavior for incarcerated women. Previous literature suggests that it is often assumed that with close family ties will be better behaved while serving out their correctional sentence in fear of losing ties (i.e. visitation rights) to their family members (Bosworth, 2010). For this reason, marital status and whether or not the offender was a mother was included in the model for this study. Neither warranted a positive

effect on institutional misconduct at any level. It is possible that the pseudo-families that women often form in prison are viewed as a temporary substitutes for family members who are unable to make the visit (Bosworth, 2010).

Other demographic characteristics have received countless empirical support when it comes to institutional misconduct. As mentioned in Chapter 2, age is a variable that frequently appears as a significant predictor of institutional misconduct (Casey-Acevedo & Bakken, 2001). Based on prior literature, young age was hypothesized to be a predictor of misconduct. There was some support for the hypotheses as age was predictive at only one level of institutional misconduct, the 200 level. This is consistent with the literature that suggests that younger inmates engage in more misconduct (Craddock, 1996; DeLisi, 2003; Ireland, 2000). One can speculate that just like citizens in conventional society, age potentially coupled with health problems may slow an inmate's activity level down.

Prior literature, particularly among samples of male offenders, suggests that racial and ethnic minorities commit more institutional misconduct infractions in prison than white inmates. Additionally, existing literature recognizes the overrepresentation of ethnic and racial minority groups in America's prisons (Craddock, 1996; Griffin & Pratt, 2001). Race was a significant predictor of violent institutional misconduct. Both the Poisson Regression model and the test of mean difference indicated that racial minorities were more likely to engage in violent misconduct. This is consistent with the existing literature. The final social demographic that was relevant in this study was education. Education was an imperfect measure of social class in this study. Among this cohort the average grade completed was 11th. Thus many participants had not finished high school, which one can infer that many participants were in the working or lower socioeconomic classes prior to incarceration.

Furthermore, empirical studies have indicated that the more schooling an individual obtains reduces the probability that they will be incarcerated (Lochner & Moretti, 2002). In this study, education was a significant predictor of violent institutional misconduct. As indicated in Model 3, education was predictive of violent infractions as the less education one had acquired, the more likely they were to obtain violent misconduct infractions. As sociologists know, school is an important social institution for socializing and teaching social norms. One can speculate the less time individuals have in school, the increased difficulty they may have socializing with others.

Implication for Past Victimization

A common assumption in the existing literature on female offenders is that women who are violent often have been the victims of violence themselves. Empirical support exists for such a notion. Young and Reviere (2006) explain that women who are incarcerated often come from families that are unstable or in some cases violent. In the case of this cohort of women, prior experience with abuse was relatively common as nearly 40% of the sample reported being raped at some point in their lives prior to entering prison. Approximately 40% indicated being a victim of physical assault prior to entering prison and 38% reported experiencing a sexual assault (other than rape) prior to incarceration. These statistics mirror the findings from the Bureau of Justice Statistics (1999) which reported 39% of state inmates indicating they had experienced sexual victimization and 32.3% indicated they had experienced physical abuse. As mentioned in Chapter 2, evidence exists indicating that many women who are incarcerated for a violent crime are incarcerating for murdering their abusers (Campbell, 2007). Based on such literature, it was hypothesized that serving a sentence for a

violent crime would not be a significant predictor of violent misconduct. There was support for this hypothesis, not only when looking at violent infractions, but across all levels of institutional misconduct. When looking at Models 1, 2, and 3 it is clear that those offenders who were initially incarcerated for nonviolent offenses, were acquiring a greater number of the infractions for institutional misconduct across all three levels.

As a measure of importation, past victimization was hypothesized to be a precursor to institutional misconduct based on empirical findings from the cycle of violence hypothesis outlined by Cathy Spatz Widom (1989). For this reason, this study hypothesized that any past history of physical or sexual victimization would yield a strong association with institutional misconduct at the or violent levels. As indicated by the Poisson and Negative Binomial Regression models, past victimization was not an indicator for institutional specific rule breaking behavior (100 level). Nor was past victimization predictive of violent misconduct. As indicated in Model 2 and Table 4-2, past victimization of rape was significant in the model. However, individuals who had experienced a past victimization of rape were less likely to accrue institutional misconduct infractions at the 200 level of serious but nonviolent institutional misconduct. It is possible to speculate that individuals who have experienced a traumatic victimization, such as rape would be less inclined to engage in confrontation with others. The findings from Models 1, 2, and 3 did not support the hypothesis on the cycle of violence. It seems that past victimization was not a significant predictor of institutional misconduct among this cohort of female offenders.

Implication for Mental Health

As evident through the literature, women enter prison with a multitude of health issues. Mental health problems are persistent among the men and women we incarcerate in

the United States. High rates of mental illness have been documented by the Bureau of Justice Statistics, yet expenditures for mental health needs are minimal in our correctional institutions (Substance Abuse and Mental Health Administration, 2005). Based on the extensive body of literature on how personality disorders manifest behaviorally, empirical studies of personality disorders on criminality, and studies of personality disorders among offenders, this study outlined two hypotheses for the effects of personality disorders on institutional misconduct.

First, this study tested the hypothesis that a diagnosis of Cluster B personality disorders would be associated with a greater association of violent forms of institutional misconduct. As Models 4, 5, and 6 indicate there is an association between personality disorders and institutional misconduct. There is some support for the hypothesis as at least one Cluster B personality disorder was significant at every level of institutional misconduct. Individuals who had been diagnosed with narcissistic personality disorder were engaging in more misconduct across all three levels than those without the diagnosis. An examination of the criteria for narcissistic disorder (Model 7) revealed that these individuals tended to be envious of others, arrogant, interpersonally exploitative, and lacking empathy for others. All of these personality characteristics are intuitive of someone who would break the rules and behave violently towards others.

Antisocial personality disorder was also predictive of violent misconduct and non-violent, level 200 misconduct. Further analysis indicated that some of these women had histories of engaging in antisocial behavior since adolescence (Model 8). So while Models 4 through 6 indicated some support for the hypothesis the effects were weakened in the full models (1 through 3). It is possible that the effects of a diagnosis of any personality disorder

were weakened by the criminological variables that were consistently appearing as significant. Risk classification, which is a measure of the security risk offenders pose when in prison, which was a significant predictor of all three levels of institutional misconduct takes mental health into consideration when categorizing offenders. This may also speak to the reason that hypothesis 6, which stated "a diagnosis of one or more personality disorders will have the strongest predictive effect on institutional misconduct across all three levels than any other criminality, victimization, or social demographic variable" was not supported. Additionally, there was no indication from the data if participants with a mental illness were being treated with drugs. One would suspect that correctional staff would try and meet the needs of the inmates whether that be through group or individual therapy or drug therapy. However, as prior literature indicates funding and women's health needs often go untreated within the correctional system (Belknap, 2007). While more research on mental health among female offenders is needed, one of the greatest contributions this study makes to the void on female offenders is through the discussion of mental illness and how it may influence interpersonal relationships and behavior behind prison walls.

Implication for Criminological Variables

As mentioned in Chapter 2, Irwin and Cressey (1962) did not establish set criteria for measuring importation among offenders. Existing career criminals research indicates that measures of criminality, such as prior confinement, arrest history, risk classification, the length of one's sentence, and amount of time served may relate to behavior behind bars (Cunningham & Sorenson, 2007; Moffitt, 1993; Sampson & Laub, 1993; DeLisi, 2001). Knowledge from existing literature led to the formation of the hypothesis that inmates who

have a prior history of incarceration would engage in more violent misconduct than inmates who are incarcerated for the first time. Surprisingly, this hypothesis was not supported as prior incarceration was not predictive of institutional misconduct at any level of infractions. What was continuously predictive of criminality behind bars was sentence, time served, risk classification, and the offense resulting in incarceration. When it came to violent infractions, those who were incarcerated for a nonviolent crime, were given a shorter sentence, had served more months on their sentence in Fluvanna, and were assigned a higher risk classification were more violent. All of which seem to weaken the effects of importation on prisonization. Yet, it should be noted that risk classification and the category of surveillance of which an offender is assigned is often based on importation measures such as mental illness and prior history of violence.

Limitations of the Study

While secondary data analysis is an efficient methodological approach to investigating social science research, there are some potential limitations. The first limitation is inherent to secondary data, by not collecting the data, one may be limited in whether or not the data can address specific research questions. In this case, the data from the *Women Coping in Prison at the Fluvanna Correctional Center for Women in Virginia, 1999-2000* dataset did not provide information on whether or not the offenders were being treated for a diagnosis of a personality disorder, whether that treatment was pharmacological, behavioral or group therapy. All of these possible treatments have the potential of mediating rule breaking and violent behavior. Indicators of treatment would have been preferred to include in the study. Again, a limitation associated with using secondary data was the range of

mental health criteria collected. Other mental illnesses such as depression have been noted to be common among female inmates (Bosworth, 2010). A limitation specific to the data was that only personality disorders were available measures of mental health issues. No other forms of mental health diagnoses were present.

A second limitation when studying institutional misconduct is the discretionary nature of the infractions. Contemporary research indicates that staff have a great deal of discretion in issuing infractions for institutional misconduct. That is to say that infractions may not always be based on behavior but correctional staff bias and ascribed characteristics such as race (Hemmens & Marquart, 2000). Additionally, when it comes to prison violence empirical research suggests that events often go unreported in prison (Byrne & Hummer, 2007). Thus it is possible that the data and therefore this study may be limited in ability to explain the complete picture of institutional misconduct at the Fluvanna Correctional Center. While this limitation cannot be overcome once the data has already been collected, it is important to acknowledge. To overcome such discrepancies with future research, scholars may want to include a qualitative research component that tries to ascertain if correctional records are matching the victimization or offending self-reports among offenders.

Finally, the data was limited to a very specific moment in time that centered around the data collection. Prisons inmates classification is based on data collected at intake. Inmates are reclassified based on their behavior, both positive and negative. Thus if an offender is classified at intake as a "2" and thus a moderate risk, if they get into a physical altercation with another inmate, that infraction may be construed by staff as violent, and the inmate could be reclassified with a security risk classification of "3" or high risk for misconduct. Thus, inmates move up and down the risk classification scale and therefore move around in

housing and supervision within the prison system. Therefore, the data does not account for the variation that these women in the sample may experience over the duration of their time served. This is a limitation for generalizing the results to a wider population of female offenders. One way to address this in future research is to consider conducting a longitudinal sample of offenders who are incarcerated and include all of their movement up and down the risk classification scale through official prison records.

Implications for Future Research

While this study did not garnish strong support for the importation model of prisonization, many of the findings warrant further exploration. Given the literature presented in this study, the regression analyses on personality disorders, and the comparison of the violent subsample and nonviolent offenders, more research is needed on exploring mental health issues among incarcerated women. As previously mentioned, this study was limited in exploring potential treatment women with a mental illness were undergoing. Future research should take into consideration the role of treatment on mediating and preventing institutional misconduct.

Based on the findings of Model 7 and 8, it seems more attention can be paid to the SCID-II criteria and facets of a personality disorder and how that manifests behaviorally among women. More research is needed on understanding how these disorders manifest in women in comparison to men. Again, from a treatment perspective it is worth studying if various treatment approaches in prison are effective at improving interpersonal relationships among offenders.

Given that many of the women who were engaging in violent misconduct were

convicted for nonviolent crimes and serving shorter sentences, the researcher suggests replicating data collection (with the additional information of treatment variables) and trying to trace the recidivism rates of offenders serving shorter sentences upon release. Since they did not seem to be particularly violent prior to entering prison but then had accrued infractions for violent behavior a longitudinal study would be interesting to explore any potential future criminality.

Finally, criminological measures of this study were frequently significant. Such measures are intuitive with the deprivation model of prisonization. However, the personality disorder models were significant for mental health's role on institutional misconduct and the subsample comparison indicated a greater prevalence of Cluster B diagnosis among the violent subsample. Taken as a whole, these results do not disprove the importation model of prisonization. Rather, an alternative explanation is that both the deprivation and importation model offer suggestions for understanding female offenders continued criminal behavior through institutional misconduct during confinement. It seems future research needs to try and integrate both individual effects and prison environment effects through multilevel analysis.

Conclusion

By and large, the purpose of this study was to examine if measures that female offenders import with them while confined behind prison walls were associated with their institutional misconduct. This was done through an exploration of institutional misconduct across three levels of severity and a look at victimization, mental health, social demographics, and criminality measures. This study lends some support for the importation

model of prisonization. Additionally, it helps to fill a gap in the corrections literature by focusing on the continued criminal behavior of female offenders while incarcerated. Perhaps, and possibly most importantly it reveals the need for more research on mental health among samples of incarcerated females. The researcher believes that a stronger understanding of mental health issues among female offenders can serve to explain interpersonal behaviors of incarcerated women. Advancing our understanding of behavioral patterns in prison can serve as an impetus for addressing the many needs of female offenders while behind bars.

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