



## Social support among releasing men prisoners with lifetime trauma experiences



Carrie Pettus-Davis\*

Washington University in St. Louis, Brown School of Social Work, Campus Box 1196, Goldfarb Hall, One Brookings Drive, St. Louis, MO 63130, United States

### ARTICLE INFO

Available online 22 March 2014

#### Keywords:

Trauma  
Social support  
Prisoners  
Men  
Intervention  
Reintegration

### ABSTRACT

High rates of lifetime trauma experiences exist among men incarcerated in US state and federal prisons. Because lifetime trauma experiences have been linked to problematic behavioral and psychiatric outcomes for incarcerated populations, trauma-informed interventions could improve post-release well-being of releasing men prisoners with trauma histories. Social support has consistently been found to have a positive impact on trauma-related outcomes in non-incarcerated populations. Therefore, it is reasonable to hypothesize that social support may be an important intervention component for releasing men prisoners with trauma experiences; yet, the relationship between trauma experiences, psychiatric and behavioral factors, and social support has received almost no attention in research with men prisoners. Using a probability sample of 165 soon-to-be-released men, the present study examined differences in certain demographic, criminal justice history, mental health, substance abuse, and social support (type, quality, amount, and source) variables between releasing men prisoners with and without lifetime trauma experiences. Results indicate that men with trauma histories had more negative social support experiences and fewer positive social support resources before prison than their counterparts. Men with trauma histories also had more lifetime experiences with mental health and substance use problems. On further investigation of the subsample of men with trauma histories, those who were older, had substance use disorders, and histories of mental health problems anticipated fewer post-release social support resources. Study findings underscore the nuances of social support for men prisoners with trauma experiences and point to implications for future directions in targeted trauma-informed intervention development for releasing men prisoners.

© 2014 Elsevier Ltd. All rights reserved.

### 1. Introduction

High rates of lifetime trauma experiences exist among men incarcerated in US prisons. Prevalence estimates of childhood and adulthood trauma are striking. Based on national and single site studies between 15% to 59% of men prisoners were abused in childhood (Carlson & Schafer, 2010; Harlow, 1999; Wolff & Shi, 2012) and a quarter of one sample of men reported having experienced physical trauma in both childhood and adulthood (Wolff & Shi, 2012). Men prisoners are more likely to experience physical trauma than sexual trauma. However, there are high rates of sexual trauma among men prisoners as well. In a large sample of men prisoners, 11% indicated childhood sexual trauma and 5% reported adult sexual trauma (Wolff & Shi, 2012). Prevalence rates of traumatic experiences skyrocket when other types of trauma are included in studies. In investigations of multiple traumas, between 68% and 95% of men prisoners reported experiencing at least one event in any of four categories – witnessing harm to others; general/natural trauma; interpersonal nonsexual trauma; and interpersonal sexual trauma (Carlson & Schafer, 2010; Komarovskaya, Booker Loper, Warren, & Jackson, 2011).

Trauma experiences among men prisoners have substantial implications for individual health and safety as well as for public health and safety. Lifetime trauma experiences have been linked to problematic behavioral and psychiatric factors among incarcerated men, including an increased risk for anxiety, depression, posttraumatic stress (PTSD), personality disorders (Akyüz, Kuğu, Sar, & Doğan, 2007; Driessen, Schroeder, Widmann, Schönfeld, & Schneider, 2006; Komarovskaya et al., 2011; Wolff & Shi, 2012), and substance use disorders (Komarovskaya et al., 2011; McClellan, Farabee, & Crouch, 1997; Wolff & Shi, 2012). Furthermore childhood and adulthood traumatic experiences are associated with psychosocial functioning challenges such as interpersonal problems, self-regulation, and hopelessness (Wolff & Shi, 2012). Lifetime trauma experiences for men prisoners are also linked to aggression, age at first offense, and criminal and violent offending (Driessen et al., 2006; Dutton & Hart, 1992; Maschi, 2006; Wolff & Shi, 2012).

Trauma related behavioral and psychiatric problems in men prisoners are particularly relevant to public health and safety given the high numbers of people released from prison each year. At least 95% of all state and federal prisoners are eventually released to communities (Hughes & Wilson, 2002). Representing a fairly new phenomenon, the number of people released from prison in 2011 surpassed the number of people admitted to prisons in the same time period: 688,384 people

\* Tel.: +1 314 935 4777.

E-mail address: cpettusdavis@wustl.edu.

released from prison whereas 668,800 people entered prisons that year (Carson & Sabol, 2012). Men released from prison with histories of trauma may be especially vulnerable to post-release difficulties and may be at high risk for behaviors that threaten public safety, such as aggression, and public health, such as substance abuse (which is linked to the spread of hepatitis and HIV).

Existing pre- and post-release interventions available to men target a range of psychosocial functioning domains and primarily aim to reduce returns to incarceration. Most interventions fall into one of the following categories: employment training, education, substance abuse programs, sex offender treatment, boot camps, intermediate sanctions, cognitive behavioral training, mentoring, prisoner reentry programs (which may include any of the aforementioned services), and recently, family case management (ACA, 2011; Aos, Miller, & Drake, 2006; Fontaine, Gilchrist-Scott, & Denver, 2011; Lee et al., 2012; Lipsey & Cullen, 2007). Gender responsive programs for women are increasingly testing trauma-informed interventions (c.f., Fallot & Harris, 2002; Messina, Grella, Cartier, & Torres, 2010; Zlotnick, Johnson, & Najavits, 2009). However, with rare exception (Bedard, Pate, & Roe-Sepowitz, 2003), trauma is largely unaddressed in interventions with men releasing from prison. Increasingly, researchers and practitioners point to indisputable evidence that trauma among men prisoners can no longer be ignored (Carlson & Schafer, 2010; Epperson et al., 2011; Wolff & Shi, 2012). These scholars make a strong case for the need to screen for and treat trauma-related disorders and to develop and test trauma-informed targeted interventions aimed at improving the psychological and criminal justice outcomes of men prisoners.

As these trauma-informed interventions develop, it is important to explore the role of social support in trauma-informed intervention components. Social support has been consistently linked to positive social, psychological, and behavioral outcomes in nonincarcerated populations with lifetime trauma experiences, particularly those with PTSD (e.g., Gabert-Quillen et al., 2012; Keller, Zoellner, & Feeny, 2010; Pietrzak et al., 2010a,b; Prati & Pietrantonio, 2009). Additionally, social support from family, friends, and other loved ones is a resource that, if strengthened, is likely to sustain after formal correctional supervision and other rehabilitation services cease. However, social support may well operate differently for men in prison. Incarcerated men are physically (and potentially psychologically) removed from their support networks, often for long periods of time. Individuals' behaviors that led to incarceration may have severed previously existing ties with positive social support providers. Empirical evidence indicates that social support is available to men releasing from prison (Naser & La Vigne, 2006), but less is known about the types and quality of these support relationships and the role of social support for men with trauma histories. Knowledge about how to appropriately incorporate social support into interventions for releasing men prisoners with trauma histories is needed. To date, only one published study focuses on the relationship between social support and psychological well-being of recently released men with trauma histories (Listwan, Colvin, Hanley, & Flannery, 2010).

The current study is a critical first step in filling the gap in research on social support for men prisoners with trauma experiences. The purpose of this study is to examine relationships between trauma experiences, certain psychiatric and behavioral factors, and social support in soon-to-be-released men prisoners. Contributing factors to variations in social support specific to men with trauma experiences are assessed in order to identify potential targets for trauma-informed interventions. This study provides data important to emerging pre- and post-release trauma-informed intervention development for men prisoners.

## 1.1. Background

### 1.1.1. Social support defined

The empirical significance of social relationships in health and well-being is underscored in research areas such as stress, mental health,

chronic illness, and substance use disorders (Cohen, Underwood, & Gottlieb, 2000; Sarason & Sarason, 2009). Social support occurs in the context of relationships, and refers to the provision or exchange of resources that individuals perceive as available or those that are actually provided by others (House, 1981). Social support is a multidimensional construct that includes diverse sources, types, and quality of support (Hogan, Linden, & Najarian, 2002; Richman, Rosenfeld, & Hardy, 1993). This paper focuses on affective and instrumental forms of support and the quality of support from informal social support providers (e.g., family, friends, neighbors). Types of support are broadly categorized into affective related support and instrumental forms of support (Cohen et al., 2000; House, 1981; Richman et al., 1993). Affective support includes *emotional support* (e.g., demonstrates care, offers trust, boosts esteem, provides companionship); *listening support* (e.g., hears problems or concerns without judgment); *task appreciation* support (e.g., encourages striving toward goals) and *challenge* support (e.g., challenges one to think differently about attitudes and behaviors). Instrumental forms of support include *tangible support* (e.g., provides food, housing, money) and *personal assistance support* (e.g., provides labor, offers transportation, helps develop skillset). Quality of support reflects how recipients experience the support they receive. Recipients' experience of positive social support is evident when a recipient's physiological or psychological well-being is enhanced (Sarason & Sarason, 1985). The recipients' experience of negative social support is seen when either the outcome of the support is negative (e.g., reinforcement of criminal behavior) or the recipient perceives the support as negative (Antonucci, 1985; Wilcox & Vernberg, 1985).

### 1.1.2. Role of social support in trauma-related outcomes for non-incarcerated populations

As noted earlier, little is known about the relationship between social support provision and post-release outcomes for men prisoners with trauma histories. However, the substantial body of research on the role of different types and quality of informal social support in outcomes of non-incarcerated populations with lifetime trauma experiences provides some direction.

Empirical associations are well-established between social support and reductions in the development of PTSD, PTSD symptoms, and trauma symptoms. The inverse relationship between social support and trauma symptomatology has emerged across a wide range of populations including interpersonal abuse survivors (Babcock, Roseman, Green, & Ross, 2008; Schumm, Briggs-Phillips, & Hobfoll, 2006), veterans (Laffaye, Cavella, Drescher, & Rosen, 2008; Pietrzak, Johnson, Goldstein, Malley, & Southwick, 2009), university students (Scarpa, Haden, & Hurley, 2006), workplace samples (Declercq & Palmans, 2006), and motor vehicle accident survivors (Gabert-Quillen et al., 2012; Robinaugh et al., 2011). Social support is also linked to reductions in depression and psychological distress and increases in psychosocial functioning in populations with trauma exposure (Borja, Callahan, & Long, 2006; Pietrzak et al., 2009, 2010a,b; Powers, Ressler, & Bradley, 2009). Suggesting that attention to subtypes of social support is important, emotional and tangible forms of social support are reported to be particularly powerful in reducing trauma symptom severity (Gabert-Quillen et al., 2012; Glass, Perrin, Campbell, & Soeken, 2007) and promoting posttraumatic growth (Rieck, Shakespeare-Finch, Morris, & Newbery, 2005).

While there are overall positive relationships between social support and improved mental health and psychosocial outcomes for people that have lifetime trauma experiences, not all sources of social support are linked to positive outcomes and not all support is experienced positively. Researchers have identified variations in trauma-related outcomes by source and quality of support. In some studies of men and college students, social support from friends played limited roles in post-trauma outcomes (Powers et al., 2009; Scarpa et al., 2006). Conversely, participants in studies with women with co-occurring disorders and adults discharged from residential treatment for childhood traumas

Download English Version:

<https://daneshyari.com/en/article/100781>

Download Persian Version:

<https://daneshyari.com/article/100781>

[Daneshyari.com](https://daneshyari.com)