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THE CUMULATIVE IMPACT OF TRAUMA EXPOSURE AND RECIDIVISM AFTER  
INCARCERATION AMONG BLACK MEN

By

JOHANNA E. ELUMN MADERA

A dissertation submitted to the Graduate Faculty in Social Welfare in partial fulfillment of the  
requirement for the degree of Doctor of Philosophy, The City University of New York

2016

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Johanna E. Elumn Madera

This manuscript has been read and accepted for the Graduate Faculty in Social Welfare in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

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## ABSTRACT

The Cumulative Impact of Trauma Exposure and Recidivism after

Incarceration among Black Men

by

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Advisor: Dr. Michael Lewis

The United States incarcerates people at a higher rate than any other nation in the world. It is estimated that 14 million people will be incarcerated at some point in their lives in the United States. Ninety-five percent of incarcerated people will return to the community. Persons who have been incarcerated often have experienced higher rates of trauma than the general population. The symptoms associated with exposure to trauma may interfere with a person's ability to reconnect with family, interact with parole/probation, stay free from drugs/alcohol, or find and maintain stable housing and employment after they are released from prison. As increasing numbers of people are released from prison into the community, greater attention must be paid to their mental health needs after release in order to address the needs of the complete person rather than just focusing solely on their basic needs and the requirements of community supervision.

Analyzing secondary data from baseline surveys and Connecticut Department of Corrections records during the two-year follow-up period of a National Institute of Drug Abuse (NIDA)-funded longitudinal study of people recently released from jail or prison, this dissertation explores the relationship between self-reported exposure to trauma over the life course and recidivism after release from jail or prison. This study will examine a sample of previously incarcerated people and describe their exposure to trauma, with a focus on trauma and

recidivism among Black men. Survival analysis will be used to examine the relationship between magnitude of trauma, including the frequency and severity of trauma experienced, and whether those experiences are predictive of recidivism.

Trauma exposure was measured using the My Exposure to Violence (MyETV) instrument, and responses were used to create a weighted score that accounted for both the frequency and the severity of trauma exposure for each participant. Univariate analysis revealed that 85% of the study participants were male and 47% of the total sample were Black. When trauma exposure was examined, analysis revealed that 80% had witnessed a traumatic event, 73.9% were victims of a traumatic event, 80.4% had both witnessed and directly experienced a traumatic event, and 83% had experienced four or more traumatic events in their lifetimes. The mean Trauma Exposure Score was 9.33. Survival analysis revealed that Blacks and men were at increased risk for recidivism, and that for each unit increase in the Trauma Exposure Score, the hazard rate increased by 2.6%.

## ACKNOWLEDGEMENTS

*If there is no struggle, there is no progress. Power concedes nothing without a demand. It never did and it never will. Find out just what any people will quietly submit to and you have found out the exact measure of injustice and wrong, which will be imposed upon them, and these will continue till they are resisted.*

Frederick Douglass, 1857

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## CHAPTER I: INTRODUCTION AND PROBLEM FORMULATION

This dissertation sought to add to the discourse about the criminal justice system in the United States, specifically the needs of people incarcerated in jails and prisons. This study examined the relationship between the magnitude of life-long trauma exposure experienced by incarcerated people and the likelihood of recidivism after release from jail or prison, with a focus on Black men. The *magnitude of trauma exposure* describes the extent of an individual's exposure to potentially traumatic events. The magnitude of trauma exposure includes a number of factors including the specific type of traumatic event experienced (emotional, physical, sexual); the severity of the events experienced (e.g., being threatened vs. being shot); whether the event was experienced directly or witnessed; and the number of times each specific type of traumatic event was experienced. Using secondary data from the *Structures, Health, and Risk among Re-entrants, Probationers, and Partners* (SHARRPP) study, I explored the relationship between self-reported exposure to trauma over the life course and recidivism.

The United States incarcerates more people than any other country in the world, with a total of 2,217,000 people incarcerated and an imprisonment rate of 698 per 100,000 people in 2014 (Walmsley, 2016). Between 1978 and 2013, the number of prisoners in state custody rose by more than one million, from 294,400 to 1,358,875 by the end of 2013. The number of people housed in US jails rose from 157,000 in 1970 to 690,000 in 2014 (Carson, 2014; Carson & Golinelli, 2014; Subramanian, Henrichson, & Kang-Brown, 2015). The United States currently houses 2,228,400 people in prisons and jails and supervises 4,781,300 in community corrections settings (Glaze & Herberman, 2013). In 2012, there were 6,937,600 adults under the supervision of community and residential corrections, including probation (56.8%), prison (21.4%), parole (12.3%), and jail (10.7%) (Glaze & Herberman, 2013).

Individuals may be incarcerated in one or more systems that house people accused or already convicted of crimes in the United States. Whereas local jails house people pending prosecution on a criminal charge or after convictions that carry a sentence of less than one year (Bureau of Justice Statistics, 2016), state prisons house those convicted of a crime who are in the custody of a specific state, usually for a crime that occurred within that state (Bureau of Justice Statistics, 2016). The federal system houses those convicted of a federal crime (Bureau of Justice Statistics, 2016). The reasons people are incarcerated vary greatly. In 2012, people serving time for violent offenses (e.g., assault, robbery) made up 54% of state inmates, and those convicted of drug offenses (e.g., drug possession, drug sale) made up 16% of the state prison population and 51% of the federal prison population (Carson, 2014).

Approximately 70 billion dollars are spent annually on corrections in the United States (NAACP, 2016). Budgetary constraints since the 2008 recession have forced many state governments to look closely at the financial and human cost of incarceration and to begin downsizing their prison populations (ACLU, 2011; Human Rights Watch, 2003; Maschi, Viola, & Sun, 2013b). Both the increases in the number of people incarcerated since the 1970s and the recent movement to reduce the number of people incarcerated have meant a steep rise in the number of people being released from prison annually, rising from 142,033 in 1978 to 637,411 in 2012 (Carson & Golinelli, 2014). The number of people released from state and federal prisons in 2012 (637,411) was slightly more than the number of people who entered U.S. prisons during that same period (609,781) (Carson & Golinelli, 2014).

The increased interest in prisoner reentry has led to more programs to address the needs of people who are leaving residential correctional facilities. These programs have focused on housing, employment, and family re-unification; however, less attention has been paid to the

mental health needs of people exiting prison. Although prisons provide mental health services, these services typically are reserved for seriously and persistently mentally ill people (e.g., schizophrenia, bipolar disorder) (Kupers, 1996; Wynn, 2003). For prisoners who are not in special mental health units, treatment may be limited to medication and may not include individual or group counseling (Wynn, 2003). Lack of mental health staff is also a barrier to providing treatment to incarcerated people. The Correctional Association of New York found that the number of vacancies in mental health staff positions was high in New York State prisons, and this is true in prisons throughout the United States (Wynn, 2003).

People incarcerated in prisons and jails across the United States are known to have experienced exposure to trauma at higher rates than the general population and may have been exposed to multiple traumatic events over the course of their lifetimes (Brewer-Smith, 2004; Carlson & Shafer, 2010; Heckman, Cropsey, & Olds-Davis, 2007; Goff, 2007; Hochstetler, Murphy, & Simons, 2004; Kubiak, 2004; Kupers, 1996). For some, these events are part of everyday life and go unidentified as experiences that need to be addressed. Black men are affected disproportionately by the criminal justice system and by exposure to trauma (Alexander, 2012; Rich & Grey 2005; Roberts, Gilman, Breslau, Breslau & Koenen, 2011). In poor urban neighborhoods, Black men are more likely to be exposed to community violence fueled by poverty, the drug trade, and illegal guns (Rich, 2005; Rich, 2009; Thompson, 2009).

These potentially traumatic experiences may leave a lasting impact and often are not addressed in the community or during incarceration. If left untreated, symptoms associated with exposure to trauma (e.g., heightened arousal, flashbacks, anger, emotional withdrawal) may interfere with a person's ability to reconnect with family, interact with parole/probation, stay free from drugs/alcohol, or find and maintain stable housing and employment (Herman, 1997; Hien,

et al., 2009; van der Kolk, et al., 2007). The effects of exposure to trauma combined with societal expectations for how men should deal with these experiences may contribute to a set of reactions that interfere with their relationships and daily functioning. They may also contribute to a cycle of violence and other forms of trauma.

This study examined the relationship between the magnitude of trauma exposure experienced both prior to and during incarceration and whether those experiences were related to recidivism. I examined the phenomenon of trauma in the incarcerated population through the lens of complex trauma theory to aid in the development of a trauma exposure score that estimates how the magnitude of trauma exposure, including both severity and frequency of exposure, might be related to the prospects of avoiding recidivism among formerly incarcerated Black men. I introduce statistics about incarceration in the US and a review of the trauma, prison, and reentry literature as a foundation for this study.

### **Background and Significance**

Although there is some research about trauma in correctional populations, few studies have focused on men of color, even though incarcerated people are disproportionately Black and Latino, come from poor neighborhoods, and have little education (Sabol, et al., 2007). Of the 1,561,500 people incarcerated in the United States, 40% are Black (Carson, 2015). Men comprise 93% of incarcerated people, while women account for only 7% (Carson, 2015). Discussions of trauma in justice-involved populations often focus on childhood abuse, incarcerated adolescents, older prisoners, and women as victims of domestic violence (Cimino, Mendoza, Thieleman, Shively, & Kunz, 2015; King, 2015; Maschi, Gibson, Zgoba, & Morgen, 2011). Little attention is paid to other types of trauma, for example exposure to community violence or to traumatic experiences during incarceration.

Our society may not recognize how trauma affects men and the differences in the way they react to experiencing trauma. Men often are socialized to not express certain types of emotions (Harlow, 1999; Iwamoto, et al., 2012; Kupers, 1996). Societal beliefs about how men should show emotion may prevent them from acknowledging and dealing with what has happened to them in the past. They may display feelings about what has happened in ways that are socially acceptable, which in certain communities may mean staying silent about these experiences and resorting to violence as a way to respond to trauma. Although women are recognized as victims of abuse, conceptions of manhood may discourage men from reporting abuse, particularly while they are incarcerated (Harlow, 1999; Iwamoto, et al., 2012; Kubiak, 2004; Kupers, 1999).

This study brought attention to the issue of undiagnosed and untreated trauma in criminal justice-involved populations, particularly among Black men. This inquiry explored whether there is a relationship between exposure to multiple traumas over the life course and recidivism among Black men. Men who have experienced repeated violence in the community and while in jail or prison may be more likely to carry a weapon for protection, to be quick to become angry in certain situations, and to feel a slight lack of respect should be responded to with an extreme verbal or physical response (van der Kolk & Courtois, 2005; van der Kolk, et al., 2007). In an attempt to protect themselves from real or perceived threats, these men might then put themselves at greater risk for re-arrest and incarceration. Their responses might also take other forms such as depression and substance abuse (van der Kolk & Courtois, 2005; van der Kolk, et al., 2007).

For people who experienced violence both prior to and during incarceration, the reentry experience may pose substantial challenges. Experiences of violence may also complicate



relationships with intimate partners, friends, and family members (Hien, et al., 2009; van der Kolk & Courtois, 2005; van der Kolk, 2005; van der Kolk, et al., 2007). While the literature offers evidence that trauma exposure can lead to behavioral changes, mental health problems, and issues in relationships, this study explored whether it also signified problems in reentry (Courtois, 2011; Maschi, 2012, 2013, 2015). I used the concept of complex trauma to examine how the magnitude of incarcerated men's exposure to trauma might predict difficulty during the reentry process (Courtois, 2011).

### **Statement of the Research**

This dissertation aimed to determine whether the magnitude of trauma exposure was predictive of recidivism by analyzing secondary data on lifetime exposure to traumatic events and recidivism from a sample of people recently released from jail or prison. The purpose of this study was to 1) reveal the extent to which this population was exposed to traumatic events; 2) understand whether exposure to traumatic events was related to recidivism.

This study focused on Black men because a large proportion of them have been involved with the criminal justice system (Carson & Golinelli, 2014; The Sentencing Project, 2014a, 2014b). The study included data from study participants of other racial/ethnic groups (i.e., White, Latino/Hispanic) and genders and compared the trauma exposure and reentry outcomes of Black men with other groups. I examined whether Black men were more likely than other racial/ethnic groups released from jail or prison to experience certain types of trauma or to have higher levels of exposure to traumatic events. Black men were the focus of this inquiry because 1) Black men are affected disproportionately by the criminal justice system; 2) Black men are more likely to be affected by certain types of violence in the community than are other groups of men or women;

3) Black men are less likely than women to be recognized by society as being victims of violence.

This study analyzed existing longitudinal quantitative data collected through the SHARRPP study. Subjects were a convenience sample of 266 non-violent drug offenders recently released from jail or prison. Participants enrolled in the study within one year of their release from jail or prison and completed a computer-assisted baseline survey. The survey gathered information about demographic characteristics, education, employment, income, housing stability, family history, drug use history, sexual partners, trauma, health, spiritual beliefs, relationships, and opinions about the criminal justice system. Data also was obtained from the Connecticut Department of Corrections regarding who returned to jail or prison during the two-year follow-up period (2011 – 2014), including date of incarceration, length of incarceration, and criminal charge. The survey asked about lifetime exposure to trauma of varying types including emotional, physical, sexual abuse, and community violence. Participants were asked to report on various aspects of their exposure to trauma including the type of trauma, the number of incidents of each type, age at the time of the event, location of event, victim (if other than self), perpetrator, and whether the event was experienced directly or witnessed.

For the purpose of this study, trauma exposure was defined as experiencing a highly disturbing or distressing event (American Psychiatric Association, 2013). A review of the trauma literature was used to identify a set of experiences commonly identified as traumatic and to review the concepts around trauma that were asked about in the parent study. In this study, I defined recidivism as being returned to jail or prison during the course of the parent study (National Institute of Justice, 2014). The impact of various types of trauma exposure and the frequency and severity of traumatic events were considered. This dissertation examined whether

as trauma exposure increases, recidivism also increases and whether participants who were exposed to trauma returned to jail or prison sooner than did those who were not exposed to trauma.

Although there are theoretical propositions that suggest an association between the magnitude of trauma exposure and recidivism, this is a largely unstudied phenomenon. Thus, this study 1) estimated the frequency and type of trauma exposure in this sample of people recently released from jail or prison; 2) estimated the severity of the traumatic events to which each participant was exposed; 3) sought to understand whether there are gender/race differences in exposure to trauma; and 4) determined if the magnitude of exposure to trauma was predictive of recidivism.

This study examined the experiences of this group of formerly incarcerated men through the lens of complex trauma, because this concept provides an explanation of the experiences and consequences of repeated exposure to trauma over a prolonged period. Although it is known that the prison population has a higher than average exposure to trauma prior to incarceration, little research has explored the associations between exposure to traumatic events and recidivism (Kupers, 1996, 1999; Maschi & Gibson, 2012).

### **Summary**

As large numbers of incarcerated people are released back into the community, their needs after release from prison have become a focal point across the United States. While we know that this population is at greater risk of exposure to traumatic events, services to address their trauma exposure are limited, and the services that do exist are focused primarily on adolescents and women involved in the criminal justice system.

Black men who have been incarcerated and who are returning to their communities may have increased probability for recidivism if they have experienced repeated exposure to more severe forms of trauma. Since these men are not identified as a group in need of specific trauma-related support after release, they often return to the community without the resources to cope with their past exposure to trauma. In addition to the need for housing and employment assistance, their mental health needs when they return to the community may require intervention for successful reentry.

## CHAPTER II: RACIAL DISPARITIES IN THE CRIMINAL JUSTICE SYSTEM

This chapter discusses racial disparities in the criminal justice system in the United States as a basis for understanding why Black men are the focus of this inquiry. In the United States, the criminal justice system has served a number of roles in our society. It is used to increase public safety, to punish, to rehabilitate, to deter, to control certain groups of people, and to reinforce behavioral norms (Lynch, 2007; National Research Council, 2014; Petersilia, 2009). Despite attempts to deal effectively with problems in society, some argue that the criminal justice system instead may have created deeper problems for vulnerable individuals and the communities they live in by failing to address their needs during and after involvement in its system (Miller & Najavits, 2012).

While the criminal justice system serves several roles, one is to increase public safety. One way in which it seeks to achieve that outcome is by removing people who commit crimes from society for a period of time and deterring them from committing future crimes (Thompson, 2009). There is little evidence that this increases public safety or deters people from committing future crimes (Subramanian, Moreno, & Broomhead, 2014; Thompson, 2009).

Haney and Zimbardo (1998) point out that, “The aggregate statistics describing the extraordinary punitiveness of the U.S. criminal justice system masks an important fact: The pains of imprisonment have been inflicted disproportionately on minorities, especially Black men” (p. 714). For Blacks, the sharp rise in incarceration from the early 1970s through the 1990s has been particularly devastating (Alexander, 2012; Nellis, 2016; Travis, Western, & Redburn, 2014). Structural inequities, policing policies, and disparities throughout the criminal justice system have all contributed to overrepresentation of Black men in the criminal justice system (Alexander, 2012; Nellis, 2016). Although the U.S. population is 77.7% White and 13.2% Black, Whites comprise

only 33.1% of prison inmates, whereas the number of Blacks who are incarcerated has risen to 551,154, representing 36.5% of the prison population (Carson & Golinelli, 2014; The Sentencing Project, 2014a). Black men have the highest rate of incarceration at 2,841 per 100,000 when compared with both Latinos (1,158) and Whites (463) (Carson & Golinelli, 2014). Black males are incarcerated at six times the rate of White males, and Black females are incarcerated at four times the rate of White females (Carson & Golinelli, 2014; The Sentencing Project, 2006, 2014a; Nellis, 2016).

A Black male living in the United States has a 32% chance of spending time in prison during his lifetime, whereas a Hispanic male has a 17% chance, and a White male has a 6% chance (Bonczar, 2003; Clear, 2009). Even the state with the lowest rate of incarceration for Blacks (Hawaii) has a higher rate of incarceration than the state with the highest rate of incarceration for Whites (Oklahoma) (The Sentencing Project, 2006). In Connecticut, the incarceration rate of Blacks is 12 times that of Whites (The Sentencing Project, 2006). Whereas Blacks comprise only 9.7% of the Connecticut population, they make up 41.6% of the prison population (Nellis, 2016).

Among incarceration for drug offenses, the disparity between Black and White incarceration rates is even greater. United States drug policies in particular affect Black men disproportionately, even though Blacks and Whites use drugs at equivalent rates (Mitchell & Caudy, 2013). Blacks account for 13-15% of all drug users, but they are 41% of the population incarcerated for drug offenses. In contrast, Whites account for 82% of drug users, but make up only 30% of those incarcerated for drug offenses (Carson & Golinelli, 2013). Whites are responsible for more drug crimes than Blacks, yet because of the concentration of arrest efforts in poor urban minority neighborhoods and differences in the enforcement of drug laws, Blacks are more likely to be incarcerated (Human Rights Watch, 2000; Mauer, 2011). In addition,

because Blacks are more likely to use and sell crack cocaine, drug policies surrounding crack cocaine possession result in increased incarceration and longer prison sentences for them (Mauer, 2011).

Black males between the ages of 18 and 39 are the largest group of prisoners being released (Hughes & Wilson, 2004). Men comprise approximately 90% of those being released on parole and women 10%, although the number of women being incarcerated has risen in recent years (Hughes & Wilson, 2004). Blacks comprise 47.3% of people being released on parole, while Whites make up 35% and Hispanics account for 15%. Blacks also spent a longer amount of time in prison compared to their White and Hispanic counterparts (Hughes & Wilson, 2004).

The reasons for the race disparities in the criminal justice system are complex. Criminal justice policies, education, and socioeconomic status all play a role. Pettit and Western (2004) found that 30% of Black men without a college education and 60% of those without a high school education go to prison. This lack of education creates a vicious cycle because low levels of education are a risk factor for going to prison. In addition, a history of incarceration leads to lower levels of education. This statistic may also reflect the lack of opportunities for those living in poor communities and with low levels of education. “Higher crime rates are better explained by socioeconomic factors than race: extremely disadvantaged neighborhoods experience higher rates of crime regardless of racial composition. Because African Americans constitute a disproportionate share of those living in poverty in the US, they are more likely to reside in low-income communities in which socioeconomic factors contribute to higher crime rates” (The Sentencing Project, 2013, p.3).

Disparities in incarceration rates come from differences in class, education, and crime rates, but also from structural inequalities in the criminal justice system, from arrest through the

court process to sentencing (Alexander, 2012; Mauer, 2011; The Sentencing Project, 2013). Many of the policies of the criminal justice system serve to reinforce and intensify existing race disparities in the United States (Westcott, 2015). Increased risk of incarceration among Blacks often begins with over-policing in communities of color and an increased reliance on incarceration as a way to deal with crime over the last 40 years (Travis, Western, & Redburn, 2014). The increased levels of surveillance in poor communities of color are the first way in which the people living in these communities are placed at higher risk for justice-involvement (Goffman, 2009). Drug use or sales that might go unnoticed in a suburban community are under intense scrutiny in poor urban areas (Goffman, 2009; Alexander 2012). In addition to increased police presence in these communities, police policies such as “stop and frisk,” racial profiling, and arrest quotas add to the risk of detention and arrest.

Once a person is arrested, there are several additional factors at play that contribute to racial disparities in the criminal justice system (The Sentencing Project, 2013). At some point after being arrested, indigent defendants are provided with an attorney to represent them in court. Although this is intended to give the poor access to legal representation, public defenders are often overloaded with cases and have limited access to the resources needed to provide a competent defense (Brennan, 2015). Blacks and Latinos are less likely to be offered bail in a criminal case or to be released without bail (Jones, 2013; Kutateladze, Andiloro, Johnson, & Spohn, 2014). The high risk of taking a case to trial leads many defendants to accept a plea bargain, often involving jail or prison time or the threat of incarceration if they do not complete any required programs or services (Dervan & Edkins, 2013). Studies examining plea bargaining and race disparities have found that Black and Latino defendants were less likely than White



defendants to receive offers of reduced sentences or sentences that did not involve jail or prison time (Kutateladze, Andiloro, & Johnson, 2016; Kutateladze, Tymas, & Crowley, 2014).

Changes in sentencing laws that began during the 1970s and continued into more recent years also play a major role in the race disparities in the criminal justice system (Travis, Western, & Redburn, 2014). Mandatory minimum sentences, harsh drug sentencing focus on specific types of drugs (e.g., crack cocaine), “three strikes” laws, and increased numbers of people returned to prison by community supervision all contributed to increased incarceration and longer sentences (Alexander, 2012; Clear, 2009; Travis, Western, & Redburn, 2014).

After a person is convicted of a crime, a whole series of collateral consequences begins to take a toll on the ability of Black men to function after they have served their sentence (Berson, 2013; Petersilia, 2009, 2011; Thompson, 2009). For those convicted of drug offenses, some policies can bar a person from receiving student loans, effectively preventing a person with a criminal record from continuing their education; this limits their options for future employment. Regulations that prevent people with criminal records from obtaining certain types of professional licenses and employment application questions about criminal history can eliminate opportunities for employment for those released from prison (Pager, 2008; Pager, Western, & Sugie, 2009). Disclosing a criminal record on a job application can mean that it is discarded by a potential employer, even though the applicant may no longer be involved in criminal activity (Pager, 2008; Pager, Western, & Sugie, 2009).

For many individuals with felony convictions, laws restricting voting rights during incarceration, while on probation or parole, or even after their community supervision has ended prevent them from being able to vote (Chung, 2016; Manza & Uggen, 2008). These policies prevent people with felony convictions from fully participating in selecting their government

representatives, currently leaving 5,853,180 people unable to participate in local or national elections (Chung, 2016). Policies restricting access to student loans, housing, licensing, and employment can contribute to a return to criminal activity since they limit a person's ability to progress out of poverty and into a more stable life (Berson, 2013; Petersilia, 2009, 2011; Thompson, 2009). These policies also serve to reinforce the stigma of having a criminal record and can prevent the formerly incarcerated person from reintegrating into the community (Alexander, 2012; Clear, 2009; Thompson, 2009).

Disparities in poverty, exposure to violence, contact with the criminal justice system, and incarceration rates create a climate in which Blacks are at an increased risk of exposure to trauma both prior to and during incarceration. Once involved in the criminal justice system, the system itself and the policies around control and confinement of prisoners can increase the risk for exposure to trauma. Additionally, overcrowding, disciplinary confinement, violence, and separation from family and community may also contribute to trauma during incarceration (Duwe & Clark, 2014; Gibbons & Katzenbach, 2006; Petersilia, 2009; Salins & Simpsons, 2013; WHO, 2014; Wynn, 2003). This dissertation focused on Black men because of these disparities in justice involvement among them.

### CHAPTER III: REVIEW OF THE EMPIRICAL LITERATURE ON REENTRY

This chapter explores the empirical literature on reentry to highlight the existing research in this area and to identifying gaps in the existing literature that could be addressed through this study. The chapter begins with a review of the reentry literature to provide details about what is known about reentry and best practices for providing support after incarceration. This chapter provides a foundation for understanding how trauma exposure might affect those involved in the criminal justice system as they try to adjust to life after incarceration.

#### **Reentry**

Approximately 97% of all prisoners will spend more than one year in prison (Carson, 2015). In all, 95% of incarcerated people will be released back into the community at some point (Hughes & Wilson, 2004). Most people released from prisons have been convicted of nonviolent crimes, making up approximately three quarters of the reentry population (Nicholson, 2010). The majority of those who are released from prison were convicted of drug offenses (33%), followed by property offenses (31%), and violent offenses (25%) (Hughes & Wilson, 2004).

More than half of those in U.S. prisons were incarcerated in the past; 84% of those in U.S. prisons had a history of drug and/or alcohol use, 14% were mentally ill, and 12% had been homeless before being arrested (Hughes & Wilson, 2004). Whereas people today enter prison with more complex problems than ever before, today's prisons offer far fewer programs and treatment services than they did in the past (Petersilia, 2009, 2011). The public often views educational and other services for prisoners as rewards, but these programs can help to prevent prisoners from returning to crime after their release (Petersilia, 2009; Thompson, 2009).

### **Community Supervision**

In 2014, there were 4.72 million people under community supervision in probation or on parole (Kaeble, Glaze, Tsoutis, & Minton, 2016). While those on probation may have spent only days in jail, some have spent months or years in jail or prison prior to being placed under community supervision (Glaze & Bonczar, 2010). Only 20% of those released from prison are released at the end of their sentences and have no supervision after their release, while 80% are released to parole supervision (Hughes & Wilson, 2004; Petersilia, 2009).

Because prisoners who have completed their sentences have no post-release supervision, they often may receive no services after their release (Petersilia, 2009). Even so, approximately 65% of those on probation and 51% of those on parole are able to complete their supervision, while 16% of those on probation and 14% of parolees were returned to prison during their period of supervision (Glaze & Bonczar, 2010). Some on probation and parole are referred to services or programs instead of being returned to prison after a violation (Glaze & Bonczar, 2010). While approximately half of those released from prison are able to complete their community supervision, many are not able to stay out of prison once their period of supervision is over (Cooper, Durose, & Snyder, 2014; Glaze & Bonczar, 2010).

### **Recidivism Statistics**

It is well documented in the reentry research literature that recidivism is high in all prison populations. This poses a problem not only for those returned to prison, but also for their families, for their communities, and for public safety. While about half of those released under community supervision were able to complete their periods of supervision, at least half of those released returned to prison (Cooper, Durose, & Snyder, 2014; Glaze & Bonczar, 2010). A Bureau of Justice Statistics study of released prisoners found that three out of four people

released from state prisons were rearrested within five years of their release (Cooper, Durose, & Snyder, 2014). Approximately 67.8% of those released from prison are rearrested within three years of their release (Cooper, et al., 2014). Of those released from prison, 45.2% were reconvicted and 49.7% returned to prison within three years of being released (Cooper, et al., 2014). Those who were incarcerated for property crimes were the most likely to be rearrested within five years of release (61.8%), followed by drug offenders (53.3%), public order offenders (52.6%), and violent offenders (50.6%) (Cooper et al., 2014). Among those who were discharged from parole, 42% returned to prison or jail (Hughes & Wilson, 2004). Parolees who were age 55 and older had the highest success rate of any group of parolees at 54%, followed by women of all ages at 48% (Hughes & Wilson, 2004). Wehrman (2010) found that race was predictive of recidivism, with Blacks being more likely than Whites to return to prison, even when controlled for neighborhood disadvantage, age, education, marital status, previous convictions, and substance abuse.

Of those people entering prison, 56% were formerly incarcerated, and 25% were incarcerated three or more times (Petersilia, 2009, 2011). Among drug offenders, the numbers are even higher, with 58% having been incarcerated in the past (Petersilia, 2009, 2011).

### **Needs at Reentry**

Some people return to the community from prison with a number of problems. Some of these problems existed prior to incarceration, and some are a result of their incarceration. People may have entered prison with histories of addiction, trauma, loss, and mental illness and return to the community without having had those issues addressed (Kupers, 1999). In addition they return to the community with the stigma of incarceration, their experiences while they were in prison, and a set of collateral consequences of having a criminal record (Alexander, 2012; Berson,

2013). Returning citizens are barred from having many types of jobs and licenses; they may not be able to vote, to live in public housing, to receive public assistance or food stamps, or to get financial aid for college (Berson, 2013; Petersilia, 2009). In addition to these challenges they have to find a place to live, locate employment, stay clean, and follow the requirements of parole or probation if under supervision (Alexander, 2012; Clear, 2009). Incarceration impacts a person's future prospects for work and reduces their future income (Clear, 2009; Thompson, 2009).

The majority of the reentry literature focuses on the reentrant's need for employment, housing, and access to basic needs and services, such as identification (e.g., ID card, Social Security card, birth certificate), food, medical care, mental health care, financial resources, substance abuse treatment, and emotional support (Visher, Yahner, & Vigne, 2010). Incarceration may affect all of a person's relationships, from their connections with their children to their relationships with their significant others, family members, and friends (Braman, 2004; Comfort, 2009; Tonry & Petersilia, 1999; Visher, et al., 2010). Little of this body of literature focuses on how cumulative trauma exposure might impact reentry or recidivism.

### **Best Practices in Reentry**

The surge in the numbers of people incarcerated in the United States in the last ten years has led to a focus on the needs of those returning to the community from our jails and prisons and the development of the field of reentry (Jonson & Cullen, 2015). Currently, there are a variety of reentry services provided across the US including jail or prison based pre-release programs, community-based programs, and programs that coordinated services between jails/prisons and community organizations to ensure connection with services before the individual is released.

A large portion of the reentry literature consists of evaluations of programs that provide services to people both prior to and after discharge from prison in an effort to prevent them from being re-incarcerated. One strategy to prevent people from returning to prison is to provide preparation for release while the person is still incarcerated. The process of preparing someone for reentry may begin from the moment a person enters prison. However, many programs focus on the last few months of the person's sentence as the time to prepare them for release (Petersilia, 2011). The time that they are confined provides an opportunity for intervention and preparation for life outside of the prison walls (Petersilia, 2009). Education, work programs, life skills workshops, mental health treatment, and substance abuse treatment services attempt to improve the environment within the prison and prepare the incarcerated person for eventual release (Clear, 2009; Thompson, 2009). While there has been greater focus on providing reentry services over the last several years, there are far fewer services available in prison than there were in the past, and there are often long waiting lists for those services that are available (Clear, 2009).

Reentry service providers also stress the need to provide a seamless transition from prison to the community by connecting services, prison programs, and staff with those providing services in the community. Linking services provided in prison to services outside of prison would ensure that prisoners being released would not experience a lapse in benefits or services, making their transition to the community less stressful (Petersilia, 2011).

Once someone is released from prison, there are a number of ways in which services might help to prevent a return to prison. The Urban Institute conducted a longitudinal study, *Returning Home: Understanding the Challenges of Prisoner Reentry*, in communities across the country (Illinois, Maryland, Ohio, Texas) to gather information about the reentry experience and to

understand the needs of those returning home from prison (Brazzell & La Vigne, 2009; Shollenberger, 2009; La Vigne, Shollenberger, & Debus, 2009; Visher, La Vigne, Kachnowski, & Travis, 2004; Visher, La Vigne, & Travis, 2004; Visher, et al., 2010; Watson, et al., 2004). The SHARRPP study, which this dissertation used for secondary data analysis, drew many of its' questions from this Urban Institute study of reentry. Researchers interviewed and surveyed prisoners prior to release and at two to four months and eight to ten months after release. Interviews also were conducted with family members of those being released, with key stakeholders in the community, and with community members in focus groups. Family involvement during incarceration and after release has been shown to help prevent recidivism. Families help by providing emotional and financial support, assistance with finding a job, and a place to live in the initial months after release (Brazzell & La Vigne, 2009; Fontaine, Gilchrist-Scott, Denver, & Rossman, 2012; Shollenberger, 2009; La Vigne, Shollenberger, et al., 2009; Visher, et al., 2004; Visher, et al., 2010; Watson, et al., 2004).

Housing programs, programs providing mental health services to people with serious mental illness, substance abuse treatment, and case management services are among some of the strategies used to help people after release from jail or prison (Petersilia, 2003). All of these programs aim to help formerly incarcerated people to reach the basic goals of employment, housing, education, and mental health that can prevent recidivism. Without these, it is nearly impossible for someone to stay out of prison (Brazzell & La Vigne, 2009; Shollenberger, 2009; La Vigne, Brooks, et al., 2009; La Vigne, Shollenberger, et al., 2009; Visher, et al., 2004; Visher, et al., 2010; Watson, et al., 2004). Some have suggested that providing trauma services during incarceration and after release could help to improve the lives of currently and formerly incarcerated people (Maschi & Gibson, 2012; Miller & Najavits, 2012).



Severson, Veeh, Bruns, and Lee (2012) performed an evaluation of the Midwest Reentry Program. Participants were recruited into the program while they were still incarcerated and Phase I of the study began while they were still incarcerated. During this phase, participants underwent an assessment and a plan for services was created. Phase II began after the participant was released from prison. The participants received six months of follow-up by a case manager, an accountability panel made up of community members, their parole officer, and a person from the police department. Data about recidivism only included information about those who returned to prison. Those who returned to prison during the follow-up period were younger, male, had less children, had more convictions and had more positive drug/alcohol tests. Concerning recidivism outcomes, those who completed the program were less likely to return to prison during the first six months after release, but their success decreased between six and twelve months, and they were still significantly different from those who did not complete the program. However, there was no difference between the groups regarding the number of new convictions post-release (Severson, Veeh, Bruns, and Lee, 2012).

Grommon, Davidson, and Bynum (2013) used a randomized sample of 500 individuals released from prison to examine relapse and recidivism outcomes. Participants were randomized into a control group (parole supervision only) or a treatment group (substance abuse treatment). A standardized assessment instrument (Substance Abuse Subtle Screening Inventory (SASSI)) was used to evaluate a person's risk of substance abuse, and only those who were assessed to be at high or medium risk were eligible for the study. Participants were followed for two years after release from prison using a combination of Department of Corrections data and records from the substance abuse program. The intensive substance abuse treatment involved 30-45 days of inpatient treatment during which participants were assisted with housing, employment and

family reunification, followed by outpatient treatment. The treatment itself combined cognitive behavioral treatment with motivational interviewing, 12-step groups, and in some cases, family counseling. The amount of time spent in treatment ranged from 7 to 582 days, with an average of 300 days (Grommon, Davidson, and Bynum, 2013).

There were minimal differences in relapse outcomes for the two groups with the majority of participants relapsing during the two-year follow-up period (71% control group and 75% treatment group) (Grommon, Davidson, and Bynum, 2013). There was a difference in how quickly the two groups relapsed with those in the control group having a mean survival time of 338 days compared to 286 days for the treatment group. When considering recidivism, it seemed that the treatment group also recidivated more quickly than the control group, but the majority of participants did not recidivate during the study follow-up period. A review of relapse and recidivism based on the level of program participation did not reveal differences based on the amount of treatment received (Grommon, Davidson, and Bynum, 2013).

To assess the effectiveness of the study intervention in reducing relapse and recidivism, the researchers evaluated the study by comparing the conditions of the treatment and control group and by assessing whether the treatment program adhered to the planned criteria for the treatment exposure (Grommon, Davidson, and Bynum, 2013). The treatment group did not receive as many hours of treatment as prescribed by the study protocol. There were differences in drug testing between the treatment and control group with the treatment group being tested more often than those supervised by parole. Those on parole received traditional parole services, which may have included referral to drug treatment, making it difficult to differentiate between the two groups because both may have been receiving drug treatment (Grommon, Davidson, and Bynum, 2013).

Miller (2014) used qualitative and mixed methods to evaluate a national model for reentry services for those with co-occurring disorders who were receiving services from the Auglaize County Transition (ACT) Program. Interviewers conducted one on one interviews with correctional administrators, program correctional officers, and community service providers, program observations, and focus groups with the individuals participating in the ACT program. ACT program service began while participants were incarcerated with correctional staff and case managers gathering information to create Reentry Accountability Plans. Participants were then linked to services in the community and attended weekly group meetings that used a cognitive behavioral intervention called Moral Reconation Therapy (MRT). Miller (2014) found that program participants had a 12.3% recidivism rate and quantitative data showed a reduction in incidents within the correctional facility before release. Participants viewed the program in a variety of ways; providing needed activities, aiding in early release, and unwanted mandated participation. This study had several limitations including its rural setting, mostly White participants, and that it focused primarily on the advantages of this reentry program on changes in participant's behavior during incarcerations, but not after release (Miller, 2014).

One study evaluated the STRIVE program, and employment focused reentry program with programs across the US that began in the early 1990s. This study by Farabee, Zhang, and Wright (2014), focused on a STRIVE program in California. The STRIVE program provided employment readiness services and job placement, with a primary focus on serving those with a history of incarceration. Study participants had to have been released from prison in the last 180 days and be otherwise eligible for the program. Participants were then randomly selected from the group of eligible reentrants, and those who were not selected were part of the control group. All participants received an interview at baseline, and again one year later that asked about

criminal activity, employment, and housing. The interviews were supplemented with data from the California Department of Justice, state prison and local jail records (Farabee, Zhang, and Wright, 2014).

At the one-year mark, there was little difference between the treatment and controls groups (Farabee, Zhang, and Wright, 2014). Of those who participated in the program, 29.8% had full-time employment, and 12.5% had part-time employment during the past year. The control group had 27.1% with full-time employment and 9.4% with part-time employment. The two groups also had similar recidivism results with close to 50% having been arrested or reincarcerated during the one-year post enrollment in STRIVE. The researchers also found no significant differences between the treatment and control groups on housing, substance use, education or overall health. These findings are consistent with many of the findings related to reentry services described here and in the literature. Further work needs to be done to understand what services works to improve reentry outcomes (Farabee, Zhang, and Wright, 2014).

A recent qualitative study by Hunter et al. (2016) evaluated the Community Reentry Initiative (CRI) in Connecticut, a program using a strengths-based approach to providing reentry services. The program provides services to men being released from Connecticut prisons, connecting with community-based service provide 3-6 months before release. Those who chose to enroll in the program received a baseline interview while still incarcerated, a validated risk assessment, and an assessment of their strengths and needs and this information was provided to the Fresh Start Reentry Program prior to the persons' release from prison (Hunter et al., 2016).

The program then conducted an assessment of the participants before their release and a plan for services was created, and the service provider met individually and in groups with the men each week while they were still in prison (Hunter et al., 2016). After release services used

motivational interviewing, cognitive behavioral techniques, and individual, group, and family counseling. The evaluation included 296 men (191 Black and 97 Latino) who were enrolled in the program from 2006 to 2011. In addition to the qualitative interviews of the men enrolled in the program, focus groups were also held to gather further information for the program evaluation. Directed content analysis was used to analyze the focus groups (Hunter et al., 2016).

Since the study was qualitative in nature it did not examine reentry outcomes like recidivism, but instead provided a description of the program and experiences of the men enrolled in the program (Hunter et al., 2016). The researchers noted that Fresh Start provided many needed services directly to the men involved in the program and created new services or referred to other providers when needs emerged. The men felt supported, that the program provided the services that were described to them before enrollment, and that they could turn to the staff the program when they were having difficulty. The authors also noted that the program employed best practices in reentry service provision by engaging the men while they were still incarcerated and providing services during the transition from prison to the community (Hunter et al., 2016).

One of the largest and most recognized programs related to reentry was the Serious and Violent Offender Reentry Initiative, a federal program aimed at providing reentry services to the most at-risk groups of people reentry to the community (Lattimore et al., 2012; Lattimore & Visser, 2009; Visser, Lattimore, Barrick, and Tueller, 2016). The federal initiative provided funding to 69 organizations across the country to provide reentry services aimed at improving key outcomes. Several studies have evaluated this initiative, including a recent article by Visser, Lattimore, Barrick, and Tueller (2016). The evaluation included data from a large sample of people released from prison totaling 2,391, of which 1,697 were male, 357 were female, and 337

were juveniles. The evaluations looked at recidivism, housing, employment, and substance abuse using four measures for each of these outcomes and collecting data in three waves of follow-up. Participant data was collected at 30 days before releases and 3, 9, and 15 months after release and a quasi-experimental design using propensity scoring was used to compare those who received SVORI services and those who did not.

The researchers examined the overall effect of SVORI participant and the influence of the specific types of services provided individually (housing, employment, and substance abuse). They found that while SVORI participation had a modest impact on recidivism, it had no impact on housing acquisition, employment, or substance abuse outcomes for males and juveniles. It had only a modest effect on employment and recidivism among females (Lattimore et al., 2012; Lattimore & Visser, 2009; Visser, Lattimore, Barrick, and Tueller, 2016). Although these programs provided services for those returning to the community from prison, they were not able to provide services to all of those in need and they struggled to maintain the level of services planned (Lattimore et al., 2012; Lattimore & Visser, 2009; Visser, Lattimore, Barrick, and Tueller, 2016).

### **Summary**

While reentry services are intended to ease the transition from prison to the community and to reduce recidivism, these studies indicated that this goal is not always accomplished. There are differing views on how recidivism should be defined and mixed evidence about the effectiveness of these programs in reducing recidivism and improving reentry outcomes (Farabee, Zhang, & Wright, 2014; Severson, Veeh, Bruns, and Lee, 2012). Also, because reentry services are a relatively new area of intervention, there are limited studies about the effectiveness of these services in improving a variety of reentry outcomes (Jonson & Cullen, 2015; Lattimore

&Visher, 2009). While there may be issues in how and what services are delivered, there may also be structural inequalities and collateral consequences of being justice-involved that are not addressed by reentry services (Hall, Wooten, & Lundgren, 2016). Even the best reentry programs may struggle to find employment for participants when people without criminal records are without jobs. In spite of the important services these programs can provide to those returning to the community from prison, until we can address the issues underlying criminal involvement these programs may continue to see mixed results.

## CHAPTER IV: THEORETICAL FRAMEWORK

After surveying what is known about reentry challenges, the trauma literature examined here provides a definition of trauma, explores the types of trauma typically experienced, and the symptoms associated with trauma exposure. A discussion of trauma prevalence in the general public and among those involved in the criminal justice system follows. The chapter ends with a discussion of the impact of exposure to multiple traumatic events over time. I explore exposure to multiple traumatic events as a framework for understanding trauma exposure among incarcerated people and, in particular, incarcerated men.

### **History of PTSD Diagnosis**

The formulation of the diagnosis of Post-Traumatic Stress Disorder (PTSD) originally was based on the study of White male war veterans, and their experiences were most likely different from others who experienced trauma (Courtois, 2004; Courtois & Ford, 2009). Recent changes to the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) (American Psychiatric Association, 2013), reflect differences in the way that trauma is classified and categorized from the DSM-IV. PTSD was moved out of the Anxiety Disorder section of the DSM to a new section, Trauma- and Stressor-Related Disorders (American Psychiatric Association, 2013). In the DSM-V, the definition of PTSD has changed. The removal of the emotional reactions to the traumatic event from the criteria for PTSD recognized that not everyone responds to trauma with the specific emotions of “fear, helplessness or horror” and that these specific reactions do not indicate that PTSD will develop as a result of the traumatic experience (American Psychiatric Association, 2013). The new diagnostic criteria focus on the



experience of a traumatic event, the symptoms experienced following the event, and the duration of the symptoms (American Psychiatric Association, 2013).

While PTSD provides an accurate conceptualization of the symptoms experienced by those who have experienced a single traumatic event, many in the clinical and research trauma community have argued that the definition should be expanded to capture the experiences of those who had experienced multiple traumas or chronic trauma over a prolonged period of time (Courtois, 2011).

### **Trauma and Its Aftermath**

Trauma is defined in reference to a disturbing event and the psychological and emotional reaction to that event. It typically is viewed as an event that is outside of the normal human experience that produces extreme fear of serious injury or death (American Psychiatric Association, 2013; Herman, 1997). More recently, scholars have moved away from the narrow view of trauma as one experience that overwhelms a person's ability to cope (Herman, 1997; Hien, Litt, Cohen, Miele, & Campbell, 2009; van der Kolk, McFarlane, & Weisaeth, 2007). Instead, they claim that experiencing a traumatic event evokes feelings of helplessness, powerlessness, and fear (van der Kolk, et al., 2007). Trauma can be the result of events such as natural disasters or it can be caused by humans, either intentionally or unintentionally (Herman, 1997; Hien, et al., 2009; van der Kolk, et al., 2007).

### **Types of Trauma**

A review of the trauma literature reveals a certain set of events that are considered to be traumatic, although debate remains about which events should be included. These events can be

experienced directly or witnessed. Most of them involve violence in some form, either intentional or accidental.

Table 1 provides a list of events commonly recognized as being traumatic in the literature (Briere & Scott, 2006; Herman, 1997; National Center for PTSD, 2014; van der Kolk, et al., 2007). These include interpersonal violence (e.g., child abuse, assault), non-intentional trauma (e.g., accidents, natural disasters), intentional trauma (e.g., robbery), and traumatic loss (e.g., death of a loved one).

Table 1

*Types of Traumatic Events Identified in a Review of the Trauma Literature*

Child neglect	Life-threatening illnesses
Child abuse (physical, sexual, emotional)	Robbery
Assault (physical or sexual)	Being kidnapped/held hostage
Intimate partner violence	Terrorist attacks
Witnessing death or serious injury	Torture
Serious accident	Combat
Natural disasters	Death of a loved one
Severe automobile accidents	Imprisonment
Separation for a parent or child	Threats to physical integrity

The circumstances under which an event occurs also affects how the individual reacts to the event (Herman, 1997; van der Kolk, et al., 2007). For example, a trauma can affect a person differently depending on whether it was caused by a close family member or by a stranger. Below are some of the factors that influence how individuals react to trauma.

Table 2

*Examples of Trauma Circumstances that Can Influence Response Identified from the Trauma Literature*

Age	Childhood, adolescence, adulthood, old age
Perpetrator	Family member, acquaintance, neighbor, authority figure, stranger
Intentional or unintentional	Physical/sexual assault, natural disaster, car accident
Location of event	Home, neighborhood, school, prison
Length of exposure	Single event, ongoing childhood abuse, ongoing exposure to community violence

In addition to the type of event and the conditions under which the event occurs, the individual's genetic predisposition to respond to trauma and their internal (e.g., personality, coping style) and external (e.g., support system, environment) resources also affect the way in which a person copes with trauma (Herman, 1997; van der Kolk, et al., 2007).

### **Development of Symptoms after Trauma Exposure**

Individuals vary in their reactions to traumatic events. Some people may experience initial symptoms of PTSD but have those symptoms fade over time (Herman, 1997; van der Kolk, et al., 2007). For others, their reactions to traumatic experiences may be long lasting (Herman, 1997; van der Kolk, et al., 2007). The diagnosis of PTSD was based on the DSM-IV criteria for diagnosis has long been the bar used to determine if a person has been affected by the experience of a traumatic or violent event. More recently, mental health professionals and researchers have begun to move away from a strict focus on a PTSD diagnosis to a more comprehensive understanding of the way in which being the victim or witness of a traumatic event can impact someone (Herman, 1997; Hien, et al., 2009; van der Kolk, et al., 2007). The changes in the DSM-V reflect changes in the understanding of trauma.

The development of disorder as a result of trauma exposure is moderated by several factors (Briere & Spinazzola, 2005). Trauma exposure interacts with personal level variables, such as existing biological factors, mood disorders, personality, and drug/alcohol use (Briere & Spinazzola, 2005). The environment is also a key factor in the development of disorder following trauma, as the person's level of social support, socioeconomic status, the stigma associated with the trauma, and the existing culturally acceptable responses to trauma in a person's community all moderate the impact of trauma exposure (Briere & Spinazzola, 2005). The experience of one or more traumas also puts the individual at risk for exposure to future trauma and predicts a poorer response to future trauma (Briere & Spinazzola, 2005).

Events such as child abuse, domestic violence, sexual abuse/assault, physical abuse/assault, community violence, incarceration, and many others can be traumatic for the person experiencing them (Health, 2011; Herman, 1997). Natural reactions to exposure to

traumatic events are the hallmark symptoms of PTSD (van der Kolk, et al., 2007). PTSD is characterized by three groups of symptoms: re-experiencing, avoidance and numbing, and increased arousal (Herman, 1997; Hien, et al., 2009; van der Kolk, et al., 2007). Re-experiencing includes intrusive thoughts about what happened, flashbacks or images of the event, and nightmares (Herman, 1997; Hien, et al., 2009; van der Kolk, et al., 2007). Avoidance and numbing symptoms include avoidance of things that remind the person of the event and detachment or dissociation (Herman, 1997; Hien, et al., 2009; van der Kolk, et al., 2007). Symptoms of increased arousal include insomnia, difficulty concentrating, hypervigilance, irritability, and anger (Herman, 1997; Hien, et al., 2009; van der Kolk, et al., 2007). While most people are able to recover after a period of experiencing symptoms, others are unable to successfully integrate their experiences (Herman, 1997; van der Kolk, et al., 2007). These people continue to experience symptoms. Reminders of such events can provoke symptoms that interfere with a person's ability to function (Herman, 1997; van der Kolk, et al., 2007).

### **Prevalence of Trauma Exposure**

Several surveys have attempted to determine the prevalence of trauma exposure in the general population (Breslau, et al., 1998; Elliott, 1997; Felitti, et al., 1998; Reavis, Looman, Franco, & Rojas, 2013). Some have found more than half of all adults have experienced at least one traumatic event in their lifetimes (Breslau, et al., 1998; Elliott, 1997; Felitti, et al., 1998; Jäggi, Mezuk, Watkins, & Jackson, 2016). For example, the Adverse Childhood Experiences (ACE) Study, a pioneering study about the prevalence of adverse experiences (e.g., violence, abuse) and the impact of those events on health. The researchers mailed a questionnaire about adverse experiences to 13,494 people who had received a standardized medical assessment at an HMO, with a 70.5% response rate (Felitti et al., 1998). Self-reported adverse childhood

experiences from the questionnaire were used to examine whether there was a relationship between these events and the physical and mental health information gathered from the HMO records for the respondents.

They found that more than half of respondents had experienced one adverse childhood experience and one-fourth reported having experienced two or more (Felitti et al., 1998). Of this group who experienced higher levels of ACE, they found an increase in their risk for some physical and mental health conditions, including depression, substance abuse, a higher number of sexual partners, obesity, and chronic diseases. Other early studies of the prevalence of traumatic events also uncovered high levels of exposure to traumatic events (Breslau, et al., 1998; Elliott, 1997). A national sample of adults completing the Traumatic Events Survey reported that 72% had experienced a traumatic event (Elliott, 1997). The Detroit-area survey conducted in 1996 found that 89.6% of the sample was exposed to trauma during their lifetimes, with men having a higher rate of exposure than women (Breslau, et al., 1998). A more recent study focused on ACE and criminality found that those in the sample who were involved in the criminal justice system were four times more likely than the average adult male to have experienced an adverse event (Reavis, Looman, Franco, & Rojas, 2013).

A review of trauma literature for gender differences in trauma exposure and PTSD reveals that women are less likely than men to experience traumatic events, but are more likely to develop PTSD as a result of those events (Tolin & Foa, 2006). The National Comorbidity Survey found that 60.7% of men and 51.2% of women reported having experienced one trauma during their lifetimes, and 10.2% of men and 6.4% of women experienced four lifetime traumas. From the total sample in this study, only 7.8% developed PTSD. The types of trauma exposure experienced in this national sample also varied between men and women. Women were more

likely to have experienced rape, molestation, childhood neglect, and physical abuse; men were more likely to have witnessed someone being badly injured or killed, being involved in a fire, flood, or natural disaster, being in a life-threatening accident, physical attacks, combat, and being threatened with a weapon, held captive, or kidnapped (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995; Tolin & Foa, 2006).

Many studies of trauma exposure focus on child abuse and neglect. Studies estimate that approximately 681,000 children were victims of abuse in 2011 (79% neglect, 18% physical abuse, 9% sexual abuse, 10% other forms abuse) (Center for Disease Control, 2013; Harlow, 1999). It is estimated that one in seven children will experience abuse at some point in their lives. African American children had the highest rates of abuse at 14.3 per 100,000, followed by American Indian/Alaska Natives (11.4), Pacific Islanders (8.5), Hispanics (8.6), non-Hispanic Whites (7.9), and Asians (1.7) (Center for Disease Control, 2013).

Blacks in low-income, urban communities are at high risk for both exposure to trauma and the development of PTSD after exposure. This group often does not receive appropriate assessment or treatment for PTSD and other disorders associated with trauma exposure (Davis, Ressler, Schwartz, Stephens, & Bradley, 2008).

For those involved in the criminal justice system, exposure to trauma can be higher than that of the general population. The Bureau of Justice Statistics reported that 16.1% of male inmates and 57.2% of female inmates reported being abused prior to entering prison (Harlow, 1999). Two studies of youth in juvenile detention centers found that 90% of the adolescents in these facilities had experienced at least one traumatic event (Ford, Chapman, Connor, & Cruise, 2012). The adolescents in this study had prevalence rates far greater than the general population

for physical assault (35%), being threatened with a weapon (58%), and traumatic loss (48%) (Ford, et al., 2012).

### **Trauma Exposure among the Incarcerated Population**

Numerous studies confirm the high rates of trauma in the inmate population (Brewer-Smith, 2004; Carlson & Shafer, 2010; Heckman, Cropsey, & Olds-Davis, 2007; Goff, 2007; Hochstetler, Murphy, & Simons, 2004; Kubiak, 2004; Kupers, 1996). Nonetheless, this has not led to screening of inmates for PTSD or the other mental health consequences of trauma; nor has it resulted in the planning of special services in prisons and the community (Wolff, Chugo, Shi, Huening, & Frueh, 2015). Most inmates with histories of trauma are simply released back into the community without receiving any treatment, even when prison officials know that they have experienced trauma while they were incarcerated (Abram et al., 2007; Wolff et al., 2015).

The literature on trauma among incarcerated individuals shows that the majority of those incarcerated have experienced a traumatic event at some point in their lives (Abram, et al., 2007; Erwin, et al., 2000; Harlow, 1999; Maschi, Gibson, Zgoba, & Morgen, 2011; Maschi, et al., 2013a). For those who have experienced trauma prior to incarceration, these experiences put them at greater risk for being victimized during incarceration (Hochstetler, et al., 2004; Maschi, et al., 2013a). A recent study examining cumulative trauma in the general population and in an inmate sample and found that while 4% of the general population had PTSD, approximately 48% of the inmate sample had PTSD (Briere, Agee, & Dietrich, 2016).

One such study by Maschi, Gibson, Zgoba and Morgen (2011) used random sample stratified by age group to examine lifetime trauma and life event stressors. The study recruited a sample 58 of male prisoners of the New Jersey Department of Corrections between the ages of 18 to 24 years old (n=38) and 55 and over (n=20), less than the total of 100 that the researchers



planned to recruit. The Stressful Life Experiences Screening Inventory-Long Form (SLESI-L) was administered by study personnel to gather information about exposure to stressful events and administrative records from the NJDOC were used to acquire sociodemographic information and information about participants' criminal history (Maschi et al., 2011).

Among both groups about 40% reported exposure to a violent event, including both physical and sexual assault (Maschi et al., 2011). More than half of participants in the study had witnessed a violent event; 61% had seen someone shot, 77% had seen someone stabbed, 84% had seen someone threatened with a weapon, and 89.3% has seen someone beaten up or kicked. There were some age differences in the types of trauma exposure reported, with younger prisoners being more likely to report witnessing physical assault and older prisoners more likely to report witnessing a sexual assault. The authors noted that while many juvenile correctional systems have moved towards adopting trauma related services, settings with adult men have not made progress in this area (Maschi et al., 2011).

A second study by Maschi, Viola, Morgen, and Koskinen (2013) specifically focused on trauma among older adult prisoners using a larger sample of 667 individuals aged 50 and over who were incarcerated in a northeastern state prison system using a cross-sectional design. Surveys were sent to participants by mail with a 40% response rate. The study used the Life Stressor Checklist-Revised (LSC-R) assess exposure to traumatic or stressful events, the Coping Resources Inventory (CRI) was used to evaluate their internal and external coping resources, the PTSD Checklist was used to measure their PTSD symptoms, and sociodemographic questions were used to gather demographic and criminal history data. Participants were asked to respond to 31 items made up of traumatic events and stressful life events (0 = no; 1 = yes) and a score was created by adding each of the 31 responses. Participants were also asked to rate their thoughts

about how the events impacted them, both at the time of the event and in the present, on a Likert scale from 1 = not at all to 5 = extremely and these scores were then added together to create a total score that rated the impact of these events on the participant (Maschi, et al., 2013a).

The sample was predominately Black (45%) and male (96%) (Maschi, et al., 2013a). Again exposure to traumatic or stressful events was high with seven out of ten participants experiencing one or more directly experienced event. Emotional abuse or neglect was reported by 36%, physical assault before age 16 was reported by 34%, and 19% reported being sexually assaulted before age 16 and most reported that they were still moderately to extremely affected by these events. This study also looked at stress or abuse in prison with 53% of participants reporting that this and with an average age of first occurrence of 47 years old. The study did find that coping resources did have a positive influence on the participants' ratings of the impact of the past events and their current emotional well-being (Maschi, et al., 2013a).

In addition, Kupers (1996, 1999, 2006, 2015) asserts that, for people who have experienced trauma in their past, the prison experience can be particularly difficult because it evokes memories and symptoms related to past traumas. Prisons can also be sites of new traumas, as inmates face victimization or are witnesses to others being victimized (Kupers, 1996, 1999, 2006, 2015; Maschi, et al., 2013a). Since trauma can lead to violent behavior, many of those placed in solitary confinement in our correctional facilities may, in fact, be victims whose mental health already has been compromised because of past trauma (Kupers, 1996, 1999, 2006, 2015). This population may not appear on the mental health caseload of the facilities because they may not be identified by mental health staff as being in need of treatment (Kupers, 1996, 1999, 2006, 2015; Wynn, 2003).

The preponderance of literature on trauma and justice-involved people has focused on women, adolescents, and older people. This may be because they are more likely to have histories of trauma before entering the system or because they are more likely to report abuse. This includes both childhood physical and sexual abuse and intimate partner abuse (Brewer-Smith, 2004; Simkins & Katz, 2002).

Accounts of past trauma were also highlighted in a Bureau of Justice Statistics (BJS) report by Harlow (1999) on abuse histories of inmates and probationers in a based on data from the 1997 Surveys of Inmates in State and Federal Correctional Facilities, 1996 Survey of Inmates in Local Jails, and the 1995 Survey of Adults on Probation. The three samples that the researchers used were considered to be nationally representative of those who are justice-involved, but relied on self-reports and self-categorization of abuse (Harlow, 1999). While many the BJS' reports are updated periodically, this report done in 1999 is the last report on this topic by BJS. BJS reported that 57.2% of women in state prison, 39.9% of women in federal prison, 47.6% of women in jail, and 40.4% of women on probation reported a history of trauma (Harlow, 1999). Among men, fewer inmates report having experienced trauma with 16.1% of state prisoners, 7.2% of federal prisoners, 12.9% of men in jail, and 9.3% of men on probation (Harlow, 1999). However the numbers vary among studies, with other studies reporting traumatic experiences among 3.4% to 87% of incarcerated males (Gibson, Holt, & Fondacaro, 1999; Saxon, et al., 2001; Wolff, Huening, Shi, & Frueh, 2014; Wolff & Shi, 2009). This range in results suggests that we do not yet have a clear understanding of the extent of trauma exposure in this population.

The literature on justice-involved adolescents also shows high levels of trauma. Wood, et al. (2002), indicate that 25% of the adolescents had been abused to the point of injury and 57%

of the incarcerated adolescents had witnessed the murder of a significant person (Chamberlain & Moore, 2002; Dierkhising, et al., 2013; Simkins & Katz, 2002). The study conducted by Wood, et al. used a random sample of 200 incarcerated adolescents and a matched sample of 200 high school students, all of Black and Latino descent in Los Angeles County. The incarcerated adolescents were interviewed by the study staff while the high school adolescents were part of a larger study in which they had taken a written survey. The written survey contained a subset of the items administered to the incarcerated adolescents in the interview (Wood, et al., 2002). The study measures included; the Survey of Children's Exposure to Community Violence (SCECV), which measures lifetime exposure to 20 types of violence; the Los Angeles Symptom Checklist, and several other measures to assess violence exposure and delinquent activity.

A 2013 study by Dierkhising, et al. used data from the National Child Traumatic Stress Network and analyzed data for 658 adolescents (13-18 years old) who reported justice involvement in the past 30 days. All children in the original data set were referred for trauma-focused treatment. The study used the UCLA PTSD-Reaction Index to assess the frequency of trauma symptoms and the Child Behavior Checklist to assess trauma-related behaviors, both internalizing and externalizing, as viewed by the child's caregiver. The researchers found that 23.6% of their sample met the criteria for PTSD and one third reported exposure to multiple trauma types. Adolescents in the sample experienced an average of 4.9 different types of trauma. Of justice-involved girls, rates of abuse are high, with one study indicating that 40.6% had been abused physically, 31.8% had been abused sexually, and 38.7% had been sexually assaulted or raped (Dierkhising, et al., 2013). Earlier studies reported even higher rates of abuse among justice-involved girls (Chamberlain & Moore, 2002; Simkins & Katz, 2002; Wood, Foy, Goguen, et al., 2002).

Similarly, Abram, et al. (2007) used stratified random sampling to collect information from 898 young people who were between the age of 10 and 18 years old, who were part of the Northwestern Juvenile Project, a longitudinal study of youth arrested in Chicago, Illinois. Youth took interviewer-administered versions of the Diagnostic Interview Schedule for Children-IV (DISC-IV) to assess for PTSD in the past year and comorbid disorders. This study not only found that almost 15% of females and 10% of males had PTSD. Of those with PTSD 94% also had a comorbid psychiatric disorder, with more than half (54%) having two or more comorbid psychiatric disorders. Of those without PTSD 64% had a comorbid psychiatric disorder. Males were more likely than females to present with a comorbid psychiatric disorder in this sample. Abram, et al. (2007) highlight not only the need for screening and treatment for PTSD, but also of attention to comorbid psychiatric disorders in this population.

Studies of justice-involved male adolescents demonstrate that involvement in criminal activity is associated with further trauma. Weisman (1993) examined adolescent males involved in crack dealing and found that these young men suffered traumatic experiences watching friends and family members being killed because of drug violence or abusing crack. These adolescents experienced extreme anger and the need for revenge that continued long after the incident had occurred (Weisman, 1993). Adolescents are also exposed to violence at three times the rate of adults and are highly vulnerable to trauma and the development of symptoms as a result of trauma exposure (Dierkhising, et al., 2013; Weisman, 1993; Wood, Foy, Layne, et al., 2002). Erwin et al. (2000) studied youth housed in juvenile detention centers and found that exposure to traumatic events and PTSD was common among this group of adolescents. Although this study added to the knowledge base of trauma and incarcerated youth, the sample was predominately White (57%) and not representative of the incarcerated population. In fact, that study found that

although rates and severity of symptoms were higher among these White adolescents than in the general population, they were not as high as might be expected (Erwin, Newman, McMackin, Morrissey, & Kaloupek, 2000). This leads us to consider that Blacks might be more vulnerable to exposure to complex trauma because they also face racism inherent in many societal institutions, exposure to which adds an additional stressor that may make them more vulnerable when they experience complex trauma (Courois, 2011; Garbarino, 1993).

Another study of justice-involved adolescents by Erwin, et al. (2000) used self-report measures and semi-structured interviews of 51 adolescents in high-security juvenile treatment facilities in Massachusetts. The self-report measure used included the Exposure to Community Violence Scale-Adapted Version, the PTSD Checklist, the Clinician Administered PTSD Scale for Children and Adolescents (CAPS-CA) and the semi-structured interview was conducted using the DYS Assessment Interview. The researchers examined whether malevolent environmental factors, prolonged exposure to adverse events, was associated with PTSD in this groups of adolescents. As one might expect in a high-risk group of teenagers, trauma exposure was high with 82% having witnessed a homicide, 45% having experienced a family physical assault, and 48% having experienced a sexual assault. As a result, PTSD was also high with 18% currently meeting the criteria for PTSD and 45% having experienced PTSD in their lifetime. Although they are often portrayed as violent, the world of justice-involved adolescents often is dominated by fear, with 92% reporting that they felt in danger no matter where they were, 61% reported carrying a weapon in their neighborhood because they felt that they needed to protect themselves, and 39% reported carrying a weapon at school (Erwin, et al., 2000).

There is limited research on trauma among incarcerated men, particularly about trauma experienced prior to incarceration (Carlson & Shafer, 2010; Jäggi, Mezuk, Watkins, & Jackson,

2016). Neller, Denney, Pietz and Thompson (2006) explored the relationship between trauma and violence in a convenience sample of 93 males in a maximum security jail in the Midwest. This sample was predominately White (74%) and married (47%). Participants were asked to complete a demographics questions, the Traumatic Events Questionnaire, and items adapted from the Conflict Tactics Scale. One study of adult male inmates with histories of trauma found that 96% of the participants had either witnessed or been the victim of a traumatic event, and 67% exhibited violent behavior prior to being incarcerated. This study also concluded that inmates who experienced multiple traumatic events exhibited more serious violent behavior during incarceration (Neller, Denney, Pietz, & Thomlinson, 2006).

A study published in 2010 by Carlson and Shafer examined histories of trauma other stressful events among incarcerated parents, looking at childhood and adult trauma with particular attention to gender and race differences. Two men's correctional facilities and one women's facility in Arizona were used to recruit the final sample. All women in the facilities were invited to participate and a representative sample of men was also recruited. At one of the male facilities a convenience sample was used because of difficulty recruiting from the random sample generated. The final sample included 838 men and 1,441 women, all of whom were parents. Participants were asked to complete a paper survey that included the Parent Questionnaire, an instrument that asked about family, trauma history, criminal justice history, and some additional demographic information. The trauma questions were drawn from an instrument used in another study funded by SAMSHA (Carlson and Shafer, 2010).

A majority of the sample (50.8%) were White or Latino (29.7%), with Blacks making up a smaller portion of the sample (12.5%) (Carlson and Shafer, 2010). There were gender and race differences in the types of events that participants were more likely to have experienced. Overall

the sample reported high rates of abuse during both childhood and adulthood, with 45% experiencing physical abuse as a child and 47% reporting adult experiences of physical violence. White participants were more likely to report being in a disaster, life threatening accident or experiencing physical violence by a family member and Blacks were more likely to report having a mental illness and being the victim of sexual assault. The mean number of traumatic events experienced was 6.66 with women reporting a slightly higher number of events than men. Blacks also reported a higher number of stressful or traumatic events than any other racial group in this study. The researchers also found a relationship between the number of events experienced in childhood and the age of first arrest, with those reporting more traumatic events being arrested at an earlier age. They also highlighted the high number of traumatic events experienced by men in the sample both in the community and during incarceration (Carlson and Shafer, 2010).

Comparatively, Wolff, et al. (2014) recruited a random sample of 592 adult men from a high-security prison in Pennsylvania to understand the presence of trauma exposure and PTSD. Potential participants were screened for PTSD using the PTSD Checklist-Civilian (PCL-C) and then they were administered the Clinician-Administered PTSD Scale (CAPS) and the Structured Clinical Interview for DSM-IV-Non-Patient Version with Psychotic Screen (SCID-NP) at the second interview. They found that 99% of their sample had experienced a traumatic event in their lifetimes, with 70.9% experiencing childhood trauma and one in every five of those in the entire sample reporting sexual trauma at some point in their lives (Wolff, et al., 2014).

A recent study by Jäggi, et al. (2016) investigated the relationship between trauma and criminal involvement among Black Americans using a representative sample from the National Survey of American Life (NSAL). Interviews were conducted in person and include questions



about trauma exposure, PTSD (World Mental Health Composite International Diagnostic Interview, WMH-CIDI), and criminal justice history, all of which were assessed by self-report (Jäggi, et al., 2016).

This study analyzed a subset of data for this study that included only data from Black (3,570) and Afro-Caribbean (1,619) respondents (Jäggi, et al., 2016). The researchers found that over 82.6% of men in the sample had experienced at least one traumatic event, and over 90% of those who had been in prison had experienced a traumatic event. Those who reported 4 or more traumatic events had a four times higher chance of being arrested and a five times greater chance of being incarcerated compared to participants who had not experienced a traumatic event. Having PTSD was also found to be associated with involvement in the criminal justice system in this sample, but there was a stronger relationship between the number of traumatic events experienced and justice involvement than between PTSD and justice involvement. They did note the need for further research into the relationship between trauma and incarceration and in particular, the trauma that may occur during incarceration playing a role in continued justice involvement (Jäggi, et al., 2016).

Although it is widely recognized that prisons are violent environments, there is strikingly little research about violence experienced by prison inmates (Boxer, Middlemass, & Delorenzo, 2009; Hochstetler, et al., 2004; Kubiak, 2004). Not only is the prison environment a place that exposes inmates to violence, the inmates' experiences prior to being incarcerated may make certain inmates more likely to be victims of violence in prison (Hochstetler, et al., 2004). As described in the earlier discussion of the effects of violence on children, increased aggression that was learned as a result of exposure to violence in prison may increase the chances that an inmate may interact with another inmate in a hostile manner. Inmates have histories of abuse and

neglect that are higher than the general population, and some research has noted incarcerated men with rates of trauma four times that of men in the general population (Hochstetler, et al., 2004; Kubiak, 2004; Neller, et al., 2006). Hochstetler et al. (2004) found that depression and other symptoms of trauma were associated with being victimized while in prison and that trauma

prior to incarceration contributed to victimization while in prison. Kubiak (2004) found that men were more likely than women to report exposure to traumatic events during incarceration.

Although there are some studies of trauma among incarcerated people, the examination of this population, and particularly of incarcerated adult men, is limited. This leaves significant questions about the role that exposure to multiple traumatic events plays in the struggles these men face during reentry that need to be addressed through further research. While there is a large body of literature on trauma, the discussion and literature about exposure to multiple traumatic events is relatively recent. There is limited research on exposure to multiple traumatic events, particularly as it relates to Black justice-involved men, and there continues to be work on the development of diagnostic criteria that adequately addresses the symptoms of exposure to multiple traumas, as opposed to exposure to a single traumatic event. Research on exposure to multiple traumatic events in justice-involved men is even more limited. The literature that does exist on justice-involved men suggests that many of them are exposed to various types of potentially traumatic events over the life course. Specific types of exposure to violence, such as community violence, violence associated with criminal involvement, and violence during incarceration, are particularly high. In spite of this, the literature lacks specific research about exposure to multiple traumatic events and the challenges faced by incarcerated Black men. A longitudinal exploratory study to examine if exposure to multiple traumatic events is predictive of recidivism could add to our ability to better help those released from prison.

### **Complex Trauma Examined**

#### **Exposure to Multiple Traumatic Events**

Many people exposed to multiple traumas during their lifetimes may not meet the criteria for the diagnosis of PTSD, although they may also suffer significant impairments as a result of

trauma (van der Kolk, 2005). The experience of multiple traumatic events or exposure to chronic trauma, particularly when it occurs during childhood, causes pervasive damage. Exposure to multiple traumatic events is often referred to as *complex trauma*, because this type of exposure can result in the development of a complex set of symptoms that are not always identified in relation to exposure to repeated trauma. Instead, these people may be diagnosed with a variety of psychiatric disorders (e.g. borderline personality disorder, bipolar disorder) (Herman, 1997; Hien, et al., 2009; van der Kolk, et al., 2007). They may receive treatment for those disorders, without addressing the underlying trauma and developmental roadblocks that led to the development of the identified symptoms (van der Kolk, 2005).

The ACE study found that the more traumatic events a person was exposed to, the more likely they were to demonstrate health risk behaviors as an adult, and the number of health risk behaviors increased as the number of traumatic events they were exposed to increased (Felitti, et al., 1998). Participants who reported four or more adverse events were at 2 to 12 times greater risk for mental health issues (e.g., PTSD, depression), high-risk sexual behavior (multiple partners, lack of condom use), addiction (e.g., drug/alcohol use), health risk behaviors (e.g., smoking) and poor health (Felitti, et al., 1998). Exposure to multiple traumatic events over the life course has implications not only for the individual's emotional health, but also influences behavior in ways that impact physical health.

While most people associate PTSD with the experience of trauma, clinicians see patients who come to treatment with symptoms not encompassed in the diagnosis of PTSD. Van der Kolk noted that the symptoms commonly seen in patients who had experienced multiple traumas over the life course “include depression and self-hatred, dissociation and depersonalization,

aggressive behavior against self and others, problems with intimacy, and impairment in the capacity to experience pleasure, satisfaction and ‘fun’ (van der Kolk, 2001, p. 2).

In the early 1990s, the idea of complex trauma, complex PTSD, or Disorders of Extreme Stress Not Otherwise Specified (DESNOS) were introduced by Judith Herman (1992) as a way to understand the symptoms seen in victims of multiple or chronic trauma. The concept of complex trauma developed in response to a growing recognition that people exposed to a single traumatic event might develop symptoms of PTSD, but people exposed to multiple traumatic events often developed a more complicated response to this type of traumatic response (Zucker, Spinazzola, Blaustein, & van der Kolk, 2006).

Complex trauma is characterized by 1) having exposure to multiple events of the same or varying types, 2) occurring over a prolonged period of time, 3) involving interpersonal rather than other types of trauma, 3) occurring during vulnerable periods in a person’s life (Courtois, 2011). While complex trauma began as a way to describe the effects of child abuse, it has expanded to incorporate many other forms of trauma occurring both during childhood or adulthood (e.g., domestic violence, war, community violence, captivity/imprisonment, serious injury/illness) (Courtois, 2004, 2011). I use the term *complex trauma* to refer to the symptoms commonly seen among chronic trauma survivors. I have decided to use this term rather than DESNOS because for the average person this term is more accessible and has less of a diagnostic tone and potential stigma attached to it.

The use of complex trauma to conceptualize the symptoms seen in this and other highly traumatized populations is important for two reasons. First, complex trauma provides a diagnosis that explains the pervasive nature of the effects of exposure to multiple traumatic events. It provides a more appropriate model for symptoms displayed and allows the clinician to consider

and address the reasons that these behaviors developed (Courtois & Ford, 2009; Hien, et al., 2009). Second, this diagnosis is less stigmatizing than the other diagnoses attributed to people with histories of complex trauma, such as Borderline Personality Disorder, Antisocial Personality Disorder, or Bipolar Disorder (Courtois & Ford, 2009). A personality disorder diagnosis often causes clinicians to reject treating patients, because they are viewed as difficult to treat (Courtois & Ford, 2009; Hien, et al., 2009). In the criminal justice system, a personality disorder diagnosis may signal that the person is out of control and cannot be expected to follow society's rules (Courtois & Ford, 2009; Hien, et al., 2009). In recent years, the concept of complex trauma has become a way to categorize the group of symptoms that can develop after exposure to traumatic events or extreme stress that occurs on multiple occasions or over a prolonged period of time (Courtois, 2004).

### **Complex Trauma: A Framework for Understanding Trauma in Incarcerated Men**

The theory of complex trauma is the framework I will use to examine the trauma experienced by incarcerated Black men and how it is related to their ability to return to a productive life in the community. While many people think about trauma in terms of experiencing a single traumatic event, for some people trauma is an ongoing experience. While the literature has been dominated for many years by the study of the impact of exposure to a single traumatic event and the resulting PTSD, there is now a growing body of literature focused on exposure to multiple traumatic events, some of which span long periods of time.

The traumas that typically lead to the development of complex trauma and its associated symptoms often begin in childhood, usually taking place during this critical period of development and frequently are caused by someone who is supposed to provide care and safety for the child (Courtois & Ford, 2009). The symptoms associated with complex trauma are

characterized by affect dysregulation (e.g., difficulty controlling emotions), problems with attention, somatic symptoms (e.g., pain), changes of character, and loss of belief systems (the values, beliefs, and worldviews that guide our daily lives) (Hien, et al., 2009; van der Kolk & Courtois, 2005; van der Kolk, et al., 2007). The person with complex trauma typically has a difficult time regulating emotions and controlling anger (van der Kolk & Courtois, 2005; van der Kolk, et al., 2007). They also often display self-destructive behaviors, such as self-mutilation, suicidality, substance abuse, and eating disorders (van der Kolk & Courtois, 2005; van der Kolk, et al., 2007). Dissociation or inability to remember the traumatic event also is typical of this diagnosis (Courtois & Ford, 2009; van der Kolk & Courtois, 2005; van der Kolk, et al., 2007). The person's traumatic past is often expressed through the body in somatic complaints such as chronic pain and sleep disorders (Courtois & Ford, 2009; van der Kolk & Courtois, 2005; van der Kolk, et al., 2007).

The symptoms associated with a history of experiencing repeated traumatic events commonly are seen in people involved in the criminal justice system. Symptoms such as risk-taking behavior, aggression, and substance abuse may have contributed to their arrests (van der Kolk, 2005). In a study by Maschi and Gibson (2013) of male justice-involved youths, it was noted that they experienced alterations in their belief systems that made it more difficult for them to stay out of prison after their release (Maschi & Gibson, 2012). These young men have more negative feelings of self-worth and decreased sense of the safety and fairness of the world (Maschi & Gibson, 2012). This change to their belief systems, from a positive worldview to a negative worldview, is one of the hallmark symptoms of complex trauma (Hien, et al., 2009; van der Kolk & Courtois, 2005; van der Kolk, et al., 2007).

People who have experienced this type of trauma exposure are often misdiagnosed, diagnosed with multiple psychiatric conditions, or simply go undiagnosed into adulthood (Courtois & Ford, 2009; Hien, et al., 2009; van der Kolk, et al., 2007). These problems in the diagnosis of this group of trauma survivors complicate their recovery because they are either not receiving any treatment, or the treatment is not addressing the history of trauma (Courtois & Ford, 2009; Hien, et al., 2009; van der Kolk, et al., 2007).

For justice-involved people, misdiagnosis is common and often has devastating consequences. In the criminal justice system, misdiagnosis with bipolar disorder or a personality disorder can prevent placement in an alternative to incarceration program or mental health treatment facility and lead to longer sentences. This group of trauma survivors also may be traumatized further in the prison system, where they are more likely to be heavily medicated to control their behavior, leaving them vulnerable to further victimization or placed into solitary confinement, which also has a negative impact on their mental health (Kupers, 1996, 1999).

My conceptual framework for this study is informed by the work of van der Kolk and others who have developed the concept of complex trauma. Exposure to trauma both pre-incarceration and during incarceration may result in the development of complex trauma symptoms. Once released from prison, the returning citizens may confront these symptoms while trying to navigate their reentry and all the requirements that this period of readjustment requires. Drawing on complex trauma, this study examined whether the magnitude of trauma exposure predicts increased recidivism.

### **Study Research Questions and Hypotheses**

The empirical evidence and theoretical frameworks presented earlier were used to inform the development of the research questions and hypotheses that were explored in this study.



## Research Questions

- 1) What was the frequency of exposure to trauma among this sample?
- 2) What was the severity of trauma exposure in this sample?
- 3) What types of trauma exposure did participants report?
- 4) What methods of exposure did participants report (direct exposure or witnessed)?
- 5) Does experiencing multiple traumatic events predict recidivism?

## Hypotheses

Based upon this review of the literature on reentry, I hypothesize that:

Hypothesis 1: Black men face greater exposure to trauma both prior to and during incarceration, compared to men of other racial/ethnic groups and women of all racial/ethnic groups.

Hypothesis 2: Individuals exposed to a greater magnitude of trauma are more likely to recidivate.

## CHAPTER V: METHODOLOGY

### Research Design

Secondary data analysis of data collected by the parent study *Structures, Health, and Risk among Re-entrants, Probationers, and Partners* (SHARRPP) was performed for this dissertation. Baseline survey data from the SHARRPP study and data on recidivism that was collected from the Connecticut Department of Corrections during the two-year period following baseline enrollment was analyzed to address the research questions and hypotheses outlined above. SHARRPP includes a sample of men and women either released into the community in the year prior to enrollment after spending at least 24 hours in prison or jail, or placed directly on probation during the year prior to enrollment. For the purposes of this analysis, we will focus only on those participants released from jail or prison who enrolled in the SHARRPP study (n=266).

### Host Study Background

SHARRPP was a study conducted at the Center for Interdisciplinary Research on AIDS (CIRA) at the Yale University School of Public Health and American University's Center on Health, Risk and Society in the Department of Sociology. The study is funded through an R01 grant from the National Institute on Drug Abuse (1R01DA025021-01A1). The grant Principal Investigator Dr. Kim Blankenship is the Director of the Center on Health, Risk, and Society and the Chair of the Department of Sociology at American University. SHARRPP is a mixed methods longitudinal study that followed 301 participants for two years. Baseline data collection began in the summer of 2011. Participants were then asked to return to complete a survey every six months for a two-year period (four waves of follow-up).

SHARRPP analyzed the interconnections between coercive mobility (the massive migration between the criminal justice system and the community) produced by U.S. drug policies and race disparities in HIV-related sexual risk among a sample of drug offenders in Connecticut (CT). It also examined whether social disorganization in the communities to which the reentrants returned mediated the association between coercive mobility and HIV-related sexual risk. Data were collected using a self-report computer-assisted survey that was administered to 301 participants. Study enrollment and data collection took place in New Haven, Connecticut, and participants were paid \$40 for completing the baseline survey and \$50 for each follow-up survey. The Yale Human Investigations Committee and the Institutional Review Board at American University approved the study prior to the start of baseline enrollment, and the study was reapproved annually after the initial approval.

Of the 1,043 people who were screened, 368 were deemed eligible for the study. Out of the 368 who were eligible, 302 completed the baseline survey (246 men, 55 women, and 1 trans-woman), for a study response rate of 82%. Their involvement in the criminal justice system and the time frame of their involvement was confirmed through the Connecticut Department of Corrections or the Probation or Parole office. Those who were determined to be eligible were scheduled for an intake appointment where they were consented, asked to provide demographic and contact information, and oriented to the computer-assisted survey.

All 302 participants completed the computer-assisted survey instrument. The structured survey took approximately one and a half to two hours to complete. The survey contained questions about various facets of participants' lives including demographic information, education and employment, housing stability, family history, drug use, criminal justice history, exposure to trauma, and health history.

The baseline survey was administered using Audio Computer-Assisted Self-Interview (ACASI) because this method of data collection has several advantages. One benefit of using ACASI is that it allowed the study to ask participants about sensitive issues in an anonymous way. The participant would not feel compelled to answer the question in a socially acceptable way, as they might if a research assistant administered the survey. Another advantage of this method of data collection is that participants with low literacy were able to take the survey because the computer reads and highlights each question and answer. Follow-up surveys were conducted using Qualtrics, which shared the same advantages as ACASI. I relied solely on the data obtained from the Connecticut Department of Corrections database for the recidivism variable because approximately one third of the participants did not return to take the survey at the first follow-up, 80% returned at least once, and 50% of the sample completed all four of the follow-up surveys, and the CT DOC data provided information on re-incarceration for everyone in the sample, not just those who returned for follow-up.

When participants arrived in the SHARRPP office for the baseline survey they were consented and oriented to the study, and a research assistant explained some of the more complicated parts of the survey. The participant then moved to a computer where the research assistant oriented them to using the computer. The computer read each question to the participant and the responses were highlighted on the computer screen as they were read. The research assistant was available throughout the process if the participant needed help. After the participant completed the survey, they were moved to a private room. The research assistant then debriefed each participant and provided them with a resource brochure that had information about health, mental health, and reentry services in New Haven. There were also additional resources available

in the office for all participants. A copy of the consent forms, the baseline survey, and the debriefing procedures are included in the Appendix.

## **Dissertation Study Procedures and Protocol**

### **Sample and Sampling Procedures**

Although the SHARRPP study enrolled people who were released from prison or jail or placed on probation in the last year, I excluded those who were placed on probation in the last year. Since the focus for my analysis was on recidivism, I chose to include only those who were released from jail or prison in the sample. Excluding those who were placed on probation left a final  $n = 266$ . Although I will focus on Black men in my discussion of the data, I have included both men of all racial groups and women in the analysis so that I can look for differences in trauma exposure between groups.

Only the baseline survey data were used for my analysis along with Department of Corrections data from baseline enrollment in 2011 through the end of the study in the fall of 2014. The Department of Corrections data showed whether or not the participants returned to jail (for at least 24 hours) or prison during the two-year follow-up period. This data was obtained directly from the Connecticut Department of Corrections database on a weekly basis from the start to the end of the study. The decision to follow participants for a two-year period from baseline through the end of the study was made based on a review of the reentry literature. Reentry studies usually follow participants for a minimum of one year post-release, and most of those who return to prison after release do so within the first three years after release.

### **Study Measures**

The SHARRPP baseline survey is a survey instrument that asks participants about several aspects of their lives both prior to and in the time since their recent criminal justice involvement.

The SHARRPP survey already includes questions related to reentry from the Urban Institute (UI) survey “Returning Home: Understanding the Challenges of Prisoner Reentry in Texas.” It also has questions about relationships with family and intimate partners adapted from the Conflict Tactics Scale, the Social Provisions Scale, and the Family Functioning Scale. Information about criminal history, history of incarcerations, and incarcerations during the study also was collected and was used to examine recidivism among the sample.

In order to gather data about the participants’ previous exposure to trauma, I added questions about exposure to trauma to the survey instrument. I adapted the My Exposure to Violence (My ETV) self-report, an instrument used in the Project on Human Development in Chicago Neighborhoods, a longitudinal study that looked at a number of factors affecting several neighborhoods in Chicago (Earls, et al., 2002). My ETV was found to be reliable with both a high internal consistency (Cronbach’s Alpha,  $r = .68$  to  $.93$ ) and test-retest reliability (Intraclass Correlation,  $r = .75$ -.94) (Selner-O’Hagan, 1998). This instrument asks about a number of potentially traumatic events that a person might experience and uses the term “violence” to describe physical (e.g., being hit), sexual (e.g., rape), and emotionally violent experiences (e.g., verbal abuse, threats) that one might encounter, as well as accidents, both manmade and those caused by nature. The instrument includes questions about a number of events that might be considered traumatic. The instrument asks about the *method* of trauma exposure: direct exposure to trauma (the individual experiences the traumatic event) and indirect exposure to trauma (the individual witnesses someone else experiencing the traumatic event) (Brennan, et al., 2007). It also asks participants about the *type* of trauma exposure: emotional abuse (e.g., threatening to harm a family member, controlling activities), physical assault (e.g., being hit), sexual assault (e.g., rape), natural disasters (e.g., hurricane), and loss of family or friends (Herman, 1997; van

der Kolk, et al., 2007). My ETV examines exposure to violence by considering both the amount of exposure and the severity of the violent event (Selner-O'Hagan, 1998). I adapted the My ETV survey for this population with input from SHARRPP's principal investigator (Dr. Kim Blankenship) and project manager (Dr. Amy Smoyer).

I selected this instrument after reviewing a number of instruments from different fields that assess trauma exposure. I selected this instrument over one of the traditional trauma measurement instruments for two reasons. One, my goal was not to assess and diagnose PTSD in the participants. Two, I was most interested in learning about experiences of childhood abuse, violence in the home, and exposure to community violence. This instrument includes a wider array of experiences than many of the other clinical trauma instruments and is more specific in asking about the particular types of events formerly incarcerated people from an urban population may have experienced. I was interested not just in experiences of child abuse, but also in experiences of community violence, gun violence, and physical assault — both directly experienced and witnessed — that might be common in this population. It includes traumatic events that were experienced directly by the participant, that were witnessed by the participant, and things that happened to someone they knew. The instrument also distinguishes between the location of the event (e.g., within the home, neighborhood, prison) and the perpetrator of the event (e.g., stranger, family member, corrections officer). The survey asked about events that have *EVER* occurred and those that have occurred in *the last twelve months* (See Appendix C).

## **Variables**

### **Independent Variable: Trauma Exposure**

For the purposes of this study, *trauma exposure* refers to exposure to an event that would be considered distressing as identified in the existing trauma literature (see Table 1). A

determination of what events should be considered *traumas* was made based on the study's theoretical and conceptual frameworks (i.e., complex trauma theory), as well as a review of the trauma literature, trauma assessment measures, and events identified as traumatic in other research studies. Calling the event a *trauma* does not imply that the person had a negative reaction to the event or developed PTSD after experiencing it. It is only meant to indicate that the event is one that typically would be characterized as distressing and may require the use of internal and external resources to cope (Herman, 1997; van der Kolk, et al., 2007). My study does not make a judgment about the impact of the event on the individual.

Even though it may make sense to define trauma in relation to events and psychological reactions, in these analyses the trauma independent variable will only refer to events and not to psychological reactions. In this study, the survey did not assess the individual's reaction to the traumatic event, only whether or not an individual has experienced an event that could be defined as traumatic.

The trauma section of the SHARRPP survey contains 35 questions that ask about a variety of traumas including both direct trauma and indirect trauma, physical, sexual and emotional abuse, physical assault, gun violence, natural disasters, and loss of a family member. For each type of trauma it asks a series of questions aimed at gathering information about the nature of the traumatic event.

Trauma exposure was assessed using a series of questions about the traumatic events that the participant experienced over his or her lifetime. Since I was interested in the number of cumulative traumas the individual has experienced, each question asks for the number of times the person had *ever* experienced each specific traumatic event. "The tendency for children or adults to have experienced multiple, different forms of trauma is referred to as cumulative



trauma in the literature, operationalized as the total number of different types of interpersonal trauma experienced by a given individual” (Hodges, et al., 2013). The number of trauma exposures has been identified as a predictor of poor health and mental health outcomes and results in a more complex cluster of symptoms (Cloitre, et al., 2009; Hodges, et al., 2013).

Several trauma exposure variables were created to examine the concept of trauma exposure in the study sample: 1. Level of trauma exposure, 2. Method of trauma exposure, 3. Type of trauma exposure, 4. Lifetime trauma exposure score.

*Level of Trauma Exposure:* The *level of trauma exposure* variable was created by taking the total number traumatic events experienced by each participant and coding this total trauma frequency into the categories: none, 1-2, 2-3, 4 or more. These levels were defined based on the way that the questions were asked in the My ETV instrument.

*Method of Trauma Exposure:* The *method of trauma exposure* variable was created by combining the specific traumatic events experienced into one of two categories: 1. victimization (having the traumatic event happen to the individual) and 2. witnessing (seeing the traumatic event happen to someone else) (Brennan, Molnar, & Earls, 2007). All events that were experienced directly were collapsed into the victimization category, and all events that a participant saw happen to someone else were collapsed into the witnessed category.

*Type of Trauma Exposure:* The *type of trauma exposure* variable was created by sorting the specific traumatic events experienced into three categories: emotional, physical, and sexual trauma. These categories were selected and specific events placed into them based on the way that types of trauma typically are categorized in the trauma literature (Herman, 1997; van der Kolk, et al., 2007).

*Lifetime Trauma Exposure Score:* Since complex trauma is conceptualized in the literature as being caused in part by both the severity and frequency of the trauma experienced, the My Exposure to Violence Survey (My ETV), Wave 3 from the Project on Human Development in Chicago Neighborhoods was used to assess participants' lifetime exposure to trauma (Earls, et al., 2002).

The My ETV survey was used to create a proxy measure that incorporates the severity and frequency of exposure to trauma into a numerical score. The type of exposure and the specific items were given a severity score that was created using a three-level hierarchical nonlinear model with embedded item response theory (IRT) models (Brennan, et al., 2007; Cheong & Raudenbush, 2000). The estimated severity scores by type of exposure are included in the table below from Brennan, et al., 2007.

Table 3  
*Estimated Severity Scores Associated with Specific Types of Traumatic Events*

Scale	Item	Estimated Severity
Victim	Shot	5.06
	Sexually assaulted	3.38
	Shot at	3.10
	Attacked with weapon	2.72
	Threatened	1.78
	Chased	0.81
	Hit	0.00
Witnessed	Killed	4.60
	Shot	3.74
	Shot at	3.23
	Attacked with weapon	2.69
	Threatened	2.53
	Chased	0.95
	Hit	0.00

Each participant was given a severity score based on the items that they endorsed having experienced in the survey. The score was calculated by adding together the severity score of each item that they experienced. Each person was given a severity score for witnessing a traumatic event item and a separate severity score for directly experiencing each of the items.

In addition to the severity score, I also created a score that takes into account the frequency of events experienced. For each specific event, I recoded the variable to indicate the frequency (0 = 0 events, 1 = 1 event, 2 = 2 or more events). The number for each event was added together to create a frequency score for witnessed events and a separate frequency score for events in which the person was the direct victim. For example, if a participant witnessed a person being shot on three separate occasions and someone being killed one time, they would have a score of 2 (witnessing someone being shot) plus a score of 1 (witnessing someone being killed) for a total frequency score of 3 for witnessing. They would receive a separate score for being the victim of a potentially traumatic event that would be calculated using the same method.

I created the four separate scores described below: 1. Severity of events (witness), 2. Severity of events (victim), 3. Frequency of exposure (witness), 4. Frequency of exposure (victim). Events experienced as a witness and as a victim were then weighted based on the literature that demonstrates being the victim of an experience is likely to have a stronger impact than experiencing an event as a witness. The frequency of exposure scores were also weighted based on the literature that the severity of an event is likely to have more impact than merely the frequency of the event. These four scores were then combined to create a trauma score that accounted for both the severity and frequency of the event experienced by each participant.

Witness Severity Score: Severity score (witness) \* 0.4

Victim Severity Score: Severity score (victim) \* 0.7

Witness Frequency Score: Frequency score (witness) \* 0.2

Victim Frequency Score: Frequency score (victim) \* 0.3

These weighted scores were then added together to create a Trauma Exposure Score for each participant: Trauma Exposure Score = Witness Severity Score + Victim Severity Score + Witness Frequency Score + Victim Frequency Score

### **Dependent Variable: Recidivism**

Recidivism is defined as a return to involvement in activity that results in rearrest, reconviction, or return to prison during the period following release from jail or prison (National Institute of Justice, 2014). Information about a return to jail or prison during follow-up was obtained from the Connecticut Department of Corrections (CT DOC) database on a weekly basis. This information provided data on the date of arrest, charge, and release date (if applicable). It included data for anyone who spent at least 24 hours in jail or returned to prison in Connecticut.

The outcome of interest in this study is recidivism after the index incarceration. Recidivism (0 = no, 1 = yes) is the dichotomous outcome variable in the model. The variable was obtained through use of CT DOC data and provides information about any participant who was returned to jail or prison during the two-year follow-up period. Anyone with an incarceration date will have a 1 = yes for this variable and anyone without an incarceration date will receive a 0 = no for this variable.

From the CT DOC data, I also created the time variable for the survival analysis. I used the date of baseline enrollment and the date of first re-incarceration if they were re-incarcerated during the course of the study to create a variable that provided the number of weeks until the participant returned to jail/prison or was censored. Those participants who did not return to jail or prison during the study period were given a value of 104 weeks (2 years) for the time variable.

## **Covariates**

Several covariates will be considered in the analysis including several demographic and participant characteristics.

### **Gender**

Gender is the socially defined construct that outlines the culturally appropriate roles and behaviors for men and women (World Health Organization, 2016). Gender has been associated with recidivism, with men being more likely to return to prison than women (Hughes & Wilson, 2004). Participants were asked to identify their gender at the beginning of the survey. Since only one person identified as transgender female, that person was collapsed into the female category, leaving a dichotomous variable for gender (0 = male, 1 = female).

### **Race/ethnicity**

Race/ethnicity is a social constructed grouping of people based upon ancestry, skin color and culture. *Black* refers to a person or group of people with African ancestry who self-identify as *Black* (National Institutes of Health, 2015). *White* refers to a person or group of people with European, Middle Eastern, or North African ancestry who self-identify as *White* (National Institutes of Health, 2015). *Hispanic* refers to a person or group of people who are of Spanish descent of any race including the peoples of the Spanish-speaking Caribbean, South and Central America, and Mexico (National Institutes of Health, 2015). Previous studies have found that race is predictive of recidivism, with Blacks being more likely than Whites to return to prison after release (Kohl, Matthews Hover, McDonald, & Solomon, 2008; Wehrman, 2010). The variable used in this analysis categorized participants as Black, White, Hispanic or Other. Responses were coded 1 = White, 2 = Black, 3 = Hispanic, and 4 = Other.

## **Age**

Age is defined as the number of years a person has been alive, from birth to baseline enrollment in the study. The reentry literature has identified age as a factor in recidivism, with those who are older being less likely to return to prison after release, particularly those ages 55 and over (Hughes & Wilson, 2004; Kohl, et al., 2008). For the purposes of this analysis, age is the number of years from birth to baseline enrollment in the study. Two variables were used for age in this analysis. One used the participant's age at the time of the baseline visit as a continuous variable and one categorized age into categories (20-29, 30-39, 40-49, 50 and over).

## **Marital Status**

Marital status describes the status of the participant's relationship to a significant other. Connections with family both during and after incarceration have been identified as a key source of support after release from prison and as a potential factor in preventing recidivism (Kohl, et al., 2008; Petersilia, 2003; Tonry & Petersilia, 1999; Visher, et al., 2009; Visher, et al., 2010). Two versions of the marital status variable were in the analysis. The descriptive analysis used the variable as it appeared in the baseline survey (0 = never married, 1 = married, 2 = separated, 3 = divorced, 4 = widowed, 77 = other). This variable was then collapsed into two categories (0 = never married, 1 = ever married) for the multivariate analysis because of the limited number of participants in the categories other than never married.

## **Education**

Education is defined as formal learning at a public or private institution. Education level is a variable that can affect the person's ability to find employment after release and to have an income that will be able to support them and their families without reliance on criminal activity (Visher, et al., 2010). The educational level of those who are incarcerated often is limited by

their incarceration, the lack of educational programs available while in jail/prison, and the barriers to higher education that occur as a result of having a criminal record (Visher, et al., 2010). The education variable was created from one question about the highest level of education obtained. This variable was collapsed into three categories (0 = Less than high school, 1 = High school/GED, 2 = Some college or above) for the descriptive analysis. For the survival analysis the variable included six categories (1 = 8th grade or less, 2 = Some high school, 3 = High school diploma, 4 = GED., 5 = Some college, 6 = College graduate or above).

### **Employment**

Employment is defined as working at a legal job for which the person is paid. The reentry literature identifies employment as an essential aspect of the reentry transition that can contribute to whether the person is able to avoid recidivism, but having a history of incarceration often is a significant barrier to finding employment after release (Petersilia, 2003; Thompson, 2009; Visher, et al., 2010). This variable was created from a question about whether or not the participant had a job between the time of release from prison/jail and the baseline survey. Responses were coded dichotomously as 0 = not employed and 1 = employed.

### **Program Participation**

Program participation is defined as taking part in a series of planned activities with a goal of gaining a set of skills or reaching a defined endpoint or goal. Programs such as drug treatment and pre-release programs are offered to help decrease prisoners' chances of returning to prison after they are released, although some studies have found that those who participate in pre-release programs are at higher risk for recidivism (Kohl, et al., 2008; La Vigne, Brooks, and Shollenberger, 2007; La Vigne, Shollenberger, and Debus, 2009; Petersilia, 2009). They were created to address the issues that people will face after release in their effort to avoid returning to

prison. Aspects of their lives such as drug or alcohol use, preparing for employment, and reestablishing one's life in the community are factors that can impact recidivism when people return to the community (Petersilia, 2009; Thompson, 2009).

Two questions in the survey asked about program participation during the most recent incarceration and were used in the analysis. One question asked about participation in drug treatment during their most recent incarceration, and the second question asked about participation in a pre-release program during their most recent incarceration. These two questions were included in the analysis as separate variables. Responses were dichotomously coded as 0 = no and 1 = yes.

### **Community Supervision**

Community supervision is defined as being monitored by a law enforcement agency (probation or parole) after release from jail or prison. The existence and quality of community supervision after release from prison is a key piece of their reentry experience. However the evidence of the impact of community supervision after release is mixed. While researchers found that post-released supervision helped formerly incarcerated people with employment and drug relapse, they also discovered that it did not reduce participation in criminal activity or rearrest and that it increased their risk of incarceration (Yahner, Solomon, & Visser, 2008). Whether or not the participant was receiving supervision in the community was based on responses to questions about whether the participant was on parole or probation post-release. Both parole and probation were included because in Connecticut a person can be placed on parole, probation, or both after release from prison or probation after release from jail. Responses were dichotomously coded as 0 = no and 1 = yes.



## **Housing**

Housing is defined as having a place to seek shelter. Those released from prison/jail often face significant housing instability following release, which can exacerbate many other issues including the ability to find and maintain employment (Geller & Curtis, 2011). A variable that captures housing after release was created because of the relationship between housing stability and recidivism. The reentry literature identifies housing after release as a key factor in reducing recidivism and improving the reentry prospects for those released from prison. Housing was assessed using responses to one question about where the participant has lived since his/her release from prison. Responses were dichotomously coded for the descriptive analysis as 0 = homeless and 1 = housed. For the survival analysis the variable was included in more detail (1 = your own house/apartment, 2 = girlfriend, boyfriend, spouse's home, 3 = mother's home, 4 = father's home, 5 = male family member's home, 6 = female family member's home, 7 = female friend's home). This decision was made because there may have been differences in the outcomes for people living in different housing situations, and I wanted to be able to see this in the analysis.

## **Incarceration History**

Incarceration is defined as spending time in a correctional facility (jail or prison) for a prescribed period of time. Having a history of incarceration and, in particular, a history of juvenile incarceration is a known risk factor for future recidivism (Kohl, et al., 2008). The number of arrests, number of incarcerations, and juvenile convictions were included in the descriptive analysis as separate variables. Questions from the incarceration history section of the survey were used to assess history of incarceration. Participants were asked to enter the number of arrests, the number of previous incarcerations, and the number of juvenile convictions. For the

survival analysis, juvenile convictions was a dichotomous variable and responses were coded as 0 = no and 1 = yes.

### **Mental Illness**

Mental illness is a condition that affects a person's mood, behavior, and thinking (Mayo Clinic, 2015). Mental illness was included as a variable in the analysis because of its connection to both trauma and recidivism (Skeem, Manchak, & Peterson, 2011). A traumatic event or series of events can trigger the onset of mental illness or exacerbate an existing mental illness.

Exposure to trauma, particularly repeated traumatic events, can result in PTSD, complex trauma, depression, and personality disorders. Mental illness that is untreated or not managed properly can contribute to behaviors that lead to recidivism and to further involvement in the criminal justice system. Participants were asked if they had ever been diagnosed with a mental illness.

The responses to this question were dichotomously coded as 0 = no and 1 = yes.

### **Drug Use**

Drug use is defined as the use of a potentially addictive substance, often to the point of dependence. Drug use is included as a variable in the analysis because of the relationship of drug use and abuse to both trauma and recidivism (Hien, et al., 2009; Visser & Courtney, 2007).

Substance abuse is often used as a way to cope with and forget about traumatic experiences, making efforts to stop abusing substances even more difficult for those with a history of trauma (Briere & Spinazzola, 2005; Hien, et al., 2009). The process of rehabilitation from drug use can intensify the symptoms of trauma. A history of substance abuse increases the likelihood of recidivism among those recently released from prison. This variable was assessed using two questions, one about drug use prior to incarceration and one about drug use since release from prison. Participants were asked to identify which drugs they had used from a list of commonly

used drugs. Responses were coded as 1 = Marijuana, 2 = Marijuana laced with embalming fluid or formaldehyde (also known as “illy”), 3 = Powder cocaine, 4 = Crack cocaine (“rock”), 5 = Heroin, 6 = Prescription opiates not prescribed by an MD (Oxycontin, Vicodin, Methadone, Suboxone, Percocet, Dilaudid, etc.).

### **Data Analysis**

Statistical analysis using SPSS was conducted using existing data from the SHARRPP study as described above to test the study hypotheses.

#### **Descriptive Analysis**

Univariate analyses were completed to describe the characteristics of the sample (gender, race, age, education level, employment, marital status, income, mental health, substance abuse, housing status, program involvement, and criminal justice system history) and to identify their exposure to trauma (number, type). Frequencies were calculated for each variable and mean, standard deviation, *n*, and percent of the sample were reported for each variable. The sample’s demographics were compared to the characteristics of the general incarcerated population to see if this sample matches the characteristics of the prison population in the United States.

#### **Bivariate Analysis**

Bivariate analysis using one-way analysis of variance (ANOVA) was used to look at trauma exposure by race. The trauma exposure score was compared across racial groups to see if there was a difference in trauma exposure between Black, White, Hispanic, and participants who identified as Other.

#### **Multivariate Analysis**

Survival analysis was used to examine the cohort prospectively from a designated start time (enrollment in study) to the end of the fourth follow-up (2 years). Survival analysis is a form of

regression analysis that allows you to account for events that occur over time and is commonly used when studying recidivism (Allison, 2014). It allowed me to examine who experienced the event of interest (recidivism), when that event occurred, and whether the magnitude of trauma experienced was related to recidivism. Survival analysis is particularly helpful in a study about recidivism because it allows participants to enter the study at different times (date of enrollment). It also allowed me to handle those participants who were censored because they did not experience the event during the study period (Allison, 2014). I was able to collect data about recidivism for those who were lost to follow-up because data about recidivism for this group were available from the CT DOC database.

I generated Kaplan-Meier survival curves for each variable being examined. I then created univariate Cox proportional hazards regression models for each variable being considered. I then included all variables identified based on theoretical underpinnings of this study and literature review as predictors into a multivariate Cox proportional hazards model.

### **Human Subjects Protection**

The proposed protocol was submitted to the Hunter College IRB for review. I only had access to a de-identified data file that only contained the variables that I planned to analyze. Since this study was a secondary data analysis of existing data and the original study had approval from the Yale University Human Investigation Committee, it underwent an expedited review by the Hunter IRB as an exempt study.

At the time of data collection for the parent study (SHARRPP), a research assistant explained the study to all study participants and they were provided with a written consent form to sign. During the consent process, it was made clear to them that their decision to participate in the study would not affect their standing on probation or parole, nor would it affect their

relationship with any service providers in the community. They were also informed that all information collected during the study would remain confidential with the exception of child/elder abuse, or if they are a danger to themselves or others. Participants were given \$40 to complete the baseline survey. Each participant was provided with a resource booklet with local resources for health care, substance abuse, and mental health treatment. The New Haven Reentry Resources brochure was also available in the office for participants to access information about resources for formerly incarcerated people in New Haven, Connecticut.

Because of the sensitive nature of the trauma questions, the SHARRPP staff to put in place extra protections to ensure the safety of participants. A question was added to the survey at the end of the trauma section that asked: “How upsetting was it for you to answer these questions?” This question was created out of the concern that the questions about trauma exposure might trigger emotional response in the participants requiring immediate intervention or referral to a service provider. The computer alerted the research assistant to the participant’s response to the question at the end of the survey, so that the research assistant could assess whether the participant needed to be referred to services. Although all participants received a debriefing after the completion of the survey, the research assistant took extra time with those who said that they found the questions distressing. Anyone who exhibited a high degree of distress during or after the survey was referred to outside services for additional assistance.

### **Data Management and Storage**

All data that was used for the analysis have been de-identified and only contain the participant’s unique identification number. Data is stored on an encrypted laptop that only I have access to, and when not in use, the laptop is kept in a locked file cabinet in a locked office at Yale University.

## CHAPTER VI: RESULTS

This chapter presents study participant demographic information and frequencies for the variables central to understanding trauma and recidivism in the study population. Bivariate relationships between the demographic and other variables identified using the literature review and theory presented here are also presented. Finally, the results of the survival analysis performed to examine the relationship between trauma exposure, the covariates, and time to recidivism are presented and discussed.

### **Study Participants' Sociodemographic Characteristics**

#### **Age, Gender, and Race/Ethnicity**

A total of 266 participants who were recently released from jail or prison were included in this analysis. Of the 266 participants, 85% (n = 226) were males and 15% (n = 40) were females. Participants ranged in age from 20 years old to 62 years old, with a mean age of 38.82.

Forty-seven percent of the study participants identified as Black (n = 126), 31% identified as White (n = 81), 18% identified as Hispanic (n = 47), and the remaining 5% identified as Other (n = 12).

#### **Marital Status**

More than half of the study participants (62%, n = 165) had never been married. Of the remaining participants, 6% percent (n = 17) were married, almost 8% (n = 20) were separated, 17% (n = 46) were divorced, only one participant was widowed, and 6% (n = 17) described their marital status as Other.

#### **Education and Employment**

About half of the participants (51%, n = 135) had a high school diploma or GED. Twenty-eight percent (n = 75) of participants had less than a high school education and 21% (n =

56) had completed some college or higher. The majority of participants did not have a job after release from prison, with 75% being unemployed at the time of the baseline survey.

Table 4.1  
*Demographic Characteristics*

	Mean	SD	n	%
Age	38.82	10.74		
20-29			58	21.8
30-39			78	29.3
40-49			77	28.9
50 and over			53	19.9
Gender				
Male			226	85
Female			40	15
Race/ethnicity				
Black			126	47.4
White			81	30.5
Hispanic			47	17.7
Other			12	4.5
Highest Level of Education				
Less than high school			75	28.2
High school/GED			135	50.8
Some college or higher			56	21.1
Marital Status				
Never married			165	62
Married			17	6.4
Separated			20	7.5
Divorced			46	17.3
Widowed			1	0.4
Other			17	6.4
Employment				
No				75.1
Yes				24.9
Housing				
Ever homeless			159	60

### Criminal Justice System Involvement

Study participants had a mean of 15 arrests and 8 incarcerations. Of the study participants 50.8% (n = 135) had a juvenile conviction. About half of participants (55.1%; n = 146) received some form of drug treatment while incarcerated. A little less than half of participants (42.6%; n = 113) participated in some form of pre-release programming to prepare them for reentry during their recent incarceration.

The majority of study participants spent some time under community supervision, with 73.2% reporting that they were either on probation, parole, or both after their recent release from prison. Thirty percent (n = 80) were on probation and 43% (n = 114) were on parole. Out of the 73.2% who were under some form of community supervision, 8.3% (n = 22) were supervised by both parole and probation after their release from prison.

Table 4.2  
*Criminal Justice Involvement*

	Mean	SD	n	%
Number of Arrests	15.07	13.51		
Number of Incarcerations	7.84	10.05		
Juvenile Convictions	1.6	3.32	135	50.8
Drug Treatment in Prison			146	55.1
Pre-release Program			113	42.6
Community Supervision			194	73.2
No community supervision			50	26.8
Probation			80	30.2
Parole			114	43
Probation and Parole			22	8.3



### Exposure to Traumatic Events

The literature review outlined the different routes of possible trauma exposure. Traumatic events can be witnessed or experienced directly (Brennan, Molnar, & Earls, 2007; Selner-O'Hagan, Kindlon, & Buka, 1998). Traumatic events also can be categorized by the type of exposure, which could be accidental, emotional, physical, or sexual. Tables 4.3 and 4.4 display the level and type of trauma exposure in the study sample. Table 4.3 also shows the number of people reporting a certain method of exposure and number of traumatic events who returned to prison during the study (recidivism).

Of those who reported *witnessing* traumatic events, 76.2% reported witnessing four or more events. The majority of participants (83%) who reported that they were the *victim* of a traumatic event were the *victim* of four or more events in their lifetimes.

As displayed in Table 4.5, a total of 80% of participants witnessed a traumatic event, 73.9% were victims of a traumatic event, and 80.4% both witnessed and were victims of a traumatic event at some point in their lives. Table 4.5 also displays details for each specific type of traumatic event asked about in the baseline survey. Overall the number of people reporting having experienced a traumatic event said that they had experienced four or more events for most categories.

Among those participants who witnessed events, 59.2% witnessed a serious accident, 67.9% saw someone being threatened; 80.4% witnessed someone being hit; 75.5% heard gunfire; 54% witnessed someone being attacked with a weapon; 46.7% witnessed someone being shot at; 37.8% witnessed someone being shot; 31% saw someone being killed; and 14.7% found a dead body.

Reports of being the direct victim of a traumatic event were also high. Of accidental forms of trauma, 28.3% had experienced a natural disaster and 41.1% were in a serious accident. Participants who reported being the victim of sexual abuse totaled 18.2% for sexual abuse and 13.6% for sexual assault. Physical forms of trauma were experienced at high rates in the sample, with 48.7% having been threatened seriously; 45.3% were the victims of robbery, muggings, or break-ins; 63.8% had been hit; 33.6% had been shot at; 17% had been shot; and 70.5% had experienced the death of someone close to them. Almost all of the study participants (92.5%) reported being afraid of being hurt by violence in their neighborhoods.

Table 4.3  
*Pathway of Trauma Exposure*

Trauma Exposure	Lifetime (%)	Recidivism (%)
Witnessed		
None	7.2%	8.3%
1-2	6.8%	7.5%
2-3	8.3%	4.5%
4 or more	76.2%	79.7%
Victim		
None	4.9%	3.0%
1-2	4.9%	6.0%
2-3	5.7%	4.5%
4 or more	83%	86.5%

Table 4.4  
*Type of Trauma Exposure*

Type and Level of Trauma Exposure	Lifetime (%)	Recidivism (%)
Accidental		
None	29.8%	27.8%
1-2	29.4%	30.8%
2-3	24.9%	27.1%
4 or more	14.3%	14.3%
Emotional		
None	15.1%	11.3%
1-2	17.7%	17.3%
2-3	19.6%	21.8%
4 or more	46%	49.6%
Physical		
None	24.2%	21.2%
1-2	31.7%	25.8%
2-3	25.7%	34.8%
4 or more	16.6%	18.2%
Sexual		
None	78.9%	81.1%
1-2	11.7%	12.1%
2-3	3.8%	3.8%
4 or more	3.8%	3.0%

Table 4.5  
*Specific Traumatic Events*

Specific Type of Traumatic Event	Lifetime (%)	Recidivism (%)
Witnessed	80%	
<i>Accidental</i>		
Serious accident	59.2%	62.4%
<i>Physical</i>		
Someone threatened	67.9%	71.4%
Someone hit	80.4%	84.1%
Heard gunfire	75.5%	76.7%
Someone chased	54.3%	62.9%
Weapon attack	54%	60.6%
Someone shot at	46.7%	54.5%
Someone shot	37.8%	42.4%
Someone killed	31%	36.3%
Dead body	14.7%	14.4%
Victim	73.9%	
<i>Emotional</i>		
Ridiculed	67.9%	71.4%
Withheld approval	47.9%	51.1%
Threaten people	32.8%	33.1%
Punished children	12.8%	19.2%
Withheld money	26.8%	27%
Withheld affection	20.4%	26.3%
Restricted freedom	33.2%	36.8%
<i>Physical</i>		
Seriously threatened	48.7%	52.3%
Chased	47.9%	59.1%
Robbed/mugged/break-in	45.3%	43.9%
Hit	63.8%	67.4%
Weapon attack	40.7%	50.7%
Shot at	33.6%	37.9%
Shot	17%	18.9%
Someone close died	70.5%	71.2%
<i>Accidental</i>		
Natural disaster	28.3%	25.5%
Serious accident	41.1%	46.6%
<i>Sexual</i>		
Sexual abuse	18.2%	18.1%
Sexual assault	13.6%	9.8%
Both witnessed and victim	80.4%	83.7%
Afraid of violence in neighborhood	92.5%	

### Composite Lifetime Trauma Exposure Score

A lifetime trauma exposure score was created that incorporated the frequency of trauma exposure and the severity of the event as described in the data analysis section of this study. This trauma variable was also used in the survival analysis described later in this chapter. Table 4.6 shows the frequency for this trauma variable that is used later in this chapter in the survival analysis. The mean trauma score was 9.33, the median score was 8.73, and the maximum score was 25.69 with a standard deviation of 6.816.

Table 4.6

#### *Lifetime Trauma Exposure Score*

Characteristic	n	Mean	Median	SD	Maximum
Trauma Exposure Score	260	9.33	8.73	6.816	25.69

### Trauma Exposure Score and Race

Analysis to examine differences in trauma exposure by race, using the trauma exposure score, was tested using ANOVA. The mean trauma exposure score for Black participants ( $M = 10.640$ ,  $SD = 6.831$ ) was higher than the mean score for White participants ( $M = 8.109$ ,  $SD = 6.010$ ). However, there was no difference between either the Black or White participants when compared to those who identified as Hispanic or Other.

### Support for Trauma Exposure

More than half of participants (57.7%;  $n = 154$ ) had never talked to anyone about the traumatic events that happened to them. Of those who did talk to someone about their trauma, the majority talked to a mental health or medical professional (35.4%;  $n = 94$ ). Talking to a family member or friend was the next largest group (30.6%;  $n = 81$ ), with the remaining participants talking to someone at a church or community center (7.9%;  $n = 21$ ) or someone else (3%;  $n = 8$ ).

Table 4.7

*Support after Trauma Exposure*

Characteristic	n	%
Ever talked to someone about trauma		
No	154	57.7
Yes	108	40.4
Family or friend	81	30.6
Social worker, counselor or caseworker	42	15.8
Medical doctor	9	3.4
Psychiatrist or psychologist	43	16.2
Church or community center	21	7.9
Other	8	3.0

**Recidivism**

Connecticut Department of Corrections data on who returned to prison during the two-year follow-up period was used to examine recidivism in the study sample. Participants were divided almost evenly, with 49.1% staying out of prison and 50.9% returning to prison at some point during follow-up. Of those who returned to prison, Blacks accounted for 51.9% return to prison; Whites, 26.7%; Hispanics, 16.3%; and those who described their race as Other, 5.2%. Race was not associated with recidivism in this sample. Men made up 89.6% of those returning to prison and women made up only 10.4%. Gender was associated with returning to prison during the follow-up period.

Table 4.8

*Recidivism and Sociodemographic Characteristics*

Characteristic	Recidivism	
	Yes (N = 135)	No (N = 130)
Total	50.9%	49.1%
Race/ethnicity		
Black	51.9%	42.3%
White	26.7%	34.6%
Hispanic	16.3%	19.2%
Other	5.2%	3.8%
Sex		
Male	89.6%	80.8%
Female	10.4%	19.2%
Education		
Less than high school	26.7%	29.2%
High school/GED	52.6%	49.2%
Some college or higher	20.7%	21.5%
Marital Status		
Never married	63.7%	60.0%
Married	36.3%	40.0%
Ever Mental Illness		
Yes	23.3%	27.3%
No	76.7%	72.7%
Job		
Yes	23.0%	26.9%
No	77.0%	73.1%

**Survival Analysis**

Table 4.9 displays the results of the survival analysis performed to examine the relationship between trauma exposure, the covariates, and recidivism. The time variable used in the model was the number of weeks to return to prison.

**Age, Gender, and Recidivism**

For each one-year increase in age, the hazard rate decreased by 0.9% and survival times increased. The hazard rate for women decreased by 37.2% compared to men. Being a woman seemed to predict a decrease in the likelihood of recidivism. The hazard rate decreases by 8.6% for those who are married compared to those who are not married. In other words, being married seemed to predict a decreased likelihood of recidivism.

### **Race/Ethnicity and Recidivism**

While Hispanics had decreased hazard rates (4.7%) and increased survival times compared to White participants, both Black participants and participants whose race was categorized as Other had increased hazard rates and decreased survival times. Participants in this study of Black or Other descent seemed to be more likely to return to prison. The hazard rate for Blacks increased by 12.9% over Whites and for those in the Other category the hazard rate was 60.5% higher than for White participants.

### **Education, Employment, and Recidivism**

The hazard rate for those with a high school diploma or some college was almost two times that of someone with an 8<sup>th</sup>-grade or less education. The hazard rate increased by 31% for those with a GED, by 49.2% for those with some high school education, by 62.3% for those with a college degree or above, by 82.3% for those with a high school diploma or some college. Education seemed to increase the likelihood of recidivism in this sample. The hazard rate decreased by 26% for participants with a job compared those who did not have a job. In other words, employment seemed to predict a decreased likelihood of recidivism.

### **Housing after Release and Recidivism**

The hazard rate increased by a little over one to two and a half times for those living with family members. Only those living with a female family member other than their mother had a



decreased hazard rate and increased survival times. In other words, living with a family member seemed to predict an increase in the likelihood of recidivism. Those living with a male family member (e.g., father) seemed to have the worst survival times compared to those who lived in their own apartments.

### **Mental Health, Drug Use, and Recidivism**

The hazard rate decreased by 23.6% for those with a mental illness, suggesting that those with mental illness were less likely to return to prison. When compared to those who used marijuana, those who used marijuana that was laced or who used cocaine had decreased survival times and were more likely to return to prison following release. Those who used crack, heroin, and prescription opiates had decreased hazard rates and increased survival times. The hazard rate increased by 31.8% for those who participated in drug treatment during their recent incarceration. They were more likely than those who did not participate in drug treatment to return to prison.

### **Criminal Justice Factors and Recidivism**

The hazard rate increased by 5.6% for those who participated in a pre-release program during their recent incarceration. They were more likely than those who did not participate in this program to return to prison. The hazard rate for those with a juvenile conviction was almost 1.5 times that of those who did not have a juvenile conviction. The hazard rate increases by 39.5% for those who have a juvenile conviction. In other words, having a juvenile conviction seemed to predict an increase in the likelihood of recidivism. The hazard rate for those on community supervision is 0.774 times that of those who were not supervised. Being supervised by probation or parole appears to predict a decreased likelihood of recidivism and a 22.6% decrease in the

hazard rate. Their survival times are increased and their likelihood of recidivism is less than those who are not supervised.

### **Trauma Exposure and Recidivism**

The Trauma Exposure Score was designed to give each participant a score that took into account the severity and frequency of trauma exposure that they experienced. For each unit increase in the Trauma Exposure Score, the hazard rate increases by 2.6%. This means that as the Trauma Exposure Score increases, the person is more likely to return to prison. The next chapter will discuss in detail the results of the data analysis in relation to the study hypotheses and existing literature.

Table 4.9  
*Survival Analysis*

Characteristic	B	Adjusted HR
Trauma Exposure	0.026	1.026
Age	-0.009	.991
Gender	-0.465	0.628
Race		
White (ref)		
Black	0.121	1.129
Hispanic	-0.048	0.953
Other	0.473	1.605
Marital Status	-0.090	0.914
Education		
Less than 8 <sup>th</sup> grade (ref)		
Some high school	0.400	1.492
High school	0.601	1.823
GED	0.270	1.310
Some college	0.605	1.832
College grad and above	0.484	1.623
Employment	-0.032	0.740
Housing		
Own house/apt (ref)		
Girlfriend/boyfriend/spouse	0.206	1.228
Mother	0.255	1.290
Father	0.411	1.508
Female family member	-0.289	0.749
Male family member	0.921	2.513
Female friend	0.647	1.910
Drug use		
Marijuana (ref)		
Marijuana (laced)	0.184	1.203
Cocaine	0.941	2.564
Crack	-0.800	0.450
Heroin	-0.333	0.717
Prescription opiates	-1.039	0.354
Mental illness	-0.269	0.764
Drug treatment (recent incarceration)	0.276	1.318
Pre-release program	0.054	1.056
Community Supervision	-0.256	0.774
Juvenile Conviction	0.333	1.395

## CHAPTER VII: DISCUSSION

This chapter reexamines the purpose of this study and its hypotheses, and I will discuss and interpret the results in relation to the extant literature. Since the study used a convenience sample, the study sample will be discussed as a population, and no claims are made that trauma exposure or the covariates discussed here cause recidivism. This chapter explores the potential association between trauma exposure, the covariates, and recidivism in relation to the existing literature. I summarize the limitations of the study and the study's potential for understanding of trauma and recidivism among people involved in the criminal justice system are summarized. A discussion of the potential for future research and specific areas for future exploration are also reviewed.

### **Study Purpose and Summary of Findings**

This observational study sought to examine the relationships between race, gender, cumulative trauma exposure, and recidivism in a sample of people recently released from prison. The study hypotheses stated that those exposed to a greater magnitude of trauma were more likely to recidivate after incarceration, and that Black men face greater exposure to trauma both before and during incarceration. Trauma exposure in this study sample was extremely high, with the majority of participants (80.4%) reporting that they were exposed to trauma both as witnesses and as victims and most reported having experienced four or more traumatic events (76.2% witness; 83% victim). Men in the sample were also at increased risk for recidivism over women, who had a hazard rate that was 37.2% less than the rate for men. Black participants were found to have higher mean trauma exposure scores than White participants. Black participants had decreased survival times when compared with White participants. Survival analysis also showed that as participants' Trauma Exposure Scores increased their survival times decreased. These findings suggest that

Black men may be at higher risk of recidivism after release, and that those participants with greater exposure to trauma may also be at greater risk for recidivism. While these results strongly imply an increased risk, the observational nature of the study does not allow for an analysis of a direct relationship between these factors and recidivism.

### **Findings in Relation to Existing Research**

The dissertation's conceptual framework examined aspects of complex trauma — that is, repeated exposure to more severe traumatic events — as a way to understand trauma exposure among incarcerated people, a population thought to be exposed to repeated trauma (Briere, Agee, & Dietrich, 2016; Brewer-Smith, 2004; Carlson & Shafer, 2010; Courtois, 2011; Goff, 2007; Heckman, Cropsey, & Olds-Davis, 2007; Hochstetler, Murphy, & Simons, 2004; Kubiak, 2004; Kupers, 1996). The study outcomes suggest a predictive relationship between increasing trauma exposure and recidivism, which suggests that the conceptual framework of complex trauma may be applicable here and should be considered in future studies.

For this study's theoretical frameworks, the trauma and reentry literature was applied to the problem of recidivism. Most of this study's findings confirm what the trauma and reentry literature already demonstrate about this population of people leaving prison: that this group has a high level of exposure to trauma. The high degree of trauma exposure in this study sample is consistent with the literature on trauma among incarcerated populations (Briere, Agee, & Dietrich, 2016; Brewer-Smith, 2004; Carlson & Shafer, 2010; Goff, 2007; Heckman, Cropsey, & Olds-Davis, 2007; Hochstetler, Murphy, & Simons, 2004; Kubiak, 2004; Kupers, 1996). This study adds valuable evidence of the extent of trauma exposure among incarcerated men, providing refinement to the numbers in existing studies, which vary anywhere from 3.4% to 87%

of incarcerated males (Gibson, Holt, & Fondacaro, 1999; Saxon et al., 2001; Wolff, Huening, Shi, & Frueh, 2014; Wolff & Shi, 2009).

Demographic characteristics and recidivism commonly are discussed in the reentry literature. In past studies, members of certain groups make up a larger proportion of those who return to prison after release. Being older, being a woman, or being White usually means that people are less likely than those who are younger, male, or a member of a racial/ethnic minority group to return to prison (Hughes & Wilson, 2004; Wehrman, 2010). The results here confirm the results of past studies showing that men, racial/ethnic minorities, and younger participants are more likely to return to prison after release. Recidivism among minority groups may be influenced heavily by existing disparities in the criminal justice system that can affect this group at any point during their movement through this system (Thompson, 2009; Wehrman, 2010).

The reentry literature focuses on the individuals' needs for housing, employment, education, and family support after release to reintegrate successfully into their communities. This study looked at many of these factors in relation to recidivism. Having the support of a spouse, partner, or family member can act as a protective factor for them after release. This study provided additional support for what we already know from the literature: study participants who were married were less likely to return to prison than those who were not married. The results for employment also reflect what we see in the existing literature, with those who were employed after release from prison being less likely to return to prison (Petersilia, 2009; Thompson, 2009; Visser, et al., 2010).

History of criminal justice involvement often is considered a factor in recidivism after release from prison (Kohl, et al., 2008). Those who were incarcerated as juveniles are more likely to return to prison than those with only an adult conviction, a finding also suggested by the

results of this study. Among study participants under parole or probation supervision after release, the likelihood of recidivism seemed to be less than those who were not supervised. This result is consistent with the reentry literature, which demonstrates being under community supervision increases the chances that a person will stay out of prison after release (Cooper, Durose, & Snyder, 2014; Glaze & Bonczar, 2010).

Previous research has shown links between race, trauma exposure, type of trauma exposure, and PTSD development. A study by Roberts et al. (2011) found that Blacks had higher lifetime PTSD, higher exposure to trauma, and greater risk for PTSD development. This relationship is thought to be, in part, because of disparities in poverty and exposure to community violence between racial groups (Rich & Grey, 2005; Rich, 2009). Also, some literature highlights the stress of everyday racism and micro-aggressions in our society that put Blacks at greater risk when faced with trauma exposure (Courois, 2011; Garbarino, 1993). Disparities in access to and quality of mental health treatment have also been noted and can contribute to the presence of untreated trauma symptoms in poor minority communities (Holden et al., 2014). Stigma around mental health in poor communities of color also contributes to the failure to address trauma exposure in this population (Holden et al., 2014). For justice-involved individuals, little attention is paid to their needs after exposure to violence, because often they are not viewed as victims of trauma, but as criminals (Rich & Grey, 2005; Rich, 2009).

The race of study participants was a factor in trauma exposure in this sample, with Black participants displaying greater exposure to trauma than White participants in the study, consistent with the trauma literature. The study did not explore whether race plays a role in the method, type, or circumstances of the trauma exposure. Future analysis of this dataset might examine this more closely by looking at specific methods and types of trauma exposure and the

circumstance surrounding the exposure (e.g. perpetrator, location of event) in relation to race.

Analysis related to neighborhood and trauma exposure might also give further information about the relationship between race and trauma exposure by connecting the literature on neighborhood and community violence to the discussion of race and trauma exposure.

Both the magnitude of trauma exposure in this sample of justice-involved people and the relationship between trauma exposure and recidivism were as hypothesized and are consistent with the literature (Briere, Agee, & Dietrich, 2016; Kupers, 1999). The results showed that as the Trauma Exposure Score increased, the person was more likely to return to prison. This finding suggests that further investigation into the magnitude of trauma exposure in incarcerated people and recidivism is warranted, because direct attribution between trauma exposure and recidivism cannot be made in this study because of its observational nature.

### **Unexpected Findings**

Although most of the results of the data analysis were as expected based on the existing literature, there were a few results that were surprising. One unexpected result suggested an association between the person with whom the participant lived and the predicted survival time in this group. Living with a male family member, in particular a father, appeared to predict a faster return to prison when compared to those who lived in their own apartments or with a female relative or a male or female partner.

While education typically is viewed as a protective factor for justice-involved people, the results here suggested that when compared to participants with less than an 8<sup>th</sup>-grade education, those with higher levels of education were more likely to return to prison (Vaca, 2004; Visser, et al., 2010; Wilson, Gallagher, MacKenzie, 2000). Those with mental illness also had unexpected results, having increased survival times compared to those who were not mentally ill.



Providing drug treatment during incarceration is expected to reduce the risk of recidivism. However, this study found that those who participated in drug treatment during incarceration were more likely to return to prison than were those who did not participate in treatment programs. Having a history of drug use may have put this group at a higher risk of recidivism than those who were not identified as in need of drug treatment while they were in prison (Petersilia, 2003). Many recidivism studies examine the role of reentry and pre-release programs on recidivism with mixed results. Some have found that they decrease recidivism, while others have found that those who participate in these programs are at increased risk, perhaps because the higher risk prisoners are placed into these programs (Kohl, et al., 2008; La Vigne, Brooks, and Shollenberger 2007; La Vigne, Shollenberger, and Debus, 2009). In this study, those who participated in a pre-release program were more likely to be reincarcerated than were those who did not participate.

In examining those who used drugs after release from prison, the literature suggests that they are at higher risk of recidivism than those not using (Visser & Courtney, 2007). While the results for those who used marijuana that was laced or used cocaine showed that they were more likely to be reincarcerated than were those who used only marijuana; those who used heroin, crack, or opiates were less likely than those who used marijuana to be reincarcerated after release. This result is surprising and may be mediated by other factors such as participation in drug treatment after release or the use of pharmacologic interventions among this subset of drug users.

In addition to the variable specific reasons suggested here for these surprising results, there are some other reasons that the analysis might have produced these results. One explanation is omitted variable bias; that a key variable was left out of the survival analysis

model. If a variable that is related to both the dependent variable and one of the independent variables was left out of the model, it could produce a result that makes it appear that the variable in question is influencing the dependent variable, when in fact, that is not the case. Some have noted that including more control variables in the model does not necessarily eliminate omitted variable bias and may increase the effects (Clarke, 2005).

Another explanation for these unexpected results is that they are true for this particular sample of people. This sample is a group of non-violent drug offenders who may have significant drug use history, and the limited treatment resources provided in prison are not enough to intervene after many years of trauma exposure and drug use. Further investigation into the interaction of trauma exposure and recidivism might provide information about these unexpected findings. Those in this study sample with higher levels of education might be justice-involved because of larger problems they are facing that are not captured in this analysis. Those with mental illness may have fared better after release because of participation in parole or probation mandated services or because they were part of special reentry services for the mentally ill.

### **Study Limitations**

The study sample was drawn from a convenience sample of non-violent drug offenders in New Haven, Connecticut. Sampling bias may play a role in who ended up as a study participant. Those who were willing to participate in the study may have been different in some way from those who saw the advertisement and did not respond, or a different subset of justice-involved people may have seen the study advertisement because of the location of the flyers. Drug offenders may also be different from other types of offenders in some ways that may have influenced the study results. For example, this group may have experienced a higher level of trauma exposure than other justice-involved groups because of their involvement in drug

activities. They may also have experienced lower levels of trauma exposure than other groups, such as those convicted of violent offenses. Any of these factors may have influenced the study results. The focus of the parent study was neither trauma exposure nor recidivism, so while it provided access to a large number of variables it did not have as much detail about these two aspects of the participants lives as a study focused on these topics might have allowed.

This study was an observational study of people recently released from jail or prison and therefore did not aim to show a causal relationship between trauma exposure and recidivism. Both trauma and recidivism are complex concepts to examine. As discussed in the literature review, reactions to trauma exposure can vary widely and are influenced by many individual and environmental factors (Briere & Spinazzola, 2005; Herman, 1997; van der Kolk, et al., 2007). While this study examined exposure to various types of traumatic events in some detail, it did not collect data on the individual's reaction to that exposure or assess for resilience. Having data on the presence of depression, anxiety, and PTSD would have enhanced this study and may have provided greater insight into the ways that trauma might impact recidivism. Participant response to trauma exposure might also have manifested in ways other than recidivism, for example in the quality of the participant's relationships, which was not evaluated here. Also, while specific types of trauma were reviewed using descriptive statistics, an overall trauma score was included in the multivariate analysis of the data, and this part of the analysis did not look at each particular type of trauma exposure and recidivism.

The recidivism data used in this analysis only provided one piece of the story about recidivism among participants. Since the Connecticut Department of Corrections (CT DOC) data only provided information about who returned to jail or prison for more than 24 hours, we do not have information about other criminal justice system contact they may have had. Participants

may have been arrested, given tickets, or participated in criminal activity, but were not arrested, incarcerated for more than 24 hours, or convicted of a crime. Some studies of recidivism look at changes in participants' behavior (e.g. drug use or criminal activity) rather than just reincarceration. Others have suggested that the focus of recidivism research should not be solely on those who are recently released from prison, but it should examine a broader population of those involved in the criminal justice system (Cottle, Lee, & Heilbrun, 2001; Rhodes et al., 2016). The reasons for recidivism are complex and are likely affected by many factors other than trauma exposure. There are many additional factors that might be beyond one's control that can impact their return to prison, such as criminal justice system policies that might put one at greater risk for being stopped by the police and arrested. These factors could not be controlled for in this study.

The majority of the sample (96.6%) had been exposed to some form of trauma. Most had been exposed to high levels of trauma, and their exposure would be considered by the trauma literature to be more severe forms of trauma. The Lifetime Trauma Exposure Score that was used allowed me to identify small differences in the magnitude of trauma exposure among study participants. Having a sample in which almost all of the participants were exposed to trauma and where most had experienced a high level of trauma exposure prevented any comparison to those with a low level or no history of trauma exposure.

### **Implications for Future Research**

There are several areas where future research could enhance our understanding of trauma and its implications for the health of formerly incarcerated people. Future research could examine the level of trauma exposure in this sample and examine the relationship between different levels of trauma exposure and recidivism. Those with no trauma or low levels of trauma

exposure could be compared to those with high or moderate levels of trauma, and those with high or moderate levels could be compared to one another. In addition, further analysis of this data or a follow-up study might explore whether the type of trauma and the circumstances of the exposure are related to recidivism.

A follow-up study using a larger random sample of justice-involved people that assessed for trauma exposure, PTSD, depression, and anxiety, as well as factors related to resilience, might provide more information about the possible contributions of trauma exposure to recidivism in this population. A qualitative or mixed methods study that examined trauma from the perspective of those involved in the criminal justice system, their families, and the service providers who interact with them would provide a greater depth of information about the impact of trauma exposure on this population I could inform development of potential interventions.

There also were other areas that are highlighted in this analysis that suggest further investigation is warranted. Housing after release from prison — including both where one lives and how one lives — and how it impacts recidivism is an area that needs to be explored in more detail.

My interest in the area of exposure to cumulative trauma remains strong and a study that focuses on treatment of cumulative trauma exposure in populations that continue to be exposed to violence and interventions within a prison setting would be natural follow-ups to this study. Using community-based participatory research (CBPR) and patient-centered outcomes research (PCOR) methods is particularly important in working with a justice-involved population so that their needs and input are part of the research from the beginning of the process.

### **Implications for the Conceptual and Theoretical Frameworks of the Study**

One question that arose after I conducted this study was whether the conceptual and theoretical frameworks were a good fit for this inquiry. While complex trauma does provide a

promising lens for examining trauma in this population, it posed some challenges in this study. Since complex trauma is by nature a type of trauma that is repeated or prolonged in nature and is related to the vulnerability of the victim at the time of the event(s), it was complicated to identify in this study. To identify whether someone had experienced complex trauma one would have to have more details about the specific events and the impact of those events that were not available in this inquiry. The more general trauma theory framework was more applicable in this study as there were details about the types and number of event experienced. This trauma literature has a longer history, while the complex trauma research is a newer area of inquiry. Some have argued that the current trauma literature and its focus on PTSD and even complex PTSD leaves out the type of ongoing trauma common in certain communities because the trauma exposure is not in the past but is continuous in nature (Stevens, Eagle, Kaminer, & Higson-Smith, 2013). Researchers, practitioners, and policy makers need to consider how we can begin to address the trauma exposure of populations where the trauma has not ended and may not subside in the foreseeable future.

### **Implications for Social Work Practice**

The sheer magnitude of trauma exposure observed in this sample and in other similar study samples has implications for practice with justice-involved people. The integration of screening for trauma and trauma-informed care both during incarceration and in reentry services is recommended because of the high levels of trauma exposure in this group. This factor alone indicates that trauma should be addressed in this population, even though no causal link was investigated between trauma and recidivism in this study. We know from the existing literature that trauma exposure can have long-term effects on health and mental health.

Incorporating trauma-informed care into our correctional system, providing trauma services after an event takes place, and infusing trauma-informed care into services post-release are all ways in which the system can work toward addressing trauma in this vulnerable population. While substance abuse service providers and services that specialize in working with incarcerated women have moved toward this model of care, services in men's prisons and reentry services could still benefit from adopting this model of trauma care (Miller & Najavits, 2012).

### **Implications for Policy**

Overall efforts to reduce domestic violence, childhood abuse, and community violence would have a substantial impact on the health and mental health of this population by preventing the initial exposure to violence. Further endeavors to reduce crime in poor communities in ways that do not create further trauma would also aid in reducing trauma exposure.

How the changes in social work practice discussed earlier might be implemented is in part a problem for service providers, including correctional policy makers and reentry services. Service providers may need to implement organization change plans to encourage all of their staff members, including previously justice involved staff to accept the use of trauma-informed care. It would also be important to provide training on how trauma exposure can impact the individuals functioning and ability to participate in services. This type of approach may be familiar to some, but may be very different for others, particularly for staff that may have their own histories of trauma. It is challenging to incorporate a new approach in an organizational setting, even with an experienced and open-minded staff. Reentry providers often employ formerly incarcerated individuals who come to practice with their own history of incarceration

and possibly trauma. This should be considered and addressed as part of the preparation to implement trauma-informed services.

In the correctional setting, implementing trauma-informed care is a complicated undertaking. As noted in the literature review, correctional settings are not only the sites of new traumatic events, but can trigger past traumas (Kupers, 1996, 1999, 2006, 2015). While trauma-informed care has been successfully incorporated into adolescent and women's facilities, men's jails and prisons pose a greater challenge. Issues of environment, security, and correctional procedures make prisons a difficult place for people with a history of trauma exposure. Creating an environment for trauma-informed care in a correctional setting is challenging for a number of reasons. Since correctional facilities focus is primarily on security and control of those housed there, many of the procedures used to do this can recreate past traumas experienced by those who are incarcerated (Miller & Najavits, 2012). For men, in particular, past experiences of direct victimization and witnessing of physical violence and verbal abuse in prison can be toxic. While it may be challenging to implement these changes, it may have the added effect of reducing violence in correctional facilities, further reducing the trauma exposure of this population. To achieve changes in programs and correctional settings policies around the interactions with justice-involved individuals must be made before practice changes can be implemented. Without changes to correctional policies, it will be difficult for correctional facilities will never be able to implement trauma-informed care.



## CHAPTER VIII: CONCLUSION

This chapter summarizes the purpose, results, and future steps from this dissertation research study. This research study explored exposure to trauma throughout the life course to understand if exposure to multiple traumatic events is related to recidivism after release from prison with a focus in the literature review and the discussion on Black men as a group disproportionately impacted by incarceration in the United States. While this study did show the extent of exposure to trauma in this sample, because it was a convenience sample a claim cannot be made that it is representative of the incarcerated population as a whole.

This dissertation study took steps toward highlighting trauma exposure and recidivism in this sample of people recently released from prison. It was able to show not only the high level of trauma exposure in the sample, but to show in great detail the various types of trauma exposure. These areas could be investigated in later studies with a larger representative sample of justice-involved people.

Further research with those involved in the criminal justice system is needed to better understand issues related to trauma exposure and recidivism. This dissertation has inspired me to want to perform future studies into trauma exposure and its implications for justice-involved individuals to better understand what services and policies might improve the health and mental health of this population.

## APPENDICES

### SHARRPP Study Materials

#### Appendix A: SHARRPP R01 Study Overview



**Project Name:** Drug Policy, Incarceration, Community Re-entry, and Race Disparities in HIV/AIDS (SHARRPP)  
**Principal Investigators:** Kim M. Blankenship, American University; Robert Heimer, Yale University  
**Funding Source:** NIH/NIDA (1R01DA025021-01)

*Structures, Health and Risk among Re-Entrants, Probationers and Partners (SHARRPP)* analyzes connections between the movement between the criminal justice system and the community and Black/White race disparities in HIV-related sexual risk. It will also consider how drug policies contribute to this movement, and how the degree of social disorganization in the communities to which individuals return mediate its impact on HIV risk. This study builds on the research methodology and findings produced in a related project that was conducted between 2005 and 2007.

##### **Research Design**

SHARRPP will conduct longitudinal surveys with 300 people who are involved in the criminal justice system (i.e. on parole, on probation, and/or recently released from prison) beginning in late 2010. Participants will be recruited shortly after being placed on probation or released to the community from prison and interviewed every six months for three years. A sub-set of these individuals (n=40) will also participate in a series of semi-structured interviews. Participants will be asked to refer sexual partners to the study and longitudinal surveys (n=100) and semi-structured interviews (n=30) will be conducted with these partners.

With these surveys and interviews, we will collect data about criminal justice histories, sexual relationships, social support and family networks, drug use behavior, economic vulnerability, housing insecurity, access to public support and health services utilization.

An active Community Advisory Board including policymakers and program administrators will provide us guidance in conducting this research and identifying structural interventions to reduce race disparities in HIV based on study findings.

##### **Study Aims**

- Analyze the relationship between the *coercive mobility* - the migration between the criminal justice system and the community - and race disparities in HIV-related risk among drug offenders in CT.
- Examine whether the association between coercive mobility and HIV-related sexual risk is affected by the degree of social disorganization in the re-entrants' communities.
- Study the feasibility of recruiting and retaining sexual partners of these individuals to better understand the impacts of criminal justice systems on partners' HIV-related risk.

##### **Hypotheses**

- Blacks are more likely than Whites to be incarcerated, so HIV-related sexual risk associated with coercive mobility can produce race disparities in HIV risk even if the effects of coercive mobility are the same for both Blacks and Whites.
- Blacks are more likely than Whites to reside in communities experiencing the disorganizing impacts of coercive mobility, so to the extent that social disorganization exacerbates the effects of coercive mobility, it will affect the HIV risks of Blacks to a greater degree than Whites.
- The sexual partners of Blacks are more likely to come from these same socially disorganized communities, furthering the negative impacts of coercive mobility for both returning inmates and their partners, and contributing to race disparities in HIV risk among women.
- Blacks are more likely to be penalized by drug policies in ways that increase their movement between prison/jail and the community and their vulnerability to its associated harms.

## Appendix B: SHARRPP Recruitment Flyer

## Your Life + Prison + Parole + Probation = ??



What is the impact of the criminal justice system on your life?

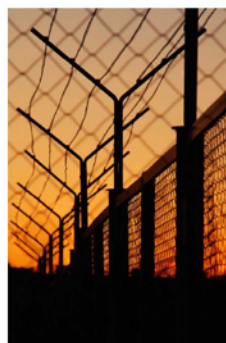
Earn \$40 per survey for sharing your knowledge.

Your information is always private and secure.

## Who is eligible?

Men and Women who are...

- 18 years and over.
- released from CT prison/jail or placed on probation in CT in the last year.
- convicted of a non-violent crime related to drug use.



For more information, call (203)737-7444  
or email [info@sharrpp.com](mailto:info@sharrpp.com)

Participation in this study will not affect probation/parole status. Probation and Parole Officers are not involved in these interviews.

Version 2\_0711

Yale HIC# 0904005012

[illegible]

## Appendix C: Overview of Study Protocol Baseline IP



### SHARRPP Study Protocol: Index BL

#### RECRUITMENT/SCREENING/SCHEDULING

1. Recruitment posters/flyers distributed per: [Recruitment Protocol \(Section 6\)](#)
2. Participant calls study office – (203)737-7444
3. Staff conducts phone screen with potential client per: [Phone Screening Script \(Section 7\)](#).  
Information collected during phone screen is simultaneously recorded in ACCESS database
4. Eligibility data is confirmed by DOC and/or CSSD per: [DOC/CSSD Verification Protocol \(Section 8\)](#).
  - a. Parole, EOS, split sentence = check DOC Release Document or contact DOC
  - b. Probation = check with CSSD
5. If eligibility is confirmed, offer caller the opportunity to join the study. [Phone Screening Script \(Section 7\)](#).
  - a. Explain study (purpose, payment, longitudinal)
  - b. Provide them directions to the office
  - c. Ask them to bring photo ID
  - d. Offer to provide a reminder call
6. Appointment is scheduled and recorded in Google Calendar. [Phone Screening Script \(Section 7\)](#).
  - a. Participant is informed that eligibility information will be verified.
  - b. Give the option to either call back before appointment or be called back re: eligibility.
7. Before scheduling an appointment, eligibility should be verified.
8. Contact participant to remind them of the appointment/confirm eligibility. Remind participant to bring identification.

#### PREPARING FOR PARTICIPANTS

1. Consult Google Calendar to review daily schedule.
2. Ensure that there are enough informed consent forms ready for the day's participants.
3. Place the compensation funds that are needed for the day in envelopes and store in locked drawer. Note if funds are low and new reimbursement is needed for the next day.

#### STUDY ENROLLMENT/CONSENT/BASELINE SURVEY

1. Index Participant (IP) presents at the office for baseline survey at scheduled appointment time.
2. IP presents identification to staff.
3. Water, snacks, bathroom offered.

*RA and IP move to either computer or front room for orientation. Additional staff move to cover the front desk.*

4. RA should bring the following items
  - a. Informed consent forms
  - b. Form or computer to collect retention information
  - c. Informed consent & Orientation is administered per: [Part 9: Orientation Protocol](#)
5. Retention information collected, per [Part 10: Retention Protocol](#), recorded in Access database via Notebook.
6. Survey Orientation is conducted per [Part 9: Orientation Protocol](#).
  - a. Highlight information about qualitative interview.

*RA and IP move to computer room to start the survey, if they are not already there.*

7. Enter IP information into ACASI & answer staff entry questions

**AFTER IP COMPLETES THE SURVEY**

1. Thank him/her
2. Give survey compensation to IP and ask them to sign receipt page.
3. Give them the [SHARRPP Resource Pamphlet \(Part 9\)](#).
  - a. Also provide Re-Entry Roundtable Resource Guide, if available and individual interested and/or doesn't have access to computer to reference on-line version.
  - b. Review the features in the pamphlet, point out services of interest.
  - c. If person seems upset, follow [Emergency Protocol](#).
4. Review the timeline (next survey dates)
5. Ask if they have any questions or other feedback
6. Thank again as they exit.

**CONTACT BETWEEN APPOINTMENTS**

1. Thank you letter
2. Birthday card, if applicable.
3. Initiate contact process for follow-up interviews, per [Retention Protocol](#).
4. Check DOC website on a monthly basis.
5. Contact about participation in QUAL interviews, if selected.

## Appendix D: Orientation and Debriefing Checklist



### Orientation Checklist Index Participant- Base Line

*In the Orientation Room (Gather data and build rapport)*

- ☐ Review & Sign Informed Consent – 1 copy for us (signed), 1 copy for them
  - Write Participant's last name in the top right corner of the first page
  - Store in secure location and file all consents
    - At the end of the day retrieve keys from front desk, file consents in the locked cabinet in Project Manager's office, lock cabinet and return keys.
- ☐ Reinforce Confidentiality (as discussed in Informed Consent & Rules)
  - There will be other people in the room; they cannot see your screen.
  - People may come and go in the lobby area; they cannot see your screen.
  - People who cannot respect confidentiality of other participants are asked not to participate.
- ☐ Collect retention information (data entered directly into Access Database)
  - Participant's own contact information
    - Ask if the person is in residential treatment or a halfway house (54 East Ramsdell, 48 Howe, for example). If they are, ask questions regarding discharge date and possible address following discharge.
    - Mail being sent to participants via the following treatment centers and halfway houses gets returned to the office. If you notice they are giving you an address for one of the treatment centers or halfway houses listed below, enter the cross streets as their active residence and attempt to get another mailing address. Also, if they are in a program consider trying to obtain a release for their counselor or case manager for retention.

The Connection	48 Howe Street, New Haven	Howe & Crown
Walter Brooks House	690 Howard Ave, New Haven	Howard & Gilbert
Crossroads	54 East Ramsdell Street	East Ramsdell & Whalley
Grant Street Health & Rehab	425 Grant St, Bridgeport	Grant & Judson

- ☐
  - Family/friends contacts
  - Professional/Social Service contacts (mental health, substance abuse treatment, medical, etc.)
    - Complete Release of Information form for each Professional Contact
- ☐ Collect email address and DOC inmate number, or verify inmate number if already in Access.

- ☐ Offer to take picture
  - If they don't want their picture taken inform them they will need to bring a photo ID to follow ups
- ☐ Enter Answers for 3 of 11 Security Questions and enter into Access Database
- ☐ Review incarceration and probation history and update CJS category as needed
- ☐ Review details of the study (Use participant cheat sheet to facilitate)
  - Time periods (ever, before CJS, after CJS)—Emphasize that questions might seem repetitive
    - Ask and record date of first incarceration
    - Ask and record date of most recent CJS
    - Take this opportunity to verify the participant's criminal justice category in Access.
    - Review CJE Chart and Time Line with participant
    - Especially for pre-trial or split-sentence participants, make sure they know what we are referring to as "last incarceration."
  - Note that many questions are similar, but not identical (parole, probation, trauma)
  - Sex partners questions:
    - Review Time Periods: Six months prior, since CJS
    - What we mean by "sex" = intercourse, not oral sex.
    - What we mean by "paid" vs. "unpaid" partner
  - Children: Note that we ask about several types of children (i.e. biological, adopted, legal guardian, children for whom you are primary caregiver). Unborn don't count.
  - What does STI mean.
  - Drug Use
    - Prescription medications
      - Misuse or abuse of prescription medications refers to taking a prescription drug for the purposes of getting high or avoiding withdrawal symptoms (not the intended purpose of the medication). May have been prescribed.
      - In other words, drug use does not include medications that were prescribed to you that you used as directed.
    - Drug use doesn't include alcohol. Alcohol-related questions will be asked separately.
  - Review income questions.
  - Encourage them to ask if they have any questions/problems during the survey
- ☐ Review details of optional qualitative interviews
  - What it is and people will be randomly selected- not everyone interested will participate in an interview
  - Question in ACASI
- ☐ Ask if they have any questions about anything before beginning the survey

*In the Computer Room*

- ☐ Enter response in STAFF ENTRY section (SS1 – SS3). Note that there are THREE questions.
- ☐ Briefly review how to use mouse & computer
- ☐ Inform participant that staff is available to help them if they have questions. Encourage them to ask questions, if they have any at any point.
- ☐ Remind them about location of bathroom & refreshments.

Once participant is in the computer room Staff to return to orientation room and complete the following tasks:

- ☐ Review orientation document and PT file to assure all information has been collected
- ☐ Enter information under the Appointments tab
- ☐ Once the orientation is complete, check the complete box
- ☐ Photos
  - Upload photo to folder “PT Photo” on Med1
  - Save file as PT ID Number
  - Link to this photo in database
    - Right click in Participant Picture box and select hyperlink
    - Select edit hyperlink and navigate to the document
  - Delete photo from camera once this is complete
    - Edit hyperlink and navigate to the document
- ☐ Releases. If the participant has signed a release of information form:
  - Scan release
  - Email to sharrpp203@gmail.com
  - Retrieve email and upload to folder “Release of Information”
  - Save file as PT ID Number and the name of the release
  - Link to this release in database
    - Right click in LinkToRelease box and select hyperlink
    - Select edit hyperlink and navigate to the document
  - Shred original release of information, unless PT indicated they wanted a copy
- ☐ Email. If the participant gave an email address during orientation:
  - Go to Gmail
  - Enter PT’s email address
  - Go to “Canned responses” and select “Email Verification”
  - Fill in the PT’s name
  - Type your name at the end of the email
  - Before the PT leaves, check Gmail to see if the email gets returned
    - If so, review details of the email address and update as needed
- ☐ Thank You Card



- Write, address, and stamp thank you card
- Enter date thank you sent in the Appointments tab in database
- Leave at front desk to be mailed or picked up by Postal Worker

## Debriefing Checklist

### Index Participant- Base Line

- ☐ Provide IP payment
  - Hand them the cash
  - PT and SHARRPP Staff sign payment log
  - Notify RA responsible for PT reimbursement funds when funds are at \$300
- ☐ Assess for IP distress and/or discomfort and need for referral or assistance
  - Review “Assessing for Participant Distress and/or Discomfort” document in the Orientation section of the Master Binder
- ☐ Provide and review resource pamphlet
- ☐ Ask them if they have any friends or family who might be interested in the study
- ☐ Consider adding booster conversation about QUAL interviews, if we find low rates of volunteering
- ☐ Thank them and remind IP we will contact them in approximately 5 months. Ask them to contact us if their information changes

Updated 01/04/12

## Appendix E: Debriefing Guide



### Debriefing Guide

Sections of the SHARRPP survey ask participants about personal and private experiences. A participant may have an adverse emotional response to recalling these experiences. While assessing for distress and/or discomfort is an essential aspect of the debriefing meeting, SHARRPP staff should be aware of and sensitive to the emotional wellbeing of participants during all interactions. Our role is to assess the participant's reaction to the survey and provide resources. The purpose of this protocol is to assist SHARRPP staff in their assessment of participant's reaction to the survey. While this assessment might occur at any time and place in the SHARRPP office, it will always occur during the debriefing meeting and therefore that will be the context of this protocol.

1. Bring the participant into the office and have them sit down.
2. Throughout the debriefing session, your goal is to set a pleasant and friendly atmosphere. Avoid clinical jargon and questions that might make the participant feel that they are being interrogated. Be aware of the tone, volume, and rate at which you speak.
3. Make eye contact and ask an open-ended questions such as:
  - a. "I know the survey asks you a lot of personal questions. How are you feeling about that?"
  - b. "There are some heavy topics we've asked you to think about today. Some people can get upset thinking about those things. How are you doing?"
4. Listen to the participant's response with undivided attention. Do not be looking at your computer or involved in any other tasks.
5. Observe the participant's posture, eye contact, and body language. These may give you some clues to the participant's emotional state. A slouched posture, avoiding eye contact, or their head hanging down, may be signs that the participant has been affected by topics addressed in the survey. Also, consider the person's behavior and demeanor when you met with them prior to the survey compared to how they are currently presenting.
6. A participant may want to talk for a few minutes about how they were affected by survey topics or anything that the survey brought up for them. This is appropriate; however if the participant becomes increasingly upset or needs to talk for a longer period of time, this might be an indication the participant may benefit from a referral for counseling or a professional assessment. Our role is to be supportive, not to provide clinical services.

7. If it appears a participant is distressed and/or seems emotionally upset, assess if the participant is in crisis and needs immediate assistance or if they need to speak with a professional in the near future. To determine this consider the following:
  - a. Ask the participant what they need. Often, people know what would be most helpful.
    - i. "You seem to be really upset right now. What do you think would be helpful?"
    - ii. "It sounds like the survey has brought up a lot of difficult emotions. Do you think you'd like to talk to someone about this?"
    - iii. "Have you ever talked about these feelings before? What do you think would be best for you to do?"
  - b. Ask the participant if there is a professional they are working with:
    - i. "Do you have a counselor that you can talk to about this?"
  - c. Ask the participant if there is a personal support they can contact.
    - i. "Do you have a friend who you can talk to about this?"
  - d. Ask for the assistance of other SHARRPP staff. We all have different experiences and training in regards to this type of situation.
8. If the participant is in crisis and needs immediate assistance, follow the guidelines as outlined in the Emergency Protocols document.
9. If the participant is interested in establishing a new mental health relationship (or accessing a previous provider), allow them to use our phone to contact them.
10. Provide the participant with referral information, even if they say they aren't interested. When someone is emotionally upset, they may deny the idea of talking to someone, but may change their mind later. Provide information in a nonchalant manner so the participant does not feel pressure, this will increase the likelihood they will take the information with them.
  - a. "I understand that you don't want to talk to anyone about this. I've put the number for the Connecticut Mental Health Center on one of my cards. Why don't you just take this with you...you never know, you might change your mind or run into someone who might need this number."
11. Before the participant leaves, review the plan with them and give them something in writing. Sometimes when people are emotionally upset, they may forget details or parts of conversations.
  - a. "Okay, Jon, so you're going to go home and call your counselor. I looked up the number and put it on the back of this card."

- b. "Wow, I'm really impressed with your ability to know how to take care of yourself. I think going for a walk and then spending some time with your Grandmother sounds like a good idea."
  - c. "Thinking about this stuff is upsetting. You said that you've been hiding from it and it's time to face your past. I think that's really brave. So you've made an appointment with your counselor for Friday at 2 PM. Here...I wrote it on the back of this card as a reminder."
  - d. "Thinking about these things makes you want to use (drugs), but you don't want to do that. Your plan is to go hang out with your sister this afternoon and talk to your counselor when you have your appointment next week. I've also written down a hotline number that you can call in case you need support."
12. When the participant has left, document the interaction in their file. This needs to occur if the participant appeared to be in distress or if there were not. Document the following:
- a. Observations of the participant's behavior, actions, body language, etc.
  - b. Description of the conversation
  - c. Description of the outcome
  - d. Examples:
    - i. "Participant met with this RA for a debriefing meeting following survey administration. RA assessed for distress. Participant denied feeling upset by topics addressed in the survey. RA observed good eye contact and a demeanor similar to when participant entered the office. Debriefing meeting concluded without incident."
    - ii. "Participant came into the RA's office, sat down and began to cry. Participant stated he was upset because the survey asked about children and he hasn't seen his kids in a long time because their mother moved them out of the state. Participant and RA spoke for a few minutes, during which time the Participant calmed down. Participant and RA came up with a plan for Participant to talk with his mother this afternoon and brainstorm ways for him to plan a trip to visit his children. Participant was calm by the end of the meeting."

## Appendix F: The Graduate School and University Center IRB Approval Letter



University Integrated Institutional Review Board  
205 East 42<sup>nd</sup> Street  
New York, NY 10017  
<http://www.cuny.edu/research/compliance.html>

### Exemption Granted

04/22/2016

Johanna Elumn,  
The Graduate School & University Center

RE: IRB File #2016-0378

THE CUMULATIVE IMPACT OF TRAUMA AND RECIDIVISM AFTER RELEASE FROM  
PRISON AMONG BLACK MEN

Dear Johanna Elumn,

Your Exemption Request was reviewed on 04/22/2016, and it was determined that your research protocol meets the criteria for exemption, in accordance with CUNY HRPP Procedures: Human Subject Research Exempt from IRB Review (4) Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects. You may now begin your research.

Please note the following information about your approved research protocol:

Expiration Date: 04/22/2019

Documents / Materials:

Type	Description	Version #	Date
Site Letter of Compliance	Yale HIC Approval Letter 050714.pdf	1	03/03/2016
Records Access Authorization	Elumn, letter of approval, KMB.pdf	1	04/06/2016
Site Letter of Compliance	CITI TRAINING_MLEWIS.pdf	1	04/06/2016
Email Text	Yale HIC Email.pdf	1	04/18/2016
Site Letter of Compliance	CITI TRAINING_JELUMNMADERA.pdf	1	04/14/2016
Records Access Authorization	Data Extraction List.pdf	1	04/06/2016
Survey/Questionnaire	SHARRPPMBaselineFinal17.pdf	1	04/14/2016

Although this research is exempt, you have responsibilities for the ethical conduct of the research and must comply with the following:



University Integrated Institutional Review Board  
205 East 42<sup>nd</sup> Street  
New York, NY 10017  
<http://www.cuny.edu/research/compliance.html>

**Amendments:** You are responsible for reporting any amendments or changes to your research protocol that may affect the determination of exemption and/or the specific category to the HRPP. The amendment(s) or change(s) may result in your research no longer being eligible for the exemption that has been granted.

**Continuing Review:** You are responsible for completing and submitting a continuing review form every three years. The information in this form will keep us up to date on the progress of the study and help to ensure that the study continues to meet the requirements for exemption.

**Final Report:** You are responsible for submitting a final report to the HRPP at the end of the study.

Please remember to:

- Use **the HRPP file number** 2016-0378 on all documents or correspondence with the HRPP concerning your research protocol.
- Review and comply with CUNY Human Research Protection Program [policies and procedures](#).

If you have any questions, please contact:

Alyssa Wheeler  
[alyssa.wheeler@hunter.cuny.edu](mailto:alyssa.wheeler@hunter.cuny.edu)

## Appendix G: Yale Human Investigations Committee Approval Letter

<b>Yale University</b>	<i>Human Investigation Committee</i>	<i>Telephone: 203-785-4688</i>
	<i>55 College Street</i>	<i>Fax: 203-785-2847</i>
	<i>New Haven CT, 06510</i>	<i><a href="http://info.med.yale.edu/hic">http://info.med.yale.edu/hic</a></i>

**To:** Robert Heimer, Ph.D., M.Sc  
**From:** The Human Investigation Committee  
**Date:** 05/07/2014  
**HIC Protocol #:** 0904005012  
**Study Title:** Drug Policy, Incarceration, Community Re-Entry and Race Disparities in HIV/AIDS  
**Committee Action:** Expedited Approval  
**HIC Action Date:** 05/07/2014  
**Expiration Date:** 05/12/2015  
**Submission Type:** Continuing Review/Continuation and Amendment

The requested protocol amendment(s) and annual protocol renewal were approved following an expedited review by the Human Investigation Committee. This review meets approval criteria set forth in 45 CFR 46.11. Please be advised that the protocol is due to be reapproved by the expiration date noted above.

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**Review Comments:**

- The amendment to remove study personnel, Stacy Walker, Inara Ramin, Yanhui Zhang, Lorraine James, James Atem, Ben Blankenship, is approved.
- The HIC has determined that the amendment does not change the assessment of minimal risk for this protocol.
- The protocol continues to have benefits which outweigh the risks, deemed minimal by the HIC.
- The HIC acknowledges that the study is closed to enrollment as of June 27, 2013 and that those subjects in the follow-up phase will complete all appointments within the next six months.
- The HIC acknowledges receipt and review of the form 5R and approves the informed consent for the qualitative portion of the study for the unplanned one-off interviews for subjects who are already enrolled in the study.
- Approved documents: HIC application, and consent form (One-Time Interviews with Index or Partner Participants)

**It is the investigator's responsibility to apply for reapproval prior to the Expiration Date noted above. Please allow two months for reapproval.**

**Adverse Reactions:** Serious, unanticipated, and related adverse events, and unanticipated problems involving risk to subjects or others must be reported within 48 hours to the HIC, using Form 6A.

## Appendix H: Informed Consent Form (Yale HIC approved)

HIC # 0904005012



**CONSENT FOR PARTICIPATION IN A RESEARCH PROJECT  
YALE UNIVERSITY SCHOOL OF MEDICINE  
DEPARTMENT OF EPIDEMIOLOGY AND PUBLIC HEALTH**

**Principal Investigators:** Robert Heimer, PhD (Yale Sub-Contract)  
**Funding Source:** National Institute on Drug Abuse  
**Title:** Drug Policy, Incarceration, Community Re-entry, and Race  
 Disparities in HIV/AIDS  
 (HIC# 0904005012)

Index Participants (Survey)

### **Invitation to Participate and Description of Project**

You are invited to take part in a research study about the impact of the criminal justice system on community and individual health. You are being asked to participate because you are over 18 and have been either released from a Connecticut prison/jail, or placed onto probation in Connecticut, in the last year for a non-violent offense related to drug use.

This study does not involve any medical treatments or procedures. Instead, you will be asked to answer questions about your experiences while incarcerated and/or on parole and probation and during the community re-entry process. We are interested in the effect of these circumstances on your life, your use of drugs, and your health.

In order to decide whether or not you wish to be a part of this research study you should know enough about its risks and benefits to make an informed judgement. This consent form gives you detailed information about the research study which a member of the research team will discuss with you. This discussion should go over all aspects of the research: its purpose, the procedures that will be performed, any risks of the procedures, and possible benefits. Once you understand the study, you will be asked if you wish to participate; if so, you will be asked to provide written consent.

**If you are currently under community supervision, your decision about whether or not to participate in this study will NOT affect your parole or probation status in any way.**

### **Purpose:**

The purpose of this study is to understand the impact of prison, parole and probation on people's lives with special attention to how it affects their drug use behaviors, personal relationships, and living and employment options, as well as sexual risk.



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**Description of Procedures:****A. SURVEY**

You are being asked to complete a survey that includes questions about your experiences with incarceration and parole/probation and your opinions about these systems. **We will ask you to complete a similar survey every 6 months for 3 years for a total of 7 surveys.**

The survey includes questions about your use of drugs, your sexual history, your employment history, your relationships with family and friends, and your health. There are also questions about your experiences with trauma and violence. You will complete the survey on your own, using audio computer-assisted self interview (ACASI) software. ACASI permits you to listen to the questions via headphones while reading them on the computer screen. You will input your responses directly into the computer. Study staff will explain this ACASI system to you and be on hand to answer any questions that you might have about survey questions or the ACASI process.

While you are taking the survey, there may be one other participant taking the survey at the same time. Therefore, you may see other people taking the survey, but you will not be able to see their survey responses, and they will not be able to see your responses. Like you, these people qualify for the study because they have a criminal justice history. In order to respect the confidentiality of all participants, you may not tell anyone else who you saw here today. **If you cannot keep this information about the participation of others to yourself, we ask that you do NOT participate in this study.**

**B. INTERVIEW OPTION**

All survey participants will be offered the opportunity to participate in a series of interviews on related issues. These interviews will also be conducted every 6 months for 3 years for a total of six interviews. After you have completed the initial survey, we will ask you if you would be willing to complete this in-person interview with study staff. Later, we will be randomly selecting interview participants from those who tell us they would be willing to participate.

If you are selected to participate in the interview part of the study, a separate consent process will be conducted before the interviews begin. In other words, the interview process will be clearly explained on another consent form so that you can consider the risks and benefits of participation before deciding whether or not to participate.

**C. SEX PARTNER REFERRAL OPTION**

You will also be given the option of referring some of your sexual partners to the study. After completing your second survey (approximately six months from now), study staff will ask if you are willing to refer one or more of your sexual partners to the study. Sexual partners who enroll in the study will be asked to complete surveys, and possibly interviews, that are very similar to the surveys and interviews that you are being invited to participate in.

Sexual partners who participate in the study will know that they are eligible to participate in the survey as a result of their involvement with you. However all information obtained from you and your partners will remain confidential. **No information that you report in a survey or interview will be made available to any of your sexual partner(s) who participate in the study – and in the same way, no information that your partner(s) report in a survey or interview will be made available to you.**

The referral of sexual partners to the study, like all aspects of this study, is voluntary. If you do not feel comfortable referring any partners to the study, you can choose not to. If you do refer partners, their participation will be kept confidential. We will not tell you which, if any, of your partners have participated in the study.

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**D. INFORMATION COLLECTED***DOC Inmate Database*

In addition to collecting information from you about your experiences with the criminal justice system, we will obtain a copy of your criminal record from the State of Connecticut. We will also check the CT Department of Corrections offender information website (<http://www.ctinmateinfo.state.ct.us/>) on a weekly basis, for the duration of the study (2011-2014) to see if you are incarcerated during the study period. Study participants who are incarcerated during the study period will continue to be eligible for the study and will be encouraged to contact us upon release. Depending on the length of the sentence, we may send letters to participants who are incarcerated during the study period to remind them to contact us upon release.

*Contact Information*

We will collect contact information from you so that we can remind you when it is time for your next survey. Examples of such information include your address, phone number(s), place of employment and/or social service providers. We will also collect the names of people who we can contact if we are unable to reach you. In trying to locate you for follow-up surveys, we will only contact people who you have given us permission to contact. When we speak with them, we will state that we are trying to contact you regarding a study in which you are a participant. We will not tell them what the study is about, nor anything about the information that you have provided to us. Similarly, we will not ask the people who we contact any information about you aside from your current contact information.

*Photograph Option*

All participants will be given the option to have study staff take a digital picture of them. These pictures will be stored in the study database on Yale's secure server. We will use these pictures to identify participants when they come into the study office for follow up interviews. These pictures will NEVER be seen by anyone other than study staff and they will not be analyzed in any way. These pictures will NEVER be printed or shared electronically. They will ONLY be used by study staff to identify participants who come to the office. If you do not want to have your picture taken, you can elect to bring a photo ID with you or answer a series of personal security questions each time you come in for follow-up appointments.

**Risks and Inconveniences:**

There are no physical risks from participation in this study. We do not expect any significant emotional risks, although sometimes people may find that thinking about their experiences with incarceration and parole/probation can produce some anxiety. If this should happen, the study staff will give you help and refer you to clinics that can help. The only inconvenience of the study is the time it takes to do the survey. We estimate that the survey will take 90 minutes to 2 hours to complete.

The study staff is protected by a government issued Certificate of Confidentiality (COC). This Certificate protects the information that you share during the interview from judicial and legal authorities. There is more information about the COC later on in this form.

**If you are currently under community supervision, your decision about whether or not to participate in this study will NOT affect your parole or probation status in any way.**

**Benefits:**

There are no direct and immediate benefits to you from participation in this study. You may feel good about the opportunity to share your experiences. We hope that the knowledge we get from you and other participants will help us better understand the lives of people who have been incarcerated and/or been supervised by parole or probation, and develop interventions and reforms that can improve their lives and experiences, particularly as they relate to health.

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**Economic Considerations:**

You will earn \$40 for completing each survey and, if you are selected to participate in the in-depth interview part of the study, you will receive an additional \$40 for each of these interviews. In addition, you will be paid a referral fee of \$10 for each sexual partner you refer who enrolls in the study.

**Confidentiality:**

The survey responses will be kept completely confidential. Your name will not be recorded anywhere on the survey. You will be assigned a unique ID number before the start of the survey that will be used to reference any information collected from you, including your survey responses.

**A. DATA STORAGE**

All the information that you provide to this study, including your name, contact information and responses to survey questions, will be stored on a secure, password protected server that is managed by Yale University that only the Principal Investigator and Study Staff can access. Further, your identifying information (name, contact information) and your survey responses will be kept in separate files on this server. All paper with your name on it, like this informed consent, will be stored in locked cabinets in a locked office.

**B. CERTIFICATE OF CONFIDENTIALITY**

If you decide to take part in this research study, we will ask you about your use of drugs and your interactions with police and parole or probation officers. We have obtained a Certificate of Confidentiality (COC) from the Department of Health and Human Services of the US Government. The COC is issued to protect the researchers on this study from being forced to release any information in which you are identified, even under a subpoena. However, we cannot know for certain how much protection the COC provides as it has rarely been tested in the courts.

**C. REVIEW OF STUDY DATA BY OUTSIDE PARTIES**

Any identifiable information that is obtained in connection with this study will remain confidential and will be disclosed only with your permission or as permitted by US or CT law. Examples of situations in which we are legally required to disclose study data include:

- In the event of an audit, the Yale University Human Investigation Committee and/or the federal organization that pays for this study (National Institute of Drug Abuse) may also review records of individual subjects. As a result, they may see your name; but they are bound by rules of confidentiality not to reveal your identity to others.
- The protection offered by the COC does not stop us from voluntarily reporting information about suspected or known physical or sexual abuse of a child or elderly person, or a subject's threat of violence to self or others. If any member of the research team is given such information, he or she will make a report to the appropriate authority.
- When the results of the research are published or discussed in conferences, no information will be included that would reveal your identity unless your specific consent for this activity is obtained.

**Voluntary Participation and Withdrawal:**

You are free to choose whether or not to participate in this study. If you do choose to participate, you are free to withdraw from the study at any time. If you choose not to participate or you choose to withdraw from the study, that decision will in no way affect your relationship with the research study, Yale University, or parole/probation. You do not give up any legal rights by agreeing to participate in this study and signing this form.

If you sign this authorization, you may change your mind at any time, but the researchers may continue to use information collected before you changed your mind to complete the research. To withdraw, you can call a

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member of the research team at any time and tell them that you no longer want to take part. This will cancel any appointments in the future.

The researchers may withdraw you from participating in the research if necessary.

#### Future Studies

You may choose to be contacted by staff in the future, after the end of this study, if there is another study that we believe you may be eligible for. **Circle choice and initial:**

**I AGREE / DO NOT AGREE to be contacted about future studies** \_\_\_\_\_

#### Questions

We have used some technical terms in this form. Please feel free to ask about anything you don't understand and to consider this research and the consent form carefully – as long as you feel is necessary – before you make a decision.

#### Authorization

I, \_\_\_\_\_, have read this form and have decided that I will participate in this  
(name of participant)  
project as described above. Its general purposes, the particulars of involvement and possible risks and inconveniences have been explained to my satisfaction. My signature also indicates that I have received a copy of this consent form.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Obtaining Consent

\_\_\_\_\_  
Phone

If you have further questions about this project or if you have a research-related problem, you may contact the study's Principal Investigator, Robert Heimer (203) 785-6732. If you have any questions concerning your rights as a research subject, you may contact the Human Investigation Committee at (203) 785-4688.

**THIS FORM IS NOT VALID UNLESS THE FOLLOWING BOX HAS  
BEEN COMPLETED IN THE HIC OFFICE**

THIS FORM IS VALID ONLY UNTIL <del>THE</del> THROUGH <u>May 12, 2012</u> (date). HIC PROTOCOL NO. <u>0904005012</u> INITIALED: <u>NH</u>
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## Appendix I: Data Collection Instruments

### Data Extraction Sheet: SHARRPP Baseline Survey

#### SHARRPP II Baseline Final 17 (English)

- Q1. Participant ID \_\_\_\_\_
- 9999 Don't Know
- 8888 Refuse to Answer
- 7777 Not Applicable
- Q2. Enter participant's criminal justice status: (Choose one)
- 0 since your release from prison/jail
- 1 since being placed on probation
- Q3. CJ Status 2 (Choose one)
- 0 your most recent incarceration
- 1 you were placed on probation
- 9 Don't Know
- 8 Refuse to Answer
- 7 Not Applicable
- Q4. CJ Status 2 (Choose one)
- 0 my most recent incarceration
- 1 I was placed on probation
- 9 Don't Know
- 8 Refuse to Answer
- 7 Not Applicable

**READ:** I will read each question and response to you on your headphones. You can answer the question at anytime by either clicking on or typing your answer. As soon as you answer the question, the reading will stop and you will move on to the next question. Also, you can go back and change an answer to a question by clicking the PREVIOUS QUESTION button on the right of the screen. If you want to change your answer just click or type another answer.

Let's try this. Go back two questions by clicking on the PREVIOUS QUESTION button twice. Change your answer to both the color and number questions. When you are done come back to this screen and click on NEXT QUESTION.

**READ:** Those are the main things you need to know to use the computer. If you have any questions or if you need help, please contact the research assistant. You do not have to answer any questions you do not want to answer. If you do not want to answer a question, please contact the research assistant. When you are ready, you can begin the interview by clicking the NEXT QUESTION button on this screen.

**READ:** We will now start the interview. Please answer the questions to the best of your ability. There are no right or wrong answers.

## Demographics

**READ: First we would like to ask you some questions about your background.**

- DM1. Do you consider yourself to be: (Choose one)
- |   |                  |
|---|------------------|
| 1 | Male             |
| 2 | Female           |
| 3 | Transgender      |
| 8 | Refuse to Answer |
- DM2. Are you a U.S. citizen?
- |   |                  |
|---|------------------|
| 1 | Yes              |
| 0 | No               |
| 8 | Refuse to Answer |
- DM3. What group or groups describe your racial background? (Check all that apply)
- |                          |                                  |
|--------------------------|----------------------------------|
| <input type="checkbox"/> | Asian                            |
| <input type="checkbox"/> | African American or Black        |
| <input type="checkbox"/> | White                            |
| <input type="checkbox"/> | American Indian or Alaska Native |
| <input type="checkbox"/> | Hispanic, Latino or Latina       |
| <input type="checkbox"/> | Other                            |
| <input type="checkbox"/> | Refuse to Answer                 |

**If DM3Z is equal to 0, then skip to instruction before DM3a.**

DM3\_oth. Please specify the other race.

\_\_\_\_\_

**If DM3H is equal to 0, then skip to DM4.**

- DM3a. Are you Puerto Rican?
- |   |                  |
|---|------------------|
| 1 | Yes              |
| 0 | No               |
| 8 | Refuse to Answer |

**READ: Now we would like to ask you some questions about your relationships.**

- DM9. What is your current marital status? (Choose one)
- |    |                  |                                       |
|----|------------------|---------------------------------------|
| 00 | Never married    | <b>Skip to instruction before EI1</b> |
| 01 | Married          |                                       |
| 02 | Separated        |                                       |
| 03 | Divorced         |                                       |
| 04 | Widowed          |                                       |
| 77 | Other            |                                       |
| 88 | Refuse to Answer |                                       |

EI2. What is the highest level of school you have completed? (Choose one)

- |   |                     |
|---|---------------------|
| 1 | 8th grade or less   |
| 2 | Some high school    |
| 3 | High school diploma |
| 4 | G.E.D.              |
| 5 | Some college        |
| 6 | College graduate    |
| 7 | Graduate degree     |
| 8 | Refuse to Answer    |

### Drug Use

**READ: We'd now like to ask you some questions about your use of drugs throughout your lifetime.**

### Drug Treatment

**READ: Next are some questions about your experiences with drug treatment.**

DT1. Have you ever been in any of the following drug treatment programs? (Check all that apply)

- ☐ Drug detox (for example Congress Avenue)
- ☐ Outpatient drug treatment program (For example Project MORE or Grant Street)
- ☐ Inpatient residential drug treatment program (For example, Crossroads, Connections, or Project Green)
- ☐ Narcotics Anonymous (NA) or Alcoholics Anonymous (AA)
- ☐ Methadone, buprenorphine or Suboxone as part of your drug treatment
- ☐ Other type of drug treatment program
- ☐ No, I have never had drug treatment
- ☐ Refuse to Answer

**If DT1Z is equal to 1, then skip to instruction before DT3.**

DT2. Did you participate in any of these drug treatment programs while incarcerated?

(Choose one)

- |   |                                    |
|---|------------------------------------|
| 0 | Yes                                |
| 1 | No                                 |
| 2 | No, I have never been incarcerated |
| 9 | Don't Know                         |
| 8 | Refuse to Answer                   |
| 7 | Not Applicable                     |

## Criminal Justice History

**READ: Now we would like to ask you some questions about your history of involvement with the criminal justice system. And we'll start with questions about your arrests and convictions.**

IH4.	Did you ever spend time in a juvenile correctional facility?	1	Yes
		0	No
		8	Refuse to Answer

IH5.	Were you ever incarcerated in an adult prison/jail when you were age 17 or younger?	
		1 Yes
		0 No
		8 Refuse to Answer

IH6. What is the total number of times you have been incarcerated, in an adult prison or jail? Do not include times in which you were ONLY in police lock-up.

00	zero	<b>Skip to IH12</b>
88	Refuse to Answer	<b>Skip to IH12</b>

Criminal Justice Sentence: Either prison or probation

**READ:** Now we would like to ask you questions about the events surrounding your most recent involvement with the criminal justice system. By this we mean the events that were happening to you in the 6 months before [Response to Q3] and events that have taken place [Response to Q2].

**If Q2 is equal to 1, then skip to RI18.**

RI1.	On what date did your most recent incarceration start? Please select the month. (Choose one)	
	01	January
	02	February
	03	March
	04	April
	05	May
	06	June
	07	July
	08	August
	09	September
	10	October
	11	November
	12	December



88 Refuse to Answer

RI2. On what date did your most recent incarceration start? Please give the four digit year.

— — — —      yyyy  
2099      Refuse to Answer (Year)

RI3. On what date did your most recent incarceration end? Please select the month. (Choose one)

01      January  
02      February  
03      March  
04      April  
05      May  
06      June  
07      July  
08      August  
09      September  
10      October  
11      November  
12      December  
88      Refuse to Answer

RI4. On what date did your most recent incarceration end? Please give the four digit year.

— — — —      yyyy  
2099      Refuse to Answer (Year)

RI7. Were you released onto parole from your most recent incarceration?

1      Yes  
0      No      **Skip to instruction before RI17**  
8      Refuse to Answer      **Skip to instruction before RI17**

RI9. Are you currently on parole?

1      Yes  
0      No  
8      Refuse to Answer

**If RI9 is equal to 0, then skip to RI16.**

RI14. Will your current parole sentence be followed by probation?

1      Yes  
0      No      **Skip to instruction before RI28**  
8      Refuse to Answer      **Skip to instruction before RI28**

RI15. How long will you be on probation once your parole has ended? (Choose one)

- |   |  |
|---|--|
| 1 | Less than 1 month                        |
| 2 | 1 to 6 months                            |
| 3 | 7 to 12 months                           |
| 4 | More than 1 year but less than 2 years   |
| 5 | 2 to 5 years                             |
| 6 | More than 5 years but less than 10 years |
| 8 | Refuse to Answer                         |

RI17. Was your most recent incarceration followed by a period of probation supervision?

- |   |                  |  |
|---|------------------|--|
| 1 | Yes              |  |
| 0 | No               | <b>Skip to instruction before RI28</b> |
| 8 | Refuse to Answer | <b>Skip to instruction before RI28</b> |

**READ: The next questions are about your use of drugs in the 6 months before [Response to Q3]**

RI37. Did you use any of the following drugs in the 6 months before [Response to Q3]?

(Check all that apply)

- ☐ Marijuana
- ☐ Marijuana laced with embalming fluid or formaldehyde (also known as illy)
- ☐ Powder cocaine
- ☐ Crack cocaine ("rock")
- ☐ Heroin
- ☐ Prescription opiates not prescribed by a MD (Oxycontin, Vicodin, Methadone, Suboxone, Percocet, Dilaudid, etc.)
- ☐ Benzos or other "downers" not prescribed by M.D. (Valium, Xanax, Klonopin, etc.)
- ☐ Crystal Meth or other speed or amphetamines
- ☐ Another drug
- ☐ No, I didn't use any drugs in the 6 months before &[ss2]
- ☐ Refuse to Answer
- ☐ None of these
- ☐ Refuse to Answer

**READ: Now we would like to move from the period before your most recent incarceration to the time when you were in prison/jail most recently.**

RI62. Did you participate in any drug treatment programs in prison/jail during your most recent incarceration?

- |   |                  |                     |
|---|------------------|---------------------|
| 1 | Yes              |                     |
| 0 | No               | <b>Skip to RI64</b> |
| 8 | Refuse to Answer | <b>Skip to RI64</b> |

**READ: Now we would like to turn to the period after you were released from prison/jail the**

**last time you were incarcerated. And we will start with some general questions and then ask about living arrangements and work.**

RI81. [Response to Q2], where have you lived? (Check all that apply)

- ☐ Your own house or apartment
- ☐ Girlfriend or boyfriend or spouse's home
- ☐ Mother's home
- ☐ Father's home
- ☐ Female family member's home
- ☐ Male family member's home
- ☐ Female friend's home
- ☐ Male friend's home
- ☐ In-patient substance abuse treatment program
- ☐ Halfway house
- ☐ Sober house
- ☐ Supportive housing facility (Safe Haven, Liberty, Careways, Women in Crisis, etc)
- ☐ A homeless shelter
- ☐ On the street/parks/public spaces or in car/abandoned building
- ☐ Hotel or motel
- ☐ Some other place
- ☐ Refuse to Answer

RI89. Where do you currently live? (Choose one)

- 01 Your own house or apartment
- 02 Girlfriend or boyfriend or spouse's home
- 03 Mother's home
- 04 Father's home
- 05 Female family member's home
- 06 Male family member's home
- 07 Female friend's home
- 08 Male friend's home
- 09 In-patient substance abuse treatment program
- 10 Halfway house
- 11 Sober house
- 12 Supportive housing facility (Safe Haven, Liberty, Careways, Women in Crisis, etc)
- 13 A homeless shelter
- 14 On the street/parks/public spaces or in car/abandoned building
- 15 Hotel or motel

- 16        Some other place  
88        Refuse to Answer

**READ: Now we are going to ask you about your employment [Response to Q2].**

RI95.        Have you had a job [Response to Q2]? (Choose one)

- |   |                              |                      |
|---|------------------------------|----------------------|
| 0 | No                           | <b>Skip to RI101</b> |
| 1 | Yes, I had one job           |                      |
| 2 | Yes, I had more than one job |                      |
| 8 | Refuse to Answer             | <b>Skip to RI101</b> |

**READ: Now we will ask you about your alcohol and drug use [Response to Q2].**

RI130.        Have you used any of the following drugs [Response to Q2]? (Check all that apply)

- ☐ Marijuana
- ☐ Marijuana laced with embalming fluid or formaldehyde (also known as illy)
- ☐ Powder cocaine
- ☐ Crack cocaine ("rock")
- ☐ Heroin
- ☐ Prescription opiates not prescribed by a MD (Oxycontin, Vicodin, Methadone, Suboxone, Percocet, Dilaudid, etc.)
- ☐ Benzos or other "downers" not prescribed by M.D. (Valium, Xanax, Klonopin, etc.)
- ☐ Crystal Meth or other speed or amphetamines
- ☐ Another drug
- ☐ No, I haven't used any drugs &[ss3]
- ☐ Refuse to Answer

## Trauma

**READ:** The next set of questions is about different violent things that may have happened to you or that you may have seen or heard happened to someone else. This might be difficult for you to think about. We may also ask you about how many times things have happened to you. Sometimes this is hard to do. We appreciate you answering the questions as best as you can. Remember that your answers will not be discussed with anyone.

**READ:** When you are asked about different things that you may have seen, **DO NOT** include in your answers things that you may have seen or heard about on TV, radio, the news, or in the movies. If you have any questions, please do not hesitate to ask the Research Assistant.

TR1. How many times has someone **EVER** ridiculed, belittled or insulted you in private or in public? (Choose one)

- |   |                    |                    |
|---|--------------------|--------------------|
| 0 | Never              | <b>Skip to TR2</b> |
| 1 | Once               |                    |
| 2 | 2 to 3             |                    |
| 3 | 4 to 10            |                    |
| 4 | More than 10 times |                    |
| 8 | Refuse to Answer   | <b>Skip to TR2</b> |

TR1\_1. Who ridiculed, belittled, or insulted you? (Check all that apply)

- ☐ Your spouse or sex partner
- ☐ Your parent
- ☐ Your son or daughter
- ☐ Someone else in your family
- ☐ Someone else you know
- ☐ Stranger
- ☐ Police officer
- ☐ Parole or probation officer
- ☐ Corrections officer
- ☐ Inmate
- ☐ Refuse to Answer

TR1\_5. How many times did this happen in the last 12 months? (Choose one)

- |   |                    |
|---|--------------------|
| 0 | Never              |
| 1 | Once               |
| 2 | 2 to 3             |
| 3 | 4 to 10            |
| 4 | More than 10 times |
| 8 | Refuse to Answer   |

TR2. How many times has someone **EVER** withheld approval or affection as punishment?  
(Choose one)

- |   |                    |                    |
|---|--------------------|--------------------|
| 0 | Never              | <b>Skip to TR3</b> |
| 1 | Once               |                    |
| 2 | 2 to 3             |                    |
| 3 | 4 to 10            |                    |
| 4 | More than 10 times |                    |
| 8 | Refuse to Answer   | <b>Skip to TR3</b> |

TR2\_1. Was the person who withheld approval or affection as punishment....  
(Check all that apply)

- |   |                             |
|---|-----------------------------|
| — | Your spouse or sex partner  |
| — | Your parent                 |
| — | Your son or daughter        |
| — | Someone else in your family |
| — | Someone else you know       |
| — | Stranger                    |
| — | Police officer              |
| — | Parole or probation officer |
| — | Corrections officer         |
| — | Inmate                      |
| — | Refuse to Answer            |

TR2\_5. How many times did this happen in the last 12 months? (Choose one)

- |   |                    |
|---|--------------------|
| 0 | Never              |
| 1 | Once               |
| 2 | 2 to 3             |
| 3 | 4 to 10            |
| 4 | More than 10 times |
| 8 | Refuse to Answer   |

TR3. How many times has someone **EVER** threatened to hurt people close to you? (Choose one)

- |   |                    |                                       |
|---|--------------------|---------------------------------------|
| 0 | Never              | <b>Skip to instruction before TR4</b> |
| 1 | Once               |                                       |
| 2 | 2 to 3             |                                       |
| 3 | 4 to 10            |                                       |
| 4 | More than 10 times |                                       |
| 8 | Refuse to Answer   | <b>Skip to instruction before TR4</b> |

TR3\_1. Was the person who threatened to hurt people close to you.... (Check all that apply)

- Your spouse or sex partner
- Your parent
- Your son or daughter
- Someone else in your family
- Someone else you know
- Stranger
- Police officer
- Parole or probation officer
- Corrections officer
- Inmate
- Refuse to Answer

TR3\_5. How many times did this happen in the last 12 months? (Choose one)

- 0 Never
- 1 Once
- 2 2 to 3
- 3 4 to 10
- 4 More than 10 times
- 8 Refuse to Answer

**If EVRCHILD is equal to 0, then skip to TR5.**

TR4. How many times has someone **EVER** punished or deprived your children because he or she is angry with you? (Choose one)

- 0 Never **Skip to TR5**
- 1 Once
- 2 2 to 3
- 3 4 to 10
- 4 More than 10 times
- 8 Refuse to Answer **Skip to TR5**

TR4\_1. Was the person who punished or deprived your children... (Check all that apply)

- Your spouse or sex partner
- Your parent
- Your son or daughter
- Someone else in your family
- Someone else you know
- Stranger
- Police officer
- Parole or probation officer
- Corrections officer

— Inmate  
— Refuse to Answer

TR4\_5. How many times did this happen in the last 12 months? (Choose one)

0 Never  
1 Once  
2 2 to 3  
3 4 to 10  
4 More than 10 times  
8 Refuse to Answer

TR5. How many times has someone **EVER** threatened to withhold money or other necessities as a way to control you or make you afraid? (Choose one)

0 Never **Skip to TR6**  
1 Once  
2 2 to 3  
3 4 to 10  
4 More than 10 times  
8 Refuse to Answer **Skip to TR6**

TR5\_1. Who threatened to withhold money or other necessities? (Check all that apply)

— Your spouse or sex partner  
— Your parent  
— Your son or daughter  
— Someone else in your family  
— Someone else you know  
— Stranger  
— Police officer  
— Parole or probation officer  
— Corrections officer  
— Inmate  
— Refuse to Answer

TR5\_5. How many times did this happen in the last 12 months? (Choose one)

0 Never  
1 Once  
2 2 to 3  
3 4 to 10  
4 More than 10 times



8 Refuse to Answer

TR6. How many times have you **EVER** worried that your sex partner/spouse would withhold affection or sex from you unless you did something you didn't want to do? (Choose one)

- |   |                    |                    |
|---|--------------------|--------------------|
| 0 | Never              | <b>Skip to TR7</b> |
| 1 | Once               |                    |
| 2 | 2 to 3             |                    |
| 3 | 4 to 10            |                    |
| 4 | More than 10 times |                    |
| 8 | Refuse to Answer   | <b>Skip to TR7</b> |

TR6\_5. How many times did this happen in the last 12 months? (Choose one)

- |   |                    |
|---|--------------------|
| 0 | Never              |
| 1 | Once               |
| 2 | 2 to 3             |
| 3 | 4 to 10            |
| 4 | More than 10 times |
| 8 | Refuse to Answer   |

TR7. How many times has someone **EVER** restricted your freedom or kept you from doing things that were important to you - like going to school, working, seeing your friends or family? (Choose one)

- |   |                    |                    |
|---|--------------------|--------------------|
| 0 | Never              | <b>Skip to TR8</b> |
| 1 | Once               |                    |
| 2 | 2 to 3             |                    |
| 3 | 4 to 10            |                    |
| 4 | More than 10 times |                    |
| 8 | Refuse to Answer   | <b>Skip to TR8</b> |

TR7\_1. Who restricted your freedom or kept you from doing things that were important to you?  
(Check all that apply)

- |   |                             |
|---|-----------------------------|
| — | Your spouse or sex partner  |
| — | Your parent                 |
| — | Your son or daughter        |
| — | Someone else in your family |
| — | Someone else you know       |
| — | Stranger                    |
| — | Police officer              |
| — | Parole or probation officer |
| — | Corrections officer         |
| — | Inmate                      |
| — | Refuse to Answer            |

TR7\_5. How many times did this happen in the last 12 months? (Choose one)

- 0 Never
- 1 Once
- 2 2 to 3
- 3 4 to 10
- 4 More than 10 times
- 8 Refuse to Answer

## Part II: Physical Harm

TR8. How many times have you **EVER** been in a natural disaster, like a fire, tornado, or earthquake? (Choose one)

- 0 Never **Skip to TR9**
- 1 Once
- 2 2 to 3
- 3 4 to 10
- 4 More than 10 times
- 8 Refuse to Answer **Skip to TR9**

TR8\_5. How many times did this happen in the last 12 months? (Choose one)

- 0 Never
- 1 Once
- 2 2 to 3
- 3 4 to 10
- 4 More than 10 times
- 8 Refuse to Answer

TR9. How many times have you **EVER** seen a serious accident where **someone else** was hurt very badly or died? (Choose one)

- 0 Never **Skip to TR10**
- 1 Once
- 2 2 to 3
- 3 4 to 10
- 4 More than 10 times
- 8 Refuse to Answer **Skip to TR10**

TR9\_1. Who was in this serious accident? (Check all that apply)

- Your spouse or sex partner
- Your parent
- Your son or daughter

- ☐ Someone else in your family
- ☐ Someone else you know
- ☐ Stranger
- ☐ Police officer
- ☐ Parole or probation officer
- ☐ Corrections officer
- ☐ Inmate
- ☐ Refuse to Answer

TR9\_4. Where did this happen? (Choose all that apply) (Check all that apply)

- ☐ Inside your home
- ☐ In someone else's home
- ☐ Somewhere else in your neighborhood
- ☐ In prison
- ☐ Somewhere else
- ☐ Refuse to Answer

TR9\_5. How many times did this happen in the last 12 months? (Choose one)

- 0 Never
- 1 Once
- 2 2 to 3
- 3 4 to 10
- 4 More than 10 times
- 8 Refuse to Answer

TR10. How many times have you **EVER** been in a serious accident where you or someone else was hurt very badly or died? (Choose one)

- 0 Never **Skip to TR11**
- 1 Once
- 2 2 to 3
- 3 4 to 10
- 4 More than 10 times
- 8 Refuse to Answer **Skip to TR11**

TR10\_4. Where did this happen? (Check all that apply)

- ☐ Inside your home
- ☐ In someone else's home
- ☐ Somewhere else in your neighborhood
- ☐ In prison
- ☐ Somewhere else
- ☐ Refuse to Answer

TR10\_5. How many times did this happen in the last 12 months? (Choose one)

- 0 Never
- 1 Once
- 2 2 to 3
- 3 4 to 10
- 4 More than 10 times
- 8 Refuse to Answer

TR11. How many times have you **EVER** heard gunfire nearby? This does not include hearing gunfire while hunting or at a shooting range. (Choose one)

- 0 Never **Skip to TR12**
- 1 Once
- 2 2 to 3
- 3 4 to 10
- 4 More than 10 times
- 8 Refuse to Answer **Skip to TR12**

TR11\_5. How many times did this happen in the last 12 months? (Choose one)

- 0 Never
- 1 Once
- 2 2 to 3
- 3 4 to 10
- 4 More than 10 times
- 8 Refuse to Answer

TR12. How many times have you **EVER** seen someone threaten to seriously hurt another person? This includes being threatened with a weapon. (Choose one)

- 0 Never **Skip to TR13**
- 1 Once
- 2 2 to 3
- 3 4 to 10
- 4 More than 10 times
- 8 Refuse to Answer **Skip to TR13**

TR12\_1. Who threatened to seriously hurt another person? (Check all that apply)

- ☐ Your spouse or sex partner
- ☐ Your parent
- ☐ Your son or daughter
- ☐ Someone else in your family
- ☐ Someone else you know

- ☐ Stranger  
☐ Police officer  
☐ Parole or probation officer  
☐ Corrections officer  
☐ Inmate  
☐ Refuse to Answer
- TR12\_3. Who was threatened by this person? (Check all that apply)
- ☐ Your spouse or sex partner  
☐ Your parent  
☐ Your son or daughter  
☐ Someone else in your family  
☐ Someone else you know  
☐ Stranger  
☐ Police officer  
☐ Parole or probation officer  
☐ Corrections officer  
☐ Inmate  
☐ Refuse to Answer
- TR12\_4. Where did this happen? (Check all that apply)
- ☐ Inside your home  
☐ In someone else's home  
☐ Somewhere else in your neighborhood  
☐ In prison  
☐ Somewhere else  
☐ Refuse to Answer
- TR12\_5. How many times did this happen in the last 12 months? (Choose one)
- 0      Never  
 1      Once  
 2      2 to 3  
 3      4 to 10  
 4      More than 10 times  
 8      Refuse to Answer
- TR13. How many times has someone **EVER** threatened to seriously hurt you? Again, this includes being threatened with a weapon. (Choose one)
- 0      Never      **Skip to TR14**  
 1      Once  
 2      2 to 3

- 3      4 to 10  
 4      More than 10 times  
 8      Refuse to Answer      **Skip to TR14**

TR13\_1.      Who threatened to seriously hurt you? (Check all that apply)

- Your spouse or sex partner  
 —      Your parent  
 —      Your son or daughter  
 —      Someone else in your family  
 —      Someone else you know  
 —      Stranger  
 —      Police officer  
 —      Parole or probation officer  
 —      Corrections officer  
 —      Inmate  
 —      Refuse to Answer

TR13\_4.      Where did this happen? (Check all that apply)

- Inside your home  
 —      In someone else's home  
 —      Somewhere else in your neighborhood  
 —      In prison  
 —      Somewhere else  
 —      Refuse to Answer

TR13\_5.      How many times did this happen in the last 12 months? (Choose one)

- 0      Never  
 1      Once  
 2      2 to 3  
 3      4 to 10  
 4      More than 10 times  
 8      Refuse to Answer

TR14.      How many times have you **EVER** seen **someone else** get chased when you thought they could really get hurt? (Choose one)

- 0      Never      **Skip to TR15**  
 1      Once  
 2      2 to 3  
 3      4 to 10  
 4      More than 10 times  
 8      Refuse to Answer      **Skip to TR15**

TR14\_2. Was the person who chased them..... (Check all that apply)

- ☐ Police Officer
- ☐ Parole or Probation Officer
- ☐ Correctional Officer
- ☐ None of the above
- ☐ Refuse to Answer

TR14\_5. How many times did this happen in the last 12 months? (Choose one)

- 0 Never
- 1 Once
- 2 2 to 3
- 3 4 to 10
- 4 More than 10 times
- 8 Refuse to Answer

TR15. How many times have you **EVER** been chased when you thought that you could really get hurt? (Choose one)

- 0 Never **Skip to TR16**
- 1 Once
- 2 2 to 3
- 3 4 to 10
- 4 More than 10 times
- 8 Refuse to Answer **Skip to TR16**

TR15\_1. Who chased you? (Check all that apply)

- ☐ Your spouse or sex partner
- ☐ Your parent
- ☐ Your son or daughter
- ☐ Someone else in your family
- ☐ Someone else you know
- ☐ Stranger
- ☐ Police officer
- ☐ Parole or probation officer
- ☐ Corrections officer
- ☐ Inmate
- ☐ Refuse to Answer

TR15\_5. How many times did this happen in the last 12 months? (Choose one)

- 0 Never
- 1 Once

2	2 to 3
3	4 to 10
4	More than 10 times
8	Refuse to Answer

TR16. How many times have you **EVER** been robbed, mugged, or had your home broken into?  
(Choose one)

0	Never	<b>Skip to TR17</b>
1	Once	
2	2 to 3	
3	4 to 10	
4	More than 10 times	
8	Refuse to Answer	<b>Skip to TR17</b>

TR16\_5. How many times did this happen in the last 12 months? (Choose one)

0	Never
1	Once
2	2 to 3
3	4 to 10
4	More than 10 times
8	Refuse to Answer

TR17. How many times have you **EVER** seen someone else get hit, slapped, punched, kicked or beaten up? This does not include when they were playing or fooling around. (Choose one)

0	Never	<b>Skip to TR18</b>
1	Once	
2	2 to 3	
3	4 to 10	
4	More than 10 times	
8	Refuse to Answer	<b>Skip to TR18</b>

TR17\_1. Was the person who hit, slapped, punched, kicked or beat up this person....  
(Check all that apply)

- ☐ Your spouse or sex partner
- ☐ Your parent
- ☐ Your son or daughter
- ☐ Someone else in your family
- ☐ Someone else you know
- ☐ Stranger
- ☐ Police officer



- ☐ Parole or probation officer
- ☐ Corrections officer
- ☐ Inmate
- ☐ Refuse to Answer

TR17\_3. Who was hit, slapped, punched, kicked or beaten up by this person?

(Check all that apply)

- ☐ Your spouse or sex partner
- ☐ Your parent
- ☐ Your son or daughter
- ☐ Someone else in your family
- ☐ Someone else you know
- ☐ Stranger
- ☐ Police officer
- ☐ Parole or probation officer
- ☐ Corrections officer
- ☐ Inmate
- ☐ Refuse to Answer

TR17\_5. How many times did this happen in the last 12 months? (Choose one)

- 0 Never
- 1 Once
- 2 2 to 3
- 3 4 to 10
- 4 More than 10 times
- 8 Refuse to Answer

TR18. How many times have you **EVER** been hit, slapped, punched, kicked or beaten up? Again, this does not include when you were playing or fooling around. (Choose one)

- 0 Never **Skip to TR19**
- 1 Once
- 2 2 to 3
- 3 4 to 10
- 4 More than 10 times
- 8 Refuse to Answer **Skip to TR19**

TR18\_1. How old were you when this happened? (Check all that apply)

- ☐ Age 0 to 6
- ☐ Age 7 to 12
- ☐ Age 13 to 18
- ☐ Over 18

— Refuse to Answer

TR18\_2. Was the person who hit, slapped, punched, kicked or beat you up ....  
(Check all that apply)

- Your spouse or sex partner
- Your parent
- Your son or daughter
- Someone else in your family
- Someone else you know
- Stranger
- Police officer
- Parole or probation officer
- Corrections officer
- Inmate
- Refuse to Answer

TR18\_4. Where did this happen? (Check all that apply)

- Inside your home
- In someone else's home
- Somewhere else in your neighborhood
- In prison
- Somewhere else
- Refuse to Answer

TR18\_5. How many times did this happen in the last 12 months? (Choose one)

- 0 Never
- 1 Once
- 2 2 to 3
- 3 4 to 10
- 4 More than 10 times
- 8 Refuse to Answer

TR19. How many times have you **EVER** seen **someone else** get attacked with a weapon, like a knife or bat? This does not include getting shot or shot at. (Choose one)

- 0 Never **Skip to TR20**
- 1 Once
- 2 2 to 3
- 3 4 to 10
- 4 More than 10 times
- 8 Refuse to Answer **Skip to TR20**

TR19\_1. How old were you when this happened? (Check all that apply)

- ☐ Age 0 to 6
- ☐ Age 7 to 12
- ☐ Age 13 to 18
- ☐ Over 18
- ☐ Refuse to Answer

TR19\_2. Was the person who attacked them with a weapon... (Check all that apply)

- ☐ Your spouse or sex partner
- ☐ Your parent
- ☐ Your son or daughter
- ☐ Someone else in your family
- ☐ Someone else you know
- ☐ Stranger
- ☐ Police officer
- ☐ Parole or probation officer
- ☐ Corrections officer
- ☐ Inmate
- ☐ Refuse to Answer

TR19\_4. Who was attacked with a weapon by this person? (Check all that apply)

- ☐ Your spouse or sex partner
- ☐ Your parent
- ☐ Your son or daughter
- ☐ Someone else in your family
- ☐ Someone else you know
- ☐ Stranger
- ☐ Police officer
- ☐ Parole or probation officer
- ☐ Corrections officer
- ☐ Inmate
- ☐ Refuse to Answer

TR19\_5. Where did this happen? (Check all that apply)

- ☐ Inside your home
- ☐ In someone else's home
- ☐ Somewhere else in your neighborhood
- ☐ In prison
- ☐ Somewhere else
- ☐ Refuse to Answer

TR19\_6. How many times did this happen in the last 12 months? (Choose one)

- 0 Never
- 1 Once
- 2 2 to 3
- 3 4 to 10
- 4 More than 10 times
- 8 Refuse to Answer

TR20. How many times have you **EVER** been attacked with a weapon, like a knife or bat?

Again, this does not include getting shot or shot at. (Choose one)

- 0 Never **Skip to TR21**
- 1 Once
- 2 2 to 3
- 3 4 to 10
- 4 More than 10 times
- 8 Refuse to Answer **Skip to TR21**

TR20\_1. How old were you when this happened? (Check all that apply)

- Age 0 to 6
- Age 7 to 12
- Age 13 to 18
- Over 18
- Refuse to Answer

TR20\_2. Was the person who attacked you with a weapon.... (Check all that apply)

- Your spouse or sex partner
- Your parent
- Your son or daughter
- Someone else in your family
- Someone else you know
- Stranger
- Police officer
- Parole or probation officer
- Corrections officer
- Inmate
- Refuse to Answer

TR20\_4. Where did this happen? (Check all that apply)

- Inside your home

- ☐ In someone else's home
- ☐ Somewhere else in your neighborhood
- ☐ In prison
- ☐ Somewhere else
- ☐ Refuse to Answer

TR20\_5. How many times did this happen in the last 12 months? (Choose one)

- 0 Never
- 1 Once
- 2 2 to 3
- 3 4 to 10
- 4 More than 10 times
- 8 Refuse to Answer

TR21. How many times have you **EVER** seen someone else get shot **AT**, but not wounded?  
(Choose one)

- 0 Never **Skip to TR22**
- 1 Once
- 2 2 to 3
- 3 4 to 10
- 4 More than 10 times
- 8 Refuse to Answer **Skip to TR22**

TR21\_1. How old were you when this happened? (Check all that apply)

- ☐ Age 0 to 6
- ☐ Age 7 to 12
- ☐ Age 13 to 18
- ☐ Over 18
- ☐ Refuse to Answer

TR21\_2. Was the person who shot at them .... (Check all that apply)

- ☐ Your spouse or sex partner
- ☐ Your parent
- ☐ Your son or daughter
- ☐ Someone else in your family
- ☐ Someone else you know
- ☐ Stranger
- ☐ Police officer
- ☐ Parole or probation officer
- ☐ Corrections officer
- ☐ Inmate

- TR21\_4. Who was shot at by this person? (Check all that apply)
- ☐ Refuse to Answer  
☐ Your spouse or sex partner  
☐ Your parent  
☐ Your son or daughter  
☐ Someone else in your family  
☐ Someone else you know  
☐ Stranger  
☐ Police officer  
☐ Parole or probation officer  
☐ Corrections officer  
☐ Inmate  
☐ Refuse to Answer
- TR21\_5. Where did this happen? (Check all that apply)
- ☐ Inside your home  
☐ In someone else's home  
☐ Somewhere else in your neighborhood  
☐ In prison  
☐ Somewhere else  
☐ Refuse to Answer
- TR21\_6. How many times did this happen in the last 12 months? (Choose one)
- 0 Never  
 1 Once  
 2 2 to 3  
 3 4 to 10  
 4 More than 10 times  
 8 Refuse to Answer
- TR22. How many times have you **EVER** been shot **AT**, but not actually wounded? (Choose one)
- 0 Never **Skip to TR23**  
 1 Once  
 2 2 to 3  
 3 4 to 10  
 4 More than 10 times  
 8 Refuse to Answer **Skip to TR23**
- TR22\_1. How old were you when this happened? (Check all that apply)
- ☐ Age 0 to 6  
☐ Age 7 to 12

- ☐ Age 13 to 18
- ☐ Over 18
- ☐ Refuse to Answer

TR22\_2. Was the person who shot at you .... (Check all that apply)

- ☐ Your spouse or sex partner
- ☐ Your parent
- ☐ Your son or daughter
- ☐ Someone else in your family
- ☐ Someone else you know
- ☐ Stranger
- ☐ Police officer
- ☐ Parole or probation officer
- ☐ Corrections officer
- ☐ Inmate
- ☐ Refuse to Answer

TR22\_4. Where did this happen? (Check all that apply)

- ☐ Inside your home
- ☐ In someone else's home
- ☐ Somewhere else in your neighborhood
- ☐ In prison
- ☐ Somewhere else
- ☐ Refuse to Answer

TR22\_5. How many times did this happen in the last 12 months? (Choose one)

- 0 Never
- 1 Once
- 2 2 to 3
- 3 4 to 10
- 4 More than 10 times
- 8 Refuse to Answer

TR23. How many times have you **EVER** seen **someone else** get shot? This doesn't include seeing someone shot with a BB gun or any type of toy gun, like a paint ball gun or air rifle.

(Choose one)

- 0 Never **Skip to TR24**
- 1 Once
- 2 2 to 3
- 3 4 to 10
- 4 More than 10 times

8      Refuse to Answer      **Skip to TR24**

TR23\_1.    How old were you when this happened? (Check all that apply)

- Age 0 to 6
- Age 7 to 12
- Age 13 to 18
- Over 18
- Refuse to Answer

TR23\_2.    Was the person who shot them .... (Check all that apply)

- Your spouse or sex partner
- Your parent
- Your son or daughter
- Someone else in your family
- Someone else you know
- Stranger
- Police officer
- Parole or probation officer
- Corrections officer
- Inmate
- Refuse to Answer

TR23\_4.    Who was shot by this person? (Check all that apply)

- Your spouse or sex partner
- Your parent
- Your son or daughter
- Someone else in your family
- Someone else you know
- Stranger
- Police officer
- Parole or probation officer
- Corrections officer
- Inmate
- Refuse to Answer

TR23\_5.    Where did this happen? (Check all that apply)

- Inside your home
- In someone else's home
- Somewhere else in your neighborhood
- In prison
- Somewhere else



\_\_\_ Refuse to Answer

TR23\_6. How many times did this happen in the last 12 months? (Choose one)

- 0 Never
- 1 Once
- 2 2 to 3
- 3 4 to 10
- 4 More than 10 times
- 8 Refuse to Answer

TR24. How many times have you **EVER** seen **someone else** get killed as a result of violence, like being shot, stabbed, or beaten to death? (Choose one)

- 0 Never **Skip to TR25**
- 1 Once
- 2 2 to 3
- 3 4 to 10
- 4 More than 10 times
- 8 Refuse to Answer **Skip to TR25**

TR24\_1. How old were you when this happened? (Check all that apply)

- \_\_\_ Age 0 to 6
- \_\_\_ Age 7 to 12
- \_\_\_ Age 13 to 18
- \_\_\_ Over 18
- \_\_\_ Refuse to Answer

TR24\_2. Who was killed? (Check all that apply)

- \_\_\_ Your spouse or sex partner
- \_\_\_ Your parent
- \_\_\_ Your son or daughter
- \_\_\_ Someone else in your family
- \_\_\_ Someone else you know
- \_\_\_ Stranger
- \_\_\_ Police officer
- \_\_\_ Parole or probation officer
- \_\_\_ Corrections officer
- \_\_\_ Inmate
- \_\_\_ Refuse to Answer

TR24\_3. Who killed them? (Check all that apply)

- \_\_\_ Someone you knew and felt very close to
- \_\_\_ Someone you knew, but did not feel very close to

- ☐ Someone you did not know (a stranger)
- ☐ Police Officer
- ☐ Parole/Probation Officer
- ☐ Correctional Officer
- ☐ None of the above
- ☐ Refuse to Answer

TR24\_4. Where did this happen? (Check all that apply)

- ☐ Inside your home
- ☐ In someone else's home
- ☐ Somewhere else in your neighborhood
- ☐ In prison
- ☐ Somewhere else
- ☐ Refuse to Answer

TR24\_6. How many times did this happen in the last 12 months? (Choose one)

- 0 Never
- 1 Once
- 2 2 to 3
- 3 4 to 10
- 4 More than 10 times
- 8 Refuse to Answer

TR25. How many times have you **EVER** been shot? Again, this doesn't include being shot with a BB gun or any type of toy gun. (Choose one)

- 0 Never **Skip to TR26**
- 1 Once
- 2 2 to 3
- 3 4 to 10
- 4 More than 10 times
- 8 Refuse to Answer **Skip to TR26**

TR25\_1. How old were you when this happened? (Check all that apply)

- ☐ Age 0 to 6
- ☐ Age 7 to 12
- ☐ Age 13 to 18
- ☐ Over 18
- ☐ Refuse to Answer

TR25\_2. Was the person who shot you .... (Check all that apply)

- ☐ Your spouse or sex partner
- ☐ Your parent

- Your son or daughter
- Someone else in your family
- Someone else you know
- Stranger
- Police officer
- Parole or probation officer
- Corrections officer
- Inmate
- Refuse to Answer

TR25\_4. Where did this happen? (Check all that apply)

- Inside your home
- In someone else's home
- Somewhere else in your neighborhood
- In prison
- Somewhere else
- Refuse to Answer

TR25\_5. How many times did this happen in the last 12 months? (Choose one)

- 0 Never
- 1 Once
- 2 2 to 3
- 3 4 to 10
- 4 More than 10 times
- 8 Refuse to Answer

TR26. Has someone close to you **EVER** died? This includes those who died from an illness, drug use/overdose, violence, or natural causes. (Choose one)

- 0 Never **Skip to TR27**
- 1 Once
- 2 2 to 3
- 3 4 to 10
- 4 More than 10 times
- 8 Refuse to Answer **Skip to TR27**

TR26\_1. How old were you when this happened? (Check all that apply)

- Age 0 to 6

- Age 7 to 12
- Age 13 to 18
- Over 18
- Refuse to Answer

TR26\_2. Who died? (Check all that apply)

- Your spouse or sex partner
- Your parent
- Your son or daughter
- Someone else in your family
- Someone else you know
- Police officer
- Parole or probation officer
- Corrections officer
- Inmate
- Refuse to Answer

TR26\_6. How many times did this happen in the last 12 months? (Choose one)

- 0 Never
- 1 Once
- 2 2 to 3
- 3 4 to 10
- 4 More than 10 times
- 8 Refuse to Answer

TR27. How many times has someone **EVER** touched you sexually or forced you to touch them against your wishes? (Choose one)

- 0 Never **Skip to TR28**
- 1 Once
- 2 2 to 3
- 3 4 to 10
- 4 More than 10 times
- 8 Refuse to Answer **Skip to TR28**

TR27\_1. How old were you when this happened? (Check all that apply)

- Age 0 to 6
- Age 7 to 12
- Age 13 to 18
- Over 18
- Refuse to Answer

TR27\_2. Was the person who touched you or forced you to touch them against your will....

(Check all that apply)

- ☐ Your spouse or sex partner
- ☐ Your parent
- ☐ Your son or daughter
- ☐ Someone else in your family
- ☐ Someone else you know
- ☐ Stranger
- ☐ Police officer
- ☐ Parole or probation officer
- ☐ Corrections officer
- ☐ Inmate
- ☐ Refuse to Answer

TR27\_4. Where did this happen? (Check all that apply)

- ☐ Inside your home
- ☐ In someone else's home
- ☐ Somewhere else in your neighborhood
- ☐ In prison
- ☐ Somewhere else
- ☐ Refuse to Answer

TR27\_5. How many times did this happen in the last 12 months? (Choose one)

- 0 Never
- 1 Once
- 2 2 to 3
- 3 4 to 10
- 4 More than 10 times
- 8 Refuse to Answer

TR28. Has anyone **EVER** forced you to have sex against your will? (Choose one)

- 0 Never **Skip to TR29**
- 1 Once
- 2 2 to 3
- 3 4 to 10
- 4 More than 10 times
- 8 Refuse to Answer **Skip to TR29**

TR28\_1. How old were you when this happened? (Check all that apply)

- ☐ Age 0 to 6
- ☐ Age 7 to 12
- ☐ Age 13 to 18

— Over 18  
 — Refuse to Answer

TR28\_2. Was the person who forced you to have sex.... (Check all that apply)

— Your spouse or sex partner  
 — Your parent  
 — Your son or daughter  
 — Someone else in your family  
 — Someone else you know  
 — Stranger  
 — Police officer  
 — Parole or probation officer  
 — Corrections officer  
 — Inmate  
 — Refuse to Answer

TR28\_4. Where did this happen? (Check all that apply)

— Inside your home  
 — In someone else's home  
 — Somewhere else in your neighborhood  
 — In prison  
 — Somewhere else  
 — Refuse to Answer

TR28\_5. How many times did this happen in the last 12 months? (Choose one)

0 Never  
 1 Once  
 2 2 to 3  
 3 4 to 10  
 4 More than 10 times  
 8 Refuse to Answer

TR29. How many times have you **EVER** found a dead body? (Choose one)

0 Never **Skip to TR30**  
 1 Once  
 2 2 to 3  
 3 4 to 10  
 4 More than 10 times  
 8 Refuse to Answer **Skip to TR30**

TR29\_1. How old were you when this happened? (Check all that apply)

— Age 0 to 6

- \_\_\_ Age 7 to 12
- \_\_\_ Age 13 to 18
- \_\_\_ Over 18
- \_\_\_ Refuse to Answer

TR29\_2. Whose body did you find? (Check all that apply)

- \_\_\_ Your spouse or sex partner
- \_\_\_ Your parent
- \_\_\_ Your son or daughter
- \_\_\_ Someone else in your family
- \_\_\_ Someone else you know
- \_\_\_ Stranger
- \_\_\_ Police officer
- \_\_\_ Parole or probation officer
- \_\_\_ Corrections officer
- \_\_\_ Inmate
- \_\_\_ Refuse to Answer

TR29\_6. How many times did this happen in the last 12 months? (Choose one)

- 0 Never
- 1 Once
- 2 2 to 3
- 3 4 to 10
- 4 More than 10 times
- 8 Refuse to Answer

TR30. Have you **EVER** found out that someone you knew.... (Check all that apply)

- \_\_\_ had been shot, but not killed?
- \_\_\_ had been killed?
- \_\_\_ had killed themselves?
- \_\_\_ had been raped?
- \_\_\_ None of the above
- \_\_\_ Refuse to Answer

TR31. Have you ever gone to talk to someone about any of the things that we asked about in this section of the survey? This includes things that happened to you, that you saw happen to someone else or that you were told happened to someone you knew? (Choose one)

- 0 I never talked to anyone about these things **Skip to TR33**
- 1 I talked to someone about some of these things
- 2 I talked to someone about all of these things
- 8 Refuse to Answer **Skip to TR33**

TR32. Who did you talk to? (Check all that apply)

- ☐ Friend or family member
- ☐ Social worker, counselor or caseworker
- ☐ Medical doctor
- ☐ Psychologist or psychiatrist
- ☐ Someone from your church or community center
- ☐ Someone else
- ☐ Refuse to Answer

**If TR32F is equal to 0, then skip to TR33.**

TR32\_oth. What other person did you talk to? \_\_\_\_\_

TR33. Are you afraid that you might be hurt by violence in....? (Check all that apply)

- ☐ Your neighborhood
- ☐ Your apartment building
- ☐ Your home or apartment
- ☐ None of the above
- ☐ Refuse to Answer

TR34. Does fear of violence keep you from going places or doing things you would like to?

- 1 Yes
- 0 No
- 8 Refuse to Answer

TR35. How upsetting was it for you to answer these questions? (Choose one)

- 1 Not at all
- 2 A little bit
- 3 Moderately
- 4 Very much
- 8 Refuse to Answer



## Health History

**READ: Next, we will ask you some questions about your general health.**

HH23. Has a doctor or other professional health care provider ever told you that you have a mental illness?

1 Yes

0 No

**Skip to instruction before HH30**

8 Refuse to Answer **Skip to instruction before HH30**

HH24. What mental illness have you EVER been told you have or had? (Check all that apply)

\_\_\_ Attention-deficit/hyperactivity disorder (A.D.H.D.)

\_\_\_ Anxiety

\_\_\_ Bipolar

\_\_\_ Depression

\_\_\_ Post Traumatic Stress Disorder (P.T.S.D.)

\_\_\_ Paranoid schizophrenia

\_\_\_ Traumatic brain injury (T.B.I.)

\_\_\_ Other

\_\_\_ Don't Know

\_\_\_ Refuse to Answer

**If HH24H is equal to 0 or HH24H is equal to 99 or HH24H is equal to 88, then skip to instruction before HH25.**

HH24\_oth. What other mental illness were you told you had? \_ \_ \_ \_ \_

**READ: That is it for today! Thank you for participating in this important study. We truly appreciate your participation. With the information that you provided today, we hope to learn more about the experiences of people who have been incarcerated and/or have been on parole and probation. Please let a member of the research staff know that you are done with the interview.**

OP40. Please re-enter Participant ID.

\_ \_ \_ \_

9999 Don't Know

8888 Refuse to Answer

7777 Not Applicable

**If TR35 is greater than 2, then skip to end of questionnaire.**

**READ: Proceed to debriefing**

**Skip to end of questionnaire.**

**READ: Give resource book**

**Skip to end of questionnaire.**

**READ: Skipped or refused**

## Health History

**READ: Next, we will ask you some questions about your general health.**

HH23. Has a doctor or other professional health care provider ever told you that you have a mental illness?

1 Yes

0 No

**Skip to instruction before HH30**

8 Refuse to Answer **Skip to instruction before HH30**

HH24. What mental illness have you EVER been told you have or had? (Check all that apply)

\_\_\_ Attention-deficit/hyperactivity disorder (A.D.H.D.)

\_\_\_ Anxiety

\_\_\_ Bipolar

\_\_\_ Depression

\_\_\_ Post Traumatic Stress Disorder (P.T.S.D.)

\_\_\_ Paranoid schizophrenia

\_\_\_ Traumatic brain injury (T.B.I.)

\_\_\_ Other

\_\_\_ Don't Know

\_\_\_ Refuse to Answer

**If HH24H is equal to 0 or HH24H is equal to 99 or HH24H is equal to 88, then skip to instruction before HH25.**

HH24\_oth. What other mental illness were you told you had? \_\_\_ \_ \_ \_ \_

**READ: That is it for today! Thank you for participating in this important study. We truly appreciate your participation. With the information that you provided today, we hope to learn more about the experiences of people who have been incarcerated and/or have been on parole and probation. Please let a member of the research staff know that you are done with the interview.**

OP40. Please re-enter Participant ID.

\_\_\_ \_ \_ \_

9999

Don't Know

8888

Refuse to Answer

7777

Not Applicable

**If TR35 is greater than 2, then skip to end of questionnaire.**

**READ: Proceed to debriefing**

**Skip to end of questionnaire.**

**READ: Give resource book**

**Skip to end of questionnaire.**

**READ: Skipped or refused**

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