

# **Behavioral Health and Sociocultural Determinants of Corrections Involvement Among Vulnerable African American Females: Historical and Contemporary Themes**

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*This article examines the behavioral health mechanisms of drug and alcohol abuse and risky sexual practices among young adult and adult African American women and their intersectional influences on rates of incarceration among this vulnerable population. The authors posit that sociocultural identity, family and peer relationships, and neighborhood influences are significant factors that uniquely influence young adult and adult African Americans to participate in maladaptive behavioral health mechanisms of drug use and risky sexual practices that lead to and are correlates of corrections involvement. The authors conclude the article drawing implications for practice and future research on the myriad of factors that accompany the victimization experiences of African American young adult and adult women involved in substance abuse, risky sexual behaviors, and corrections systems.*

Among African Americans, rates of incarceration proportionately far outnumber any other racial group in the United States. Forty-two percent of all incarcerated men and 45% of incarcerated women are African American

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(Young, Reviere, & Ackah, 2004; U.S. Department of Justice, 2010), although according to the 2010 U.S. Census African Americans comprise only 13.6% of the total U.S. population. Substantial research has been published on the relationship between drug and alcohol use and criminal justice involvement among young men in general and young African American men in particular (Iguchi, Bell, Ramchand, & Fain, 2005; Slade et al., 2008). Lesser attention has been given to young African American women despite their degree of victimization and the fact that women play an integral role in illegal activities (Anderson, 2005) and a critical role in the intergenerational transmission of drug use and criminal behavior risk factors (Knight, Menard, & Simmons, 2014; Leve & Chamberlain, 2004, 2005). In this article the authors discuss the (a) issue of victimization among African American women and (b) key correlates and sociocultural determinants of corrections involvement and risky behavioral practices of young adult and adult African American women.

As we see it, there are maladaptive behavioral health mechanisms that result in corrections involvement for African American young and adult women under the age of 40 with victimization experiences (Author, 2014a; Author, 2014b). Drug abuse and its interrelationships with other risky behavioral practices for many African American youth, particularly young African American women is chief among them (Williams, Ekundayo, Udezulu, & Omishakin, 2003). Yet, explanations for the overrepresentation of African Americans in the criminal justice system differ markedly from archival records of significantly increased criminal elements and acts within Black communities (Mattaini, Twyman, Chin, & Lee, 1996; Work, 2002), to a “White” criminal justice system that targets Blacks on the streets, in the courts, and through specific laws and penalties (Alexander, 2010; Blankenship, Smoyer, Bray, & Mattocks, 2005; Sterk, Theall, & Elfison, 2005; Weitzer, 1998). Though markedly different, both explanations clearly have foundations in fact and are co-existing states rather than mutually exclusive theories. One key reason for the variability in our knowledge of why the propensity of incarcerated young adult and adult African American women exist is due to a lack of research emphasis on this important topic. As alluded to earlier, the reality is that young women at risk for drug abuse and criminal justice involvement have been less studied than men, yet women play an integral role in these illegal activities (Anderson, 2005; Leve & Chamberlain, 2005) and the critical role in the intergenerational transmission of these characteristics and risks (Capaldi & Clark, 1998; Capaldi & Gorman-Smith, 2003; Knight et al., 2014; Leve & Chamberlain, 2004, 2005). Next, we delineate the experiences of victimization for African American young adult and adult women, correlates of drug and alcohol use and abuse, corrections involvement, risky sexual practices, and other risk-producing sociocultural influences on African American women under the age of 40.

## LITERATURE REVIEW

## Victimization

Young African American women are one of the most vulnerable groups in the United States at this time (Anderson, Rosay, & Saum, 2002), with disproportionately high rates of impoverishment—28.1% of African American women ages 18 to 24 compared to 13.9% of White women the same age (U.S. Census Bureau, 2013), dramatically higher rates of intimate partner homicide compared to White women (Lee, Thompson, & Mechanic, 2002), and the highest rates of incarceration (U.S. Department of Justice, 2010; Young et al., 2004). Young African American women are purported to be at increased risk for gender-based victimization, including psychological/emotional, physical, and sexual victimization (Centers for Disease Control and Prevention [CDC], 2006; Younge et al., 2010). Gender-based victimization is associated with increased rates of negative self-concept, depressive symptoms, suicidal ideation, and feelings of isolation, which are all factors associated with increased rates of risky sexual behavior (Younge et al., 2010). Wingood and DiClemente's (1997) study of 165 low-income African American women documented that many of them reported being isolated, disrespected and not cared for by their partners, and physically beaten or threatened with violence because they made the suggestion that their intimate partners wear condoms before sex. This study highlights that many low-income young African American women who encounter abusive romantic partners are more likely to engage in risky sexual practices (Wingood & DiClemente, 1997). Lee et al. (2002) reported that African American women experience more serious injuries and more often have weapons used against them during intimate partner violence. Kilpatrick, Resnick, Ruggiero, Conoscenti, and Cauley's (2007) national telephone study showed that African American women have significantly higher rates of lifetime sexual assault than other ethnic groups. Sharma (1997) reported that low-income African American women report more assaults than White women from similar socioeconomic backgrounds. Wechsberg, Lam, Zule, and Bobashev (2004) showed that the use of crack cocaine, homelessness, and unemployment are risk factors for African American women that increase the likelihood of frequent unprotected sexual practices and exposure to sexually transmitted disease (STD)/HIV infection. They are more likely to encounter and report poor mental health consequences as a result of intimate partner violence (Lee et al., 2002; Leiner, Compton, Houry, & Kaslow, 2008) and sexual assault (Bryant-Davis, Ullman, Tsong, Tillman, & Smith, 2010).

The heightened risk of African American women to experience trauma as compared to their White majority culture counterparts is well established (Bryant-Davis et al., 2010; Hampton & Gullota, 2006). The relationship between violence and gender-based influences on the health status and

general welfare of women in the larger society is not a popular public discussion, despite the evidence that intimate partner violence, rape, sexual harassment, and dating violence are chief among the sources of violence that threaten young women (National Association of Social Workers, 2001). These sources also include acute-related injuries and chronic health stressors beginning in the teenage years and continuing into adulthood (Centers for Disease Control and Prevention, 2000; Harris & Associates, 1997; Johnson, Roberts, & Worell, 1999; H. N. Snyder Sickmund, & Poe-Yamagata, 2000). Consequences of violence to women include unhealthy behaviors such as smoking, substance use, extreme reduction in body weight (Johnson et al., 1999; Weissbecker & Clark, 2007), early sexual debut, risk of early pregnancy, STDs (Silverman, Silverman, Mucci, & Hathaway, 2001), and serious mental health problems such as suicidal behaviors, including attempts and ideation (Kilpatrick et al., 2007; Ullman & Brecklin, 2002), posttraumatic stress disorder (PTSD), and depressive symptoms (Bryant-Davis et al., 2010; Gilboa-Schechtman & Foa, 2001; Younge et al., 2010). Also, the influence of family dynamics and early childhood experiences on gender-based victimization is well documented. Adolescent girls become battered because many boys learn how to hurt them by witnessing violence in their homes (Johnson et al., 1999). Jensen and Howard (1999) reported that women, as compared to men, are more likely to experience abuse as children. Others have reported that many women were at one-time victims of childhood abuse (Harris & Associates, 1997), including sexual abuse, which increases alcohol and drug use (Braithwaite, Conerly, Robillard, Stephens, & Woodring, 2003) risky sexual practices, risk of intimate partner violence in adulthood, and risk for STD/HIV infection (Wyatt et al., 2002; Wyatt, Carmona, Loeb, & Williams, 2005). Also, girls' physical development results in differential treatment by peers and men, and African American girls tend to experience earlier onset of puberty than girls from other racial groups (Corneille, Ashcraft, & Belgrave, 2005; Wu, Mendola, & Buck, 2002). Young women at high risk are particularly vulnerable to trauma and other poor outcomes (e.g., Leve & Chamberlain, 2004, 2005; J. Snyder, Bank, & Burraston, 2005; Woodson, Hives, & Sanders-Phillips, 2010).

### Drug and Alcohol Use and Abuse

Many factors associated with corrections involvement can be used to explain substance abuse and exposure to STD/HIV infection (Byqvist, 1999; Peugh & Belenko, 1999; Woodson et al., 2010). Sterk et al. (2005) and Woodson et al. identified risk factors for African American female drug users with criminal justice involvement, including low economic and social class, community context, a host of social stressors including victimization, care-giving responsibilities, various forms of discrimination, sexual exploitation, risk of HIV infection, and exposure to personal, domestic, and community violence.

There is a strong association between drug use and problems involving mental and physical health (Sterk et al., 2005). Briggs, Miller, Sayles, Tovar, & Dozier (1997) reviewed risk and protective factors linked to drug abuse among youth. Risk factors, in order of highest to lowest correlation with drug abuse, include peer drug use, antisocial behavior, parental drug use, early alcohol use, sensation seeking, poor relationship with parents, low religiosity, poor academic achievement, psychopathology, and poor self-esteem/self-derogation. Race was not a predictor of drug abuse likelihood (O'Malley, Johnston, & Bachman, 1999). In fact, African American youth are reported to have multiple risk factors for drug abuse, but the lowest usage rates (Vega, Zimmerman, Warheit, & Apospori, 1993).

Factors that appear to protect youth from drug use include healthy relationships and open communication within the family, involvement in organized school activities, effective parental monitoring and limit setting, perceptions of future opportunity, educational aspirations, community support for drug avoidance behavior, and adult support for developing individual competencies (Briggs et al., 1997). Although these factors have all been demonstrated to correlate with lower levels of drug abuse, there is limited evidence of causal mechanisms, and many of these factors appear to moderate one another.

Conversely, Curtis-Boles and Jenkins-Monroe (2000) indicated that early drug use, use of multiple illegal drugs, no family support, limited consistent support, and no church or religious involvement were generally associated with substance abuse among low-income African American women. These women were more likely than nonabusing African American women to internalize experiences of racism and express a significant degree of powerlessness and anger as a result of experiences with racism. Alternatively, nondrug abusing low-income African American women were more likely to display attitudes that reflected a significant degree of personal self-efficacy, self-confidence, self-determination, and capacity for problem solving when faced with experiences of racism. This group of African American women expressed having an early introduction to church, continuity in their spiritual practices, family support, and consistency in support over time. Both abusing and nonabusing low-income African American women reported a high degree of violence exposure and parental substance abuse, yet abusing women reported higher percentages of sexual abuse and battering experiences (Curtis-Boles & Jenkins-Monroe, 2000).

Anderson (1998a, b, c) and Anderson and Mott (1998) documented the career drug use experiences of young African American women as a function of their inability to handle issues such as teenage pregnancy, child abuse, and acting as surrogate parents of younger siblings. African American female drug use and risky sexual behavior often co-occur and can be deeply impacted by community violence and poverty (Corneille & Belgrave, 2007). Braithwaite (2006) stated that many young women are drawn to the drug scene as a

way to earn money, which is often the beginning of drug abuse. Young women who use crack cocaine often are at greater risk of exposure to STD/HIV infection because they engage in risky sexual practices as a means to maintain their career drug experience and access basic needs such as shelter and food (Wechserg et al., 2003; Wechserg, Lam, Zule, & Bobashev, 2004). Further, Woodsen et al. (2010) pointed out that many incarcerated female teens self-report experiences of survival sex while under the influence of alcohol and drugs. Risky behaviors related to both drug use and sexual activity in tandem are related to the negative impact on impulse control and decision-making capacity (Fortenberry, 1995) and are further impacted by community contexts that involve high rates of violence and risk as well as psychosocial factors (Corenielle & Belgrave, 2007). Yet, there are specific protective factors that need to be taken into consideration with African American female adolescents, such as ethnic identity, family cohesion, and community resources (Belgrave, Brome, & Hampton, 2000; Cornielle & Belgrave, 2007). Corneille et al. (2005) highlighted the product of gender socialization of African American girls. It can be an asset that predisposes them to supportive relationships. However, it can also increase the likelihood they act as a caregiver to younger siblings and relatives. This results in cost to their development and may also make them more likely to engage in health-risking behaviors (Corneille et al., 2005; Moffit, 2003, 2006).

### Corrections Involvement

The disproportionate population of incarcerated African Americans is a historically significant problem and African American men are seven times and African American women are two and a half times more likely than their White counterparts to be incarcerated (Center for Health and Justice, 2010). Similar overrepresentation of African American men and women in the corrections system exists within every state in the U.S. and juvenile arrests parallel this pattern, with more than 58% of all juveniles sentenced to correctional facilities being African American (National Conference of State Legislators, 2011; Pope & Feyerherm, 1995). There are numerous factors for the higher rates of African American incarceration than other ethnic groups, including jurisdiction, law enforcement policies and practices, urban visibility, higher rates of impoverishment, untreated behavioral and psychiatric issues, increased rates of victimization, and overt bias and racial discrimination (Alexander, 2010; Brinkley-Rubinstein, Craven, & McCormack, 2014).

For African American women, victimization occurs at higher rates than White women (U.S. Department of Justice, 2009). The relationship between criminal involvement and victimization is well known. Among women this relationship is “closely tied to drug use” (Sterk et al., 2005, p. 102). The corrections population is known to be at high risk for alcohol and drug use (Bank, Reddick, Weeber, & Swinehart, 2004; Schiraldi, Holman, & Beatty, 2000). Since



1985, the nation's probation population has grown by an average of 3% annually (U.S. Department of Justice [USDOJ], 1997). The USDOJ statistics indicate that approximately 37% of all arrestees nationwide were using alcohol at the time of the offense (USDOJ, 2010), and approximately 75% of all incarcerated individuals reported substance use in the day or days leading up to their arrest (USDOJ, 1999). Dumitrescu et al.'s (2014) study concluded that physical and sexual victimization in childhood directly impacted adult risk behaviors related to drugs and alcohol, risky sexual encounters, and being arrested and charged.

Empirical evidence clearly indicates that developmental trajectories are highly correlated for familial antisocial behavior and arrests (Farrington, Barnes, & Lambert, 1996; Monahan, Steinberg, Cauffman, & Mulvey, 2009; Patterson, 1984; Piquero, 2007), with childhood rates of sibling and family conflicts predictive of adult arrests 10 to 20 years later (Bank, 1996). Surveys indicate that nearly half of all prisoners under 21 years had another family member in prison (Beck, 1993; Farrington et al., 1996). Estimates place the risk of arrest at three to nine times higher for relatives of arrestees, with arrests of mothers resulting in greatest risk for their children (Farrington et al., 1996). Thus, from a statistical perspective, young African American women with corrections histories will have children at highest risk for arrest.

### High-Risk Sex Practices

Adolescents tend to take risks. In fact, the CDC's national survey (2013) showed that 46.8% of high school students had ever had sexual intercourse and that a significant number of them did not use a condom. African Americans account for about 44% of all newly diagnosed HIV infections, 64% of the women infected with HIV, 67% of children under the age of 13, and 66% of HIV infections attributed to heterosexual sexual contact (CDC, 2014). With respect to STD/HIV risk exposure among African Americans, Phillips (2005) reported that although there is a strong association between poverty and STD/HIV, there is also a sociocultural belief that sexual activity is "risk free" if the sexual partner's orientation is heterosexual. Phillips (2005) supported the notion that there is an inverse relationship between the fear of STD/HIV and homophobia within African American communities. Kyomugisha (2006), however, reported that HIV/AIDS is on the rise among African Americans due to heterosexual risky sexual practices, cultural taboos against condom use, and the sociocultural dependencies of African American women to deny STD/HIV infection risk to protect relationships with African American men, thereby avoiding conflict, physical assaults, abandonment, or loss of social status and social esteem in African American communities. Thompson-Robinson et al. (2005) reported that African American college student focus group participants believe that proactively addressing issues of STD/HIV with romantic partners would have less than favorable results and likely to impact their relationships negatively.

Researchers have reported that STD/HIV knowledge acquisition is poorly correlated with self-reports of risky sexual behaviors (e.g., McNair & Roberts, 1997; Robertson, Stein, & Baird-Thomas, 2006); other investigators, however, argue too little is known of the knowledge-behavior association to reach such conclusions (Stroman, 2005). Some researchers argue that culturally competent interventions are more likely to bridge the knowledge-behavior gap (Belenko, Shedlin, & Chaple, 2005; Corneille et al., 2005). Robertson et al. (2006) recommended theorizing and testing of HIV exposure prevention be conducted separately by gender. L. K. Brown et al. (2006) reported that African American youth and young adults experiencing symptoms of depression were four times as likely as a nondepressed comparison group to be inconsistent in condom use over a 6-month follow-up. Females were less likely than males to report consistent condom use. Similarly, Salazar et al. (2005) reported that for African American female adolescents there exists significant association between self-esteem and mediating variables believed to effect sexual risk reduction (e.g., positive condom attitudes, less fear of and better communication with sex partners, and perceived efficacy in negotiating condom use). Other negative outcomes related to risky sexual behavior include unwanted pregnancy, multiple abortions, drug-affected infants and related health problems. Women with drug dependence problems may exchange sex for drugs, thus leading to other kinds of risk such as contracting sexually transmitted diseases (Wechserg et al., 2003; Wechserg et al., 2004; Wyatt et al., 2005).

Adolescents' contact with the criminal justice system is associated with a number of long-term negative adult outcomes: unemployment, substance abuse, and incarceration (Moffitt, 2003, 2006; Moffitt et al., 2002). The overall rate of confirmed AIDS cases among the prison population is more than 3 times the rate in the U.S. general population (Maruschak, 2004). Other than Project LIGHT (Living in Good Health Together; Lightfoot, Comulada, & Stover, 2007), the two existing HIV prevention programs designed, implemented, and evaluated with delinquents have been unsuccessful (Gillmore et al., 1997; Slonim-Nevo, Auslender, Oxawa, & Jung, 1996). Gillmore and colleagues (1997) found delinquent youth require greater intervention that extends beyond the delivery of STD/HIV information than they provided in their study. Rather, these youth require skills building activities that allow for the integration of risk reduction skills into their personal skill sets. Slonim-Nevo and colleagues (1996) were unable to successfully follow youth over time. Delinquent youth are similar in their knowledge and attitudes about STD/HIV as compared to adolescents in public schools (DiClemente, 1991; Nader, Wexler, Patterson, McKusik, & Coates, 1989). The significant difference between delinquent youth and their adolescent peers is their sexual behavior.

Delinquent youth are more likely to be sexually active, initiate sexual activity at younger ages, and have more sexual partners. These activities



reinforce the need for STD/HIV programs with delinquent youth (DiClemente, 1991; Morris et al., 1995; Nader et al., 1989). Yet, the existing standard STD/HIV prevention program in high schools is a single session delivered by teachers that primarily aims to increase knowledge about transmission behaviors. Consequently, teachers are unprepared for many of the tasks that successful interventions require, including behavior shaping, modeling, and skill building.

### Risk-Producing Factors for Adolescent African American Women

A review of the literature suggests four predictors of risk for adolescent and adult African American women: (a) individual and (b) neighborhood socio-cultural context; (c) family and (d) peer relationships. These areas are reviewed next.

#### SOCIOCULTURAL ADAPTIVE IDENTITY

Briggs, Bank, Fixsen, Briggs, Kothari, B. and Burkett (2014) theorized and predicted the relationship between sociocultural maladaptive identities among young adult and adult African American women and men and anti-social outcomes such as corrections involvement, family members with corrections involvement experiences, peers with substance abuse, and risky sexual behavioral practices. In a similar study Briggs, Kothari, Briggs, Bank, and DeGruy (*in press*) theorized and predicted that young and adult African American women and men with sociocultural maladaptive identity were least likely to experience racial respect from their peers, family, romantic partners, or society. Sociocultural adaptive identities reflect the manner in which African American people cope with adversity and hostility and manifest a degree of control, power, and ability to handle life experiences (Author, 2014a). Racial respect measures the extent to which African Americans perceive a degree of honoring and dignifying resources and feelings of respect by peers, family, romantic partners, and society (Author, 2014b). African Americans share a common history of social and economic challenges and have adopted coping mechanisms to function in difficult contexts (Miller, 2007). Using a sociocultural perspective, the author (2014a) developed and explicated a measure of sociocultural adaptive identity for African Americans. This work has roots from the 1970s, with more recent efforts in the last decade such as Briggs and Paulson's (1996) study of institutional racism, Anderson and Mott's (1998) work with vulnerable minority women, Leary, Brennan, and Briggs' (2005) study of perceived respect by young African American men, and the author's (2014b) study of the predictors and correlates of racial respect among young adult and adult African American men and women.

Ogbu (1978) documented the nature of interaction for African Americans with mainstream, majority culture America. He believed that relations were

strained due to the history of the forced incorporation of Blacks into American culture. In addition, Chestang (1972) examined the reliance on coping strategies, customs, and practices used as survival mechanisms to neutralize negative experiences encountered in hostile environments by African Americans as an oppressed group. He suggested that when individuals have to survive in a hostile environment they develop (a) a depreciating character or (b) a transcendent character. Persons with the depreciating character express dissatisfaction with the rules to obtain goods, services, and opportunities and secure their survival through illicit and socially unacceptable means to achieve immediate gratification, security, and acceptance. The depreciated character will “act out,” as with African American youth violence (Briggs, Bank, et al., 2014; Cafferty & Chestang, 1976). The transcendent character attempts to rise above oppression through spiritual belief and protection of family from depreciated influences (Briggs, Bank, et al., 2014). Chestang’s (1972) theory of character development implied the existence of a third sociocultural adaptive identity, (3) the integrative character, which adopts the hopes, dreams, and behaviors of the oppressive or dominant culture except for their attitudes about racism (Briggs, Bank, et al., 2014). They are able to maintain connections with peers in inner city neighborhoods and continue to participate in their community of origin. Although they remain at significant risk through association with depreciated youth, they often behave as resilient youth in these high risk environments and are able to succeed with school and work opportunities despite the realities of their high-risk neighborhoods. The extent to which they avoid risky behavioral practices is variable and more difficult to predict (Briggs, Bank, et al., 2014). The report of findings by Leary et al. (2005) is consistent with these adaptive identity types (Briggs, Bank, et al., 2014; Briggs et al., in press).

In addition, Briggs, Bank, et al. (2014) sociocultural identity theory includes another dimension, the vulnerable maladaptive identity. The extent to which low-income African American youth with behavioral health challenges “act in” and engage in drug abuse and other self-harming behaviors suggests that this sub-group is a fourth adaptive identity type defined as individuals who are easily victimized and tend to be drug-involved, isolated, and depressive. These individuals are often involved in criminal activity that is drug related and vulnerable women, in particular, are most attractive to depreciated men. The vulnerable adaptive identity is consistent with the theoretical and empirical work of Anderson (1998a, 1998b) (Briggs, Bank, et al., 2014).

Experiences of respect and disrespect are another key construct related to the sociocultural adaptive identities (Briggs et al., in press). Gilder (1995) highlights the interpersonal and environmental irritations and disappointments, which are common experiences for low-income African American youth. The extent to which these youth feel they are being violated or “dissed” (disrespected) increases the likelihood that they will display anger as a typical response to these and other stressors (Mattaini et al., 1996). For these youth, the extent to which these factors produce personal

frustrations depends on the degree to which they perceive others' respect (Leary et al., 2005). Inner city African American youth are prone to negative reactions including violence when they experience disrespect from their families, friends, and society (Briggs, Bank, et al., 2014; Leary et al., 2005). Further, Leary et al. show that the extent to which African American youth witness a high degree of violence, have limited racial socialization, and perceive a high degree of disrespect by others means that they tend to engage in violence. Additionally, African American youth are prone to violence when they perceive non-physical attacks by others on their family or towards themselves (Gilder, 1995).

### Neighborhood Cohesion

Neighborhood parameters are not often included in studies of risky sexual behavior, criminal involvement, and drug use, but are increasingly found to play a critical moderating role (Corneille et al., 2005; Taxman, Byrne, & Pattavina, 2005; Silver & Miller, 2004). African American youth often live in neighborhoods with few pro-social role models and plagued with high levels of crime, financial problems, minimal business investment, and few or no social institutions supporting development (Sterk et al., 2005). These factors are thought to contribute to a "bounding effect" that decreases future expectations and supports risky behavior and poor outcomes (Corneille et al., 2005). Neighborhood contextual factors such as poverty, high-risk social networks, marginal and inaccessible health care systems, and high unemployment are known to contribute to a high rate of sexually transmitted diseases and infection (Belenko et al., 2005).

S. C. Duncan, Duncan, and Strycker (2002) examined the relationship between neighborhood conditions, drug abuse, and crime among youth in Portland, Oregon communities (the communities studied were 41% African American). These investigators collected survey data from households in 55 neighborhoods; census data indicating percent of families below the poverty line; and police records of youth arrests for alcohol and drug use. Within neighborhoods, African Americans were significantly less likely than Whites to perceive neighborhood social cohesion. Between neighborhoods, poverty was negatively and powerfully related to social cohesion perceptions. Social cohesion perception was in turn negatively related to perceptions of youth alcohol/drug abuse ( $r = -.85, p < .05$ ). Police records supported the accuracy of neighborhood perceptions of youth alcohol/drug problems ( $r = .52, p < .05$ ). It appears, therefore, that neighborhood social cohesion is a critical indicator for youth drug abuse problems. Duncan and colleagues have continued to collect and provide neighborhood cohesion and crime data for the communities where we plan to recruit participants for the proposed study. Miller (2007) has summarized the situation simply: poor communities are often infected with overt criminality such as the solicitation

and use of illegal substances, burglary, gang activity, and violence and poverty only increases the likelihood of people of color becoming involved in the correctional system (p. 28). Youth residing in distressed neighborhoods may develop an acceptance of these conditions and thereby normalize and incorporate negative codes of thinking and behavior that are pervasive to distressed communities. Miller's (2007) summary is an apt description of the conditions that foster development of depreciated and vulnerable sociocultural adaptive identities.

### Family Relationships

There is a considerable body of research that documents the impact of parental and sibling relationships on factors such as academic outcomes and adolescent adjustment (Segal & Hershberger, 2005; Bank, Burraston & Snyder, 2004; Richmond, Stocker, & Rienks, 2005; J. Snyder et al., 2005). Inconsistent and unskilled parenting has been associated with the development of conduct disorders among children and adolescents (Patterson, 1982; Reid, Patterson, & Snyder, 2002). The poorly parented child is at risk of learning to use negative and aggressive behaviors to achieve their goals, which may lead to rejection by normative peers (DeBaryshe & Patterson 1993; Patterson, Capaldi, & Bank, 1991), an increased likelihood of association with deviant peers (B. B. Brown, Mounts, Lamborn, & Steinborg, 1993; Vuchinich, Bank, & Patterson, 1992), further antisocial behavior, and academic disruption such as dropping out of high school (Patterson, Bank, & Stoolmiller, 1990; Patterson & Yoerger, 1995; Wiesner, Kim, & Capaldi, 2005). Studies have revealed, however, that parents' physical discipline practices are predictive of later behavior problems among majority culture children, but not among African American children (e.g., Gunnoe & Mariner, 1997; Lansford, Deater-Deckard, Dodge, Bates, & Pettit, 2004).

The relationship between parenting, sibling relationships, and adolescent academic outcomes has been shown to be affected by income level. The persistent linkage between family income and school performance has been documented, particularly for children who experience poverty during early childhood (G. J. Duncan, Yeung, Brooks-Gunn, & Smith, 1998; McLoyd, 1998). Using path model methodologies, investigators have found much of the variation in the effect of income on childhood and adolescent academic achievement can be explained by family-related processes such as harsh parenting and general parental stress due to economic pressures (Gershoff, Aber, Raver, & Lennon, 2007; Raver, Gershoff, & Aber, 2007; Yeung, Linver, & Brooks-Gunn, 2002). Larzelere and Patterson (1990) have demonstrated that family management skills fully mediated the effects of socioeconomic status on pre-adolescent delinquency.

There is considerable evidence of parent, sibling, and peer processes that predict youth crime and drug abuse regardless of gender, racial, or

ethnic factors (e.g., Bank & Burraston, 2001; Chamberlain & Reid, 1998; Patterson, Reid, & Dishion, 1992; Pomeroy et al., 2005). Further, it is clear that problem behaviors of youth resulting in crime and drug abuse are typically moderated by the presence of other handicapping or co-morbid circumstances. For example, Bank, Burraston, and Snyder (2004) demonstrated that poor parenting skills are significantly moderated by high levels of sibling conflict with resulting exacerbation of antisocial behavior. East and Khoo (2005) added to the understanding of family relationships by showing that family and parenting processes are critical to the shaping of sibling relationships and act as foundational socializing agents. Adverse family and sibling relationships contribute to high-risk behaviors including risky sexual practices (T. E. Duncan, Duncan, & Hops, 1996; East & Khoo, 2005) and strong correlations between siblings' substance abuse (Khoo & Muthén, 2000). On the other hand, African American youth growing up in extended family situations may be less likely to be separated from siblings and may benefit from the "reservoir" of family assistance and prosocial survival skills (Miller, 2007). With extended family, youth in high-risk settings may be more likely to adapt Briggs, Bank, Fixsen, and Newell's (2008) transcendent sociocultural identity, given that one or more family members protect them from the risks of their neighborhood.

### Sibling and Peer Influence Models

Bank (1996) documented longitudinal effects of high levels of sibling conflict that predicted arrests in adolescence and early adulthood, self-reported conflict with partners, friends, and parents, and self-reported psychopathology on both internalizing and externalizing subscales of the Brief Symptom Inventory. To provide a longitudinal test of the sibling-to-peer mechanism, J. Snyder et al. (2005) used structural equation modeling (SEM) to predict adjustment at age 17 for younger siblings of high-risk boys who participated in the Oregon Youth Survey. Predictor constructs included unskilled parenting and sibling conflict 10 years earlier, older brothers' deviant peer associations, and hanging out with deviant peers. Unskilled parenting practices predicted older brothers' deviant peer association 5 years later and high levels of sibling conflict predicted "hanging out" and engaging in antisocial activities with older brothers and their friends. There were no gender differences other than younger sisters being at greater risk for traumatic experiences. Taken together, these investigations provide strong support for an older sibling-to-deviant peer mechanism for transmission of criminal and drug abusing behaviors and placement of adolescent women at increased trauma risk. The data are also consistent with other work that finds that antisocial older brothers and sisters impact their younger siblings' adjustment (e.g., Compton, Snyder, Schrepferman, Bank, & Shortt, 2003; Conger, Conger, & Scaramella, 1997; Conger & Rueter, 1996; East & Khoo, 2005; Slomkowski et al., 2009).

Our understanding of the depreciated sociocultural adaptive identity type (Briggs, Bank, et al., 2014) is in many ways consistent with the antisocial adolescent, who also engages in illegal activities with siblings and/or through relationships with deviant peers and romantic partners as described by Stern (2004). Using this theoretical approach, Bank and colleagues have demonstrated pathways through which adolescent younger brothers and sisters of antisocial young men engage in illegal activities with their older sibling and are exposed to the deviant friends of older brothers (Bank, Briggs, McBeath & Burraston, unpublished manuscript); have multiple poor outcomes including drug abuse, arrests, early sexual experiences, other forms of antisocial behavior, and for sisters, in particular, significantly greater experiences of victimization and trauma (J. Snyder et al., 2005). In addition, even older siblings have been shown to suffer poor outcomes with antisocial behavior, poor peer relationships, increased arrest frequency, and increased drug abuse when their sibling relationships include very high levels of negative interaction (Bank 1996; Bank & Burraston, 2001), and these outcomes are further exacerbated when sibling conflict moderates the role of poorly skilled parents (Bank et al., 2004). Although these studies were all completed with majority White samples, it is hypothesized that African American adolescent women follow similar trajectories with exposure to similar risks, and suffer increased vulnerability to criminal involvement and drug abuse, risky sexual practices, and frequent exposure to violence. Consistent with the sibling findings reported by Bank and colleagues, East and Khoo (2005) have published initial evidence that sibling conflict and poor parent monitoring are critical predictors of drug abuse and risky sexual behavior in a sample of Latino and African American youth.

Some African American women growing up in high risk inner city environments are susceptible to negative peer associations that involve risk taking and poor decision-making (Anderson & Mott, 1998). An African American female may also fear violence should she leave her hyper-masculine young man and may depend on this man for what she perceives to be neighborhood and peer respect and safety (Wolfe, 2003). According to Capaldi and Crosby (1997), the African American young woman may emulate risky, illegal, and even violent behavior out of respect for her partner, the young African American male, whom she may perceive as feared and rejected by much of society (Leary et al., 2005). Therefore, a powerful risk-taking cultural bias may well be operational for many young African American women. These young women have often been sexually abused and victimized in other ways as well, and may have come to accept the deviant side of life as the preferred expression of their discontent with the status quo and as an approach to self-identity (Anderson, 2005; Miller, 2007). In general, current thinking supports our contention that these vulnerable young and adult women's relationships with their peers—which often include siblings and romantic partners—will influence their engagement in risky behaviors, including substance abuse, crime, and risky sex behaviors.



## IMPLICATIONS FOR PRACTICE

With respect to practice implications, the myriad of factors that accompany the onset of drug abuse, corrections involvement, and risky sexual behavioral functioning impairments and consequences for African American young adult and adult women argues for a need for effective clinical assessments. Effective clinical assessments are needed to ascertain the presence and extent of one particular issue versus the presence of comorbid debilitating issues and victimization effects encountered by vulnerable African American women. African American young adult and adult women who primarily exhibit one set of victimization effects such as substance abuse, which include drug abuse and alcohol, should be carefully assessed for the presence of mental health problems such as depression, unresolved anger, aggression, and self-destructive tendencies. It is likely that for some African American young adult and adult women who get involved in criminal enterprises such as prostitution tend to mask the abovementioned tendencies by relying on substances such as marijuana, cocaine, and alcohol to self-medicate following the experience of sexual victimization. These women will require a different service prescription than those who abuse substances as a result of demonstrating mental health victimization effects such as suicide ideations and suicide attempts that follow experiences of chronic family dysfunction, bullying by sibling and peers, and experiences of battering and interpersonal violence. In the former case, these particular African American women are acting out their pain and injury, whereas in the latter circumstance these particular African American women tend to respond to pain and injury by acting in and suffering in silence.

Although victimization effects differ across African American young adult and adult women who experience gender and sexual victimization, what is common to each of the abovementioned victimization effects are issues relating to poor judgment, poor decision making, ineffective problem solving, and the inability to recognize and communicate one's feelings and needs, which are all relevant conditions and considerations that require careful assessment upon intake prior to service planning and intervention. What is also needed at the time of the clinical assessment is knowledge of the cognitive, feeling, and behavioral conditions that comprise the unique triggers and maladaptive behaviors that lead to and sustain the victimization effects of substance use and abuse as well as internalization and externalizing behaviors of African American women masking the consequences of gender and sexual victimization.

Thus, African American young adult and adult women displaying mental health issues that surface as depression accompanied by somatic issues such as withdrawal, social isolation, and limited self-care skill functioning will require a different set of intervention approaches than African American

young adult and adult women that exhibit frequent levels of anger and prolonged tendencies of aggression and explosive behaviors. Although diverse in display, mental health issues possess a serious threat of injury to the affected person and to other unsuspecting victims who encounter people who are untreated and clinically vulnerable. In this context, the possession of a mental health disorder is a public health threat, a social menace and law enforcement debacle, as well as a personal disgrace, a cultural taboo that is accompanied by shame and stigma attached to African Americans diagnosed as having some inability to manage emotional and psychological distress. It is important to note that given the diversity of victimization experiences and responses that accompany it, a one-size-fits-all treatment approach does not seem prudent or indicated.

Thus, African American young adult and adult women with multiple victimization experiences and effects that include mental health issues along with substance use and abuse and risky sexual behavioral tendencies will require practice approaches that differ than those youth that display single victimization effects. African American young adult and adult women with multiple victimization effects will require a multi-institutional, multisystems, service coordination, and collaborative approach that is sensitive to their race, gender, and social class and one that targets and addresses the multiple issues that accompany the full gamut of their victimization experiences and their increased risks of substance use and abuse, risky sexual behavior, and incarceration.

Young adult and adult African American women with correction involvement experiences and a myriad of trauma and victimization experiences seeking re-entry to community life from risky behavioral practices will need social workers to be able to assess the underlying reasons for incarceration and obstacles to recovery. These social workers will need to be able to understand the contingent relationship between trauma, community adversity and violence, victimization, substance abuse, and corrections involvement. Such knowledge is critical to them in their practice efforts directed towards assisting these vulnerable women to create safe alternatives to replace self-defeating thoughts and action that will ultimately lead them back to serve more time in the criminal justice system.

## CONCLUSION

In this article the authors covered the mechanisms that lead to drug and alcohol abuse and incarceration among young adult and adult African American women. As previously discussed above, young adult and adult African American women are less likely than young and adult African American men to be the subjects of corrections and drug abuse research investigations. Yet, they serve a critical function in the commission of criminal behaviors

and in the transmission of these risks across generational lines (Anderson, 2005; Briggs & Bank, 2007; Capaldi & Clark, 1998; Capaldi & Gorman-Smith, 2003; Leve & Chamberlain, 2005).

The factors that accompany the prevalence and onset of corrections involvement among young African American women are the same correlates of drug abuse and sexual transmitted diseases (Byquist, 1999; Peugh & Belenko, 1999; Sterk et al., 2005). Young adult and adult African American women who use crack cocaine support the continuation of their illicit drug use habits by engaging in risky sexual practices, which increases their exposure to sexually transmitted diseases (Weschberg, Lam, Zule, & Bobashev, 2004).

We posit that sociocultural identity, family and peer relationships, and neighborhood factors all interact with the characteristics of African American women which ultimately increases their rates of participation in criminal behaviors, drug use, and risky sexual practices. It is our belief that a one-size-fits-all majority culture explanation and course of treatment will not unravel these factors operating uniquely within African American communities. We contend that more research on the causes, correlates, and consequences of corrections involvement, drug use, and risky sexual practices among young African American women is needed to discern the mechanisms of protection and risk among young adult and adult African American women. Finally, this research should assess the causal pathways and mechanisms that respond to prevention and treatment efforts for young adult and adult African American women, which will reveal areas for intervention (Briggs & Bank, 2007).

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