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“The Traps Started During My Childhood”: The Role of Substance Abuse in Women’s Responses to Adverse Childhood Experiences (ACEs)

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ABSTRACT

The gendered pathways perspective seeks to identify the biological, psychological, and social realities that lead to women’s law-breaking behavior. Prior research in this area demonstrates the link between women’s adverse childhood experiences (ACEs) and involvement in the criminal justice system later in life. The current study fills an important gap in the literature by providing a phenomenological description of the impacts ACEs had upon 19 community supervised women’s lives. Their stories illuminate the need to consider multiple forms of ACEs, from physical and sexual abuse to the death of a loved one. Interviewees’ most prevalent response to ACEs was substance abuse. Three major themes related to their pathways to substance abuse emerged: coping/self-medication, escaping insecure households, and familial influences. Narratives were developed around each theme to provide an in-depth understanding of women’s ACEs and substance abuse. Theoretical and policy implications for women involved in the criminal justice system are discussed.

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The number of women in the United States under institutional and community supervision¹ rose dramatically over the past 40 years (Kaeble, Glaze, Tsoutis, & Minton, 2016; Sawyer, 2018). Although most women serve their sentences on community supervision (Chesney-Lind & Pasko, 2013), the increase in women’s incarceration rates were double that of men since 1980 (U.S. Sentencing Project, 2018). The increase in women’s involvement in the criminal justice system is attributed to shifts in laws and sentencing policies targeting nonviolent drugs and property offenses (offenses most commonly committed by women; Chesney-Lind & Pasko, 2013; Harmon & Boppre, 2015). Given the rise in women under correctional supervision, it is essential to understand the underlying factors of women’s law-breaking behavior.

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¹Institutional supervision typically refers to supervision in jail or prison. Prison is reserved for those convicted of felonies and are typically sentenced to over one year. Community supervision refers to those on probation (an alternative sanction to incarceration) or parole (supervision after release from prison). Persons may also serve probation following a short-term jail sanction.

The vast majority of incarcerated women (77–90%) have histories of emotional, physical, and sexual abuse (Jones, Sharp, & Worthen, 2018a; Messina & Grella, 2006). In fact, a higher incidence of childhood abuse and neglect is reported among girls/women under correctional supervision in comparison to boys/men (Baglivio & Epps, 2016; Baglivio, Wolff, Piquero, & Epps, 2015; Jordan, Clark, Pritchard, & Charnigo, 2012; Leigey & Reed, 2010) and the general female population (Jones et al., 2018a; Siegel & Williams, 2003; Widom, 1989). Research has shown that abuse and trauma are major antecedents to women's involvement in the criminal justice system (e.g., Bowles, DeHart, & Webb, 2012; DeHart, 2008; DeHart, Lynch, Belknap, Dass-Brailsford, & Green, 2014; Jones, Worthen, Sharp, & McLeod, 2018b; McDaniels-Wilson & Belknap, 2008; Salisbury & Van Voorhis, 2009; Smith, 2017; Verona, Murphy, & Javdani, 2016).

The current study explores women's responses to adverse childhood experiences (ACEs). Qualitative methods hold the distinct advantage to understand *how* women process and react to adversity. Using in-depth semi-structured interviews, this study provides a narrative description of the experiences of 19 women under community supervision (probation or parole).

Adverse childhood experiences and system-involvement

Adverse childhood experiences (ACEs) are stressful or traumatic events that occurred during one's childhood (Substance Abuse and Mental Health Services Administration, 2019). As there are a myriad of different forms of ACEs, prior literature has deployed varying definitions of what constitutes ACEs. Typically, ACEs are comprised of physical abuse, emotional abuse, sexual abuse, neglect, prevalence of domestic violence and substance abuse in the home, household mental illness, parental separation or divorce, and incidences of immediate family members who have been incarcerated (Baglivio & Epps, 2016; Baglivio et al., 2014, 2015; Boullier & Blair, 2018; Centers for Disease Control and Prevention, 2015; Dube et al., 2003; Jones et al., 2018a). Other researchers indicate that family illnesses and deaths, parental abandonment, persistent family conflict, economic hardship and racial discrimination should be considered (e.g., Boullier & Blair, 2018; DeHart et al., 2014; Dube et al., 2003; Kang & Burton, 2014).

Due to the interrelated nature of ACEs, exposure to a single ACE exponentially increases the odds of being exposed to other ACEs (Baglivio & Epps, 2016; Dube et al., 2003). Higher ACE scores² have been linked to notable negative behavioral, health and social outcomes. For example,

²ACE scores are the summed total result of yes/no responses to self-report or interview questions typically regarding 10 different types of ACEs: emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, family violence, household substance abuse, household mental illness, parental separation or divorce, and household member incarceration (see Baglivio & Epps, 2016).

exposure to four or more ACEs significantly increases individuals' risk for developing chronic diseases and mental health disorders (Boullier & Blair, 2018). Experiencing multiple ACEs also heightens the risk for unemployment and lower educational attainment (Baglivio & Epps, 2016; Centers for Disease Control and Prevention, 2015). In regard to lower educational attainment, research has shown that youths with higher ACE scores are often truant, perform poorly in school, and are disruptive (Baglivio & Epps, 2016).

Additionally, risky behaviors such as drug abuse, smoking, unprotected sex, and teenage pregnancy are also associated with ACEs (Baglivio et al., 2015; Boullier & Blair, 2018; Centers for Disease Control and Prevention, 2015; Dube et al., 2003; Jones et al., 2018a). In fact, exposure to ACEs can increase the likelihood of illicit drug use by 2–4 times (Dube et al., 2003). The propensity to engage in risky behaviors is heightened, increasing the likelihood of initial and chronic involvement with the criminal justice system (Jones et al., 2018a). Baglivio et al.'s (2015) study found that system-involved youth who reported four or more ACEs were more likely to be classified as having a high-risk to reoffend whereas youth with three or less reported ACEs had a lower likelihood to reoffend. Overall, research indicates that adjudicated juveniles with high ACE scores are more disposed towards becoming chronically involved in the justice system (Baglivio et al., 2015).

Finally, prior research indicates exposure and responses to ACEs are not equal across gender (Widom, Fisher, Nagin, & Piquero, 2018). Girls are typically more susceptible to sexual abuse, have higher rates of exposure to ACEs, and are more likely to experience multiple forms of ACEs as well as repeated exposure than boys (Baglivio & Epps, 2016; Baglivio et al., 2015). In Baglivio et al. (2015) study on system-involved youth, girls were 4.4 times more likely to have been sexually abused than boys. Furthermore, Baglivio and Epps (2016) found that 62% of system-involved girls had experienced over four ACEs compared to 47% of boys. In Dube et al. (2003) on adult men and women, ACEs were more prevalent among women in comparison to men on all indicators except for physical abuse and neglect.

Women and adverse childhood experiences

As the prevalence and magnitude of ACEs are more profound among girls in comparison to boys, it is imperative to consider the impacts of such events on women (Boppre, Salisbury, & Parker, 2018). In the 1980s, the gendered pathways perspective emerged to account for women's distinct biological, psychological, and social realities that lead to their law-breaking behavior (for an overview, see Boppre et al., 2018). The pathways perspective emphasizes traumatic events that occur during childhood (Chesney-Lind, 1989; DeHart, 2008; Gilfus, 1992). Given girls' increased susceptibility to victimization and other

ACEs, such traumatic events are considered a major antecedent to women's involvement in the criminal justice system later in life.

Importantly, women tend to respond to ACEs, particularly abuse and victimization, through internalization. This includes mental illness (i.e., depression, anxiety, PTSD), substance abuse, repressed anger and self-harm (DeHart et al., 2014; Jones, Brown, Wanamaker, & Greiner, 2014; Jones et al., 2018a, 2018b; McClellan, Farabee, & Crouch, 1997; Payne, Gainey, & Carey, 2007; Salisbury & Van Voorhis, 2009; Scott, Dennis, & Lurigio, 2015; Verona et al., 2016). The way girls respond to ACEs manifests into law-breaking behavior later in life, through direct and indirect pathways (DeHart, 2008; Salisbury & Van Voorhis, 2009; Scott, Grella, Dennis, & Funk, 2014). Trauma and childhood adversity leads to major mental health issues such as depression and anxiety as well as substance abuse (Anumba, DeMatteo, & Heilbrun, 2012; Bowles et al., 2012; Broidy, Payne, & Piquero, 2018; Jones et al., 2018b; McDaniels-Wilson & Belknap, 2008; Scott et al., 2014; Verona, Murphy, & Javdani, 2015). In turn, substance abuse and depression/anxiety are directly related to continued system-involvement (Broidy et al., 2018; Salisbury & Van Voorhis, 2009; Scott et al., 2014; Siegel & Williams, 2003). Previous research has found a significant association between both childhood sexual abuse and emotional abuse and substance use among women (Khoury, Tang, Bradley, Cubells, & Ressler, 2010). Individuals who have experienced childhood trauma are 1.2 to 1.5 times more likely to engage in substance abuse (Wu, Schairer, Dellor, & Grella, 2010).

Many prior studies examined trauma and abuse through prior physical and sexual abuse (e.g., Daly, 1992; McGrath, Nilsen, & Kerley, 2011; Salisbury & Van Voorhis, 2009; Siegel & Williams, 2003). Recent studies highlight the importance of considering other forms of trauma, such as domestic violence in the household, childhood neglect, and drug use in the home (e.g., Bowles et al., 2012; DeHart, 2008; Jones et al., 2014, 2018b; Messina & Grella, 2006). Notably, much of the recent prior research mentioned examined women's experiences of ACEs using quantitative methods (for exceptions, see Batchelor, 2005; DeHart, 2008).

In sum, there is a link between childhood events and law-breaking behavior later in life (e.g., Broidy et al., 2018; Widom et al., 2018). This link is important to consider among women who are typically at higher risk for ACEs. The current study seeks to confirm and expand upon prior gendered pathways research by assessing the impacts of a broad range of ACEs.

Method

The purpose of the current study is to provide a phenomenological description of how women experience and respond to ACEs. Phenomenology allows for in-depth understanding of the lived experiences of a phenomenon among a specific person or group (Birzer & Smith-Mahdi, 2006; Patton, 2015). More

specifically, a phenomenological study seeks to comprehend persons' perceptions, perspectives, and understandings of a particular situation and provide subsequent meaning to such lived experiences (Moustakas, 1994).

The data collected for the current study were part of a larger project examining women's intersectional experiences in the criminal justice system (see Boppre, 2018).³ Semi-structured interviews were conducted with a purposive convenience sample of 19 women on community supervision in a Northwestern State. A feminist interviewing approach (Fontana & Frey, 2005) allowed for an empowering, empathetic, relationship-building conversational exchange, using trauma-informed protocol.

Participants were asked broad open-ended questions about their childhood⁴ and family (e.g., "What was your childhood like?" "What stresses did your family experience?"). Participants were also asked about eleven specific types of ACEs: sexual abuse, physical abuse, emotional or verbal abuse, foster care or adoption, divorce, witnessing domestic violence, neglect, parental substance abuse, parental system-involvement, financial difficulties, and educational deficits. Other forms of ACEs emerged that were not directly asked of participants, including death of a loved one and parental mental illness. If the participant answered "yes," follow-up questions were asked, such as "How did this affect you?" Open-ended questions were asked later in the interview regarding substance use and major reasons for system-involvement.⁵

Interviews occurred at the participants' local community supervision office in a private room. Participants were given a consent form and filled out a brief online questionnaire measuring demographic characteristics (i.e., age, biological sex, gender identity, sexual orientation, racial/ethnic identity, immigrant-status, religious beliefs, social class). Women were given categories to choose from but could also provide open-ended responses or skip questions. Women were also asked to provide a pseudonym of their choice in the questionnaire, which are used in the results of this study (see Tables 2 and 3). With consent, participants' Women's Risk Needs Assessment (WRNA) scores were also obtained to determine prior criminal justice system-involvement, current offense type, employment, and educational attainment.

With consent, the interviews were audio recorded to ensure accurate transcription and organic conversation without the distraction of taking detailed notes. The interviews lasted approximately 90-minutes (the range was 25 minutes to 109 minutes). Women were given compensation for participating: a \$20 gift card of their choice to a local vendor (i.e., McDonald's, Starbucks, Subway, Dollar Store, TJ Maxx, or Target).

³The results discussed in the current manuscript have not been published elsewhere.

⁴Childhood was defined as any events or experiences occurring before the age of 18.

⁵For the full interview script, see Boppre (2018).

Participants

Over a four-week span, 101 women under community supervision (probation or parole) at three major community supervision locations in an urban county in a Northwestern state were given an interest sheet by their case manager. One location held an African American and gang programs unit, allowing for increased convenience sampling of women with diverse racial and ethnic backgrounds. This was necessary for the original scope of the larger project, but also benefits the current study through increased perspectives from marginalized women. Seventy-nine interested women were then contacted to participate in the study through phone and/or email. Of the 79 interested, only 19 women completed interviews.

Eleven participants were on probation and eight were parole. Supervision under probation is typically reserved for “less serious” nonviolent offenses. However, women on probation may still have histories of institutional supervision, in prison or jail, for previous convictions. As the purpose of these interviews was to gain more insight into women’s pathways into the system, women were not asked detailed questions about their criminal history or supervision requirements. This also allowed interviewers to maintain a feminist interviewing approach.

The demographic characteristics of the women interviewed are described in [Table 1](#). Ten women identified as White/Caucasian. The remaining women were racially diverse, many of which were biracial. Most women identified as within a lower socioeconomic status and none were upper socioeconomic status. The average age was 32 years with a range of 20–46 years old. Most women were heterosexual (68%). The majority of women were mothers. Only six women had at least a GED or High School diploma and only five were employed (full or part-time). Most participants had felonies (58%) prior to their current charge.

Analyses

Analyses and data management for the qualitative portion was facilitated by MAXQDA software. A thematic analysis approach outlined by Braun and Clarke (2006) was completed through inductive coding followed by more focused coding to develop common themes and subthemes. To ensure inter-rater reliability, both authors coded transcripts separately, formed themes, and then confirmed the findings with one another prior to developing thematic narratives.

Results

All 19 interviewees experienced at least one ACE, ranging from two to ten (see [Table 2](#)). On average, the women in this study experienced seven different types of

Table 1. Demographic characteristics of interviewees.

	Interviewees (n = 19)	
Race		
Black/African American	3	16%
White/Caucasian	9	48%
Native American and White (Biracial)	1	5%
Black and White (Biracial)	3	16%
Latina	1	5%
White and Portuguese (Biracial)	1	5%
Black and Native American (Biracial)	1	5%
Social Class		
Upper	0	0%
Middle	2	11%
Working	6	32%
Lower	8	42%
Don't know	2	11%
Prefer not to say	1	1%
Age		
18–24	3	16%
25–30	6	32%
31–45	9	47%
46–55	1	5%
55+	0	0%
Sexual Orientation		
Straight	13	68%
Bisexual	4	21%
Pansexual	1	5%
Did not respond	1	5%
Mother		
Educational Attainment (GED or High School Diploma)	6	32%
Employed (full or part-time)	5	26%
Prior Felonies	11	58%

ACEs. As shown in [Table 3](#), the most common ACEs reported were emotional/verbal abuse, financial struggles, and parental system-involvement. Foster care/adoption, neglect, and educational deficits (i.e., learning disabilities) were the least common. Foster care/adoption were only coded as ACEs if women indicated subsequent adverse effects. For Abby and MJ, adoption greatly improved their life circumstances and was not coded as ACEs. Although participants were not directly asked, Carrie and Vikki discussed the impacts of the death of a loved one as an ACE. Likewise, Elsie and Sincerity discusses coping with their parents' mental illness as an ACE.

While five women identified their ACEs as the primary reason for their involvement in the criminal justice system, the qualitative themes revealed indirect pathways primarily through substance abuse. Similar to other feminist pathways research (Jones et al., 2018b; Salisbury & Van Voorhis, 2009), substance abuse was the most prevalent response to ACEs. Indeed, eight women reported substance abuse as the primary reason for their system-involvement.

[Figure 1](#) provides a visual display of women's history of ACEs in relation to substance abuse. Of the 19 women interviewed, 17 reported issues related to substance abuse and/or dependency. Among the 17 women who had substance

Table 2. Prevalence of ACEs across interviewees.

Pseudonym	Total Number of ACEs
Molly	2
Elsie	2
MJ	4
Carrie	5
GB	5
Chloe	6
Jordyn	6
Angelface	7
Leyah	7
Taren	7
Heaven	8
Kelly	8
Scarlet	8
Ella	9
Smiles	9
Supergirl	9
Vikki	9
Sincerity	9
Abby	10
Average	7

abuse, 12 had trajectories directly linked to their ACEs. Angelface, Elsie, Leyah, MJ, and Molly were the exceptions. For example, Angelface, Elsie, MJ, and Molly attributed their substance abuse to the influence of their intimate partner and/or codependency. Leyah began abusing substance after she was prescribed pain medication for an injury. Although Heaven and GB experienced ACEs, they did not respond through substance abuse. GB attributed her system-involvement to the lack of support (i.e., from parental figures, counseling) during her early years. Thus, ACEs do not deterministically lead to substance abuse, but it is a prominent response to ACEs.

The majority of women interviewed began using substances at a young age. Thirteen began using under the age of 18; four of which began using as early as 11 or 12. Most began abusing (alcohol and marijuana), then moved to “harder” drugs such as crack cocaine, ecstasy, and methamphetamines. Three themes emerged related to women’s pathways to substance abuse: coping/self-medication, escaping insecure households to use with friends or partners, and familial influences. These themes are interrelated but are also distinct from one another.

“I don’t like dealing with my emotions. That’s why I use.” Coping/self-medication

Eight women (42% of the sample; Abby, Carrie, Chloe, Ella, Kelly, Scarlet, Sincerity, and Vikki) used illicit substances to cope or self-medicate. Of these eight women, five women abused substances to cope with past childhood trauma

Table 3. ACEs across interviewees.

Pseudonym	Emotional/		Parental System - Involvement	Parental Substance Abuse	Divorce/ Single Parent	Sexual Abuse	Physical Abuse	Domestic Violence	Neglect	Educational Deficits	Foster care/ Adopted
	Verbal Abuse	Financial Struggles									
Abby	-
Angelface	X	.	X	X	X
Carrie	X	X	X	X	X	X	X
Chloe	.	.	X	X	.	.	.	X	X	.	X
Ella	X	.	.	.	.	X
Elsie	X	X	X	X	.	X	X	X	X	X	X
Heaven	X	X	X	.
GB	.	X	.	X	-	.	.	X	X	X	.
Jordyn	X	.	X	X	X	X
Kelly	X	X	.	.	X
Leyah	.	X	.	.	.	.	.	.	X	X	X
MJ	X	.	.	.	-	X	X	X	X	X	.
Molly	X	.	X	X	.	X	X	X	X	X	X
Scarlet	X	X	X
Sincerity	X	.	.	.	.	X	X
Smiles	X	X
Supergirl	X	X
Taren	-	-	-	X	.	.
Vikki	X	.	X
Totals	16	16	16	15	14	12	12	9	6	6	5

Notes . = Present, X = Absent, - = Non-applicable or skipped

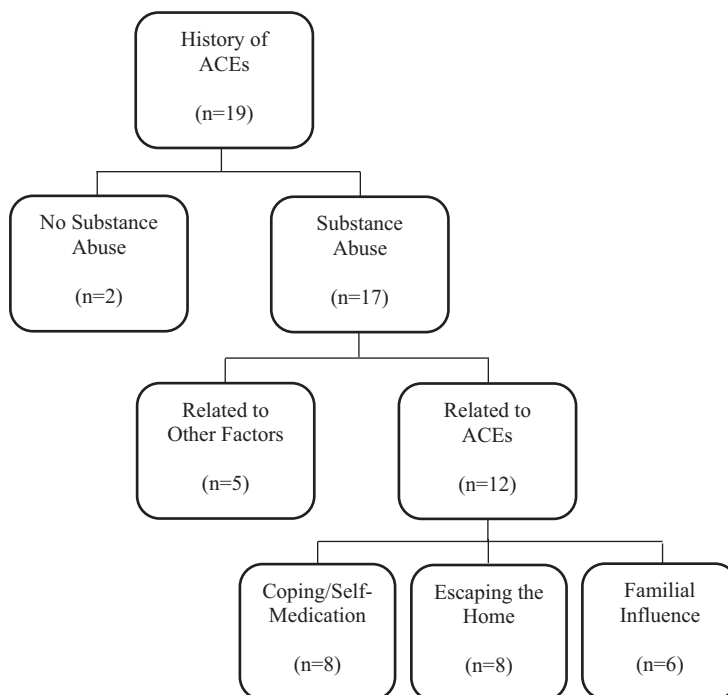


Figure 1. Diagram of thematic analysis results.

and abuse (i.e., physical or sexual abuse, domestic violence in the home, divorce, or the death of a loved one), two additional women abused substances to help them focus with Attention Deficit Hyperactivity Disorder (ADHD), and one woman used drugs as a coping mechanism for her depression. Using substances to block out painful emotions associated with ACEs was the most common subtheme among participants. Scarlet, for example, described drug use as providing a way for her to circumvent negative emotions stemming from her adverse childhood, namely sexual abuse from her step-father:

When I was about six or seven, my mom remarried. He abused us girls in every sense of the word for a couple years. He really committed the worst abuse when any of us were left alone. [I use because of] my childhood ... I don't like feeling lows in my emotions. I use not to feel ... I wanted to be numb ... I would say that my childhood, out of everything we talked about, had the most impact on [my system-involvement].

Surviving sexual abuse was a prominent ACE among most participants. Over half of participants (63%) had experienced sexual violence, which was often perpetrated in the home by family members. Some women, like Chloe, Vikki, and Heaven, were assaulted by acquaintances or strangers. Chloe connected her victimization to her subsequent dependency on drugs as a means of coping. Being sexually assaulted completely upended her world as a teenager:

I was raped when I was 14 by my sister's friends. They made me go to a party, so I wouldn't tell my mom that they were sneaking out, and two older guys raped me ... I don't see how [my mom] didn't see me start acting out. Right away, I started drinking. It switched me from being this shy girl [standing] behind my mom's leg to this girl who was out of control. Right after I was raped when I was fourteen, I started drinking. Real quick, I found meth ... [I use] to cope; to cover feelings and emotions.

Three women discussed using drugs to self-medicate existing mental health issues in addition to managing their emotions. Ella, for example, had ADHD and was accustomed to taking a prescription to manage it. When her prescription ran out, she turned to cocaine starting at 16 years old. Ella also used drugs to help manage her emotions stemming from her ACEs:

The reason I think I did coke [cocaine] was because I wasn't on my meds all these years. When I do coke it calms me down and I can think. When I take my meds, that's how it makes me feel. For a while I would [use coke to self-medicate]. I'm like, 'I'm having a really bad day, I can't process everything. I'm all over the place. My emotions are wild. I'll do some coke and I can sort everything.

In summation, eight women reported turning to illicit substances as a method of coping or self-medication. Scarlet and Chloe's internalizing behaviors and use of drugs to cope with past trauma, for instance, is characteristic of how women deal with ACEs, and a common pathway within the gendered pathways perspective (Bowles et al., 2012; Broidy et al., 2018; DeHart, 2008; Jones et al., 2018b; McClellan et al., 1997; Salisbury & Van Voorhis, 2009; Scott et al., 2015). Other women stated they relied on drugs to both self-medicate for behavioral disorders and manage their emotions. A new and interesting finding was that one woman would use substances to self-medicate ADHD. Although participants started using alcohol/drugs for various reasons, the dominant precursor to their substance dependency was rooted in their ACEs.

"It made me never want to go home." Escaping insecure households

The second major theme that emerged was escaping insecure households. Although related to the first theme, this theme emerged as an important explanation on its own due to the distinction of leaving the household to use substances with others. Eight women (42% of the sample; Chloe, Ella, Jordyn, Kelly, Sincerity, Smiles, Taren, and Vikki) reported leaving their homes to use and abuse substances with their friends or partners to escape their home circumstances, such as emotional, physical, or sexual abuse, divorce, parental substance abuse, death, or domestic violence. Thus, women gained access to substances through others outside their homes and began using with such associates. For example, Vikki discussed leaving the home to abuse substances, and eventually, she joined a gang:

[The death of my grandfather and domestic violence] made me never want to go home ... It played a big part in why I started getting high. I started smoking weed at 13 and that's when I joined a gang. I started smoking cigarettes and drinking; it was horrible ... Then I got raped and that kind of fucked everything up even more.

Due to the lack of support and connection in women's homes, some women (Chloe, Ella, Vikki) felt they had to seek out friends and intimate partners outside the home for either protection or support. For instance, Ella experienced extreme neglect, parental substance abuse, as well as emotional and physical abuse, which negatively impacted her life:

I definitely believe that my whole childhood affected my [system-involvement] ... My parents weren't there like they should have been. If I had the love and guidance from my parents, I wouldn't have had to go find love in the streets. I wouldn't have ended up the way that I am.

Some women (Chloe, Jordyn, Kelly, Sincerity, Smiles, Taren, and Vikki) began using with their associates. The peer influence normalized and increased access to drugs. For example, Jordyn described the struggles she encountered due to her parents' divorce. She was raised by her single mother who had less time to supervise because she worked. Jordyn attributed her impoverished community as a major reason for her onset of substance abuse:

[After the divorce], we lived in bad neighborhoods and that's when I started getting into trouble ... A lot of kids at my school were from that environment. I started smoking weed and drinking in the sixth grade because of the kids in the neighborhood. Once I started doing that, it just went out of control from there.

To summarize, women's substance abuse was connected to their desire to leave their home environments characterized by abuse and conflict. Leaving home to join friends or intimate partners granted accessibility to substances is in line with feminist pathways literature (e.g., Bloom, Owen, & Covington, 2003; Bowles et al., 2012; Chesney-Lind, 1989; Daly, 1992; DeHart, 2008; Gilfus, 1992; Simpson, Yahner, & Dugan, 2008). The findings revealed a peer influence, with friends rather than intimate partners alone. The initial use of substances with peers aligns with traditional social learning perspectives (Bandura, 1977). Yet, escaping to cope with trauma/self-medicate is a distinct characteristic of women's substance abuse (Chesney-Lind, 1989; DeHart, 2008).

"Before I started smoking crack, I would see my family doing it." Familial influences

Parental substance abuse in and of itself is an ACE. A total of 15 women (79% of the sample) grew up in households where family members abused substances. Six women in particular (32% of the sample; Carrie, Ella, Kelly, Sincerity, Smiles, and Supergirl) described how familial influences were key

factors in their introduction to law-breaking lifestyles and substance abuse. The exposure made substance abuse seem normal. Sincerity, for instance, shared that three generations of her family used and sold drugs. She described the influence the environment of intergenerational substance abuse had on her life:

For me, the traps started during my childhood ... Before I started smoking crack, I would see my family doing it and I would hear people talking about it ... I knew that my family was fucked up. People's parents don't stay up for four days at a time and they don't have these loud arguments and sometimes physical fights ... [I started using] because everybody else was doing it. That's how I grew up, so I thought it was the norm ... I always wondered what it was like. I started smoking crack at 14. I immediately became a drug addicted prostitute⁶ ... I was in and out of jail or juvenile detention.

Several women gained access to substances outside their homes (see previous section). However, Ella and Supergirl discussed access to substances within their homes. As substances were used and sold in the house, it became normalized and easily accessible. For example, Supergirl saw her family selling drugs, considering trafficking normal to economic survival:

I started stealing about an ounce [of marijuana] every two or three days from my birth mom and I was selling it when I was age ten ... Everybody did it. There was a large quantity around and they thought it was hidden, but I'm not stupid. I knew what it was and what was going on. I thought, 'I'm watching you guys and I'm paying attention.' ... Then I was using and selling. I thought, other people are living normal lives, going to school, holding down full-time jobs, so, 'what the fuck is the problem if I do it too?'

While most women (four out of six) discussed their parents as a major familial influence, exposure can also occur through other family members as well. Kelly and Carrie discussed their introduction to illicit substances occurred through their siblings. For example, when Kelly was 13, she moved to live with her older sister. Kelly described the negative influence her sister had on her in regard to abusing substances, "I moved [to another town] with my sister ... I started using because it was introduced to me by my sister. That was when all [my substance abuse] started."

As demonstrated in the current study and as discussed by Payne et al. (2007), when women are around family members who use, abuse, or sell illicit substances, it becomes normalized or considered acceptable behavior. Once the behavior is normalized, there is less of a stigma surrounding the initial use of the substance, therefore, leading to increased engagement in

⁶The 2013 Reauthorization of the Trafficking Victims Protection Act states that minors cannot consent to engage in commercial sex. In contrast to federal legislation, some states believe a minor *can* consent to commercial sex and require proof of coercion or force in order to construe the sex trafficked child as a victim rather than a criminal. State legislation that criminalizes child prostitution both denies them access to crucial resources intended for trafficked victims and ignores their complex backgrounds (Butler, 2014).

substance use. Abusing substances can then become a habit due to the underlying self-medicating motivation. This familial influence has been demonstrated in prior research as well (Bowles et al., 2012; Payne et al., 2007).

Discussion and limitations

Similar to prior qualitative research, the development of narratives helps provide a deeper contextual understanding of women's complex onsets into substance abuse and law-breaking behavior (Bowles et al., 2012; DeHart, 2008). Prior gendered pathways research has identified the importance of ACEs. Women in the current study experienced an average of seven types of ACEs. The most prominent response to ACEs was substance abuse, and therefore, became the focus of this study. The three themes identified in their responses were inter-related and create a detailed narrative of how ACEs impact substance abuse. The participants in this sample illustrate consistent findings in the research (Bowles et al., 2012; DeHart, 2018; Jones et al., 2018a; Salisbury & Van Voorhis, 2009), they suffered emotional, psychological, and behavioral impacts from their ACEs, leading self-medication through substance abuse. They also gained access to substances inside the home through family members or through their peers/partners. Substance use became normalized due to exposure to family members or peers who used. Similar narratives were discussed in prior research (e.g., Bowles et al., 2012; DeHart, 2008).

The current study captures and expands upon prior findings within the gendered pathways perspective. A major pathway within the perspective involves childhood victimization and substance abuse (i.e., Boppre et al., 2018; Salisbury & Van Voorhis, 2009). Notably, certain ACEs in the current study were more impactful on women's propensity for substance abuse than others. Such ACEs included emotional, physical, and sexual abuse, neglect, educational deficits, divorce, witnessing domestic violence, the death of a loved one, and familial substance abuse. Although difficult to quantify based upon qualitative narratives, the most impactful ACEs seemed to be emotional and sexual abuse, the death of a loved one, and familial substance abuse. While women who abused substances often reported financial struggles as well, this was not reported as a direct factor into their substance abuse. Future research should continue to consider the differential effects of a broad range of ACEs on women's justice-related outcomes.

Although this study did not provide a direct link to arrests or convictions, prior research indicates that the childhood abuse-substance abuse pathway is directly related to initial and continued involvement in the criminal justice system (Broidy et al., 2018; Salisbury & Van Voorhis, 2009; Smith, 2017; Widom et al., 2018). Studying the indirect links are still important towards understanding women's pathways through the criminal justice system. Future

research should expand upon the qualitative narratives found in the current study to test their relationships directly to women's law-breaking behavior.

This study captured only one of the major gendered pathways. Additional pathways exist and are broadly related to relational dysfunction and social capital (see Daly, 1992; DeHart, 2018; Salisbury & Van Voorhis, 2009). The ACEs-to-substance abuse pathway accounted for the majority of women in the current study (12; 63% of participants), which is a higher proportion than reported in prior research (50% of DeHart, 2018 sample). Yet, this pathway did not explain system-involvement among all participants, as found in previous research as well (Smith, 2017). Among the remaining women, codependency with significant others and a lack of support were major factors for their system-involvement. Recent research also highlights the importance of examining relational dysfunction and intimate partner violence in women's pathways to substance abuse (DeHart, 2018; Jones et al., 2018b; Salisbury & Van Voorhis, 2009). Therefore, future research must explore such pathways beyond ACEs and substance abuse.

ACEs that were not directly asked of women in the current study warrant further examination. Findings from Kang and Burton (2014) suggest that experiences of racial discrimination can be a form of childhood trauma. Although this was not a major theme in the current study, two Women of Color (Angelface and Sincerity) described racially-based trauma. For example, Angelface was one of the only Children of Color in her small rural hometown. She described intense bullying due to her racial identity that differed from her classmates. Future research should continue to explore racially-and culturally-specific experiences in relation to trauma and system-involvement (Boppre, 2019).

Additionally, two women discussed the profound impact the death of a loved one had upon their lives and the propensity for substance abuse. Research on attachment theory and bereavement suggests that individuals who are more securely attached to their caregivers have healthier grieving processes, while those with negative caregiver relationships and less secure attachment experience more turbulent forms of grieving (Stroebe, 2002). Furthermore, as cognitive functioning and development are impacted by attachment levels, individuals with insecure attachment may be more likely to abuse illicit substances (Cihan, Winstead, Laulis, & Feit, 2014).

This study demonstrates the importance for correctional agencies, both in the community and in institutional settings, to utilize trauma-informed care (Benedict, 2014). Clinical approaches must be cognizant of women's long-term substance use that often stems from traumatic experiences during childhood and begins during early teenage years. Bloom et al. (2003) charted gender-responsive guidelines with an emphasis on holistic addiction treatment. Holistic addiction treatment addresses substance abuse within the context of mental health and trauma. This approach is crucial for women

as a large proportion experience co-occurring disorders (60–75%; McKee & Hilton, 2017; Scott et al., 2015).

Women in the current study were asked about their experiences with interventions, counseling and help seeking-behavior. A full discussion of the narrative results are beyond the scope of the current manuscript. A subsequent manuscript is planned to present the results of women's responses to such questions. Such additional research is important to understand best practices in assisting women to cope with trauma.

Although a larger sample size may have revealed additional themes, phenomenology typically utilizes small samples as few as six participants (Morse, 1995). The interview process is usually more intensive than other qualitative approaches. Indeed, the current study used in-depth interviews that lasted on average 90-minutes, allowing an abundance of rich data. Further, as the goal of phenomenology is to describe participants' experiences, issues related to saturation are not applicable. Grounded theory approaches (see Charmaz, 2006) seek to develop theory, and therefore, require theoretical sampling with the desire for saturation. Future research could build upon the current study through theoretically-aimed qualitative methods to develop a theory of women's responses to ACEs and substance abuse.

Sampling bias must also be considered. Interviewees represented women who were willing to participate, which was only 19% of those who were recruited. Therefore, women who completed an interview likely differ from women who did not. Also, Women of Color were over-represented in the current study. Accordingly, the qualitative results reported here are exploratory and are not meant to be generalized. These results provide in-depth insight to women's experiences, yet they do not represent *all* women involved in the justice system.

Finally, our sample represents women on community supervision. Most women had some experience institutionally, whether serving time in jail or prison, yet this distinction is still important to note. Women in prison may have more extensive criminal histories and ACE histories than women on community supervision.

Conclusion

Traumatic events during childhood have lasting impacts into adulthood. System-involved women often face a multitude of ACEs, including physical and sexual abuse. Accordingly, the gendered pathways perspective emphasizes the consideration of trauma and abuse in women's law-breaking behavior. The current study provides continued support for the gendered pathways perspective. The gendered realities girls face shape their propensity for, and responses to, ACEs.

This study found that women's most common response to ACEs was substance abuse through three specific pathways: coping/self-medication, escaping insecure households, and familial influences. Together, these themes reflect the complexity of women's responses to trauma. If we wish to intervene the abuse-to-prison pipeline for women, scholars and practitioners must be attentive to the lasting impacts of ACEs. Future research must continue to disentangle women's pathways to system-involvement as women represent the fastest growing sub-population of those incarcerated in the U.S. (U.S. Sentencing Project, 2018).

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Disclosure of Interest

Authors declare that they have no conflicts to report.

Ethical Standards and Informed Consent

All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation at the University of Nevada, Las Vegas, USA (Protocol #1063710) and with the Helsinki Declaration of 1975, as revised in 2000. Informed consent was obtained from all participants for being included in the study.

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