A Women's Typology of Pathways to Serious Crime With Custody and Treatment Implications

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Notes:

1. This version of the Women's Pathways to crime has been enriched by adding the Gender-Responsive Assessment system developed by Dr. Pat VanVoorhis and Colleagues to the development of the typology.

2. Full details of the validation of this typology of women offenders can be found in the following peer reviewed article:

T. Brennan, et al (2012) Women's Pathways to Serious and Habitual Crime: A person-centered analysis incorporating Gender-Responsive factors, CRIMINAL JUSTICE AND BEHAVIOR, Vol. 39 No. 11, November 2012 1481-1508

Type 1 - Quasi-Normal non-violent women with drug/alcohol issues

Criminal career pattern: The criminal history of this category mostly involves non-violent drug or property offenses with a substantially below-average level of criminal involvement. Many are in prison for the first time. Yet, the group averages multiple prior arrests, suggesting serious addiction. The dominant issue is chronic substance abuse as shown by multiple prior arrests.

Social context/features: This group has more educational and vocational resources, low poverty, minimal homelessness and far less marginalization than all other groups. Basically all risk and need factors fall far below the overall sample mean.

Psychological factors: At the personal level there is little evidence of mental health or psychological or relational problems and little evidence of either sexual or physical abuse as children or adults.

Potential matches in prior pathways research: The low scores for all causal risk factors coheres with prior "normal-situational-accidental" offenders as described in several prior papers. It is also coheres with Moffitt's Adolescent Limited (AL) offenders, who may become trapped (snared) by a chronic drug addiction, single motherhood or school dropout. Women with this pattern - although not hard core criminals - nevertheless appear to have an on-going criminal career with drug addiction.

Treatment Goals
- Reduce Substance Abuse levels: Administer drug treatment and relapse prevention
- Check for socio-economic marginalization: Given the extreme levels of social exclusion of most women offenders)

Type 2 - Lifelong Victims, many of whom have abusive partners, drug problems and depression

Criminal career pattern: This type exhibits mostly non-violent drug and property offenses. Crime rates are higher than type 1 and close to the overall prison average, but far less than types 3 and 4.

Social context/features: This group is far more socially marginalized than type 1, and closer to the prison average, suggesting substantial socio-economic challenges, including poverty, work and educational deficits. Many have a significant other who tends to be domineering, violent, and has a criminal record.

Psychological factors: The core of this pathway is mostly early sexual and physical abuse and trauma stemming from neglectful, uncaring or abusive families. Their violent, domineering and often criminal significant other tends to involve these women into drug related and other antisocial activities. Sexual and physical abuse – both as children and as adults – is a continuing problem. Yet, there is little evidence of personal factors such as suicide ideation, antisocial personality, antisocial thinking, and so forth. However, drug abuse is above the prison average, as are mental health and depression issues.

Potential matches in prior pathways research: Similar patterns are seen in Aalsma and Lapsley's "internalizing cluster"; Stefurak and Calhoun's "depressed cluster"; and Brennan's "abused/internalizing cluster". Salisbury, VanVoorhis, and Wright (2006) also describe a similar victimized/abused pathway.

Sub-types: Younger and older versions of this path exist based on the presence or absence of children. The younger sub-type has somewhat more prior domestic violence convictions, current domestic violence charges, and more anger at their current offense. They also have more stress or anxiety over parenting and more depression than the older sub-types.

Treatment Goals
- Reduce substance abuse: Administer drug and relapse prevention
- Trauma Therapy: Address past and present abuse and trauma
- Depression treatment: Address potential mental health issues, depression, PTSD

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- Support relationship issues: Support emergency exit from relationships

Type 3 - Socialized Subcultural Pathways, poor and marginalized but with low victimization and few mental health problems

Criminal career pattern: This group is well above the prison average for criminal involvement, drug use, and above average in drug trafficking and history of non-compliance. These all imply strong linkages to subcultural crime and drug networks.

Social context/features: The social pattern has substantial socio-economic marginalization, extreme poverty, very low educational-vocational resources, disadvantaged neighborhoods and more intense antisocial influences from family, peers and significant others. This social environment is often linked to poor disorganized families, ineffective parenting, and inconsistent socialization in subcultural or deprived settings.

Psychological factors: Unlike the victimized type 2, this large pathway has little evidence of sexual or physical abuse as an adult or as a child. Personal factors such as antisocial personality or psychological/suicide issues are about average and less extreme than the women in Type 4.

Interpretation and links to prior research: Being embedded among antisocial associates in high crime areas implies repeated exposure to antisocial attitudes, behaviors and values and more opportunities for long term social learning and subcultural socialization. Similar prototypes include Lykken's "common sociopath", Warren's "subcultural identifier," and the social learning pattern implied by the risk-need-responsivity (RNR) paradigm.

Sub-types: While sharing the above general pattern, two sub-types exist within this group – mainly differentiated by the presence of children. The younger sub-type has higher anxiety/stress over parenting, more influences from an antisocial significant other, and stronger feelings of low self-efficacy and dependency.

Treatment Goals
- Socio-economic support: Address poverty, poor housing, and very poor educational-vocational resources
- Substance abuse treatment: Administer drug abuse, trafficking and relapse prevention
- Cognitive therapy for Anti-social Thinking: Develop cognitive resistance to antisocial peers and significant others

Type 4 - Aggressive Antisocial, high risk/high need and victimized, mental health issues

Criminal career pattern: This type is highest for criminal involvement, history of noncompliance and substance abuse. It also scores highest for violent institutional infractions, fighting and institutional misconduct. Yet, their offense pattern is mostly for non-violent drug and property offenses.

Social context/features: This type has the most extreme socio-economic marginalization, poverty, homelessness and poor unstable housing.

Psychological factors: These women - as in type 2 - reflect the trauma of lifelong sexual and physical abuse by antisocial neglectful families, and in adulthood by a domineering or criminal significant other. This group has the highest levels of mental health, psychological problems, suicide issues, psychosis and a hostile antisocial personality. Other serious traits reflect social withdrawal, low self-efficacy and vagrancy. No other group approaches the multi-factor severity of this profile. Virtually all risk factors are high.

Interpretation and links to prior research: This is the most complex profile in terms of inter-twined causal processes. Social marginalization, poverty, homelessness and living in high crime areas are all high,

indicating great challenges of fitting into conventional jobs or positive roles and the likelihood of strong social learning in an anti-social culture. The extreme lifelong abuse and trauma may be linked to their social withdrawal, hostility and suspiciousness. Finally the antisocial personality, withdrawal and low self-efficacy may reflect PTSD.

Links to prior research: This type is reminiscent of Daly's "harmed and harming" pathway; Moffitt's Life Course Persistent type (LCP); Stefurak and Calhoun's "externalizing impulsive"; and Brennan's "low self-control serious delinquents."

Treatment Goals
- Address housing, poverty and vagrancy
- Address very low educational and vocational resources
- Set up suicidal thoughts alert
- Administer drug treatment and relapse prevention
- Administer anger management
- Address psychosis episodes
- Set up cognitive interventions to address antisocial beliefs and negative social influences

Not Classified

IN MOST CLASSIFICATION SYSTEMS THERE WILL BE A PERCENTAGE OF CASES - USUALLY SMALL - THAT DO NOT FIT EASILY INTO THE SPECIFIC CLASSES THAT MAKE UP THE SYSTEM. THESE MAY BE "ONE-OF-A-KIND" OUTLIERS THAT ARE WELL SEPARATED FROM ALL OF THE AVAILABLE CLASSES, OR THEY MAY BE "HYBRIDS" THAT LIE ON THE BOUNDARIES OF TWO OR MORE OF THE AVAILABLE CLASSES. THIS IS TRUE OF THE WOMEN'S PATHWAYS TYPOLOGY.

THESE CASES MAY BE HANDLED IN THE USUAL CLINICAL MANNER WHERE A COUNSELOR OR CLASSIFICATION OFFICER WILL DEAL WITH THEM ON A "CASE-BY-CASE" BASIS AND MAKE A DECISION REGARDING HOUSING PLACEMENT OR TREATMENT PROGRAM. IN THIS INSTANCE, THEY WOULD RELY LARGELY ON THE INDIVIDUAL RISK/NEED PROFILE THAT SHOULD BE AVAILABLE FOR ALL OF THESE CASES.