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Mental Health Consequences of Sexual Misconduct by Law Enforcement and Criminal Justice Personnel among Black Drug-Involved Women in Community Corrections

Kristi Lynn Stringer · Phillip Marotta · Dawn Goddard-Eckrich · Jasmine Akuffo · Ariel M Richer · Nabila El-Bassel · Louisa Gilbert

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Abstract This study examines the prevalence, correlates, and mental health consequences of sexual misconduct by law enforcement and criminal justice (LECJ) personnel. Baseline data for Project E-WORTH (Empowering African-American Women on the Road to Health) were collected between November 2015 and May 2018 from 351 drug-involved Black women from community corrections in New York City. LECJ sexual misconduct was self-reported and we measured mental health outcomes with the CESD-4 and the PTSD Checklist. Univariate and multivariable logistic regression analyses were performed. Approximately 14% of our sample had experienced LECJ sexual misconduct. Participants who reported multiple arrests, recent drug use, and having experienced childhood sexual victimization were more likely to have experienced LECJ sexual misconduct. Further, LECJ sexual misconduct was positively associated with depression and PTSD. These findings suggest that LECJ sexual misconduct is a previously unreported risk factor for adverse mental health outcomes among criminal-legal system-involved women. There is a need for recognition of LECJ sexual victimization among criminal-legal system-involved women. As such, prevention, treatment, and community corrections service delivery for this population should be trauma informed.

K. L. Stringer (✉) · P. Marotta · D. Goddard-Eckrich · J. Akuffo · A. M. Richer · N. El-Bassel · L. Gilbert
Columbia University, New York City, NY, USA
e-mail: ks3592@columbia.edu

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More than 1.2 million women are under some form of community correctional supervision (i.e., probation, parole, or alternative to incarceration programs) [1, 2]. There is a high prevalence of mental illness among criminal-legal system-involved populations in the United States (US), and women are at a greater risk for experiencing mental illness, compared with men [3, 4]. With a recent spotlight on police use of force in the US, studies have demonstrated the persistence of racial disparities in experiences of police violence [5]. Over 27% of Black Americans experience some type of mistreatment or abuse perpetrated by law enforcement officers in their lifetime [6]. Sexual misconduct encompasses a continuum of acts ranging from verbal or sexual harassment, to more severe acts including rape, extortion of sexual favors, and extreme physical sexual violence [7]. Fedina and colleagues [8] recently examined victimization among women across four US cities and found minority women were more likely than White women to experience physical, psychological, and sexual abuse at the hands of a law enforcement officer and that women who had experienced prior interpersonal or sexual victimization were more likely to experience police victimization.

Mechanisms linking law enforcement practices to health outcomes include both direct pathways (physical assault, loss of individual rights) and indirect pathways

(decreased social support, economic hardship, long-lasting stigma, and systematic disempowerment) (for a comprehensive review, please see Alang et al. 2017; Brinkley-Rubinstein 2013; Nowotny and Kuptsevych-Timmer 2018) [9–11]. DeVylder and colleagues found that assaultive forms of victimization, including sexual victimization, emerged as the strongest predictors of adverse mental health outcomes, even after adjusting for lifetime trauma psychiatric disorders [12, 13]. Research on the consequences of exposure to law enforcement and criminal justice (LECJ) sexual misconduct specifically among drug using women have focused solely on outcomes of sexual health and drug use in populations of sex workers [14–17] and people who inject drugs [18] outside of the United States.

Within the US, the "war on drugs" has resulted in increased contact between drug using women and LECJ officials. With increased contact, drug using women are more vulnerable to experiencing mistreatment and abuse by LECJ personnel. Further, "war on drugs" policies have shown to increase police mistreatment and abuse within Black communities [19]. Thus, Black women who use drugs are at an elevated risk for experiencing police violence. Cottler et al. [20] examined sex trading, a form of sexual misconduct, with police officers among a sample of primarily Black female drug offenders mandated to a drug court program and found a lifetime prevalence rate of 25%. Further, they found that women who were unemployed, those who had multiple arrests, with antisocial personality disorder, and those who had a history of cocaine and opiate use were at highest risk for experiencing sexual misconduct.

To date, the prevalence of sexual misconduct by LECJ is poorly understood due to substandard reporting systems and a dearth of research. Studies examining exposure to sexual misconduct among Black women who are involved in the criminal justice system do not include community corrections personnel as a potential source of exposures to sexual trauma. While abuse or mistreatment during police encounters is certainly a major concern, encounters with police are generally episodic and brief. Once convicted, a woman enters into the CJ system and encounters a broad range of criminal justice personnel including correctional facility staff and community corrections care managers post-release. The National Standards to Prevent, Detect, and Respond to Prison Rape were issued by the Department of Justice in 2012[21], which has expanded our ability to surveil sexual misconduct by correctional facility staff. Since the passing of this standard, reports of sexual victimization in jails and prisons have risen by 180% [22]. Staff-on-inmate victimization accounts for 63% of the increase [22]. While most criminal-legal system-involved women are enrolled in a community corrections, no study has examined the role of exposures to sexual misconduct perpetrated by community corrections, as well as police, as a predictor of health outcomes.

Research demonstrating the magnitude and impact of sexual misconduct by LECJ on and mental health outcomes is critically needed to identify interventions to redress racial disparities in mental health outcomes experienced by criminal-legal system-involved Black women in the US. In order to address the current gaps in the literature and the virtual absence of quantitative research on the phenomenon of sexual misconduct perpetrated by a wider range of LECJ personnel, this study assessed the magnitude and correlates of LECJ sexual misconduct among Black drug-involved women mandated to community corrections. We sought to determine the prevalence, correlates, and mental health consequences of LECJ sexual misconduct. Specifically, we hypothesized that women who had experienced multiple arrests, those who reported previous sexual trauma, those experiencing economic deprivation, those women with recent drug use, cocaine or opiates use, or intravenous drug use would be more likely to report LECJ sexual misconduct. Further, we hypothesized that LECJ sexual misconduct would be positively associated with poor mental health outcomes, even when controlling for other significant bio-psycho-social determinants of health.

Methods

Study Site and Recruitment

This study is drawn from baseline survey data from Project E-WORTH (**E**mpowering African-American **W**omen **O**n the **R**oad **T**o **H**ealth). E-WORTH is a group-based multimedia HIV/STI prevention intervention with drug-involved female offenders recruited from community corrections and criminal court sites in New York City. Research assistants approached potential enrollees in the waiting areas at corrections locations. If a potential enrollee expressed interest in participating in E-WORTH, she was screened for eligibility in a

private room. Potential enrollees received $5 for completing the eligibility screening. Women were eligible to participate if they: (1) were 18 years old or older; (2) identified as African American or Black; (3) were supervised by a criminal justice entity in the past 90 days; (4) reported any illicit drug use or binge drinking or enrolled in alcohol or drug treatment in the past 3 months; (5) reported having had unprotected vaginal or anal sex in the past 90 days; and (6) reported an outside HIV risk in the past year (i.e., engaged in unprotected sex with another partner, shared syringes, tested positive for HIV or an STI in the past 12 months , or suspected their partner cheated). Participants received $55 for completing the baseline assessment. The Columbia University Institutional Review Board approved the study and all participants provided written informed consent to participate in the study. More details on participant recruitment and study design are described in a prior publication [23].

Measures

Sociodemographic and Social Determinants of Health Characteristics We asked respondents about their ethnicity (Hispanic vs. non-Hispanic), about their education (less than high school, HS/GED, at least some college), their age in years, whether they were currently employed (currently unemployed vs. other), about their housing status (homeless in the last 90 days vs. stably housed), food insecurity (reported food insecurity in the past 90 days vs. not), prior mental health hospitalizations (yes/no), exposure to childhood sexual trauma (exposed vs. not exposed), history of sex trading (those who ever exchanged sex for money, drugs, or goods vs. those who had not), frequent police encounters (arrested 3 or more times in the last 90 days), substance use (recent drug use, lifetime opioid, cocaine, and intravenous drug use), lifetime conviction history, and unmet service need. Participants who reported needing a service in the last 90 days, but not receiving said service in the last were categorized as having an unmet need for that service. Unmet access to service needs included in analysis included primary healthcare, mental healthcare, and substance treatment.

Law Enforcement and Criminal Justice Sexual Misconduct Participants were asked if, at any time in her life have any LECJ ever (1) made any sexual comments to her, and (2) demanded sexual favors from her in exchange for not being charged, your being released, a shorter sentence or not being held in detention? Response options were coded as (0) no, (1) yes, but not in the last six months, (2) yes, in the last six months. These responses were dichotomized into yes/no. Participants who responded yes to either of these questions were categorized as having experienced LECJ sexual misconduct.

Mental Health Consequences The 4-item Center for Epidemiologic Studies Depression Scale [24] (CESD-4) was used to assess symptoms of depression. The CESD-4 total score was calculated (range: 0–12; Cronbach's α = 0.875) and then dichotomized (1 = depression, 0 = no depression) based on the standard cutoff of 4 or above indicative of depression. The PTSD Checklist-Civilian Version (PCL-C) [25] was employed to screen for symptoms of PTSD. A total PTSD score was calculated (Cronbach's α = 0.951) and then dichotomized (1 = PTSD, 0 = no PTSD) based on the standard cut point of 35 or above indicative of probable PTSD.

Statistical Analysis

All variables were first examined using descriptive statistics (e.g., means, frequencies, and standard deviations). Logistic regression analysis was used for our three dichotomous outcome variables (experiences of sexual misconduct, depressive symptoms, and PTSD symptoms). We then conducted unadjusted logistic regression analysis to assess the relationships between each of our potential predictors and our outcomes of interest. Due to missing data on our outcomes of interest, the analytic sample for the model predicting PTSD was 280, and 323 for the model predicting depression. Potential covariates for the current study included demographic economic characteristics (ethnicity education, age, homelessness, food insecurity, unmet need for services, and unemployment), and variables which have shown to be related to LECJ sexual misconduct in prior studies (criminogenic factors, sex-work, prior sexual victimization, and drug use related variables). Next, variables that were found to have a p value ≤ 0.20 in the unadjusted logistic regression analysis were included in adjusted multivariable regressions model for each outcome. Once estimated, we performed diagnostics of each of the final multivariable logistic regression models

to explore model fit (Hosmer-Lemeshow goodness of fit), collinearity among included variables, and residual distributions. All analyses were conducted with SPSS v25.

Results

Table 1 contains descriptive statistics for the study sample, unadjusted (UOR) and adjusted odds ratio (AOR) predicting exposure to LECJ sexual misconduct. Over 14% of our sample reported exposure to LECJ sexual misconduct. Of those who reported LECJ sexual misconduct, 96% (13.68% of sample) reported that LECJ personnel had made sexual comments to them, 48% (6.84% of sample) reported that LECJ personnel had demanded sexual favors from them in exchange for not being charged, being released, a shorter sentence or not being held in detention. The mean age of the 351 women who participated in the study was 34 years (SD = 11.04 years). Most identified as non-Hispanic (77.49%). Education levels were low: 44.80% reported less than a high school education, 32.37% of participants had received a high school or general equivalency diploma, and 22.83% reported having some college education. Approximately 40% of our sample were unemployed, 19.66% experienced homelessness in the last 90 days, and 63.43% reported food insecurity. Most women (72.36%) of our sample reported using drugs or binge drinking in the past three months, 27.35% had a lifetime history of cocaine/crack use, 19.84% had a lifetime history of opiate use, and 4.84% reported ever using any drug by injection. Just over 34% of our sample reported having previously been hospitalized for mental illness, 11.97% had an unmet need for primary healthcare, 15.95% had an unmet need for mental healthcare, and 9.4% reported an unmet need for substance use treatment. Approximately 38% of our sample had experience sexual trauma as a child and 17.38% reported having exchanged sex for money, goods, or services. Overall, 5.41% of our sample had been arrested three or more times, 22.51% reported spending one or more nights in jail in the last 90 days. The most common crimes that participants reported having been convicted of included property crimes (43.87%), violent crimes (27.07%), and drug possession or sale (24.79%). In logistic regression models, recent drug use (AOR 2.60, 95% CI 1.03, 6.59), childhood sexual trauma (AOR 3.72, 95% CI 1.86, 7.42), and having been arrested three or more times in the last 90 days (AOR 4.05, 95% CI 1.34, 12.18) were associated with LECJ sexual misconduct in both unadjusted and adjusted analyses.

Table 2 shows unadjusted odds ratios and adjusted odds ratios and their 95% confidence intervals generated by logistic regressions predicting depression. Consistent with our hypothesis, LECJ sexual misconduct (AOR 2.16, 95% CI 1.03, 4.53) was associated with depression in both unadjusted and adjusted analyses. Other significant variables included Hispanic ethnicity (AOR 1.80, 95% CI 0.71, 2.22) and food insecurity (AOR 2.08, 95% CI 1.24, 3.50).

Table 3 shows unadjusted odds ratios and adjusted odds ratios and their 95% confidence intervals generated by logistic regressions predicting PTSD. Consistent with our hypothesis, LECJ sexual misconduct (AOR 2.50, 95% CI 1.09, 5.72) was associated with PTSD in both unadjusted and adjusted analyses. Other significant variables included food insecurity (AOR 2.51, 95% CI 1.38, 4.59), childhood sexual victimization (AOR 2.60, 95% CI 1.46, 4.62), and violent crime conviction (AOR 1.88, 95% CI 1.01, 3.50).

Discussion

To our knowledge, no prior studies have investigated associations between exposure to LECJ sexual misconduct and mental health outcomes. Findings from this study enrich extant literature that examines the role of exposure to mistreatment, abuse, and brutality perpetrated by LECJ personnel as a social determinant of health in the United States. These results tell an important story of both prevalence of LECJ sexual misconduct and its associations with negative health outcomes. One in seven women in our sample had experienced LECJ sexual misconduct during their lifetime. LECJ sexual misconduct was more likely to be experienced by women who report recent drug use, who experienced childhood sexual victimization, and who have frequent contact with police. These results highlight that women who experienced prior sexual violence were at an increased risk of sexual victimization. Further, we found that LECJ sexual misconduct was associated with both depression and PTSD, when controlling for numerous bio-psycho-social determinants of health. These results are in accord with prior research, indicating that a substantial number of criminal-legal system-involved women

Table 1 Unadjusted and adjusted relationship with LECJ sexual misconduct

	N (%)	UOR[a]	(95% CI)	AOR[b]	(95% CI)
Any LECJ sexual misconduct	52 (14.61)	-	-	-	-
LECJ made sexual comments	50 (14.04)	-	-	-	-
LECJ demanded sexual favors	26 (7.30)	-	-	-	-
Demographic characteristics					
Hispanic ethnicity	80 (22.47)	1.18	(0.60, 2.34)	-	-
Education					
Less than HS	155 (44.16)	0.83	(0.46, 1.52)	-	-
HS/GED	115 (32.48)	1.12	(0.60, 2.08)	-	-
Some college	82 (23.36)	1.11	(0.56, 2.20)	-	-
Age (years)	33.8 (11.00)	1.00	(0.97, 1.2)	-	-
Economic characteristics					
Currently unemployed	141 (39.61)	150[ns]	(0.83, 2.71)	1.56	(0.80, 3.06)
Recently homeless (90 days)	69 (19.38)	1.88[ns]	(0.96, 3.66)	1.10	(0.50, 2.42)
Food insecurity	225 (63.56)	2.65**	(1.28, 5.50)	1.53	(0.69, 3.41)
Drug use					
Resent drug use/binge drinking (90 days)	256 (71.91)	3.43**	(1.42, 8.31)	2.61*	(1.03, 6.63)
Lifetime cocaine/crack use	96 (26.97)	1.53[ns]	(0.82, 2.87)	0.95	(0.45, 2.01)
Lifetime opiate use	70 (19.66)	1.44	(0.72, 2.88)	-	-
Lifetime IDU	14 (4.61)	1.27	(0.35, 4.58)	-	-
Mental health status					
Ever hospitalized for mental illness	120 (33.71)	1.86*	(1.02, 3.37)	1.11	(0.55, 2.22)
Unmet service need					
Primary healthcare	43 (12.06)	0.94	(0.30, 2.36)	-	-
Mental healthcare	56 (15.73)	2.30*	(1.15, 4.60)	1.99	(0.88, 4.50)
Alcohol or drug abuse treatment	33 (9.27)	1.05	(0.39, 2.85)	-	-
Gender-based violence risk factors					
Childhood sexual victimization	134 (37.64)	4.26***	(2.28, 7.98)	4.01***	(1.97, 8.18)
Sex trading	62 (17.42)	1.97[ns]	(0.99, 3.90)	1.09	(0.47, 2.51)
Criminal justice involvement					
Arrested ≥ 3 times 90 days	20 (5.62)	4.42**	(1.71, 11.43)	2.76	(0.89, 8.58)
Recent incarceration	80 (22.47)	1.18	(0.60, 2.34)	-	-
Lifetime conviction history					
Public intoxication/DUI	56 (15.73)	1.77[ns]	(0.86, 3.64)	1.15	(0.48, 2.74)
Drug possession/sale	87 (24.44)	0.92	(0.46, 1.84)	-	-
Property crime	156 (43.82)	1.22	(0.68, 2.21)	-	-
Violent crime	95 (26.69)	1.41	(0.75, 2.65)	-	-
Probation/parole violation	32 (8.99)	1.40	(0.54, 3.57)	-	-
Other	39 (10.96)	0.85	(0.31, 2.27)	-	-
Perceived criminal justice involvement stigma	22 (6.18)	5.79***	(2.36, 14.24)	4.71**	(1.60, 13.86)

Dashes indicate that variable is not included in the model

[a] Unadjusted odds ratio obtained from logistic regression model individually, including only 1 independent variable

[b] Adjusted odds ratio obtained from logistic regression model, including only variables that were found to have a p value ≤ 0.20 in the unadjusted logistic regression

Significance levels are <0.05 (*) <0.001 (***), and [ns] denotes p value between 0.05 and 0.20

Table 2 Unadjusted and adjusted relationship with depression

	UOR[a]	(95% CI)	AOR[b]	(95% CI)
LECJ sexual misconduct	3.57***	(1.81, 7.01)	2.16*	(1.02, 4.56)
Demographic characteristics				
Hispanic ethnicity	1.78	(1.06, 2.97)	1.73	(0.97, 3.09)
Education				
Less than HS	0.92	(0.60, 1.42)	-	-
HS/GED	1.44[ns]	(0.91, 2.28)	1.38	(0.82, 2.32)
Some college	0.72	(0.43, 1.20)	-	-
Age (years)	1.02[ns]	(1.00, 1.04)	1.02	(0.99, 1.04)
Economic characteristics				
Currently unemployed	1.76	(1.01, 3.06)	-	-
Recently homeless (90 days)	2.58	(1.62, 4.11)	1.32	(0.71, 2.46)
Food insecurity	1.92***	(1.17, 3.13)	1.97*	(1.17, 3.32)
Drug use				
Recent drug use/binge drinking (90 days)	1.92**	(1.17, 3.13)	1.63	(0.94, 2.82)
Lifetime cocaine/crack use	1.81	(1.11, 2.94)	1.16	(0.62, 218)
Lifetime opiate use	1.74*	(1.01, 3.01)	1.21	(0.63, 2.32)
Lifetime IDU	0.08	(0.37, 3.16)	-	-
Mental health status				
Ever hospitalized for mental illness	1.94**	(1.22, 3.08)	1.25	(0.74, 2.11)
Unmet service need				
Primary healthcare	0.92	(1.22, 3.08)	1.25	(0.74, 2.11)
Mental healthcare	1.31	(0.65, 2.75)	-	-
Alcohol or drug abuse treatment	1.33	(0.65, 2.75)	-	-
Gender-based violence risk factors				
Childhood sexual trauma	3.27***	(1.99, 5.39)	1.48	(0.88, 2.48)
Sex trading	1.69[ns]	(0.95, 2.75)	0.96	(0.49, 1.88)
Criminal justice involvement				
Arrested ≥ 3 times 90 days	1.52	(0.60, 3.88)	-	-
Recent incarceration	1.14	(0.68, 1.91)	-	-
Lifetime conviction history				
Public intoxication/DUI	0.83	(0.46, 1.51)		
Drug possession/sale	1.39[ns]	(0.84, 2.28)	1.36	(0.76, 2.45)
Property crime	0.93	(0.60, 1.42)		
Violent crime	1.51[ns]	(0.93, 2.47)	1.36	(0.78, 2.38)
Probation/parole violation	0.70	(0.33, 1.50)	-	-
Other	1.33	(0.65, 2.75)	-	-
Perceived criminal justice involvement stigma	2.10[ns]	(0.81, 5.39)	1.24	(0.44, 3.51)

Dashes indicate that variable is not included in the model

[a] Unadjusted odds ratio obtained from logistic regression model individually, including only 1 independent variable

[b] Adjusted odds ratio obtained from logistic regression model, including only variables that were found to have a p value ≤ 0.20 in the unadjusted logistic regression

Significance levels are <0.05 (*) <0.001 (***), and [ns] denotes p value between 0.05 and 0.20

Table 3 Unadjusted and adjusted relations with PTSD

	UOR[a]	(95% CI)	AOR[b]	(95% CI)
LECJ sexual misconduct	3.37***	(1.67, 6.80)	2.53*	(1.10, 5.78)
Demographic characteristics				
Hispanic ethnicity	1.27	(0.74, 2.18)	-	-
Education				
Less than HS	1.36	(0.85, 2.19)	-	-
HS/GE	0.87	(0.53, 1.45)	-	-
Some college	0.78	(0.45, 1.35)	-	-
Age (years)[a]	1.02[ns]	(1.00, 1.04)	1.01	(0.98, 1.04)
Economic characteristics				
Currently unemployed	1.15	(0.72, 1.85)	-	-
Recently homeless (90 days)	1.86*	(1.02, 3.39)	-	-
Food insecurity	3.19***	(1.88, 5.40)	2.56**	(1.41, 4.67)
Drug use				
Recent drug use/binge drinking (90 days)	1.17	(0.70, 1.98)	-	-
Lifetime cocaine/crack use	1.93**	(1.12, 3.32)	1.29	(0.64, 2.62)
Lifetime opiate use	2.06	(1.12, 3.81)	1.17	(0.56, 2.44)
Lifetime IDU	1.09	(0.36, 3.33)	-	-
Mental health status				
Ever hospitalized for mental illness	1.90**	(1.16, 3.13)	1.10	(0.61, 2.01)
Unmet service need				
Primary healthcare	2.20*	(1.08, 4.50)	2.02	(0.82, 4.97)
Mental healthcare	2.15*	(1.12, 4.10)	1.42	(0.64, 3.16)
Alcohol or drug abuse treatment	2.18[ns]	(0.95, 4.98)	1.95	(0.68, 5.63)
Gender-based violence risk factors				
Childhood sexual trauma	3.27***	(1.99, 5.39)	2.51**	(1.42, 4.46)
Sex trading	1.80[ns]	(0.96, 3.36)	1.02	(0.48, 2.16)
Criminal justice involvement				
Arrested ≥ 3 times 90 days	0.78	(0.34, 1.77)	-	-
Recent incarceration	1.06	(0.0, 1.86)	-	-
Lifetime conviction history				
Public intoxication/DUI	1.04	(0.56, 1.93)	-	-
Drug possession/sale	1.72*	(1.00, 2.96)	1.66	(0.86, 3.21)
Property crime	0.86	(0.54, 1.38)	-	-
Violent crime	1.78*	(1.06, 2.98)	1.89*	(1.02, 3.52)
Probation/parole violation	1.19	(0.52, 2.70)	-	-
Other	1.79[ns]	(0.81, 3.94)	1.50	(0.59, 3.77)
Perceived criminal justice involvement stigma	1.46	(0.55, 3.90)	-	-

Dashes indicate that variable is not included in the model

[a] Unadjusted odds ratio obtained from logistic regression model individually, including only 1 independent variable

[b] Adjusted odds ratio obtained from logistic regression model, including only variables that were found to have a p value ≤ 0.20 in the unadjusted logistic regression

Significance levels are <0.05 (*) <0.001 (***), and [ns] denotes p value between 0.05 and 0.20

experience sexual violence [8, 20], current drug users [20], and those who have experienced previous victimization [8] are at an increased risk of experiencing LECJ sexual misconduct, and that exposure to sexual misconduct by police has significant mental health consequences [12, 13].

In the US, the "war on drugs" has led to increasing numbers of Black women who use drugs under institutional or community correctional supervision. Although LECJ sexual misconduct has drawn increasing research attention over the last decade, most of the research has been descriptive in nature and focused exclusively on police, without including sexual misconduct perpetrated by other types of law enforcement and criminal justice personnel. This research extends a small body of work regarding the health of women under community supervision. Our results extend prior work with a focus on a broader range of LECJ personnel. Because the majority of women who are involved in the criminal justice system are engaged in community corrections, it is critical that our understanding of their victimization extends beyond acts committed by police officers and to include victimization at the hands of community corrections personnel. The findings from the current study provide support for targeting LECJ sexual misconduct as a potential structural driver of poor mental health outcomes among minority women involved in the criminal justice system.

Limitations

Like all studies, our study is not without limitations. Namely, the cross-sectional nature of our study design does not allow for the determination of causality. It is possible that police are more likely to target individuals with preexisting mental health conditions. However, based on the significant body of research on intimate partner violence and mental health outcomes, we think it is highly likely that poor mental health may occur as a response to the stressor of LECJ sexual misconduct. Regardless as to which direction this relationship occurs, higher negative mental health outcomes among those experiencing sexual misconduct is concerning. While future research should examine the longitudinal relationships between PSM and mental health outcomes to disentangle causality, we believe inability to make causal inferences is largely inconsequential as both explanations are equally concerning and point to a clear need for more training and accountability among law enforcement and community corrections officers. The second limitation lies in our definition of sexual misconduct. Prior US studies have only examined the most egregious forms of sexual misconduct, including sexual assault and extortion. Our analysis included both demands for sex in return for favors (sexual extortion) and verbal sexual harassment. We do not know the circumstances of any reported sexual misconduct encounters. Even in cases where LECJ personnel demanded sexual favors, we do not know whether the respondent complied with the request. Finally, our scope of work was limited to the examination of experiences and impact of LECJ sexual misconduct on women who are criminal-justice system involved. Future research within LECJ systems is needed to identify LECJ personnel level factors and aspects of the organizational context which may drive or facilitate this type of misbehavior.

LECJ Personnel Level Data and the Policy Environment

Public Health and Policy Implications

The American Public Health Association resolved to bring issues of criminal justice violence to the forefront of public policy [26]. Prior research highlights a lack of sexual misconduct policies in many police departments [7] and no studies to date have examined sexual misconduct policies across other LECJ sectors. The first step in addressing LECJ sexual misconduct is the development of a written sexual misconduct policy within LECJ departments. To effect significant change in LECJ sexual misconduct, we must push criminal justice system reform which addresses what has been defined as the "political determinants of health." The political determinants of health includes laws and policies, and policy enforcement or the lack of enforcement for policies that could protect vulnerable populations [27]. Recent research suggests that when officers perceive organizational policy and enforcement as fair, they are less likely to adhere to the traditional police code of silence [28, 29]. Thus, ensuring any policy put in place to address LECJ sexual misconduct is procedurally fair is key to overcoming the culture of silence. It is critical that LECJ personnel are familiar with relevant policies regarding sexual misconduct and are provided with the tools needed to identify and report suspected LECJ sexual misconduct.

It is not enough to simply have organizational policies regarding sexual misconduct; these must also be accompanied by oversight mechanisms. Accountability structures must be developed while allowing space for procedural and community-based restorative justice approaches. Beyond internal oversight, LECJ accountability reform must incorporate an external mechanism to hold LECJ personnel accountable for misconduct, sexual and otherwise. Developing an external accountability mechanism that addresses a wide range of LECJ personnel is challenging. Some cities, including NYC, have begun to incorporate Civilian Complaint Review Boards to mediate complaints against police; however, the boards themselves can be controversial and, the effectiveness of these boards to reduce misconduct is unknown.

To gain a better understanding of the prevalence of women involved in the criminal justice system experiencing PTSD, depression, and/or LECJ sexual misconduct, screening tools should be administered within the current population and with women upon entering the system. However, simply understanding the magnitude of this complex issue is not enough. A multidisciplinary and transdisciplinary approach should be taken to identify, develop, pilot, and implement trauma-informed and culturally, ethnically, and/or racially appropriate interventions to improve the mental health outcomes. As we make steps towards understanding the direction and extent of this relationship, we must concurrently identify interventions to address women's mental health in relation to their involvement with the justice system. There is a need for recognition of LECJ sexual victimization among criminal-legal system-involved women. As such, prevention, treatment, and community corrections service delivery for this population should be trauma informed.

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