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Characteristics associated with a history of physical and sexual abuse in a community corrections sample

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Abstract

Background—Most predictors of future criminal justice involvement are gender neutral. However, recent research has stressed the importance of physical and sexual abuse as a precursor of incarceration for women.

Purpose—The aim of the present study was to assess the influence of a history of physical and sexual abuse on mental health, substance use, and criminal justice history for men and women under community corrections supervision.

Methods—A sample of 613 (203 women and 410 men) participants completed structured clinical interviews and questionnaires assessing demographics, mental health and abuse history (physical vs sexual), substance use, and criminal justice involvement.

Results—Results of multivariate analyses indicated that for men physical abuse was linked to White race, a higher number of arrests, history of a person offense, family problems, and suicidality; while sexual abuse was linked to White race, family problems, suicidality, and Antisocial Personality Disorder. For women, physical abuse was only associated with meeting criteria for an anxiety or depressive disorder; while sexual abuse was linked to reporting a history of a substance offense, meeting criteria for an anxiety or depressive disorder, and increased suicidality. Substance use was not associated with any form of abuse in either gender.

Conclusions—In general, abuse was associated with worse mental health and more severe criminal justice involvement. Women reported much greater rates of abuse and our results provide some support for the idea that a history of abuse may be an important precursor to criminal justice involvement for individuals under community corrections supervision.

Keywords

women; criminal justice; community corrections; drug use; drug abuse

Introduction

The negative consequences of physical and sexual abuse are well documented. Both have been linked to higher rates of anxiety and mood disorders (McCauley et al., 1997; Pérez-Fuentes et al., 2013), higher rates of substance use (Dube, Anda, Felitti, Edwards, & Croft, 2002; Kendler et al., 2000), and increased suicidality (Dube et al., 2005; Hakansson, Bradvik, Schlyter, & Berglund, 2010; Pérez-Fuentes et al., 2013). These findings have mostly been shown to generalize to incarcerated populations (Messina & Grella, 2006; Tripodi & Pettus-Davis, 2013). Estimates of the prevalence of abuse among members of the criminal justice system show a high degree of variability and are contingent on several factors such as victim gender, type of abuse (e.g., childhood sexual abuse, domestic violence, childhood physical abuse), level of incarceration (i.e., prison, jail, community corrections), and crime type. Rates for any kind of abuse range from 16% - 68% for men (Harlow, 1999; Weeks & Widom, 1998) and 57% - 72% for women (Blackburn, Mullings, & Marquart, 2008; Harlow, 1999; McDaniels-Wilson, & Belknap, 2008). Much of the work examining the effects of abuse on members of the criminal justice population has not focused on the mental health characteristics of the abused, but instead examined the link between specific types of abuse and future criminal offending, such as the link between a history of childhood sexual abuse and sexual offending as an adult (Connolly & Woollons, 2008; Dhawan & Marshall, 1996; Jespersen, Lalumière, & Seto, 2009) or the link between a history of childhood physical abuse and physical violence as an adult (Dutton & Hart, 1992). Most of the studies exploring the links between abuse and mental health characteristics have focused on women (DeHart, 2008; Messina & Grella, 2006), and virtually all studies have examined either jail (e.g., Johnson et al., 2006) or prison populations (Altintas & Bilici, 2018; Brewer-Smyth, Burgess, & Shults, 2004; McDaniels-Wilson, & Belknap, 2008; Messina, Grella, Burdon, & Prendergast, 2007), while individuals under community corrections have largely been ignored. This is unfortunate as 69% of individuals in the correctional system are supervised under community corrections (Bureau of Justice Statistics, 2018). The purpose of this study was to examine the characteristics associated with a self-reported history of abuse in both men and women under community corrections supervision.

As mentioned, the majority of research on abuse in correctional populations has focused on women (e.g., DeHart, 2008; Salisbury & Van Voorhis, 2009; Trauffer & Widom, 2017), which is pertinent due to the high rates of self-reported abuse (Blackburn et al., 2008; Harlow, 1999; McDaniels-Wilson, & Belknap, 2008). This has led several researchers to propose that a history of abuse may serve as a pathway to incarceration for women. They have argued that women are often incarcerated for reasons which are a direct or indirect result of abuse such as: retaliation towards the abuser, being forced into crime because of the victimization, development of mental illness, and self-medication through substance use (Byrne & Trew, 2008; DeHart, 2008; Jones, Brown, Wanamaker, & Greiner, 2014; Salisbury & Van Voorhis, 2009). Compared to the general population, females in the criminal justice system not only have higher rates of abuse, but the abuse tends to be more severe (Asberg & Renk, 2012), and occur at a younger age (Raj et al., 2008). Repeat abuse may also be more common as women under supervision who report being abused by their parents are also

most likely to report being abused by their boyfriend/spouse (Bond & Semaan, 1996) and this repeat abuse is linked to more severe criminal behavior in women (Karatzias et al., 2018). Theories investigating the pathways to incarceration for men have typically focused less on abuse and have not identified abuse as a specific pathway leading to criminal involvement for men (Andrews & Bonta, 2010; Grieger & Hosser, 2014). This does not mean that abuse does not play a role in criminal justice involvement for men, at least three empirical studies (one of which utilized a nationally representative sample) have shown increased arrest and incarceration rates among men reporting a history of childhood abuse (Curtis, Leung, Sullivan, Eschbach, & Stinson, 2001; Ireland & Widom, 1994; Widom, 1995).

It is likely that both male and female victims of abuse in the criminal justice system have more severe psychopathology than their non-abused peers. Abuse of all types has been linked to higher rates of mental illness, externalizing behaviors, substance use, aggression, relationship difficulties, and suicidality among jail and prison populations (Altintas & Bilici, 2018; Gunter, Chibnall, Antoniak, McCormick, & Black, 2012; Caravaca Sánchez, Ignatyev, & Mundt, 2018; Wolff & Shi, 2012); however, virtually all research on the effects of abuse on incarcerated populations has focused on prison and jail populations, only three studies have utilized a community corrections sample. The first found a link between sexual abuse and substance use for women but not men (Clark et al., 2012), the second found no relationship between substance use and childhood abuse (Winham et al., 2015), while the third did not examine substance use but found a relationship between childhood abuse and adult mental illness (Kim, Park, & Kim, 2016). The lack of a consistent link between substance use and childhood/sexual abuse is surprising because this association tends to be a stable finding in both criminal justice and clinical populations. We compared baseline data indicating abuse history (physical vs sexual) substance use, mental health characteristics, and criminal justice history from a clinical trial examining 203 women and 410 men under community corrections.

Method

Participants

The total sample ($N = 613$) of the study consisted of 398 (64.92%) African Americans, and 215 (35.08%) White (self-identified as non-Latino or non-Hispanic ethnicity) individuals. Women comprised 33.1% of the sample. The average age was 37.0 years ($SD = 11.04$ years). All of the individuals were under community corrections supervision. Subjects were recruited for the study via flyers placed in the community corrections office where the study took place. The advertisements recruited individuals under community corrections supervision who were over 18-years-old, daily smokers and were interested in taking a medication and brief counseling to help quit. This is a secondary analysis of data taken from the initial baseline session of a randomized clinical trial (R01CA14166305; PI: Cropsey), for a full description of the sample see Cropsey and colleagues (2015). The original study was designed to test the effectiveness of Bupropion and counseling to aid in smoking cessation. Of the original 689 who underwent the baseline assessment of the study, only 613 had complete data on the variables we were interested in for the current study. Because only

baseline data was used in the current analyses it is not expected that assignment to the treatment conditions had any impact on our results.

Procedure

All data for this study were collected from the baseline assessment of a clinical trial. The assessment consisted of two structured clinical interviews, the Mini International Neuropsychiatric Interview (MINI; Sheehan et al., 1997, 1998) and the Addiction Severity Index (ASI; McLellan et al., 1985), as well as several questionnaires that assessed demographics, addiction history, smoking characteristics, and mental and physical health. The interviews were conducted face to face by either a postdoctoral fellow or research assistant. The entire assessment was conducted in a separate suite of research offices located on site at the community corrections offices. The research offices were completely separated from rest of the facility and caseworkers did not have access to this area. Many of our participants did not have transportation and relied on hitching rides and the public bussing system to make their appointments so being located on site was a practical necessity. The participants also underwent a separate medical examination conducted by a physician and completed a urine drug assay. Only the interview data and demographic information was included in the current study. The assessment lasted approximately 1.5-2 hours.

Measures

The Mini International Neuropsychiatric Interview (MINI; Sheehan et al., 1997, 1998) is a structured clinical interview designed to diagnose mental illness by asking questions that map onto criteria from the Diagnostic and Statistical Manual of Mental Disorders, Text Revision (DSM-IV-TR; American Psychiatric Association, 2000). The MINI is a widely used instrument and several studies have demonstrated its validity and reliability (Black, Arndt, Hale, & Rogerson, 2004; Friedman et al., 2005; Haringsma, Engels, Beekman, & Spinhoven, 2004; Hides et al., 2007). The MINI was also used to determine the variables Anxiety or Depressive Disorder, Substance use, as well as the variable Antisocial Personality Disorder. Anxiety or Depressive Disorder was a composite variable made up of anyone who met diagnostic criteria for an anxiety (i.e., Posttraumatic Stress Disorder, Obsessive Compulsive Disorder, Generalized Anxiety Disorder, Panic Disorder, and Social Phobia) or a depressive disorder (i.e., Major Depressive Disorder and Dysthymia). Antisocial Personality Disorder indicated if the individual met diagnostic criteria for Antisocial Personality Disorder. And Substance Use indicated if the individual met criteria for Substance Abuse or Substance Dependence.

The Addiction Severity Index (ASI; McLellan et al., 1985) is a structured clinical interview which was developed to assess substance use (i.e., alcohol and drug abuse) and psychosocial factors commonly linked to substance use (medical problems, employment/support, family/social, criminal justice involvement, and mental illness; McLellan et al., 1992). The response format varies depending on the question, ranging from yes/no, to free response, to Likert-type scales. The ASI can be completed in 20 to 30 minutes, it is a widely used instrument with well-established validity and reliability (Leonhard et al., 2000; McLellan et al., 1985). We were primarily interested in the ASI as an assessment tool for criminal justice history. History of a Violent Offense was a variable indicating if a participant had ever been charged

with robbery, assault, rape, homicide, or manslaughter. History of a Substance Offence indicated if a participant had ever been charged with possession, driving under the influence, or public intoxication. Number of Arrests was the number of times that a participant had been arrested in their lifetime. The variable Family Dysfunction represented the participants' answer to the question: "In the past 30 days have you had serious conflicts with your family?" While the variables of Sexual Abuse and Physical Abuse represented answers to the questions: "Has anyone ever sexually abused you in your life time?" and "Has anyone ever physically abused you in your life time?"

Analyses

Univariate associations (i.e., ANOVA for continuous variables and chi-square for categorical variables) were calculated to determine eligibility for multivariate comparison. In order to determine if a different pattern of relationships between criminal justice involvement and abuse was observable for men compared to women, significant univariate predictors of abuse were loaded into separate logistic regression analyses (one for male participants and one for female participants). We were also interested in seeing if type of abuse (i.e., physical versus sexual) had a different impact on men than it did on women. Therefore, separate regressions were run to predict sexual abuse and physical abuse.

Results

Of the male participants 44 (10.7%) reported a history of Physical Abuse, while 30 (7.3%) reported a history of Sexual Abuse. Of the female participants 102 (50.2%) reported a history of Physical Abuse while 84 (41.4%) reported a history of Sexual Abuse. For univariate differences between participants reporting a history of Physical and Sexual Abuse and those who did not, see Table 1 for men and Table 2 for women. Men reporting a history of Physical Abuse were more likely to be White, have a higher number of arrests, report problems with their family in the past month, report a history of a person offense, meet criteria for an anxiety or depressive disorder, have a higher rating on the suicide scale of the MINI, and meet criteria for Antisocial Personality Disorder. There were no differences for education or the other offense categories or for substance use. Men who reported a history of Sexual Abuse were more likely to be White, report problems with their family in the past month, meet criteria for an anxiety or depressive disorder, have a higher suicide rating on the MINI, meet criteria for a Substance Use Disorder, and meet criteria for Antisocial Personality Disorder. There were no differences for education or any of the criminal justice variables. Women reporting a history of Physical Abuse were more likely to report problems with their family in the past month, meet criteria for an anxiety and depressive disorder, have a higher suicide rating on the MINI, and meeting criteria for a Substance Use Disorder. There were no differences for the demographic or criminal justice variables or for Antisocial Personality Disorder. Women reporting a history of Sexual Abuse were more likely to report a greater number of arrests, a history of a substance related offense, meet criteria for an anxiety or depressive disorder, and have a higher suicide rating on the MINI. There were no differences for the demographic or other criminal justice variables or for substance use or Antisocial Personality Disorder. Significant univariate results were then entered into logistic regression analyses.

The results of the multivariate analyses predicting physical and sexual abuse as a function of gender can be seen in Table 3. For men, Physical Abuse was associated with White race, a higher number of arrests, a history of person offenses, family problems, and higher suicide rating on the MINI, while there were no association with anxiety or depressive disorders or Antisocial Personality Disorder. Sexual Abuse was associated with White race, problems with family, a higher suicide rating on the MINI, and Antisocial Personality Disorder. Again, anxiety and depressive disorders did not yield a significant relationship, nor did meeting criteria for a Substance Use Disorder. For women; however, Physical Abuse was associated with meeting criteria for an anxiety or depressive disorder, while problems with family, suicide risk, and meeting criteria for a Substance Use Disorder were not significant. Women reporting a history of Sexual Abuse were more likely to report a history of a substance offense, meet criteria for an anxiety or depressive disorder, and have a greater suicide risk. There was not a significant association for number of arrests. In general, abuse was associated with worse mental health outcomes and criminal justice histories regardless of gender or the nature of abuse, yet the pattern of associations differed based on gender and the nature of abuse.

Discussion

The current study provided a description of how the effects of physical and sexual abuse on community corrections involvement differed as a function of abuse type and gender. No single variable was consistently associated with a history of abuse across the four groups; however, the data indicated that a history of abuse was generally associated with more severe criminal justice involvement as well as greater psychopathology. This finding was consistent and held regardless of whether the abuse was physical or sexual, and whether the victim was male or female. These results fit well with the established literature on correctional populations in general (Altintas & Bilici, 2018; Gunter et al., 2012; Sánchez et al., 2018; Wolff & Shi, 2012) as well as community corrections specifically (Clark et al., 2012; Kim et al., 2016). Abuse, especially sexual abuse, is strongly associated with suicidality and poor mental health. Our findings suggest that abuse is a meaningful predictor of more at-risk characteristics in a community corrections sample and its relationship with both recidivism and initial criminal justice involvement warrants future examination.

A much higher percentage of women reported a history of physical and sexual abuse compared to men, which is again consistent with the literature (e.g., Blackburn et al., 2008; Harlow, 1999; McDaniels-Wilson, & Belknap, 2008; Weeks & Widom, 1998). Neither physical nor sexual abuse were associated with a greater likelihood of an anxiety or depressive disorder for men, but both physical and sexual abuse were associated with a greater likelihood for women. Women who were sexually abused were also more likely to report a substance related offense, and this finding did not replicate in men. Mental illness and self-medication through substance use are two of the pathways to incarceration often mentioned in the literature (DeHart, 2008; Jones et al., 2014). Thus, our data does provide some support that abuse may have a different impact on women in community corrections compared to their male counterparts. These findings warrant replication and further investigation into pathways to incarceration, especially where these effects may be most

observable (e.g., substance and mental health related diversion programs under the umbrella of community corrections).

There was also a significant relationship between abuse type and crime type for men that fits with existing data. The literature suggests that perpetrators of sexual abuse are likely to report a personal history of being sexually abused (Connolly & Woollons, 2008; Jespersen, Lalumière, & Seto, 2009; Wijkman, Bijleveld, & Hendriks, 2010), while perpetrators of physical violence are more likely to have been physically abused (Lansford et al., 2007). Our data was not sufficient to examine the relationship between sex offenses and sexual abuse. The relationship between physical abuse and physical violence, however, did replicate in our sample for men, but not for women. Men who reported a history of physical abuse were more likely to report a history of person offenses. This pattern may not exist for women or it may just be harder to detect, as far fewer women (118 versus 44) committed person offenses. Men with a history of physical abuse also reported a greater number of arrests, which is also indicative of more severe criminal justice involvement.

We were particularly interested in the relationship between abuse and substance use because the latter is the predominant reason for being placed under community corrections supervision; however, substance use was not a significant predictor in any of our multivariate analyses. This lack of impact could be the result of the heterogeneity of substance use in our sample. Different substances are typically associated with different outcomes and we did not delineate between substances of abuse. It is also possible that substance use is so common in community corrections samples that a history of physical or sexual abuse is not associated with substance use in this population.

There were several limitations to the conclusions that can be drawn from our data as well as the generalizability of our findings. First, our study relied on several variables that were derived from a single item. While the variables in question (e.g., sexual abuse, physical abuse) are often defined in such a way, we did not have information on the type, duration, and extent of abuse, all of which would have made for a more complete picture. While we do not have data on the nature of abuse we can infer from other studies that the consequences of the abuse suffered by our population are comparable to other CJ samples especially those which suffered multiple episodes of abuse. Rates of meeting criteria for an anxiety or depressive disorder in our sample ranged from 40.9% (physically abused men) to 53.6% (sexually abused women), which tend to be similar to incarcerated samples which have experienced multiple episodes of abuse regardless of type of abuse (e.g., Karatzias 2018; Messina and Grella, 2006; Messina et al., 2007). As stated throughout the paper, the vast majority of studies on abuse in a CJ population have been conducted in prison. A comparison of criminal justice histories between our sample and prison samples would not be meaningful, but in terms of mental health our sample appears similar to those which experienced repeated abuse. Another limitation was that our data was cross-sectional. This design limits the analytic approach options as well as conclusions that could be drawn.

The current study provides an intriguing depiction of the relationship between physical/sexual abuse, mental illness, substance use, and community corrections involvement. A greater number of women reported a history of abuse, and both forms of abuse were

associated with anxiety and depression and well as substance related offenses for women, but not men. For men, a history of physical abuse was associated with committing a person offense, and both forms of abuse were associated with increased suicidality. Thus, the results generally indicate that a history of abuse is associated with more severe criminal justice history and increased psychopathology; however, further research in community corrections will be needed to elucidate more stable relationships between these variables. Almost seventy percent of individuals in the criminal justice system are supervised in this branch and two other studies (Jones et al., 2014; Salisbury & Van Voorhis, 2009) aside from our own and have found evidence that the effects of abuse on women may be more observable in this population compared to prison or jail populations. Prevention is the treatment of choice when dealing with criminal justice involvement and regardless of what the pathways to criminal justice involvement are, all sides appear to be in agreement (Bonta & Andrews, 2007; DeHart, 2008) that the identification of predictors of incarceration/reincarceration and the development of tailored countermeasures is the optimal approach.

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Table 1.

Univariate comparisons for physically and sexually abused men

	No Physical Abuse	Physical Abuse	Sig. (2-tailed)
	Mean (SD) or N (%)	Mean (SD) or N (%)	
African American / Black	269 (73.5)	18 (40.9)	<.001
<HS Education	124 (33.9)	9 (20.9)	.086
Number of arrests	8.57 (8.95)	13.89 (11.50)	<.001
Problems with family in past month	77 (21.0)	20 (45.5)	.001
History of person offense	96 (26.2)	22 (50.0)	.001
History of property offense	162 (44.3)	21 (47.7)	.662
History of substance offense	292 (79.8)	40 (90.9)	.076
History of court offense	180 (49.2)	61.4 (27)	.127
Anxiety or depressive disorder	84 (23.0)	18 (40.9)	.009
Suicide rating MINI	0.65 (2.88)	2.39 (5.49)	.001
Substance use	161 (44.0)	25 (56.8)	.106
Antisocial Personality Disorder	45 (12.3)	13 (29.5)	.002
	No Sexual Abuse	Sexual Abuse	
	Mean (SD) or N (%)	Mean (SD) or N (%)	
African American / Black	275 (72.4)	12 (40.0)	<.001
<HS Education	123 (32.4)	10 (34.5)	.815
Number of arrests	8.91 (9.23)	12.03 (10.82)	.079
Problems with family in past month	81 (21.3)	16 (53.3)	<.001
History of person offense	107 (28.2)	11 (36.7)	.322
History of property offense	167 (43.9)	16 (53.3)	.319
History of substance offense	306 (80.5)	26 (86.7)	.409
History of court offense	192 (50.5)	15 (50.0)	.956
Anxiety or depressive disorder	86 (22.6)	16 (53.3)	<.001
Suicide rating MINI	0.64 (2.84)	3.27 (6.41)	<.001
Substance use	166 (43.7)	20 (66.7)	.015
Antisocial Personality Disorder	47 (12.4)	11 (36.7)	<.001

Note: < HS = Less than a high school education, MINI = Mini International Neuropsychiatric Interview

Table 2.

Univariate comparisons for physically and sexually abused women

	No Physical Abuse	Physical Abuse	Sig. (2-tailed)
	Mean (SD) or N (%)	Mean (SD) or N (%)	
African American / Black	58 (57.4)	53 (51.5)	.392
<HS Education	38 (37.6)	29 (28.2)	.150
Number of arrests	10.36 (15.68)	11.51 (12.38)	.558
Problems with family in past month	29 (28.7)	45 (43.7)	.026
History of person offense	25 (24.8)	19 (18.4)	.274
History of property offense	48 (47.5)	57 (53.3)	.264
History of substance offense	69 (68.3)	80 (77.7)	.132
History of court offense	53 (52.5)	48 (46.6)	.402
Anxiety or depressive disorder	28 (27.7)	51 (50.0)	.001
Suicide rating MINI	0.91 (2.05)	1.86 (4.37)	.049
Substance use	34 (34.0)	49 (48.0)	.043
Antisocial Personality Disorder	14 (13.9)	19 (18.6)	.357
	No Sexual Abuse	Sexual Abuse	
	Mean (SD) or N (%)	Mean (SD) or N (%)	
African American / Black	66 (55.5)	45 (52.9)	.722
<HS Education	45 (37.8)	22 (25.9)	.074
Number of arrests	9.09 (11.07)	13.53 (17.20)	.026
Problems with family in past month	37 (31.1)	37 (43.5)	.069
History of person offense	25 (21.0)	19 (22.4)	.818
History of property offense	59 (49.6)	46 (54.1)	.523
History of substance offense	79 (66.4)	70 (82.4)	.011
History of court offense	56 (47.1)	45 (52.9)	.407
Anxiety or depressive disorder	34 (28.6)	45 (53.6)	<.001
Suicide rating MINI	0.65 (1.62)	2.44 (4.83)	<.001
Substance use	46 (38.7)	37 (44.6)	.400
Antisocial Personality Disorder	15 (12.6)	18 (21.4)	.093

Note: < HS = Less than a high school education, MINI = Mini International Neuropsychiatric Interview

Table 3.

Logistic regression analyses predicting physical and sexual abuse as a function of gender

Variable		<i>B</i>	Wald χ^2 -test	Odds Ratio	95% Confidence Interval for Odds Ratio	
					<i>Lower</i>	<i>Upper</i>
Male (Physical Abuse)	Race	1.77	20.60	5.87***	2.74	12.61
	Number of arrests	0.03	3.86	1.03*	1.00	1.06
	History of personal offense	1.09	7.53	2.98**	1.37	6.50
	Problems within the family	1.27	11.95	3.56**	1.73	7.30
	Anxiety or depressive disorder	−0.08	0.03	0.93	0.42	2.07
	Suicide MINI rating	0.08	4.03	1.08*	1.00	1.16
	Antisocial Personality Disorder	0.63	2.16	1.88	0.81	4.34
Male (Sexual Abuse)	Race	1.48	11.66	4.37**	1.88	10.21
	Problems within the family	1.49	12.11	4.45**	1.92	10.30
	Anxiety or depressive disorder	0.45	0.98	1.58	0.64	3.88
	Suicide MINI rating	0.08	4.38	1.08*	1.01	1.17
	Substance use	0.46	1.06	1.58	0.66	3.81
	Antisocial Personality Disorder	1.14	5.67	3.12*	1.22	7.94
Female (Physical Abuse)	Problems within the family	0.47	2.26	1.59	0.87	2.92
	Anxiety or depressive disorder	0.71	4.90	2.03*	1.09	3.79
	Suicide MINI rating	0.05	1.11	1.06	0.95	1.17
	Substance use	0.39	1.67	1.48	0.82	2.69
Female (Sexual Abuse)	Number of arrests	0.02	1.82	1.02	0.99	1.05
	History of substance offense	0.89	5.27	2.43*	1.14	5.18
	Anxiety or depressive disorder	0.84	6.78	2.31**	1.23	4.34
	Suicide MINI rating	0.19	6.54	1.21*	1.04	1.39

Note:

 $p < .001$,**
 $p < .01$,*
 $p < .05$