# Structural Resilience and Contraceptive Self-Efficacy Among Formerly Incarcerated Women

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A thesis

submitted in partial fulfillment of the

requirements of the degree of

Masters of Public Health

University of Washington

2025

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Program Authorized to Offer Degree:

Public Health, Health Services

University of Washington

## Abstract

Structural Resilience and Contraceptive Self-Efficacy Among Formerly Incarcerated Women

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**Introduction:** Incarcerated women often have a history of physical or sexual violence, with the majority experiencing this violence before entering the criminal justice system. The trauma these women endure is treated as a criminal issue rather than a public health crisis. This study investigates the impact of structural resilience factors (housing, insurance, employment) on contraceptive self-efficacy. Understanding the relationship can inform policies to help rebuild resilience and knowledge of reproductive health.

**Methods:** This study analyzed data from the Sexual Health Empowerment ((S)HE) Women Annual Survey (2020-2021), a longitudinal study focused on improving health literacy and resources for previously incarcerated women in Kansas. Guided by Relational Cultural Theory, we examined how structural resilience factors such as housing stability, employment status, and health insurance relate to contraceptive self-efficacy. Participants (n = 229) were recruited using

respondent-driven and passive sampling methods. We tested whether resilience mediates contraceptive self-efficacy and examined the history of violence through categorical analyses and cross-tabulations.

**Results:** Employment showed a weak but statistically significant positive correlation with contraceptive self-efficacy ($r = 0.148$, $p = 0.0406$). Insurance, housing, and history of violence showed no significant associations.

**Conclusion:** Incarcerated women are a marginalized population within public health research. This study highlights the need for further research to understand the relationship between structural resilience factors and contraceptive self-efficacy. There is an urgent need for policies or programs to help incarcerated women heal and rebuild.

Acknowledgments:

First and foremost, I would like to thank Paul Fishman for your guidance, support, and encouragement, not just during my thesis but over the past two years. Your honesty and humor have been a highlight of my MPH journey. There are very few people who make themselves as accessible and supportive to students as you do. Thank you for all that you do; I hope you know what a fundamental role you played in my graduate experience.

Clarence Spigner, thank you for serving on my committee and for being a trusted advisor. From the start of orientation, you made a genuine effort to be honest and real with students, and that deeply resonated with me. In moments of uncertainty or distress, I can rely on your prompt responses, thoughtful advice, and profound depth of knowledge. Thank you for always showing up with clarity, care, and wisdom.

Megha Ramaswamy, thank you for serving as committee chair and for the opportunity to work with your data. I'm truly grateful to have engaged with such meaningful work. This project pushed me to grow as a public health professional and approach public health challenges from new angles. I admire your contributions to the field and hope to carry forward the same spirit.

Last but not least, my friends and family, thank you for believing in me even when I didn't. Without your love and support, I wouldn't be where I am today. Thank you.

## I. Introduction

Most of the women that are currently or have previously been incarcerated experience physical, emotional, or sexual violence before they interact with the criminal justice and legal systems. Approximately 60-70% of incarcerated women report physical or sexual violence during childhood, and 70-80% report experiencing intimate partner violence.[1] A study of 150 women incarcerated in New York State found that 59% had experienced childhood sexual abuse, 70% experienced physical abuse by a caretaker during childhood, 49% experienced rape as adults, and 75% experienced severe physical abuse by an intimate partner as adults.[1] Our society's choice to address the impact of this violence as a criminal justice rather than as a public health and healthcare crisis has contributed to a 585% increase in the population of women incarcerated in the US from 1980 to 2022 [2][3] with estimates of up to 45% of these women returning to jails or prisons within 5 years of their release.

Lack of stable housing, income, social support, and health care increases the risks that women will experience violence as well as the likelihood that they will interact with the criminal and legal systems. Policies and programs designed to address the lack of resources for women at risk of CLSI must be informed by how specific social support mechanisms impact previously incarcerated women's ability to gain and maintain control over their physical and mental health. To provide insight into the role that economic and social supports play in this process, an examination of the relationship between previously incarcerated women's perception of their control over their reproductive health as a function of their social, economic, and housing circumstances. The goal is to identify whether access to resources that support structural resilience increases self-efficacy regarding their health-seeking behavior to impact the cycle of violence that too often leads to incarceration.

Ensuring bodily autonomy empowers women to have greater control over every aspect of their lives, enhancing their physical and mental health, as well as their financial well-being and rebuilding their overall resilience. Following their release from incarceration, women face barriers to accessing contraception for a variety of reasons, such as a lack of access to financial resources, including the lack of health insurance, regular access to health care, and supportive partners. [2] Furthermore, women are often not in a position to negotiate the use of contraception with sexual partners, may be misinformed about their options, and may lack the information needed to make informed decisions about their reproductive health after incarceration. [3] Rebuilding resilience is vital so these women do not continue to endure physical or sexual violence.

## II. Research Setting and Methods

An examination of the relationship between access to economic and social resources and knowledge, beliefs, and self-efficacy, with a specific focus on the use of contraception among previously incarcerated women. The focus on the use of contraception as the use of effective birth control allows women to make informed decisions about their reproductive futures, reducing risks associated with unintended pregnancies and improves overall well-being.

The study builds on ongoing research that is part of the University of Kansas' Sexual Health Empowerment ((S)HE) Intervention focused on improving access to health care and social resources among previously incarcerated women.[4] Kansas' experience regarding women's increased CLSI mirrors that of the broader national one. Kansas has one all-women's prison, the Topeka Correctional Facility, and the number of incarcerated women in Kansas prisons has increased eightfold, from 96 in 1978 to 841 in 2017 [5]. Additionally, the number of women in jails in the state has increased from 44 in 1970 to 1,022 in 2015. [5] (S)HE emerged in response to the need for adequate health promotion options for the increasing population of women

cycling in and out of the criminal justice system, with the knowledge that addressing healthcare during and after incarceration is a critical step to ensure women can later rebuild their resilience and improve contraceptive self-efficacy.

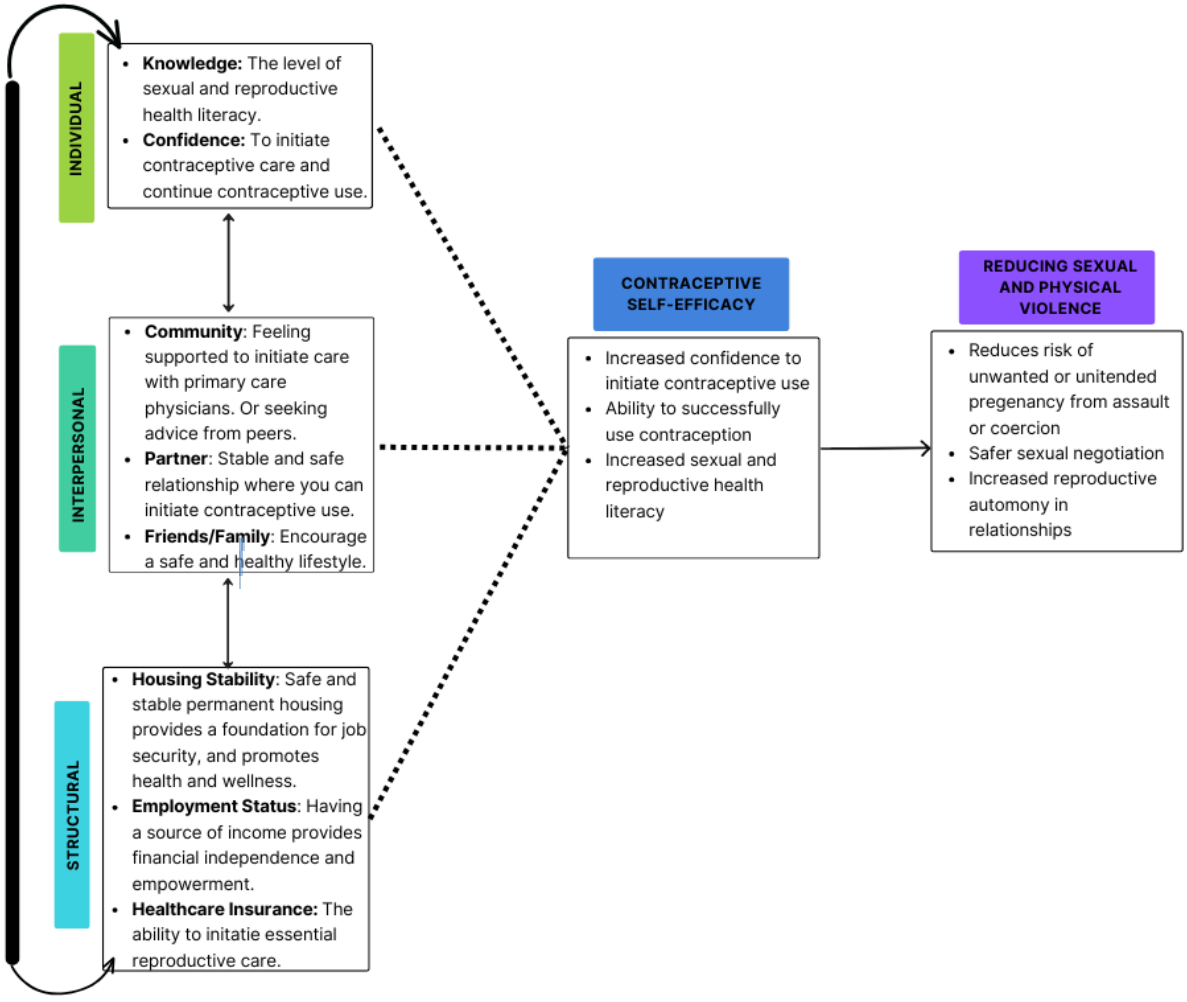
The theoretical foundation for this study is Relational Cultural Theory (RCT), which offers a framework for understanding how the compounded violence of childhood sexual abuse and incarceration disrupts a woman's ability to form and sustain meaningful relationships. [6] RCT is based on the "premise that, throughout the lifespan, human beings grow through and toward connection."[6] Supportive social connections and community resources are pivotal for women navigating life after incarceration. The lack of access to healthcare insurance not only exacerbates trauma and health disparities but seemingly prevents women from forming healthy, healing relationships. Furthermore, a lack of healthy relational skills can impact critical factors contributing to a woman's resilience, such as emotional support, sense of community, access, and trust in the healthcare system, particularly concerning sexual and contraceptive self-efficacy. Incarcerated women are a vulnerable population who would greatly benefit from "connection, not separation, it is the guiding principle of growth for women."[7]

We hypothesize that more resilient previously incarcerated women will exhibit greater awareness and facility with their use of contraception and their reproductive health. Following the RCT framework, we define the outcome of self-efficacy as "the belief that one can engage in protective health behaviors, such as negotiating condom use." [7] There are individual, interpersonal, and structural sources of resilience that can independently and jointly impact women's self-efficacy, as shown in Figure 1. In response, we hypothesize that higher contraceptive self-efficacy among incarcerated women will be associated with increased reproductive autonomy and improved ability to negotiate safer sexual practices, in the context of

ongoing sexual and physical violence. To assess the degree to which access to financial and physical support impacts self-efficacy, we focus on the structural factors of housing stability, employment status, and access to health insurance, which serve as a proxy for access to health care resources.

Figure 1

Relational Cultural Theory




We test our hypothesis using data from the baseline component of the (S)HE Women Annual Survey, collected in 2020 and 2021 in support of a longitudinal study focused on health literacy related to cervical cancer, breast cancer, birth control, and STIs. It examines knowledge,

beliefs, self-efficacy, and confidence in reproductive and sexual health among community-dwelling women aged 18 or older with CLSI. The parent study (shewomen.org) was designed to recruit women as they left Kansas City jails by delivering a web-based health literacy intervention. Recruitment in jails began as the SARS-CoV-2 pandemic emerged in March 2020, presenting recruitment challenges due to the difficulty of advertising the study in person and within jails. Respondent-driven sampling (RDS) was employed to identify participants based on referrals from the original sample. Supplemental recruitment strategies included passive recruitment on social media platforms and distribution through community contacts (e.g., transitional housing, sober living, and reentry programs) with contact information enclosed in hygiene packets. A participant from the original study recommended and posted on a group Facebook page for a carceral facility in early December 2020, which yielded around 300 women and 39 direct respondents. Participants who referred others were compensated at $10 per referral for the first five referrals, and several participants referred more than the initial five.

Participants identified through referrals or passive recruitment who met the inclusion criteria were invited to join the study after providing informed consent regarding the project's goals and potential risks to participants. Individuals who provided informed consent completed a baseline survey via their choice of either an online collection tool (RedCap) or over the phone. Of the 251 women who met the study's inclusion criteria and provided informed consent, 229 completed the survey using either of the two methods. All study materials were approved by the Institutional Review Board of the University of Kansas Medical Center with reliance agreements to partner institutions.

The (S)HE survey measures structural resilience through each woman's sources of income, housing status, and access to health insurance. Income source was identified through

self-report whether a woman was working full or part-time (including whether engaged as a sex worker), panhandling, reliance on a steady partner, family or friends, gambling, providing care for others, food stamps, Temporary Assistance for Needy Families (TANF), cash assistance, child support, supplemental security income (SSI), general assistance (GA) and recycling or scrapping materials. Housing status was identified as having one's own home or apartment, living in a hotel, shelter, in one's vehicle or on the streets, or in a rented room at someone else's place, or through family and friends, hospital, jail, or prison. Finally, the survey asked for the source of health insurance (Medicare, Medicaid, commercial or private insurance, or other public programs) for women with coverage.

To assess the history of interpersonal violence, participants are asked a series of questions about sexual and physical violence experienced before the age of sixteen. The specific items included in the survey are:

1. Before the age of 16, were you physically abused?
2. Before the age of 16, did anyone ever do any of the following things when you didn't want them to: touch the private parts of your body, make you touch their private parts, threaten or try to have sex with you, or force themselves on you?
3. Have you punched, slapped, kicked, or beaten anyone who was 18 or older?
4. Has anybody assaulted you, that is, someone punched, slapped, kicked, or beat you? This doesn't include sexual assault.
5. Has somebody used physical force or threats to make you have sex with them?
6. Did a partner physically hurt you or insult or scream at you on a regular basis (or insult or scream at you fairly often?

Contraception self-efficacy was measured in two ways: 1) a total score of 8 items of contraceptive knowledge from a short version of the Contraceptive Knowledge Assessment[8]; 2) a mean score of 6 items of self-efficacy using a 5-point Likert Scale:

1. If you were trying to prevent pregnancy that you could stop intercourse if you and your partner weren't using birth control?
2. If you were trying to prevent pregnancy that you could always use a protective barrier (such as condoms) every time you have sex?

3. If you were trying to prevent pregnancy that you could refuse to have sexual intercourse if your partner wouldn't use a condom?
4. In your knowledge about the various ways to prevent or postpone pregnancy?
5. In your ability to protect yourself against unwanted pregnancy?
6. That you could start (or continue) a birth control method now or in the future?

Both measures were derived from previous research by Melnick and colleagues regarding beliefs about contraceptive acquisition and utilization.[9]

Using the (S)HE data, we test the following hypotheses:

1. Does resilience mediate contraceptive self-efficacy?
2. Does the history of violence in childhood relate to contraceptive self-efficacy?

We examined the pairwise relationships between each measure of structural resilience and self-reported contraceptive self-efficacy. To examine the data more closely, the original bivariate variables were recoded into categorical variables, allowing cross-tabulation to visualize the relationship between structural resilience factors and confidence levels.

**V. Analysis and Results**

Description of the Sample

The mean age of the women was 42.5 ± 6.39, and the majority of the participants were White (71%), followed by Black (8%) and Latina (8%) participants. Of the participants, 76% held a high school diploma or higher, and 13% had less education. Of the 39% of participants who had a steady income, 83 participants had a full-time job, and 16 had a part-time job. 29% of the participants did not have a steady income, and 24% received income from other sources. 54% of the participants had insurance. A total of 95 participants were on Medicaid, and 11 were on Medicare. 43% of the participants reported having no insurance. 43% of participants reported living in their own home, hotel, or apartment, and 45% of participants had other living arrangements, with 11% missing data. 47% of participants reported being physically abused

before the age of 16, and 39% reported they were not abused before the age of 16. Participants were asked if, before the age of 16, anyone threatened or sexually forced themselves on them, and 51% reported yes, 35% no, and 12% missing.

Table 1

**Table 1.** Description of the She Women Survey Participants

| | **Total (n=229), (%)** |
|---|---|
| **Age** | 42.5 ± 6.39 |
| **Race** | |
| White | 181 (71%) |
| Black | 20 (8%) |
| Latina | 21 (8%) |
| American Indian or Alaska Native | 7(3%) |
| **Education** | |
| Less than high school | 33 (13%) |
| High school or more | 193 (76%) |
| Missing/ Prefer not to answer | 29 (11%) |
| **Steady Income** | |
| Yes | 99 (39%) |
| Full-time job | 83 |
| Part-time job | 16 |
| No | 73 (29%) |
| Other | 62(24%) |
| Child Support | 5 |
| Food Stamps | 56 |
| Hustling | 15 |
| Temporary/Odd jobs | 16 |
| TANF or cash assistance | 6 |
| Relatives/ Steady partner | 32 |
| Missing | 21 (8%) |
| **Insurance** | |
| Yes | 138 (54%) |
| Medicaid | 95 |
| Medicare | 11 |

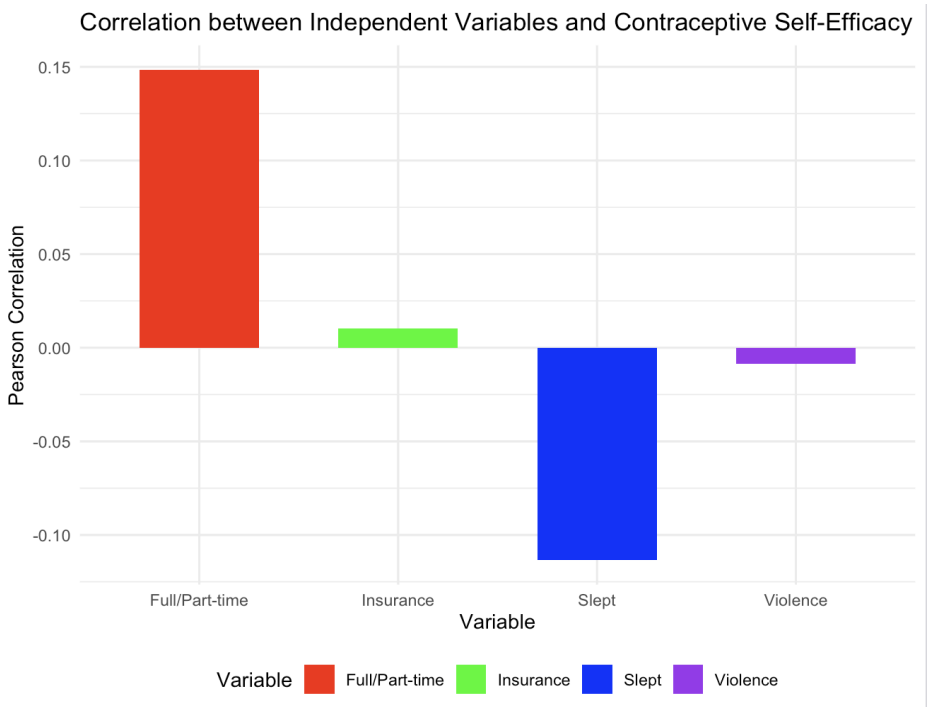
| | |
|---|---|
| Private/ Other/ VA | 32 |
| No<br>Missing | 110 (43%)<br>32 (13%) |
| **Place lived or slept** | |
| In your own house/ apartment/hotel | 110 (43%) |
| All other living situations<br>Missing | 116 (45%)<br>29 (11%) |
| **Physically abused before the age of 16** | |
| Yes | 119 (47%) |
| No<br>Missing | 100 (39%)<br>36 (14%) |
| **Before the age 16, did anyone ever do any of the following things when you didn't want them to: touch the private parts of your body, make you touch their private parts, threaten or try to have sex with you, or sexually force themselves on you?** | |
| Yes | 130 (51%) |
| No<br>Missing | 88 (35%)<br>31(12%) |
| **Has anybody assaulted you, that is, someone punched, slapped, kicked, or beat you? This doesn't include sexual assault.** | |
| Yes | 86 (34%) |
| No<br>Missing | 136 (53%)<br>31 (12%) |
| **Has somebody used physical force or threats to make you have sex with them?** | |
| Yes | 47 (18%) |
| No<br>Missing | 175 (69%)<br>31 (12%) |

| **Did a partner physically hurt you or insult or scream at you on a regular basis (or insult or scream at you fairly often)?** | |
|---|---|
| Yes | 94 (37%) |
| No<br>Missing | 127 (50%)<br>31 (12%) |

*Pearson R*

Due to the high percentage of missing data, we used "pairwise.complete.obs" to obtain a larger sample size, which allowed the calculation of the correlations between each pair of variables where both values exist. Using the Pearson R correlation, we measured the level of strength between each variable. The results provide an overview of each variable.

Figure 2




A Pearson correlation analysis was conducted to examine the relationship between insurance coverage and contraceptive self-efficacy. The correlation coefficient was r = 0.0102,

indicating no meaningful relationship between the variables. The p-value was 0.8879, suggesting that this correlation is not statistically significant. A scatter plot (Appendix B) illustrates this lack of association. Similarly, an analysis of housing stability and contraceptive self-efficacy revealed a weak negative correlation ($r = -0.113$, $p = 0.1212$), suggesting that unstable living conditions may be associated with lower self-efficacy; however, this relationship lacks statistical significance. In contrast, employment status showed a weak but significant positive correlation with self-efficacy ($r = 0.148$, $p = 0.0406$), suggesting that individuals working full-time or part-time may have slightly higher contraceptive self-efficacy. Finally, interpersonal violence showed no meaningful relationship with self-efficacy ($r=-0.008$, $p=0.9056$), indicating the experience of violence does not appear to impact contraceptive decision-making significantly. Scatter plots illustrate these relationships in Appendices B through E, with correlation coefficients and p-values provided in Appendix F.

Descriptive statistics were also calculated for confidence question one: if you were trying to prevent pregnancy, you could stop intercourse if you and your partner weren't using birth control. The descriptive statistics showed that 49.5% of people who had full/part-time jobs were confident in their ability to prevent pregnancy by stopping intercourse if they were not using birth control. Those who had side jobs ranging from hustling, sex work, and panhandling were only 21.1% confident. Whereas people who were in jail or prison, in shelters, or unhoused were 45.45% confident in their ability, which is 2.86% higher than those who lived in a rented room or at a family or friend's place. Among those receiving Medicaid or Medicare, 42.06% were confident, and those receiving private insurance were two percentage points more confident.

For confidence question two, if you were trying to prevent pregnancy, you could always use a protective barrier every time you have sex. The descriptive statistics showed that those who

received state benefits such as food stamps, cash assistance, SSI, and TANF were 46.67% confident that they could always use a protective barrier during sex. Those who had full-time or part-time jobs were 10% more confident. Those who rented a room or stayed with family and friends were 28.57% confident, which is only 2% more confident than those living in permanent housing, apartments, shelters, jails, prisons, or being unhoused. Respondents receiving private insurance were 55.56% confident, whereas those on Medicare/Medicaid were only 47.14% confident. All tables showing percent distributions can be found in Appendix G.

## VI. Discussion

The results of structural resilience factors and history of violence affecting contraceptive self-efficacy found one statistically significant relationship between employment status and contraceptive self-efficacy. All other calculations were not statistically significant. The results of our study add to the gap in the literature, but further research is needed to expand on these relationships.

Those who were employed showed higher contraceptive self-efficacy. This could be due to a variety of reasons, such as women who had financial independence/security had increased contraceptive self-efficacy. Or we could assume that women who worked had supportive social connections and improved community resources to empower and help them rebuild their resilience to make informed decisions regarding their reproductive health. To fully understand the relationship between employment status and contraceptive self-efficacy, further research is needed.

### *Limitations*

Given the limitations of this study, including its small sample size and measurement constraints, these relationships warrant additional research. Another key limitation of this study

was the lack of a standardized resilience scale; the selected variables may not accurately represent resilience for this population. Future research should incorporate a standardized resilience scale to provide a more comprehensive assessment of how resilience influences contraceptive self-efficacy. Despite these limitations, this study contributes to the limited but growing body of literature on resilience and reproductive health among incarcerated women by highlighting the potential role of structural resilience factors in shaping contraceptive self-efficacy. By addressing variables such as housing, employment, and insurance, we are setting up the groundwork for future studies to address the ongoing cycle of violence experienced by incarcerated women. Future research should prioritize larger, more diverse samples and standardized scales of resilience, as it will be critical in exploring these relationships and informing interventions to support contraceptive decision-making among populations experiencing ongoing violence.

*Implications on policy and practice*

This study highlights the ongoing cycle of violence that many women endure before and after incarceration. Structural resilience factors contribute to difficulties this vulnerable population faces: lack of housing, insurance, and employment. This is a public health issue rooted in social inequities and systemic neglect.

At the state/federal level, policies on trauma-informed reproductive health services should be enforced. Allowing for a full range of contraceptive options, counseling, and education on contraceptive self-efficacy and reproductive health.

At the institutional or prison level, reproductive health care should be required and continued post-release, and programs designed to rebuild resilience should be provided. This can improve contraceptive self-efficacy and empower women to make informed decisions.

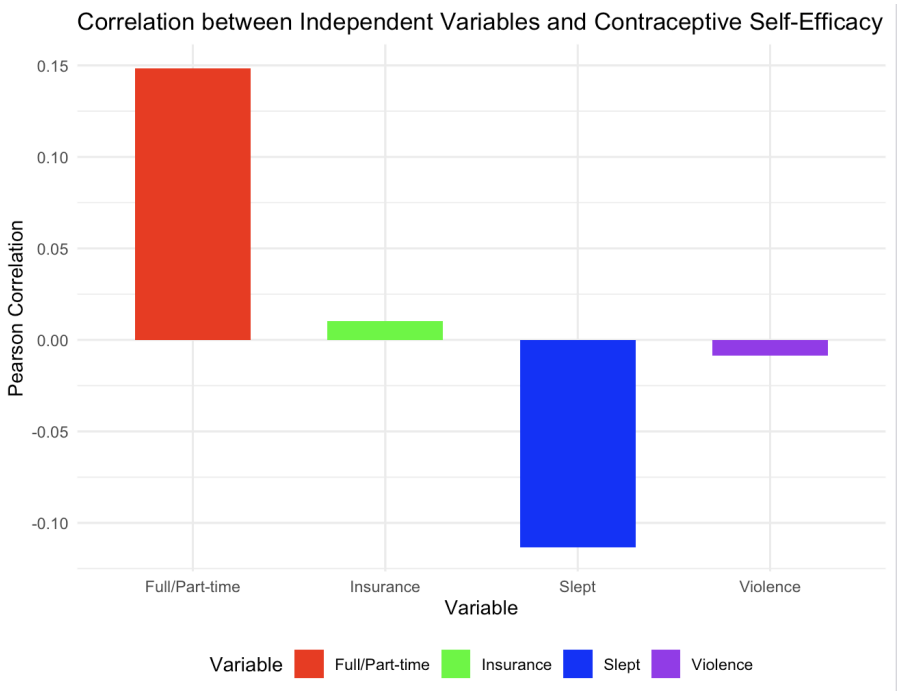
This study highlights the urgent need for public health interventions among incarcerated women.

## VI. Conclusion

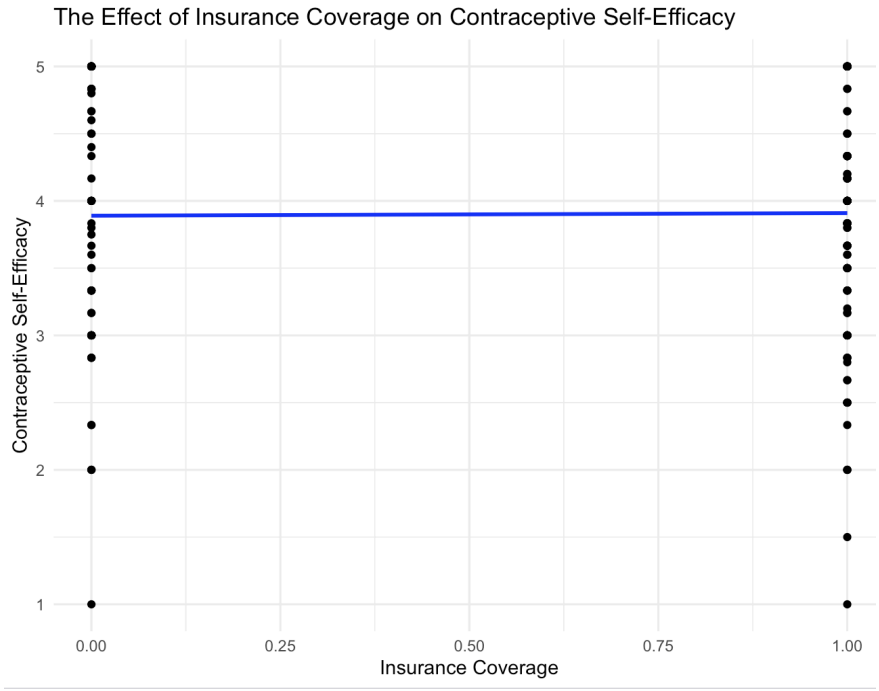
Incarcerated women are a marginalized population within public health research. The cycle of violence these women endure underscores the urgent need for trauma-informed interventions. This study highlights the potential role of structural resilience factors in contraceptive self-efficacy. By exploring these relationships, we contribute to a deeper understanding of structural resilience factors that empower reproductive decision-making. Future efforts must focus on the lived experiences of incarcerated women, starting from the violence they experience at a young age. By filling the gap in the literature, we can enhance the health outcomes of incarcerated women.

## Appendix

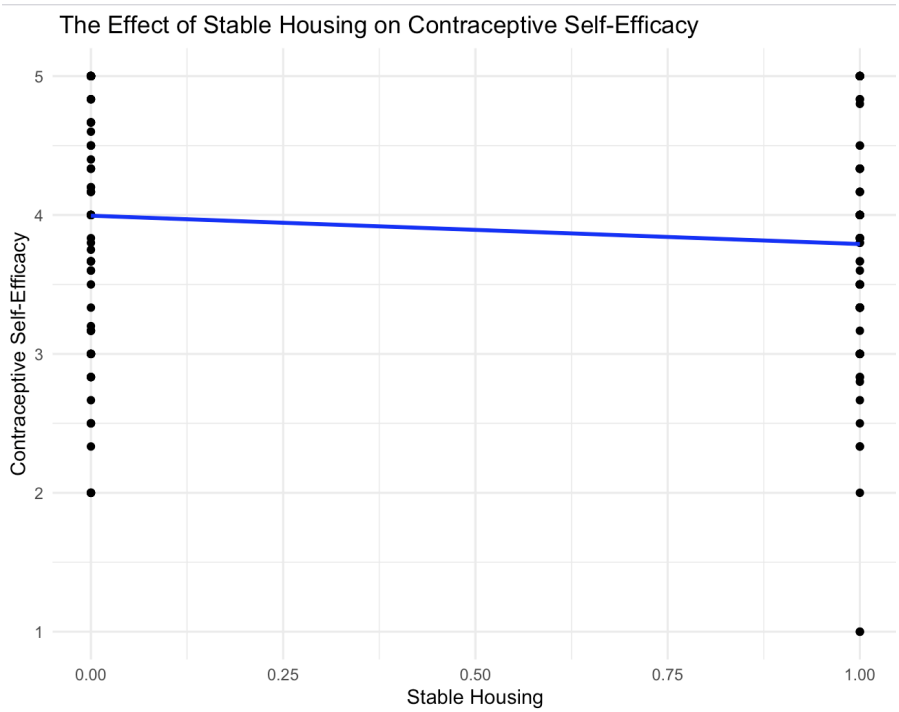
*A.*


Correlation between Independent Variables and Contraceptive Self-Efficacy
Pearson Correlation
0.15
0.10
0.05
0.00
-0.05
-0.10
Full/Part-time
Insurance
Slept
Violence
Variable
Variable
Full/Part-time
Insurance
Slept
Violence

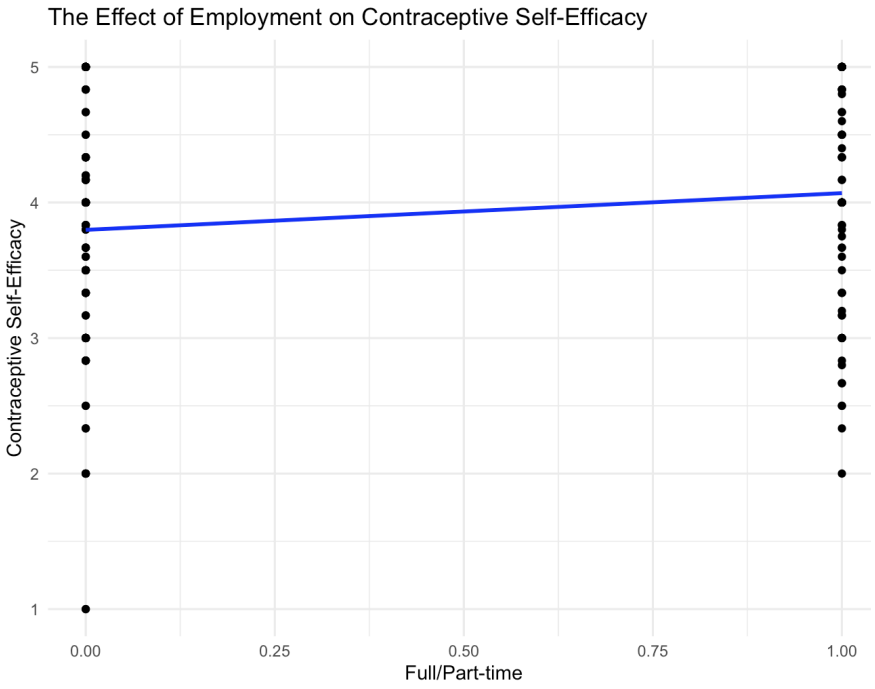
*B.*


The Effect of Insurance Coverage on Contraceptive Self-Efficacy
Contraceptive Self-Efficacy
5
4
3
2
1
0.00
0.25
0.50
0.75
1.00
Insurance Coverage

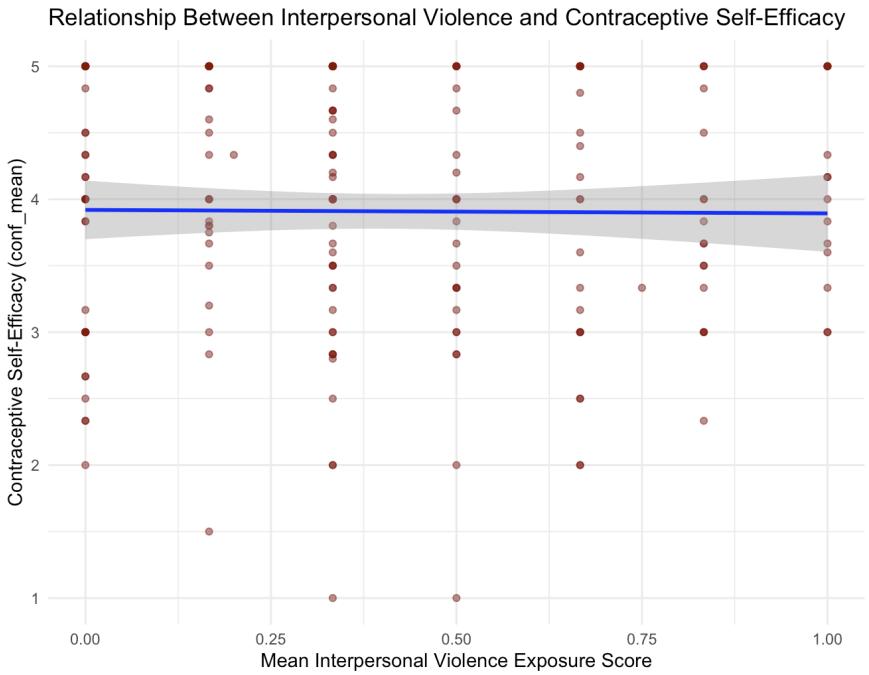
*C.*


The Effect of Stable Housing on Contraceptive Self-Efficacy
Contraceptive Self-Efficacy
5
4
3
2
1
0.00
0.25
0.50
0.75
1.00
Stable Housing

*D.*


The Effect of Employment on Contraceptive Self-Efficacy
Contraceptive Self-Efficacy
5
4
3
2
1
0.00
0.25
0.50
0.75
1.00
Full/Part-time

*E.*


Relationship Between Interpersonal Violence and Contraceptive Self-Efficacy
Contraceptive Self-Efficacy (conf_mean)
5
4
3
2
1
0.00
0.25
0.50
0.75
1.00
Mean Interpersonal Violence Exposure Score

*Appendix F.*

| **Variable** | **Correlation** | **P-value** |
|---|---|---|
| Employment Status | 0.148 | 0.04 |
| Insurance | 0.01 | 0.89 |
| Housing Stability | -0.11 | 0.12 |
| Interpersonal Violence | -0.01 | 0.91 |

## Appendix G.

*Confidence 1: If you were trying to prevent pregnancy, could you stop intercourse if you and your partner weren't using birth control?*

| ***Employment*** | ***Not Confident*** | ***Neutral*** | ***Confident*** | ***Missing/ Don't Know*** |
|---|---|---|---|---|
| ***State Benefits*** | *15.6%* | *20.0%* | *40.0%* | *24.4%* |
| ***Full/Part-time job*** | *17.5%* | *10.7%* | *49.5%* | *22.3%* |
| ***Side jobs*** | *42.1%* | *10.5%* | *21.1%* | *26.3%* |
| ***Friends and Family*** | *32.3%* | *16.1%* | *25.8%* | *25.8%* |
| ***Sleep Location*** | ***Not Confident*** | ***Neutral*** | ***Confident*** | ***Missing/ Don't Know*** |
| ***Permanent housing, apartment, or hotel*** | *22.39%* | *14.18%* | *38.06%* | *25.37%* |
| ***Rented room or family and friends place*** | *16.67%* | *12.96%* | *42.59%* | *27.78%* |
| ***Jail or Prison, Shelter, Unhoused*** | *15.15%* | *9.09%* | *45.45%* | *30.30%* |
| ***Missing/ Prefer not to answer*** | *2.94%* | *0.00%* | *14.71%* | *79.41%* |
| ***Insurance*** | ***Not Confident*** | ***Neutral*** | ***Confident*** | ***Missing/ Don't Know*** |
| ***Medicaid/Medicare*** | *19.63%* | *11.21%* | *42.06%* | *27.10%* |
| ***No health insurance*** | *19.23%* | *15.38%* | *41.03%* | *24.36%* |
| ***Private Insurance*** | *16.67%* | *5.56%* | *44.44%* | *33.33%* |
| ***Missing/Prefer not to answer*** | *3.13%* | *3.13%* | *9.38%* | *84.38%* |

*Confidence 2: If you are trying to prevent pregnancy, you could always use a protective barrier (such as condoms every time you have sex)*

| ***Employment*** | ***Not Confident*** | ***Neutral*** | ***Confident*** | ***Missing/ Don't Know*** |
|---|---|---|---|---|
| ***State Benefits*** | *17.78%* | *15.56%* | *46.67%* | *20.00%* |
| ***Full/Part-time job*** | *17.48%* | *12.62%* | *56.31%* | *13.59%* |
| ***Side jobs*** | *31.58%* | *21.05%* | *26.32%* | *21.05%* |
| ***Friends and Family*** | *29.03%* | *0.00%* | *25.81%* | *45.16%* |
| ***Sleep Location*** | ***Not Confident*** | ***Neutral*** | ***Confident*** | ***Missing/ Don't Know*** |
| ***Permanent housing, apartment, or hotel*** | *25.93%* | *22.22%* | *26.85%* | *25.00%* |
| ***Rented room or family and friends place*** | *28.57%* | *17.86%* | *28.57%* | *25.00%* |
| ***Jail or Prison, Shelter, Unhoused*** | *21.74%* | *17.39%* | *26.09%* | *34.78%* |
| ***Missing/ Prefer not to answer*** | *3.45%* | *3.45%* | *3.45%* | *89.66%* |
| ***Insurance*** | ***Not Confident*** | ***Neutral*** | ***Confident*** | ***Missing/ Don't Know*** |
| ***Medicaid/Medicare*** | *17.92%* | *15.09%* | *47.17%* | *19.81%* |
| ***No health insurance*** | *17.95%* | *15.38%* | *50.00%* | *16.67%* |
| ***Private Insurance*** | *11.11%* | *11.11%* | *55.56%* | *22.22%* |
| ***Missing/Prefer not to answer*** | *3.13%* | *3.13%* | *12.50%* | *81.25%* |

*Confidence 3: If you were trying to prevent pregnancy, you could refuse to have sexual intercourse if your partner wouldn't use a condom.*

| ***Employment*** | ***Not Confident*** | ***Neutral*** | ***Confident*** | ***Missing/ Don't Know*** |
|---|---|---|---|---|
| ***State Benefits*** | *17.78%* | *17.78%* | *46.67%* | *17.78%* |
| ***Full/Part-time job*** | *18.45%* | *8.74%* | *57.28%* | *15.53%* |
| ***Side jobs*** | *16.67%* | *22.22%* | *38.89%* | *22.22%* |
| ***Friends and Family*** | *25.81%* | *12.90%* | *48.39%* | *12.90%* |
| ***Sleep Location*** | ***Not Confident*** | ***Neutral*** | ***Confident*** | ***Missing/ Don't Know*** |
| ***Permanent housing, apartment, or hotel*** | *18.66%* | *15.67%* | *44.78%* | *20.90%* |
| ***Rented room or family and friends place*** | *18.52%* | *7.41%* | *61.11%* | *12.96%* |
| ***Jail or Prison, Shelter, Unhoused*** | *15.15%* | *6.06%* | *57.58%* | *21.21%* |
| ***Missing/ Prefer not to answer*** | *3.39%* | *0.00%* | *11.86%* | *84.75%* |
| ***Insurance*** | ***Not Confident*** | ***Neutral*** | ***Confident*** | ***Missing/ Don't Know*** |
| ***Medicaid/Medicare*** | *16.82%* | *12.15%* | *53.27%* | *17.76%* |
| ***No health insurance*** | *21.79%* | *11.54%* | *51.28%* | *15.38%* |
| ***Private Insurance*** | *16.67%* | *5.56%* | *50.00%* | *27.78%* |
| ***Missing/Prefer not to answer*** | *3.13%* | *0.00%* | *15.63%* | *81.25%* |

*Confidence 4: In your knowledge about the various ways to prevent or postpone pregnancy?*

| ***Employment*** | ***Not Confident*** | ***Neutral*** | ***Confident*** | ***Missing/ Don't Know*** |
|---|---|---|---|---|
| ***State Benefits*** | *6.67%* | *15.56%* | *53.33%* | *24.44%* |
| ***Full/Part-time job*** | *3.88%* | *11.65%* | *66.02%* | *18.45%* |
| ***Side jobs*** | *5.26%* | *26.32%* | *47.37%* | *21.05%* |
| ***Friends and Family*** | *0.00%* | *22.58%* | *51.61%* | *25.81%* |
| ***Sleep Location*** | ***Not Confident*** | ***Neutral*** | ***Confident*** | ***Missing/ Don't Know*** |
| ***Permanent housing, apartment, or hotel*** | *7.34%* | *22.02%* | *41.28%* | *29.36%* |
| ***Rented room or family and friends place*** | *0.00%* | *13.89%* | *63.89%* | *22.22%* |
| ***Jail or Prison, Shelter, Unhoused*** | *0.00%* | *17.86%* | *39.29%* | *42.86%* |
| ***Missing/ Prefer not to answer*** | *0.00%* | *0.00%* | *18.18%* | *81.82%* |
| ***Insurance*** | ***Not Confident*** | ***Neutral*** | ***Confident*** | ***Missing/ Don't Know*** |
| ***Medicaid/Medicare*** | *1.87%* | *15.89%* | *61.68%* | *20.56%* |
| ***No health insurance*** | *5.13%* | *16.67%* | *55.13%* | *23.08%* |
| ***Private Insurance*** | *11.11%* | *0.00%* | *55.56%* | *33.33%* |
| ***Missing/Prefer not to answer*** | *0.00%* | *0.00%* | *18.75%* | *81.25%* |

*Confidence 5: In your ability to protect yourself against unwanted pregnancy?*

| ***Employment*** | ***Not Confident*** | ***Neutral*** | ***Confident*** | ***Missing/ Don't Know*** |
|---|---|---|---|---|
| ***State Benefits*** | *4.44%* | *13.33%* | *60.00%* | *22.22%* |
| ***Full/Part-time job*** | *1.94%* | *10.68%* | *74.76%* | *12.62%* |
| ***Side jobs*** | *5.26%* | *21.05%* | *47.37%* | *26.32%* |
| ***Friends and Family*** | *6.45%* | *12.90%* | *67.74%* | *12.90%* |
| ***Sleep Location*** | ***Not Confident*** | ***Neutral*** | ***Confident*** | ***Missing/ Don't Know*** |
| ***Permanent housing, apartment, or hotel*** | *2.24%* | *13.43%* | *62.69%* | *21.64%* |
| ***Rented room or family and friends place*** | *5.56%* | *11.11%* | *74.07%* | *9.26%* |
| ***Jail or Prison, Shelter, Unhoused*** | *6.67%* | *6.67%* | *63.33%* | *23.33%* |
| ***Missing/ Prefer not to answer*** | *2.94%* | *2.94%* | *20.59%* | *73.53%* |
| ***Insurance*** | ***Not Confident*** | ***Neutral*** | ***Confident*** | ***Missing/ Don't Know*** |
| ***Medicaid/Medicare*** | *2.80%* | *10.28%* | *67.29%* | *19.63%* |
| ***No health insurance*** | *6.41%* | *14.10%* | *67.95%* | *11.54%* |
| ***Private Insurance*** | *5.56%* | *11.11%* | *55.56%* | *27.78%* |
| ***Missing/Prefer not to answer*** | *0.00%* | *0.00%* | *18.75%* | *81.25%* |

*Confidence 6: That you could start (or continue) a birth control method now or in the future?*

| ***Employment*** | ***Not Confident*** | ***Neutral*** | ***Confident*** | ***Missing/ Don't Know*** |
|---|---|---|---|---|
| ***State Benefits*** | *6.67%* | *20.00%* | *53.33%* | *20.00%* |
| ***Full/Part-time job*** | *2.91%* | *8.74%* | *72.82%* | *15.53%* |
| ***Side jobs*** | *10.53%* | *15.79%* | *52.63%* | *21.05%* |
| ***Friends and Family*** | *0.00%* | *24.24%* | *63.64%* | *12.12%* |
| ***Sleep Location*** | ***Not Confident*** | ***Neutral*** | ***Confident*** | ***Missing/ Don't Know*** |
| ***Permanent housing, apartment, or hotel*** | *4.48%* | *12.69%* | *61.19%* | *21.64%* |
| ***Rented room or family and friends place*** | *1.85%* | *14.81%* | *68.52%* | *14.81%* |
| ***Jail or Prison, Shelter, Unhoused*** | *3.03%* | *9.09%* | *63.64%* | *24.24%* |
| ***Missing/ Prefer not to answer*** | *2.94%* | *0.00%* | *20.59%* | *76.47%* |
| ***Insurance*** | ***Not Confident*** | ***Neutral*** | ***Confident*** | ***Missing/ Don't Know*** |
| ***Medicaid/Medicare*** | *5.61%* | *11.21%* | *63.55%* | *19.63%* |
| ***No health insurance*** | *2.56%* | *14.10%* | *66.67%* | *16.67%* |
| ***Private Insurance*** | *0.00%* | *16.67%* | *55.56%* | *27.78%* |
| ***Missing/Prefer not to answer*** | *0.00%* | *0.00%* | *18.75%* | *81.25%* |

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