

Victimization Prior to Jail: The Effect of Physical and/or Sexual Victimization on Mental Health and Substance Use Disorder in a Population of Jailed Inmates

Research Brief

Introduction

Victimization is interrelated with other maladies, such as mental illness or substance use disorder. While research has addressed the negative outcomes of victimization for people under community supervision and adults in the prison system, less is known regarding the effect of victimization on these outcomes for adults in jails. Further study of jails is needed as these facilities house pretrial detainees and are the starting point for people sentenced to prison. Research is further limited with respect to the effect of the type of abuse, perpetrator type, and timing of abuse. Further, much of the research examining the interconnectedness of abuse, mental illness, and substance use disorder has focused on justice-involved women, rather than men. It is critical to address these factors amongst both men and women because failure to identify them can result in diminished efficacy of programming, and subsequently, reentry.

Summary

The relationship between abuse and offending is likely indirect, by way of mental illness and/or substance use disorder. However, the effects of abuse experiences prior to incarceration, as well as the impact of abuse perpetrator type and abuse timing on mental health and substance use outcomes, are underexplored in jail populations. The current analysis addresses this gap.

In 2017, an assessment with 79 questions was administered to 4,713 individuals admitted to a large, Midwestern jail. The majority of the population (72.3%) reported no history of abuse, but 17.5% indicated a history of physical abuse, 3.2% a history of sexual abuse, and 10.0% a history of polyvictimization. Further, 43.6% of jailed individuals had a high level of an internalizing disorder while 19.4% had a high level of an externalizing disorder. Lastly, 28.5% of the population had a substance use disorder.

We found that a history of physical and/or sexual abuse was significantly associated with mental health outcomes across men and women in jail. However, a history of abuse was largely unassociated with substance use disorder as an outcome, which is counter to past research in justice-involved youth and people incarcerated in prisons. Instead, our findings suggest that, rather than being an intervening variable between abuse histories and criminal behavior, substance use disorder may not act as an indirect pathway between abuse and offending but may still affect criminal behavior by way of mental illness or vice versa. To view the full report with all citations, statistics, and appendices, please click [HERE](#).

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This project examined the association between physical and/or sexual abuse, internalizing and externalizing disorders, and substance use disorder among a jail population of men and women from February 21st, 2017, to September 12th, 2017, in one state. After surveying the differential effect of abuse types among jailed men and women’s internalizing disorders, externalizing disorders, and substance use disorders, we examined the specific effects of abuse perpetrator type and abuse timing amongst the total sample.

Results

Monovictimization and Polyvictimization

Overall, much of the population did not report a history of physical and/or sexual abuse prior to their intake to jail. Figure 1 shows that women were more likely to report monovictimization – physical abuse only (17.9% of women and 17.1% of men) and sexual abuse only (4.0% of women and 2.9% of men). In contrast, a higher percentage of men (10.1%) indicated polyvictimization compared to women (9.3%). However, there were not statistically significant differences between men and women in their history of abuse, whether it was monovictimization or polyvictimization.

Figure 1. Abuse Type by Sex

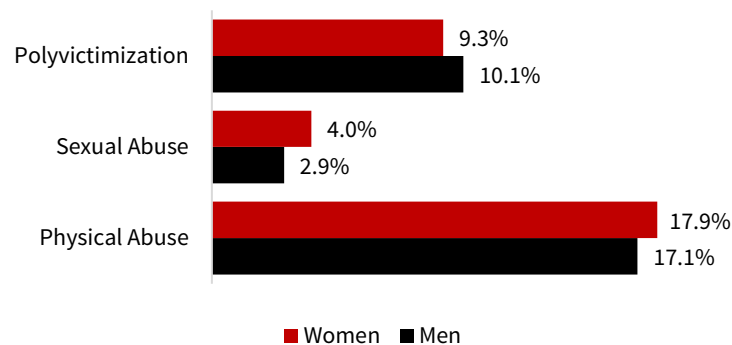
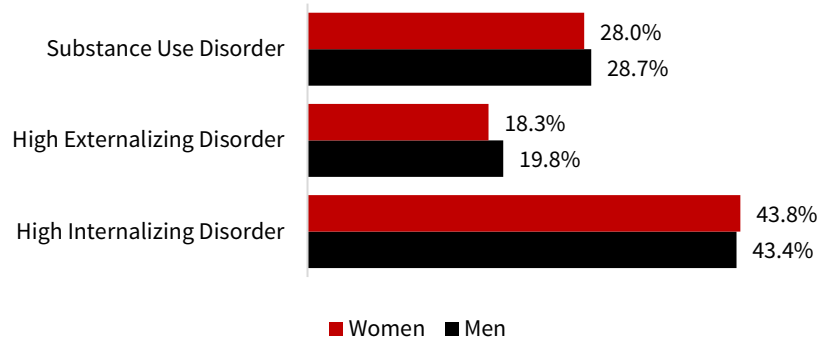


Figure 2 displays the outcome measures by sex. While women (43.8%) reported a higher frequency of internalizing disorders than men (43.4%), men indicated a greater level of both externalizing (19.8%) and substance use disorders (28.7%) than women (18.3% and 28.0%, respectively). Importantly, there were not significant differences between men and women in their prevalence of internalizing, externalizing, or substance use disorders.

Figure 2. Internalizing, Externalizing, and Substance Use Disorders by Sex



The following figures show the breakdown of abuse type by outcome for men and women.¹ Figure 3 demonstrates that men who were physically abused reported higher levels of all outcome measures – 60.5% an internalizing disorder, 29.4% an externalizing disorder, and 37.8% substance use disorder – compared to women (59.5%, 28.6%, and 36.2%, respectively). A history of physical abuse predicted higher odds of internalizing disorders for men and women ($p < .001$), but this effect did not differ significantly between the two groups. A history of physical abuse significantly predicted higher odds of externalizing disorders for men ($p < .001$) and women ($p < .01$), but this effect was not significantly different between the two groups. A history of physical abuse was not significantly associated with substance use disorder for either men or women.

Figure 3. Rate of Internalizing, Externalizing, and Substance Use Disorders by Persons Physically Abused

¹ Note, frequencies may not sum to 100% because a person could experience more than one of the outcome measures (e.g., internalizing and externalizing disorders).

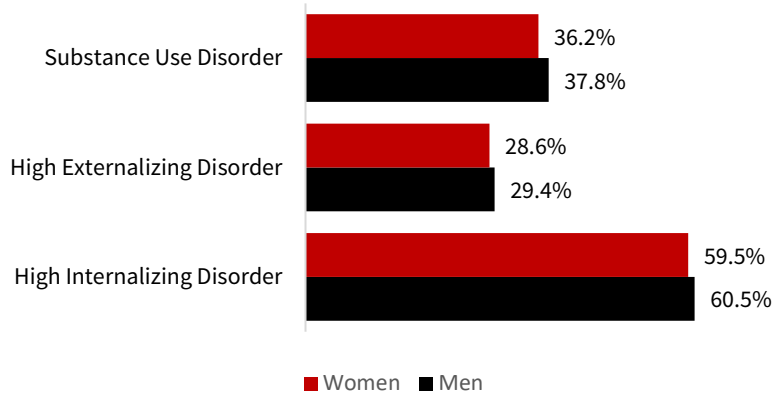


Figure 4 displays differences between men and women with a history of sexual abuse and prevalence of their outcomes. In contrast to a history of physical abuse, women who reported a history of sexual abuse indicated a higher prevalence of all three outcomes – 71.4% an internalizing disorder, 31.4% an externalizing disorder, and 42.9% substance use disorder – compared to men (54.4%, 14.7%, and 33.8%, respectively). Regarding internalizing disorders as an outcome where controls were included (see Table B2), a history of sexual abuse resulted in significantly greater odds for men ($p < .05$) and women ($p < .001$). The difference in these effects across sex was statistically significant ($p < .001$). A history of sexual abuse also predicted a significantly greater likelihood of externalizing disorders for women ($p < .05$) but was not significantly associated to externalizing disorders for men. As with a history of physical abuse, a history of sexual abuse was not significantly related to substance use disorder as an outcome.

Figure 4. Rate of Internalizing, Externalizing, and Substance Use Disorders by Persons Sexually Abused

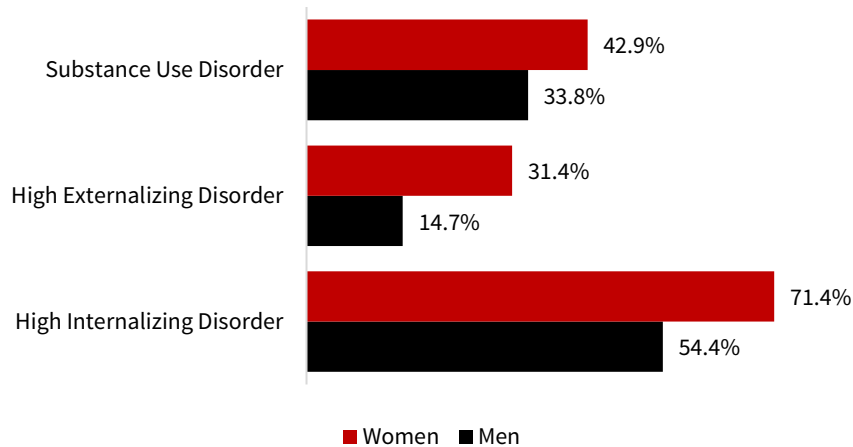
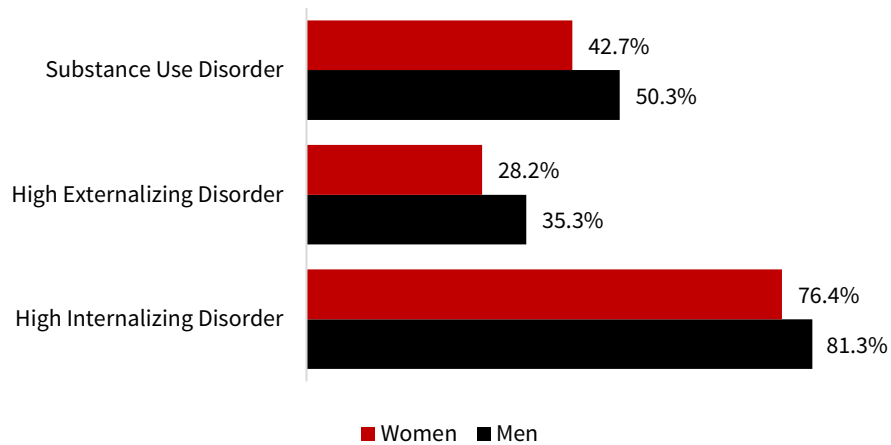


Figure 5 shows prevalence rates of the outcomes for people who experienced polyvictimization. Men reported a greater frequency of all three measures – 81.3% an internalizing disorder, 35.3% an externalizing disorder, and 50.3% a substance use disorder – compared to women (76.4%, 28.2%, and 42.7%, respectively). Polyvictimization was predictive of internalizing disorders for both groups ($p < .001$), but this effect did not vary significantly across sex. A history of polyvictimization was significantly related to greater odds of externalizing disorders for men only ($p < .001$). Yet, this effect did not produce a significant difference between men and women. Polyvictimization also led to greater odds of substance use disorder for only men ($p < .05$), but this effect did not differ significantly between men and women.

Figure 5. Rate of Internalizing, Externalizing, and Substance Use Disorders by Persons Who Experienced Polyvictimization



Perpetrator Type

Figure 6 provides the frequency of perpetrator type by abuse type. For all abuse types, victimization by a non-stranger was much more common (90.3% for physical abuse, 84.9% for sexual abuse, and 89.6% for polyvictimization) compared to victimization by a stranger (9.7%, 15.1%, and 10.4%, respectively).

Figure 6. Frequency of Perpetrator Type by Abuse Type

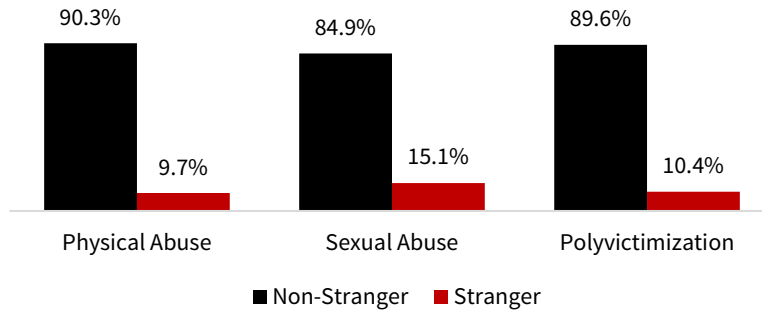


Figure 7 shows the prevalence of stranger or non-stranger victimization for people who indicated a history of physical abuse and the breakdown by outcome type. People physically abused by a non-stranger were more likely to have an internalizing disorder (60.9%) compared to those physically abused by a stranger (54.5%). However, people physically abused by a stranger were more likely to indicate an externalizing disorder (31.8%) than those victimized by a non-stranger (28.8%). Similarly, substance use disorder was more likely for people physically abused by a stranger (42.4%) than it was for those physically abused by a non-stranger (36.4%). Physical abuse by a non-stranger resulted in greater odds of internalizing disorders ($p < .001$) and externalizing disorders ($p < .001$). Additionally, physical abuse by a stranger resulted in heightened odds of a substance use disorder ($p < .05$).

Figure 7. Frequency of Perpetrator Type for Physical Abuse by Internalizing, Externalizing, or Substance Use Disorder

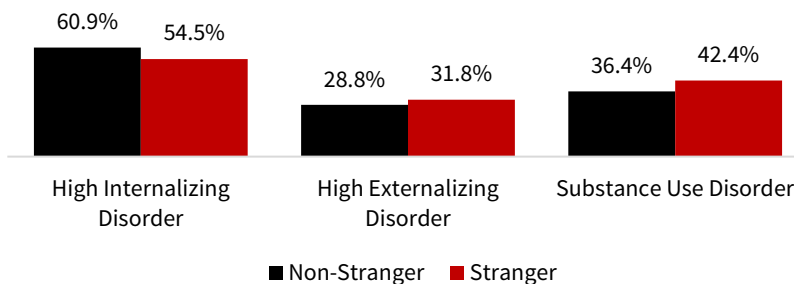
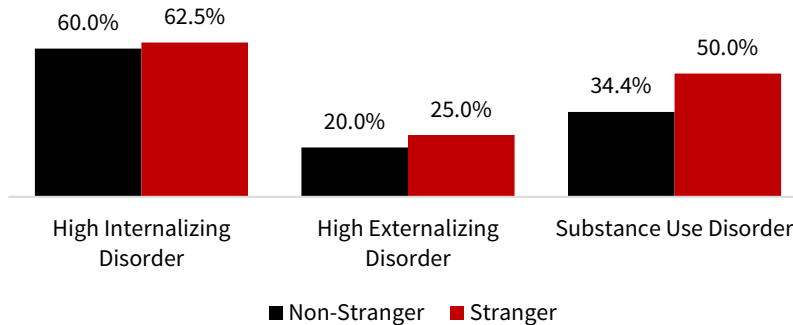


Figure 8 provides frequencies regarding the prevalence of internalizing, externalizing, and substance use disorders for people sexually abused by a stranger or non-stranger. Sexual abuse by a stranger resulted in higher rates of internalizing (62.5%), externalizing (20.0%), and substance use disorder (50.0%) compared to a history of sexual abuse by a non-stranger

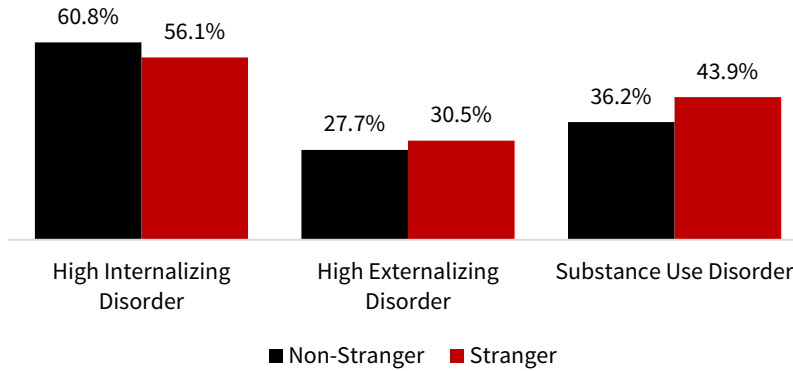
Figure 8. Frequency of Perpetrator Type for Sexual Abuse by Internalizing, Externalizing, or Substance Use Disorder



(60.0%, 20.0%, and 34.4%, respectively). When controls were included, sexual abuse by a non-stranger led to greater odds of internalizing disorders ($p < .001$). However, sexual abuse by a non-stranger was not significantly associated with externalizing or substance use disorders. Similarly, sexual abuse by a stranger was not significantly related to any of the outcomes.

Figure 9 shows the rate of perpetrator type by the outcomes for people who experienced polyvictimization. Victimization by a non-stranger resulted in a greater likelihood of an internalizing disorder (60.8%) compared to victimization by a stranger (56.1%). In contrast, polyvictimization by a stranger (30.5%) yielded a higher rate of externalizing disorders compared to victimization by a non-stranger (27.7%). Similarly, victimization by a stranger (43.9%) led to a greater frequency of substance use disorder compared to victimization by a non-stranger (36.2%). For the total sample, polyvictimization by a non-stranger resulted in greater odds of internalizing and externalizing disorders ($p < .001$). However, there was not a significant relationship with substance use disorder as the outcome. Moreover, polyvictimization perpetrated by a stranger was not significantly associated with any of the outcomes.

Figure 9. Frequency of Perpetrator Type for Polyvictimization by Internalizing, Externalizing, or Substance Use Disorder



Timing of Abuse

Figure 10 displays frequencies of victimization type by timing of abuse. People who reported any abuse type were more likely to be victimized before age 18 (47.1% physical abuse, 69.8% sexual abuse, and 50.1% polyvictimization). Abuse after age 18 was the next most common (33.5%, 17.9%, and 31.4%, respectively), followed by victimization before and after age 18 (19.4%, 12.3%, and 18.4%, respectively).

Figure 10. Frequencies of Abuse Type by Timing of Abuse

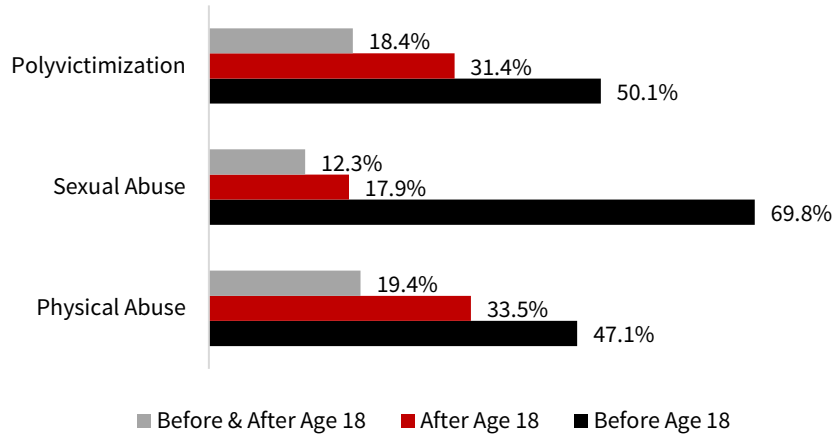


Figure 11 breaks down abuse timing by the outcomes for people who were physically abused. Physical abuse before and after age 18 resulted in the greatest rate of internalizing disorders (73.5%) compared to abuse before age 18 (61.9%) or abuse after age 18 (50.4%). Similarly, physical abuse before and after age 18 (38.6%) led to the highest prevalence of externalizing disorders compared to abuse before age 18 (33.1%) or after age 18 (18.0%). Finally, abuse before and after age 18 (41.7%) resulted in the greatest rate of substance use disorder, followed by abuse before age 18 (38.4%), and then after age 18 (32.5%). Physical abuse experienced prior to age 18 resulted in significantly greater odds of internalizing and externalizing disorders ($p < .001$). However, physical abuse after age 18 resulted in greater odds of internalizing disorders only ($p < .05$). Physical abuse before and after age 18 was significantly associated with greater odds of internalizing and externalizing disorders ($p < .001$).

Figure 11. Frequency of Abuse Timing for Physical Abuse by Internalizing, Externalizing, or Substance Use Disorder

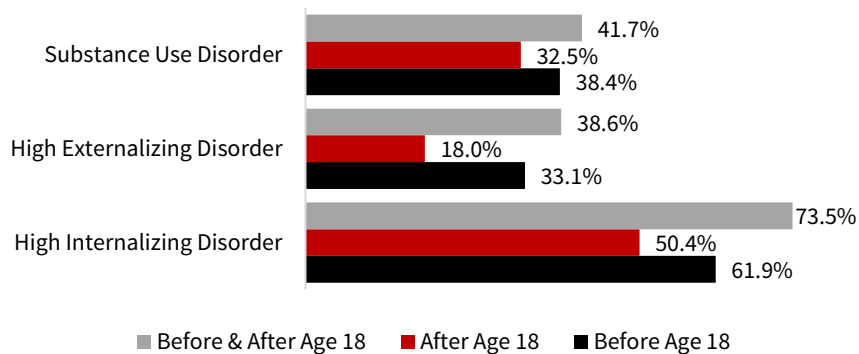


Figure 12 provides frequencies for abuse timing by outcome type for people with a history of sexual abuse. Sexual abuse before and after age 18 (69.2%) was most frequent for internalizing

disorders, followed by abuse experienced after age 18 (68.4%), and then abuse before age 18 (56.8%). For externalizing disorders, sexual abuse before and after age 18 (38.5%) was most prevalent, then abuse before age 18 (18.9%), and lastly, abuse after age 18 (15.8%). Sexual abuse before and after age 18 (61.5%) resulted in the highest rate of substance use disorder compared to abuse before age 18 (35.1%) or abuse after age 18 (26.3%). Sexual abuse before the age of 18 led to significantly increased odds of internalizing disorders only ($p < .05$). Sexual abuse after age 18 resulted in greater odds of internalizing disorders ($p < .05$) but was unrelated to externalizing disorders. Lastly, sexual abuse before and after age 18 was not significantly related to any of the outcomes.

Figure 12. Frequency of Abuse Timing for Sexual Abuse by Internalizing, Externalizing, or Substance Use Disorder

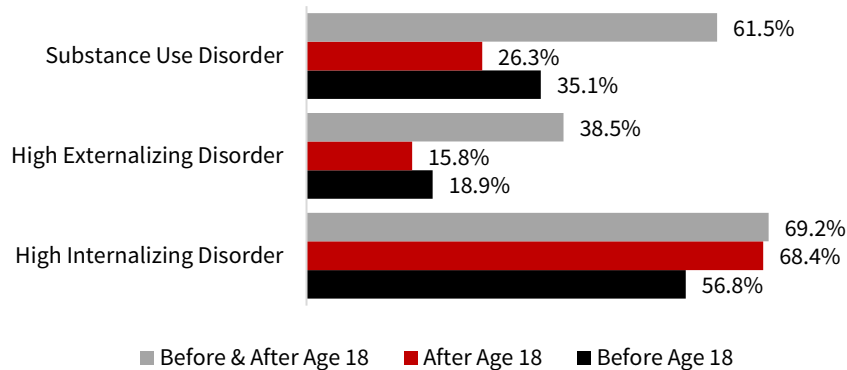
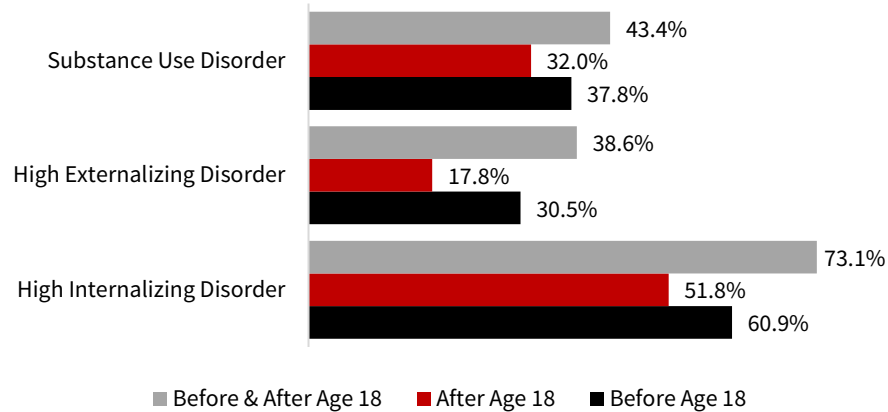


Figure 13 shows the rate of abuse timing for people who experienced polyvictimization for each outcome. People who were polyvictimized before and after age 18 had the highest rate of internalizing disorders (73.1%) compared to abuse before age 18 (60.9%) and abuse after age 18 (51.8%). For externalizing disorders, abuse before and after age 18 (38.6%) was again most prevalent, followed by abuse before age 18 (30.5%) and abuse after age 18 (17.8%). Polyvictimization before and after age 18 (43.4%) was also most common for substance use disorders compared to abuse before age 18 (37.8%) or after 18 (32.0%). Polyvictimization prior to age 18 was associated with greater odds of internalizing and externalizing disorders ($p < .001$). In contrast, polyvictimization after age 18, as well as polyvictimization before and after age 18, were only significantly related to greater odds of internalizing disorders ($p < .001$). None of the abuse measures were related to substance use disorder as an outcome with the exception of polyvictimization before and after age 18 ($p < .05$).

Figure 13. Frequency of Abuse Timing for Polyvictimization by Internalizing, Externalizing, or Substance Use Disorder



Notably, for all models (abuse type, perpetrator type, and timing), presence of a substance use disorder significantly predicted internalizing and externalizing disorders (as outcomes). Likewise, internalizing and externalizing disorders were significantly related to higher odds of substance use disorder (as an outcome). These results, although not the primary focus of this study, demonstrate the interconnectedness of these disorders.

Conclusion

Research demonstrates the damaging impact of abuse on behavioral and mental health among justice-involved youth and prison samples. Studies have also demonstrated the effect of abuse timing and perpetrator type in incarcerated persons. The current study adds to this literature through examination of jailed persons who have experienced monovictimization or polyvictimization in addition to an assessment of the effect of who victimized these *jailed* individuals and when abuse occurred. Results from this research have implications for jail practices and policies.

An analysis of monovictimization and polyvictimization on internalizing, externalizing, and substance use disorders showed that the effects of abuse on these outcomes were unique between male and female jailed persons. While abuse was related to higher odds of internalizing or externalizing disorders for men and women, a history of physical abuse had a similar impact for men and women, but a history of sexual abuse led to a greater effect on women’s mental health outcomes. However, polyvictimization displayed a greater impact for men across internalizing and externalizing disorders. Regarding abuse timing and perpetrator type, childhood abuse, abuse before and after age 18, and abuse perpetrated by a non-stranger showed the strongest effects on internalizing and externalizing disorders. Findings from all analyses generally showed that experiences of abuse were not significantly associated to

substance use disorder. But, internalizing and externalizing disorders were significantly related with substance use disorder and vice versa.

Attention to abuse experiences early on in the criminal justice process may lead to a more preventative approach to people exposed to violence. One result is greater collaboration with other systems. These findings suggest that abuse trauma and mental health experiences may be potential responsivity factors that, if addressed, could improve success following programming or reentry into the community. The results also show that consideration of perpetrator type and abuse timing matters when providing an intervention for jailed persons who were victims of abuse. Attempts to address all of these factors – experiences of abuse trauma, unique aspects of those experiences (abuse timing and who perpetrated the abuse), and mental illness – can facilitate development of evidence-based practices in addition to promoting public safety and reducing costs associated with jails.

