

# The Psychological Profile of Incarcerated Women under the FEU – Project HOPE: A Multiple Case Study

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## Abstract

This multiple case study involved six incarcerated women of Manila City Jail – Female Dormitory who are part of the Project HOPE program of Far Eastern University (FEU) – Manila, Philippines. Utilizing five standardized psychological tests, two psychometric measures and three projective techniques, case history interviews and behavioral observations, the researchers established the psychological profile of the incarcerated women. The incarcerated women under the FEU - Project HOPE come from poor and dysfunctional families, experienced trauma in the past, are not well-educated, have low intellectual ability and encountered family or marital problems during the time they committed the crime. Incarceration does contribute to psychological problems. Results indicated that the respondents have symptoms of paranoia and schizophrenia, which may be precipitated or reinforced by their incarceration. They also have troubled relationships within the family, hold negative views of the opposite sex, have regrets about their past, and put up with their feelings of insecurity and poor self-concept. Further, they utilize negative coping mechanisms, and are likely to use avoidance, passivity, regression, and react emotionally in response to stress. Even if they remain to have positive goals which they want to achieve, doing so is painstaking because of the respondents' use of ineffective coping mechanisms.

**Keywords:** Incarceration, Incarcerated Women, Prisoners, Psychological Profile, Multiple Case Study

## 1. Introduction

Since the 1990s, Far Eastern University - Manila has kept a community outreach program with the Manila City Jail - Bureau of Jail Management and Penology (BJMP). Project HOPE, which stands for Harnessing Offenders Personal Empowerment, is envisioned to be FEU's flagship project at the BJMP. Its aim is to help transform holistically the lives, alleviate the plight and ameliorate the socio-economic condition of the BJMP inmates. In order to provide the holistic service, Project HOPE involves the integrated efforts of various groups of faculty and staff from FEU. FEU Project HOPE is

a program delivered to the detainees of the Manila City Jail (Old *Bilibid* Prison), which is located in Sta. Cruz, Manila, Philippines. Within the National Capital Region of the Philippines, it is considered to be the biggest prison in terms of land area as well as inmate population. The average number of inmates in the Manila City Jail is 5,300 which are five to six times higher than its capacity of only 800 to 1,000 prisoners. Eighty-five percent of the detainees are male and fifteen-percent are female. And there is an average of more than seventeen new prisoners arriving daily.

The incarcerated population is an understudied group in the Philippine setting. There is a dearth in Philippine studies that tackle on the plight of prisoners and their psychological well-being, most especially when it comes to incarcerated women. This is one of the reasons why the researchers conducted this multiple case study. Other than that, the researchers actively participate in the FEU – Project HOPE program. Visiting the Manila City Jail during the community extension activities of FEU allowed the researchers to actually see for themselves the psychological condition and needs of the incarcerated women, which can be addressed if psychologists and counselors devote some of their time and put together their skills and efforts to provide ways to ease the psychological impact of incarceration.

Incarcerated women share similarities in their psychosocial background. Weiser, et al. (2009) mentioned that urban poor individuals are at especially high risk for incarceration; homelessness is a catalyst for incarceration and incarceration precipitates homelessness by disrupting social networks and employment opportunities (p.1459). This same group of researchers found that drug use was associated with incarceration among both male and female incarcerated individuals.

New studies have found childhood experiences and familial factors such as biological parent criminality and parental transitions as predictors of female juvenile offending (Leve & Chamberlain, 2004; Alltucker, Bullis, Close, & Yovanoff, 2006). Female juvenile offenders are also offending at increasingly younger ages. According to Mullis, R., Cornille, Mullis, A. and Huber (2004), when a delinquent begins offending at a young age, the offenses ultimately worsen and become more frequent.

Similar to male juveniles, prevalent in various studies of incarcerated female juveniles were histories of physical and sexual abuse, and child maltreatment (Leve & Chamberlain, 2004). As additional support to this, in the in-depth interviews of 500 American female offenders by Messina and Grella (2006), one of their key findings is that incarcerated women are more likely to report extensive histories of emotional, physical and sexual abuse – between 77% and 90%. Singer, Bussey, Song and Lunghofer (as cited in Kane, M. & DiBartolo, 2002) studied the psychosocial issues of 201 jailed women. Eighty one percent (81%) reported that they have been physically or sexually abused, 83 percent had alcohol and drug use as part of their lifestyle, and 40 percent described their social support as severely lacking to non-existent. Physical and sexual wife abuses are common among those with alcoholic husbands, those living in poorer households, being in a polygamous marriage and have unskilled jobs (Kimuna & Djamba, 2008). Thus, a typical female inmate according to Alemagno and Dickie (2005) is likely to be a victim of sexual abuse as a child and a victim of physical abuse as an adult (p. 67).

This abuse was also evident in the results of a Philippine study by Saplala (2007), involving six male convicted offenders from the New Bilibid Prison, specifically from its maximum security compound. The male convicted offenders experienced various forms of abuse ranging from neglect (*walang nag-aalaga*), sexual abuse (rape), physical abuse (*binubugbog*), and emotional abuse (*ininsulto*). However, in the study of Messina, Burdon, Hagopian, and Prendergast (2006), they found that incarcerated women were at a substantial disadvantage compared with their male counterparts with regard to psychological functioning, sexual and physical abuse prior to incarceration.

Intellectual ability has been linked with criminal propensity. Kane, H. (2003) stated that intelligence quotient (IQ) is one of the most important variables related to criminality. Most studies have found that the incarcerated have average IQs about two thirds of a standard deviation below the remaining law-abiding population (p.28). In fact, individuals with low IQs are seven times more likely to be incarcerated at some point in their lives than individuals whose IQ fall above average. Herrington (2009) found similar results in a study concerning intellectual disability among 185 young Australian prisoners. Eleven percent of this sample had borderline intellectual disability.

Previous studies also reveal that many women inmates also contend with mental health issues. Messina and Grella (2006) pointed out that the trauma that results from physical and sexual abuse is a

key contributor to adolescent conduct problems, subsequent delinquency, substance abuse and criminality among women. High rates of depression, anxiety, mood disorder, and suicidal ideation are also apparent among this population of prisoners (Goldstein, et al., 2003; Mullis et al., 2004; Kakar, Friedemann, & Peck, 2002). In a 2004 study by Dixon, Howie, and Starling (as cited in Martin, D., Martin, M., Dell, Davis & Guerrieri (2008), mental health status was found to be a leading factor related to female juvenile offending, with 83% of their sample meeting criteria for as many eight psychiatric diagnoses; they also report that female juvenile delinquents have high rates of conduct disorder, anxiety and depression.

Cuomo, Sarchiapone, Di Giannantonio, Mancici, and Roy (2008) found that on average, inmates who are substance abusers had multiple incarcerations, more juvenile convictions, more violent behaviors during detention and a history of one or more suicide attempts. The psychological characteristics of imprisoned substance abusers include presence of childhood trauma, neuroticism and psychoticism, impulsivity, hostility, suicidal ideation, and they appeared to have poor resilience. Thus, prisoners with substance abuse constitute a subgroup with increased judiciary and psychiatric issues, possibly due to early life history. Likewise, an Australian study of Johnson (2006) on drug use by incarcerated women offenders revealed empirical evidence on the interaction between drug use and criminal offending. Low education, having mental problems and having been in juvenile detention are factors predicting multiple drug use prior to arrest. On the other hand, age, marital status, not having children, early exposure to drug problems among family members, violent victimization as an adult, earning income from crime or sex work and using amphetamines, benzodiazepines or morphine on prescription are the predictors of regular drug use prior to arrest.

As for the adjustment that incarcerated women go through when they are in prison, Clay III (2009) examined the initial adjustment of 90 female prisoners of different ethnic backgrounds in a Texas state prison. A substantial number of women in each of these ethnic groups were identified to be depressed, anxious and not well-adjusted to prison. On the other hand, Loper (2002) investigated how female drug offenders (N= 630) adjust to their incarceration and whether there are differences in the adjustment patterns among incarcerated women on the basis of their type of offenses namely possession offenses, drug trafficking offenses, and non-drug offenses. It came out that possession offenders as compared to women imprisoned due to non-drug offenses, have less internal distress, lower levels of conflict, more satisfied with institutional conditions and have less tendency to view prison life as worse than their life outside. Also, possession offenders reported fewer mental illness symptoms than the trafficking and non-drug offenders.

Furthermore, Earthrowl and McCully (2002) did a research on screening new inmates in a female prison in New Zealand and discovered that out of the 131 inmates who served as respondents, prevalence of schizophrenia was at 24.4%, bipolar disorder was at 13.7% prevalence, and 46.6% prevalence for depression. Therefore, results indicated high levels of psychiatric morbidity. One-third of the sample had already previously received mental health services; however most of them were not having these mental health services during the time of their arrest. In addition, O'Brien, Mortimer, Singleton and Meltzer (2003) who interviewed 771 women prisoners, found that 40% of their respondents had received help or treatment for a mental health problem in the year before entering prison, and 28% said they had received such help or treatment since coming to prison. A quarter of the respondents reported a stressful life event within the past six months.

Since this is the case where there are gathered empirical evidences on the disrupted mental health among incarcerated individuals, it follows that prisons must be checked on their efficacy in identifying the presence of mental disorders among its inmates. Similarly, Parsons, Walker and Grubin (2001) found a very high prevalence of mental disorder, including psychoses among newly remanded female prisoners. Sixty percent of them were suffering from a current mental disorder and 11% of them were psychotic. What was surprising was that only a minority of them have been identified through routine prison screening procedures, thus reflecting a low detection rate. Moreover, the same researchers found that higher proportion of women diagnosed with mental disorder were remanded on charges of violence than those without a mental disorder.

The mental health needs of incarcerated women must then be addressed by adequate psychological services provided by mental health workers. Pomeroy, Kiam and Abel (1998) conducted a quasi-experimental study on the effectiveness of psychoeducational programs to reduce the perceived stress, anxiety, depression and trauma experiences of women inmates. It was based on the assumptions that

women inmates suffer from a variety of emotional and mental health difficulties that tend to exacerbate their levels of stress and contribute to their difficulty in coping with their incarceration. The said program tried to address the primary issues of the inmates such as low self-esteem, victimization and depression, posttraumatic stress symptoms, high anxiety levels and basic life skills, namely communication, problem solving and decision making, goal making and achievement. Ninety-minute group sessions were held three times per week for five weeks for a total of fifteen sessions. The participants were pretested and posttested for depression, anxiety, trauma and stress. They demonstrated improvement in effective communication and relationship skills, slowly reclaimed their personal power, and started changing self-destructive attitudes and behaviors. There was also improvement in the participants' level of depression, anxiety, trauma and stress.

With the mental health issues faced by the ever-increasing population of women inmates, the researchers found it best to look into the psychological profile of the incarcerated so as to provide a picture of this group's psychosocial background, level of mental ability, personality traits, adjustment and coping mechanisms. This psychological profile can in turn be used as a basis for the psychological interventions which can be recommended by the researchers to various mental health professionals who are working with the incarcerated.

## **2. Materials and Methods**

The multiple case study method was utilized in obtaining the psychological profile of six incarcerated women who are detained at the Manila City Jail – Female Dormitory in Sta. Cruz, Manila, Philippines and voluntarily participated in the study. Their age ranged from 19 to 51 years old. All of the respondents have children ranging from one to three in number. Four of the respondents are single, only one is married and the other one is separated. Out of the six incarcerated women, two are high school graduates, three are high school undergraduates, and one gave no substantial information concerning her educational background. The incarcerated women were arrested because of non-violent criminal offenses such as theft, robbery and possession of volatile substances for purpose of inhalation and intoxication. These incarcerated women were undergoing preliminary court hearings when the study was conducted, and they have not yet been convicted.

To understand the psychological profile of the female detainees, a total of five measures were utilized in this study. There were two psychometric tests, namely the Raven Progressive Matrices to measure non-verbal intelligence, and the Minnesota Multiphasic Personality Inventory-2 (MMPI-2), an objective personality test designed to determine psychopathology. Three projective techniques were also administered to the incarcerated women. It includes the Hand Test that measure acting out behaviors and aggression tendencies, the House-Tree-Person Test (HTP) that measure aspects of the personality, and the Sack's Sentence Completion Test, which provides significant clinical material on four areas of adjustment such as the family, sex, interpersonal relationships and self-concept.

Other than psychological testing, there were other methods also utilized in this study. Behavioral observations and case history interviews were also employed by the researchers.

The entire study was divided into four phases; specifically there was a preliminary phase, two test administration phases and a post-testing inquiry phase. The first phase of the study consisted of the orientation of the respondents, rapport building, behavioral observation and case history interview. The second and third phases were for test administration. In these two phases, the respondents' behaviors were also observed, especially when they were taking the various projective tests. The fourth phase was the post-testing inquiry, wherein further questions were asked for purpose of making clarifications.

## **3. Results and Discussion**

In terms of the psychosocial background of the respondents, all of them came from poor socio-economic class and because of poverty most of them did not finish their secondary education. This is supported by the findings of Weiser, et al. (2009), who mentioned that those who are poor and homeless have higher risk for incarceration.

The incarcerated women also came from dysfunctional families. This is supported by their stories of varying traumatic experiences which ranged from physical, emotional or sexual abuses within their own family, having family members who are incarcerated themselves, are into gambling or taking prohibited drugs, violence within the family, neglectful parents and having unemployed parents leading to the family's poverty. Similar findings were obtained by Leve and Chamberlain (2004), as well as Alltucker, Bullis, Close and Yovanoff (2006), who mentioned that there are childhood experiences and familial factors that cause female juvenile delinquents to offend at a younger age. And as Mullis, R., Cornille, Mullis, A. and Huber (2004) contends, when a delinquent begins offending at a young age, the offenses ultimately become worse and more frequent, which can eventually lead to criminality.

Furthermore, this finding is strengthened by Leve and Chamberlain (2004), who also discovered histories of physical and sexual abuse, and child maltreatment among female juvenile offenders. Messina and Grella (2006) can be an additional support to this finding since they found that incarcerated women are more likely to report extensive histories of emotional, physical and sexual abuse – between 77% and 90%. The trauma that results from the abuse contributed to subsequent delinquency and criminality among women. Moreover, Singer, Bussey, Song and Lunghofer (as cited in Kane, M. & DiBartolo, 2002) explained that 81% of the incarcerated women in their study reported physically or sexually abuse, and 40% considered either lacking or entirely not having any social support. Among married incarcerated women, Kimuna and Djamba (2008) discovered physical and sexual wife abuses to be common among those with husbands who have unskilled jobs and are alcoholics, living in poor households and with polygamous marriage. Thus, what Alemagno and Dickie (2005) stated is indeed true, that a typical female inmate is likely to be a victim of sexual abuse as a child and a victim of physical abuse as an adult. The same abuse was evident among male prisoners in the study of Saplala (2007), but Messina et al. (2006) argued that female prisoners are still at a disadvantage when it comes to abuse.

As an impact of the dysfunctional structure in their family of origin, it was observed by the researchers that most of the respondents either have run away from their home at a young age that led to their early pregnancy and/or led to their inability to have the chance to finish their education. It was also observed that the respondents themselves when they raised their own families also had a similar dysfunctional structure as what they experienced from their family of origin. They cohabit or are married to their husband who is irresponsible, has no regular employment, with vices, including the use of illegal drugs, and abused them physically, emotionally or sexually. It also came out that most of the incarcerated women had traumatic experiences, either involving their family members, relatives and/or their husbands or live-in partner. And most had marital or family problems during the commission of the crime they are accused of. This finding is supported by O'Brien, et al. (2003), that the women prisoners they interviewed reported a stressful life event within the past six months before entering prison.

Intelligence wise, most are below average and it may be attributed to their low educational attainment or even with organicity or brain damage for some have history of drug use. They also commonly showed poor judgment, short attention span, and may have responded to the tests randomly. According to Kane, H. (2003), intelligence is an important factor related to criminality, and that the lower the intelligence quotient, the more possibility for incarceration since they give no thought to the risk and consequences associated with the crimes they commit.

There were also commonly observed personality traits among the respondents. The incarcerated women experience insecurity, thus they often see themselves as inferior and doubt their own ability. The fact that they are imprisoned, they also feel unaccepted by other people, especially those outside, and therefore leading to the development of poor self-concept and insecurity.

Furthermore, the incarcerated women have manifestations of psychopathology, particularly that of paranoia and schizophrenia. Paranoia implies that the respondents show disturbed thinking, may feel being mistreated and picked on, thus they can be angry and resentful. On the other hand, schizophrenia signifies that the respondents experience acute psychological turmoil, confusion, disorientation, or disorganization. Incarceration could have reinforced or precipitated the development of paranoia and schizophrenia symptoms. Considering how congested Philippine prisons are and there is an existing hierarchy among the inmates, the respondents do not really feel safe inside and have difficulty in adjusting. Likewise, they feel isolated and unaccepted, which contributes to

their experience of apprehension and generalized anxiety. There are several studies that can be of support to this finding. Goldstein et al. (2003), Mullis et al. (2004), and Kakar, et al. (2002) all spoke of mental health concerns among the incarcerated population, particularly high rates of depression, anxiety, mood disorder and suicidal ideation. Cuomo, et al. (2008) mentioned that imprisoned substance abusers have psychiatric concerns ranging from neuroticism to psychoticism, possibly due to early life history of trauma. Earthrohl and McCully (2002) found that among female inmates, there are high levels of psychiatric morbidity, with depression being the highest, followed by schizophrenia and bipolar disorder. In addition, Parsons et al. (2001) discovered that among newly remanded female prisoners, there is a very high prevalence of mental disorders, to include psychoses, but there is a low detection rate and psychologically disturbed female prisoners are not easily identified through routine prison screening procedures.

In the aspect of adjustment, the respondents commonly experience troubled relationships within the family, especially with their mother and father who were not good role models by being unemployed, abusive, neglectful, and also by having vices. Moreover, most of the respondents have a negative view of the opposite sex, ranging from seeing them as impolite to considering all men as cheaters. This is most likely attributed to their negative and traumatic experiences with the men in their lives, like their father, live-in partner or husband who did not treat them well. Most of them expressed regrets about the past and feels guilty about their past mistakes. Their current situation of being incarcerated, which is the consequence of their past mistakes, influences their view about their future. Though most of the respondents expressed their desire to change, a number of them still doubt their own abilities and are afraid of what their future will be. Clay III (2009) studied the initial adjustment of women in prison and found that they are identified to be depressed and anxious, and experience difficulty in adjusting to prison life.

As for the respondents' coping mechanisms, most of them employ ways of coping which are negative, mainly characterized by withdrawal or evasion from stressful situations. The respondents resort to avoidance or passivity and they get affected emotionally, by becoming depressed, angry or irritated. Cuomo et al. (2008) described imprisoned individuals to have poor resilience. Even if these respondents remain to have goals in life, which includes changing for the better and being with or having a happy family, they have difficulty attaining these goals for the reason that their coping is ineffective.

#### **4. Conclusions**

The psychosocial background of incarcerated women under the FEU- Project HOPE reveal that they come from poor and dysfunctional families, are not well-educated, and have family and/or marital problems during the time they committed non-violent crimes. They are also trauma victims.

Incarcerated women's psychological profile show that they have low mental ability, experience insecurity and have poor self concept, have troubled relationships with family members, hold a negative view of the opposite sex, have regrets over their past mistakes, and utilize negative coping skills. However, they still have positive goals in life but they have difficulty in achieving them. Also incarceration can lead to psychological problems and turmoil, particularly the incarcerated women manifested symptoms of paranoia and schizophrenia. Incarceration definitely caused the respondents to be in psychological turmoil leading to confused and disorganized thinking and behavior, anxiety, and isolation.

The psychological profile of the incarcerated women reflects the need to provide them with the necessary psychological interventions. Among the interventions that can be employed include psychotrauma management for the prisoners who experienced traumatic events in life. Individual psychotherapy may also be provided to address personal issues which may be difficult to discuss during group counseling that can be regarded as another possible intervention provided to the incarcerated women. Support groups for the incarcerated can also be established to provide them an avenue for sharing their common experiences and helping one another. Psychoeducational programs for the incarcerated, such as capacity building can also be organized so as to tap their strengths, resources and coping skills to contribute to their long-term wellness, and be of help to their fellow inmates.

Finally, the researchers also recommend evaluating the impact of long-term incarceration on the psychological functioning not just of incarcerated women, but of incarcerated men as well.

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