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“I ALWAYS WANTED TO BE A HO WHEN I GREW UP.” NARRATIVE
CLARIFICATIONS OF WALTERS’ CRIMINAL THINKING STYLES

A Dissertation

Submitted to the School of Graduate Studies and Research

in Partial Fulfillment of the

Requirements for the Degree

Doctor of Philosophy

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May 2011

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ABSTRACT

This dissertation employs a qualitative research design by exploring the narratives of female drug offenders involved in a drug-crime lifestyle. In-depth interviews were conducted to examine the subjective experiences of 26 women and their overall perception of the drug-crime lifestyle. The sample was drawn from a population of recovering addicts who frequented a rehabilitative agency in Pittsburgh, Pennsylvania.

The findings provide a subjective view of female drug addicts and through an assessment of the Walters’ Psychological Inventory of Criminal Thinking Styles (PICTS), the narratives of the respondents were analyzed to evaluate specifically the applicability of Walters’ eight thinking styles of cognition.

Based on the emerging themes of the data, the study highlighted the complexities of Walters’ theoretical thinking styles of drug users and offenders’ thinking styles. This study found that the narratives of the women addicts did, in fact, corroborate Walters’ theoretical perspective on drug use and crime. The study recommends that more research is needed on the lines of female drug users and their intimate relationships, as well as methadone maintenance programs, victimization, child maltreatment, and the issue of drug recovery and desistance from crime.

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Okay, I have to stop...this reads like an obituary and/or an Oscar acceptance speech!

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CHAPTER I

INTRODUCTION AND PROBLEM

Over the past fifteen years, the writings of clinical psychologist Glenn Walters have received considerable attention in psychology and criminology (Walters, 1995a, 1995b, 2005, 2006). As revealed in these works, Walters has developed an inventory of concepts and perspectives that can be used to identify and predict how criminal offenders behave and think. In essence, Walters has constructed a quantifiable scale of eighty items aimed at evaluating the thinking patterns of criminal offenders that he titles the “Psychological Inventory of Criminal Thinking Styles” or PICTS. Extensive attention has been given to continually refining the inventory by Walters and others to improve the various predictive concepts and to test its usefulness with a variety of offender types (See, for instance, Walters, 2001b, 2006, cf. Lacey, 2000; Egan, McMurran, Richardson & Blair, 2000; Palmer & Hollin, 2004; Walters, Elliot & Miscoll, 1998).

Arguably, what have been lacking are present-day, subjective assessments of selected elements of Walters’ theoretical perspectives. That is, in-depth interviews with female addicts will allow specific attention to feelings, mindsets, and even intuitions of subjects. Such attention to personal detail or “thick description”, as noted by Geertz (1973), will form the basis for “analytical generalization” in regard to theory (See, for example, Vaughn, 1992). Consequently, this study contends that based on personal narratives of offender lifestyles, further appraisals can be gathered to attest to the contemporary validity of Walters’ psychological inventory or PICTS?

Of special interest to this dissertation are the eight sub-categories of “thinking styles” that are embedded in the larger inventory. As summarized by Morgan, Fisher, and Wolff (2010, cf.

Walters, 1990), these are: (1) *Mollification*—rationalizing action by blaming external factors; (2) *Cutoff*—immediate disregard for thoughts that deter crime; (3) *Entitlement*—a privileged self-regard that permits antisocial behavior; (4) *Power Orientation*—need for control over others, self, and the environment; (5) *Sentimentality*—negating distressing feelings related to one’s behavior by performing good deeds; (6) *Superoptimism*—overconfidence in one’s ability to avoid negative results of one’s behavior; (7) *Cognitive Indolence*—using quick and easy cognitive “short-cuts;” and (8) *Discontinuity*—hesitancy and unreliability in thought and behavior. It is argued that these thinking patterns are interrelated yet have distinct components of the criminal mindset. This dissertation will offer additional clarification of the inventory of criminal thinking styles through a current, qualitative analysis of the voices of female drug addicts. Of concern is whether a sample of female drug addicts will verify, and thus act to further validate, the eight criminal thinking styles as discussed by Walters, Elliot and Misco (1998).

Research Questions

The general purpose of the dissertation is to explore the lifestyle of female substance abusers as a context for assessing the Walters’ Psychological Inventory of Criminal Thinking Styles (PICTS). Four specific categories of questions will be addressed.

1. *How do substance-abusing females describe their life rituals and activities?* For example, how would these women describe an average day in their life while using drugs? Issues to be explored here include how female substance abusers obtain drugs and how they support their habit.
2. *How do the female substance abusers perceive or “define” their own lifestyle?* Particular attention will be given to how the women move into and/or out of a so-called drug lifestyle.

3. *In what ways do the daily rituals, activities and lifestyles of female drug addicts corroborate the theoretical perspectives portrayed in the Walters' Psychological Inventory of Criminal Thinking Styles?* For example, do the mindsets that encourage women to use drugs and/or “drift” in and/or out of the drug-crime lifestyle agree with the fundamental elements of the Walters’ inventory (PICTS)? In essence, how do the narrative themes of female addicts associate with, and thus work to validate, Walters’ inventory of thinking styles?

4. *How do women define desistance from crime according to their individual mindsets?*

Thus, does the definition of criminal desistance change over the various life stages of drug using females? For example, would a woman consider drinking a beer as a “relapse” while in treatment, but justify the behavior by defining it differently when interacting with deviant and/or criminal peers?

Significance of the Problem

This research is significant for three reasons. First, the study will add further assessment and clarification to a theoretical perspective of growing scientific importance in criminology—the Walters’ Psychological Inventory of Criminal Thinking Styles. Of particular significance is that findings of this research will further refine a theoretical model developed to forecast why criminal offenders, including drug addicts, engage in illegal activity in the first place, and what factors lead to their recidivism or desistance. Subjective clarification of the Walters’ conceptual scheme is desirable. Subjective clarification is used in the same sense as that developed by Stake (1995) and Yin (2002) in their discussion of case study analysis. They argue that case studies can be chosen and studied because they are thought to be instrumentally useful in furthering understanding of a particular problem, issue, or concept. Both writers argue that case

studies can be used for theoretical elaboration or analytic generalization (See also, Schwandt, 2007:28).

Second, this study will address a population that has been relatively neglected historically—that of female drug addicts. The dissertation will provide one of the few times in recent years that subjective assessment of women drug addicts has been targeted for study as an assessment of Walters’ perspectives.

Third, increased awareness of the connection between “criminal thinking styles” and female drug addicts can ultimately achieve a better understanding of addict lifestyles, and their management. This is particularly true as we are better able to assess the degree to which the addict narratives verify the eight subcategories or thinking styles of Walters.

CHAPTER II

LITERATURE REVIEW

General Concern with Addiction in Society

The United States has struggled to find ways to combat the issues of drugs despite an increase in criminal justice efforts, education and treatment. Even with these initiatives, the number of individuals who abuse drugs continues to confound practitioners. In 2007, the National Household Survey on Drug Abuse (NHSDA) found that 46.1 % of the U.S. population aged twelve and older reported using illicit drugs during their lifetime and 8.1% reported using illicit drugs over the course of a month (as cited in SAMHSA, 2007). Basically, it is agreed that drug addiction is a concern, and that some drug users acknowledge their problems while others deny the consequences of their drug use participation. Drug abuse continues to plague communities and there is still much about this phenomenon that is unanswered, especially related to criminality.

Brief History of Drug Use and Drug Laws

In the 19th century, the average user was a middle-class person who was able to obtain drugs at the local drug store (Abandinsky, 2007; Fields, 2007). For example, drugs such as opium and morphine were included in “patent medicines” and legally distributed in cough syrups and medicinal powders (Abandinsky, 2007; Fields, 2007). In addition, cocaine was an ingredient included in Coca-Cola and some wines until the passage of the Pure Food and Drug Act of 1906 (Abandinsky, 2007; Doweiko, 2002; Fields, 2007). Prior to its passage, the United States was viewed as a ‘dope-fiend paradise’ because narcotics were easily accessible to any persons who chose to use them (Brecher, 1992).

The fact that drugs were readily available resulted in drug use becoming a common practice among prominent individuals such as Sigmund Freud, clergy, and noblemen (Abandinsky, 2007; Fields, 2007). In fact, Freud (1887) later documented the consequences he experienced because of cocaine use in his book titled: *Fear of and Craving for Cocaine* (Fields, 2007).

As the consequences of drug use were being uncovered, certain laws and policies were further developed. For example, the Harrison Act of 1914 is one well-known effort initiated to combat drug use and drug distribution (see Bertram, Blachman, Sharpe & Andreas, 1996). The Harrison Act primarily regulated drug use and sales by requiring registered physicians to be the only persons able to dispense narcotics (Abandinsky, 2007; Bertram, Blachman, Sharpe & Andreas, 1996; Fields, 2007). However, it failed to clearly define the appropriate criteria and circumstances under which physicians were able to prescribe narcotics legally, leading to physicians' conflict with the criminal justice system (see Bertram, Blachman, Sharpe & Andreas, 1996). Consequently, between 1914 and 1938, a majority of the 25,000 persons arrested for drug violations were physicians (Fields, 2007). Overall, the drug policies and laws established throughout history created a phenomenon of drug use, crime, and incarceration that remains a relevant contemporary interdisciplinary issue.

After the passage of the Harrison Act of 1914, other drug laws such as the 1932 Uniform Narcotics Act, 1937 Marijuana Tax Act, and the 1951 Boggs Act begin to emerge (see Bertram, Blachman, Sharpe & Andreas, 1996; Abandinsky, 2007). These acts have been widely criticized for exacerbating the problems associated with drug use and distribution (Bertram, Blachman, Sharpe & Andreas, 1996; Whiteacre, 2005). For example, after the passage of the Harrison Act, drug related arrests rose from 888 in 1918 to 10, 297 in 1925 (Abandinsky, 2007). Additionally,

when the criminal justice system began to enforce stricter penalties for violation of marijuana laws, the arrests rates for marijuana violations increased from 18,000 to 188, 000 from 1965 to 1970 respectively (Abandinsky, 2007). By the 1980s, more than 350, 000 persons were arrested for marijuana law violations yearly (Bertram, Blachman, Sharpe & Andreas, 1996).

It would appear that because of stricter law enforcement policies, the increase in arrests for drug violations would affect all classes, races, and genders equally. However, this is not the case (see incarceration rates, p. 17). In fact, it has been suggested that the so called “war on drugs” suggests a war on minorities (Abandinsky, 2007; Bertram, Blachman, Sharpe & Andreas, 1996). For example, laws such as the 1901 Native Races Act, which criminalized drug use and sales to “uncivilized races” (e.g. Asians and Indians), specifically directed enforcement efforts toward minorities (Abandinsky, 2007, p. 44).

Other laws, such as the passage of the Anti-Drug Abuse Act of 1986, seemingly resulted in lengthier sentences for crack-cocaine violations and a disproportionate amount of minorities being incarcerated (Abandinsky, 2007). Since drugs such as crack-cocaine and heroin are disproportionately included in the inner-city, minorities are inadvertently targeted. Bertram, Blachman, Sharpe and Andreas (1996) explain:

It is no secret that...violence related to the drug trade and drug war occurs in poor urban areas and that African Americans and Hispanic Americans disproportionately fill the nation’s jails, often for drug offenses. ...[W]hen a war against supply and users collides with social conditions of inner cities, it will inevitability end up being a war against poor minorities (pp. 36-37).

In spite of an increase in criminal justice efforts, the number of individuals who use and distribute drugs continues to confound the criminal justice system; and a disproportionate number of those implicated are minorities.

The historic drug laws in the United States have ultimately had a noticeable impact on the incarcerations, and this has encouraged a specific focus on the relationship between drugs and crime (Bertram, Blachman, Sharpe & Andreas, 1996). This focus has resulted in a complex problem in which the criminal justice system and researchers try to examine the cause and effect relationship of drugs and crime, which has presented unforeseen obstacles. Thus, it is difficult to understand the drug-crime relationship without acknowledging the individual risk factors that predispose individuals to participate in drug use and crime, as well as acknowledge the social and environmental conditions that simultaneously reinforce them (Bertram, Blachman, Sharpe & Andreas, 1996).

Furthermore, the “gold standard” for measuring the drug-crime relationship is usually quantitative and is based on a framework that maintains the existence of a pure definition of drug sobriety and criminal desistance (Whiteacre, 2005). Generally, the criminal justice system defines success as that whereby the offender or drug using behavior is completely resolved (Bertram, Blachman, Sharpe & Andreas, 1996; Whiteacre, 2005). For example, the criminal justice system’s absolute definition of recovery is often demonstrated when drug offenders are criminally violated as a result of a drug relapse.

In contrast, public health perspectives realize that drug sobriety and criminal desistance is a process and views relapse as a common occurrence (Bertram, Blachman, Sharpe & Andreas, 1996; Sampson & Laub 2003). The main objective of such a “public health paradigm” or harm-reduction approach is to minimize the consequences of the criminal behavior regardless if the

behavior is actively occurring (Bertram, Blachman, Sharpe & Andreas, 1996; Whiteacre, 2005, p. 213). For example, under the harm reduction approach, drug outreach workers may provide condoms to prostitutes or distribute clean needles to intravenous drug addicts. This harm reduction approach is similar to the notion of “if you can’t beat them, join them” because assistance is provided despite the fact that the individual is continuing the targeted behavior (e.g. drug use and prostitution).

The next section will discuss drug use and its implications for criminology. In addition, the researcher will discuss the difficulties of defining success as it relates to maintenance or desistance from the drug-crime lifestyle, and therefore, implications for a harm-reduction approach.

Implications for Research

There are three aspects of the drug-crime connection that continue to complicate the development of interventions and criminal deterrents. First, the relationship between drugs and crime raise the issue of the chronological order of each behavior, which second, is difficult to measure if drug use and crime are interdependent. Third, it becomes difficult to define success in terms of criminal deterrents and drug interventions because once these behaviors occur simultaneously; analyzing them as separate entities presents an almost impossible endeavor. Furthermore, desistance or the discontinuation of criminal behavior is a process that can include absolute termination, behavioral displacement, or a drift from the primary deviant behavior to a secondary deviant behavior. Hence, exploring the drug-crime lifestyle and the varieties of desistance can help researchers and the criminal justice system better understand and/or redefine ‘success.’ This section will discuss the drug-crime debate and the impact of self-reports as it relates to absolute termination compared to fluctuations in behavioral modification. Next, the

researcher will discuss the varying elements of desistance and the obstacles it presents in defining ‘absolute’ success.

Drugs Crime and Desistance

Most of the research and focus of criminologists as it relates to drugs pertains to the drug-crime connection (Ball, Schaffer & Nurco, 1983; Best, Day, Homayoun, Lenton, Moverley, & Openshaw, 2008; Faupel, 1991; Goldstein, 1985; Gottfredson, Kearley, & Bushway, 2008; McCoy, Inciardi, Metsch, Pottieger & Saum, 1995; Miller, 1986; Nurco, Hanlon & Kinlock, 1991; Sterk, 1999; Uggen & Piliavin, 1998). For criminologists, two primary questions emerge. First, do drugs cause crime, and second, does crime cause drug use? As for the first question of drugs causing crime, drug users’ crime activity usually predates their drug use (Faupel, 1991; McCoy, Inciardi, Metsch, Pottieger & Saum, 1995; Miller, 1986; Sterk, 1999). Nurco, Hanlon and Kinlock (1991) found that more than 91% of law breakers were involved in “pre-addiction” crime. They concluded that criminals can fit into two categories: 1) Innate criminals who are also drug addicts or 2) Drug addicts who are propelled to commit crimes as a result of the need to obtain money or other resources to buy drugs. Accordingly, they suggest that addicts whose criminal behavior predates their drug use are more likely to continue to participate in the drug-crime lifestyle despite being drug free (Nurco, Hanlon & Kinlock, 1991). These two categories imply that drug use is a complex issue and such distinctions could assist in tailoring criminal justice policies that address the specific needs of these individual populations.

The second question “if crime causes drug use” is also filled with compounding elements that are illusive. Is the drug-crime relationship confirmed when substance abusers succeed in recovery, but still participate in crime? Or, when individuals continue to use drugs, but do not participate in criminal activities? For example, Ball, Schaffer and Nurco (1983) found that 354

substance-abusing participants committed 234 crimes yearly, but this rate decreased to 47 crimes per year when they were drug-free. Although these numbers illustrate that drug users may decrease criminal activity when drug-free, the fact remains that pure desistance is unlikely. It may be reasonable to question if substance use and criminality are chronologically fixed and/or mutually exclusive; however, when any of these elements continues in the absence of the other, it makes treatment success confusing to researchers studying the drug-crime relationship (Uggen & Piliavin, 1998). Moreover, the relationship between drug use and crime is itself a misconception when we consider that drug possession is itself often illegal.

To further add to the puzzling process of defining treatment success and the actual drug-crime relationship, are discrepancies in self-reports in comparison to actual arrests (Ball, Schaffer and Nurco, 1983; Gottfredson, Kearley, & Bushway, 2008; Uggen & Piliavin, 1998; Wish, 1990). Observing the proportion of addict criminality will fail to capture real estimates of committed crimes because addicts are engaged in so many illegal activities (Ball, Schaffer and Nurco, 1983). Furthermore, some substance users and offenders may not fully disclose activities that are not directly related to their primary concern. For example, substance users may decrease involvement in drugs in the commission of some crimes (e.g. smoking crack during robbery), while continuing to engage in lesser crimes while using drugs (e.g. shoplifting and smoking marijuana).

With this in mind, the substance user may truly believe and report that they are sober and conforming because they eliminated participation in what they believe is the ‘real’ problem. In truth, desistance is not an actual event with concrete measurements; instead, it is an ever evolving process that fluctuates throughout one’s journey toward conformity. Such facts may fall through the cracks in some survey styled research. Sampson and Laub (2003) explain:

The termination of offending is characterized by the absence of continued offending (non-event). Unlike, say, stopping smoking, where a specific quit date is so important, criminal offenders do not set a quit offending date. Desistance, by contrast, evolves over time in a process...desistance is best viewed as a process rather than a discrete event...The process is a social transaction that entails identifying transformation...desistance is not an irreversible event (p. 298).

Therefore, 'absolute' success may not be a reasonable and/or feasible goal for individuals enmeshed in the drug-crime lifestyle.

Overall, attempting to understand actual desistance compared to perceived desistance and the varying results of success is a complicated matter (Farrall, 2002). In most cases, individuals with long-term, chronic criminal careers and addiction histories are less responsive to treatment regardless of the specific treatment approach (Nurco, Hanlon, Kinlock, 1991). In fact, it is common knowledge that more than 90% of drug users relapse, and most offenders relapse and reoffend within the first three months of treatment (Nurco, Hanlon, Kinlock, 1991). Thus, the ritualism and values of the drug-crime lifestyle can be so overwhelming for its members, that even when 'freed' from the constraints of the drug-crime lifestyle, they often utilize any opportunity, such as employment and social relationships as a criminal avenue (Moffit, 1993). Consequently, the drug and criminal lifestyle becomes the primary identity and overall worldly purpose of the offender and this often results in criminality and deviance being irreversible (Maher, Dunlap, Johnson, 2006; Moffitt, 1993). It appears that harm-reduction rather than intervention is the key element to rid society of criminality and drug use (Nurco, Blatchely, Hanlon, O'Grady, 1999; Whiteacre, 2005).

The next section will address the drug-crime lifestyle and victimization cycle and its impact on society and the institution of the family.

Despite the circular argument of the drug-crime debate, the global effect it has on society and the family is not hidden. Drug addiction presents many patterns and themes that result in cycles of social, emotional, family and legal troubles. This results in a ‘snowball’ effect whereby social and family institutions become victims of circumstances presented by drug use and crime. For example, most people in society have viewed a news broadcast in which police officials boast of the apprehension of drug abusers and dealers while displaying the evidence; namely, the confiscated drugs, weapons, and paraphernalia. However, because of the display of adrenaline and visceral feelings of “a job well done,” most viewers neglect to inquire about the implications of these ‘big busts.’ In other words, when drug offenders are arrested for their crimes, there is usually a family member, often one or more children, who experiences a loss. Prior to this loss, these children were more than likely included in a family system in which crime and/or drug use was the norm. This experience increases the risk of a continued cycle of family dysfunction, and therefore, crime and addiction. This next section explores the cycle of addiction in reverse chronological order. That is, this section will examine the cycle of addiction from the ‘end point’ or incarceration of the offender to childhood to examine how the ‘ripple effect’ of incarceration, drugs, victimization and traumatic histories repeats itself.

Incarceration

According to Sabol, Couture and Harrison (2006), 53% of state prisoners and 45% of federal prisoners reported a history of drug addiction and/or dependence. One in six state inmates self-reported that they offended in order to obtain money for drugs (Sabol, Couture & Harrison, 2006). Race and gender seems to further complicate the process of accurately identifying drug

abusers. For example, 7.4% of African-Americans, 7.2% of Whites and 6.4% of Hispanics account for illicit drug users in the U. S. Population (Moore & Elkavich, 2008). On the other hand, minorities account for 60% of drug offenders in state prisons, and 42% of drug offenders in federal prison (Benson, Honey, & Tree, 2000). In comparison, 5% of women in the U.S. population are illicit drug users; however, 65% of women in federal prisons and 29.1% in state prisons is due to drug related offenses (Mumola& Karberg, 2006; SAMHSA 2002). When combining the demographics of race and gender, black women are incarcerated eight times more often than white women while Hispanic women are incarcerated four times more often than white women (Benson, Honey, & Tree, 2000). These discrepancies between the societal population and correctional population of drug users further illustrate that there are contradictory elements among the substance-abusing population. Exploring this contradiction is beyond the scope of this paper, but acknowledging the diverse population of drug offenders is constructive.

When attempting to isolate the aspect of gender, there is limited research with regard to specific theories explaining the phenomenon of women, crime and addiction. Female drug users have been historically viewed as choiceless victims who need to be rescued or emancipated from the elements of addiction that seemingly cause their undesirable behavior of drug use and crime (Maher & Daley, 1996). Moreover, women are often viewed as inferior; as a result, their specific concerns are often overlooked (Bisi, 2002).

Still, it cannot be denied that women are involved in criminal behavior and usually this criminality is drug-related. In fact, in 1998, women represented 22% of all arrests and 74% reported regular drug use compared to 69% of men (Women's Prison Association, 2003). In addition, from 1986 to 1991, the number of women incarcerated increased by 75% compared to an increase of 53% among male prisoners (Women's Prison Association, 2003). Furthermore,

58% of women released from state prison on drug-related offences recidivated within three years compared to an overall prison recidivism rate of 51.8% (Women's Prison Association, 2003). Criminality continues to be disproportionately a male phenomenon, but the lack of interest in the study of female criminality can no longer be based on such logic (Kempf-Leonard & Sample, 2000).

Men and women seem to fall in the spiral of addiction for different reasons, but most of the treatment modalities presented to both populations have the same approach. For example, more than 50% of female prisoners report a history of sexual and physical abuse while only 10% of male prisoners self-report similar histories (Women's Prison Association, 2003). Research suggests that women have more affective disorders and suffer more long-term effects from drug abuse (Farris & Fenaughty, 2002; Lev-Wiesel & Shuval, R. 2006; Slocum, Simpson, & Smith, 2005). Low self-esteem, psychological and emotional trauma and sexual abuse are more frequently attributed to treatment concerns among drug using women (Baker, 2001). Female drug users are more likely to have more deviant peers, strained familial relationships, and higher rates of unemployment, than males (Hser, Huang, Teruya & Angun, 2004).

Despite the variations in the demographic characteristics and psychosocial histories of offenders, many of them share a commonality: children (Williams, 2008). The history of offending parents tells a common story in which their history of victimization and trauma leads to an endless cycle of drug use, crime and incarceration that is often difficult to break. Consequently, children involved in drug-crime families internalize the deviant and criminal thought process of their parent(s), and therefore, repeat their behavioral choices. Identifying with the abuser is a common occurrence in which victims of abuse repeat the same behavior from which they are attempting to avoid (Crosson-Tower, 2004; Miller, 1998).

For instance, drug using women readily participate in the drug-crime lifestyle which increases their risks of continuous victimization while further decreasing the possibility of conformity and drug sobriety (Maher, Dunlap and Johnson, 2006). These unintended consequences result in victims adopting the belief of crime and drug use being viable options to cope with their traumatic experiences. Walters (1995a) contends that environmental and psychosocial histories are important in helping researchers understand the processes and elements that influence individuals to adopt criminal thinking styles, and therefore induction to drug lifestyles.

The next section will describe the vicious cycle of victimization as it relates to the family and children. In addition, attention will be given to the poor drug treatment and crime outcomes of drug users who perpetuate the cycle of victimization. Also, the next section will discuss role-negotiation that must occur in order for drug users to fully commit to the drug-crime lifestyle. Lastly, the next section will provide a brief examination of the cognitive response of children who internalize the values and views of their parent(s) included in the drug-crime lifestyle.

The Cycle of Victimization

It is sometimes inconceivable for members in society to comprehend how a parent can choose crime or drug use over his/her children, but these choices seem to be closely related to the cycle of victimization and the defense mechanisms that evolve as a result of participating in the drug-crime subculture. Most predatory crimes are committed against those who are also included in the criminal lifestyle because they are less likely to go to the police and are considered 'fair game' overall (Faupel, 1991, Miller, 1998; Maher & Daley, 1996). Some criminal activities such as prostitution, places the offender at considerable risks because they are perceived to be socially marginalized and in violation of gender prescribed roles (Kurtz, Surratt,

Inciardi, Kiley, 2006; Sanchez, 2006). For example, Kurtz, Surratt, Inciardi and Kiley (2006) found that of the 294 female prostitutes studied, 75.5% had been victimized during the previous 90 days and 31.6% experienced some form of victimization within the previous 30 days. Thus, victimization is very common, or expected by those individuals included in the drug-crime subculture.

The routine victimization that drug offenders experience increases their probability of drug use and crime. This poly-victimization or multiple episodes of trauma is especially applicable to women who are enclosed within the drug subculture (Ryder, Langley & Brownstein, 2009). Poly-victimization also results in women being labeled as “treatment failures” because their means for survival and coping with trauma is drug abuse and crime (Ryder, Langley & Brownstein, 2009). When females are victimized multiple times, they may prey on others to prevent further victimization (Miller, 1998). Victimization, drug use, recidivism and drug relapse all seem to be perpetually reciprocal because these elements can create a conducive environment that encourages continued participation in the drug-crime lifestyle (Bloom and Covington, 2009; Miller, 1998; Ryder, Langley, & Brownstein, 2009; Sherman, 1995). Hence, poly-victimization is the primary element that influences the victim to become desensitized, recidivate, and identify with the abuser/victimizer, consequently, evolving into predators themselves (Ryder, Langley & Brownstein, 2009).

Although poly-victimization can create vindictive consequences, the self-victimization that occurs among individuals in the drug-crime subculture is equally crucial. Self-victimizing behaviors can include behaviors that are dehumanizing, or acts that clearly demonstrate a lack of concern for one’s self and others. This self-sabotaging behavior often results in losing social ties with friends, family and co-workers. Once social opportunities are severed, it becomes an

endless cycle because individuals use the drug-crime subculture as a means to disassociate and numb the feelings of loss and isolation (Wechsberg, et al., 2003).

For example, Slocum, Simpson and Smith (2005) found that women who experienced “negative life events” were more likely to reoffend through violent criminal acts and those women, who experienced removal of “positively valued stimuli” such as community networks and boyfriends, were more likely to reoffend by committing nonviolent acts. They concluded that experiencing strain increased the probability of using crime and drugs as a coping mechanism. Moreover, as noted, female drug abusers who lack shelter and pro-social ties use drugs more heavily than their addicted male peers who have social support (Wechsberg et al., 2003). Ironically, the same means (drugs and crime) that these individuals use to cope with strain is the initial cause of it (Slocum, Simpson & Smith, 2005; Wechsberg et al. 2003).

Self-victimization in the form of removal of positively valued stimuli results from substance-abusing parents giving up their institutional roles and responsibilities in society (Maher, Dunlap & Johnson, 2006; Gieger & Fischer, 2006). Thus, “street life can only be participated in to its full extent when one does not accept the responsibilities for conventional adult roles” (Maher, Dunlap & Johnson, 2006, p. 25). Once these roles are renegotiated, drug-use becomes the primary mission or objective while parenting and conventional societal roles become secondary (Maher, Dunlap & Johnson, 2006). This self-serving mission results in dysfunctional families. In fact, more than 90% of child protective service cases are related to drug and alcohol use of one or more parents (Crosson-Tower, 2004). Children of these families often display emotional and behavioral difficulties (Williams, 2008). For example, Daley and Michels (2009) found that out of the 63 women interviewed, 62% reported that their children presented emotional and behavior problems. They also concluded that perceptions of the

mothers should be approached with caution because their parental absence most likely presented obstacles in accurately assessing their children's emotional and behavioral needs.

Silent Victims and Role Negotiation

Once a parent renegotiates his/her role, the "silent victims" emerge (see Williams, 2008). These silent victims are children who become products of their environment and usually have parents with prior and/or current criminal involvement (Williams, 2008). Children who are included in families with high concentrations of criminality are more likely to become criminals themselves (Ammerman, Loeber, Kolko, & Blackson, 1994; Crosson-Tower, 2004; Farrington, Jolliffe, Loeber, Stouthamer-Loeber, & Kalb, 2001; Hawkins, Lishner, Catalano & Howard, 1985; McWhirter et. al., 1998; Moffitt, 1993; Williams, 2008). In addition, individuals who experience childhood traumatic events are more likely to abuse drugs and participate in criminal behaviors (Broner, Kaopelovich, Mayrl & Bernstein, 2009; Horney, Osgood & Marshall; 2001; Gido, 2009; Moffitt, 1993; Nagin, Farrington & Moffitt (2001); Peluso & Peluso, 1988; Williams, 2008).

More than 90% of women who abuse drugs and alcohol have been sexually abused as children (Gordon, 2002). Although traumatic experiences may not force individuals into the drug-crime lifestyle, it serves as a reasonable excuse (Moffitt 1993; Walters, 1994; Webster, MacDonald & Simpson, 2006). Childhood trauma and adverse environments often result in a generational curse that is mostly "escape proof" (Zastrow, 2004, p. 128). To decrease the likelihood of delinquency and long-term criminality, children need positive socialization and bonding with caregivers and others (Hirschi, 1969).

In the same way that individuals renegotiate their roles, silent victims often internalize negative outlooks, and therefore, forgo any possible pathways toward success. This often leads

to silent victims formulating their own reality (Williams, 2008). This pessimism and learned helplessness are thought processes that individuals use to justify their participation and/or recidivism in the criminal and drug lifestyle (Fields, 2007; Walters, 2001). For example, in Marc Levin's (1998) documentary, *Thug Life in D.C.*, when asked about the future of his generation, a chronic juvenile offender incarcerated in the adult prison, reported: "Our generation died when our fathers were born." Such bleak outlooks on life seem to cause criminals and drug users to view life within a vacuum; as a result, they have a negative view of the world and often cannot distinguish between their immediate gratifying wants (e.g. drugs) and pro-social needs (e.g. treatment and social support) (Fields, 2007). Walters (2001) suggests that this type of thinking reflects the primary elements that need to be studied in order to understand why some view crime and drugs as a viable option for coping with life circumstances. This thought process induces the endless drug-crime cycle, which often results in incarceration or even death.

Many adults and children experience historical traumatic biographies and do not commit crimes and/or use drugs because they possess resilient characteristics that help isolate themselves from participation in criminality and drug abuse (Sampson & Laub, 1993; Mackenzie, DeLi, 2002; Ge, Donnellan & Wenk, 2001). However, this dissertation is focusing on the thought processes and perceptions of female drug users that act as 'triggers' and encourage the drift in or out of the drug-crime lifestyle. In the next section, the researcher will discuss the various roles and boundaries that are contained in the drug-crime lifestyle. In addition, the next section will explore the interrelatedness and similarities of the drug-crime subculture with other mainstream societal features.

Concern with the Addict "Life-Style" and Prescribed Roles

The career of criminals and drug addicts, although seemingly chaotic, are just as routine and ritualistic as the average “careerist” (Faupel, 1991, p. 131). It is often difficult to comprehend how a subculture that thrives on deviance, crime and overall dysfunction could rely on conforming strategies such as marketing, complex language, and hierarchical roles to function properly, but these elements are consistently included in the drug-crime subculture (Faupel, 1991). Criminal and drug lifestyles include functions similar to the daily routines and activities as conforming individuals. These functions are included in the drug-crime subculture to uphold the mission of the drug-crime subculture and exclude nonmembers (Larson & Garrett, 1996). This section will explore the diverse typologies and statuses of substance abusers. In addition, this section will examine how individuals in the drug-crime subculture utilize prescribed labels to rationalize for their behaviors and adapt to their environment.

The process of assimilating into the drug-crime subculture takes on a distinct process. Before individuals accept the drug-crime subculture as ‘their’ group, they have to perceive limited opportunities within pro-social networks (Ulmer & Spencer, 1999). However, as individuals invest in nonconformity, they exacerbate the continuous cycle of crime and deviance because they simultaneously reduce any opportunities for pro-social interactions and developing the skills necessary to effectively cope with everyday life stressors (Ulmer & Spencer, 1999). As a result, these individuals accept drugs and crime as viable opportunities to fulfill their alternative life goals and objectives.

The alternative life goals of members of the drug-life style usually involve some type of criminal role (Nurco, Hanlon, Balter, Kinlock, & Slaght, 1991). Illicit drug users vary with regard to the types of crimes they commit, but most are alike in the sense that a majority of

them participate in deviant activities or “hustles” to get high (Miller, 1986; Faupel, 1991; & Sterk, 1999). Thus, once drug users consistently use drugs, their main objective becomes getting high and participating in criminal and deviant activities to facilitate this desire. (Iavchunovskaia & Stepanova, 2009). These activities can include minor law violations, dehumanizing behaviors such as prostitution, to extreme acts of violence (Sterk, 1999; Miller 1986; & Faupel 1991; Nurco, Hanlon, Balter, Kinlock, & Slaght, 1991). Accordingly, the type of crime one commits is related to the unique characteristics and typology of the drug user (Faupel, 1991).

For example, in his study of 30 heroin addicts, Faupel (1991) found four typologies: First, the occasional user who had a very structured life with clear responsibilities, specific roles and reduced access to drugs. Second, the stabilized addict who is just beginning to assimilate into the drug using subculture and is learning all of the skills needed to use and buy drugs effectively. This group usually adopts one specific illegal means to obtain money for drugs or criminal specialization (Faupel, 1991). Third, the freewheeling addict who lacks the life structure of the stabilized addict and often has access to large amounts of drugs as a result of the “big sting.” These users often abandon their routine criminal activities and rituals and spend money and use drugs at excessively high rates. Faupel suggests that these types of addicts are most indicative of the stereotypical flamboyant or flashy “pimp” and/or drug dealer.

The fourth typology, the street junky role, represents the addict who has a little or no life structure, a large drug habit and low access to drugs. This type of user is less likely to have any structured means to obtain drugs and at high risk for participating in desperate criminal activity. This addict is most likely to be depicted in stereotypical ideologies of addicts in the media and research articles that reference “drug crazed” addicts who resort to desperate measures to obtain money for drugs (Faupel, 1991). The street junky has a very low and demeaning status among

the criminal and drug subculture, and therefore, participates in dangerous and opportunistic criminal activities to feed their habit (Faupel, 1991). In sum, this typology encourages the realization that all drug users are not the same, and each of them have unique stories, purposes and statuses within the hierarchical structure of the drug-crime subculture.

As well, drug users' typologies result in prescribed labels that define his/her status in the subculture. These labels create a hierarchy within the drug-crime subculture. Additionally, substance abusers may prescribe themselves a label in order to be viewed in a much better light while denying the culturally ascribed label held. For example, drug dealers often employ substance abusers who are less sophisticated as 'touters' (persons who market and advertize drug dealers' products). This job is considered one of the lowest statuses within the drug-crime subculture (Siegel & Senna, 2000). In addition, buying drugs or 'copping' is also a complex process that most 'outsiders' fail to appreciate. Many drug users are directly prohibited from buying drugs because of their gender, race, and other obvious exclusive characteristics. As a result, they employ others to buy drugs, which further reduce their status within the drug-crime subculture. The implication of status and labels is important among dysfunctional subcultures because how one is defined and perceived, can influence future decisions—specifically the decision to discontinue or continue a life of drug use and crime.

Not only do status and labels affect future decisions and behaviors, but they also help in the process of defining oneself internally. In the drug-crime subculture, one's label is of great importance in distinguishing his/her-self from the 'others.' Also, these labels allow the individual to create a false sense of self and divert the attention away from his/ her shortcomings. For example, in the drug-crime subculture, most individuals would prefer to

admit that their main role is drug dealing rather than a drug user, and drug dealers stress that being an addict is the lowest position on the totem pole (Jacobs, 1999; Maher & Daley, 1996).

This need to differentiate labels can be further illustrated in the depictions of the crack user versus the crack dealer (Jacobs, 1999); stable addicts versus street junkies (Faupel, 1991); highly paid call girls/prostitutes versus crack whores/skeezers (Kurtz, Surratt, Inciardi, Kiley, 2006) and the regulars (those who regularly drink at the bar, but often have jobs) versus the “wine heads” (Anderson, 1978). The ‘fight’ for particular labels appear as efforts to restore substance abusers’ identity and conceal their bleak status in society overall.

In sum, the need for an acceptable label is influenced by the conflict that arises as a result of being viewed as a victim of one’s circumstances. In the end, these labels are often a means to superficially elevate their position within the hierarchical structure of the criminal and drug subculture (Faupel, 1991; Jacobs, 1999). Appreciating the rules, roles, boundaries and other aspects of the drug-crime subculture encourages researchers to truly explore the experiences of the individuals who live it every day. This enables the researcher to have a more objective outlook on actual subjective experiences (Faupel, 1991).

The next section will address the drug crime lifestyle and will speak to the inclusiveness of the drug-crime subculture that presents obstacles in conformity, drug sobriety, and overall detachment from society.

Importance to Understand the Lifestyle of the Addict

Once a drug user becomes an integral part of the drug-crime subculture, they develop a sense of comfort (Ulmer & Spencer, 1999). . This comfort zone revolves around peers that mirror their primary wants and needs: drugs and criminal opportunities. Peer interaction is an important factor that often reinforces drug use and criminal behavior. There are two arguments

regarding the influence of peers and crime: 1) Peers influence other to become deviant (Sutherland, 1937; Akers, 2000), and 2) Deviant individuals seek out peers who participate in similar behaviors (Walters, 1994). In comparison to family members, peers have a greater influence on one's choice to participate in criminal and deviant behaviors (Akers, 2000; Gordon, 2002; Walters, 2000). Women and girls are particularly susceptible to peer pressure and are mainly introduced to drugs by members of their own social network (Gordon, 2002). Furthermore, women are more likely to be introduced to drugs by an intimate male partner and secondarily by a same sex friend (Gordon, 2002 ; Wright, Tompkins & Sheard, 2007). The impact that peer relations have on the initiation into the drug-crime subculture provides a helpful guide as far as initiation and desistance is concerned.

The question of whether deviants seek out deviant peers or vice versa is beyond the scope of this project. However, it seems that regardless of the evolution of such grouping, drug users and criminals seem to maintain consistent contact with individuals who participate in similar behaviors (Hiller, Knight & Simpson, 1999). For example, Sommers, Baskin, and Fagan (2006) explored the desistance journey of 30 women who were primarily addicted to crack cocaine. Of these women, 87% had been arrested an average of three times for crimes ranging from robbery to drug dealing. They found that desistance from drug use and crime was largely dependent on discontinuance of deviant peer networks and a commitment to pro-social ties. They stressed that the choice to discontinue drug use and crime was initiated by a critical moment or hitting rock bottom, but desistance was filled with frequent drug relapses and criminal binges (Hiller, Knight & Simpson, 1999).

Marriage is a type of peer relationship that can have a deterrent effect on substance abuse and criminal activity (De Li, Priu & MacKenzie, 2000; Griffin & Armstrong, 2003; Horney,

Osgood & Marshall, 2001). On the other hand, marriage may be gender specific in that marriage seems to have a deterrent effect for men, but not for women (De Li, Priu & MacKenzie, 2000). For women, marriage or living with a spouse may increase criminal activity (De Li, Priu & MacKenzie 2000; Hser, Chuang, Teruya, Anglin, 2004; Griffin & Armstrong, 2003). This could be related to the fact that criminal and substance-abusing women are more likely to have partners who have similar problems (drug use and crime); as a result, these negative associations encourage drug relapse and criminality (Hser, Chuang, Teruya, & Anglin, 2004; Laudet, Magura, Furst, Kumar, & Whitney, 1999).

In sum, it is debatable if deviant peer networks influences one's criminal and drug propensity or if this relationship helps one continue a pre-existing involvement in drugs and crime, or simply feeds one's curiosity of the drug-crime lifestyle. However, most drug treatment specialists and criminal justice system officials advise those individuals trying to "stay on the right tack" to limit contact with deviant and criminal peers. Examining the aspects of peer relations is important because it is a significant aspect of the drug-crime culture, and, therefore, important to drug-crime research.

Objectively studying all of the above elements of the drug-crime lifestyle such as initiation, the process of desistance, and hierarchal roles will help researchers appreciate the complexities that exist within the lifestyles of drug users. In addition, there are both pros and cons that are included in the drug-crime lifestyle in the same way as any other behavior. It is important that drug users and criminals are encouraged to discuss the elements of their lifestyle that they define as positive and negative in order to completely weigh the pros and cons and make a rational decision to change (Miller & Rollnick, 1991). Thus, in order to get to the core

of the drug and criminal lifestyle, it must be observed as if it were typical behavior that includes both rewards and consequences (Faupel, 1991).

The next section will discuss the opportunities that qualitative research offers as it relates to exploration of drug use and the over drug-crime lifestyle. In addition, the next section will discuss the unique issues and experiences self-reported by individuals, particularly women, immersed in the drug-crime lifestyle. Lastly, the next section presents a summary of qualitative research represented in four charts. The charts are alphabetized and categorized by four common themes that emerged from the literature review. The four themes include: 1) *Common rituals and activities included in the drug-crime lifestyle*; 2) *The cycle of victimization and life events* 3) *The impact of peer relations*; and 4) *The process of Initiation into and desistance from the drug-crime lifestyle*.

Qualitative Research and the Drug-Crime Sub-culture

Understanding the interrelationship between women who use drugs and their lifestyles is a worthy topic that can be effectively explored by qualitative methods. A qualitative study is most appropriate for this research because the researcher is attempting to gain an in-depth understanding of women who use drugs and their definition of drug use and criminal lifestyles. Women who use drugs represent a distinct culture in which the women often experience social isolation. Consequently, they often adopt distinct language patterns, norms, and values to ensure that they maintain a sense of equilibrium (Farris & Fenaughty, 2002). Utilizing qualitative methods will enable the researcher to explore the subject beyond academic interpretation, and, therefore, uncover subjective views of drug- using women and their individual truths. It is understood that quantifying information is important, but in-depth description and reporting is also needed. Whiteacre (2005) explains:

The research is filled with studies demonstrating differences between drug users and nonusers without ever really telling us very much about the users or their subjective experiences. Research must seek appreciation for the subjective realities of drug users themselves. The challenge lies in finding ways to conduct research with and learn from illicit drug users without objectifying or pathologizing them (pp. 6-11).

Qualitative methods encourage exploration of the events and experiences of the person(s) who actually ‘live it,’ and, therefore, attach meanings to his/her individual experience. With regard to gender and the drug-crime lifestyle, women encompass many unique roles in society, particularly child bearing and rearing. Their individual drug use affects many social systems including family, educational, criminal justice, and the community. Nevertheless, there continues to be a shortage of research regarding women and addiction, and the adoption and continuation of the drug lifestyle (see Table 1, Maher & Hudson, 2007). Qualitative research allows researchers to gain an understanding of the drug user’s rich history based on their own personal definitions of their situation (Etherington, 2006; Maher and Hudson, 2007).

It is important to understand that there are many internal and external life events that create the opportunity to enter the drug-crime subculture (see Table 2). However, childhood abuse and neglect seem to be common experiences reported by drug users in general (see Table 2, Evans, Forsyth & Gauthier , 2002; Kurtz, Surratt, Inciardi & Kiley; 2006). In addition, continuous victimization and strained opportunities appear to present drug use and crime as viable options (see Table 2 Kurtz, Surratt, Inciardi & Kiley,2006; Maher, Dunlap & Johnson, 2006).

Poor peer relations and lack of social support work to create barriers in the process of desistance can have a negative influence on treatment outcomes (see Table 3). In particular, male

partners of drug-abusing women retain an immediate role in the introduction to drug use and continued participation in the drug-crime lifestyle overall (see Table 3, Hser, Huang, Teruya, Anglin, 2004; Laudet, Magura, Furst, Kumar, & Whitney, 1999). Also, the systematic process of becoming a drug user presents a complex relationship of supply and demand that places female drug users at risk for unique circumstances of emotional, economic and physical abuse (see Table 3, Wright, Tompkins & Sheard; 2007).

The drug-crime lifestyle involves unique values and norms, while at the same time, includes the same activities and rituals of conforming social institutions (see Table 1). One of the most common research findings is the hierarchical structure and varying typologies and ‘hustles’ of drug users (see Table 1 Faupel, 1991; Maher & Daley, 1996; Maher and Hudson, 2007; Miller, 1986).

In sum, victimization, life events, peer relations, and the hierarchy of the drug-crime subculture are all interrelated elements that are included in the process of initiation into and desistance from the drug-crime lifestyle (see Table 4). Drug users choices, cognitions, and the particular life events they experience can encourage and/or discourage the drift in/or out of the drug subculture (see Table 4, Sommers, Baskin Fagan, 2006; Sterk, 1999).

This dissertation seeks to explore (a) how female addicts perceive their drug lifestyle; and, b) how female addicts view desistance from the drug lifestyle as it relates to their individual narratives. This qualitative study is informed by Glenn Walter’s (1995) Psychological Inventory of Criminal Thinking Styles (PICTS), which includes “the three Cs” or conditions, choice and cognition, and how the interrelatedness of these components are attributed to criminal lifestyles (Walters, 1995a, Walters 2001). Lifestyle theory proposes that drug-abusing offenders possess

thinking strategies that are resistant to criminal deterrents and overall criminal desistance (Walters, 2001).

The lifestyle theory holds that although offenders may have past traumatic experiences, it is the interaction between the individual's environmental history and cognitive process that influences the individual to choose a lifestyle of deviance and crime (Walters, 2001). Therefore, exploring substance-abusing female offenders' views of how the drug-crime lifestyle and individual thought processes intertwine, will be beneficial in developing more consistent policies and treatment modalities to help facilitate sobriety in the lives of this particular population.

Table 1

Summary of Qualitative Research on the Drug-crime Lifestyle Structure and Activities

<u>Author (s)</u>	<u>Sample</u>	<u>Purpose</u>	<u>Findings</u>
Best, Day, Homayoun, Lenton, Moverley, & Openshaw (2008)	Case-note examination of 123 files in the Drug Intervention Program (DIP)	To evaluate the treatment completion rate based on criminal behaviors and drug use.	<p><i>Conclusion:</i> <i>Primary drug users</i> or those with heavy drug use, but fewer incarcerations, had longer retention rates.</p> <p><i>Primary offenders</i> or those with higher incarceration rates, but lower rates of drug use, had shorter retention rates.</p>
De Li, Priu, MacKenzie (2000)	Pre-post interviews of 125 offenders (75% male) serving probation in 3 northern Virginia districts	To examine the drug-crime relationship, drug dealing and drug use relationship, and the overall drug-crime lifestyle	<p><i>Conclusion:</i> Drug use is associated with high rates of property crime</p> <p>Drug dealing is associated with both property and violent crimes</p>
Faupel, 1991	<p>Extensive interviews of 30 hardcore heroin addicts in Delaware.</p> <p>Females represented 40 % of the sample and 22/30 were African-American.</p>	<p>To explore the lifestyle of chronic drug users with extensive criminal histories.</p> <p>To analyze the behavioral aspects of drug addicts based on a comparison of rational choice versus irrational opportunistic criminality.</p>	<p>There are 4 distinct phases of the heroin addicts' career: <i>occasional use, the stabilized addict, the freewheeling addict and the street junky role.</i></p> <p><i>Conclusions:</i> Not all drug users are the same, and each of them has unique stories, purposes and statuses within the hierarchical structure of the drug-crime subculture.</p> <p>Drugs addicts and their behaviors are more rational than previous research depicted.</p> <p>The movement of addicts throughout the various phases of their addiction is similar to the transition of conventional professional careers.</p>
Gottfredson, Kearley, & Bushway (2008)	Interviews of 157 chronic drug-using offenders in a Baltimore drug treatment center over an 11 month period	<p>To explore the self-reported criminal activities, drug use and drug treatment.</p> <p>The first known study to examine fluctuations in criminal behavior and drug use while in treatment.</p>	<p><i>Conclusion:</i> Substance abuse is related to increase levels of crime</p> <p>Substance abuse treatment decreases the amount of property crimes among users, but not violent crimes</p>

Table 1 (Continued)

Summary of Qualitative Research on the Drug-crime Lifestyle Structure and Activities

<u>Author (s)</u>	<u>Sample</u>	<u>Purpose</u>	<u>Findings</u>
Maher & Daley (1996)	An ethnographic study of 45 crack-cocaine abusing women between 1989-1992 in a New York City neighborhood	To explore if the emerging crack market provided “new opportunities” or avenues to participate in a diversity of criminal enterprises	<p><i>Conclusion:</i> Africa-American males dominate crack-cocaine markets.</p> <p>Women and whites experience marginalized criminal employment opportunities.</p> <p>Prostitution, coping drugs and touting were the primary jobs held by women involved in the drug trade.</p> <p>Sex work continues to be the most consistent opportunity for females involved in the drug-crime subculture.</p>
Maher and Hudson, 2007	<p>An comprehensive Meta-synthesis of Qualitative Literature.</p> <p>36 studies were found and only 15 met the criteria of being purely qualitative and focusing on the role of women in the drug economy.</p>	To explore 15 qualitative research studies focusing on women in the drug-crime lifestyle between 1981-2004	<p>Six Common interrelated themes emerged based on the research that all revolved around sexism, discrimination, peer relations, family relationships, and diverse roles of women in the drug-crime subculture.</p> <p><i>Conclusion:</i> All studies suggested that there is a hierarchical structure in the drug-crime lifestyle.</p>
Miller, 1986	<p>Life histories of 87 women in Milwaukee. Majority of the women were African-American 55% and 38% white.</p> <p>More than half of the women had 5 or more children.</p>	To explore the deviant activities of street women immersed in the drug-crime subculture.	<p>Male partners introduce a majority of women to the ‘street life’.</p> <p>Females participate in a variety of hustles to survive the street life and adopt additional manipulative skills or “cons” as a result..</p> <p>The life trajectories are highly dependent on the different racial and ethnic groups of the women.</p> <p><i>Conclusion:</i> Understanding the drug-crime phenomenon through the eyes and views of the actors creates a unique glimpse of the lives of an understudied population.</p>

Table 2

Summary of Qualitative Research on the Drug-Crime Lifestyle and Victimization and Life Events

<u>Author (s)</u>	<u>Sample</u>	<u>Purpose</u>	<u>Findings</u>
Evans, Forsyth & Gauthier (2002)	Detailed life history interviews of 23 male (n= 13) and female (n=10) crack-cocaine addicts	The snow ball sampling technique was utilized to examine the process of becoming an addict	<p>Female addicts are more likely to be introduced to drugs by male intimate partners.</p> <p>Males are more likely to be introduced to drugs by male friends.</p> <p><i>Conclusion:</i> Childhood abuse and neglect are prevalent factors associated with drug addicts</p>
Kurtz, Surratt, Inciardi & Kiley (2006)	A survey of 294 prostitutes in Miami. Focus groups were also employed and 21 women participated.	To examine the victimization risks associated with sex related street work.	<p>Economic strain and the use of heroin and crack-cocaine increased the risk of victimization among the women.</p> <p><i>Conclusion:</i> Childhood abuse, drug use, homelessness and violence overall are associated with increased risk of involvement in the drug-crime subculture and victimization.</p>
Maher, Dunlap & Johnson (2006)	An exploratory analysis of 87 Africa-American females who were involved in crack-cocaine and other illicit drug sales. The study was conducted over a 5-year period.	To explore the historical biographical factors that increases the risk of crack-cocaine and illicit drug sales.	<p>Prior drug use was a primary risk for involvement in drug distribution.</p> <p>The women were consistently involved in criminality prior to using drugs.</p> <p><i>Conclusion:</i> Life events had more explanatory power regarding the women's journey in comparison to the common social factors associated with drug use and crime.</p>

Table 3

Summary of Qualitative Research on Peer Relations and the Drug-crime Subculture

<u>Author (s)</u>	<u>Sample</u>	<u>Purpose</u>	<u>Findings</u>
Hser, Huang, Teruya, Anglin (2004)	A baseline and follow up interview of 511 drug abusers (55% females) while in treatment over a three-year period	To explore the treatment outcome differences between women and men	<p>Women are more responsive to treatment than men are.</p> <p><i>Conclusion:</i> Although women are more responsive to treatment, the primary risk for continued drug use and criminality was increased drug use of their male significant others.</p>
Laudet, Magura, Furst, Kumar, & Whitney (1999)	A convenience sample of 62 male partners of crack-addicted mothers in New York City's Family Rehabilitation Program.	To explore the impact of crack-addicted females' relationship with their male significant others.	<p>All the men reported a lifetime history of drug use (average age of onset of drug use was 14).</p> <p>A majority of the men made a distinction of regular use and controlled use of drugs.</p> <p><i>Conclusions:</i> Treatment poses a threat to the intimate relationships of crack-cocaine addicted women.</p> <p>Drug treatment efforts should focus on the female and the male partner.</p>
Wright, Tompkins & Sheard (2007)	In-depth interviews of 45 women drug users in the UK aged 14-46.	Explore women intravenous drug users' and intimate partner abuse.	<p>The women were dependent on their partner to inject them with drugs, which placed them at risk for emotional, economic or physical abuse.</p> <p><i>Conclusion:</i> Research and treatment should focus on the complex process of self-injecting and the intimate and dependent relationship that develops between the female intravenous drug user and the male injector.</p>

Table 4

Summary of Qualitative Research the Drug-Crime Lifestyle and Initiation and Desistance

<u>Author (s)</u>	<u>Sample</u>	<u>Purpose</u>	<u>Findings</u>
Sanchez (2006)	An ethnographic study of 5 women aged 18-34 involved in street prostitution.	To collect narratives of female prostitutes within the context of their lifestyles and interactions with law enforcement.	<p>The decision to use drugs and engage in prostitution was separate choices.</p> <p>The women were involved in prostitution before they used drugs.</p> <p><i>Conclusion:</i> The choice to prostitute and use drugs were interrelated elements that evolved from different continuums.</p>
Sommers, Baskin, Fagan (2006)	Interviews of 30 drug using New York City females with extensive criminal histories	To explore the life histories of drug-using females and the relationship between cognition and life events and their impact on criminal desistance	<p>Desistance is a process that occurs overtime with relapse being a common theme.</p> <p><i>Conclusion:</i> Maturity, life lessons and pro-social opportunities are the primary elements in the decision to discontinue drug use and crime.</p>
Sterk (1999)	<p>A four-year qualitative study of 149 female crack-cocaine users in Atlanta, Georgia.</p> <p>The study employed a variety of methods such as in-depth interviews, focus groups, informal questioning, participant observation and the like.</p> <p>70% of women participated in illegal activities other than crack use.</p> <p>55% of the women were African-American.</p>	To explore the lifestyles of crack addicted women and its consequences	<p>Majority of the women began using drugs in adolescence and male partners and peers introduced them to drugs.</p> <p>Many of the women employed a variety of hustles to obtain money for drugs primarily prostitution and property crimes.</p> <p>A majority of the women experienced childhood dysfunction and neglect.</p> <p><i>Conclusion:</i> The women believed that "society's solutions to their drug problem do more harm than good" (p. 208).</p> <p>The women in the study proposed a harm-reduction approach in which there are no penalties for drifting in/or out of drug use and crime.</p>

Theoretical Orientation of Dissertation

The criminal lifestyle theoretical framework is established by three interrelated variables: a) conditions, b) choice and c) cognition (Walters, 2001). Walters (2000) suggests that these are the three primary components of the criminal lifestyle or the “3 C’s”. The first component, “conditions”, may pertain to “internal” or “external” individual traits and environmental traits respectively. These traits are forces that influence individual interpretations and choices.

The second component of the criminal lifestyle is “choice”. Popular rational choice and deterrence theorists assert that criminals make rational choices to commit crime, and, therefore punishment must outweigh the benefits of crime (Siegel & Senna, 2000; Akers, 2000). Walters (1990; 2000) suggests that although personal and situational factors may influence the choices one makes, none of these factors purely or absolutely determine the choices made. Walters (1990) explains that it is the cognitive interpretations of behavioral consequences and rewards that determine choices.

The third component of the lifestyle theory is “cognition” or the individual’s ability to objectively explore his or her thinking. There are two categories of cognition that include construction and defense. Construction deals with how individuals organize their thoughts to create or form their own ideologies of life. Defense includes aspects of cognition that create forces to battle any contradictory and conflicting information that may invalidate their self-constructed realities (Walters, 2000). The lifestyle theory contends that the criminal lifestyle must be maintained and/or supported in the same fashion as any other behavior (Walters, 2001). Furthermore, the offender must develop and uphold a set of cognitive norms that enables the criminal lifestyle to remain constant (Walters, 2001). This behavioral thought process, along

with treatment maintenance, is often overlooked in the course of drug and criminal justice treatment (Walters & Geyer, 2007; Lacey, 2000). The criminal lifestyle embodies eight “thinking styles” that are a consequence of the interplay of “condition”, “choice”, and “cognition”. The eight “thinking styles”, predictably produced and maintained by addicts and offenders alike, comprise the fundamental building blocks of Walters’ inventory that he and others use to evaluate and assess behavior. Each of the eight thinking styles, briefly discussed here, provide a theoretical stage-setting that will guide this dissertation.

The eight “thinking styles” of Walters are: 1. mollification, 2. cutoff, 3. entitlement, 4. power orientation, 5. sentimentality, 6. superoptimism, 7. cognitive indolence, and 8. discontinuity.

Mollification

Mollification involves justifications and rationalizations for behavior. Walters (1994) asserts that this mollification is most closely associated with Sykes and Matza’s (1957) neutralization theory. Individuals are able to justify law violation and dishonesty by playing the victim role, or in some way, minimizing, or displacing blame to the victim. For example, a woman whose children were removed by child protective services would justify abusing drugs by thinking, “They took my kids, so I do not have a reason to stop using drugs.”

Cutoffs

Cutoffs refer to the criminal’s ability to disregard plausible consequences for his or her behaviors thereby disregarding the effectiveness of deterrents (Walters, 1994). These cutoffs can be internal such as accepting a mind-set to continue criminality, or external, such as drug taking that may numb (i.e. cutoff) an individual’s ability to resist deviant temptations. Walters (1994) contends that one of the most powerful internal cutoffs that invalidate the effectiveness

of deterrence is revealed in the expression “fuck it.” Criminals and drug abusers will often use this expression to justify their choice to participate in unlawful behavior and drug use to avoid dealing with life stressors. For example, a woman may repeatedly listen to music that glamorizes the drug-crime lifestyle, and one day decides, “Fuck it, I am going to get high.”

Entitlement

Entitlement involves elementary thinking which encourages individuals to participate in the criminal and drug lifestyle. Walters (1994) suggests that this behavior may develop in early childhood when the individual is consistently sent the message that he/she is special. These individuals often lack boundaries and they misidentify wants as needs. As a result, they may associate the desire to get money and to get high as an uncontrollable impulse and justify the means to an end (Cromwell, Parker & Mobley, 2003). Anderson (1999) suggests that this entitlement and need for validation transforms into a “street code” in which subcultures participate in violence and other criminal activities to maintain a high status and to receive respect. For example, a woman who is experiencing relationship difficulties while successfully fulfilling her drug treatment requirements may reward herself by thinking, “I have been doing so well, but no one appreciates me, so I need to get high to reward myself.” Through a sense of entitlement, individuals are able to de-emphasize the importance of conformity, thus allowing themselves to violate the law.

Power Orientation

Power orientation involves thinking styles in which individuals who often feel powerless experience a strong desire to exercise control over their external world (Walters, 2001). For example, a drug addict who is often perceived as having a low status may also sell drugs to superficially elevate his/her status in the drug-crime subculture. Thus, acquiring the role of a

drug dealer may enable the drug addict to ignore the actual powerlessness associated with being labeled solely as an addict. Superficial labels and prescribed roles are all means that individual members of the drug-crime subculture may employ to seek a higher status.

Sentimentality

Sentimentality is a self-serving means to increase one's self-image. Walters (1994) suggests these attempts could be conveyed through an inauthentic concern about other offenders families, writing emotional and sensitive songs and poems while incarcerated, or showing great concern for the elderly and children. For example, incarcerated offenders often condemn child molesters; while at the same time, they may have neglected or physically abused their children before being incarcerated. Or, inmates often stress their disapproval of particular criminal behaviors such as child abuse, rape and the like while disregarding the implications of their own law violating behavior.

Superoptimism

Superoptimism is a result of unrealistic ideologies or a true belief that chances of receiving consequences for drug abuse and criminality (i.e. getting caught) are slim. Walters (1994) warns that most offenders believe that there is a possibility of consequences, but since they are not immediate, the criminal proceeds with the particular law violating behavior. Rational choice theorists suggest that punishment must be swift, severe and certain or the deterrence effect will be null and void (Akers, 2000). For example, notions such as "cigarettes may kill you, but they won't ruin your life" illustrate that individuals may make decisions based on immediate consequences and dismiss the future risks. Wright, Caspi, Moffitt and Paternoster (2004) argue that "all persons discount future consequences...and all person's are attuned to the situational incentives and disincentives of their actions" (p. 183).

Cognitive Indolence

Cognitive Indolence involves the eventual loss of one's ability to critically analyze their situations and behaviors. Drug users start the criminal and drug lifestyle with sophistication and cheerfulness, but as time goes on, their behavior becomes reckless and desperate in the effort to obtain money and drugs (Faupel, 1991). Consequently, the rational thought process is muted. Walters (1991) suggests that many participate in the endless cycle of using shortcuts (drugs and crime) to find solutions to long-term problems (legal and family issues). For example, a woman who is self-proclaimed to be crime free and drug free may sell 'bootlegged' DVDs to pay her back rent. The woman may justify this behavior because she views it as a minor law violation, and ignores the possible consequences and implications of such behavior. Wolff (2009) suggests that offenders, particularly females, need to be empowered through psycho-social education and resources that will help them realistically evaluate their circumstances.

Discontinuity

Discontinuity involves the process whereby criminals and drug abusers lose sight of the 'bigger picture' as it relates to the specific requirements needed to abstain from such behaviors. Walters (1994) suggests that criminals and drug abusers are often unpredictable because they lack the ability to consistently commit to make decisions independent of their immediate group and desires. Walters (1994) suggests that this lack of ability to discontinue drug use can be traced back to the individual's historical dependency on the need for validation from the criminal subculture. Addicts sometimes report that they feel compelled to go back in order to show how well they are doing, but eventually, they report getting 'sucked right back in' by deviant peers (Mullen, Hammersley & Marriot, 2005).

Chapter III will address the methodology used to respond to the research questions and how human subjects will be protected.

CHAPTER III

METHODOLOGY

This dissertation employs a qualitative research design to explore the narratives of female drug offenders involved in a drug-crime lifestyle. The researcher will use Walters' Psychological Inventory of Criminal Thinking Styles (PICTS)—specifically the eight thinking styles of cognition—as a guide to examine the subjective experiences of women and their overall perception of the drug-crime lifestyle. The personal narratives emerge from a series of in-depth interviews and several life histories of female drug addicts.

A qualitative method is appropriate for this study because the researcher is attempting to examine the subjective experiences of female drug users. Such strategies will help the researcher gain in-depth information on the multifaceted histories and experiences of this understudied population. Employing qualitative methods to examine the lifestyles of female drug users will offer descriptions and analyses of contemporary women addicts of the kind being theorized about in the aggregate by Walters' conceptual scheme. In sum, the purpose of this study is to explore personal experiences of female drug addicts and how they perceive the drug-crime lifestyle. The dissertation's main objective is clarification of Walters' Psychological Inventory of Criminal Thinking Styles (PICTS) through the narratives and rich descriptions of females who have a current and/or past history of drug use.

Research Questions

1. *How do substance-abusing females describe their life rituals and activities?* For example, how would these women describe an average day in their life while using drugs? Issues to be explored here include how female substance abusers obtain drugs and how they support their habit.

2. *How do the female substance abusers perceive of or “define” their own lifestyle?*

Particular attention will be given to how the women move into and/or out of a so-called drug lifestyle.

3. *How do women define desistance from crime according to their individual mindsets?*

Thus, does the definition of criminal desistance change based on the various life stages of drug using females. For example, would a woman consider drinking a beer as a “relapse” while in treatment, but justify the behavior by defining it differently when interacting with deviant and/or criminal peers.

4. *In what ways do the daily rituals, activities and lifestyles of female drug addicts*

corroborate the theoretical perspectives portrayed in the Walters’ Psychological

Inventory of Criminal Thinking Styles? For example, do the mindsets that encourage

women to use drugs and/or “drift” in and/or out of the drug-crime lifestyle agree with the

fundamental elements of the Walters’ inventory (PICTS)? In essence, how do the

narrative themes of female addicts associate with, and thus work to validate, Walters’ inventory of thinking styles?

Research Sites

For the purpose of this study, the researcher intended to use two separate treatment centers located in Pittsburgh, Pennsylvania that provide access to female drug addicts. However, since the Pittsburgh AIDS Taskforce preferred that their members not be interviewed, Family Links was the only site used. In addition, the researcher intended to interview two female respondents who have long histories of drug use and incarceration. This did not occur for two reasons: 1) The first respondent was unavailable and 2) The second respondent was actively

using drugs; however, an interview was completed, but the researcher did not feel that the respondent was able to reflect on past drug using behaviors while still in active addiction.

The primary treatment site is the Family Links Treatment Center. This program provides treatment services to women over the age of 18 with a history of drug and/or alcohol abuse (www.familylinks.org). Women can receive residential treatment at the facility for up to six months. The women can have a maximum of two children up to the age of twelve residing with them. Family Links Treatment Center works on the principle assumption that female drug users are more likely to refrain from drugs and alcohol when the basic needs of shelter, employment, and childcare are met.

The Family Links Treatment Center maintains two facilities in the Pittsburgh area and one in eastern Pennsylvania. Each of the three facilities furnishes services to approximately 25 women. The Program Director of the Family Links Treatment Center has provided written permission for the researcher to interview the women undergoing treatment (see Appendix D).

The secondary research site to which the researcher gained access is the Pittsburgh AIDS Taskforce (PATF). PATF is also located in Pittsburgh (see Appendix E). The agency's mission is to provide services (e.g. case management, health services, and housing) to individuals with HIV and AIDS. Again, no subjects were interviewed at this site.

Finally, the researcher interviewed one woman with a history of drug addiction and incarceration. The respondent currently works at drug and alcohol facilities that provide a consortium of services including psycho-social educational groups, counseling and case-management. Although the respondent denied any current drug and/or alcohol abuse, it was later revealed that she was using methadone and prescription pain pills. Based on informal conversations with her about her criminal and drug use histories over the last ten years, the

researcher had in-depth knowledge, and, therefore, felt that she was appropriate for the purpose of the study. Furthermore, her rich history and knowledge of “both sides” of the subject was still an asset despite the fact that she reported current drug use.

Moreover, the respondent added to the diversity of knowledge of the research project because of her drug-crime involvement and professional expertise. The researcher does not have any current professional ties with the respondent, and therefore, there is no conflict of interest.

Although actively using, the respondent agreed to collaborate with the researcher for the purpose of “member checking” the individual responses. Being that she has personal knowledge of female drug use and experience providing drug and alcohol services, she helped the researcher increase the accuracy of her interpretations (Lewis, 2009). Member checking allows the “continuous opportunity to correct errors and misinterpretations of what was stated or observed,” which helps improve the credibility of qualitative research (Lewis, 2009, p. 11). Accordingly, the researcher used the extensive interview time and multiple phone conversations with the respondent to help clarify the researcher’s interpretation of themes and questions regarding the narratives of the women. Not surprisingly, she was able to help the researcher identify key categories regarding the narratives of the women.

Sampling

“There are no rules for sample size in qualitative inquiry” (Patton, 2002, p. 244). Patton (2002) further suggests that sample size should be dependent on reaching the point of “redundancy” (see Lincoln & Guba, 1985) and/or “theoretical saturation” (see Corbin & Strauss, 2008). Corbin and Strauss (2008) stress that the term saturation is one of the most widely misused terms in qualitative research and it is impossible to realize the point of saturation in its entirety. Corbin and Strauss (2008) advise that researchers should acknowledge that, in truth, the

process of collecting data is an infinite process, but “a researcher knows when sufficient sampling has occurred when the major categories show depth and variation in terms of their development” (p. 149).

Since the purpose of the study was concept clarification rather than an ability to generalize to a larger population, the research study was concluded once the researcher felt that she gathered enough information to present in-depth information and thick rich detail that was sufficient for the purpose of the study. (Corbin & Strauss, 2008; Creswell, 2003; Lewis, 2009; Babbie, 1998; Rubin & Babbie, 1997). Thus, when the researcher interviewed 26 women, it was clear that there was enough information for the purpose of the study.

With regard to inclusion criteria, since these women were clients who received services from drug addiction treatment centers, it was assumed that they met the criteria. As for meeting the criteria of criminality, it was presumed that any female who self-reported using an illicit substance and/or unauthorized use of prescription medication, and who was under treatment, qualified for the study.

As far as sampling, a convenience sample was appropriate in that it provided the researcher the information required to answer the proposed research questions (Maxwell, 1996). Maxwell presents four achievable goals for purposeful or convenience sampling. First, convenience sample helps in “achieving representativeness or typicality” of the desired study (Maxwell, 1996, p. 71). In other words, a convenience sample helps the researcher purposefully seek the population who has personal knowledge of the desired topic. Second, convenience samples allow the researcher to capture the desired similarities and unique qualities of certain populations (Maxwell, 1996). This is important because the researcher was attempting to explore the subjective views of female abusers who may also possess similar or dissimilar thinking styles

that influence the continuation of the drug-crime lifestyle. Third, a convenience sample provides the researcher with the opportunity to identify atypical cases (Maxwell, 1996). Since the purpose of this study is to clarify Walters' eight thinking styles, a convenience sample could facilitate the researcher's ability to identify cases that do not "fit" Walters' "thinking styles".

Lastly, a convenience sample facilitates the researcher's ability to "establish particular comparisons to illuminate the reasons for differences between individuals" (Maxwell, 1996, p. 72). Hence, uncovering deviant cases can enable the researcher to gain additional knowledge about the particular topic. In quantitative analysis, atypical cases are often referred to as outliers and often disregarded and overlooked (Patton, 2002). In contrast, in qualitative research, atypical cases are viewed as helpful information and should be reported and discussed accordingly (Lewis, 2009). Disclosing information about atypical or deviant cases can help increase the validity and credibility of the research study (Lewis, 2009)

The researcher purposely chose to include women at different treatment sites and with current and past histories of drug use to increase the opportunity to obtain in-depth information and diverse perspectives, but the researcher was unable to utilize the secondary research site. However, the researcher was able to interview four women at a second Family Links Treatment center in Penn Hills, PA, which did help diversify the population of respondents interviewed. Selecting female drug users who are receiving different types of treatment service and/or who were in different stages of drug recovery afforded the researcher increased opportunity to explore deviant or unusual cases (Babbie, 1998; Patton, 2002).

Data Collection

Two styles of data comprised this study and will be used to respond to the research questions. These include interviews and life histories. Merging these overlapping strategies will

allow the researcher to triangulate the qualitative data to add to its overall validity (see section on Validity and Reliability).

Interviews

A convenience sample of 26 female addicts was individually interviewed in a face-to-face format. The interviews were conducted in a private conference room at the treatment facilities. Doors to the conference have signs stating “Therapy Session: Do not enter.” The female residents were accustomed to such a setting.

As for the primary site, Family Links Treatment Center, any woman who voluntarily participated was interviewed.

The program manager reported that a “good turnout” is assisted when gift cards are provided to any who agree to participate in such a study. The researcher provided respondents with a ten-dollar gift card to a local super-market. It should also be noted that the researcher was comfortable with providing an incentive for three reasons. First, the primary site participants would benefit from a gift card because they go on weekly shopping trips to buy food and hygiene products. In addition, they received their incentive within a supervised or so called “safe environment.” Second, many agencies provide gift cards to participants to increase participation in preventive services and outpatient groups. Third, the program manager stressed that the particular population that the agency serves expects some type of incentive when they are solicited for optional services and/or groups. In addition, the positive incentive of gift certificates was further affirmed when the researcher observed other external social service workers distributing gift cards to the residents for their participation in particular groups such as women’s group, HIV education and the like.

In sum, for the purpose of this study, all female participants who met the basic criteria of illicit drug use and/or misuse were sought. In addition, women who had been convicted in criminal court and those who had not, as well as women who represent different ethnic, racial, and social classes (homeless, and not).

The interviews lasted from one to two hours. There were two particularly informative subjects who were met on subsequent occasions although this was still counted as a single interview. An interview schedule of three or four semi-structured or open-ended questions for each of the eight “thinking styles” will guide the interview process (see Figure 1). A high level of interpersonal comfort at the interview setting was desired and some time was devoted to rapport building. The researcher has nearly a decade of employment experience as a social worker in the research setting that includes working with drug addicts, and therefore, rapport building was not problematic.

In addition, the staff and residents were welcoming and pleasant overall. For example, on the first day that the researcher came to the treatment facility, the program informed me that the “house was shut down.” This means that the residents would not be permitted to participate in any outside activities and all privileges were suspended. The second time the researcher visited the facility, there were police cars surrounding the facility to apprehend a resident. During all of these incidents, the staff, program manager, and residents still greeted the researcher and stressed that the interviews should continue as planned. Equally important, the staff encouraged the researcher to sit in the common areas with the residents. As a result, the researcher was able to engage in conversations and interactions to help potential respondents establish a rapport with the researcher and further inquire about the intent and purpose of the research study.

All interviews were taped; however, because of the sensitive nature of the subject, the respondent were informed that she could request that the recording be stopped at any time. No respondent objected to the use of a tape recorder. In fact, many of the respondents reported that they were happy to share their stories and hoped that the research study could help other understand the drug addiction. Regardless, rigorous notes were diligently kept during all interviews, and keen attention to detail aimed at gaining verbatim, or near verbatim, transcriptions were sought. During the data collection process, the interviewer paid strict attention to emerging themes and patterns that are both confirming and disconfirming. Patton (2002) suggests that the data collection and analysis is often “overlapping,” but the researcher should seek to find a balance while performing both tasks simultaneously.

As soon as possible, the researcher used Dragon NaturallySpeaking (11) voice recognition software to dictate the interviews into the computer. At first, this process was very time consuming and averaged about 4-6 hours per 1 hour interview. After the fourth interview, Dragon NaturallySpeaking (11) began to increase in accuracy (even in the case of slang terms), which decreased the dictation time to 3-4 hours per 1 hour interview. Although overly cumbersome, the researcher felt the time utilized to dictate the interviews proved helpful in the process of coding and thematic analysis because the researcher was well versed in regard to better comprehension the respondents’ narratives.

Life Histories

Life histories are a way to capture the subjective experiences of respondents through extended narratives (Wicks & Whiteford, 2006). These narratives help capture the unique aspects of the respondent’s life experience in sequences (Wicks & Whiteford, 2006). “Life stories are

particular narratives used to reconstruct and interpret whole lives in order to obtain a comprehensive view of people's experiences" (Wicks and Whiteford, 2006, p. 8).

Accordingly, I planned to record the narratives of two female subjects with whom I have been closely acquainted in a working relationship over a ten-year period as colleagues in a drug treatment facility. As stated, the life histories did not follow as planned. However, the researcher was able to utilize the one life history as a member check. In addition, the researcher was able to conduct a 2 ½ hour semi-structured and structured interview with one of the planned life history respondents. Moreover, the researcher was able to ask questions to help clarify categories and themes that emerged from interviews conducted at Family Links Treatment Center.

The female respondent has more than twenty years of drug addiction and offending history. I have never providing clinical treatment services to her. I also have no professional and/or other "service type" affiliation with the women. In fact, I have not worked in social services in a professional capacity for over six years. However, as a social worker, I am bound to the code of ethics and core values (see NASW code of ethics)

Developing "life history" as a data style presents specific advantages. The researcher views the unique experience with the respondent as especially advantageous due to rapport being already established and without the time restraints that apply with briefer interviews (For discussion, see Wicks and Whiteford, 2006). In addition, although actively using drugs, the female respondent served as a "member check" because of the ongoing and open access afforded to the researcher (see Maxwell, 1996). Most importantly, having an opportunity to trace the life history with drug addiction presented a unique opportunity to further assess the theoretical "thinking styles" of Glenn Walters with attention to their causal relationships to the addict's

behavior over time. This was especially true, because the researcher was able to gain perspective from a respondent in active addiction.

There were two interviews conducted at Family Links that also seemed to provide detailed description. These two respondents were very articulate and began their narratives from as young as age four. There were two other convenient aspects of these particular interviews: First, the researcher was able to meet with the two respondents multiple times and the interviews lasted for about 2 hours. As a result, the researcher was able to ask the respondents questions that she was not able to ask other respondents. This also enabled the researcher to have fluid conversations with the respondents that provided the researcher with greater research on the issue of drug addiction and crime. Second, the two interviews occurred almost at the very end of the research stage and the researcher had developed more concrete detailed notes on emerging categories and themes. The researcher, therefore, was able to ask questions that helped clarify themes and categories embedded in previous interviews.

Overall, the researcher has to be careful not to assume the extensive histories gathered on the three respondents are absolute and/or are representative of the perspectives of majority of the other respondents, but it does help the researcher further explore the narrative and themes embedded in Walters' lifestyle typologies and the drug and crime subculture overall.

Validity and Reliability Concerns

The purpose of this research is to provide further assessment and verification of the concepts used by Walters in his "thinking styles" of criminals, including drug addicts. In essence, are his eight concepts or constructs themselves valid in their ability to accurately portray causal building blocks (independent variables) that predict the dependent variable of criminal or addictive outcomes. As noted earlier, will the subjective narratives of contemporary female drug

addicts allow further assessment of the Walters' eight "thinking styles"? Consequently, this dissertation is itself an attempt to further confirm or refute the validity of Walters' theory, and as a minimum to add clarification to the thinking styles.

However, a further question may be asked if the narratives to be gathered from a sampling of female addicts themselves represent valid responses. Or, stated differently, did the responses provided by the female addicts represent honest and truthful replies? As in much naturalistic and field work research there is an assumption that the responses being solicited are inherently accurate, that is the recalled statements are reflections of direct, personal experiences of the respondent and are, at least to the respondent, absolutely true statements. As discussed by Lewis (2009), it may be that "without reliability there can be no validity". Consequently, attention was given in this study to trying to make sure that individual respondents were providing unchanged replies when questions are asked in different ways. Also, special attention was given to whether consistent statements were collected from the two strategies of interviews and life histories. As noted, the researcher attempted to further strengthen the validity with member checks. Thus, the emphasis on "triangulation" should attest to both reliability as well as the internal validity of the narratives.

Reliability is based on a particular measure yielding similar results over time (Babbie, 1998; Rubin & Babbie, 1997; Walters, 2001). Lincoln and Guba (1985) suggest that the concept of reliability is related to the "dependability" of the research findings (p. 300). Lewis (2009) suggests that qualitative research is not afforded with strategies, such as large samples and standardized tests that appear to minimize the threats to validity. Therefore, he proposes the use of triangulation and clear protocols and processes to increase the reliability of the research findings. Most important, reliability depends on the researcher ensuring that the protocols and

procedures employed are transparent for the purpose of replication and external interpretation (Lincoln & Guba, 1985).

Data Analysis Plan

It is difficult to predict with any precision at the outset of a qualitative research study how much data will be accumulated. As a rough estimate the interviews were between ten- fifteen pages of double-spaced, typed notes resulted from each of the interviews in this study and with some particularly informative respondents resulting in many more pages.

As a result of several of the open-ended interview questions, the respondents provided in many, if not most, of the interviews specific examples to explain their life circumstances. These examples or life-style scenarios comprised of “information-rich cases” formed a distinct body of data separate from (or an extension to) the more specific responses on the interview schedule (Patton, 2002, p. 242). Patton (2002) suggests that cases filled with in-depth and rich information are usually always embedded in qualitative research. He further advises that a “case study approach” is another way to analysis and present data. The case study approach should consist of reporting data on “critical incidents,” variations in responses, patterns and themes and the like (see Patton, 2002). Overall, this type of approach can be a valuable data analysis strategy because it provides the opportunity to capture rich -thick information about the particular phenomenon being studied (Patton, 2002).

Thus, the case study approach as described by Patton (2002), can assist in what Yin (1994) labels “analytic generalization” whereby the theory is utilized as a guide to evaluate the findings of the particular case analysis (p. 38). Thus, the objective of undertaking analysis of the specific cases is to generalize to the theory rather than populations (Yin, 1994; Tellis, 1997).

This “theory driven” focus of case studies substantiates the possibility of replication (Garson, 2008, p. 6). Furthermore, Garson (2008) explains that “pattern matching” (matching cases with selected concepts) facilitates replication because it allows the researcher to uncover the “preponderance of cases” that are consistent with the theoretical framework of the study (p. 2). Thus, some case studies will pertain to selected “thinking styles” of Walters’ and some case studies to other “thinking styles”.

As individual case studies emerged during interviews were later transcribed, this expanded the number of actual pages of notes. For the most part, most of the interviews were detailed. There were only one interview that was a little less than a half an hour. Furthermore, each of the three life histories will resulted in more than twenty pages of typed notes. There is no assurance that the worth of a qualitative project will necessarily increase with an increase of field data although Loftland and Loftland (1995) imply that more is likely better than less.

Based on the literature, there is no pure definition of a case study (See Patton 2002; Stake, 2000; Yin, 1994). “Thus, the term case study can refer to either the process of analysis or the product of analysis, or both” (Patton, 2002, p. 447). The researcher will attempted to find rich themes and cases that further clarified or contradicted the “thinking styles.” In addition, the researcher remained cognizant of unintended themes or patterns that may emerge. Hence, “case study is not a methodological choice, but a choice of what is to be studied...” (Stake, 2000, p. 435 as cited in Patton, 2002).

Nonetheless, in regard to analyzing narratives, a system must be used to guarantee that all comments made by a respondent are taken into consideration and interpreted as to their possible relationship to the theory being assessed (i.e., Walters’ eight thinking styles).

Although the data collection and analysis will often overlap, once all the narratives were transcribed into computer or hard-copy format, they were coded into two categories: Line-by-line coding (or initial coding) and focused coding (Lofland et al., 2006). That is, the researcher first followed an initial coding procedure by painstakingly analyzing each line or sentence of the transcribed interviews. Brief margin notes will be written by each line briefly summarizing what is being expressed. Focused coding refers to an analysis of the initial coding to search for patterns or themes. As noted by Stroup (2008) “Focused coding knits the many smaller parts of initial coding into larger ideas or themes.” This is a creative process that was discussed by Glaser and Strauss (1967) as a “constant comparison” method. That is, narrative data are coded inductively, and then each segment of the data is taken in turn and compared to one or more theoretical categories (i.e., the “eight thinking styles” of Walters) to determine its theoretical relevance.

As segments (or coded comments from narratives) were compared, new analytic categories as well as new relationships between categories were discovered (See also, Schwandt, p. 37). This rather straightforward yet rigorous strategy of analyzing notes is sometimes referred to as “thematic” analysis (Seale, 2004) or “textual” analysis (Silverman, 1993). It is expected that various terms, concepts, and themes that emerge from the data will be arranged into table format to illustrate patterns and any relationship to the theory.

A number of qualitative software programs have been developed to assist in analysis of text data (Patton, 2002); accordingly, the researcher employed NVivo 9 a computer software program to help analyze the data. This program helped ease the process of coding and analyzing the data overall. The researcher was able to create primary codes and multiple subcategories. These codes could be easily collapsed, changed, moved and/or deleted. In addition, because the

research had dictated the interviews, certain statements made by particular participants were easily to retrieve by memory and entered into the query and/or word find included in the NVivo 9 software program. For example, the researcher was analyzing the topic of coping, and she was able to remember a respondent reported that she was “addicted to coping.” The researcher would then enter the phrase into the NVivo 9 query; the program would show the specific quotes and all related statements made by other respondents. NVivo also allowed the researcher to have the interviews “at her fingertips” because all 26 interviews could be opened and access instantaneously.

In addition, the researcher used an advanced recorder (Sony) that recorded and organized the data. This tape recorder presented crisp clear recordings even in areas where there were high levels of noise. For example, there were times when some residents were involved in loud conversations and/or there were children playing nearby, but this unexpected disturbance had no interference with the quality of the recording. Lastly, the Sony recorder included a computer software program called Digital Voice Editor 2. With this software, the speed of the recordings could be increased or decreased for easy transcription. The usual foot pedal used for transcription was not needed because the recordings could be paused and continued by simply pushing the F10 and F11 keys. With the use of Dragon NaturallySpeaking 11, the Sony Recorder, Digital Voice Editor 2 and NVivo 9, the researcher was able to transcribe verbatim interviews with better accuracy and lessen some of the cumbersomeness of coding and categorizing themes.

In summary, two styles or domains of data was analyzed in a search for themes and patterns of themes to allow an assessment or clarification of Walters’ thinking styles of criminal or addictive behavior. First, the data was categorized according to how interviewees respond to the semi-structured questions of the interview schedule. Second, the case studies that emerge

from the more open-ended interviews will form a second level of data analysis of personal experiences in regard to specific scenarios or examples of the drug lifestyle of individual addicts. Third, the life history permitted more extended discussion of the longitudinal impact of addiction over the course of many years.

The next section will discuss how all the women who take part in this study will be protected as human subjects of research.

Protection of Human Subjects

“Social research ... represents an intrusion into people's lives” (Babbie, 1998, p. 438). However, this dissertation will attempt to decrease the intrusiveness that occurs with social research by following a time schedule that will be the least disruptive of the subjects’ services and daily activities (Babbie, 1998). The study was strictly voluntary. The information disclosed will be confidential. The respondents were asked to sign “informed consent” forms regarding the nature and purpose of the study. In addition, those who wanted to participate in the study were initially requested to sign their names on a sign in sheet provided by the researcher. However, pseudonyms were used to introduce and discuss all respondents in the study. The subjects were given a letter of informed consent which described the study, guarantee confidentiality, and discuss any possible risks. The respondents were notified that they were able to withdraw from the study at any time without penalty (Creswell, 2003). The researcher also stressed the purpose of the study and specific rights. The researcher also stressed that the information they provided would be provided for the purpose of research and possible publication. The women were so excited and wanted the researcher to contact them once the study was completed.

Official data collection for this dissertation did not begin until after the project received IRB approval.

Interview Schedule

Figure 1 reflects questions (with follow-up questions for each of Walters' eight "thinking styles." The first column includes the eight thinking styles and definitions. The second column includes the questions from Walters' PICTS questionnaire that directly correspond with each particular thinking styles. The last column contains the questions developed by the researcher that are believed to be closely associated with each particular thinking style and questions from the PICTS questionnaire.

I developed the questions based my interpretation of the corresponding PICTS questions of each thinking style (see second column). Some questions are purposefully closed-ended such not to make an assumption that the particular behavior and/or thought has occurred. Consequently, the respondent is probed further with follow up questions.

<u>Eight Thinking Styles</u>	<u>PICTS Questions</u>	<u>Corresponding Research Questions</u>
<i>Mollification (Mo)</i> is a process in which one avoids accountability and blames others (Walters, 2001).	<p><i>(Mo) : 2, 8, 14, 17, 35, 45, 53, 71</i></p> <p>2. I find myself blaming society and external circumstances for the problems I have had in life</p> <p>8. I have found myself blaming the victims of some of my crimes by saying things like "they deserved what they got" or "they should have known better"</p> <p>14. I believe that breaking the law is no big deal as long as you don't physically hurt someone</p> <p>17. It is unfair that I have been imprisoned for my crimes when bank presidents, lawyers, and politicians get away with all sorts of illegal and unethical behavior every day</p> <p>35. When questioned about my motives for engaging in crime, I have justified my behavior by pointing out how hard my life has been</p> <p>45. I have justified selling drugs, burglarizing homes, or robbing banks by telling myself that if I didn't do it someone else would</p> <p>53. I have rationalized my irresponsible actions with such statements as "everybody else is doing it so why shouldn't I"</p> <p>71. I have told myself that I would never have had to engage in crime if I had had a good job</p>	Describe what you are thinking when you were an active user. How is money an issue to the drug user? Are some methods for getting money more preferred than others? Why do you say this? Can you go into more detail?
<i>Cutoff (Co)</i> is a strategy in which the defender shields deterrents of criminality by utilizing external cutoffs such as drugs or alcohol and/or internal cutoffs such as the word "fuck it" (Walters, 2001).	<p><i>Questions for (Co): 6, 20, 31, 40, 57, 64, 70, 79</i></p> <p>6. When pressured by life's problems I have said "the hell with it" and followed this up by using drugs or engaging in crime</p> <p>20. When frustrated I find myself saying "fuck it" and then engaging in some irresponsible or irrational act</p> <p>31. I have used alcohol or drugs to eliminate fear or apprehension before committing a crime</p> <p>40. I tend to act impulsively under stress</p> <p>57. I still find myself saying "the hell with working a regular job, I'll just take it"</p> <p>64. I have trouble controlling my angry feelings</p> <p>70. When frustrated I will throw rational thought to the wind with such statements as "fuck it" or "the hell with it"</p> <p>79. I tend to push problems to the side rather than dealing with them</p>	How did you start using drugs? Describe a time when you were not intending to use drugs, but ended up using anyway. Have you ever had any clean time? If so, describe what you were thinking when you relapsed.

Figure 1. Eight thinking styles and corresponding questions.

<u>Eight Thinking Styles</u>	<u>PICTS Questions</u>	<u>Corresponding Research Questions</u>
<i>Entitlement (En)</i> is that the process by which the sender feels a sense of privilege or uniqueness that causes confusion between wants and needs (Walters, 2001).	<i>Questions for (En): 1, 12, 28, 33, 38, 65, 73, 80</i> 1. I will allow nothing to get in the way of me getting what I want 12. The way I look at it, I've paid my dues and am therefore justified in taking what I want 28. When it's all said and done, society owes me 33. On the streets I would tell myself I needed to rob or steal in order to continue living the life I had coming 38. There have been times in my life when I felt I was above the law 65. I believe that I am a special person and that my situation deserves special consideration 73. There have been times when I have felt entitled to break the law in order to pay for a vacation, new car, or expensive clothing that I told myself I needed 80. I have used good behavior (abstaining from crime for a period of time) or various situations (fight with a spouse) to give myself permission to commit a crime or engage in other irresponsible activities such as using drugs	Have you ever used drugs as a reward to yourself? Why do you say that? Can you describe a time when you felt that you deserved to use drugs? What were thinking during that time?
<i>Power Orientation (Po)</i> is a thinking style in which individuals often feel powerless and experience a strong desire to exercise control over their external world (Walters, 2001; Lacey, 2000).	<i>Questions for (PO):` 9, 18, 24, 34, 41, 49, 66, 75</i> 9. One of the first things I consider in sizing up another person is whether they look strong or weak 18. I find myself arguing with others over relatively trivial matters 24. When not in control of a situation I feel weak and helpless and experience a desire to exert power over others 34. I like to be on center stage in my relationships and conversations with others, controlling things as much as possible 41. Why should I be made to appear worthless in front of friends and family when it is so easy to take from others 49. Nobody tells me what to do and if they try I will respond with intimidation, threats, or I might even get physically aggressive 66. There is nothing worse than being seen as weak or helpless 75. A significant portion of my life on the streets was spent trying to control people and situations	How are you able to take care of yourself while you are using drugs? Are there times when you were afraid? If so, what do you when you're afraid?

Figure 1 (Continued). Eight thinking styles and corresponding questions.

<u>Eight Thinking Styles</u>	<u>PICTS Questions</u>	<u>Corresponding Research Questions</u>
<p><i>Sentimentality (Sn)</i> is a superficial means to feel good about one's self despite law violating or deviant behaviors (e.g. I only steal from the stores, but never from people) (Walters, 2001).</p>	<p><i>Questions for (Sn): 15, 19, 25, 37, 50, 56, 67, 77</i></p> <p>15. I have helped out friends and family with money acquired illegally</p> <p>19. I can honestly say that the welfare of my victims was something I took into account when I committed my crimes</p> <p>23. I find myself taking shortcuts, even if I know these shortcuts will interfere with my ability to achieve certain long-term goals</p> <p>37. I find myself expressing tender feelings toward animals or little children in order to make myself feel better after committing a crime or engaging in irresponsible behavior</p> <p>50. When I commit a crime or act irresponsibly I will perform a "good deed" or do something nice for someone as a way of making up for the harm I have caused</p> <p>56. The way I look at it I'm not really a criminal because I never intended to hurt anyone</p> <p>67. I view the positive things I have done for others as making up for the negative things</p> <p>77. As I look back on it now, I was a pretty good guy even though I was involved in crime</p>	<p>What are some things about a drug user's life that you disapprove of?</p> <p>What are your thoughts about drug use and crime? Do drug users sometimes think crime is ok? Can you explain?</p>

Figure 1. (Continued). Eight thinking styles and corresponding questions.

<u>Eight Thinking Styles</u>	<u>PICTS Questions</u>	<u>Corresponding Research Questions</u>
<p><i>Superoptimism</i> <i>(So)</i> is a strong belief that one can avoid the usual consequences that follow criminal and deviant behavior (Walters, 2001).</p>	<p><i>Questions for (So): 5, 13, 22, 29, 44, 52, 61, 76</i></p> <p>5. There is nothing I can't do if I try hard enough</p> <p>13. The more I got away with crime the more I thought there was no way the police or authorities would ever catch up with me</p> <p>22. Even when I got caught for a crime I would convince myself that there was no way they would convict me or send me to prison</p> <p>29. I have said to myself more than once that if it wasn't for someone "snitching" on me I would have never gotten caught</p> <p>44. Although I have always realized that I might get caught for a crime, I would tell myself that there was "no way they would catch me this time"</p> <p>52. Nobody before or after can do it better than me because I am stronger, smarter, or slicker than most people</p> <p>61. When on the streets I believed I could use drugs and avoid the negative consequences (addiction, compulsive use) that I observed in others</p> <p>76. When I first began breaking the law I was very cautious, but as time went by and I didn't get caught I became overconfident and convinced myself that I could do just about anything and get away with it</p>	<p>What is it about a drug lifestyle that might lead to arrest?</p> <p>How might drug users avoid being arrested?</p>

Figure 1 (Continued) . Eight thinking styles and corresponding questions.

<u>Eight Thinking Styles</u>	<u>PICTS Questions</u>	<u>Corresponding Research Questions</u>
<i>Cognitive Indolence (Ci)</i> refers to "shortcut thinking" or failure to take an objective and follow it throughout the entire process (Lacey, 2000; Walters, 2001).	<i>Questions for (Ci): 16, 23, 30, 43, 51, 54, 63, 74</i> 16. I am uncritical of my thoughts and ideas to the point that I ignore the problems and difficulties associated with these plans until it is too late 23. I find myself taking shortcuts, even if I know these shortcuts will interfere with my ability to achieve certain long-term goals 30. I tend to let things go which should probably be attended to, based on my belief that they will work themselves out 43. I tend to put off until tomorrow what should have been done today 51. I have difficulty critically evaluating my thoughts, ideas, and plans 54. If challenged I will sometimes go along by saying "yeah, you're right," even when I know the other person is wrong, because it's easier than arguing with them about it 63. If there is a short-cut or easy way around something I will find it 74. I rarely considered the consequences of my actions when I was in the community	Do you sometimes feel overwhelmed? Why do you say this? What makes you overwhelmed? What are some ways you avoid getting overwhelmed? Describe a time when you experienced a big problem? What did you do?
<i>Discontinuity (Ds)</i> is the inability to follow through despite good intentions (Walters, 2001).	<i>Questions for (Ds): 4, 26, 36, 47, 59, 62, 68, 78</i> 4. Even though I may start out with the best of intentions I have trouble remaining focused and staying "on track" 26. I will frequently start an activity, project, or job but then never finish it 36. I have trouble following through on good initial intentions 47. People have difficulty understanding me because I tend to jump around from subject to subject when talking 59. Looking back over my life I can see now that I lacked direction and consistency of purpose 68. Even when I set goals I frequently do not obtain them because I am distracted by events going on around me people and situations 78. There have been times when I have made plans to do something with my family and then cancelled these plans so that I could hang out with my friends, use drugs, or commit crimes	Describe a time when you had a goal, such as school, going on a trip with your family, or working, but you were not able to follow through? Have you ever tried to quit using drugs? If so, describe what you did to stop? Do drug users tend to be involved in crime even when drug free? Can you explain? Could you describe what your life was like at the time?

Figure 1 (Continued). Eight thinking styles and corresponding questions.

CHAPTER IV

DATA PRESENTATION AND ANALYSIS

Introduction

This chapter sets forth the findings resulting from the in-depth interviews with the sample of 26 female drug addicts. A total of 25 interviews were conducted at the Family Links Treatment center in Pittsburgh, PA. One interview was conducted at the respondent's home. The researcher decided to consider the data from two of the women addicts consulted at the Family Links Treatment Center as life histories because of the development of particularly rich description of their life-ways. The Pittsburgh AIDS Taskforce was not utilized as a research site as had been previously planned because of the agency's discomfort with interviews being audio recorded. In addition, the Family Links Treatment center was very generous with the amount time allotted the researcher to spend with the respondents.

This chapter is sub-divided into five main sections. The first section sets forth the respondents' demographic and other descriptive features (also, see appendix F). Here are included such things as age and race and the topic of drug use and addiction. Also included is a brief discussion of the respondent's drugs of choice, and their connections to methadone maintenance programs. The second section explores the rituals and activities included in the drug and crime lifestyle. The section specifically focuses on the legal involvement and the respondents' main hustle (how they acquire drugs), and their involvement with male partners who also act as drug dealers, crime partners, and drug using partners.

A third section discusses the perpetual cycle of family addiction. Included here is also a description of respondent perceptions of family addiction, the respondents' drug use with parents, and the overall cycle of addiction as it relates to children who are affected by their

parent drug use. The fourth section will explore patterns and themes that emerged as common elements in the sample of women. Included here are such features as victimization, and violence as it is associated with drug use. There is also a detailed description of “Susie’s” experience with long-term and consistent victimization. The fifth section describes how the narratives of the women pertain to Walter’s eight thinking styles. The researcher subcategorized or collapsed the eight thinking styles into patterns that appear to have emerged as a process rather than as eight separate and distinct categories.

In sum, the five sections will address four primary research questions: 1) *How do substance-abusing females describe their life rituals and activities, including how they obtain drugs and support their habit?* 2) *How do the female substance abusers perceive of or “define” their own lifestyle with attention given to movement into and out of a drug addict routine?* 3) *In what ways do the daily rituals, activities and lifestyles of female drug addicts corroborate the theoretical perspectives portrayed in the Walters’ Psychological Inventory of Criminal Thinking Styles?* And 4), *How do women define desistance from crime according to their individual mindsets?* Not surprisingly, some overlap exists among the research questions and how each section of this chapter is identified with one or more of the four research questions. Also, the narratives do not in all cases respond in a predictable order. In some cases, a response is discussed to research 4, for instance, before a response is given to an earlier research question. Yet, as narratives are set forth that pertain to a specific research question, they will be identified as such.

Demographic and Other Descriptive Features

Age and Race

More than 61% or 14 of the women were between ages 35-54, and 52% or 12 of the women were between ages 18-34 (see Table 5). With regard to race, 15 or 57% of women were white and 11 or 42% of the women were African-American.

Table 5

Summary of Age Groups

<i>N= # Of Woman</i>	<i>Age</i>
6	18-24
6	25-34
5	35-44
9	45-54
0	55-64

Walters (1994) suggests that personal variables such as age influence one's decision to become a drug user or criminal. Walters (1994) suggests these elements are *historical-developmental conditions* in that they can help uncover the probability of one's participation in the drug lifestyle. Although inferences to any larger population should not be made based on the subjective data, the one factor that seemed to increase the woman's probability of relapse in this sample was age. In fact, most of the women between the ages of 19 and 23 held concerns about staying clean.

Addison, a 23-year-old heroin user, explains her concerns about the commitment required to live a sober lifestyle:

Addison: I want to live the clean and sober life, but I don't know if I surrendered myself completely. I mean finding out here that it's a lifelong commitment to stay clean and

sober... that just seems like so much work to me. It scares me because I'm afraid that I won't be able to have fun at my own wedding; I won't be able to have a drink. You know if I have a stressful day, you know, I will never be able to use any substance at all to release, you know. And that scares me because that's all I know; that's what I've always done. I've tried to convince myself that when I leave here I'll be able to use every once in a while, you know, only on those bad days, but I know that that's not true because that would turn to everyday...because that's how it started out, you know, I'm scared to not be able to have an escape plan.

Jenna, a 19-year-old heroin user, voiced similar concerns when asked if she gets overwhelmed:

Jenna: The thought of not being clean and that I have to deal with being a recovering addict for the rest of my life... that this won't go away and I always will have to worry about... like, I can never go out. Like, go out to bars and stuff cause I'm only 19, and like, my 21st birthday I can't do nothing... I don't know.

Jenna and Addison speak age related concerns that create difficulties in accepting the long-term commitment of absolute drug abstinence. In addition, the two women seem to suggest the lack of alternative behaviors that would help them cope with both positive and negative stressors. Lober, Loeber, Kammen & Farrington (1991) identified "covariant variables" such as peer relations, pathology, strained parent-child relationships and the like that interact with the key variable of age and ultimately increase the probability of criminal progression. However, because of the varying age groups, it is difficult to assess if the respondents current age and/or the onset of their drug use and/or criminal offending influenced their worries about the commitment needed to stay clean. The younger age groups did help the researcher realize that the fear of a sober 21st birthday is a factor that only young individuals hesitant about recovery can appreciate.

Drug Use and Addiction

The primary focus of this section addresses the following question: 4) *How do women define desistance from crime according to their individual mindsets?* Particularly, does the definition of criminal desistance change based on the various life stages of drug using females. Thus, this section will discuss how women define drug addiction and/or drug use as a whole. The themes and patterns that emerged were largely based on types of drugs and the various ways in which the women defined desistance, relapse and sobriety as a whole. The women defined their drug use in terms of what drug they used at a particular time. For example, Candy, a 47-year-old-crack-cocaine and alcohol user, reported that “crack-cocaine did more destruction more damage and quicker consequences than the alcohol ever did.” Consequently, most women who used crack-cocaine reported severe consequences compared to other drugs such as heroin. In addition, some women would report a time frame in which they were “clean” if they refrained from using their drug of choice.

The researcher also asked the women to describe a time when they were clean, and most of the women reported that they never had clean time. In this line of questioning, a substance that seemed to continue to be discussed was methadone. The women reported that they began to use methadone to withdraw from opiates. Moreover, a surprising behavior that occurred was the women choosing to use stimulants and uppers such as crack-cocaine and speed while participating in a methadone maintenance program. Therefore, this section will discuss the concept of one’s drug of choice, the most frequently used drugs, defining clean time and issues surrounding methadone maintenance.

Drug of Choice

When addressing research question 4) *how do women define desistance from crime according to their individual mindset*, most women referred to a primary substance(s) at some point during their drug use journey. However, most reported using multiple substance or poly-substance abuse. The two most frequently used drugs were crack-cocaine and prescription pills (e.g. Oxytocin, Vicodin/hydrocodone, Benzodiazepines etc.) followed by heroin and methadone (see Table 6). In addition, all the women who reported heroin use were Caucasian. There were only four women who reported marijuana as their primary drug. For the most part, marijuana and alcohol were often used as fillers or substitutes when the women were abstinent from their primary drug(s).

Table 6
Summary of Most Frequently Used Drugs

<i>Crack</i>	<i>Prescription Pills</i>	<i>Heroin</i>	<i>Methadone</i>	<i>Marijuana</i>	<i>Alcohol</i>	<i>Cocaine</i>
14	14	12	13	7	7	2

Walters (1994) contends that criminal opportunity is sometimes limited by access and environment. Further, the decision to use drugs often involves the concept of using one's drug of choice. Walters (1994) suggest that although this is a subject that has been heavily acknowledged, there is a debate as to whether drug abusers commit to one drug. There is some agreement that individuals may use multiple substances, but there is usually one drug in particular that the drug user may prefer (Byqvist, 2006; Jacobs, 1999; Walters, 1994), but this preference is usually determined by the availability, costs, one's age and situation (Doweiko; 2002). Accordingly, the women in this dissertation's sample often used a variety of substances, but there was usually a preferred drug of choice. In addition, peer relationships and money often

determined the drug they used. Precious, a 34 year-old –marijuana and crack-cocaine user explains her dilemma when she was trying to maintain her marijuana habit and crack addiction:

Precious: I started dating my baby's dad and his drug of choice is crack and alcohol. I couldn't afford both habits so I did what was acceptable in a crowd of people, and they were smoking crack, so I started smoking crack. He didn't push them on me... I brought it home one time, and I said this one's yours and this one's mine.

Sasha discussed how the different types of marijuana caused the amount of income needed to maintain her habit to increase. She reported that she was very appreciative that her drug dealer friend who was also a male with whom she had an intimate relationship, and therefore allowed her to continue using various forms of marijuana.

Sasha: It is different types of weed. He'll [boyfriend] give me some exotic and he'll give me some 50. There are different types of exotic... there's purple, it is better than 50. Then there's Kush and Dro and stuff like that, it's like a different greater weed...but when the exotic came around, there was no such thing as spending \$50 a week because I would buy 3.5 g of exotic for \$70-\$90 and that's not going to last for real...that's why I started mixing mine with 50, so I wouldn't have to buy exotic. Now 50 is the low-grade, it's like regular or Reggie. It's anything that has a loud smell that they call it loud because it has a loud smell. You don't even have to rip the bag open you can smell it through the bag.

In the end, Sasha learned how to maintain and afford her marijuana by mixing the more potent marijuana with a lesser grade. Although she preferred the higher grade of marijuana or Exotic, she realized that she had to mix her marijuana to afford her habit. In the same way, many of the women reported using methadone to support an opiate habit that they could no longer afford.

Methadone Maintenance

Another pattern of behavior that seemed to influence the women's response to research question 4) *how women define desistance from crime according to their individual mindsets* was the involvement in a methadone maintenance program. Although methadone is a legal drug maintenance program, most of the women reported that they abused methadone and/or used it improperly. Another interesting pattern regarding methadone and prescription pill use is the race of the woman. That is, all the women who reported methadone use were Caucasian and all, but

one woman, who reported using prescription pills were white (see appendix). Drug users can be innovative with regard to drug use and they often combine drugs and/or substitute one drug to replace the absence of another drug (Fields, 2007). Accordingly, methadone created a unique pattern of behavior in which the women used it to subdue withdrawal symptoms when they could no longer afford their prescription pain killer and/or heroin addiction.

Jessica discussed how she switched to methadone because of her inability to afford her usual addictive drug:

Jessica: My sister fed into my addiction at one point when I was on the Vicodin, before I got on the methadone, you know, she was supplying me the money for the Vicodin. Then after a while, she is like, oh no, I can't afford to give you money for your habit anymore. So, that's another reason why I started the methadone clinic because I couldn't afford my drugs anymore.

Jessica further discussed how she started using crack and benzodiazepines while on the methadone maintenance program.

Jessica: I didn't start going to the methadone clinic until my six month of pregnancy. I stayed on the methadone program, I'm still on the methadone program today, so I've already been on it for a year. I'm staying on that for now... I'm actually tapering off the methadone. After I had my son, at the methadone clinic, I started smoking crack. I started doing benzos. I tried crack like a long time ago whenever I was in my adolescent years... I didn't like it... I only hit it once and I didn't like it. So, I just never had any interest in it. As I got older, and I started going to the methadone clinic, I was hanging out with the wrong group of people there and they, you know, started me on that. Then I just started smoking crack all the time and spending my money on that. You know it was just one drug after another, and it seems like it's like every two years I switch to something different.

Cindy explained how she was on a methadone maintenance program, but wanted to get high so she used benzodiazepines.

Cindy: What happened was I got on the methadone to stay off the heroin, and that's still a drug. So, I was still having to keep that to stay off of something else, but in the meantime, I started taking Xanax because I still wanted to be high because heroin or opiates couldn't get me high.

Joe also discusses how she was introduced to crack while using methadone to help her subdue her withdrawal symptoms from heroin.

Joe: Whenever I did that line of coke that was on the methadone program...it was the only thing that worked, for like, getting high. I would keep my dose low and do extra methadone pills. I started experimenting with speed. Yeah...I would do a lot of coke... I would be up all night doing coke or crack. And I would come back down, so I would need extra methadone. I probably get extra take homes... I would sell some of my take homes. How I started shooting it; I have no clue... I shot my heroin and I shot my methadone too-stupid me. I shot Adderall too ...right before I came here was the first time I shot speed.

Kathy discussed how she would “shoot” heroin to help alleviate the withdrawal from methadone.

Kathy: I started shooting heroin because I couldn't take the withdrawal from the methadone. So, I got off the methadone, but I was shooting heroin and then I was smoking crack like crazy. And I would be up for two or three days straight...just copping dope. And when I got on the methadone, it was like I just copped crack constantly all day.

Lisa explained how her addiction to crack became more intense once she began the methadone maintenance program. She also reported that she believed that methadone was a “copout.” Lisa was confused as to how her crack use increased while on methadone, but was somewhat curbed when she used heroin.

Lisa: I'm on methadone... I've been on methadone for five months. I wasn't using heroin at all, but I was doing the cocaine a lot. Like, I smoked crack a lot... I never experienced the methadone... I think it's easy copout if you ask me. I really do, even to this day, I think that, but that's my opinion. That's why I'm here too... to get off the methadone. So, I got on the methadone and I was scared to stay out there, I mean, I was scared to stay on the streets and get off of it and that I was going to use heroin again. Because coming off of it, you get a little bit sick. That's why I came here; I wanted to be in a secure place knowing that I wasn't... you know.

Interviewer: Did you become addicted to the crack?

Lisa: Oh yeah, definitely, especially once I got on the methadone. Not so much when I was on the heroin. A lot more when I got on the methadone and I have no idea why....none whatsoever.

Unlike Lisa, Samantha seemed to understand the counteractive effects of methadone while on heroin. Therefore, she reported a direct link between her cocaine use while on methadone.

Samantha: Occasionally, every now and then towards the end of my pregnancy, I did get cravings and I was on a really high dose of methadone, so I knew if I did do heroin, I wouldn't feel it. So, I was like, I want to be high... I really want to get high. And I knew the only thing I could get high off of was cocaine. So I did use. A decision I'm still regretting now because I don't have my son. After they took him; I just lost it. I was just like, fuck it, I just lost everything

Susie described the ritualism of going to the methadone clinic, smoking crack and prostitution.

Susie: I would go down the street, work the streets come back up, go to the methadone clinic, cop crack, smoke crack all day, curl up in a corner and start the same thing the next day. And I think the methadone sort of replaced the heroin and you still wanted that other thing and the crack did that.

The women were well aware that they could not “get high” if they used heroin while on methadone, and therefore, they used crack and other stimulants. Another popular drug combination used to intensify the effects of methadone is the use of benzodiazepines. This combination is said to produce a high as powerful as heroin. In addition, the women reported a ritual in which their daily activities revolved around going to the methadone clinic. Based on the women’s reports, they may have decreased some of their illegal activities, but their mindset and social behaviors while on the methadone maintenance program seemed identical to their illicit drug use. This has caused some to label methadone as “liquid handcuffs” because the user is still caught in the chase of getting the drugs, being high, avoiding withdrawal and beginning the cycle once again the next day (see Michel Negroponte , 2005). The cycle of drug use and the ritualism of committing crimes and maintaining peer relations will be discussed in the next section.

Rituals and Activities Included in the Drug-Crime Lifestyle

This section focuses on research question 1) *How do substance-abusing females describe their life rituals and activities?* For example, how would these women describe an average day in their life while using drugs? The researcher specifically explored how the female substance abusers obtained drugs and how they supported their habit. The researcher asked the women to describe a typical day when they were in the active addiction stage. Most of the women presented information on their main hustle or primary method used to obtain money for drugs. The women particularly focused on hustles such as prostitution and retail theft. Another criminal activity that most of the women discussed was the process of buying drugs or “copping.”

A major pattern that seemed to emerge when exploring a typical day of the women was male partners. Thus, the criminal activity in which the women participated was largely shaped by the status of their relationships with other drug using male offenders. For example, Addison reported “if I wanted do something wrong, I always have to have an accomplice with me. I didn't want to take that bold responsibility or full punishment by myself. So, I thought if I had somebody doing it with me it wasn't as bad.” Many women reported that their crime increased or decreased based on their relationship with their boyfriends. Another factor that seemed to decrease criminal activity was having a drug dealer as a boyfriend, which allowed for easier access to money and/or drugs. This section will discuss the women's main hustle with particular emphasis on prostitution, retail theft, and copping. Also, within this section, the issue of boyfriends as drug dealers and drug/crime partners will be addressed.

Legal Involvement and Main Hustle

More than 96% or 22 of the women reported past and/or present illegal involvement. Most of the woman reported a repeated or primary offense(s) used as a means to obtain money

for drugs (see Table 7). The two most common reported offenses were prostitution and drug dealing followed by copping. Although most women reported copping at one point in their addictive careers, only 3 reported it as a primary means to obtain drugs and/or drug money (see discussion on copping). This section will explore the three primary hustles of the women which include prostitution, retail theft, and copping.

Table 7
Summary of Most Common Drug-Related Crimes

<i>Prostitution</i>	<i>Drug Dealing</i>	<i>Retail Theft/Fraud</i>	<i>Robbery</i>	<i>Copping</i>
10	10	5	4	3

Prostitution

The women's' response to question 1) *how do substance-abusing females describe their life rituals and activities* consistently offered information regarding prostitution. Most of the women reported having heated discussions about prostitution. In fact, the women who did not admit to prostitution reported being told that they were being dishonest. Likewise, the women who did prostitute reported that all the women who denied prostitution were being dishonest. Hence, prostitution or "tricking," for most women, was perceived as an inferior role; however, it was one of the most commonly reported means to obtain money for drugs. It should be noted that for those women who utilized prostitution as their primary means to obtain money for drugs and/or the drugs themselves, it was perceived as a role that required specific expertise and characteristics to be successful. Also, some woman participated in different forms of prostitution in which they had a friend(s) who provided them with money for drugs in exchange for sex.

Candy seemed to freely discuss her involvement with prostitution, and considered it a role that required a certain expertise and characteristic.

Interviewer: ...And what about a prostitute? What type of person would be good at that?

Candy: For one, you gotta know how to talk, you really have to know how to talk, negotiate and you have to know how to handle yourself out there. Like me, I'm pretty strong, I'm generally not afraid; you know what I'm saying, out there. Like, if a man, tried to check me out, or take my money, or tried to start talking to me all crazy or something like that...I'd be like dude look, you know what I'm saying. I don't think you can do it if you're not the kind of person... if you don't know how to speak up for yourself... or if you was like real shy, or something like that... I don't think you would last out there because they would be out there talking about... I got four dollars... I said you better add 36 [dollars] more to it because I said, guess what, me sitting here talking to you... You already owe me 10 [dollars] so spark up.

Interviewer: So, someone who was timid and passive... either you will learn because you would have some consequences... But you really need to go out there and be kind of confident even if you're not?

Candy: Really confident ... Even if you're not, you better act like it.

Candy Later described the importance of being intoxicated in order to carry out prostitution. She also reported the different ways she was able to function as a prostitute based on the type of drug she used.

Interviewer: So, prostitution...how do you prepare for that?

Candy: Go get drunk

Interviewer: You would get drunk and then prostitute?

Candy: Yeah...

Interviewer: So, you would have to use to get money to use?

Candy: Yes.... I'd have to get drunk

Interviewer: So, what about the crack? Could you do that when you are using crack?

Candy: No, I couldn't ... I couldn't stand nobody to touch me when I was using crack. It would have to be before or after... You know what I'm saying.

Addison described a different form of prostitution in which she exchanged sex for drugs and discussed the possibility of continuing the behavior if she were sober from drugs.

Interviewer: So, what about getting money; were there methods that you preferred over others... You said you would prostitute with the one dealer were there any others?

Addison: Yeah, one other guy... two of them. And they are the only two people that I ever sold my body to. And, they were both my drug dealers.

Interviewer: Were there ever times that you been clean and you still sold your body?

Addison: I've never been clean. I mean, the clean time I have was in an institution.

Interviewer: Would you ever consider that?

Addison: I don't know if I would because they never would give me money. They would just give me drugs, so I've never done it for an exchange of cash, which I'm sure if that was a possibility I'm sure I would.

Another woman addict reported that they would not prostitute because they felt it was degrading-although they reported that they did prostitute at least once.

Interviewer: You said that you would sell drugs, cop drugs and jitney, but you would never sell your body

Joe: No... One time I did, and I will never do it again.

Interviewer: Why?

Joe: Cause I am a gift from God... I don't need to do that... That is degrading and to hell with that. I enjoyed sex, and I like to know the person I'm with—not some freaking stranger. Plus, disease... that was not for me

Again, Jessica reported prostituting one time because of her crack addiction, but stressed that she would not do it again.

Jessica: For the crack, I started tricking... I only did it once, and that was it, I was like this isn't for me. I had sex with a guy for crack. That was only one time. That wasn't for me... I couldn't see myself like that.

Other women seemed to distinguish between having sex with a friend they liked in exchange for the money, but in the end, they suggested that it was a form of prostitution.

Nikita: Just, I mean, the sex... I see a lot of people having sex for drugs. Not to talk about people, but I never stooped to that level. I mean, I'm not saying I didn't have a guy friend who I had sex with and gave me money... or if I needed a bill paid, that I didn't. You know what I'm saying...cause it's not free. If I need some money, they're going to give it to me. I feel like if you want to support your habit...I am not saying to discriminate about people, but I just can't stoop that low. I feel like that's just low.

Teresa also reported that she would never participate in prostitution, but she discussed having a “couple” of friends with whom she had sex for money.

Interviewer: What are some things that are off limits or that you wouldn't do ...that other people might do?

Teresa: Prostitution... never.

Interviewer: You said you would be with some guy that you didn't like and get money that way?

Teresa: I like him... I don't love him...I have a couple of them. It's basically the same thing, a trick is a trick.

Thus, there were many women who reported that they would never prostitute-although all of them reported participating in prostitution at least one time. In addition, it appears that if one is not a streetwalker, she may not define it or view other forms of prostitution such as having sex with friends and/or her primary drug dealer as sex work. During the interviews, prostitution was a primary topic and the women either boasted about the skills necessary to be successful and/or had a strong distaste for those who used it as a primary method to obtain money. Again, all the women attempted prostitution or some lesser form of it at least once.

Unlike the women who participated in prostitution to obtain money for drugs, there were other women who began prostituting before they began having a drug addiction because they reported that they were attracted to the easy money that prostitution brought. Sylvia, a 49-year-old crack-cocaine and heroin user discussed her involvement in prostitution prior to her drug use.

Sylvia: I got into the sex industry when I was 19, I thought as long as I did not get caught up on drugs and alcohol I would be fine. I worked at a massage parlor and I applied for a massage job. I had never done a blow-job in my life and that's what the interview consisted of, a blow-job. Guy told me to go home and practice and over the next 10-20 years that became my job...that became what I was proud of doing for a lot of years. That was my way of rebelling and getting involved in this industry that I really secretly wanted to find out about anyway. I liked it... I found a home...I could disassociate myself...in the beginning it was very easy to disassociate myself without even using drugs. It was fun to me and I would practice...I would practice how I would stand and how I would look. But as the years went on, with drugs and alcohol and relationships and children and things kind of begin to fuse together. Some girl put me on to a whore-house...pretty much really perfected my craft. She made me the star of the house; I ran the house. I started free-basing then. Somewhere along the way I began really freebasing a lot and I was messing with large quantities of drugs daily...plus I was making a lot of money.

Interviewer: So after you begin using drugs consistently, were there times when you stopped using drugs and continued to prostitute?

Sylvia: Always went together like a mouse in a maze...put the mouse here and the mouse is off from the starting point, which would be the trick and the mouse finds a way to the drugs every single time.

Interviewer: Which one would come first...would you go to drugs first or prostitution?

Sylvia: It's hard to call; it may be 50/50...It could go either way. Either I could smoke first which is very rarely. Because I have gotten older, so more than likely now it's more I'll have money, I'll turn a trick and then I get high and then that process starts.

Sylvia's involvement with prostitution began very early and she describes it as a career in which she crafted her skill and experienced mobility because of it. Sylvia stresses that she was involved in prostitution before she began using drugs and her relapse would usually involve participating in prostitution before she experienced an actual drug relapse.

However, she stressed that after she became a consistent drug users the behaviors of prostitution and drug use were always interconnected.

While Sylvia boasted about honing her skills to have a successful career in prostitution, Cynthia and Lisa reported participating in prostitution prior to drug use because they viewed it as easy money.

Interviewer: when did you first start prostituting?

Lisa: I think I was 19.

Lisa: It was just easy. What happened was... is that I met this guy one time and he's rich. He owned all these businesses. All these clubs... I didn't have to do nothing with him. He's sick—all he wanted was like beat [whipped]. The rich guy he's sick he wants beat and chained. He pays me to do it and still to this day he probably would. I don't know... I couldn't do it now clean. I have to be under the influence. Like, there's crazy people out there. So, that's all I did was beat him, and he gave me \$1000 for it. So, once I seen I can make all this money, I'm like, why don't I try this... doing it another way and that's what happened. When you run out, you want it [drugs]. You can't wake up sick the next morning. You gotta make sure you have it. I never stole off my mom or nothing like that.

Cynthia also reported being attracted to the income generated from prostituting at a very young age. She also reported that because of her home situation she felt that prostitution was an alternative means to get her the things she needed while living in a group home.

Cynthia: I was a prostitute... I needed the money. I ended up leaving home and some stuff happened; met with some not so nice people... so, I just met this guy, and in turn, met another female and they did it. I was making money and I was doing good, and doing a little bit better than them, so they wanted me to be where they were.

Interviewer: So, you were prostituting before you were using drugs?

Cynthia: Yes

Interviewer: That was because....?

Cynthia: My home situation. I left home when I was 17. My mom passed. I had some issues. I left my uncle's house... I felt like I was a built-in babysitter, so I left there and landed in a group home... and that wasn't such a great area to go to. I was the new girl on the block and got a lot of attention, which was mostly negative, so it just happened. I needed the money; it was good money real quick and fast. Got me everything I needed at the time. I met a couple of girls... I ended up getting a job at Wendy's, but it didn't last that long... the money wasn't that great. And, a couple of girls that I met coming in the store, kept having all this money all the time. Well, come to find out, it only lasted a minute because they start getting high. But that money looked terrific and I wanted it.

Samantha reported that prostitution was easy money with very minimal risks, but she reports that she had to quit because of her “track” marks, which resulted from intravenous heroin use.

Samantha: Prostitution was easy money. I was working for an escort service, so a lot of times, I didn't even have to have sex with the guy; just get naked... whatever. If I wanted more money and bigger tips, I would sleep with people, you know. My track marks started to show, like, I just started to get run down looking, and it was harder to find work like that. So, then, I started stealing. It was easy money, but like, stealing is more high risk like getting caught doing it; cause I would instantly go to jail. Well, I would instantly go to jail to if I got caught prostituting. I don't know, like, after working for an agency, it was easier to fill out the clients, you know, you've seen them before, like, you know, that they weren't the police. You could just tell who was a cop after a while.

Interviewer: Do you think there is a lifestyle? Or do you ever find yourself missing getting high and the things you had to do to get high?

Samantha: Yes and no... I miss the escort because it was such easy money. Like I said, I didn't have to sleep with most of the people. Guys are just suckers-especially if you are skinny like I used to be. And, you just get all dressed up. I kind of miss that, because I know making that type of money and it's coming so freely, what I did with it. Like, I don't miss a lot of the people because a lot of people just use you.

Samantha's situation brings to front the issue of discontinuing prostitution because of her track marks, which made her less appealing, and therefore limited the income she generated. Samantha reports that she adopted stealing as a means to get money for drugs, but she acknowledged that prostitution was still a preferred method to obtain money for drugs; in fact, she reported that she missed prostitution despite having established some clean time.

Kathy described how easy it was to get money through prostitution while also using this behavior as a "get away."

Interviewer: So, even though you have prostituted and you cop for other people... You would consider copping your main hustle?

Kathy: Yes, but even when I was doing prostitution, somebody will call me I wouldn't be on the streets... somebody will call me and if I wasn't doing nothing but a quick 50 bucks...even sometimes 20 bucks, whatever you know, just to get away. Like, sometimes they would take me to a hotel room and they'd buy you \$100 worth of drugs, and you go home with him, you know, it's easy money.

Interviewer: So, it wouldn't necessarily have to be for drugs; it would be just to get away... The act of prostitution doesn't have to be just for drugs it could be just to get escape?

Kathy: Yes

Based on the discussions with the women, prostitution is a multifaceted behavior and the women who perform it seem to have distinct views on its purpose and meaning. In addition, to some women, prostitution was just a means to an end, while other women viewed it as a career with a set skill requirement. Consequently, the discontinuation of prostitution may have more to do with the inability to generate income because of lack of skills and/or the obstacles presented when the physical effects of drugs caused the woman to be less appealing. The next section describes in more detail the issue of theft.

Theft

In the same manner as prostitution, boosting or retail theft appears a multifaceted behavior in which the act itself became a habit for the women. Patterns of theft allow, in part, a response to the first, second and fourth research questions. Theft encompasses the elements of these research questions because it emerges as a crucial element contained in the lives of the women. Ironically, according to some of the women, retail theft was a behavior that, at times, had nothing to do with obtaining money for drugs. Theft was often described as a compulsion in which physical symptoms would appear before the women performed the act of stealing and/or some women became noticeably anxious just discussing it. Some women reported that they began retail theft prior to drug use while other women reported that once the retail theft was adopted as a primary means to obtain money for drugs, the relationship switched in that retail theft triggered the drug relapse. Some women found it difficult to foresee a life without retail theft, and defined it as an addiction for which they needed therapeutic intervention. This related generally to the issue of desistance from addict life, if only temporarily.

Some women reported that retail theft was involved in the cycle of addiction in which the user gets completely occupied in the chase of getting money for drugs by stealing, which often results in purposeless acts of retail theft. For example, Cynthia reported that she was so focused on the ritual of the “chase” that she had become somewhat oblivious of the rationale of retail theft.

Cynthia: I've been up and down... I get a month clean, relapse; get two months clean, relapse; got a month clean, and I stay out maybe a week or two... I kept getting pulled back. I'd use, then, the shame, the guilt, the aggravation of the chase...that's hard work.

Interviewer: The aggravation of the chase... What do you mean by that?

Cynthia: The aggravation of the chase; going out all day making the money, turning tricks, running up in stores every day long, starting to get paranoid. I caught a charge in July, for retail theft. I went up in the store high'd up and stole 12 Glade plug-in refills...I ain't even got a damn Glade plug-in [laugh]

Interviewer: What do you think caused that?

Cynthia: I don't know, I don't know, that's what got me...that's what snapped me back into reality... I did a week in jail. What the hell was you thinking? I was in Save-A- Lot and nothing. Glade Plug-In refills, they're what, three bucks a piece? I've got to be crazy... I was laying in that jail cell for them seven days... Just laying there... just beating myself up cause I'm a three time felon for retail. Even if I pick up a \$.25 pack of gum, I'm going to jail. I don't know what I was thinking, you know, I mean, I was just high and desperate. I saw a woman pick one up, and I said, oh, I can get you some, and boom, she turned out to be loss prevention.

Jeanie described a time when she also became consumed with the ritual of retail theft and how she felt when she realized it may be an addiction rather than a means to an end.

Interviewer: What do you think leads to arrest at the end?

Jeanie: They start to get little things. I think they have gotten away with it so much that they thought... They think, they'll never catch me. Just the little things get you caught. As long as you steal big... I remember I stole \$13 worth of fish out of Giant Eagle and had \$234 worth of food stamps in my pocket, so that's when I start beginning to know that I had to be addicted. Because I got all these food stamps and \$158 in my pocket why would I stole \$13 worth of cat fish that was insane. A lot of times I went in the stores I got so much stuff and had mostly everything in my house, I couldn't find anything else to steal. I was like, I can't find nothing to steal...nothing little and nothing big and I stopped for a while.

Retail theft, to me, is like the drug. I used to boost as they call it... I used to boost, but it always led me back to my drug. No matter what it was, you know, I felt like I was addicted to stealing. You know the retail theft... I mean ...it was the same thing the same cycle over and over. I steal, wait a while, I used. I steal, I'll wait a while, and I used. And I have a 12-year-old daughter that's really against drugs and guns; any violent thing, she's against. I can say this, my daughter has stuck by me no matter what; no matter what crime I did, she would... sometimes she would be with me... she happened to be with me a couple of times. And, I have got off just because sometimes my daughter was with me. And I thank God for that.

Jeanie explained how she had to practice not to steal and how physical symptoms would appear prior to engaging in the behavior.

Jeanie: So, it's so hard, it's really hard for me to go in the stores, but now I don't take a purse with me, and that's how I start not... I start practicing not to pick up nothing in the stores, you know what I mean. I have to leave my purse, you know. If my daughter, feels my hands and they're sweaty, I didn't notice that myself until she did. She was like, mommy, let's go and I was like, what's wrong. She say, you getting ready to take something. I was like, wow, I never noticed it. Then she said, because your hand is sweaty. So, a couple of times, I was in the store by myself not even thinking about

picking up anything and I felt my hands. I immediately left what I had on the counter and left. So my daughter has been a great support for me in my drug and alcohol. And it's not fair to her that she's 12 years old and has to keep going back and forth to facilities for my stupidity. Because using is not an option, you know, I've been in and out of facilities ever since 1998 and by now, you know, I should have learned how to keep my hands off people's stuff... knowing that the drug would not do me any good.. It's only going to take me further under. So, I got a good understanding of what I need to do; I just need to stick with the winners.

Interviewer: You said that you would stop; then you would use. Could you talk about that cycle?

Jeanie: Okay, it was just a vicious cycle to me. When I was clean, you know, I just felt... I was trying to fill the void of the drug. So, I would go in the store and get all I needed, go sell it to people easy or whoever on the street wanted it. It was mostly lotion, soap, body wash, you know, and I could get me a quick buck. Like, if I go into three or four stores that's like \$150 a day, you know. And sometimes, I would go back to the same stores twice a day or whatever. If somebody asked me for something, it just triggered me off. I go get it right then and there... I be back. So, that's how I was; in and out, in and out. And eventually, I got everything I wanted... bills paid up or what have you... Daughter got what she want and I got this money, you know. And next thing I know, I was somewhere copping.

Interviewer: That money in your hand...

Jeanie: Yeah, just free money.

Interviewer: And it was just like... Somebody would say something, like lotion, and you would just go... impulsive, impulsive, yes, that's the word. Very impulsive that's the word, yes.

Interviewer: When you were clean, did you ever miss the hustle?

Jeanie: Once I got clean and started going to meetings and stuff, I just forgot all about it, until somebody might say something to me and stuff like that... start me back up. I started getting little things that I just could carry in my purse, and then, my bags got bigger and bigger and I'm off to the races again. Yeah, you still have people... Saying, girl, let me tell you what I need. And sometimes, I will brush them off, and sometimes, I would say girl don't do that no more; then, it is still stored in the back of my mind though, I'm like damn, I could have so and so money ... that's alright I got \$10 or \$15.

Interviewer: How do you think you're going to stop boosting?

Jeanie: I think this time around God has blessed me not to go to jail because I was really looking at some time and I really realize how many years I could be gone and how old I would've been when I got out. I think I've hit my bottom for all of it... The drugs and this retail... I cannot do it no more. I'm on three years' probation now.

Teresa explained her relationship with shoplifting and the adrenaline rush and the physical symptoms she experiences as a result of retail theft.

Teresa: You get a big adrenaline rush. The more you steal, the happier you get. It's a scary feeling now. I wouldn't touch anything because I can go to prison for \$25; I wouldn't touch nothing. And if anyone's with me and tries to steal, I tell them get the fuck away from me. Take your ass over there; get away from me...make sure the camera sees you leaving my side. I don't want nothing to do with it. I missed it. I don't miss the crack, I don't even miss the Coke, I miss the shoplifting... Yes. I grew up, even though my mom was an addict, we never wanted for anything. When you have things for free, you get used to that and that's hard to get over. I stay out of malls; I will not even go in a mall unless I'm with my mom and my sister. They were the only two that will remind me of what would happen if I touch anything.

Interviewer: So, that's an important aspect of your life...shoplifting?

Teresa: Yes, it was a big thing.

Interviewer: So, when you were clean, or got clean, you still shoplifted?

Teresa: I still shoplifted... Yeah

Interviewer: What would happen when you get the money for shoplifting?

Teresa: Eventually it took me to drugs. When you're sitting there with \$700 or \$800 in your pocket from stealing you, eventually, you find someone that's a drug dealer that wants to buy clothes for their kids. It's someone's birthday or Mother's Day... Yeah, eventually it leads to that because money is a trigger-for most addicts, money is a trigger. I just enjoy shoplifting... I'm thinking of that now...that that's a real big addiction for me. And I never thought of that; I was in therapy for four years cause of that.

Interviewer: It didn't work?

Teresa: No

Interviewer: Why do you think it didn't work?

Teresa: Everything was free... Anything I wanted. There was always a way to get-- even jewelry. Yeah, I hung out with some of the best shoplifters. One is sitting down the county.

Teresa also, explained how seriously she took her role as a shoplifter. She also explained the career aspect of shoplifting.

Interviewer: You think shoplifting is a career for some people?

Teresa: It is... I got caught with tools and guns to take the beepers off. We got caught with wire cutters—all in one day... \$3000 worth of merchandise was repossessed. They wanted to take my car, but they didn't. My girlfriend was like, I can't believe they're taking our stolen shit. And, I said, they're taking all of it, they ain't leaving nothing--and they didn't. And we really looked at it as a job. We were in the mall having lunch with these bags of stolen shit--security would walk by us. We were that good. She would call and say, do you have the tools, and I'd say, yeah, let's go to work. We even had code talk for when security was around--like uncle Tom and aunt Cheryl... Is aunt Cheryl around, yeah, she's around. They never caught on to that, but we caught onto them. It takes a thief to really catch a thief, and we were always one step ahead of them. On top of that, we knew our rights. She used to tell me don't fuck around, let's go, don't stop in another store...oh, just let me stop in another store-- that got me caught.

Other women participated in other types of theft such as fraudulent prescriptions. Jessica reported forging prescriptions in both of her dental assisting jobs.

Jessica: I was more focused on doing the Vicodin because I was doing something very bad [laugh]. It's actually a federal offense if I would've gotten caught I would've been in jail for the rest of my life. I was stealing Vicodin; I was calling in to pharmacies and getting, you know, and calling in the prescriptions. I had the dentist's DEA number, you know, for working for dentist and I was calling the Vicodin under, like, a person's name. I would go pick it up, and I would sell the Vicodin. That's how I got most of my money. So, I would do that every day, and then, I would go pick up the Vicodin. I would take five alone for myself, and then, I would sell the rest. That went on for probably a year... So I did that. Never got caught [laugh]. I will tell you soon enough I did.

So, I got a job, it took me three months to find a job, back to dental assisting. I started going back to work working for another general dentist. I was a receptionist two days and a dental assistant three days, so he had a computer system, I didn't have to phone it in. I just had to print it out and stamp his signature, and I took it and took it to the pharmacy. I would put like 3 to 4 refills I had, Vicodins always coming in. You know, I had it coming a lot quicker than I had at the other office. That caught up with me and I got caught. Of course he fired me and he told me he wasn't sure if he was going to press charges. You know, he said he was going to think about it, and if anything were to come about, I would know about it. As time went on, I was so scared because, I'm like, I'm going to jail. You know, like my life is over, my daughter, my kids... I was so afraid. As time went on he didn't do it...he let me slide on it-- he just fired me and that was that. I pray to God and thank God that I didn't go to jail. I'd probably be in jail for long time. I stopped working... period.

In addition to drug use, retail theft/shoplifting, or “boosting” became a behavior in which the women reported as a habit from which they needed to break. Retail theft was the only illegal behavior that most of the women described as “free” money rather than “easy” money. This characterization of retail theft seems to make it more appealing and addictive because it seems to

imply a sense of entitlement in which the women believed that they had access to free money. In the end, the women who were self-proclaimed boosters all employed similar affirmations of “keep your hands off those people’s stuff” or “stay out of them stores” to help them refrain from stealing. The next few pages will discuss the process of buying drugs or “copping.”

Copping

All of the women in the study mentioned the process of buying drugs or copping. It appears that buying drugs is not only a complex process, but some women reported forming a relationship with the rush included in the process of coping overall. The issue of copping addresses research question 1) *How do substance-abusing females describe their life rituals and activities?* This is most relevant because a majority of the women reported that they would “cop all day.” However, the concept of copping seemed to have the same meaning, but a different purpose for most of the women. Addison described copping as a way to not only get a rush, but also to exercise status and power over others.

Addison: You know, I’m going to get high even though I’m not going to feel this feeling, I want to go do it. It wasn’t even so much the getting high, it was the whole thing that felt good to me. Like, going to get the drugs was the high for me. Like, going to go get drugs and getting away with it. Cause... I had some very close calls. So, even going to cop...even going to go get the drugs ready, it made me feel better. It was just like an obsession... I know that, okay, whenever I was snorting pills, I was obsessed with not only the feeling that the pills gave me, but I was obsessed with putting something up my nose... in it was the same thing I was obsessed with injecting myself... Finding a vein and seeing that blood come through a needle. It was just an obsession, even if I had drugs that weren’t real, and I knew that they weren’t real, it was fake dope, I would do it anyway. I just want to be able to do that.

Interviewer: So, what was it like to go and get drugs?

Addison: I’d be very anxious. My heart would be beating; it was like a game... like a cat and mouse game. You know, don’t let the cops see you... Trying to think of stories just in case they pulled you over and just being able to... get the drugs. It was just like a good feeling to know I know somebody who can give me the substances that I want. Cause there were a lot of people who would call me because they didn’t know where to get it, so I would get it for them. So, I kind of felt like I had some power over a situation you know.

Throughout the course of the interview, Addison frequently spoke about her desire to manipulate others, so the researcher asked her a question about manipulation with regard to coping for others.

Interviewer: Would that go along with manipulation too?

Addison: Yeah

Interviewer: So, coping for others... Did you beat people?

Addison: No... just knowing that they couldn't get it without me.

Interviewer: Why do you think that some people can't cop on their own?

Addison: Uhm, either some people have never met anybody, and started getting drugs from other people. Or, I know that somebody's drug dealer went to jail and they didn't know anybody else. And, also I would sell Oxy 80s, I would sell pills once a month. And the people who did those pills, once I ran out, they'd ask me if I could get anything else.

Addison's depiction of coping illustrates that the adrenaline rush received goes beyond getting high on the drugs themselves. In fact, the process of coping is more about "getting high" and or maintaining ones status in the drug-crime subculture. And for some, the euphoric feelings that occur as a result of successfully coping can influence one to experience a rush even before being under the influence of the drug.

In contrast, some women described the privilege of being able to cop safely and the difficulties other drug users may face when trying to cop because of their race and/or simply not knowing the "right" people. For example, Susie relied on her boyfriend to cop for her because of fear of being "burnt" or given fake drugs.

Interviewer: So, you said coping was something that your boyfriend did and you didn't do coping too much yourself?

Susie: Yeah my boyfriend did that... It was so easy for him; he knew everybody... I was a white girl... People dealt with me because of him. Once I had to go cop myself, I probably got burnt four times a day. With the crack, I was probably paying somebody three times what it cost just for me not to get burnt.

Cynthia perceived her ability to cop drugs differently. Although Cynthia was Caucasian, she reported that she always lived in predominately African-American areas, and her partner was

also African-American. Cynthia discussed her ability to avoid being viewed and labeled an easy “vic” or person to be victimized or cheated out of money and/or drugs.

Interviewer: So, was buying drugs an issue for you?

Cynthia: Not at all... they saw a white girl... They saw an easy vic.

Interviewer: So, that means an easy vic doesn't know...

Cynthia: Yeah, they thought...I was an easy vic... until they got to know me. And, I have a mouth and I'm not afraid of anybody. Then, I became one of their best customers. What could have been a sticky situation became that they [drug dealers] treasured me anyway... I guess I can say. Because of the lifestyle I lead, I made money every day and all day out there...Especially in those areas.

Cynthia stressed the importance of being a money maker, and to her, being their best customer was a very important status to hold during her addiction.

Kathy described the importance of copping to maintain a stable income to purchase drugs. She reports how some drug users found it difficult to cop drugs, and therefore, it was a critical role during her time in active addiction. Kathy described a typical day:

Kathy: Okay, well if I got my son to school, which he did miss a lot of school because of my using, I'd get up. Usually I would have enough... Like, my dope men, I brought them a lot of money because I was like the only white girl that could really go in and cop without getting robbed or beat. I had a lot of people that I copped for or they couldn't get themselves, so they paid me to get them off in the mornings and stuff. So, I copped for a lot of people... that was my day. And, I would be up for two or three days straight...Just copping dope. And, when I got on the methadone, it was like, I just copped crack constantly all day. And, I was tricking, and that kind of....I got out of the tricking because I was copping for people and they trusted me.

Interviewer: So, you preferred the copping over the tricking?

Kathy: Yes

Interviewer: Where was your son?

Kathy: My step dad was there and my brothers were there... Somebody was always at the house to watch him. In the summer times, he would go to Columbus to be with his aunts and uncles so... You know, I was home... I would only have to be gone for 10 min [snaps fingers]. I just meet somebody out front and copped for them right then and there... so, a lot of times, I didn't even have to leave the house.

Kathy also explained how having an African-American boyfriend and assisting the dealers to grow their profit helped her increase her ability to cop without being victimized.

Interviewer: So, you said you copped for people... what was the problem why other people couldn't cop?

Kathy: No, they would get beat or robbed...

Interviewer: So, what made you different in the sense that you can do it without those things happening to you?

Kathy: Because of my son's father and because I made the dealers a lot of money.

Kathy also helped people “get off” or intravenously use heroin. In the end, Kathy explains how the successful ability to cop for others allowed her to give up “tricking” or prostitution. Also, it seems that Kathy was able to stay home near her son when she was copping as compared to having to leave and prostitute.

Joe explains the importance of establishing trust within the drug and crime subculture with regard to maintain the role to cop for others.

Joe: You run so fast; so hard and you just don't think... you don't have time to think. You're so consumed with the circle of trying to get your stuff, the more you screw up... the harder it is for people to trust you and to cop for them. Most addicts start copping for people or they would either trick or jitney. I would never trick... or I would sell.

Interviewer: You said most addicts cop for people... why?

Joe: To support their habit.

Interviewer: So, why don't people cop for themselves?

Joe: Because they don't have no connection...until they get your connections, and then, they don't need you no more. So, you try to keep them separated from your dealer.

Interviewer: So, that's a hustle within itself?

Joe: Oh yeah it's a hustle all right... it's a very big hustle, and that causes a lot of enemies... people turning on other people in. Because you get a attitude because number one, you put your dealer at risk... So, people are actually dumb dealers when they give their numbers out. Because they're out dealing with six people at a time instead of one person giving to the other six people.

Interviewer: What about cheating people when you cop?

Joe: I never really did that until I came here. I mean they would get smaller amounts, and they would get jealous because I got bigger amount for my money.

Interviewer: Does it take a certain status for the person who cops for people?

Joe: Yes, a certain know how... a business know how. It's a business if you run it right; it's a business. That'll be helpful for me when I get out because I plan on having my own business. So, I'm smart enough to be able to do that. I stopped putting myself down a long time ago.

Joe discussed the complexity of copping and the method of isolating those she copped for from her connections or drug dealers. Joe seemed to describe copping as a profitable position that required a specific "know how" or expertise.

Candy discussed the main hustles of drug users and the required skills to execute these specific roles. Candy discusses copping for others as a form of "touting" or marketing the drug dealer's drugs and "running" the drugs for the drug dealer.

Interviewer: What do you think that people prefer, or are the most common methods to get money for drugs?

Candy: The most common is boosting or retail... Me, I never could steal nothing. My big old eyes they see me coming... They know I'm stealing... They would be like get her, she's stealing... We know she stealing something.

Interviewer: Do you think that people choose their hustle because they're better at it?

Candy: They choose according to what they better at... There are some people they're good at running checks, and paper, and false IDs, and stuff like that. Some people are better prostitutes and hustlers... some people... selling drugs... like, they're not really even selling drugs...they're like touting... You know what I'm saying... there's some people that's better at robbing people...[laugh]... they got the heart you know what I'm saying... they just run up and take people's stuff.. you know.

Interviewer: And when you're touting... what would be the type of person who would do that?

Candy: A lazy person...

Interviewer: A lazy person... Why would you have to be a lazy person?

Candy: Because you don't want to go too far, you don't want to go too far from your house... You want to get high quickly and immediately. You want the fastest way possible. And that's the person who gets... Just gets a little bit... A little bit of drugs all day long... You know what I'm saying.... A little bit, a little bit... Little pinches... Little

pinches... All day long... They never get to sit down and... I don't even see how they do it... Because they talk to them like crazy, they treat them like shit... You know.

Interviewer: So, what do you think the status is of someone who touts?

Candy: Usually, it someone who's homeless... You know. That don't have nothing... That don't even get a welfare check or nothing. Sometimes they [the drug dealer] make sure that they eat, you know what I'm saying, Sometimes they [drug dealer] can be degrading towards them... You know... I dun seen them have them cleaning up their dog poop for them...all kinds of crazy mess.

Candy described getting drugs for others and having the constant role of running drugs for drug dealers as a lazy role with a low status. As with the case of Kathy, she describes touting or copping for others as a way to stay close to home and to constantly have access to drugs, although small quantities, all day. Candy also alludes to the fact that some addicts may perceive themselves as drug dealers—although they may really carry the status of a touter. As Joe reported, it seems that most addicts may have to resort to copping for others to support their habit. However, the way in which one describes it or ranks it on the totem pole is purely subjective. The next section will explore drug dealers as boyfriends as a frequently discussed means to gain easy access to drugs.

Drug Dealers as Boyfriends

The concept of drug dealers appears to primarily address research question 1) *How do substance-abusing females describe their life rituals and activities*, because there seems to be a drug dealer and/or boyfriend included throughout the daily routine activities of the women's drug-crime lifestyle. The prospect of distinguishing the specific relationship between the boyfriend or drug dealer was difficult. Most of the women reported that they were in a relationship and usually the boyfriend used drugs and/or sold drugs. The labels of the boyfriends were sometimes synonymous with drug dealer. This could be easily missed in a regular conversation. Therefore, these narratives will discuss the interchangeability of boyfriends as drug

dealers and drug using boyfriends as a theme in the circle of addiction and crime. Addison described the dilemma of becoming intimate with her drug dealer.

Addison: My drug dealers have been offering it [drugs for sex] to me for a long time, but I had a boyfriend who I loved and I just couldn't do that to him, but when I ran out of money, and he was away getting sober, I was like, you know what, it is what it is. Anything to be able to get the drugs.

Interviewer: How do they offer it to you...what do they say?

Addison: They like, give me head, and I'll give you a b[ag]. You know, like, have sex with me and I'll give you two B[ag]'s. Eventually I was just like, okay, \$200 worth of drugs to have sex with you, that's fine. I would get excited to be able to go and do that even though afterwards it would feel so degrading.

Interviewer: Describe what you mean by exciting?

Addison: Excited to know... It was like I was manipulating him. I could do something to be able to get what I wanted without having to waste my money, or have anyone else see it because it was only between us two, and nobody else know about it. ... I had that feeling of I got away with it. Because he had developed feelings for me, and I had no feelings for him, but I was like playing him and playing that role just to be able to get what I wanted. So any time, I would just feel like I got away with it and it made me feel good.

Interviewer: How long did that continue?

Addison: For a year

Interviewer: What made it stop?

Addison: We slowly stopped talking because he had gotten in trouble; he got arrested. He went to jail for couple of days, and when he came home, the communication just slowly stopped between us. He was worried that people were looking at him selling drugs. I had other people buying my drugs for me, so I didn't need him anymore, so I just let it go.

Sasha discussed how her "friend" selling drugs helped her afford all of the different grades of marijuana.

Interviewer: How much do you spend on weed?

Sasha: Now, nothing because I have somebody who gives it to me.

Interviewer: Your boyfriend?

Sasha: My friend, but he doesn't play that, he's not going to just keep giving me weed. I'm not big on asking people for stuff, so I'm not going to keep bugging him every day, even

though I have a habit of every day. I don't bug him every day...he gives me some and I am appreciative of what he gives me, and I'm going to make it last. Until you take too long to give me some more, and then, I'm going to ask.

Interviewer: So, now you have a friend and he'll give you the weed?

Sasha: Yup

Interviewer: So, that saves you money?

Sasha: Yup, a lot of money

Nikita explains how her boyfriend's access to money and drugs helped her support her habit.

Nikita: My dude was selling drugs; he was selling drugs in and out my house, and I was selling drugs with him. I mean, they were shooting my building up every day, it was just hard. And, at that, we was in love. He just used me to get what he wanted, and now, I don't know. I get sucked up to clinging to older men. I don't know. I didn't work so I was getting welfare and my dude boyfriend just gave it to me. Like, I really wasn't paying for it as much because he would bring it, or have it, or when he wasn't there, I would buy it. And, I saved the money that he would give me... I saved my own money too.

Interviewer: So, how much do you think you are spending on marijuana?

Nikita: I want to say like \$100 every other day. Depending...\$50 a day sometimes more depending on how much I smoke. Dependent on what type of weed it was... I will buy enough to last me and then he would bring some home, and I was like, he was like hustling and it wasn't nothing to him, so he gave me whatever.

Kayla seemed to use the term dealer and boyfriend interchangeably. It appeared that once she ended the relationship with her boyfriend, it became clear that he was her drug dealer.

Interviewer: You switched from the guy being your boyfriend to your dealer. At the beginning you described him as your boyfriend, but at that end you described him as your dealer?

Kayla: Yeah, he was just my dealer

Interviewer: He still gave you cocaine even though he didn't do cocaine?

Kayla: In the beginning, he did, but once we moved into the townhome and stuff, he told me he didn't want me doing it no more. He told me he did it because we weren't together. He didn't want to be together with someone who was doing that. He took me out on my 21st birthday and he did it because we were celebrating, you know what I mean, that kind of thing. I don't know he kind of did it to pull me in, and once he had, like, control over it. Like he wanted control over me, the situation and our relationship, but once he did that, I was already hooked. It just went all downhill.

Teresa describes how her most serious relationships involved drug dealing men and how this relationship increased her ability to easily use drugs.

Teresa: My son's father he was the user too, he used cocaine, he started to get abusive. At 18, I started snorting coke with him—I figured if you can't beat them join them. We ended up breaking up; I guess I was about 19. I started to get in to coke real heavy. I guess, until I was in my late 20s I used cocaine real heavy. So, you know I was with another guy who was a big coke dealer. I started dating another guy who was another coke dealer and I relapsed. I started doing coke again...he was very abusive; he was an alcoholic.

Interviewer: Did you have any problems or money when you were snorting cocaine?

Teresa: No, we were selling coke and pills, so money was never an issue. The coke was free to snort all day long. I think that was probably why I never had to worry about buying it cause money was not a problem. At this point, when I started smoking that stuff it was different because I broke up with my boyfriend, he used to smoke crack, I didn't like that. Eventually, I told my ex-boyfriend I was smoking, and then he came back. I let him stay with me. We ended up starting to get high together until he stole my shit; then, I whooped his ass.

Teresa discussed her relationship with her previous drug dealer at length. However, she stressed that the relationship with her dealer was purely platonic.

My dealer, actually I met this new guy that sold shit. I met him through a girl I used to smoke with. She got mad because I took his number, and I got a car, so anytime he needed a ride, I just drove him around and made all these deliveries. She got mad about that, but what she didn't realize is that I'm risking going to jail cause I'm taking him around to sell shit. I'm in places I should not be at three in the morning, I felt safe with him. And over the past three years he actually became a friend to me. You know he hated selling me shit, and I would get mad at him and say, you're not my father, you're not my man. He is actually a decent guy; I'm friends with his wife and his kids. I babysit his kids and take them to the park with my grandkids. Especially after he seen me get out of jail after 30 days, and he said, wow you look really healthy. He said I can't believe you came to my house right after jail, I was like, well shit happens, you know. I said I'm just going to do it one more time-just tonight. And then I was back there the next morning. He was like it hasn't even been 12 hours yet. Yeah, I know, I've given him so much jewelry for crack, man, I can't believe how much shit I have given him. My jewelry, diamond rings, diamond earrings, you name it, I gave it to him.

I'd get up early in the morning and leave. Come back 10 o'clock at night and keep smoking, wait for him to call me again in the morning, and pick him up, and do it all over again. This would go on for four or five days in a row, until we were both tired because he snorted dope. He would crash for like a day and just sleep it off and then get right back at it again. I lent my car to him... He used my car a few times...more than a few times.

He used to take it and wash it for me and detail the inside. He looked out for me all the time. He really did. He hated to just give me shit. He just didn't want to sell me shit, but he knew I'd go somewhere else and have a fit. Then, his girlfriend started to wonder why she acting like this, and I'd tell her look there ain't nothing going on between us... It's just all about the drugs. I think she understood that towards the end you know. It's just we knew each other's business so much just from talking in the car and me talking in the car and on the phone. We knew everything that was going on, like, I knew what was going on in his relationship; he knew what was going on in mine. There were times that we would just sit in the car and talk about anything and everything. So, I mean he is a very good person, but he is a drug dealer and I can't be friends with the drug dealer and I know where it leads.

Interviewer: Your fiancé was a drug dealer and you never liked this guy at all?

Teresa: No... I loved [pause]... I love both of them... I did, I loved the first one... I really loved the second one-eight years I stayed with him. Thinking, yeah I could change him, I could fix him...if I quit drinking maybe he won't whoop my ass. Okay, when I drink and he drinks, we argue, so I stopped drinking and I never really had a drinking problem. I just stopped drinking because I would get cocky with him, and I thought, oh if I quit drinking maybe, we won't fight...no that's not going to happen you can't change anybody except yourself.

It seems that Teresa was involved with drug dealers throughout her history of drug use and she acknowledges that this increased her access to more drugs.

Another issue discussed by many women is assessing the boyfriend's propensity to participate in crime. Lisa and Porsche discuss how they both seemed to some way encourage their partner's decision to sell drugs.

Lisa: Then as the years went on I met my kid's father. At the time I was 14...I met him. We started dating; he had a nice job as a plumber. I was still selling drugs and I got him into it and he started selling drugs. I was never using at this time; I smoked weed. You know, that's what I started out with. I smoke weed and smoked cigarettes. He was really abusive... my kids father... He was like mentally abusive really bad.

Interviewer: So, what would make somebody who is a plumber sell drugs?

Lisa: Because he saw the money I was making. I don't know why because he was freaking making \$27 an hour... Like that was good money... I don't know. He was lazy, to be honest with you, didn't like getting up in the morning and going to work. He seen that I didn't do nothing—all I did was stay home and make money—I had all kinds of rented cars. He just didn't understand that. I don't know, he seen all that and he wanted it. Like, oh, free money. But, he paid for it in the end, he ended up doing 5 to 10 upstate.

Interviewer: Do you think he already had it in him?

Lisa: Yeah... Yeah, yeah, but he blames it on me though, like, it's my fault to this day. He's home now.

Porsche described how she was aware of her boyfriend's criminal thinking, and her challenge seemed to encourage her boyfriend to sell drugs.

Interviewer: So, was your boyfriend involved in anything beforehand?

Porsche: He smokes weed... He smoked...weed . Whenever we met, he was 14 and I had just turned 15 whenever we met. He had... I think one juvenile thing that he was involved with as a child, but other than that no. He wasn't out there... His main goal was just to take care of his children and to work. I don't want to say he was just a straight arrow, he had a criminal mentality, but he didn't practice it.

Interviewer: If you could describe that, what does that mean?

Porsche: I guess wanting to do criminal things, but knowing you have to do better. He wouldn't have started to sell drugs until he felt bad for not being able to truly provide for us. So, that really prompted the drugs and selling of drugs. We always smoked weed; he was the first person I ever smoked weed with. We shared a marijuana habit together, but as far as selling drugs, it didn't come until the end. I guess at one point... I knew it was there... I knew it was there... But because he wasn't actively involved in it, it didn't register to say hey he's a drug dealer. That didn't register to me. It didn't come until I think one day [laugh] I think I kind of prompted it... Because we would buy a lot of weed and that was for our personal use, but we got to the point that we would buy so much. It would get to the point that it was too much, so we would sell it occasionally. Something happened and I said you can't even sell weed right... You can't even hustle right... And from there, it was on. It went from selling weed to selling crack and it was off to the races.

Interviewer: So, that statement you made to him, was it because you wanted him to step up his game?

Porsche: No, because I wanted him to feel like shit...[laugh] I wanted to make him feel bad... And, I thought by saying that he would just stop trying altogether... no, he took it as a personal threat or even a challenge... [laugh] He took it to an extreme.

When the women were involved in relationships with drug dealers, drug use increased.

Most of the women reported that they began to sell drugs with their boyfriends, but seemingly decreased other behaviors such as prostitution and shoplifting. It appears that in the drug-crime world, having a boyfriend who sells drugs benefits the drug using women financially, but may be

a disadvantage in that it increases drug consumption and places the women at greater risk for drug addiction. What is unclear is if these relationships are based on mutual partnerships and/or initiated for the purpose of drug sales, use and/or access. The next section explores the role of boyfriends with regard to women's drug use and criminality.

Boyfriend as Drug Using Crime Partners

All of the women reported that their boyfriends had some history of substance abuse and criminal activities. In addition, most of the women reported that they used drugs with their boyfriends. Therefore, this section will also address research question 1) *How do substance-abusing females describe their life rituals and activities*. It appears that a majority of the intimate relationships revolved around drug use and crime. According to Walters (1994), individuals who are avoidant and insecure with regard to attachment and intimate relationships are more likely to be criminal. Drug users are less likely to abstain from drugs and crime if they continue attachments with deviant peers and significant others (Hiller, Knight & Simpson, 1999; Griffin & Armstrong, 2003). In addition, female drug users are more likely to be introduced to drugs by intimate partner relationships with males (De Li, Piru & Makenzi, 2000).

With regard to partnerships and criminality, the women reported that their drug using boyfriends provided security such as being a "look out" when they were prostituting and/or ensuring that the process of buying drugs went smoothly. In addition, some women reported that it was good to have two incomes to support their drug habit.

All the positive factors associated with using with an intimate partner suggest that when one person attempted sobriety, it could negatively impact the relationship in a variety of ways. As result, the boyfriend may attempt to persuade the women to use drugs while sober and vice versa. Kayla described the difficulties she faced while trying to refrain from drug and alcohol use

and conform overall while she was pregnant. Kayla also described how her boyfriend tried to influence her to use drugs while she was pregnant.

Kayla: I'm staying clean and in your taking the money that we're supposed to be paying our bills with and were getting eviction notices and shutoff notices and you're just blowing it all. I had our daughter...I was breast-feeding her. I remember him asking me can we get some coke and I looked him, and I was like, are you serious...He was like, yeah. I'm like, that goes straight to the breast milk. He was like, she'll be alright. I'm like, wow, you don't even care... and after he had asked me that and she was not even three months old... I lost all respect for him.

Other women reported that it was fun to use with their boyfriends and they felt a sense of closeness and excitement.

Porsche: It was fun... I guess the adrenaline rush... The fear of being caught, but not actually being caught. That was the most time we ever spent together because we were always working, so our shifts would always vary. So, the most times I ever got to see him was with his eyes closed and vice versa. We got to the point we were making so much money I cut down all my hours at work. School sort of fell by the wayside a little bit, so I had a lot of free time and I had a driver's license and his was suspended. So he would drive with me in the car so a feeling of some legal [laugh]... So I purposely kept the windows tinted so dark that you couldn't see in the car. So, we spent a lot of time smoking weed in the car, running back and forth and making trips or what not... It was just the money. The lifestyle became more that we looked forward to then anything I guess.

Sasha described how her drug use began as a result of meeting a boyfriend who she knew was not "good for her," but she was still attracted to the lifestyle.

Sasha: I got a car, so I was out more. I got a boyfriend and I would stay with him. He was an asshole drunk; he was no good for me. That was somebody I didn't need. He was somebody different. My side of town where I'm from, everybody knows everybody. When you went to his side it was like a big city... people have big cars and it was a whole bunch of new stuff. I'm the new girl on the block and everybody wants to know who I am. It was like attention and I liked it. I had a blast... I started drinking more because I was in a bar and I started going out. I started going to different bars and getting fake IDs. Yup that's when it started.

Although many women reported that using drugs with their boyfriends was exciting and increased the intensity of the relationship, some reported that they begin to realize that the

relationship was secondary while the drugs were primary. Precious reports how she and her boyfriend's relationship became more like work than a relationship.

Precious: At the beginning, it was just me and him doing it together, you know, we were intimate at times while we were doing it and things like that. Then it got out of hand with me... it just seemed to run wild. It was like work because the drug was more important than him and it was more important to him than me. He was no longer focused on me... it was about getting high. I would be talking to him and we would be just hanging out and touching, and he was say, hold on a minute and take a hit.

Nikita discussed how she had many regrets as a result of being in a relationship with a drug using and dealing boyfriend.

The fucking dude... doing all that dumb shit that you do for somebody you claim you love... You don't even know who you're laying down with somebody. The sex is alright, but you can only go so far with that, you know. I got a wake-up I deserve better and I'm tired of settling for less and I mean, like, my kids deserve more ...It's not worth it. I lost everything behind a fucking guy. Everything I worked hard for... all my hard work, all my time. That was my first house... I was comfortable, and I let it go all because of a man. That shit hurts like every day... Fuck trying to smoke weed... I mean, it's not all what is choked up to be in the long run for real is not. Chasing after him... wanting to know his every fucking move and it was like I quit living. I stopped living for real.

Based on the research, it is increasingly clear that drug using peers increase the probability of further drug use and deviance overall. However, Susie reported a very unique behavior in which she would intentionally seek out drug addicts because of the insecurity she felt.

Susie: I had a pretty good job at an insurance company. I mean I was there for whatever guy I happened to be with at that time. Even though I wasn't on drugs, I kept picking drug addicts because I just never felt that I wasn't enough for anybody by myself. I knew I could hold onto a drug addict because I had a place, I had money, I had a good job, and I just felt like I had a little bit of control there. Like, I didn't feel like they were going to leave because I felt I had what it took to keep them there.

Addison further elaborated how she tried to encourage her boyfriend's drug use in order to ensure that she would not be alone.

Addison: My boyfriend's 26. We both have a history of using together... we've had a history of on and off 10 years. Like, the end of our relationship, he wanted to get clean,

but I kept trying to get him back in and using drugs because I was scared of change...Trying to pull him back down with me...I have a fear of being alone... I think.

The interrelationship of using drugs and committing crimes with intimate partners seems to compound the process of forming a genuine relationship built upon conforming standards. Sylvia explains how she felt after hearing a recovering drug addict speak about his experience with having an interpersonal relationship based on commitment, mutual trust and respect.

A guy was sharing on relationships and how he's been clean for 10 years and now he's in a marriage and his relationship is based on strictly love and respect. And I found that even hearing that I was like appalled...people really do that, you know what I'm saying? Even today I can't see that happening for me. Maybe because right now I fused together so many relationships and so many things like drugs were entangled.

Based on the experiences of the women in intimate relationships which revolved around drugs and crime, it is seems imperative that the aspect of healthy relationships be a treatment topic that is consistently explored. Otherwise, the women suggest that they will continue to seek out partners that trigger behaviors and thought processes that increase the probability of drug relapse and reoffending. The next section addresses aspect of familial drug histories, which perpetuate the cycle of victimization, violence and silent victims.

Insanity and the Cycle of Victimization in the Drug-Crime Lifestyle

All of the women were posed with the question "tell me about yourself?" With this question, all of the women began with their childhood histories, which mostly seemed to describe a childhood of witnessing and/or experiencing parental drug abuse. Accordingly, the women's responses pertain to the basic research question 2: *How do the female substance abusers perceive of or "define" their own lifestyle?* The question usually prompted the women to use descriptors such as "insanity" and "off to the races" which seemed to described the sometimes confusing and seemingly compulsiveness of drug use. For instance, Billy, a 25 year old heroin user described her addiction as follows:

Billy, I'm just to the point now where I'm tired of it... Drugs aren't making me feel better or anything. I'm just sick of it ... I'm tired of going round and round in a circle not getting anywhere... Being like a gerbil or hamster and going round and around and not getting anywhere.

Teresa, a 39 year-old crack-cocaine user discussed the difference between will power and drug addiction as follows:

Teresa: You keep telling yourself that you don't have a problem you're not an addict; that you can control this if you have willpower. It has nothing to do with that; it's an addiction. With this disease; it tells you can do it one more time; you'll be fine you got this. You think you kicked and you think...I can use one day and I'll be fine... That one day leads to another day, before you know it, it's been a week, a month, a year and it kicks your ass.

Many other women had similar testaments of addiction and the lack of control they felt once they began using and/or relapsed.

Another pattern that seemed to emerge was the repetition of victimization. This led to a cycle in which the women witness drug abuse as children and began to use drugs, and presented their own children with the same cycle of drug use. Several related issues need to be discussed. These are the family histories of the women; perceptions of familial abuse; the cycle of victimization, and the concept of silent victims.

Family History of Drug Addiction

Many of the women reported a family history of addiction. In fact, Most (12 of 23) of women reported drug abuse by their parents and/or a close family member with whom they had frequent contact. This sub-category also responds to research question 2: *How do the female substance abusers perceive of or "define" their own lifestyle.* This is so because most women seem to connect their family histories with how they arrived at the definition of the drug lifestyle and addiction overall. For example, some women linked their introduction to drugs and the drug and crime lifestyle overall as follows:

Candy: My mother was a drug addict and it wasn't that drugs were like socialized to me because my grandmother ended up raising us, but it was like...they weren't taboo either...you understand. So, it made it easy to pick up when drugs were introduced... my aunt was raised with me, we're like a 1 ½ years apart or whatever, so my first introduction to cocaine and pills was through my aunt.

Jessica: I just can't believe some of the things I've done and the sad thing is I will always know them too. Learning how to use coping skills to deal with those feelings; it is just that a lot of drug users don't have that, and that's why we are where we are at. My mom is an alcoholic and she's done cocaine in the past. My dad's a drug addict; I don't really know my dad... he was never in my life. My mom just raised us with our grandparents. We lived with my grandparents my whole life. We moved to the city to the suburbs when I was in high school... I think that's maybe why I used drugs... maybe they'll accept me more if I smoke weed.

Kathy: My mom was an alcoholic. That's all I knew my whole life; I never knew a clean person in my life... my mom and dad, my aunt, my step-dad... it's the whole family. Really...his mother, my step-grandmother, and his sisters were the ones who got me into going to doctors for pills and snorting heroin.

Theresa: My mother was a drug addict at a very young age... she was addicted to heroin. I guess at the age of five, she started to be abused by my stepdad. It just escalated from there, by the time I was 11, she was a hard-core heroin addict. At the age of 12, I guess I started acting out—actually had a nervous breakdown in fourth-grade... I was nine years old. After that, things got pretty bad quick.

Billy: My biological father, I didn't live with...my mom got remarried when I was five to my stepfather. My biological father was a heroin addict who overdosed when I was about 14. My parents smoked weed, like, my family as long as you can handle yourself and you were a functional addict, it was okay to be an addict. I mean not an addict, but partake in drug use. They don't believe you're an addict, if it doesn't affect your life. If you can go to work, it's not addiction. My childhood I was pretty much a isolator I was an only child; my pap raised me. My mom had to work three jobs, at some points, to take care of the house. My stepfather he was extremely strict; he was really authoritative. My mom was really not there because she had to do so much... that's how my childhood was.

The women's' childhood histories seem to present a situation in which the coping skill of drug use was the norm. In the next sub-topic explores the way in which the women interpreted a childhood that included consistent familial addiction.

Perceptions of Familial Addiction

Again, this section addresses research question 2: *How do the female substance abusers perceive of or “define” their own lifestyle?* Many of the women were able to link parallel

situations in which they reflected on their parents' drug lifestyle in comparison to their current circumstances. With this reflection, some women seemed to struggle with how they perceived living in a family that involved drug/alcohol abuse. Sasha explains:

Sasha: I can't say it was difficult. I really had a decent childhood even with the circumstances that I grew up in. The circumstances weren't bad...they just were not normal. My mother was on drugs and currently is still on drugs. I lived with my grandmother... I had an older sister. My dad was very active in my life... all my life and still is. My grandmother was strict and very into church. So, when I used to leave there it was like getting freedom because I like to do stuff. When I was with her it was like she was very smothering. Maybe because of the circumstances of how I came to her and she thought what I've been through. But most of the stuff I didn't remember, so I didn't think my life was different. I just knew I lived with my grandmother and my mother wasn't around. But my dad being around took all those ill feelings away. Like, I never even thought twice about a mom. Because my dad was like really there. Like, it was a little different because nobody taught me like how to curl my hair... I learned that from watching my grandmother or watching my sister. Or, how to dress and like the dude issue... nobody put me in on that. I had to learn on my own...I think that's why I had some screwy boyfriends.

A vivid picture in my memory is when I was taken away from mom and I let my rabbit go. They let my rabbit go and I lived somewhere else that's all I can remember. And I remember there was a picture of me I don't know if it was that day, but I didn't have any teeth and my hair...they said I look like I had bags under my eyes...and my hair was like funny. And they said that was the beginning when I got taken away. I can remember my grandmother talking about it like, she looks so sad she looks so tired. But when I look at it, it looks like I was happy. I was smiling... I don't know. I didn't see what they saw. Maybe that was a good thing that I didn't see what they saw. I remember my rabbit... I remember certain places we would go to. The houses my mom would take me; only one house that I can remember. The kids there were hungry and they were eating the red part of raw bacon. And everything else was like blank.

In comparison, Nikita seemed to struggle with how she viewed her upbringing while witnessing her mother's addiction. The most striking revelation is that she and her mother not only resided at same particular treatment center, but Nikita's children were included in the same exact location as she remembered as a child.

Nakita: I'm just like my mom; I'm just like her. I feel like I'm following in her footsteps, when she was younger, she was doing weed and CYS. She was here [the program]... I remember because I was young when I use to come in these little offices when I got dropped off... and I'm like, fuck no, we ain't doing this with like my kids...no... so we

stopping it... we cutting it so short. But it's really an eye opener, you know, just the cycle; the family cycle it's not no... It's not what I want for my kids. And society now, is fucking corrupting these kids' heads as far as the sex the drugs the money and the flashy stuff.

Interviewer: You were here in this office before when you were younger?

Nikita: Yeah, sitting in one of the offices playing with the coloring books and shit; waiting for my mom to come get me.

Interviewer: What did she use?

Nikita: Now, it started with weed and drinking then... I didn't find out my mom was on crack until I was hitting high school. She just came out and told me and my brother and my sister. That was heartbreaking because my mom, to me, was that chic...she always kept herself up. And I'm looking at my mom she didn't look like a crack-head. Like, I always scoped out crack-heads... Like, look at her that's a crack-head. Then, my mom told me...but I never looked at her like regardless... Like you're not that to me. What do you call it... Stable drug addicts?

Interviewer: Functional drug addict

Nikita: Yeah, functional drug addict. Then, she drug me through her whole addiction.

Interviewer: Where were you during her whole addiction...were you living there?

Nikita: Yeah, I mean I never judged her... She had three kids, single mom... She had a boyfriend, but before he came along she was tall whatever she had to do for us. Whether the lights were out; whether the gas was out like... I don't think I ever complained cause she made it seem fresh. She made it fun; she never made it like, oh fuck, our lights is out...no, she made it what it was. I give her props a lot cause my mom... she could have been gave up on us...being through the shit we put her through or the shit she put us through... But I never thought she would be on drugs.

Interviewer: Is she still on drugs?

Nikita: I think she is but I don't really know cause she's looking better... You know she's not looking... I don't know. Not like she used to be... I think she just does it when she feels like she needs to. She's gaining her weight back... She's been working; she's been trying to do little stuff.

Nikita later revealed the feelings associated with realizing the similarities between her and her mother.

Interviewer: You said you were following in your mom's footsteps... You said you were a lot like her?

Nikita: I don't like admitting to that... We have the same attitudes we look just a like... we're outspoken... Can't nobody tell us shit. You ain't got that money we don't want to hear it. I'm not really a money hungry person. I mean, I love money don't get me wrong... Yeah, some similarities we have alike, but not all.

In the cases of Nikita and Sasha it is clear they struggled with judging their mother's drug use because like most children, they still loved their mothers. In addition, it appears that Sasha and Nikita may have had more empathy with their mothers' drug use because they could personally identify with the effects of drugs. The next sub-category discusses the difficulties of not only experiencing parental and familial drug use, but the process of actually using drugs with parental figures and caregivers.

Drug Use with Parents/Family Members

This sub-category presents a unique description of events that expands on the second research question: *How do the female substance abusers perceive of or "define" their own lifestyle.* This is true because the topic of drug use with parents and family members became a pivotal moment during the evolvement of some of the women's drug using careers. Most individuals would consider drug use with parental figures and caregivers as taboo, but to some women it became part of their lifestyles and was a part of their interactions with their parents and/or caregivers. There were many rationales for engaging in drug use with parents and caregivers. For example, Samantha, a 25-year-old heroin and crack-cocaine user was not only introduced to drugs by family members, but she also reports "shooting" her grandmother up with heroin on a consistent basis.

Samantha: My mother and father were both alcoholics/addicts. I grew up around drugs my whole life. Drugs and crime and all that stuff.

Interviewer: What do you mean all that stuff?

Samantha: I don't know just chaos. Cops always at the house...you know; family members beating each other up all the time...Constant chaos and insanity. I'm my mom's youngest. I was pretty spoiled considering even though, like, my parents were alcoholics.

Well, my dad was an alcoholic and my mom was a drug user. I had a pretty good childhood even though... but I don't know... but I still ended up being an addict myself and doing a lot of things that I shouldn't have.

The first time I tried it [heroin] I was 15 and I sniffed it. But...my grandma used to shoot heroin. I've seen her do it a lot with my mom and my aunt. They used to all do heroin together. Then, once, my family found out that I was using too, like, I was pretty much copping off the same people they used to cop off of. They couldn't like really stop me, so we all started doing heroin together. I used to have to hit my grandma with the needle... Which is kind of strange at first... but then after a while it was just like normal because she couldn't do it herself.

Interviewer: Because she was older?

Samantha: Just because she couldn't do it; she'd always have my aunt to do it for her. She don't want my aunt to know that she had dope when she'd wake up in the morning cause my aunt would... She was like kind of older and really couldn't pay too much attention. My aunt would usually take it all and just give her a little bit of it and keep some of it for herself. When she give it to me, she know I would give all of it to her. I'd fix it up for her and make sure she got it all.

Samantha described the sense of normalcy after consistently “shooting” her grandmother up. In fact, she viewed this behavior as helpful in that she was protecting her grandmother from her aunt.

Similarly, Sasha explained how she used marijuana with her mother as a means to keep her close and decrease her mother's use of her main drug of choice, crack-cocaine.

Sasha: I mean, ninth-grade my mom was around and I was still getting high. I can't say it was because she wasn't around. After ninth grade, I really did go down because her leaving that night when I was in ninth-grade really did something to me because I got too attached. It really did something to me. I clung to my boyfriend I didn't go to school; I was rebellious. Her lifestyle did have the say so on what I was doing too. Then she was coming around more when I was living with my dad; she would just pop up in the middle of the night and need somewhere to stay. She would have rental cars; I used to take her rental cars. Yep, that time really did something to me. I was really getting high; that's when I was really getting high morning, noon and night all the time. My dad went to work and it was just me; I wouldn't go to school. I was just out of control. I was feeling lost or something. I was just getting a relationship with my sister and my mom, and it just crashed and burned right in front of my eyes.

Interviewer: So, what did the weed help you do?

Sasha: It just helped me maintain and I didn't think about anything she [my mother] was not on my mind at all.

Interviewer: So, how long did that period last?

Sasha: That lasted until like 12th grade; she got herself together, she was out the program and she was at my prom. She helped me get dressed, she got better, and I lived with her again. I started working at a bar--that was a mistake. She was working there too, and then she left again. I was staying with her, so she always had access to our house and she would come in and out, in and out, and bring different people in. One day she came in high, and we fought. I wanted to kill her, but I didn't punch her, I just strangled her. It was scary. I didn't know these people, and she claimed that these people were cool. I mean, it was a guy, and guys aren't good to bring in. I don't want to be around those people, but it was her house, and I wanted to be there... and I had freedom. So, I got to do whatever I wanted; she wasn't there.

Interviewer: Were you getting high at that time too?

Sasha: Yeah, at that time she was hitting the weed.

Interviewer: So, you were getting high together?

Sasha: Yup

Interviewer: So, how was that for you?

Sasha: It wasn't like we were really getting high together. If she would come in, she would say, let me hit that. I would be like, okay. But I was like 18, so my thought was, like, she's not getting high, so she can hit this... that would be okay. I learned that--that is not okay. Liquor or weed or any type of drug is not okay when you're in recovery. I thought it wouldn't hurt; I thought that's not her drug of choice.

In Sasha's situation, she describes the emotions and her overall experience as a result of her mother's multiple relapses. Sasha felt that she could possibly prevent her mother from leaving or relapsing if she shared her marijuana with her mother. In the end, Sasha acknowledged that it was not the "right" thing to do, but her situation helps one understand that drug use with a parent describes a set of circumstances that may not be included in a "normal" family.

In contrast, Ba-Shawna viewed drug use with her mother as a key factor in her escalated marijuana use.

Ba-Shawna: I mean, I've been smoking since I was 15. I mean not to talk down on my mom, but it didn't make it any better that she smoked. Like, every time I knew I was around her... Like my mom can't do without it. Like, she cannot not smoke weed. Like, I don't want to call her an addict because she goes through a lot... she has three bone diseases. They don't prescribe her the right medicine. They keep telling her it's all in her head. They give her pain medicine. They give her anxiety medicine, but nothing that's

helpin her with her real problem. So, she smokes for therapeutic reasons, but it's still the fact that it was around, like, it was there. My mom allowed me to smoke; she knew I was smoking ever since I was like 16, but she start allowing me to smoke with her... and allowed me to do it with her at the age of 18. And, I lived with her all the way up until I was 21-22 years old.

Like that whole four-year time span... Every time my mom smoked; I smoked. Every time she rolled up; I was right there. Anytime, if I had weed, I was chillin with my mom. It didn't make it better that it was that accessible. My mom didn't stop it... She didn't try to talk me out of it. Honestly, that's why I think my habit is as heavy. Because I lived with it so long and I was around so much. And it's like all my friends smoked weed and everybody that I hang with and anybody I'm around... There are not too many people I ask, do you smoke, and they say no. For the most part, she [my mom] always got a box of blunts in her drawer. She never runs out and before she does run out, she makes sure she has a way to get more. Before she hits that last little bit [of weed] she has a way to be able to go and buy the next quarter [of weed] or go buy however much. And get her some blunt and everything. She's just unhappy, but she's a miserable person. Like real miserable; like my mom's 49; I don't want to be like that when I grow up. Like, by myself and evil and miserable for no reason. She's cool, as long as she has cigarettes and weed, she is okay. Without it, there is no sense of being around her; knocking on our door... exactly how I was. No knocking on her door, don't chill around her, none of that- she has like a stupid attitude. I don't want to be like that when I grow up. I want to be happy and I want to be healthy.

Ba-Shawna defended her mother's drug use and reported that she smoked marijuana for therapeutic reasons; however, she acknowledges that it should have been her mother's responsibility to forbid her from smoking marijuana. As a result, Ba-Shawna seemed to suggest that her mother was a primary influence in her marijuana use.

Susie, a 55- year-old crack and methadone user, lends the perspective of the feelings that arise as a mother who resorted to getting high with her 40-year-old son. This drug use took place in what Susie calls "the trick's house" or the person with whom she resided in exchange for sexual favors.

Susie: My son was in my life here and there, and by that time, he was already on methadone. I really can't pinpoint the time or how it happened... I remember that I was copping for him and that was bad enough, and I don't know how it came that I was sitting down with my son smoking crack, but it came to that.

Interviewer: Describe a typical day of your use with your son?

Susie: I'd usually get up in the morning... The trick would take me to the clinic. There were two different ways I could get out of the house... I usually didn't leave the house. I would get my son in the house somehow, usually I will call the one kid that I dealt with all the time... my son would run and get the crack, and bring it back, and come into the house... and we'd just sit there all day smoking crack. Right before the guy was ready to come home at five o'clock, my son would leave and that was the day.

Interviewer: Were you ever able to find some sense of normalcy with it... did the feelings ever go away--that you were getting high with your son?

Susie: No, I never felt so dirty. I felt like I had caused him so much shame. I just felt like he thought I was such a piece of garbage... I thought he saw me exactly as I saw myself just a piece of garbage.

In Susie's situation, she reports that she felt very badly for getting high with her son, and it never seemed as a normal or appropriate situation to her.

Lisa explained the dilemma of not only witnessing her dad's drug addiction, but also supplying him with drugs when she took on the role of a drug dealer. Lisa also spoke about the "insanity" that was included in her environment as a result of drugs.

Lisa: My whole life my dad was an addict. He was a heroin addict. When I was younger I had to grow up quicker cause I have a brother and sister they're both younger than me. My mom was with my dad this whole time too. I grew up really quick... you know what I mean. I started dating a drug dealer at 13. Like, I helped my mom out with bills and stuff like that, like, trying to help her out with the bills. That's why think I had to grow up so quick. When I was younger, I seen a lot of stuff that I shouldn't have seen, you know, with my father. I seen people come in and then out of the house all the time using. Just like stuff I wouldn't want my kids to see you know.

My father at the time I was selling drugs to him. What happened was he stole all my drugs one time. [Interviewer: who, your dad?]. Yeah, so I ended up owing this guy all this money. I didn't know what I was going to do and he was threatening me and all this stuff. There was like a lot of money it was like \$1000 I owed them. So, he made me go to New York and bring stuff back on the bus, and like, that's the insanity that it goes to. Like, you do crazy stuff... like... stupid stuff... like... just to make sure you're all right. I got pregnant with my nine-year-old daughter. My kids' father started selling drugs too with me; quit his job started selling the drugs with me. We ended up getting caught by the cops. I went to Schuman center. I had my daughter-now at this time—my mom's house got raided... I forgot that part. She went to jail and my kids' father went to jail. I got my mother out of jail, and then two months later, the cops came to my mom's house again and said that we were under investigation... and they got us for sales.

Lisa explains how the situation of drug use creates what she labels as “insanity” in that one makes choices to survive in an atypical family dynamic. Lisa’s description of insanity and conformity helps one better understand how the family cycle of drug use and crime is perpetuated and repeated so often. The next sub-category examines aspects of the family cycle of addiction.

The Family Cycle of Addiction

The cycle of family addiction also addresses the second research question: *How do the female substance abusers perceive of or “define” their own lifestyle?* This is so because the cycle of family addiction clearly influences the respondent’s decisions to participate in their own drug lifestyle. With regard to a history of familial drug use, most of the women used drugs despite the negative impact of their family’s prior history of substance abuse. Lisa explained how witnessing her father’s addiction failed to prevent her from developing her own addiction to heroin.

Lisa: I always said I never wanted to end up like my dad. My dad used to embarrass me when I was younger, with my friends, he would just nod or people OD’ing in my house. Just the insanity that comes with it. I never thought I would be where I am today. I really didn’t. I don’t know; I guess it happens for a reason. I don’t think God will put me through this if I could handle it.

Similarly, Jenna explained the irony of using heroin, her mother’s drug of choice, to help her cope with the loss of her mother.

Jenna: My mom was an addict... she was using... So, because she was using I went to placement. And I ran from placement and I started using. I started using when I was like 16.

Interviewer: Because your mother used drugs, did you ever think that you would use drugs?

Jenna: No... I didn’t want to... I just thought it would be fun. I wondered what it would be like because my mom did it, and I wanted to understand it more. After a while, I couldn’t stop and it was the only thing that would make me happy besides my mom. It filled the emptiness I had from her using.

Nikki reported that although she disapproved of her mother's drug use, she still decided to use drugs. Nikki also spoke about the genetic component of addiction as a possible explanation for her cycle of drug addiction.

Nikki: Like, my mom was addicted... was an addict. I didn't grow up with my mom... I grew up in placements and stuff. I got friends from there like longtime friends and they're not like that. Her drug of choice was heroin.

Interviewer: And you never had to see that?

Nikki: Yeah, I had to see it. For the first seven years of my life. After that, it was like foster homes, group homes and stuff until I was 18, by that time, she was clean.

Interviewer: Is she still clean now?

Nikki: She has six years.

Interviewer: With your mom using drugs, did you ever think that you didn't want to use drugs because your mom used drugs?

Nikki: Yeah... Yeah I said I'd never be like her... I'd never be the mom that she was. I always hated her for... I think it's genetic... Like the addictive part... Like the addictive personality. I don't know, like for me... I thought since all the stuff that I've been through my childhood and stuff like that... I thought people owed me. I was so sheltered all my life and babied and institutionalized from group homes.... So, once I got 18, I thought what am I supposed to do right now because they never taught us how to do this... how to do that. So, I was lost... I still wanted to be babied and I didn't want to grow up and take anything serious. So, that's how it was for me, that's how one thing led to another.

Clearly, Lisa, Jenna and Nikki initially managed to avoid drug addiction because of the negative dynamics it introduced in their lives, but eventually they did and, as it turned out, they used the same drug as their parents. Walters (1994) suggests that heredity may play a role in drug use and criminality. Like Nikki, criminal offenders and drugs users often present innuendos about biological pulls toward criminality and drug use, which often leads to a cycle in which the children witness drug and criminal activity of family members and often model this behavior. The next sub-category expands the discussion to include the cycle of violence and victimization within the drug and crime subculture.

Victimization, Violence and Drug Use

Most of the women reported experiencing some form of abuse, especially domestic violence. The information on victimization cannot be consistently assessed because the researcher was very cautious not to specifically ask any questions related to childhood physical and/or sexual abuse. Thus, since the extensive histories of sexual and physical abuse was beyond the scope of this study, the researcher felt it was unnecessary to induce any unnecessary emotional trauma, and therefore, left it up to the discretion of the women to offer information regarding childhood and adult victimization. Surprisingly, some women freely offered information regarding their experience with previous victimizations. Therefore, the cycle of victimization appears embedded in the first two research questions 1) *How do substance-abusing females describe their life rituals and activities*, and 2) *How do the female substance abusers perceive of or “define” their own lifestyle?* For some of the women, victimization became a ritual that largely paralleled the drug-crime lifestyle. The next sub-category will present narratives of the women’s intimate and partner violence. The second part of this section will discuss the prospect of “volunteering” to be a victim as a result of choosing to participate in the drug and criminal lifestyle.

Finally, with regard to volunteering to be a victim, a pattern of child endangerment also arises. This will be discussed from the aspect of silent victims. Hence, most of the women, at least briefly, reported some form of abuse, but the information below is based on women who voluntarily provided a detailed description of their being abused.

Domestic Violence

This sub-category discusses selected respondent’s experience with domestic violence. The first two primary research questions apply: 1: How do substance-abusing females describe

their life rituals and activities? And 2: How do the female substance abusers perceive of or “define” their own lifestyle?

Lisa explained how she felt as a result of her mother enduring the abuse inflicted by her father.

My dad was stealing the meat out of the refrigerator to go sell it. It was seriously bad. I feel so bad for her because she's such a good person. She just didn't deserve it. You know sometimes I get mad at her too because I was mad at her for not leaving him. I was mad at her for not leaving; I was like, why can't you just...if she would've just left him we would all have a nice life you know. She had enough money to take care of us. I guess she was just afraid to leave him. That's all she was with; she never had another boyfriend. That's the only guy she's ever been with her whole life.

Interviewer: Is that kind of like with your boyfriend... you said he was abusive, but you stayed with him

Lisa: Yeah, I did... Yeah, I ended up doing that myself...see... [laugh] it's kind of weird...[laugh].

In Lisa's story she could report on the abuse experienced by her mother, but she seemed unaware of how closely aligned her victimization was to that of her mothers.

Candy reported a constant exchange of beatings and violence overall. She also reported how her turbulent relationship resulted in her being incarcerated.

Candy: I had stabbed my husband five times ...we both have problems with drugs and alcohol. When we got married, we both were clean...you know what I'm saying. I met him at a facility at the V.A. We got married and we were clean together for like two years, but as soon as we picked up, the violence, chaos, you know, started. Like, I went to jail... I was in hospital ...That's when I came out the hospital, I said, okay, I'm clean now. I said, I'm going to try to stay clean... I stayed clean all the way to that first November, and I begged my husband, don't bring no drugs... That's how the incident happened...I ended up stabbing him...I begged that man don't bring no drugs to my house... You know what I'm saying.

Interviewer: So, if you asked her husband not to bring drugs in, you think he's going to listen this time?

Candy: He ain't listening now... he at my house... he at home having his self a good ol time... He ain't listening now... Lying, slipping, slipping and sliding, lying and gliding-doing everything... doing everything he can, but scratching his ass with grass.

Interviewer: So, are you going back to that house?

Candy: No, I'm going to transitional housing.

Interviewer: You're going to transitional housing, but never returning back to...

Candy: I doubt it.

When the researcher later asked Candy about the possibility of her returning back to her home and being subjected to an environment filled with drugs and alcohol and possible violence, she seemed to change her response.

Interviewer: And relationship wise?

Candy: [pause] Relationship wise, as far as my husband is concerned, you know what I'm saying, I play it by what God tells me. Whatever... I'll be led by the direction. Like it say in the Bible; I'll be led by the direction of the Holy Spirit.

Interviewer: So, you're going to plead the fifth on that one [smile]?

Candy: Laugh

Interviewer: Up in the air, which means open for the possibility of a relationship?

Candy: Yep

Candy's indecisiveness, as far as her relationship with her husband, not only increases her probability of relapse, but also the continuation of a turbulent relationship filled with drugs and violence once again. Accordingly, during the process of interviewing the women, Cynthia raised the question of increasing one's probability of being included in the cycle of victimization. Cynthia reported that she acquired a new revelation about the cycle of victimization through communication with her Narcotic Anonymous sponsor.

Interviewer: Were there times when you were ever afraid?

Cynthia: Yeah...prostitution. Mostly because I was gang raped. I was raped another time. He had stabbed me three times and threw me down some stairs. I've had a lot of bad things happen. The best thing I've ever heard in a NA meeting is when you keep going back, you're no longer the victim, you're a volunteer. And that kept me cause I'm volunteering for the shit now... I can't cry a victim anymore. If I keep showing up to do the same shit over and over, how can I be the victim?

Cynthia furthered discussed how she and her boyfriend's "off and on" relationship was filled with abuse and drug use. Cynthia discusses her desire of having stable shelter and guilt as a reason for "volunteering" to be a victim.

Cynthia: I was working full-time at another Wendy's. I guess I separated from the guy for stuff that happened and we separated. He went his way I went mine. Well, I went back to my ex because I really didn't have a stable roof over my head. My ex got SSI, so he was always stable in his home. I found out I was pregnant, so I got myself cleaned up. I didn't find out I was pregnant until I was like 4 1/2 months pregnant. I got myself cleaned up and I got a little bit of help... out-patient. I was clean for like a year. Six months before they took my son, I relapsed. And he is with my friend who has him now. She is really my neighbor. She used to have him all the time because she knew what I was going through, as far as the relationship being abusive. At one point, I even moved out and went to stay with her. She would let me use her truck to get back and forth to work and meetings and stuff. She would watch my son for me. She was a really big help and I'm really blessed to have her. She has never gotten high in her life. I ended up going back home and the abuse started up again. What happened was I found out he was in the hospital because of an overdose on a whole bottle of pills. I felt, like the guilt, Like, I left him and he's sad and I almost killed him...situation. I felt that, so, I left and I went back to him.

In Cynthia's situation, lack of housing and later guilt caused her to return to a relationship in which she was almost guaranteed to be victimized. The next sub-category presents a detailed narrative of Susie, whose story seem to encompass many of the factors attributed to volunteering to be a victim such as drug use, prostitution, homelessness, self-injurious behaviors, and fear.

Susie's Story

The perspective of volunteering to be victimized seems to almost read as a prefect script in Susie's case. Susie reported that she had a very extensive history of childhood and adult victimization. In addition, Susie reported that she had a high fear of homelessness and being deprived of the drug methadone. These fears seemed so extreme that she appeared willing to sacrifice her physical safety for the feeling of what she perceived as stability and consistent access to the drug methadone. Therefore, Susie's story adds further clarification to both research questions 1: *How do substance-abusing females describe their life rituals and activities?* And 2:

How do the female substance abusers perceive of or “define” their own lifestyle? Also, aspects of Susie’s narrative responds to research question 4: *How do women define desistance from crime according to their individual mindsets?* Susie reflects on aspects drug use as a ritual, her individual mindset regarding drug use, and experiencing daily victimization because of her fear of drug withdrawal and loneliness.

Interviewer: So, tell me a little bit about yourself?

Susie: So, I'm 54. I grew up in a really violent family. My dad beat my mom up with a tire iron when I was 14. He stabbed me, and he set us both on fire; he went to jail. I went to go live with my grandparents.

Susie also described how her acclimation to pain and violence influenced self-mutilation or “cutting” behaviors.

Susie: When I was younger, I used to cut myself...I guess I stopped and replaced it with drugs when I think about it. There was just so much hurt going on in my head, and I was used to physical pain, and I knew it wouldn't go away. Because my dad would make me lay on the bed and he would beat me 30 times with a lamp cord, and I remember times where I was cut from my ankles to my neck from this wire thrashing my body. When I was younger, I just remember thinking; that physical pain felt better than what was going on in my head. I remember just sitting there, and I remember looking in the mirror...I remember having a razor blade and I just sat and started cutting my arm.

Shortly after her husband died of a heroin overdose, Susie began dating another heroin user. She described how she was assimilated into the world of prostitution, which resulted in continued victimization.

I remember there was a girl that my boyfriend used to cop from all the time, and she worked the streets. We were staying in this hotel, and it was really hard to get to work from there. I would have to get up like four o'clock in the morning to get the work at seven. I would go to work, and when I was done with work, by that time, my boyfriend was already coming into Pittsburgh for this girl to drop her off on the streets...her and her boyfriend, cause he would hang out at the gas station while she worked the streets, and then, when she was done, he would have money to go cop for her. I got to the point where they were getting me at work, and I would sit in the car until she was done. And, he would go cop and we'd shoot drugs, go home, and then, it was time for me to start to get ready to go to work again. And, I was so burned out and just exhausted. I was really messing up at work, at that time, by then, I had started embezzling money from the company. And, it got to be a large amount, but I didn't get caught.

And then, this one day, I was like, somebody made a remark when I was getting into the car, like, I should just go head. I remember the first time, I didn't know, I was so stupid to the whole thing like I didn't know that prostitutes worked in the daytime. I didn't know what they charge. I remember the first person they took me to a room I didn't even have to say the price he gave me \$100. I remember feeling so bad thinking and remembering what I felt like to have to pay to be around me... And I remember I got out of it real quickly, but for the first three weeks or so, like, when somebody would pay me, I was actually trying to make dates to like go to the show. I felt so funny about taking money just to be with me because I just knew how that felt. Like I said I got out of it. I felt that these people were pathetic like I felt about myself as pathetic for drug addicts paying to stay with me.

Interviewer: Your boyfriend, at the time, was okay with it?

Susie: You know what? He was... I know it's hard for somebody believe that somebody could love you and they let you do that, but we were just so enthralled in the whole addiction thing he did what he needed, when he couldn't do something to take care of us, I did it. I got hurt really bad on the streets, and I went to trial, and the guy had pretty much gotten life in prison for it. He worked for a car sales place and he took me there, basically tied me up and he took a bathroom brush and put lye all over it and shoved it up inside and burnt all of the skin off my inside and hurt me really bad. After that, I did quit the street for long time and when my boyfriend took ill, it was like I just returned to it.

After her boyfriend died of liver failure, Susie described the loneliness, and the desperate need she felt to gain some sense of stability in her life. Her decision resulted in years of abuse and a real life hostage situation.

I met a trick that offered me a place to live, in return, I was supposed to agree to sign my checks over to him, not use the phone and basically be locked in the house, which I agreed to because I was so tired of being... I have spent three winters outside. I stayed in this situation for about eight years and I was basically like a prisoner. I had to do really painful degrading sex acts to be there, but I thought that the pros outweigh the cons. I had a roof over my head, and I was by myself in there for like 10 hours a day. I'm on methadone. He used to take me to the methadone clinic every morning, this trick, at five o'clock in the morning and bring me back. He would dead bolt all the doors-- the windows were all painted black. He locked the phone on the cupboard, and then he'd leave. I found ways out a few times, but I was really too afraid of going out. I did remain clean at that time off of anything but methadone. The few times I was able to get out of the house, I started smoking crack. This guy, this trick, that I live with, like I said, it was in a stable situation... it's most stable situation I ever known.

Later in the interview, Susie explained what happened when she decided to no longer be a victim and how this decision resulted in her fear of homelessness and halted her access to methadone.

Interviewer: So, you said you were clean for a while?

Susie: Yeah, I was still on methadone, but I was clean from illicit drugs, probably about 3 1/2 years. That was the first situation when I was living with this guy. I had just spent three winters out on the street, and I was so afraid of going back there. The first time I didn't do something sexually that he wanted me to do; he didn't let me go to the meth clinic for four days, and I remember how terribly ill I was... And he put me out and it was winter. I remember Christmas Eve, I was sleeping behind the old post office in the Hill District and I remember the cop coming and saying and shining the light on me—it was one of those nights where it was too bitter, and he was telling me that the hospitals had opened their waiting rooms and emergency rooms. And, I remember looking up at the cop saying, what time is it, and he said, it is Christmas morning, and I said, just leave me alone... just leave me go. By that time, your body does adjust to the cold as much as it can. Now, I know why homeless people do that because it was like I'm going to go in at 4:30 AM to be put back out at 6:00 AM, and you put out and have to get used to this all over again.

I stayed out, I guess for about nine days, and it was a really bitter icy winter. After that, this guy knew he had me because I was too afraid of being sick to not go to the clinic. God, like I said, at this time I wasn't thinking about being happy...I just felt like I was sort of biding time until I died and there was nothing in my life that mattered, not even my child. I was tired of living...I didn't want to kill myself, but I sure didn't want to wake up...I just thought my life was over, there was no thought of something that could make me happy; it was like, okay my life is over. I just needed try to survive until I die. So, when I got back in this guy's house, I was just open to do whatever he wanted me to do.

As a result of nine days of homelessness during the winter, Susie explained how she remained in her situation even after the “trick,” who held her captive for all those years, was arrested.

When he came home, I just feared the power he had over me. He cannot let me go to the clinic, which I would be sick, or he can make me go back on the streets. And I would be freezing during the winter. I feared those two things so much. I had given up on life 20 years ago. I didn't even think about being happy it was just about surviving. He came home from work...I don't know what was going on that day, but he just flipped out. He threw food on the floor that I cooked, and I was wiping the food up, next thing I knew there was a rope around my neck. I remember just thinking I'm gonna die in this house

today. I went to turn my head to get the rope off my vocal cord and I noticed the front door was open, and I was like, oh my God, the doors open, the door is never open let alone unlocked. I just gouged him with everything I had. I ran out the door, and I collapsed. I couldn't believe the neighbors came. I remember them saying, where did she come from. I couldn't believe that I was in this house eight years and nobody really knew I was there. The police were called, and he was taken to jail. He was evicted from his own house because I was there. He was bailed out the next morning by his family. The next morning the police came to remove the weapons from the house. In doing so, they found all the locks. They counted, and it was actually 177 padlocks between the doors and the windows. They threw all kinds of charges on him. They went to his job... And he saw them coming and he jumped 19 stories. He is now paralyzed from the neck down in the nursing home.

I continued to stay in the house and smoke crack with my son. I guess it was about four days after that happened to him... The police had scraped some of the black off of the Windows because his family was starting to shut off all of the utilities on me. He was still paid by Social Security and I was having such a hard time with that... that I was pretty well stuck. I heard the doors open, and I looked up, and there were three adult male relatives standing there with Giant Eagle bags. I thought, oh, they're bringing me food; instead, they brought these bags filled with can goods and they started beating me in the head with the bags. I don't know, but I'm sure I screamed by then the neighbors were aware that I was in there. I woke up about four or five days later in a hospital brain trauma unit. That's why I talk really fast... My brain was really swollen. I was in the hospital for nine weeks. From there, I went to a women's shelter. I stayed there for four months.

Susie's description of events illustrates how her limited income, homelessness and active addiction led her to choose to stay in a home filled with memories of previous victimizations and limited utilities. It appears that Susie also stayed because it was a seemingly safe place to smoke crack. However, this led to Susie being victimized by her "trick's" family members.

In sum, while in treatment, Susie explained that she continued to have fears of homelessness and being deprived of her methadone even during treatment.

Humiliation is the worst feeling in the world to me and my dad beating the hell out of my mom and me. My dad he never slept at home; he slept at his girlfriend's and every time he went out of the door, my mother said she was jumping off of a bridge. I was so afraid that she was going to do that and leave me with this monster, and I used to sleep at the front door. I would crawl around the heater with my blanket and I wet the bed until I was like 12, and the school was across the street, and when my dad came home, he would hang the sheets across the porch for all the kids to see. I remember that feeling of being so humiliated. That's probably the hardest feeling for me to deal with. I feel like I'm in the

same situation here [the treatment center] as I was there, like, that these people have the power to put me on the streets and take my methadone away and it just doesn't feel good.

Like Susie, individuals with prior traumatic histories place them at increased risk for drug addiction and criminal behaviors (Broner, Kaopelovich, Mayrl & Bernstein, 2009). There is no argument that past biographical experiences have an impact on behavioral choices, but there are so many variations in the choices criminals make, it is suggested that assessment of childhood trauma may be more of an indicator rather than a cause of criminal behavior (Moffitt 1993; Walters, 1994). Since there are individuals who present historical traumatic biographies and do not commit crimes and/or use drugs, there must be what Walters (1994) labels as *protective factors* that constrain future drug use and criminality. Walters (1994) also suggests that there are some forces that exacerbate one propensity for drug use and crime and these factors have a direct impact on the individual's choice to become criminal or continue criminal behavior. It appears that Susie had many traumatic events that influenced her to remain in the cycle of victimization.

The drug using women as parents had placed their children in a situation in which the children became secondary or silent victims. Most of the women reported that they continued to use drugs despite their awareness that their children were being negatively impacted by their choices. The next sub-category explores the concept of silent victims.

Silent Victims

The following descriptions expand on research question 2: *How do the female substance abusers perceive of or "define" their own lifestyle?* This is true because the women repeatedly discussed information related to their children when discussing their lifestyle. In addition, the women were able to link the intensity of their addictions with the removal of their children from child protective services. Child protective services appear to have a strong presence in the family histories reported by the women (see Table 8). In fact, 62% or 16 women reported some

involvement with the child protective system. Four women who reported no CYF involvement, and all but one had some type of informal kinship care. Six women reported having no children.

Table 8
Summary of Child Protective Service Involvement

<i>N= # of women with CYF Involvement</i>	<i>N= # of women with No CYF Involvement</i>	<i>N = # of women with No Children</i>
16	4	6

Thus, the concept of volunteering can be justified for so many reasons, but when children are included, it appears that the women's choices can influence their children to become victims of abuse and endanger the overall welfare of a child (see Chapter 2 Silent Victims and Role Negotiation). Sasha discussed how an incident of possible sexual molestation affected her view of her mother's drug lifestyle. Sasha's experience is unique because she describes how her mother's addiction caused her to be an involuntarily victim and recognize that her mother's drug lifestyle was a primary concern that could place her at risk for further victimization as a child.

Sasha: I remember I was older, this was when my mom got clean one time, and we were going to East liberty to get a perm for my hair. We went to those apartment buildings we call New Jack city. She was with this lady, and she left me in her apartment so she could go get high. And the lady's son comes in, and he saying all this stuff and he had a 40, and he's drinking, and I'm like, 11 or 10. I had on this swishy outfit, like a sweat suit, and he kept saying men have needs or something like that. I don't believe I got penetrated, but I remember him having a knife and I remember there being a hole in my sweat suit so I don't know if he touched me or I blacked out...or if he did something to me, I don't know. But I woke up, all I can remember is me looking out... I'm turning towards the window just looking out the window praying for somebody to come pick me up. My dad came to pick me up or I think my mom called somebody to come and pick me up. I never told anybody. I've seen the guy and it brought back all those memories, but I don't know what really happened.

After that, I looked at her lifestyle in a whole different way. Like, yeah, she's really out there. If she would leave me unattended, like, you could of just taken me back home. But that really had me thinking,... like, these drugs are serious, and I was old enough to comprehend this is not no joke. If she could leave me up here, then she's really not in her right mind. And after that, my dad stopped letting me go when he used to give her money. He still doesn't know to this day.

Nikki describes how her decision to smoke crack resulted in her children being placed in danger.

Nikki: When I didn't have enough money for crack, I would trick, I started stealing. I got arrested for the first time, leaving my kids with crack-heads. I remember this one time, I was in the crack house with both my kids, and I was busy getting high, and front of them... and I turned around and my one-year old son had a crack pipe in his mouth. I think that was like my lowest point... I still remember that. When I seen that happen that was like my lowest point, but I still continued to get high after that. Finally, they took my kids back off me. I still got high.

Jessica described the endangerment her children faced when she used drugs on two separate occasions.

Jessica: My mother has my daughter and my son. She has temporary custody of them for now. How my mom got temporary custody of them... because I was walking downtown, I was on a lot of Benzos, and just being really irresponsible, jeopardizing my kids life...also my life.. Just be really dumb. The cop had seen me walking down the street, I was really messed up, and I never did that with my kids you know. So, like, Benzos, like, make you kind of nod off. So, I was like nodding off as I was walking down the street and stuff. I probably looked like a complete ass, you know, so, they arrested me, took my kids to my mother's and then CYS got involved because I got charged with two counts of endangering the welfare of my children. I also got charged with possession, and I also got charged with disorderly conduct. So that's how that happened.

Interviewer: You had a 10-month-old and a three-year-old baby? How did you to make it downtown?

Jessica: Well, my girl, she was with me, and she was like with it you know, but I didn't start feeling the pills until I got downtown. So, once I start feeling it, and plus I was on methadone you know, so, it was just a bad mixture. You know when I take too many... Like, my tolerance wasn't real high with that. I was just being stupid because I've never done that with my kids. I was homeless for like three days after they let me out of jail.

Later during the interview, Jessica proceeded to inform the researcher of another incident in which she endangered her child in order to use drugs.

Jessica: Yeah, I've been to jail... Okay there are some parts that I have skipped over. Like when I first went to the methadone clinic, I got into a car accident. I was on Benzos at the time. I nodded off at the wheel; I trashed her car, my sister's brand-new truck. Thank God my kids were okay, and I was okay, but I'm reminded by the scar on my arm that I could've killed myself. I hit three cars, I ran over a motorcycle person, I cut off his middle finger, I fractured his skull, and I broke his leg and his arms. He had multiple

fractures in his ribs... Like, I really did a number on this guy. I lost my license for a year. Thank God, to this day, he's not going to sue me, but I don't have anything... I don't have nothing. Once I got home, I got into argument with my sister, here she got smart with me and I threw a shoe and it hit her in her eye. And, she called the cops and I got charged with simple assault and went to jail. I was pissed, and I was trying to be nice, but I know I fucked up. I burned so many bridges with my family...drugs is not a good outcome anyway you look at it; it's always a downfall.

Interviewer: You said that when were with your daughter and you nodded off with the Benzos, and you had a low tolerance, but even after that incident you still got in the car... I'm assuming that both times you knew that you could possibly nod...What were you thinking during that period?

Jessica: Yeah... Well... I was at my friend's house, and I had taken the Benzos, and I knew that they were going to kick in, so I had left her house thinking because of the fact that I've driven high on them before, and I was able to make it home safe enough. But it was a little bit far away... I should not have drove... I should've just stayed there. I don't know what I was thinking... I wanted to go home; I wanted to be in my bed. I wanted my kids to be in their own bed... I just wanted to go home. I wanted to be in my own surroundings. I don't know what in my right mind made me think that I was able to do that. When you're on drugs you don't think of the severity of hurting other people... You know what I mean... You just don't care. It's not like I don't care about my kids, but I just thought nothing bad can happen to me or my kids for that matter.

Jessica stressed that she would never hurt her kids, but at that moment, she could not care because getting high was the main priority. In the case of Nikki and Jessica, that drug use caused their children to be a great risk for physical harm. Both women acknowledge that their behavior could have caused their children great harm, but they also admitted that this awareness was not enough to discourage further drug use.

Joe described how she left her daughter at her boyfriend's home who she also reported was a hoarder. Although Joe was aware of her boyfriend's deplorable conditions in the home, she still left her daughter with him, so that she could buy drugs.

Interviewer: Are you going to go back to that house if he is still hoarding?

Joe: It wasn't as bad as they [the news] said...he just had boxes and lots of cats...the piss, yes, it was that bad, and the feces wasn't that bad.

Interviewer: Was your daughter in there?

Joe: Yeah, and I told him, don't take her in that house. And he took her to the playground. I was like don't you dare take her in that house. And I left, and I copped. And he called me, and he's like, she fell down the steps and she fell down the cellar steps and I snapped. And I didn't want her there.

Again, Joe stresses that she did not want her daughter there, but her decision to leave her daughter despite all resulted in her daughter being injured.

Kayla described how she and her daughter experienced firsthand the trauma and physical danger while living with her drug dealing boyfriend.

Kayla: There was a kid that started coming around and he was a drug dealer. And, he was dealing with my daughter's dad at the time, I don't know if he used, he was just dealing. So, I guess I was kind of attracted to that. He was a little bit more ghetto I guess. So, I was attracted to him. He was older than me and he helped me, you know, like, moneywise he helped me with my daughter and stuff. So, I ended up kicking my daughter's dad out. He helped me move out of the apartment and we moved into a townhouse. I thought everything was going to be just fine and dandy... I wasn't using or nothing like that. But once we moved into the townhouse, everything changed. He started taking control over everything I did. I wasn't allowed to do anything. We got a puppy for my daughter. The puppy wasn't potty trained. He started to throw the dog around; he threw the dog up against the wall so hard that shit started coming out his ass. He started to push me around where I hit my head on the tub, and he threw me down the steps, I had bruises on me. I had to run down the street in my underwear and bra numerous times. I had marks around my neck and my arms, chest... I had scratch marks all over me. I had CYS called three different times.

Before my daughter got taken, there was one incident I can remember, oh my God, it was bad. I came home with my daughter one night and there was at least 20-25 people standing outside of my house waiting for him. I was supposed to leave to go to work that night and I couldn't even leave to go to work. I was so furious because there were so many people. It was all hours through the night. Part of me, when my daughter was taking, I was relieved because she wasn't there and she wasn't experiencing all of this. Right before my daughter got taken, my house got robbed by somebody who set us up. They came in with guns and my daughter was up in her bed sleeping and me and him were downstairs, and we could've easily been shot that night. Then, there was another time that my house got broken into after she got taken. Then my house got broken into second time. I was arrested for being in possession of paraphernalia and pills and cocaine on a different occasion.

The drug and crime lifestyle goes beyond actual drug use because so many people, namely children, are directly and indirectly impacted by drug use patterns. It appears that even at their lowest point, when children are removed, the women continue to use drugs. It also makes

one question if the dangerous aspects of drug use and the intervention of child protective services is actually a drug and crime deterrent for some of the women. As Sylvia explains:

Sylvia: This is a classic story...as soon as I hit it and blew the smoke out...I said I just fucked up and I knew it because once you start, you can't stop. It was over...crack-cocaine is bigger than me. It's done...two months later I lost my house and I just walked away with no place to go. I felt almost free once again; now I do not have to fake it. I don't have to hold on anymore. Addicts we never just say I'm going to fuck up; we find reasons why. My daughter had ended up in the care of someone else and it was pretty much my wakeup call to get it together. It still took me a whole year. I knew it was possible, but I did not have the willingness to surrender.

In sum, it appears that drug use is “bigger” than the user at times, and therefore, the user may be beyond implemented rational choices and thought processes.

The next section discusses the eight thinking styles presented in Walter's Psychological Inventory of Criminal Thinking

Walter's Eight Thinking Styles.

This section will discuss Walter's criminal thinking styles based on the narratives of the women. Specifically, do the narratives fit or support the typologies as outlined by Walters? The eight thinking styles will be divided in four sections including: 1) Mollification, cognitive indolence, and cutoffs, 2) Entitlement and discontinuation, 3) Superoptimism and, 4) Power Orientation. Consequently, this section addresses research question 3: In what ways do the daily rituals, activities and lifestyles of female drug addicts corroborate the theoretical perspectives portrayed in the Walters' Psychological Inventory of Criminal Thinking Styles?

Mollification, Cognitive Indolence, and Cutoffs

There are many psychological stressors that individuals in society must endure on a daily basis. How one reacts to these stressors provides useful indicators for vulnerability to drug use and criminality. Walters (1994) suggest that drug users and criminals have an *automatic*

response whereby they are often “hypersensitive” to stressors and often self-medicate to achieve a balance. Consequently, they retreat to the victim role and self-loathe or practice mollification.

While in the mollification mode, drug users and criminals utilize shortcut thinking or cognitive indolence (Walters, 1994). This cognitive indolence involves the eventual loss of one’s ability to critically analyze their situations and behaviors; consequently, the rational thought process is subdued. Walters (1991) suggests that many participate in the endless cycle of using shortcuts (drugs and crime) to find solutions to long-term problems (legal and family issues). Cognitive indolence or shortcut thinking seems to be interrelated with what Walters (1991) labels “cutoffs” or using external cutoffs to disregard the eventual consequences and/or real effects of deviant and criminal behavior. These cutoffs can be internal affirmations that help limit the individual’s resistance to deviant temptations. Walters (1994) contends that the expression “fuck it,” is an external cutoff that criminals and drug abusers consistently employ as a mechanism to avoid actual life stressors and concerns. In the end, the cycle of addiction is reinvented because the drug use and criminal behavior become the coping mechanism for, and the actual cause of, the life stressor (see Figure 2).

It appears that in this dissertation’s findings the route of relapsing and committing crimes worked as a “process” more than as a specific category. For example, the women would often described their circumstances such as having their child removed by protective custody, or getting apprehended for their crimes as reasons for mollifications to use a cutoff such as “fuck it.” The women reported that they would think of “all” their past and current issues and “give up” or use drugs and/or commit some type of crime (cognitive indolence). Figure 2 illustrates the process described by the women in this study.

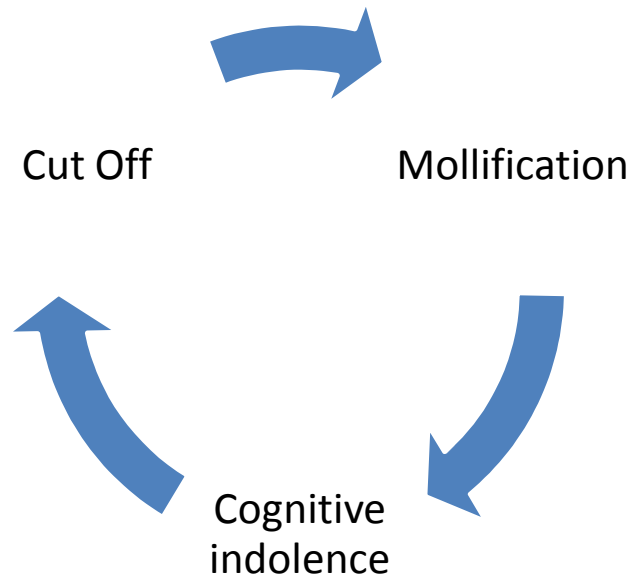


Figure 2. Mollification cognitive indolence cutoffs and the process of relapse.

Furthermore, in the process of mollification, the women did not seem to directly blame others for their problems, but they did report that they would resort to the victim role and/or self-loathe. As predicted by Walters, the women often described drug use and crime as the alternative action (cognitive indolence) which resulted in employing shortcuts and cutoffs such as the expression “fuck it.” The women reported that once they were at this point, they were “off to the races” or propelled into their addiction once gain. Therefore, I will present the women’s depiction of the process of relapsing and/or reoffending to explore the apparent interdependence of mollification, cognitive indolence shortcuts and cutoffs.

The women were all posed the question of length of sobriety as it related to the process of relapse. The researcher also stressed that this clean time could be as little as two days. Surprisingly, some women reported that they had never been clean. The women who did report clean time were asked to describe the circumstances surrounding their relapse. Some women reported that there was some type of trigger and/or instantaneous reaction to return to drugs. For

the women who did report the reasoning for their relapse it was usually a result of a loss such as the removal of their children, rejection, and the like.

Ba-Shawn described a time when she stopped smoking marijuana and then eventually relapsed.

Yeah, I stopped... Like when CYS told me that's what I needed to do... to get clean urines in order for me to get visits and stuff with my daughter. I stopped for maybe like a week or two, but then something would happen that would stress me out or make me upset or make me really angry. There was my excuse to start back to smoking again. Then it was like, it's not out of my system anyway so I might as well. Or I will wake up in the morning and I would have like some roach clips from the night before and I will roll a blunt out of that. And because I smoked that blunt, if somebody else offered it to me, rather I like quit or not, or I didn't have any, it was like, damn, I already smoked today, so I might as well just do it. That just kept making me procrastinate and procrastinate and procrastinate. Like, it was hard... It was hard. I am so happy and proud of myself that I'm at the point where it's not like really, really, really bad. Like, I got over being upset... Not having it or not being able to smoke.

The couple of days that I didn't smoke; I could tell you I was busy. I had something to do; I was helping somebody do something. I was out all day with somebody. To where I wasn't focused on it, for the most part, I would smoke when I just sat in the house and I had time to think about what was really going on in my life. Like basically when it was time for reality to smack the shit out of me and I'm sitting there thinking like damn; this is wrong and this is wrong... Let me roll up. Yup, that's what made me start back not having something to do consistently. Sitting in the house bored as hell... depressed. It came to a point where I was smoking real, real, real heavy... These past couple of months....My son passed from sleep apnea.... And I found him in my room dead. So, it's like that picture displays over and over again and when I'm in a house and there's nothing else to do, but think because I'm there by myself, it's hard to cope with. I would smoke, eat and go right to sleep... And just try to sleep my day away until the next day, or until I found something else to do, or until I found some more weed to smoke.

Ba-Shawna discussed the cycle of using and attempting to get clean, but not being able to cope with life difficulties. Although she does not seem to blame anyone she does consistently describe the circumstances surrounding her relapse and reflects on her inability to critically analyze her overall situation and the consequences of her decision to use drugs.

When Casey was asked to describe her thought processes surrounding her relapse she seemed to use the external cutoff "screw it." Casey seemed to explain that her situation was

already deteriorating, and therefore, she didn't have an incentive to try to overcome it because she reported that she did not care about consequences or any other factors that might deter her from reoffending and/or using drugs.

Casey: Like the last two months, when I was on house arrest, I was afraid that I was going to get busted, but I didn't like talk to anybody when I got home because I did not want anyone to know I was home because I knew I was going to get drug tested and stuff. And then, I had to get a tooth taken out, so I would have a valid prescription for it [pain killers] and then I just started getting high. My mom told my dentist that I had a drug problem, and he's like, I won't prescribe you anything that makes you feel funny and I'm like no it's fine, it's fine, so he didn't, so I was like "screw it" my tooth hurts so I like kind of justified it to myself.

I kind of made it like that to myself to make it like right you know what I mean? Then, I really didn't care... I'm already getting high and then I started getting dope sick again. So, I kind of couldn't stop even if I wanted to. I really didn't care about nothing really... Like, I was still on house arrest when I was still getting high. My PO could've showed up at any time to drug test me or whatever... I just didn't care.

Kathy discussed how she relapsed when she was forced to make a decision when her mother was on life support.

Kathy: I had to make that decision and I just locked myself in the bathroom after being clean for like a week and a half, and I just stuck a needle in my arm and started smoking crack right in the bathroom. I had to make the decision, but I was just like "fuck it". You just don't want to deal with the feelings and that takes away the feelings.

Teresa reported that she would not only use external cutoffs as an excuse to get high, but she would also use any mishap to justify using drugs.

Teresa: I just said "fuck it" I use anything as an excuse to get high. My son's too busy for me... fine, I'll just go get high. My mom is pissed off at me... she wants to accuse me of being high; I'll just do it. You find any little excuse to get high...the house needs cleaned oh my God, I can't do it...I got to be high.

Lisa also reported employing shortcut thinking such as "I might as well" or "I'll show you" as a justification for getting high.

Lisa: I get clean, I stayed clean for little bit, then, I stop calling my support group, I stopped going to meetings, I get lazy and complacent... don't want to do nothing, sit in the house and then I start getting high. Or if I get in an argument or something like that, I use that. I get high over anything. I go get high... I'll prove you wrong; let me hurt me [laugh]... and it sounds crazy, let me hurt myself to hurt you.

Cindy's reports how her attempts to stay clean, was often aborted because of her internal thoughts and withdrawal pains.

Cindy: It was around Christmas... probably about maybe eight or 10 years ago. I had left the bar and I didn't buy no pills off of anybody that was at the bar and I went home and I told my mom. I was happy that I didn't do it, but I was regretting it. So, it was probably about four or five days, and I remember cutting up chicken for chicken salad I was making for my family and my intentions were to stay away from it [drugs]. I walked away from it when I was at the bar, but the sickness had the power that night and I know one thing's going to make me feel better, and that one thing is to make one phone call... and that just overwhelms you.

I put it [the knife] down, and I left everything as is, and once again, my husband come home and everything's just left and I wasn't there. And there was a note, I'll be back... he knew. And you know it just starts the cycle all over again. My intentions were, I will wake up many mornings and say, I'm done or I would go to bed thinking, tomorrow I'll start all over. I'll be sick, but I can handle it, and within a couple of hours, after I wake up, I mean that that would be gone and I'd be thinking, alright, why didn't I take the money from my husband before he went to work. Now, I have to wait all them hours. So, how can I get him back home so I can get the money or what can I say to my mom.

Cindy discusses how her thoughts would often counteract her physical attempt to stay clean.

Cindy reported that she often had regrets when she did not get the money in order maintain her daily dose of pain pills. Overall, Cynthia's story seems to be reflective of Walters' concept of "cognitive indolence" because not only was she unable to process that she had a responsibility, but the only way she could think to cure her withdrawal pains and anxiousness was drug use.

Cynthia reported how she relapsed by making the decision to go to her boyfriend's home who she knew was in active addiction.

Cynthia: The day I relapsed, wow, I remember my friend [pause], wow, I remember she had my son when I got off of work. I told her, I'm going to go over to my boyfriend's house just for the weekend so my son could see his dad. She told me, you know what, no,

your son is staying here with me because they were going away for the weekend. She took my son with her for the weekend and I stayed at my boyfriend's house and I had my Mac card with me and something told me not to take my Mac card to his house... I got there and we were fine we were just watching TV everything was cool. A mutual friend of ours showed up, and she got high, and she has some crack on her. My boyfriend said I'm going to go take a hit, I said, okay go ahead, and I'm sitting in the living room. I'm thinking I'm strong... I'm thinking, okay I could do this, I smelled it, and that was all she wrote. I went in that room and I said, "screw it", give me a hit of that. They both told me, no, I picked up the bag, I took some and I hit it... and I went to the Mac machine about four times that night. I had about \$1500 in that machine, when I was finished, I had about \$600.

I went back to my friend's house and I told her what I did and she cussed me out. I blamed that on her. I took my baby and I went back to my boyfriend's and continued to get high until I got arrested. They bombarded the door at the hotel we were in and they arrested me and my boyfriend and took the baby into custody.

Cynthia's explanation for relapse illustrates the use of the cutoff "screw it," and when she came back to confess her relapse to her friend, she blamed her for her relapse (mollification). As a result, Cynthia continued to use, and was subsequently arrested and her baby was removed by child protective services.

Cynthia further explains how she would consistently use cutoffs, as described by Walters, as an expression of rationalization for her relapse and reoffending.

Cynthia: There were a couple of times when I had gotten out of jail. It would be my first time using after getting out of jail. I would be like, fuck it, I might as well do it everybody else is doing it or something like that. I'd have my visit with my son... I told my boyfriend, fuck it, I'm just going to get high. It's just crazy to think of all the times I just said it. When you don't know nothing else to do, but get high. You know this has been a pattern, you know, my problem is always been whenever I get clean. I know how to get clean I have a sponsor, I have a home group, but my problem is just staying clean that's my issue... not taking the first drug, you know, and I try so hard. If anything can keep me clean it should be my son, but every time I turn around it's like they give me an inch and they want to take a mile back. And it's been like this for the last year and a half... I get clean, stay clean, I go to court, oh this ain't good enough complete one more thing; they want to add three things on.

Cynthia explains her use of cognitive indolence and mollification because she describes drug use as the only things she knows how to do. In addition, she blames child protective services for not recognizing her efforts to conform as another rationale for her repeated relapse (mollification).

Candy explains how she would “play the tape” or think about how well she has done by staying clean, but she reported that she would consistently use a cutoff and drink.

Candy: I'd be sitting at the bar with a drink in my hand and played the tape and still said forget it, I'm still going to drink this drink.

Jeanie reports that she had a different cycle in which she would reoffend before she relapsed. Jeanie's main hustle to get money for drugs was retail theft and she reports that she was “triggered” by individuals who asked her for items such as lotion, body soap and the like.

Okay, it was just a vicious cycle to me. When I was clean, you know, I just felt. I was trying to fill the void of the drug. So, I would go in the store and get all I needed... go sell it to whoever on the street wanted it. It was mostly lotion, soap, body wash, you know, and I could get me a quick buck like. If I go into three or four stores that's like \$150 a day, you know. And sometimes I would go back to the same stores twice a day or whatever. If somebody asked me for something, it just triggered me off. I go get it right then and there, I be back. So, that's how I was in and out in and out. And eventually, I got everything I wanted; bills paid up and daughter got what she want and I got this money, you know, and next thing I know, I was somewhere copping.

You know but I always told myself you have to stop, you have to stop, but every time I get away with it, that makes me want to go more. I gotta stop, but I don't stop until I get caught. But see, by me being so impulsive...Lord, don't let nobody tell me no...I did this and that for this person and they tell me no... “F” it, I'll go get it myself. Then, there I go with the loneliness and self-pity and that be all my fault.

Jeanie talks about utilizing self-talk to help her stay on track, but she also uses self-talk to reoffend or relapse when she feels rejected or loneliness. Jeanie illustrates how self-loathing eventually helps the cycle of reoffending and drug relapse to continue.

Kayla discussed how she would convince herself that it would be her last and final drug relapse. However, she explained how the shame and guilt would overwhelm her. Consequently, she would begin to think about all the issues present in her life and use again.

I just thought, for some reason, I could go out to the bar... I started drinking and I thought that I would be able to use just one more time and I would be okay. And that one more time gave me that feeling that, you know, that I could do anything. I felt so good inside and I felt that I didn't need my man and that I could do whatever I wanted. It made me feel so good inside. Then, I stayed out... woke up and I felt like complete shit. I cried, I was miserable, I wanted to die... I really did. I felt empty inside and I got high again, and I felt better. You know, and that was the beginning of another couple months. It got to the point where I just continued to use, continued to use... every time I felt alone and empty, and I felt like I was nothing, and I thought about my kids being away from me, and I thought about my man...and every time I thought about anything basically. Anytime I thought about the money that I owed, and the people I hurt, or anything, I used. It didn't even matter if I used 5 min. ago...It didn't even matter if I was high, if I started thinking again, I'd use...I'd have to get high again just for that little bit of a feeling.

Kayla discussed how she did not want to think about any of her problems. However, Kayla reports that she had a shortcut way of thinking or “one more time” to avoid feeling.

Lisa discussed how she would get high because she was often triggered by other known users or thoughts in her head.

My sister moved in with me...the first day she moved in with me I got high. I seen her high, and I was having a bad day and I ended up doing it. Yeah, it's like hard especially if you're not working an honest program, and you don't have a sponsor to pick up the phone and call, or if you put yourself in those positions. You know that that's going to harm you, like, in the back of my head. I knew that was going hurt me, but I still...I think I wanted it. It's not her fault I could have said no. I wanted it... that's it. If I didn't want it, I wouldn't of did it. You know, I wasn't sick, but see then your mind plays with you...you start getting sick symptoms. Your mind can really...It's a crazy thing I'm telling you. How do you shut down family? That's your family, like, if I want to survive, I got to tell her I can't be with her...just shutting off my sister like that would hurt me so bad.

Lisa told the interviewer about how she usually felt after she got high and how her thinking would assist her to continue to get high.

You just numb...because you're just numb. You're not worried about nothing else, but what's going on at that moment. Like, the feeling that you're feeling, you know what I mean. Your mind is not thinking about the problems that you're going through or what you did to people. It just thinking about where I can get the next high, you know what I mean...get higher so you can think about nothing.

Lisa's explanation for getting high reveals the importance of using drugs to not feel the consequences of behaviors and her present stressors.

Mia explains that she would use because she wanted to use. She reported that she used drugs because she wanted to get high and denied any of reasons for her relapse.

Mia: I would try to stop using, I would stop for a couple of days and I would be right back. I would just want to get high again. I just wanted to get high again. I would have a thought. Well, you can handle it; you can stop anytime you want to...so, go ahead, but once I started again I would keep going, going, going, and going. That's how I kept violating. I just thought I'm not hurt nobody I just like to get high. I would try to beat the urine test and I wouldn't. And so I learned about this tea. I would be in excruciating pain because I had to drink like a quart, and I would have to hurry up to the parole office and give urine. I still didn't think I was an addict.

Mia felt that she was able to use because it was a victimless behavior. She justifies her relapses, by convincing herself that she was entitled to use drugs as long as she did not hurt anyone.

Nikita reported that despite her best efforts and thinking positively, she ended up in a session or a room where large amounts of marijuana is smoked.

Nikita: Okay, it was June and I'm like, I had a good day. I'm thinking of all the positives stuff like I'm going to get my kids, I got to strive to get them, I can't smoke.. When I gave them dirty urine, I'm like, oh fuck I'm pissed. Since I went in there I was giving them dirty urines... I took a pill too, like, I thought I was going to clean my body, but it ain't do shit. I went home and my best friend talked... I cried to her. We talked, I'm like, this is it; I'm not smoking... I'm done. She's like, I'm so happy for you... that's good. It's like a big session going around, and I'm like, and I popped an attitude with my mom. That's another thing. My mom can piss me off so quick... just hang up and I'm like I'm pissed. When I get mad, I'm like fuck this... give me the blunt, so I'm like, I'm not going to talk about it right now. I don't want to talk about it right now; I'm smoking a blunt... gimme a blunt. So I was clean... I say two days. Before I hit the blunt, I don't know... I'm giving up on my kids. Like, you don't give a fuck about your kids. And it's like, well,

you don't got them yet, so it's like, what the fuck. What else more can they do to me? I'm not in jail, my kids are gone, so fuck it...I don't know.

In this case, as predicted by Walters, Nikita would clearly use external cutoffs such as “fuck it.” She reported that she would frequently use cutoffs when she felt attacked by her mother and/or the reunification progress was stagnated.

The women seemed to relapse as a result of not being able to cope with their life situation, but this life situation did not have to be severe. Sometimes it was a matter of feeling or thinking anything. For example, having money in one's hand was viewed by some as a trigger just as was witnessing someone high. Based on the reports of the women, it appears that processing their thoughts and wants were difficult and they used drugs to mute the thought process. In the above situations, there was blaming and self-loathing (mollification), the inability to critically analyze consequences (cognitive indolence) and external cutoffs such as “screw it” and “fuck it” that seemed to be employed simultaneously during the cognitive response to use drugs and commit crime. The next section considers Walters' concepts of entitlement and discontinuation as it relates to drug use and crime.

Entitlement and Discontinuation

Discontinuity involves the process whereby criminals and drug abusers have limited insight as it relates their specific conforming objectives and the means to refrain from drug use and crime (Walters, 1994). Walters (1994) suggest that this type of limited focus influences drug users and criminals to fail in the process of consistently adopting conforming behaviors and attitudes.

With regard to discontinuation and entitlement, the women in this study were all asked if they ever used drugs to reward themselves. This question seemed to bring an overwhelming response of laughter and rich description. It appears that the women were readily able to provide

details of a time in which they used drugs as a reward. However, something that seemed unique is the behavior the women chose to reward. That is, the women reported that they often would use drugs as reward as a result of cleaning up their house, or going to work for an entire week of sobriety, and the like. It appeared that the women felt that they were entitled to use drugs and/or reoffend for behaviors typically fulfilled by most conforming adults. As a result, any attempts to discontinue drug use and/or desist from crime were counteracted. Walters (1994) explained that entitlement involves a very basic level of thinking which complicates the process of adhering to needs rather than wants. He also suggests that criminal offenders and drug users often internalize the idea that they are special, which leads to feelings of entitlement.

When discussing entitlement and discontinuation, the concepts seemed interdependent and counteractive (see Figure 3). Hence, the women consistently, reported that they rewarded their discontinuance by using drugs and/or reoffending. There were some women who reported that they would find any reason to use, but if they did something “good” the drug use felt more deserving.

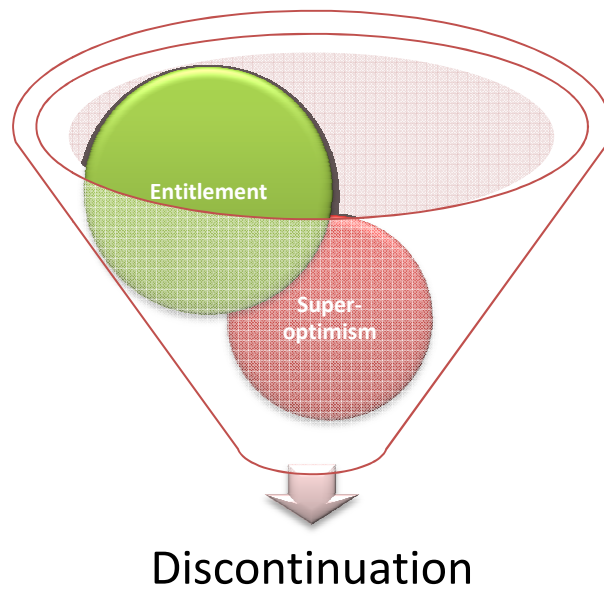


Figure 3. The interconnectedness of entitlement superoptimism and discontinuation.

Again, the question posed to all the women was if they ever used drugs as a reward. Addison reported that she and her boyfriend would use drugs as a reward and/or for disappointing news. She also reported that she would reward herself for being clean while on Suboxone (a drug to suppress withdrawal symptoms).

Addison: Me and my boyfriend...let's say he got a promotion from work we would reward ourselves anytime anything good happened in our lives...I would say I deserved it. Or if I took Suboxone for a couple of days and didn't end up using drugs, I would say, I earned it.

I know that it's not right, but any excuse I can find, any excuse, rather good or bad. Anytime anything that has ever happened to me or in my life. Finding out that we're getting evicted, but yet, I have \$200 where I could pay him... Instead it was like I'm being evicted; let's go get high. It's over now. You know I was fired, and I had \$100 to my name, and it's like, I don't have any more money, but I can spend this hundred dollars to go get high.

Cindy reported that she would reward herself by using drugs when she performed regular activities involving her family.

Cindy: My husband took a lot of the weight off... he stepped in and took over a lot of times for me, so I didn't have a lot on my shoulders. So, when he wasn't there for me, my excuse was I was really stressed, you know, when I got home, I have this much money and I deserve to have this because I went through this that and the other. I can remember saying that the time we went out Christmas shopping, and just from all the lines and the stores and dealing with the traffic and everything, and on the way home, I was calling the dope man, so I can stop on the way home because I deserve that. I mean it's a normal part of life, but I deserve that.

Candy explains she used drugs as a reward and this would often cause her to relapse.

Candy was asked about her relapse and she explained that she would reward herself for abstaining from drugs and alcohol.

Candy: That's how I relapsed... Every time for the last four years... every time. This is the thought process: we're out, you know what I'm saying, we're shopping, You know what I'm saying, I've been home, I've been clean for about six months. I've been home for about a month... everything's fine, kids going to school, house is all clean, food's all in the refrigerator and everything. We go to the movies, we down the Waterfront, you know what I'm saying, they got these big old pretty glasses with these big old pretty... Oh, one drink... I've been clean long enough... One drink not going to hurt... Knowing that one of anything ain't enough and that alcohol will lead me to doing other things, will lower my inhibitions and allow me to do other things. As soon as I had that drink, then he says, let's go get one [crack]. On the way back home, we all happy... we happy now... it's not going to affect anything... we happy now... off to the races. And we went home, we got one, we went to bed, we woke up and everything was fine. Next weekend, you know what I'm saying, and it progressed, and till next thing you know it was every night... every night... every night.

Nikita and Precious also discussed how routine activities such as going to work were used as a justification to smoke marijuana.

Nikita: I was working at a daycare and my son, he was like six months, and he was going to the same daycare I was working at. They expected a lot from me, so they put these high expectations on me. I went to work from 8 to 6 everyday... sometimes I would go to work high because I had to work with kids and, I was like, these fucking goofy kids. So, I would go there high and I was like they ain't going to know I was high. And I'm like, I'm doing so good... sometimes I wouldn't even have time to smoke a blunt cause by the time I got home, at eight o'clock, I had to put the baby to bed and then get up all over again, you know what I'm saying. So, that was a lot so I was like... I would go home, I would

smoke a blunt...maybe a blunt and a half a day. I was trying to get right, but at the same time still living that lifestyle.

Precious: I had one and a half months clean no drugs or alcohol. I was working 40 hours a week started figuring out the hours and I said I deserve a drink to. I got a drink to celebrate and I smoked weed... and off to the races again smoking weed and drinking every day.

Precious and Nikita seemed to suggest that using drugs was a way to reward conforming behaviors; however, they stressed that this reward resulted in being forced in the lifestyle full-time once again.

Lisa reported how she would self-sabotage when she was clean from drugs and she also explains how the underlying issue is usually her fear of both failure and success.

Lisa: My friend came over to my mom's house and I hadn't seen her in a while, she was using at the time. She was high, and just real quick, sent me there. Then I ended up getting clean...18 months, had 18 months clean from everything...I messed that up. What I do is, once I get everything back, like, I'll get the kids back, I'll get the house... I self-sabotage myself, I think, okay you're doing good, you know, you deserve it. It's a reward for me. I tend to do that a lot. I think that's the main reason why I relapse. I feel like once I have it all, I don't deserve it, I'm not worthy of enough...I feel like once I have it all I'm not a person who deserves it and I'm scared of responsibility. I think that I overwhelmed myself too quick maybe. I'm scared of responsibility. And I've been running from that for years like with my kids. I'm capable of taking care of two kids, like I know that I could do that. It's like, once I get it, I get scared, like oh my gosh am I going to be able to really do this? Like, can I really take care of these two little ladies and be all right with it... and that's why I think I use because of that. Because of the fear and the disappointment that I put them through too, you know, once I do fail. I always think that I'm a failure because I failed them so many times.

Again, Lisa explanations suggest that rewarding good behavior could be a way to indirectly escape responsibility and/or the fear of conformity.

Teresa discussed how she would reward herself with drug use after having clean time while in jail.

Teresa: When I got out of jail, I thought, I have 30 days clean, fuck it, I'm going to go get high. I literally remember turning my car around. I called my kid and, I said, honey, I'm

going to come up and see you and the boys. Yes, I had reservations...I had gone a whole 30 days... couldn't wait to get out of jail that day. I just didn't think I was going to do it that soon. As soon as he said, mom I'm not ready, just give me a half-hour and then come up, I turned around and went to the dealer's house. I was home... maybe four hours. I just thought if no one even suspects me using, I'm going to get high as much as I can and as fast as I can before anyone notices. I don't know what the hell I was thinking. You think people don't notice and they do; they will pay more attention than you think they do.

Teresa's story actually includes elements of cognitive indolence, mollification, entitlement and discontinuation. Consequently, it is difficult to effectively apply one's thought process to one particular thinking style in the Walters' typology.

Discontinuance and rewards seems to be intertwined in that users will convince themselves that they have control over their drug use and criminal behavior once they have established even as little as three days of abstinence or controlled drug use or criminal activity.

Lisa describes how the process of discontinuance and rewards unfold in her multiple relapses.

Lisa: Rewarding myself, okay, like, about doing good that's what I do. Like, I think, I'm doing really well I can just go use once... just one time. You know, and I won't do it after that, but it never works. Like that one time... it's never just once. I think I like to get high. I think I know that's the best. That's like my best friend getting high...its like my love. Like, I put that before my kids, I put that before everything. You know what I mean, like. That's my number one. It sick to say... it really is, but it's true... It's the truth.

Jeanie and Billy describe their thought process of one more time after establishing some clean time.

Jeanie: Yeah, I can't have just one ... That old saying. Now, I know exactly it ain't the last one...it is the first one that I take that takes me out to the races. I used to think that I could stop when I got ready...I can't.

Billy: I still had to deal with depression...whenever I was, like, on methadone it seemed like it would subdue the depression...the symptoms of depression...and then that came back, and I thought, I could just use just once or twice and then, it just came in the cycle all over again.

Kayla was also asked about her relapsed pattern and she also reiterated the psyche of “one more time.”

Interviewer: You said that there was a pattern for your relapse ...if you could think about one statement or word for your relapse, what would it be?

Kayla: One more time again

Interviewer: So, when you get out, and you say to yourself one more time again?

Kayla: There's not going to be a one more time again... We have a choice, and I never really thought about it that way. I have a choice to really stay sober or not... I don't even know if I felt like I was being pressured to do it again. You know because I always put myself in the situation of being at the bar, being around people, you know, old associations.

The women seemed to understand that rewarding their “clean time” would eventually lead them back into the drug use and crime, but they were able to buffer these known thoughts by rationalizing “one more time.” The concept of “one more time” seems too multifaceted in that it justifies the behavior, but also nullifies the thought related to consequences of relapse. In other words, if it is only one time, I am not really hurting anybody because it will not be a repeated behavior. Mia explained how she would recidivate multiple times, but she would continue to use crack-cocaine because she felt she could handle it if she only used the drug one time.

Mia: I went to Muncie... did my time. I went back a couple of times because I was still getting high... I was like, I'm grown, I'm not hurting nobody, I'm not getting no new charges... still not understanding what I was doing to myself... the addiction and the progression it was taking and going to jail. By me going to the penitentiary, I still didn't learn anything. I would try to stop using, I would stop for a couple of days and I would be right back. I would just want to get high again... That's how I kept violating. I just thought, I'm not hurt nobody, I just like to get high.

Mia stressed that her behavior was not hurting anybody, and therefore, she continued to use. She also convinced herself that her drug use was a choice that allowed her to get high and feel enjoyment.

Not only does the issue of rewarding discontinuation create an obstacle in maintaining a conforming lifestyle, but the way in which one defines discontinuance creates another set of concerns in assessing absolute desistance and sobriety. Mostly all of the women reported that they had never been completely clean from drugs and/or criminal behavior. Most women defined maintenance or controlled drug use and or criminal behavior as discontinuation. In addition, when the women did report any type of maintenance or discontinuance they seemed to report an instantaneous relapse in which they saw someone who was using and/or they just decided to use.

In addition, most of the women reported that an association acted as a trigger for their relapse. However, since most of the women were admittedly involved in some type of drug use and criminal activity, it is hard to decipher if their drug using peers influenced the complete cycle of relapse and/or if the women were intermittently in what drug recovery programs call a “lapse” (Larimer, Palmer & Marlatt, 1999). A lapse is when the user begins the initial substance use after some clean time and the actual relapse is the conditioned use. It has been suggested that most drug relapses are attributed to a negative emotional state and peer relationships (Fields, 2007; Larimer, Palmer & Marlatt, 1999). For example, Joe discussed how she was triggered by her friend who was “dirty” or actively using:

Joe: I got clean when I had my daughter,... I was successfully doing well on the methadone, and I let someone come stay with me who was dirty...and just hearing him talking on the phone and then I asked him for a line...it sent me right back out there again. I started doing heroin again.

Teresa discussed how she relapsed when she saw a local drug dealer when her grandmother was in the hospital. She described her unexpected interaction with her drug dealer as fate.

Teresa: I was actually standing there eating a hoagie when the doctor came in, and said, you have 3 to 4 weeks to live. I thought he is fucking crazy...I just remember the look on my grandmother's face. I just didn't want to believe it. I was actually going to the dollar store...I ran into an old friend of mine who was also a coke dealer and he actually said to

me, I got something new in, do you want to come try it...and that was it. I went and got an 8-ball and that was it. It was just an impulse. My first thought was, God does things for a reason, and he's here for a reason. I ran into him for a reason. I thought this is the best way to handle this. I stayed up for like three days on that shit

Porsche and Candy both describe how their definitions of clean time deviated from an absolute definition of discontinuation.

Porsche: I didn't think of it as being clean... I just thought of it as I can't smoke weed right now because I got this to do. I didn't think of it like that. I thought I got to keep my job. It wasn't like I really want to smoke a blunt right now, but I have to keep my job. No, it wasn't like that. It was like I gotta take this drug test; I need stop smoking weed.

Candy described her cycle of relapse and how she learned that abstinence in addition to change increased the probability of recovery.

Candy: I stayed clean for three years and I was doing good...my problem was that I did not work on any...what they call treatment issues. I did not follow directions; they have directions... narcotics anonymous and alcoholic anonymous. I was so stubborn I would not pick that phone up. And I figured as long as I had a nice home, that I was going to work, there was food on the table...as long as the things that happened before were no longer happening, that I was okay. I didn't have any idea about the disease concept... you know what I'm saying. That it was more than just drugs, it was spiritual and it was emotional... you know what I'm saying. I didn't have any at ideal about that. I was just so stubborn...like after I relapsed, I stayed out for about 12 years... I refused come back in.

It takes humility to surrender, you know what I'm saying. And even though I was abstaining, I was not changing, they say abstinence and change equals recovery. I still thought the same, I still was angry, I still was fearful, I still blamed other people, I still had a lot of resentment. They say resentments will kill you... In this disease, resentments are our worst enemies. I have resentments galore. So, like, the last four years I have been struggling...Six months clean, seven months clean, nine months clean, and then here I am now. But I just refused to give up...you know what I'm saying. You refuse to give up... you know what I'm saying.

Cynthia further elaborated on change and recovery as it relates to peer relations.

In fact, Cynthia described peers as one of the biggest obstacles in maintaining her sobriety.

Cynthia: Most of the people I know...everybody I pretty much know right now is still in active addiction. You know and I'm fighting right now for my kid and they want to still be out there doing this shit. If you don't change your behavior they say abstinence plus change equals recovery, but if you don't change you never recover. I know that because

my sponsor she likes to beat into my head with the newspaper... literally, she did she hit me in the head with the newspaper.

Addison described her varying level of recovery and how they were intertwined with almost daily lapses-even during treatment. She reports that while she was in treatment her peer was putting medicine in her cheek and giving it to her.

Addison: I was clean all of 21 days and the people in Gateway... they also knew if me and the other girl, if we were ever put together, it would be very bad. You know what... actually at Gateway... I wasn't clean that girl was cheeking her meds for me. I've never been clean. I mean the clean time I have was in an institution.

I wanted to get clean on my own for over two years. I've tried...I would try to white knuckle it and go through withdrawal and I wanted to be able to. I would be too sick where I would just give in or I would try taking Suboxone. I would take Suboxone in the morning and as soon as I would get off work and have money, I would end up buying drugs anyway. And then do drugs even though I wouldn't be able to feel the effects because Suboxone has a blocker in it, but I would do it anyways.

Casey was one on the youngest members in the treatment center who had struggled with poly-substance abuse since the age of 15. She reported that she had never had any clean time and she also stressed that she never wanted to be clean. At the time of the interview, she struggled with drugs she had hidden at her home for her return home. The researcher asked Casey if she believed she was a changed person now that she has been in treatment and Casey replied:

Casey: Uh, somewhat, like, whenever I went home, to go to court or whatever, I found like drugs in my room, and like, a needle in my room and stuff... but like, it didn't even cross my mind to do it, but I like hid it in my room, to like, save it for later in case I wanted it.

Like, I know I can't get high while I'm here, so it like don't phase me, but if there was something here right in front of me, like, I know I can't do it, but whenever I can do it...I don't know what will happen then, you know. But I don't know sometimes, I think I'm not going to do it when I got home, like, I'm on probation until 2014... That's like a long time from now, but I just don't know. Whenever I go home, I still have my pending charges and stuff, so I can't get in trouble, but then I think, I didn't care before why would I care now, if I'm home, you know what I mean... I don't know.

Casey's thought process seems to exemplify the constant struggle with defining discontinuation or desistance from the drug and crime lifestyle. Based on Candy's description of

recovery, Casey would be considered abstinent, but her behaviors of hiding drugs and having reservations to use would be defined as mental relapse, and therefore, she would not be in actual recovery (Fields, 2007). Casey was asked if she thinks she will continue her criminal activity if she was clean and she replied:

Casey: Probably not, like, I started out selling drugs before I was using them, but I wanted to use them because I saw everybody else using them and it looked fun. Like, sometimes I think how can I go home and sell drugs... No I can't ...that's crazy... I'll end up getting high... I'll end up going to jail. I think I didn't care because I was getting high, but if I went to jail and I wasn't getting high, I think I would be pretty pissed you know what I mean? I think I was okay with all the chaos and all the craziness just because, like, I didn't care about consequences because I was getting high because it kind of took me out of it because it was fun, but if I wasn't getting high... I think I would be pretty pissed off if I went to jail for selling drugs because I could just get a job if I wasn't getting high cause I don't have to worry about drug test or whatever.

Casey seems to be indecisive about being involved in crime when she returns home sober, but she also did not include her previous statement about hiding her drugs. That is, if she returns home and uses the drugs she hid at home, she will be back in the cycle of drug use, crime, and jail and treatment once gain. Casey mentions that she does not care about consequences and this seemed to be a reoccurring theme with the women in that consequences were not something that were heavily weighted in the commission of their drug use and crimes. Walters (1994) discusses consequences in terms of superoptimism or an unrealistic belief that consequences for drug use and criminality are unlikely. Walters (1994) suggests that drug users and criminals are aware of consequences, but it fails to deter the particular behavior because the chances of consequences are remote and/or not immediate. The following sub-category discusses supeoptimism based on the narratives of the women.

Superoptimism

Most of the women did not seem to consider the consequences for their behaviors. Most women reported that their main thoughts were primarily getting money for drugs and getting high. All of the women were asked what leads to arrest and if they were afraid of consequences or anything while involved in the drug and crime lifestyle. Cindy described how the intensity of trying to get drugs eliminates the inhibitive effect that fear of consequences could possibly have.

Cindy: I think it's just... You're not thinking... Like I said, when you're out chasing your drug, chasing your money for your drugs, you don't think of consequences. You don't think of doing stupid stuff... everything you're doing you can justify. Everything you're doing to make yourself better for the next hit of dope. Even when you're on dope, you're still knowing that you're going to come down, so you gotta get that next little bit... So you justify everything.

I just didn't have fear inside of me; I've never been afraid... I've never been afraid. I've never been afraid to shoot too much dope... When you're a drug addict, I think that you are fearless. Look at the chances you take every day just to... I mean you see somebody take a bad hit of dope and you go to chase that dope... That's a crazy mind that's fearless mind.

Cindy describes the fearless mindset of an addict. For example, she discusses a known behavior in which heroin users will often seek out a particular drug supply that has been known to cause overdoses among multiple drug users.

Candy discussed how the thought of consequences are often muted because the fun and excitement of drugs often outweighs the possibility of repercussions.

Candy: There's always a period of time where there's fun and you're not suffering consequences in the beginning...there are no consequences

Kathy explains how she was not deterred from her behavior even with the threat of apprehension by the police.

Kathy: That line “you just don't think about it” starts to become invisible. You just don't think about the consequences until afterwards and then you come up with that's not fair, why me. But hey, you do the crime you do the time. You're like a fuck it, I might as well, what else do I have to lose... I'm already this and I'm already that. Or in your head, you don't think you're doing nothing wrong... It's everybody else like they're just being judgmental. The cops are ass holes, but for real they're just doing their job. I got arrested on a Saturday, I was like, I'm going into a program please don't throw me in jail, I'm like, please I'm begging you. And he let me go. He sent me something in the mail but I didn't have to go to jail.

Mia described how she failed to understand the severity of her drugs use even after being in jail.

Mia: I was held on \$50,000 straight bond, it was so dirty and nasty in there. That should have taught me a lesson...then it didn't teach me nothing. I was unaware of the progression that was going on...That was a consequence right there I didn't see that.

Porsche explained how she had been shot several times, sentenced to jail, and separated from her children and failed to acknowledge the severity of her behaviors. Even during her explanation Porsche reports that she continued to use and sell drugs because she “wanted to.” Her involvement in the drug crime lifestyle also cost her job as an upper level administrator at a local university.

Porsche: I feel like being here they want there to be a problem. Oh, there has to be some reason why you did this...There has to be some reason why you smoke weed and drink... I wanted to... That's exactly what was wrong with me...I made the wrong decision. I can't say that I had a horrible childhood because I didn't. I can't say that I was sexually, physically or mentally abused because I wasn't. Everything I've done is because I decided to do it. In here, I feel like I'm misplaced. In here, I have to be an addict, I have to be an alcoholic, I have to have some label on me...and there has to be some deeper meaning as to why I did what I did. But, there was nothing driving me to drink, my hand wasn't shaking...there were no physical things that you need to drink. I did it because I wanted to...I did it because I made that decision because that's what I wanted to do. So, the whole subject this is a disease on you, I'm trying to understand.

I feel like they want me to come up with some problems so they can help fix it... No. This whole situation...This whole understanding of consequences that I didn't have before now it smacks me in the face. It was either you go to drug court or you admit to having some type of problem. You go to drug court 18 months or you go to Muncie for 5

to 10 years and that's just something I wasn't willing to do. I think there could've been a better solution far better outcome or better consequence they could come up with, but it is what it is.

Casey discussed how she continued to use drugs while in jail and how she thought of the jail as fun rather than a consequence.

Casey: Like, even when I was in jail, I was still getting high. Like, from people bringing in drugs. Like, we made hooch one time. Like, whenever I went to jail, because I always thought I wasn't going to go...I thought it was fun for the most part because I've never been homeless yet. I did have fun in jail because I was there with a lot of my friends... Like, all my friends from the streets so I kind of thought it was fun... It was like a joke. We would go to classes because we had them with the guys or go to church because the guys were in the classroom across the hallway. I don't know...it was kind of fun.

Casey also described her decision to use heroin while in the hospital as a result of a heroin overdose. She explains how she did not care about the drug use causing her to relapse and/ or the possibility of the immediate consequences as a result of intravenously using heroin in the hospital bathroom.

Casey: Like, even when I OD'd, I was in the hospital for two days hooked up to a heart monitor and everything. And my friend brought me heroin to the hospital, and I went into the bathroom and shot it up while I was hooked up to everything. Now, I look at it and think that's completely crazy... Like that's insane, but then I didn't care I wanted to get high. Like, there was a nurse in my room the whole time and she was like, what are you doing in the bathroom, and then I realized there wasn't even the sink in there... I ended up using toilet water to shoot up with and now I look at it like eeewh. Like, really you know, but I didn't care. It just shows how desperate I was to get high.

Sasha further describes how her dislike for being included in the criminal justice system failed to deter her from her marijuana use. In fact, Sasha reported that the consequences she received made her become more cautious rather than to simply desist.

Sasha: Like, if you get caught with weed why do you have to go through all the stuff for a little bag of weed. I do drink and I do smoke but I'm not flaunting it; I'm not out there... Like just walking around with blunts in your ear...just be discreet. When I seen my record it has something to do with drugs and liquor. I'm a little bit cautious of what I do.

Some people they don't care they just want to get arrested; they just keep going back to jail. I do not ever want to get arrested again; I do not want to go to court again. Court was the worst experience of my life, like, these people have my life in their hands and they don't know me at all. They are going to just judge me on the paper...the papers said that I was driving under the influence, I had weed, and blah blah blah and blah blah blah. The feeling of me not having control over my life and these people that I don't even know can just send me away. And it was so embarrassing. Did that make me put down the weed...No. But I am more cautious...I used to carry around a bag of weed and blunts... Now, if I go out, I'll roll the blunt and have it tucked somewhere, even though it's bad, at least I'm not driving around with baggies.

Based on the narratives of the women, the concepts of consequences are in the eyes of the beholder. Superoptimism may not necessarily apply to the women in the study because they reported that they did not think about consequences if they were immediate. In addition, in Casey's case, she perceived jail as fun, so it seems that if it is not defined as a consequence, it may not enter the thinking style or cognition as a consequence as suggested by Walters.

Moreover, the women described the chase of the drug and getting money as a way to avoid considering possible consequences. One factor that all the women seemed to be obsessed with was the possibility of being alone. Loneliness was mentioned so many times that it must be considered as a critical factor in the overall life ritual of the female drug addict—at least in this sample of addicts. Still, many of the women denied being afraid of anything and/or overwhelmed because the process of getting money to use drugs helped alleviate the burden of feelings of uneasiness and or uncertainty.

Walters (2001) suggests that power orientation involves a thinking style in which individual feels a sense of powerlessness, and therefore, feel a need to participate in behaviors that may facilitate their ability to gain a sense of control. Consequently, many women reported that having a “good connect” or immediate contact with a drug dealer helped them feel a sense of power, but the underlying issue of fear of loneliness could not be effectively conquered. The next

sub-category addresses how the women described the interrelationship of loneliness with regard to power orientation, drug use and crime.

Power Orientation

Walters (1994) asserts that family, social, and environmental factors all influence self-image. And, distortions and conflicts during identity formation can increase individuals' probability for crime. Walters (1994) suggests that a fragile self-image provokes the need for the drug user and/or criminal to continue their lifestyles and to continue the feelings of control and autonomy. This strong desire for freedom and autonomous self-gratifying opportunities may be an effort to escape the oppressive forces of a lifestyle to which drug users and offenders have helped shape (Copes & Hochstetler, 2003). In the same way, the women in this study would often report that they were afraid to be lonely, but when they used drugs, it often caused them to be further isolated and alienated. Some of the women described what they perceived as loneliness:

Cindy: I think loneliness to me is not having anybody. You feel like you don't have anybody in the world that feels what you're feeling.... experience what you've experienced. You feel like you're the only one, which that makes me feel like I'm lonely. You can have materialistic things, you can have people around you and him all the time, but if you don't feel like you're connecting with somebody, to me...that's when you're alone.

Nikita: Loneliness for me is just not having your family to talk to. People turning their back on you for decisions you make...judging you. You just isolate yourself...and you just want that person...somebody who understands you. Somebody to be on the same page and to love you for who you are no matter what you do and no matter what... just always been there for you...unconditional period. I don't like feeling lonely...I'm not going to say I feel like I have to have a man to complete me, but I want the comfort... Just the love I guess. Like through my mom's addiction our relationship just went downhill. Oh, my dad was killed, I feel like I lost everything, so looking for that love in a father figure.

Jeanie discussed how she often would feel lonely, but at the same time she, would push others away.

Jeanie: I just feel unloved and unwanted. Nobody wants me...nobody loves me, you know. What have I done so bad, you know what I mean. I just feel terrible; I don't know...I just cry and cry and cry, you know. When I'm with my daughter and grandkids and stuff like that I don't feel lonely, but I'm still isolated from them a little bit...I just like quietness; I don't like loudness like that. I don't like noise; I don't like to talk a lot. I can be having a conversation with somebody, and if it's too long, I started easing away. I've always been like that, like, well I don't want to talk anymore now. I always been like that. I used to go in the house get my paper dolls out. That inner child gets to come out...that loneliness... and I never had peace of mind. I used to worry about everything... Worrying, you know...Lack of faith and fear.

Jeanie continued to discuss how she would use drugs to connect with her peers to avoid being lonely.

Jeanie: I get to a certain extent that I wanted somebody to be there, so I would share my drugs; I would find somebody. So, I would find somebody on the way back copping or just stand outside for a minute or so and see somebody and say hey you want a hit? Then, I get tired of that, and I get tired of them and there I go back sitting in the yard sipping off my beer and stuff. If I got any money, I just go up the street or whatever and cop again, you know and to start all over again. Then maybe later on...you know when the drugs get low, you let other people know you're using. You get out amongst the people that's using, you know, if they want to go to your house or use your pipe or whatever like that. I've been like that all my life.

Candy described the loneliness felt when the drugs were gone and how it also served a driving force to continue the cycle of drugs and crime.

Candy: There is still this fear that I may end up alone. I may have gotten clean and sober to end up alone. I just think that it's just not having a connection...being disconnected... feelings like you're disconnected. It's a lot of fear, but the fear doesn't come until the drugs are gone...And the fear is just incredible. Because now you sitting there... You know what you did, the bills ain't paid, rents due, the lights might get cut off, you're worried about what the neighbors are thinking cause you got traffic on back and forth. Your spouse or your significant other, if they still stayed around or whatever, you know what I'm saying...you're looking at him and he's looking at you, and you're both looking stupid. And there's just the fear of what's going to happen next...And the biggest fear of all are we going to get some more.

Candy explains the feelings and behaviors that would result once the drugs and money were gone.

Candy: Ain't nobody speaking....walking around like on eggshells...everybody afraid to say something first...And then when something is said, the blame game starts...it's your fault...you did this...you did that...or you did not do that...Very intense...And for me, I went right back out. I'd go right back out and start all over again. And it seemed so happy when you come back in and you got some and you got a couple 40s and you get a couple of rocks and you come in...You know what I'm saying...And all's right with the world...Even if you don't like each other...Even if it is just an associate...You're all doing it together...Until the money is gone...Yeah, until the money is gone...It is not a friend anymore...You can get the fuck out...You ain't got to go home, but you got to get the hell out of here.

Precious discussed how she felt after her house became what she labeled a “crack house.”

Precious reported that she realized that she was still alone despite having many people at her house.

Precious: I first was pretty fun, but after a while, it became lonely...I got tired of everyone being around. They say it is because you wanted all the drugs to yourself, but that's not true either. I just got tired of everyone being there. It was like it was their house and not mine...it was just like they overwhelmed the whole house. It was like I was there, it was my house but I was no longer the owner of the house. Everyone ran it. One of the drug dealers started coming and selling in it; it was their rules, not my rules. People were going to the bedroom which I think is a sacred place...People were everywhere dining room kitchen living room. They just abused the house and it just wasn't... No one was there to talk to; they were there to get high...they didn't want to be your friend. I will never consider any of those people at the time friends. They found a safe place and they used it and abused it.

Fear of loneliness seemed to be a serious issue that mostly all the women addressed; however, the women stressed that they felt lonely even while in the company of loved ones. Furthermore, when the women were asked if they were afraid they mostly all replied no, but all reported being afraid of loneliness during some course of the interview. The next sub-category discusses sentimentality as it relates to disapproving behaviors and how the women want others to view their long life decisions.

Sentimentality

It seems that another way that the women reported feeling better about themselves was to emphasize the good that they feel they have done rather than a focus on their drug use and criminal behavior. Walters (1994) refers to this type of behavior as “sentimentality” in which drug users and offenders demonstrate a disingenuous concern for the welfare of others despite their law violating behaviors. The researcher posed two questions that seemed to capture the sentimentality thinking style. First, what are some behaviors that others in the drug and crime lifestyle participate in that you disapprove of? All of the women seemed to have a great concern for children even though most of them had children removed for abuse and/or neglect. Second, what do you want people to remember about you (i.e., legacy)? Here, most of the women all reported that they wanted people to know that they were caring.

Addison, Ba-Shawna, and Cindy seemed to capture the most frequent response to the question of legacy.

Addison: I want them to remember that I'm a caretaker. And that I'm a very happy person...I guess. You know...that I'm always smiling even though that's always on the outside. I just want to be remembered for being a happy person I guess.

Ba-Shawna: I'm intelligent...a very, very, very strong person, regardless of what I go through...as many times as I have hit rock bottom, I've always pulled myself out of it..If I was going to die today or tomorrow, I would want people to say while she was smart, at least when it came down to it, she held her own...she did what she had to do to get where she had to get.

Cindy: My caring ways about people... I'm very mindful of others...I have a big heart towards others and I'm a person that loves animals.

Jeanie's description about her legacy seemed to be somewhat ironic because she stresses that she wanted people to remember that she always included her daughter during her drug use and criminal activity

Jeanie: I would like for them to know about the struggle, and how I came out and the bond that me and my daughter has. We've had a bond since birth. A lot of people know me and my daughter. They remember her before me. So, everybody knows how much bond me and my daughter had...even when she was in CYS. When I was stealing, I would always, if I was stealing, I would always steal for her, I never left her out of anything...money or nuttin?

Lisa included what she didn't want people to remember along with what she wanted people to remember.

Lisa: I don't want no one to think of me, like oh my God, that fucking prostituting drugging bitch...I don't want them to think that. I want them to think that the girl achieved a lot in her life. She took bad and turned it into good, you know what I mean.

Susie answered the question about her legacy as if she was speaking to all those actively involved in her life—including her treatment peers.

Susie: I'm goodhearted and when people get over on me, it's not that I don't know it, it's just because I choose to not do anything... I just don't care. I'm a good person and I'm not a troublemaker...I just care

When the women were asked about behaviors they disapproved of they seemed to be cautious not to sound judgmental, but all of them reported a behavior that they frowned upon. In addition, some of the women seemed to disapprove of a behavior in which they actively participated in at one time. For example, prostitution was a behavior that the women reported as taboo, but most of these women have participated in some form of prostitution throughout their drug and crime careers. Candy discusses the contradictions that are often involved in discussing their peers' behaviors:

Candy: I couldn't stand it when I would go to people's house and like...she got all these kids running around... And I was like, I can't stay here...When I go to someone's house and they got kids, it ain't happening with me. I know a lot of people who feel that way... I heard people sit down and tell me...Girl, she had them kids running around.... I say, but you smoked in her house, didn't you...They say, yeah, but...I said, then, don't even talk about it. You smoked.

Candy's discussion illustrates how the boundaries become unclear when the primary objective is getting high. It appears that sentimentality comes in when addicts discuss the behavior as

something so distasteful, but they fail to forego the activity of drug use and crime to show their objection to the particular behavior. Nikki explained a similar situation in which she disapproved of her peer who smoked crack and abandoned/neglected her children. On the other hand, Nikki had previously reported that she left her children with known crack users and took them to crack houses to use crack.

Nikki: At first I just wanted to try coke...I was against crack because I don't want to be a crack head and all that stuff, so I seen her hit it from a pipe. She was trying to sneak and I seen her first...I flipped out when I didn't have coke, so I tried the crack and it became a best friend.

Nikki was asked how long she continued to smoke crack with her friend.

Nikki: For a little bit, but then it just got too bad. I was sick of the way she had her kids...up in the projects. They didn't start school. I snapped out of it...I was like, what am I doing. This is not me...and why am I hanging out with people like this. What will my kids think? What would my mom think?

In this situation, Nikki had admitted to all of the above behaviors and continued to use crack at her peer's house despite her objection to the alleged neglect of the children. In addition, all three of Nikki's children had been removed because of alleged neglect and abandonment.

Moreover, some women seem to use what appeared to be a "comparison rationalization" in which they were able to justify the shunned behavior if they were involved in a lesser degree than their peers. Ba-Shawna explains how she would knowingly use this type of comparison to help her continue her drug use:

Ba-Shawna: Like, I slip sometimes. If I wasn't such a strong-minded person I could be so much more worse off than what I am right now. Like, I could be that person who is out there shooting up. Like, I could be that person who is out there lighting crack pipes and stuff. I think that's part of the reason why I smoked as much as I did because I knew to a certain extent I had control and not everybody has that control. Like I said, with my friends, at least I didn't do this; at least I didn't do that. That was my excuse to keep going and going and going and going because there's always someone else out there that's worse than you, so I'm not that bad... You know what I mean.

Teresa explains how she utilized the concept of "not that bad" as a means to justify her

deteriorating situation.

I know recovery is possible all through God... Like I said, I'm very fortunate. I hear a lot of stories and I think I never got as bad as I could've got and I still could. There's always a chance you relapse. I did 17 days in jail for this violation...this is the first time I ever violated on probation. I've been on probation for eight years now...that's a long time to be on paper. When I went in front of the judge, I weighed about 100 pounds. I was strung out on crack and popping pills right in front of him. He urined me and it came out positive for coke and weed, and he sent me straight to jail for 30 days.

Teresa stresses that she was fortunate because, based on the stories of others who were involved in the drug and crime lifestyle, her situation, at least in her mind, did not progress to extreme of others. However, within the same breath; she reported the seriousness of her situation with drug use and criminal activity. In all, many of the women reported detailed stories about other women who were “really doing bad” in comparison to them. The researcher did not include these particular stories about the women’s friends but the researcher was surprised by the detailed account of events presented by the women.

Summary

Based on the analysis of narratives, it appears that Walters’ Psychological Inventory of Criminal Thinking Styles (PICTS) was embedded in the cognitive decision-making process with regard to drug use and particularly the issue of drug relapse. However, it is at least somewhat questionable if these distinct typologies act as thinking “processes” or are intertwined within the decision-making course of action to use drugs. In the individual aspect of female drug use and criminality, Walters proposes that females score noticeably higher on all the eight thinking styles with the exception of mollification. In fact, Walters has found that females seem to particularly score higher in the areas of cutoff, entitlement, cognitive indolence, and discontinuation throughout his numerous studies (Walters, Elliott & Misco, 1998). However, Walters has been unable to adequately address the reasons why women may score higher on the PICTS survey

(Walters, Elliott & Mischell, 1998). Overall, Walters has suggested that the higher scores of females could be attributed to actual high levels of deviance and/or the willingness to self-report deviance, drug use, and criminal behavior in general (Walters, Elliott & Mischell, 1998). Clearly, more research needs to explore the actual behaviors and cognitions of female drug users involved in the criminal lifestyle to better explain why women would score higher than men on the Walters' scale.

With regard to this dissertation's narratives and in regard to the issues of relapse and reoffending, most of the women focused on their life stressors (mollification), and reacted with shortcut thinking (cognitive indolence), and used cutoffs such as expressions of "screw it" and/or "fuck it" to rationalize drug relapse. This tends to corroborate the Walters' theory. However, the women seemed to present the aspect of mollification as a series of events that triggered continued drug use and/or a relapse (see figure 4).

Another major process of relapse involved entitlement. That is, ironically many of the women rewarded themselves with drugs for successful maintenance and/or discontinuance of drug use. To further complicate matters the women would often incorporate the thought process of superoptimism by which they were often overconfident in their ability to control further continuation and/or escalation of their addiction. It appears that entitlement and superoptimism was a primary factor that hindered successful sobriety. It appears that understanding the prevalence and systematic application of such rewards would be a reasonable aspect of recovery and recidivism that needs further exploration. This is especially true because these rewards are granted for conforming behaviors to which all individuals in society are expected to accept. Hence, rewarding criminals and drug users for conformity and/or competence may be in this study's sample counterproductive.

In addition, the fact that many women reported that they never had “real” clean time seems to suggest that the policy of harm reduction needs to be further explored. Consequently, if female drug users do not feel the constant pressure to report desired and/or absolute abstinence and criminal desistance, they may be more inclined to be forthcoming and honest about their intentions for rehabilitation. In the end, “...habitual offenders are better able to cut through the deception and lies associated with criminal lifestyles than can a therapist, no matter how well trained” (Walters, 1990, p. 174). That is, it is important for the drug abuser and offender to understand that he or she is responsible for their own decisions and behaviors and this self-determination, although a choice, will result in consequences. The main message of harm reduction should be helping those involved in the criminal lifestyle to have a clear understanding with regard to the choices they make and the possible outcomes of their lifestyle.

In sum, there were two themes that emerged in regard to relapse and the process of desistance (See Figure 4). The first process of relapse and/or recidivism included three thinking styles: 1) mollification, 2) cognitive indolence, and 3) cutoffs. For example, the women would become overwhelmed with the thoughts of their negative life situation by which the process of mollification would trigger cognitive indolence or shortcuts. Once the women would act upon shortcuts such as drug use and crime, they would further justify their action by implementing the cutoff thinking style, which often resulted in the escalation of their drug use.

The second process of drug relapse and desistance that was often described by the women included three additional thinking styles proposed by Walters: 1) entitlement, 2) superoptimism, 3) discontinuation (see Figure 4). For example, the women often reported that they would often feel entitled to use drugs as a reward for conforming behavior such as cleaning their house. In addition, the women would report that superoptimism was a thinking style that would help them

justify and reinforce this particular drug-based reward system. These three thinking style seem to be a key factor that presented an obstacle in the women's efforts to conform.

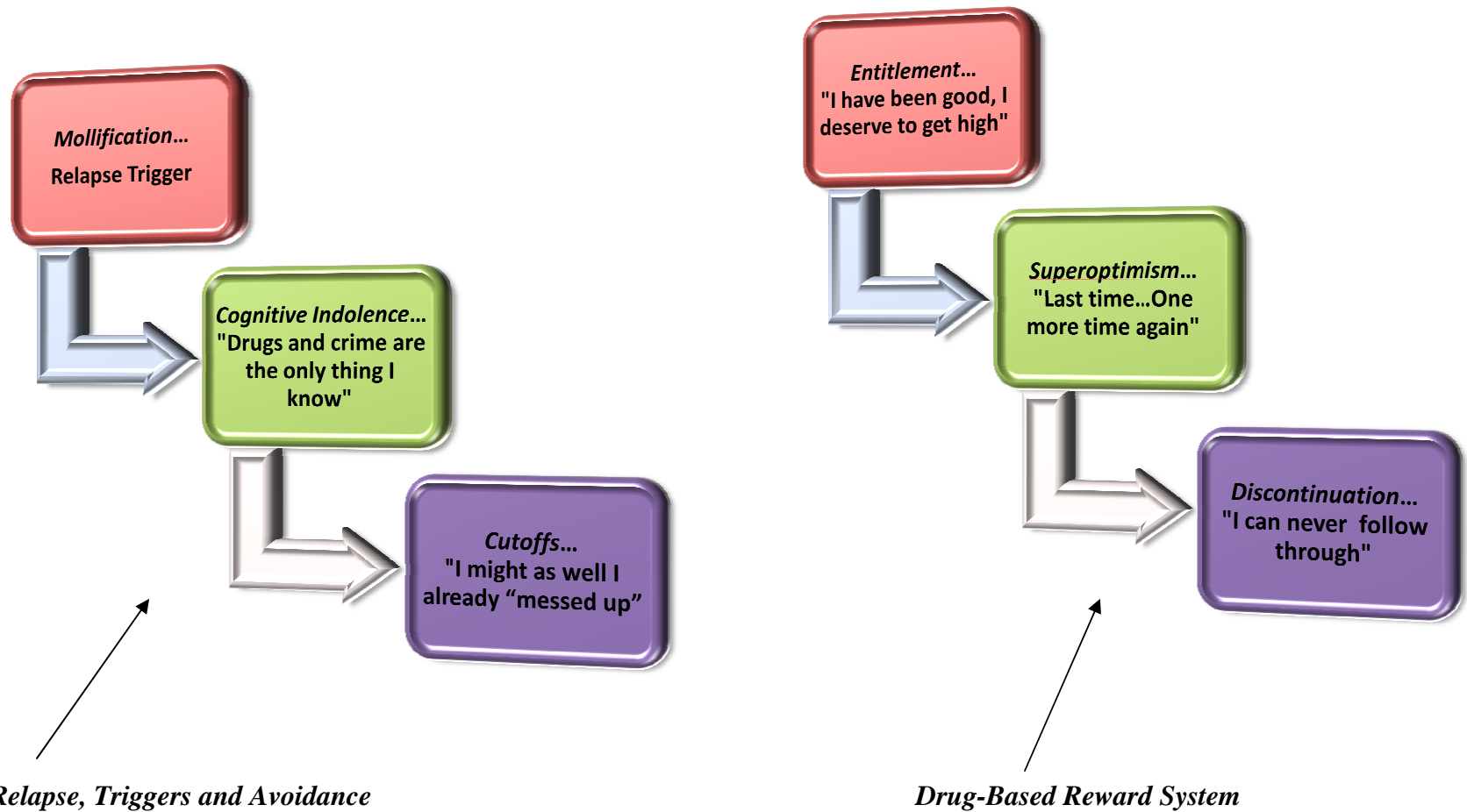


Figure 4. Walters' thinking styles and two processes of relapse.

CHAPTER V

DISCUSSION AND CONCLUSIONS

In this section, the researcher will reflect on the four primary research questions for this study: 1) How do substance-abusing females describe their life rituals and activities? 2) How do the female substance abusers perceive of or “define” their own lifestyle? 3) In what ways do the daily rituals, activities and lifestyles of female drug addicts corroborate the theoretical perspectives portrayed in the Walters’ Psychological Inventory of Criminal Thinking Styles? And 4) How do women define desistance from crime according to their individual mindsets?

Second, the researcher will discuss themes that emerged during the course of this research project. In addition, the researcher will discuss unanswered questions that were addressed by three interviews that evolved into more unstructured interviews and resulted in some clarity for the researcher.

Third, the issue of methadone maintenance, child abuse and neglect, and the subject of rewarding addicts for progress will be discussed with regard to policy implications and future research. Lastly, the researcher will discuss the strengths and limitations of the study.

Primary Research Questions

How Do Substance-Abusing Females Describe Their Life Rituals and Activities?

Although the women presented unique histories and personal characteristics, they all shared a common story, which included multiple relapses and continued recidivism. The word “insanity” was often used to describe the unexplainable participation and behaviors in overall drug and crime lifestyles that repeatedly resulted in unwanted consequences. The women’s responses did help the researcher better understand the complex nature of drug abuse and the criminal lifestyle. In addition, the women in this study also alluded to the fact that the lifestyle

of criminal behaviors can be just as enticing and addictive as the drug use that seemingly influences the behavior.

Another important aspect of the rituals and activities included in the women's lifestyle was repeated victimization. It appeared that victimization became a routine part of the drug and crime lifestyle. Furthermore, without probing with specific questions related to children, the women offered accounts of their children's repeated victimization as a result of their drug use. Thus, the aspect of child victimization, abuse and neglect emerges as an important topic that needs to be addressed whenever the topic of female drug use and crime is explored

How Do the Female Substance Abusers Perceive or “Define” Their Own Lifestyle?

Some of the women's narratives of the drug and crime lifestyle involved contradictions. That is, the drug and crime lifestyle seem to result in consequences, but most of the women reported that their focus on getting high and being successful in their main hustle hindered their ability to critically analyze their situation. Most of the women reported that when one is using drugs, they often do not care about reality and/or possible outcomes. However, all of the women agreed that participating in drug use usually involved a drug and crime lifestyle.

In what ways do the daily rituals, activities and lifestyles of female drug addicts corroborate the theoretical perspectives portrayed in the Walters' Psychological Inventory of Criminal Thinking Styles?

All of the women's narratives appear to corroborate the theoretical perspectives of Walters' Psychological Inventory of Criminal Thinking Styles (PICTS). The women's emergent themes and behavioral patterns are especially applicable to mollifications, cognitive indolence, cutoffs and entitlement. Two typologies that seem to be intertwined were entitlement and discontinuance. In fact, most of the women reported that they were aware that rewarding sobriety

and/or conformity with drug use was counterintuitive, but the thought of “one more time” and “I can handle it this time” helped silence the common sense analysis of this approach. The aspect of “one more time” also supports Walters’ suggestion that drug offenders often incorporate the cognition of superoptimism or the failure to critically analyze one’s situation.

There were two questions that were perplexing to the researcher and the respondents: 1) Do you sometimes feel overwhelmed (cognitive indolence)? And 2) Are there times when you were afraid (power orientation)? When asked either of these questions, most of the women denied that they were afraid and/or overwhelmed. The question of being afraid created emerging themes of fear of loneliness and failure, which were heavily discussed throughout the course of the interviews and found in the narratives presented in Chapter IV. Second, many of the women denied being overwhelmed, but then consistently stated being overwhelmed as a reason for drug use. This inconsistency led the researcher to question how effective the women were in identifying stressors that may ultimately trigger relapse and recidivism.

In sum, Walters’ recognizes that many of the thinking styles overlap, and, therefore, the researcher experienced some difficulty assessing if the cognitions and decision-making of the women evolved as a “process” and/or occurred as separate “thinking” stages. Overall, the PICTS thinking styles appear to have some relevancy in the process of relapse and reoffending.

How Do Women Define Desistance From Crime According To Their Individual Mindsets?

The aspect of desistance was compounded by the fact that all of the women reported that they never had “real” clean time. In fact, desistance usually involved controlled drug use and/or committing lesser forms of a particular crime. Moreover, the unconventional reward system utilized by the women often created obstacles and further efforts to achieve absolute desistance.

It appeared for most of the women, the main objective was “controlled use” and less detectable criminal behavior and deviance.

Methadone maintenance creates another obstacle in efforts to achieve sobriety because all of the women who used methadone reported that they began and/or increased the use of stimulants and/or benzodiazepines to get high. Based on the narratives, methadone was used in an effort to alleviate the economic burden of opiate use rather than actual recovery. Overall, the aspect of current and/or past methadone use, discontinuation and desistance was difficult to accurately assess.

Policy and Treatment Implications

Based on the reports of the women, there are three critical aspects of drug use and crime that the researcher believes need to be furthered research: 1) methadone maintenance, 2) reward systems in the criminal justice system and drug and alcohol treatment, and 3) greater collaboration of child protective services in the criminal justice system.

Methadone Maintenance

Methadone maintenance is the controversial intervention used to help opiate addicts recover while avoiding severe physical withdrawal. Many of the women reported using methadone when they could no longer afford their addiction to heroin and prescription pain pills. However, most of the women reported that they began to use crack-cocaine and other stimulants to get high while on methadone maintenance programs. Although there may be several methadone maintenance programs that boast success, it appears that there is no systematic legal approach to methadone maintenance programs. There needs to be more consistent policies that require regular urine analysis, intensive counseling, and a concrete date in which methadone maintenance is discontinued. For example, individuals receiving methadone maintenance

treatment are recommended to use methadone for a minimum of one year without a set amount of time to discontinue its use (Stiles, 2010). Furthermore, for some programs, methadone maintenance clients are only required to receive less than three hours of monthly counseling (Mamula, 2010). Accordingly, current opiate use should not be the sole criteria for individuals to enter methadone maintenance programs. It appears that methadone maintenance programs need to develop specific criteria such as detailed goals for treatment, abstinence from other drugs, and at least one attempt to participate in non-medicinal treatment interventions. This dissertation's findings suggest that if the problems associated with methadone maintenance are not addressed, they will continue to confound treatment interventions and deterrent efforts of the criminal justice system.

Rewards for Conforming Behaviors

Again, when the women were asked if they ever use drugs to reward themselves, most of the women usually respond with laughter. Most of the women reported that rewarding their "good" behavior was usually their biggest problem. In society, positive reinforcement and the development of reward systems are often considered effective methods to eradicate problem behaviors. For example, with weight management, dieters are often encouraged to reward themselves with a high caloric treat for following through with planned diet and exercise. This rationale is usually based on the fact that deprivation never works, and therefore, we have to indulge ourselves often in order to maintain compliance. In the same way, drug users and offenders are often given certificates and other symbolic items to acknowledge efforts to conform. For example, in Narcotics Anonymous, those who have 24 hours clean time can receive a "keychain" and a round of applause. This seems to exacerbate the obstacles that entitlement presents because it raises the question as to why drug users need rewards to stop

participation in a behaviors that presents emotional and physical consequences to themselves and other social institutions. It appears that treatment programs and the criminal justice system need to reevaluate the use of rewards for conforming behaviors. Walters (1990) explains:

In an effort to keep the deceit in game playing to a minimum, I have established the fundamental ground rule of my groups that participants receive nothing for their involvement other than their personal satisfaction that accompanies meaningful long-term change. The practice of not handing out certificates or making parole recommendations contingent upon participation in these groups not only cuts down on the game play, but it also forms an emergent sense of cognitive dissonance in the minds of many offenders since they soon come to realize there are no external incentives for their participation... And negotiating the transition from vehicle stage issues to the development of reinforcing noncriminal lifestyles, it is critical that the offender abandon his sense of entitlement that has carried him through many a criminal venture...The high rate offender must find the noncriminal way of life intrinsically rewarding or he is destined to return to the self, and other, destructiveness of the criminal lifestyle (pp. 174-176)

In society, individuals are expected to adhere to certain policies and laws and those who violate them must be held accountable. Consequences should be considered reasonable outcomes of nonconforming behaviors. Drug users should be allowed to experience the feelings that accompany consequences in order to better understand that one needs to be accountable for their actions. The criminal justice system must also recognize that suspending and/or shortening criminal stipulations sends a contradictory message to offenders. Thus, conforming behavior should be internalized as an expectation that warrants no rewards.

Child Abuse and Neglect

This dissertation's findings support the proposal that child victimization and overall safety needs to be further explored. It was revealed in the narratives that children are often involuntarily thrown into a lifestyle of drugs and crime. There seems to be a gap in the collaboration between child protective services and the criminal justice system. In a majority of child abuse and neglect cases, the primary jurisdiction lies within the family court; as a result, the numbers of drug-related child abuse and neglect cases remain constant. For example, child

abuse perpetrated by a parent or caregiver usually falls under the jurisdiction of family court, while involvement by the criminal justice system is only warranted if the perpetrator is a non-relative (Crosson-Tower, 2010). These types of policies can only increase the child's probability of being further victimized and endangered as a result of their parents' continued drug use. Crosson-Tower (2010) explains the steps that need to be taken to proactively address the silent victims involved in the drug and crime lifestyle:

When child abuse is involved, there are vast differences in the duties of the police officer... And the majority of jurisdictions, police play a supportive role to protective service agencies. Rarely are abusive and neglectful parents arrested. Exceptions include when the injury to the child is extremely severe and are obviously sadistically inflicted... Child abuse and neglect investigation is an area that is not usually expected of police by the public... There is a need for social service agencies and police agencies to work more closely together and coordinating their roles in child abuse cases... Police agencies should keep abreast of new abuse legislation and its implication in their practice. The role of the police in their place on the child protection team is a vital one (pp. 258-260).

Therefore, there needs to be a substantial effort to develop policies that mandate greater collaboration between child protective services and the criminal justice system. For example, parents who are found to have neglected and/or abused their children should be automatically referred to the criminal justice system. Consequently, these parents should be possibly sentenced to intensive supervision that is decided based on interdisciplinary discussions of relapse and recidivism. In sum, drug use and crime seems to be intertwined and any efforts to resolve these issues will be combated if treatment specialists, child protective services, and the criminal justice system fail to act as a unified team.

Offending as a Treatment Goal Issue

For some of the women, behaviors such as theft and prostitution were continued once the client reported sobriety and/or slowed their drug use. Therefore, the aspect of criminal behavior needs to be more consistently incorporated in the treatment of addict. Based on the information

presented by the women, the criminal behavior becomes just as addictive as the drug itself. And in some cases, the women reported a reverse situation in which the criminal behavior that was initially used to obtain money for drugs was continued even after she no longer used drugs.

Exploring and treating the criminal behavior of female drug users, can also help in the process of distinguishing those individuals who may be more likely to desist from criminal behavior. For instance, many of the women took pride in the skills they possessed to successfully obtain money for drugs. In fact, some of the women boasted about being a “moneymaker” and/or valuable customer for drug dealers. On the other hand, the women also shared reports on other drug users included in the drug and crime lifestyle that were unsuccessful and even prohibited from copping (buying drugs). The female drug user who needs others to buy her drugs in order to get high may be more inclined to explore the possibility of sobriety because they are not completely immersed in the drug lifestyle, and, therefore, they may have less reinforcement to continue participating in drug use and crime. Hence, the aspect of the unsuccessful criminal and/or drug user can be used as an assessment tool to help researchers and treatment specialists understand if the so-called outcasts of the drug and crime lifestyle experience more success with regard to drug sobriety and conformity as a result of the inability to completely assimilate with that particular subculture. Overall, it appears that the more uncomfortable one feels in a situation, the less likely he/she will continue to participate and/or appreciate it.

Implications for Future Research

The main goal of this study was to explore the drug and crime lifestyle through the narrative of 26 women with the history of illicit drug use and crime. Overall, it appears that this goal was achieved. Based on the information presented in this study, more research needs to be conducted to better understand the nature, scope and complexity of drug relapse, recidivism and

the drug-crime relationship. It will be important to explore the different types of relationships that female drug users develop within the drug-crime lifestyle overall. For example, some women describe drugs as “liquid love” and/or a “best friend” that became the primary objective in life. Exploring the relationship that one has developed with drugs will help create interventions that help the women successfully “break up” with their particular drug.

Moreover, it appears that the practice of drug sobriety and criminal desistance is approached and defined in a variety of ways. Thinking in line with the literature, the process of desistance does not seem to be absolute. Therefore, the aspect of harm reduction in relation to drug sobriety and criminal desistance needs further research.

With regard to absolute desistance, there needs to be more research on the impact of parental drug use and crime on children. The accounts of these women all included some type of child maltreatment as a result of drug use and crime. For example, many of the women reported that their children were present in the commission of crimes and when they were under the influence of drugs and alcohol. Consequently, it is common knowledge that research has been done to assess the impact on children included in dysfunctional families and the living conditions that they must often endure. Society has yet to develop statewide systematic policies and laws that require greater interdisciplinary collaboration among treatment professionals, the criminal justice system, and family and child protective services. Thus, there needs to be more program evaluation research conducted on particular communities that have such collaborations.

Age seems to be another treatment factor that needs further research. The younger women in the study all reported difficulties with accepting the lifelong commitment involved in drug recovery. In fact, as many of the young women stressed, not having a drink on their 21st birthday was a major concern. Although this may seem trivial to some, this concern is something

that should be respected and explored to help younger drug users decrease their fears related to long-term recovery.

Lastly, since many of the women reported being involved with male partners who influenced and reinforced their involvement in drug use and crime, more research needs to focus on the factors associated with understanding the importance of the interpersonal dynamics and relationships of drug users and criminal offenders.

Strengths of the Study

This study was conducted to explore the embedded typologies of Walters' Psychological Inventory of Criminal Thinking Styles which explore the cognitive processes of individuals involved in the drug and crime lifestyle. This study helped the researcher understand the views and overall definition of the situation from the personal narratives of the respondents. As a result, the respondents helped further clarify research presented on principal factors revealed with regard to drug use and crime. Overall, the narratives supported the literature—especially with the area of victimization, desistance, and the complex hierarchical roles included in the drug and crime lifestyle.

This study also appeared to assist the women in the study to clarify some of their own treatment issues. For example, some women revealed that they were hiding drugs, acknowledged that they were addicts for the first time, and recognized that they may have future problems with drug relapse and recidivism. In fact, many of the women of this study clearly stated that discussing their stories helped them better understand some additional resources and/or services they may need to help with their recovery.

Limitations of the Study

Although there were strengths to the study, there were also limitations. The major limitation was time constraints. The research had to conduct the interviews over a two-month period. However, with such a transient population, it is difficult to assess if the respondents would have been available for follow up interviews and the like. For example, it was not uncommon for the researcher to return to the treatment facility and be informed that a particular respondent had left the facility within two days after she was interviewed.

In addition, as is so often true with research of this kind, it is difficult to conclude if the questions the researcher formulated precisely captured the meaning behind the typologies of Walters' Psychological Inventory of Criminal Thinking Styles. As Walters admits, the typologies are complex and interrelated. This made it difficult to categorize narratives that corroborated with specific cases that pertained or did not pertain to Walters' typologies.

Another potential limitation to the study was the high concentration of white women in the study compared to African-Americans. This disproportionateness could have been due to the location of the facility. Another demographic attribute that seemed to impact the perspective of the respondent was age. For example, many of the women between the ages of 19-25 reported having concerns about long-term drug sobriety and struggled with being able to comprehend the consequences of continued drug use. Many of the younger respondents stressed that they could not foresee a future similar to the older respondents in the program. Moreover, for many of the younger respondents, the drug and crime lifestyle was viewed as fun and exciting. Another unique aspect that seemed to hinder the younger respondents' ability to articulate the consequences of drugs and crime is the lack of drug-related physical and health concerns. That is, the younger clients did not appear to have any of the physical elements associated with

continued drug abuse such a tooth loss and decay, signs of premature aging, tremors and ticks, lip and finger burns (common among those who ingest illicit drugs though inhalation) and the like.

Lastly, the number of women who were actively using methadone seemed to greatly impact the researcher's ability to accurately assess and understand the concept of discontinuation and/or desistance. In other words, many of the women on methadone appeared to view sobriety somewhat differently because they were presently experiencing cognitive, behavioral, and medicinal interventions to overcome their drug addiction.

Research Bias

The researcher selected this topic of study because of a personal interest in drug use and criminal behavior. As a clinician, the researcher wanted to explore the dynamics of the drug and crime lifestyle. Also, the researcher would often hear residents included in the treatment setting make statements such as "I always wanted to be a ho...pimp... drug dealer," and, therefore, the researcher wanted to explore the lifestyle aspect of drug users. As a result, the researcher often speculated that that the process of drug recovery went beyond simply being "clean." The researcher does not believe that her research bias had a major impact on the outcome or even the questions posed to the respondents of the study, but it influenced the theory chosen for this study, and, therefore, the direction of the overall topic.

Conclusion

This study helped shed light on the complex nature of drug use and crime from the narratives of female drug users. It appears that drug use and crime are interrelated behaviors that evolve simultaneously, but at some point, each individual behavior triggers the other and this relationship can change at any time during the course of the individual's participation in the drug

and crime lifestyle. The variation between the relationship between drug use and crime seems to further compound the issue of defining desistance and discontinuance. Thus, based on the narratives of the women, the concepts of desistance and discontinuation were, at times, synonymous with maintenance and overall inconspicuous drug use and criminal behavior. In addition, since many women who use drugs and commit crimes have sole custody of their children, society should demand that the criminal justice system take a substantial step toward assuming the role of actively enforcing laws that protect children. There need to be policies that clearly express society's intolerance of children becoming victims of their parents' lifestyles.

Ultimately, it is not practical to suggest that drug use and criminal behavior be completely eradicated as a result of any treatment program and/or law, but steps must be taken to create consequences that act to better deter drug use and criminal behavior. Moreover, the criminal justice system and treatment specialists must evaluate the unintended consequences of rewarding conformity of drug users and offenders. Clearly, those in the drug and crime way of life need exposure to more appropriate learning environments to better understand the uncertainties, unpleasantness and even dangerousness of their lifestyle.

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Appendix A

Interview Questions and Probes

Demographic Information:

1. What type of services are you receiving?
 - a. Have you ever received service for mental illness?
2. How old are you?
3. Which race/ethnicity do you consider yourself to be?
4. Do you have children? Yes _____ No _____
 - a. If yes, how many? _____
 - b. Do they live with you?
 - i. If not, where do they live
5. Are you in relationship?
 - a. If so, are you married?
 - b. Is your spouse/partner male or female?
 - c. Does he/she use drugs?
 - d. Has he/she ever been incarcerated?

Eight Think Style Questions:

Mollification (Mo) is a process in which one avoids accountability and blames others (Walters, 2001).

Question 1: Describe what you are thinking when you were an active user.

Probe: How is money an issue to the drug user?

Probe: Are some methods for getting money more preferred than others?

Probe: Why do you say this?

Probe: Can you go into more detail?

Cutoff (Co) is a strategy in which the defender shields deterrents of criminality by utilizing external cutoffs such as drugs or alcohol and/or internal cutoffs such as the word “fuck it” (Walters, 2001).

Question 2: How did you start using drugs?

Probe: Describe a time when you were not intending to use drugs, but ended up using anyway.

Probe: Have you ever had any clean time?

Probe: If so, describe what you were thinking when you relapsed.

Entitlement (En) is that the process by which the sender feels a sense of privilege or uniqueness that leads to confusion between wants and needs (Walters, 2001).

Question 3: Have you ever used drugs as a reward to yourself?

Probe: Why do you say that?

Probe: Can you describe a time when you felt that you deserved to use drugs?

Probe: What were thinking during that time?

Power Orientation (Po) is a thinking style in which individuals often feel powerless and experience a strong desire to exercise control over their external world (Walters, 2001; Lacey, 2000).

Question 4: How are you able to take care of yourself while you are using drugs?

Probe: Are there times when you were afraid?

Probe: If so, what do you when you're afraid?

Sentimentality (Sn) is a superficial means to feel good about one's self despite law violating or deviant behaviors (e.g. I only steal from the stores, but never from people) (Walters, 2001).

Question 5: What are some things about a drug user's life that you disapprove of?

Probe: What are your thoughts about drug use and crime?

Probe: Do drug users sometimes think crime is ok?

Probe: Can you explain?

Superoptimism (So) is a strong belief that one can avoid the usual consequences that follow criminal and deviant behavior (Walters, 2001).

Question 6: What is it about a drug lifestyle that might lead to arrest?

Probe: How might drug users avoid being arrested?

Cognitive Indolence (Ci) refers to “shortcut thinking” or failure to take an objective and follow it throughout the entire process (Lacey, 2000; Walters, 2001).

Question 7: Do you sometimes feel overwhelmed?

Probe: Why do you say this?

Probe: What makes you overwhelmed?

Probe: What are some ways you avoid getting overwhelmed?

Probe: Describe a time when you experienced a big problem?

Probe: What did you do?

Discontinuity (Ds) is the inability to follow through despite good intentions (Walters, 2001).

Question 8: Describe a time when you had a goal, such as school, going on a trip with your family, or working, but you were not able to follow through?

Probe: Have you ever tried to quit using drugs?

Probe: If so, describe what you did to stop?

Probe: Do drug users tend to be involved in crime even when drug free?

Probe: Can you explain? Could you describe what your life was like at the time?

Appendix B

Definition of Terms and Concepts

Baller: One who sells a variety of drugs (NICD, 2010). The term is usually associated with a successful drug dealer with large sums of money. This term is often applied sarcastically to a person who attempts to “show off” expensive attire and other material possessions.

Blunt: Marijuana placed inside a cigar (NICD, 2010). A person who smokes blunts often is said to be “blunted out” (NICD, 2010).

Boost: A term used to describe shoplifting. A person who uses shoplifting as a primary means to obtain money for drugs is known as a “booster” (Faupel, 1991). Shoplifting is a common means to obtain money to purchase drugs.

Chipping: A term used to distinguish addicted drug users from controlled or occasional drug users (Faupel, 1991). The chipper is believed to use just enough drugs to “get by.”

Cop: This refers to the process of purchasing drugs (Faupel, 1991). Copping is a very important aspect of the drug-crime subculture. Copping is also a means by which some drug users generate an income to buy drugs. Thus, not all drug users have equal opportunities to buy drugs (Faupel, 1991; Maher & Daley (1996).

Cognition: Glenn Walters (1994) uses the term cognition as a common way of thinking among individuals in the drug-crime lifestyle that distinguishes them from conforming society. Cognitions are flawed ways of thinking that encompass elements of negativity, justification and dissociation, which further enables individuals to become enmeshed in the drug-crime subculture (Walters, 1994). Walters (1994) suggests that cognitions become “automatic,” and therefore, internalized to such a degree that they are a “potential avenue” through which the crime-drug subculture should be studied (p. 53).

Dope fiend: A term that was initially applied to heroin users, but now encompasses a wide range of persons who are moderate to heavy drug users (Faupel, 1991). The term has many connotations and is ‘loaded’ with behavioral implications. Consequently, manipulative and deceitful behaviors in the drug-crime culture are often referred to as a “dope fiend move.”

Faded: Usually refers to being under the influence of drugs (NICD, 2010).

Heat: This term refers to a person, place or thing well known to the police; criminal justice authorities and/or rival criminals (Faupel, 1991). A person, place and/or thing (e.g. a car) is said to be “hot” when it becomes well known to authorities or other rivals (Faupel, 1991).

Hit: Refers to smoking crack, marijuana, or any other inhalable substance (NICD, 2010). “I need a hit” is usually a common reference associated with crack-cocaine.

Hustle: In the drug-crime subculture, it is very important for drug addicts to have a means to obtain money for drugs (Faupel, 1991; Miller, 1986). The means drug users utilize to obtain money for drugs are often criminal such as shoplifting, prostitution, drug dealing, burglary, and the like. However, drug users can often have a noncriminal “hustle” such as manipulating others to share their drugs, getting money from family members, panhandling and/ or legal employment. Successful hustles or a drug user’s “main hustle” is the primary job he/she uses to obtain money for drugs such as shoplifting (Faupel, 1991; Maher & Daley, 1996). The term hustle is also applicable to drug dealers. For example, “he hustles” or “he is a hustler,” describes a person whose primary job is drug dealing.

Jonesing: This term usually refers to a person in need of more drugs and/or presenting obvious withdrawal symptoms (NICD, 2010).

Lace: This term usually refers to combining cocaine and marijuana in a cigarette or blunt (marijuana cigar) (NICD, 2010).

Lit: Common term used to describe a person who is intoxicated (NICD, 2010).

Mission: A term used to describe a person's effort seeking to finish his drug-related job or hustle in order to buy drugs (NICD, 2010). In other words, "the mission" is the entire process of obtaining the money and locating a dealer to buy drugs. Drug users will often exclaim, "I was on a mission."

Pushing weight: Usually used to distinguish lower-level drug dealers from high-level dealers. When a dealer is said to be "pushing weight" he/she is usually selling large quantities of drugs. This type of dealer is in direct contrast to "street corner" drug dealers. The person who pushes weight is commonly a drug dealer who does not "touch" the drugs (Urban Dictionary, 2010).

Re-up: This term usually refers to getting more drugs to sell and/or use (Faupel, 1991).

Runner: Refers to a person who transports drugs for drug dealers (Faupel, 1991).

Strung out: This term describes a person with an uncontrollable drug habit and an unstructured lifestyle (Faupel, 1991).

Smoke: This term refers to the act of smoking heroin, crack; marijuana and other inhalable drugs (NICD, 2010). Sometimes individuals will explain, "She's smoking," which is usually a way to inform others of a particular individual's addiction to crack-cocaine.

Tout: The process of marketing drug dealers' drugs (Faupel, 1991). This person usually has long hours and is paid in the form of drugs. This is considered one of the most demeaning and least profitable drug-related job or hustle. When a person touts, he/she is perceived as having a very low status or a "double failure" (Siegel & Senna, 2000).

The life: This vague term is used to describe anyone included in the drug-crime subculture. In fact, people who use and/or sell drugs are said to be “in the life” or “out there” (NICD, 2010). Other terms used to describe the drug-crime subculture include “the lifestyle,” “fast life,” “street life,” “them corners” and the like.

Trap House: This usually refers to an abandoned building or public housing apartments in high-crime and poverty stricken neighborhoods in which drug dealers sell drugs. This house can be used for a variety of criminal and deviant behaviors such as drug use, prostitution, drug production, truancy and the like. The trap house is primarily associated with drug activities and weapons, and residential trap houses are usually owned and/or rented by female associates (Ove, 2010). The term is so common that it is used universally in rap songs and the hip-hop community overall.

Trick: A name used to describe a person who solicits prostitutes (Faupel, 1991). A person is said to be “trickin” if he/she has sex with prostitutes and/or prostitute like persons such an exotic dancer. This term is also used for persons who engage in drug-related sexual activities.

Tweak: The person who tweaks is on an intense journey to find crack or methamphetamine. The person is said to be “tweaking” when he/she is looking for drugs in random places such as the floor, plastered walls, closets and the like. When “tweaking,” the person is often said to be already intoxicated and often at his/her peak intoxication level. “Tweaking” is a drug-induced behavior when he/she attempts to prevent losing the sensation (NICD, 2010).

Wake 'N' Bake: Usually refers to smoking marijuana in the morning (NICD, 2010).

Appendix C

Informed Consent Form

You are invited to participate in this research study. The following information is provided in order to help you to make an informed decision whether or not to participate. If you have any questions please do not hesitate to ask. You are eligible to participate because you are a participant in the Family Links Treatment Center/PATF. However, you must be at least 18 years of age.

The purpose of this study is to explore the thought processes that may occur throughout your everyday lives. This study will ask you about your perceptions of your behaviors. Participation in this study will require approximately 30-60 minutes of your time and is not considered part of your treatment. Participation or non-participation will not affect your treatment evaluation and/or services. There will be approximately 12 questions that I will ask during the interview. Please try to answer all of the questions to the best of your ability.

The information gained from this study may help us to better understand your perceptions of behaviors and activities that occur while actively using drugs. Your input can provide a variety of insight in future research and other treatment service modalities.

Your participation in this study is voluntary. You are free to decide not to participate in this study or to withdraw at any time without adversely affecting your relationship with the researcher and/or treatment staff. Your decision will not result in any loss of benefits to which you are otherwise entitled. If you choose to participate, you may withdraw at any time by informing the person administering the test. Upon your request to withdraw, all information pertaining to you will be destroyed.

If you choose to participate, all information will be held in strict confidence and will have no bearing on your current and/or future status within the program. Your information will be confidential and the information you provided will not be discussed. The information obtained in the study may be published in scientific journals or presented at scientific meetings but your identity will be kept strictly confidential.

If you are willing to participate in this study, please sign this Informed Consent Form and keep for your own files. If you have any questions regarding the survey, please feel free to contact the researchers below:

Ebony M. English, Doctoral Candidate
Indiana University of Pennsylvania
Department of Criminology
Wilson Hall, Room 200
Indiana, PA 15705
Phone: 724-357-2720
Email: cgqd@iup.edu

Timothy Austin, Ph.D. and Professor
Indiana University of Pennsylvania
Department of Criminology
Wilson Hall, Room 104
Indiana, PA 15705
Phone: 724-357-5609
Email: austin@iup.edu

This project has been approved by the Indiana University of Pennsylvania Institutional Review Board for the Protection of Human Subjects (Phone: 724/357-7730).

Appendix D

Access Letter: Primary Research Site (Family Links Family Treatment Center)

07-06-'10 14:46 FROM-

T-132 P002/002 F 184

familylinks

Strong, For Life.
Paula Kassout (Program Manager)
Family Links Family Treatment Center
843 Climax Way
Pittsburgh, PA, 15210
(412) 381-8230

Behavioral Health Services + Education and Community Services + Youth and Family Services

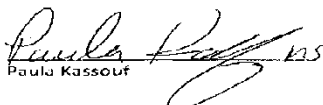
Institutional Review Board
Indiana University of Pennsylvania
Stright Hall, Room 113
210 South Tenth Street
Indiana, PA, 15705-1081

Dear Members of the Institutional Review Board,

This letter is in response to Ebony M. English's request to interview the clients at Family Links Family Treatment Center Allentown Site, to fulfill the requirements of her dissertation. Per our conversation, Ms. English explained that she is seeking to obtain information about the cognitions and behaviors of female drug users. I understand that Ms. English will be interviewing women for the purpose of assessing and exploring their perspectives of the drug and criminal lifestyle.

Ms. English will be granted access to interview the clients at the Family Links Family Treatment Center for the duration of her study (2010 Summer and Fall semester). I will collaborate with Ms. English with regard to the interview schedules and on-site location. Ms. English will be required to sign and adhere to our agency's confidentiality agreement. Equally important, Ms. English and I both understand and agree that the clients' participation is voluntary.

Sincerely,


Paula Kassout

250 Shady Avenue Pittsburgh, PA 15206
TEL 412 661-1800 FAX 412 661-6525 www.familylinks.org

Appendix E

Secondary Research Site: Access Letter (PATF)



June 14, 2010

Institutional Review Board
Indiana University of Pennsylvania
Stright Hall, Room 113
210 South Tenth Street
Indiana, PA, 15705-1081

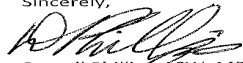
Dear Members of the Institutional Review Board:

This letter is in response to Ebony M. English's request to interview the clients at Pittsburgh AIDS Taskforce to fulfill the requirements of her dissertation. Per our conversation, Ms. English explained that she is seeking to obtain information about the cognitions and behaviors of female drug users. I understand that Ms. English will be interviewing women for the purpose of assessing and exploring their perspectives of the drug and criminal lifestyle.

Ms. English will be granted access to interview the clients at the Pittsburgh AIDS Taskforce for the duration of her study (2010 summer and fall semesters). I will collaborate with Ms. English with regard to the interview schedules and on-site location. Ms. English will be required to sign and adhere to our agency's confidentiality agreement. Equally important, Ms. English and I both understand and agree that the clients' participation is voluntary.

If you have any questions, and/or concerns please feel free to contact me either by email at dphillips@patf.org or via phone at 412.345.0574.

Sincerely,


Darrell Phillips, LSW, MBA
Director of Client Services
Pittsburgh AIDS Taskforce



5913 Penn Avenue • Pittsburgh, PA 15206-9803 • 412.345.7456 • Fax 412.345.7457 • www.patf.org

A copy of the official registration and financial information may be obtained from the Pennsylvania Department of State by calling 1-800-732-0999. Registration does not imply endorsement.

Appendix F

Demographics of Women in the Study

Name	Age	Race	Marital Status	Legal Involvement	Main Hustle	Education	Children	CYF	Primary Drug	Prescription Pills	Methadone	Legal Work History
Addison	23	Caucasian	Single	Yes	Prostitution/Copping	High School	NO	N/A	Heroin	Yes	Yes	Waitress
Ba-Shawna	24	African-American	Single	Yes	Drug Dealing	GED	2	Yes	Marijuana/Ecstasy	No	No	No
Bernadette	38	African-American	Single	Yes	Prostitution	High School	2	Yes	Crack/Alcohol	No	No	Yes
Billy	19	Caucasian	Single	Yes	Robbery	Some College	NO	N/A	Heroin/Crack/Alcohol	Yes	Yes	No
Candy	47	African-American	Married	Yes	Prostitution	High School	3	N/A	Crack /Alcohol	Yes	No	Yes
Casey	19	Caucasian	Single	Yes	Drug Dealing/Robbery	Some College	No	N/A	Heroin/Crack/Alcohol	Yes	Yes	Yes
Cindy	39	Caucasian	Divorced	No	Theft	High School	2	No	Heroin	Yes	Yes	Yes
Cynthia	36	Caucasian	Single	Yes	Prostitution/Retail Theft	High School	1	Yes	Crack	No	No	Yes
Jeanie	53	African-American	Divorced	Yes	Retail Theft	High School	2	Yes	Crack/Alcohol	No	No	Yes
Jenna	19	Caucasian	Single	Yes	Robbery	High School	No	N/A	Heroin	Yes	Yes	No
Jessica	27	Caucasian	Single	Yes	Prostitution/Fraud	Diploma	2	Yes	Heroin/Crack	Yes	Yes	Yes
Joe	41	Caucasian	Married	Yes	Drug Selling/Copping	Some College	3	Yes	Heroin/Crack	Yes	Yes	No
Kathy	36	Caucasian	Single	Yes	Prostitution/Copping	High School	1	Yes	Heroin	Yes	Yes	Yes

Appendix F (Continued)

Demographics of Women in the Study

Name	Age	Race	Marital Status	Legal Involvement	Main Hustle	Education	Children	CYF	Primary Drug	Prescription Pills	Methadone	Legal Work History
<i>Kayla</i>	26	Caucasian	Single	Yes	Drug Selling/Prostitution	HS Diploma	1	Yes	Heroin/Cocaine	Yes	Yes	Yes
<i>Lisa</i>	26	Caucasian	Single	Yes	Drug Selling/Prostitution	High School	2	Yes	Heroin/Crack	Yes	Yes	No
<i>Mia</i>	53	African-American	Single	Yes	Drug Selling	HS Diploma	2	No	Crack/Marijuana	No	No	Yes
<i>Nakita</i>	22	African-American	Single	Yes	Drug Selling/Prostitution	HS Diploma	2	Yes	Marijuana	No	No	Yes
<i>Nikki</i>	22	African-American	Single	Yes	Prostitution/Retail Theft	High School	3	Yes	Crack/Marijuana	No	No	No
<i>Porsche</i>	28	African-American	Single	Yes	Drug Dealing	Some College	3	No	Marijuana/Alcohol	No	No	Yes
<i>Precious</i>	34	Caucasian	Single	Yes	Drug Dealing	High School	1	Yes	Crack/Marijuana	No	No	Yes
<i>Samantha</i>	25	Caucasian	Single	Yes	Prostitution/Robbery	High School	1	Yes	Heroin/Alcohol/Crack	Yes	Yes	Yes
<i>Sasha</i>	27	African-American	Single	Yes	Boyfriend Drug Dealing	Some College	0	N/A	Marijuana/Alcohol	No	No	Yes
<i>Susie</i>	54	Caucasian	Widow	Yes	Prostitution	HS Diploma	1	Yes	Heroin/Crack	Yes	Yes	Yes
<i>Sylvia</i>	49	African-American	Single	Yes	Prostitution	Some College	2	Yes	Heroin/Crack	No	No	Yes
<i>Theresa</i>	39	Caucasian	Single	Yes	Retail Theft	High School	1	No	Cocaine/Crack	Yes	Yes	No
<i>Tia</i>	46	African-American	Married	Yes	Robbery/Theft	Some college	2	Yes	Crack/Heroin	Yes	No	Yes