NEW MEXICO SENTENCING COMMISSION

A JOINT PROJECT OF THE NM INTERPERSONAL VIOLENCE DATA CENTRAL REPOSITORY & NMSC    JUNE 2013

# Prevalence of Adverse Childhood Experiences & Victimization among New Mexico's Female Inmate Population

*Implications for Correctional Programming*

## Study Highlights

- Nationally, the number of women in prison in the United States grew 14.1% from 2002 – 2011; in New Mexico the female inmate population grew by 18.7% during that time period
- The Adverse Childhood Experience (ACE) questionnaire was developed in San Diego and looked at the relationship between adverse childhood experiences and specific health outcomes.
- A retrospective cohort study of 8,613 adults showed that individuals who experienced five or more adverse childhood experiences were 7–10 times more likely to report illicit drug use and addiction.
- A 2008 study of 484 incarcerated women ages 18-56 found that 35% experienced victimization during childhood, 14% during adolescence and 22% during adulthood.
- Women in the current study reported high rates of lifetime victimization: 67% sexual assault, 89% physical assault, 62% stalking/harassment.
- Women who reported being victimized were unlikely to seek help. While some sought medical care (35% for a physical assault ; 17% for a sexual assault), or reported an incident to police (40% of those who experienced stalking but just 21% who experienced physical assault and 19% who experienced sexual assault), less than 25% of women received counseling for any type of assault.
- The NMWCF in Grants provides gender sensitive programming that takes into account these increased rates of victimization. However, it is unclear whether all women who need these services are identified and provided with the appropriate programming.

## Introduction

Nationally, the number of women in prison in the United States grew 14.1% from 2002 – 2011 (Carson et al 2012). For the same time period, the rate of growth was 18.7% in New Mexico (New Mexico Sentencing Commission 2012). With an increasing number of women entering the prison system, an understanding of the needs of female offenders is necessary.

Many studies have been conducted on the unique needs of female offenders. In particular, studies have explored the reality that women often resume parental responsibilities after their release, their high incidence of substance and alcohol abuse, and their high incidence of lifetime physical, emotional, and sexual abuse (Browne et al.,1999). There is also evidence that female offenders have higher exposure to adverse childhood experiences (Moloney et al.2009).

The New Mexico Sentencing Commission (NMSC) partnered with the New Mexico Interpersonal Violence Data Central Repository (NMIVDCR) to analyze victimization survey data that the Repository collected from women prisoners in New Mexico. This report looks at childhood exposure to household dysfunction and lifetime incidence of various types of physical and sexual abuse. In addition to establishing baseline incidence numbers for female offenders in New Mexico, the report compares this data to national incidence among non-offender and offender populations. The women were also asked questions regarding what they believed they needed to prevent them for offending initially and their apprehensions about release. Finally, the implications for corrections programming, pre and post release are considered.

## Literature Review

### Childhood Exposure to Abuse and Household Dysfunction

The Adverse Childhood Experiences (ACE) questionnaire was developed in San Diego and looked at the relationship between adverse childhood experiences and specific health outcomes. Three categories of ACE comprised of ten questions each were examined: abuse (psychological, physical, and sexual), neglect (physical and emotional) and household dysfunction (substance abuse, mental illness, mother/step mother treated violently, criminal behavior, parental separation or divorce). Although the ACE study participants were educated and middle class, adverse experiences were common. Nearly 69% of females and 66% of males in the study had at least one ACE (Anda 2008). It has been documented that as the number of ACE increases, the risk of a variety of health problems also increases (Anda 2008).

ACE have been shown to have a significant impact on the likelihood of developing substance abuse disorders and associated with reoccurring instances of sexual victimization. A retrospective cohort study of 8,613 adult females showed that individuals who experienced five or more adverse childhood events were 7–10 times more likely to report illicit drug use and addiction (Dube et al., 2003).

More recently, the relationship between ACE and adult alcohol and drug dependence has been explored in samples of offenders who were receiving drug treatment. The ACE Questionnaire was administered to a group of male offenders who were entering treatment. Compared to a normative sample, this group of offenders had four times as many adverse events in childhood (Reavis et al 2013).

Messina and Grella (2006) modeled their study of 500 incarcerated women participating in a Female Offender Treatment and Employment Program (FOTEP) after the ACE study. Using the Life Stressor Checklist-Revised (LSC-R), a screen for the presence of 30 life events that meet the definition of trauma according to the DSM-IV, they established the prevalence of emotional abuse and neglect, physical neglect, physical abuse, sexual abuse, family violence, and family member incarceration before age 16 among a population of female offenders. The prevalence of these experiences among ACE study participants, FOTEP, and the current study will be compared later in this report.

## Incidences of Sexual Victimization

Sexual victimization can occur at any stage of a persons' life. Sexual victimization can occur during childhood (prior to the age of 15), during adolescence (age 15 to 18), and in adulthood (older than the age of 18). Sexual victimization can also happen during all three; childhood, adolescence and adulthood.

Current research on childhood sexual abuse includes individuals that have experienced only a single incident of victimization as well as those with repeated experiences. Researchers have documented lifetime prevalence of sexual assault among incarcerated females. A 2008 study of 484 incarcerated women ages 18-56 found that 35% experienced victimization during childhood, 14% during adolescence and 22% during adulthood (Raj et al 2008).

There is a strong correlation between childhood victimization and self reported symptoms of psychosis among the female incarcerated population. For example, 159 women in two North Carolina prisons completed a battery of self-report measures to assess childhood victimization. The results indicated that women who experienced multiple types of victimization were 2.4 times more likely to report current symptoms of psychosis than those who experienced only physical or sexual victimization in childhood (Kennedy et al 2013).

In a 2008 study done by Blackburn et al surveyed 436 inmates; 68.4% reported lifetime sexual victimization, and 17.2% reported in prison sexual victimization of which 3% were completed rapes. Current and past sexual victimization has been shown to increase risky behaviors including substance use and abuse, unprotected promiscuity, and involvement in criminal activity (Marquart & Hartley 2003).

## Incarceration & Safety

Given the levels of victimization, prison is the safest place some women have ever lived. In 2005, Bradley and Davino interviewed 65 incarcerated women with mental and physical health problems. In order to assess the women's perception of safety, they used closed-ended quantitative and open-ended qualitative self-report questions. They found that women who reported two or more experiences of sexual victimization in their lifetime viewed prison as a safer environment than both their childhood and adult environments.

## Past Victimization

Other studies have attempted to assess the level of victimization among particular populations. A survey of 423 women was conducted in order to assess the amount of victimization women experience in their lifetimes. Using convenience and snowball sampling procedures, women were recruited from three urban communities, one rural community, and the only women's correctional facility (CF) in a midwestern state. Of the 423 women, 157 of them were in prison, 157 were living in the community and had received services for intimate partner violence or sexual assault in the last year, and 109 of them were living in the community and had not received services for intimate partner violence or sexual assault in the last 12 months. Of these women, 97% reported intimate partner violence, 67% reported being raped, 37% reported co-occurrence of victimization, while less than 3% reported no victimization (Postmus 2006).

## Reporting Victimization

Researchers have found that such victimization goes unreported for a plethora of reasons. Battered women often seek help from many informal and formal networks without necessarily disclosing their victimization (Macy et al 2005). The 2005 National Crime Victimization Survey (NCVS) by the Bureau of Justice Statistics (BJS) found only 38% of rape/sexual assault victims reported the crime to the police compared with 41% for all crimes and 47% for all violent crimes. Two-thirds to three-quarters of adult sexual assault survivors eventually disclose the assault (Ahrens, Campbell, Ternier-Thames, Wasco, & Sefl, 2007; Banyard et al., 2007; Fisher, Daigle, Cullen, & Turner, 2003; Ullman & Filipas, 2001), but less than half disclose within the first 3 days and up to one-third wait over a year before disclosing (McAuslan, 1998; Neville & Pugh, 1997; Ullman, 1996b; Ullman & Filipas, 2001a; Washington, 2001). Survivors' assault histories may also affect the likelihood and timing of disclosure. Survivors who have been assaulted in the past are less likely to disclose (Smith et al., 2000) and more likely to delay disclosure of a subsequent assault

(Ullman, 1996). Whether or not survivors define the event as rape may also affect disclosure. Anywhere from one-third to three-quarters of survivors whose assaults meet the legal definition of rape do not define the incident as such (Fisher et al., 2003). Survivors who define the event as rape are more likely to disclose than those who do not define the event as rape (Botta & Pingree, 1997; Koss et al., 1988; Layman, Gidycz, & Lynn, 1996).

Feelings of guilt, shame and embarrassment can inhibit a victim from reporting the encounter. Sometimes the victim just did not want their family or other peers to know (Barnes 1999). Tjaden & Thoennes (2006) found the victims reasons for not reporting the crime included a belief that they lacked evidence in proving the sexual assault ever happened, a dislike or distrust the police or justice system, fear of reprisal by the perpetrator, and not know how to report it.

### Post Release Concerns

Women in the correctional system are a population at risk and vulnerable to health problems such as communicable diseases, substance abuse disorders, and mental health issues (Davis & Pacchiana, 2004). Studies suggest that a history of incarceration may influence access to care. Specifically, women who had been incarcerated were less likely to have a regular source of care or to receive routine care than their peers who had not been incarcerated, even if health and insurance status were the same (Kulkarni, Baldwin, Lightstone, Gelberg, & Diamant, 2010). Furthermore, this vulnerable population of women subsists within a penal system designed primarily for men—one that does not adequately address their unique needs. This may lead to ineffective treatment, poor health care outcomes, and wasted resources (Bloom & Covington, 2008). Such disparities are often amplified for women of color (Freudenberg, 2002).

The needs of incarcerated men and women are notably different. Binswanger et al. (2010) studied nearly 7,000 U.S. jail inmates and found that women had a significantly higher prevalence of all medical and psychiatric conditions and drug dependence compared to men. Those differences remained even after adjusting for socio-demographic factors (Binswanger et al., 2010). When compared with male inmates, female offenders were also more likely to report higher levels of anxiety, depression, and posttraumatic stress disorder (PTSD), suggesting again that gender is an important factor to consider when examining the resources that are available for both men and women (Coolidge, Marle, Van Horn, & Segal, 2011).

Van Olphen et al. (2009) conducted a study with 17 women recently released from jail. The women reported challenges to transitioning to the community including stigma due to drug use, inability to find jobs and housing, access to treatment services, and difficulty reconciling with family and loved ones. The most prevalent concerns for women were earning income and locating safe housing; furthermore, for many women, family reunification and being a good role model for children was imperative (van Olphen et al., 2009). Other studies confirmed that housing was a challenge for newly released offenders. In fact, McLean et al. (2006) found that 25% of women (n = 148) released from jail did not know where they were going to live when they left jail.

## Methodology

The data analyzed in this report was designed and collected by NMIVDCR. The survey was conducted during the course of 10 visits to the NMWCF in Grants , NM between February and November 2010. All general population women were eligible to participate. Inmates that were not occupied in a work assignment were escorted to a designated room and asked to participate. The survey was self-administered and participants were told that their participation was voluntary and their answers were anonymous. An initial analysis of the survey was presented at the Advocacy in Action Conference in 2012.

The data was shared with the New Mexico Sentencing Commission (NMSC) for further analysis. The goal of the additional analysis was to focus on areas that may be of interest to the New Mexico Corrections Department (NMCD).

Specifically, we explored the prevalence of ACE in the NMWCF population compared to the original ACE study participants as well as other criminal justice populations. Additionally, we sought to establish lifetime prevalence of various types of victimization for the current sample. Offenders' apprehensions about release were explored, as well as the implications for corrections programming pre and post release.

To conduct the analysis, we performed some basic transformations of the data. The NM Survey of Women Inmates (NMSWI) includes eight adverse childhood experiences from the ACE study. These eight items were used to create an adverse childhood experience scale.

However, there were some differences between the original ACE study questions and the current study. In this survey, women were asked about the same eight

experiences, with the word(s) “often” or “very often” at the beginning of the statement and were asked to respond “yes” or “no.” In the original ACE study, participants were asked how frequently they experienced these eight events, and those who answered “often” or “very often” were scored as having had that adverse experience.

In addition to the comparable ACE items, the survey contained many open-ended questions that were coded into groups based on the theme of the response.

# Results

## Lifetime Victimization

Lifetime prevalence of various types of abuse is presented in Table 1. NMSWI women reported multiple types of abuse. Most reported experiencing physical abuse, with 89% of them being a victim at sometime in their life. Over two-thirds experienced an unwanted sexual experience at some point in their life. Sixty-two percent experienced stalking/harassment, and 51% experienced threats to loved ones.

Despite the high prevalence of victimization, NMSWI women were not likely to report, file charges, seek a restraining order, receive medical care or counseling after being victimized. The actions taken by women after being a victim of the various types of abuse are summarized in Table 2. Women were more likely to report stalking (40%) to the police, than to report physical assault (21%) or sexual assault (19%). Women were twice as likely to get medical care for a physical assault (35%) than a sexual assault (17%).

Women weren’t very likely to seek counseling for any type of abuse (13- 22%). Among those who did seek counseling, their level of satisfaction varied, with victims of stalking being the most satisfied (79%), and victims of physical assault being the least satisfied (43%).

Women were asked to explain why they did not seek help when they experienced abuse. The responses women provided varied somewhat depending on the type of abuse they experienced. However, the most common responses for failing to seek help were fear or shame. Women who did not seek help for physical abuse or stalking were more likely to report they did not need help than women who had been sexually assaulted but did not seek help. In addition, barriers such as concerns about legal ramifications to themselves (due to substance use or other illegal activity, and distinct from “fear” listed above) kept many women from reporting physical assault. Relatively few responses indicated that the woman felt that help was not necessary; this was particularly true for women who had experienced sexual assault.

## Prevalence of Adverse Childhood Experiences

In order to understand the extent of adverse childhood experiences of women in this study, we compared our data to the findings of the ACE and 2006 Messina and Grella study. As noted on page 1, the ACE questionnaire was developed in San Diego and looked at the relationship between adverse childhood experiences and specific health outcomes. The sample was drawn from HMO participants seeking medical care and was largely middle class. The Messina and Grella 2006 study included 500 incarcerated women participating in a Female Offender Treatment and Employment Program (FOTEP) in a California prison.

The questions differed somewhat across the studies. Those included in the FOTEP measured adverse experiences before age 16 while the NMSWI and the ACE studies looked at adverse experiences before age 18. Not all of the questions asked were available for all three studies. Five items are comparable across all three studies: emotional abuse and neglect, physical abuse, sexual abuse, family violence, and incarcerated family member.

The prevalence of adverse experiences reported in these three studies are illustrated in Table 3. Like women in the FOTEP study, NMSWI women reported significantly higher prevalence of the five comparable experiences as compared to women in the ACE study. Compared to the ACE study women, the largest differences were seen in the prevalence of an incarcerated family member during childhood followed by emotional abuse and neglect.

**Table 1. Lifetime Prevalence of Various Types of Abuse**

| | Sexual assault | Any physical assault | Stalking/ harassment | Threats to loved ones |
|---|---|---|---|---|
| Had the experience | 67% (N=140/210) | 89% (186/210) | 62% (131/210) | 51% (100/203) |
| How many times this happened: | N-134 | N=175 | N=79 | N=80 |
| Once | 51% | 6% | 10% | 25% |
| Twice | 19% | 6% | 10% | 20% |
| Three | 13% | 4% | 9% | 10% |
| Four or more | 16% | 83% | 71% | 45% |

| Table 2. Post Incident | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Sexual Assault | | Physical Assault | | Stalking | | Intimate Partner Violence | |
| Reported attack to police | 27 | 19% | 39 | 21% | 61 | 40% | | |
| Charges were filed | 19 | 14% | 45 | 24% | | | | |
| Restraining order was obtained | 14 | 10% | 46 | 25% | | | | |
| Receive medical care | 23 | 17% | 65 | 35% | | | | |
| Did you seek counseling? | 30 | 22% | 40 | 22% | 19 | 13% | 21 | 19% |
| Got the help you needed | 16 | 53% | 17 | 43% | 15 | 79% | 14 | 67% |
| Victim contracted STD | 29 | 21% | | | | | | |
| Victim got pregnant | 18 | 13% | | | | | | |

A greater percentage of NMSWI women reported having been abused as children compared to FOTEP study women. Over 50% of NMSWI women reported childhood emotional abuse and neglect compared to 34.3% of FOTEP women. Additionally, 48.1% of NMSWI women reported childhood physical abuse compared to 30.6% of FOTEP women. FOTEP women reported more household dysfunction, with a higher incidence of incarcerated family members and family violence. It is important to note that the differences in scale, age referenced (NMSWI used 18, while FOTEP used 16), and question wording may be contributing to the large difference in incidence between these two groups.

The household dysfunction variables that measure childhood exposure to substance abuse and mental illness were available for both the ACE and NMSWI studies, but not the FOTEP study. NMSWI women had 142% higher incidence of childhood exposure to substance abuse, and 92% higher exposure to mental illness compared to women in the ACE study.

Overall, women in the NMSWI and FOTEP studies both had significantly higher counts of adverse childhood experiences than those in the ACE study. Just over 31% OF ACE women had no experiences, while only 15.7% of FOTEP and 11.4% of NMSWI had no experiences. Although the differences are large, this is not an unexpected finding. This suggests differences in experiences of the 2 very different populations.

## NMSWI ACE Scores and Select Variables

Other studies have explored the relationship between ACE and a number of health conditions. The FOTEP study included a 53 question symptom checklist that was used to assess mental and physical health that was not included in the NMSWI. The study found as the number of adverse childhood experiences increased, the percentage of women who had engaged in prostitution, had eating problems, had a mental health condition including attempted suicide, had hepatitis, had an STD, were alcoholic, and had gynecological problems also increased (Messina and Grella 2006) .

Thus given this relationship, we examined the number of adverse childhood experiences and selected variables that have been used in other studies. Given the low number of NMSWI women with no adverse childhood experiences (24), we used the following groupings for the analysis: 0-1, 2-3, 4-5, and 6-8. Bivariate analysis was done using this grouping and Table 4 contains the results of the bivariate analysis. There were statistically significant differences observed on a number of variables. Women with two or more adverse childhood experiences were more likely to have never been married. Additionally, women with four or more adverse childhood experiences were more likely to report drinking alcohol at a younger age.

As the number of adverse childhood experiences increased, the percentage of women that reported ever

| Table 3. Prevalence of Adverse Childhood Experiences | | | |
|---|---|---|---|
| | ACE Women (9,367) | FOTEP Women (n=491) | NMSWI Women (n=210) |
| **Abuse** | | | |
| Emotional abuse and neglect | 13.1% (1,227) | 34.2% (167) | 54.3% (114) |
| Physical neglect | 9.2% (862) | 14.5% (71) | NA |
| Physical abuse | 27.0% (2,529) | 30.6% (150) | 48.1% (101) |
| Sexual abuse | 24.7% (2,314) | 45.1% (220) | 51.9% (109) |
| **Household Dysfunction** | | | |
| Family violence | 13.7% (1,283) | 47.6% (233) | 45.2% (95) |
| Substance abuse | 29.5% (2,763) | NA | 71.4% (150) |
| Mental illness | 23.3% (2,182) | NA | 44.8% (94) |
| Parental divorce/ separation | 24.5% (2,295) | 43.7% (215) | NA |
| Incarcerated family member | 5.2% (487) | 33.8% (167) | 27.1% (57) |
| Out of home placement | NA | 19.9% (98) | NA |
| **Number of adverse childhood experiences** | | | |
| 0 | 31.3% (1,445) | 15.7% (77) | 11.4% (24) |
| 1 | 24.2% (1,119) | 16.7% (82) | 10.4% (23) |
| 2 | 14.8% (700) | 21.8% (107) | 11.9% (25) |
| 3 | 10.4% (467) | 14.0% (69) | 14.8% (31) |
| 4 | 6.8% (327) | 10.6% (52) | 12.9% (27) |
| >=5 | 12.5% (606) | 21.2% (104) | 38.1% (80) |

being homeless, attempted suicide, physical disability and three or more lifetime sexual assaults also increased. This evidence suggests that women with more adverse childhood experiences also are at risk for other conditions that affect their health and quality of life.

Although there was no statistical difference in the mean age of first use of drugs, when individual adverse experiences were compared among women who reported ever using drugs, women who experienced verbal or physical abuse were more likely to report having ever used drugs (93% compared to 81% of women who had not experienced verbal or physical abuse). Additionally, women who experienced sexual abuse also reported a higher incidence of having ever used drugs (97% compared to 77% of women who did not experience sexual abuse) as were women who experienced domestic violence (95% compared to 82%), lived with household member with a mental illness as a child (95% compared to 82%), or had a household member go to prison (94% compared to 85%).

**Table 4. Select Variables by Number of Adverse Childhood Experiences * p<=0.05, **P<=0.01 ***p<= 0.001**

| | 0-1 (n=47) | 2-3 (n=56) | 4-5 (n=50) | 6-8 (n=57) | Total (n=210) |
|---|---|---|---|---|---|
| **Marital Status*** | | | | | |
| Never Married | 27.7% | 39.3% | 44.0% | 45.6% | 39.5% |
| Married/coupled | 38.3% | 19.6% | 24.0% | 10.5% | 22.4% |
| Divorced/widowed | 34.0% | 41.1% | 32.0% | 43.9% | 38.1% |
| Mean Age | 38.2 | 38.0 | 35.5 | 35.7 | 36.9 |
| Child before 18 | 23.3% | 24.0% | 31.8% | 36.5% | 29.1% |
| Told alcoholic | 12.8% | 19.6% | 22.0% | 22.8% | 19.5% |
| Mean age first alcohol*** | 15.9 | 15.0 | 13.0 | 12.6 | 14.0 |
| Mean age first drugs | 16.5 | 15.4 | 16.8 | 14.8 | 15.8 |
| Ever homeless*** | 38.3% | 41.1% | 58.0% | 73.7% | 53.3% |
| Attempted suicide*** | 19.1% | 22.2% | 30.0% | 56.1% | 32.7% |
| Have a physical disability** | 12.8% | 14.5% | 22.0% | 36.8% | 22.0% |
| 3 or more sexual assaults lifetime*** | 33.3% | 60.0% | 57.1% | 81.6% | 64.2% |
| 3 or more physical assaults lifetime | 85.3% | 84.1% | 91.1% | 96.2% | 89.7% |

## What Women Needed to Prevent Their First Crimes

Women were asked to explain what they thought they needed to prevent them from committing their first crimes. Most often, women reported that if their material needs had been met (financial support, a home, transportation), they would not have committed their first crime.

The second most common set of reasons reflect the support women felt they needed but were lacking. Most cited a lack of emotional support, while others felt that if they had counseling they would not have committed their first offense.

Women also reported that drugs/alcohol were precursors to committing their first crime. Interestingly, while 10 women said that if they had overcome their substance abuse problems they would not have committed the crime, 21 women said that if they had the substances they wanted/needed, they would not have committed the crime.

Many women felt that their past contributed to their first crime, and if they had not experienced past traumatic events, they would not have committed the crime. Other women mentioned the role of people they associated with, while some felt that if the particular circumstances the day they committed the crime had been different (if they had not left the house that day or had not driven), the offense would not have occurred. Three women blamed the offense on boredom, noting that if they had had something to do, they would not have engaged in criminal activity.

Seventeen women said there was nothing that could have prevented them from committing their first offense.

## Post Release Concerns

Women were provided with a list of nine items and asked to select three that reflected what they most needed to stay of out of prison and are difficult to achieve. Over 80% of women (171) answered the question.

The most common item selected was staying alcohol/drug free (122), followed by securing adequate employment (106) and adequate housing (59). Women also felt that a positive relationship with their partner was difficult to achieve (53).

Women were then asked to explain why these things are so difficult. The most common responses were related to substance abuse. Sixty-nine women cited being an addict or enjoying alcohol/drugs as a reason their choices to stay crime free were difficult to

achieve. Others noted they used substances to deal with emotional pain (12), and a few noted they needed addiction counseling (6).

Forty-nine women were concerned that their felony status would interfere with their ability to achieve their goals. Other women cited health, tattoos and age as barriers (7). Likely, these barriers largely reflect the women's concerns about securing employment or housing.

Women indicated their relationships interfere with their ability to be successful. For example, many women noted the people they choose as friends or intimate partners are not good for them.

A number of women noted reasons that reflected concerns related to jobs or financial barriers. Specifically, 14 women were concerned there was a lack of jobs in their communities, and two said they were not able to work. Also in this category are concerns about not having money. Many women noted they have housing concerns. For example, some said it is too expensive, while others said finding drug free housing is hard or they do not have housing lined up on release.

## Conclusion

Nearly all of the women who participated in this study reported experiencing some form of abuse at some point in their lives, and many experienced multiple types of abuse. Nearly 89% of NMSWI participants experienced at least one adverse childhood experience, compared to 68.7% of ACE participants. While this data tells us these women are exposed to many adverse events, the degree of abuse they suffer varies from person to person as does the impact. A very small proportion of women sought help for the abuse they suffered. Thus, most of these women likely have not received the help they need to deal with the ramifications of the abuse they have suffered. Likely, this plays a role in their choices to offend.

Over the years, New Mexico Correction Department (NMCD) has made programming more specific to women. The findings from this report confirm the need to continue developing programs specifically designed for women. Additionally, programming should consider the magnitude of untreated trauma and how it might impact the types of programming and treatment offered.

Substance abuse issues were a common theme in women's responses regarding what they need to stay out of prison. Overcoming their addictions was seen as one of the barriers to staying out of prison. Additionally, women expressed concerns regarding obtaining housing, employment and childcare post-release. To the extent possible, NMCD should screen women to determine specific needs and ensure programming is available both in prison and post-release.

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**The New Mexico Sentencing Commission**

The New Mexico Sentencing Commission (NMSC) serves as a criminal and juvenile justice policy resource to the three branches of state government and interested citizens. Its mission is to provide impartial information, analysis, recommendations, and assistance from a coordinated cross-agency perspective with an emphasis on maintaining public safety and making the best use of our criminal and juvenile justice resources. The Commission is made up of members of the criminal justice system, including members of the Executive and Judicial branches, representatives of lawmakers, law enforcement officials, criminal defense attorneys, and citizens.

This and other NMSC reports can be found at: http://nmsc.unm.edu/reports/index.html

**The New Mexico Interpersonal Violence Data Central Repository**

The New Mexico Interpersonal Violence Data Central Repository (NMIVDCR) is a program of the New Mexico Coalition of Sexual Assault Programs that collects domestic violence and sexual assault data from statewide law enforcement, service provider agencies, and the courts. NMIVDCR publishes the annual Sex Crimes in NM and Incidence and Nature of Domestic Violence reports to guide prevention, treatment, funding, and policy decisions.