

Role of early trauma in re-offending women with PTSD and HIV in Alabama, USA



Courtenay Sprague, PhD; Theresa Sommers, MPH; Shelley Brown, MPH; Bharathi Radhakrishnan, MA; David Pantalone, PhD

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Research Problem & Context

Mass Incarceration & Recidivism a Social Problem in US

Incarceration for women in US:

- Increased **646%** from 1980- 2010 (Sentencing Project, 2012)
- Reflects 'war on drugs' and a 'criminalization of women' (DOJ, 2014)
- Recidivism has increased as a corollary trend



Implications of Mass Incarceration and Recidivism on US Women

- Incarceration disrupts families:
 - ★ 70% of women leave behind children under age 18
 - ★ 30% have children < age five (Kelly, 2014; Glaze & Maruschak, 2010)
- Post-release adjustment/re-entry unsuccessful

Where are the gaps?

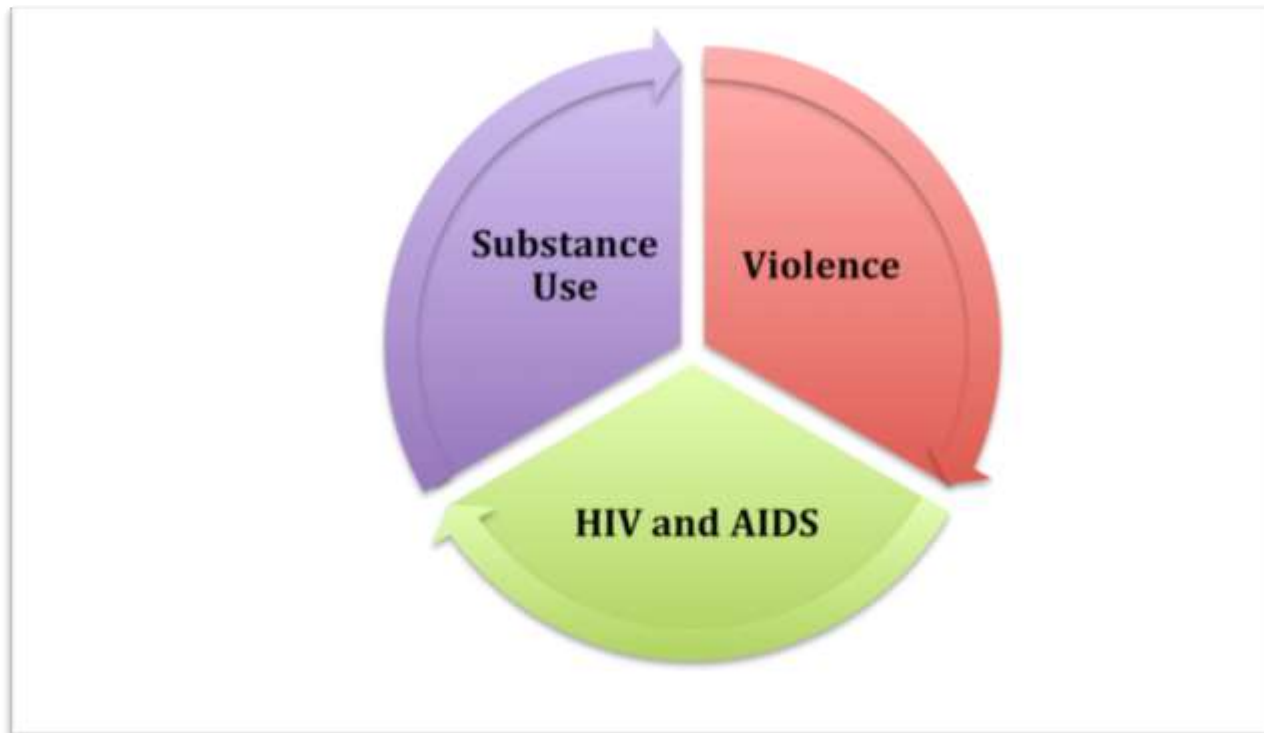
- Theories of recidivism male-focused and ignore gender hierarchies and inequalities
- Research on recidivism in women neglected
- Limited work on mental health and substance use women's recidivism



Research Rationale (1)

- Justice-involved women experience **higher prevalence of mental health disorders, sexual or physical abuse and greater substance dependence**, compared to men and to women in the general population (Solomon, 1994).
- **Substance use and trauma** that may underlie reoffending behaviors are neglected in research on justice-involved women
- **SAVA syndemic** recognizes concurrence of Substance Abuse (SA), Violence (V), and AIDS/HIV (A) affecting socially-marginalized women

***SAVA* Syndemic**



Research Rationale (2)

- US epidemic, historically, HIV affected men who have sex with men (MSM)
- HIV is increasing disproportionately in black women
 - ✦ 64% of new HIV infections from 2005-2008
 - ✦ “1 out of every 30 black women will be infected in the United States,...higher for those Black women who live in the South” (Mays et al 2011)

Why Alabama?



Alabama has 4th highest rate of imprisonment for women



HIV Ward, Tutweiler Prison

U.S.

Alabama to End Segregation of HIV-Positive Inmates

Judge Approves Settlement to Halt Practice That Once Was Common

By ARIAN CAMPO-FLORES

Updated Sept. 30, 2013 6:43 p.m. ET



Aims

- (1) Explore timing, sequence of HIV, PTSD and substance use patterns, and other traumas and map the sequence of events on a timeline.
- (2) Consider the role of undiagnosed and untreated substance use in re-offending behavior in Southern women with HIV.
- (3) Identify typical behaviors and patterns that might affect post-release adjustment.
- (4) Generate a theory to characterize the pathway of re-offending described by women in the study and suggest points of intervention.

Conceptual Framework

- ✦ SAVA Syndemic
- ✦ Life Course Approach
- ✦ Grounded Theory

Methods

- Qualitative in-depth interviews (IDIs) with 24 HIV-positive, formerly incarcerated women in Alabama during January 2014.
- Inclusion criteria: female, multiple incarcerations in previous 4 years (meeting criteria for re-offending), HIV positive, and indicated for cART
- Interviews probed for: substance use, violence, PTSD
- Full interviews transcribed, coded and analyzed by team
- Common themes identified

Self-Reported Experiences	Number	Percentage
Severe Mental Health Diagnosis		
Anxiety	3	13%
Paranoid Schizophrenia	2	8%
Depression	10	42%
Bipolar Disorder	2	8%
Incarceration History		
Jail Only	15	63%
Both Prison and Jail	9	37%
Trauma Experienced		
Childhood Sexual Abuse	5	21%
Childhood Verbal/Physical Abuse	7	29%
Adolescent Sexual Abuse	4	17%
Adolescent Verbal/Physical Abuse	5	21%
Rape or Attempted Rape	14	58%
Intimate Partner Violence	10	42%
Death of Parent	8	33%

Preliminary Findings

Participants had four common behaviors underpinning re-offending patterns:

1. Early trauma, parental neglect/abuse and follow on trauma (revictimization)
2. Substance use for coping
3. Substance use precipitates offending behavior - cycle of reoffending
4. Intervention through treatment of substance dependence facilitates post-release adjustment

Example of Findings (1)

Early trauma, parental abuse and intro to substance use (Theme 1)

“I was abused and sexually molested by my stepfather... from [age] 5 to 12 ... At eight years old he turned me on to powder... cocaine. That’s when I started using, when I was eight...”

Substance dependence precipitates offending behavior (Theme 3)

I pulled a butcher knife on him... and that’s how I got involved with... gang activity real heavy... Next thing I know, I’m staying in a house with them [the gang]... by the time I had my oldest daughter... I was selling drugs. I was transporting dope...

Example of Findings (2)

Early trauma, parental abuse/neglect and revictimization (Theme 1)

“I’d be the first [my Dad would abuse]. I was the oldest, so I’d be the first one he’d get out of bed to beat and then he would sit and make my sister watch while he molested me [crying] and then make me sit and watch while he was molesting her. If we moved, then he would beat us. It’s like I had to live it twice because I was twins. My sister and me [were born] two minutes apart.”

Example of Findings (3)

Substance Use for Coping (Theme 2)

“[M]y mom ended up getting custody of him [her son] when he was three. After I lost him I lost my car, my trailer, and my son. I got fired from my job and I couldn’t pay for nothing and she ended up with him...I tortured myself by staying high and staying drunk so I wouldn’t have to deal with it.”

Example of Findings (4)

No mental health intervention precipitates substance use, risk taking behaviors and sequential trauma with entry into correctional settings
(Theme 4)

‘Cause when you in jail you don’t have nobody and you don’t know what you gon’ do with your life and people who go to jail...*Jail* jail, they mostly come back again.’

Sequence of Early Trauma and Risk Behaviors

Participant 3, Lisa

Childhood sexual abuse by stepfather and her mother was physically violent (5-12 yrs) à cocaine use begins (8 yrs) à violent toward stepdad (12 yrs) à kicked out of home (12 yrs) à joins gang/begins stealing/selling drugs à first incarceration (18 yrs) à IPV (26-32 yrs) à HIV acquisition (age 20, living with HIV for 25 years) à number of years incarcerated (from 18 to 42 years) à begins drug rehabilitation (2012, sober for two years)

Sequence of Early Trauma and Risk Behaviors

Participant, Linda

Alcohol-exposed as child (in baby bottle) → Childhood sexual abuse (ages 2-3) → foster care (age 5) → IPV → lost baby due to beating; hospitalized for severe injuries (age 19) → substance dependence on crack (ages 36-44) → multiple rape experiences (prior to prison) → prison for drug trafficking (age not indicated) → lost custody of son (age 21) → lost job (age 29) → in/out of jail 50 times → HIV diagnosis (age 35) → began successful drug rehabilitation (in 2010, age 43)

Discussion

- The four shared risk behaviors among women in this study can be seen as a 'rational' response to early, repeated traumas – e.g., substance use and delinquent behavior for 'coping'
- Treatment for substance dependence and PTSD may be a key component in effective post-release adjustment
 - ✦ These remain under-recognized and poorly understood for marginalized women
 - ✦ Substance dependence punitive

Conclusions

- Breaking the link between early victimization and early initiation of substance abuse has potential to positively affect women's lives throughout the life course
- Additional research needed on mediators and protective processes in social environments that disrupt onset of substance taking, which leads to substance dependence (De Marco & Chan, 2013)

Conclusions

- Need for interdisciplinary approaches and conceptual frameworks for examining multiple layers of trauma and their interactions with health and wellbeing (e.g. lifecourse, gender analysis)

Thank you!



Theresa Sommers, MPH

theresa.sommers@umb.edu

PhD Candidate, Global Governance and Human Security

Fellow, Center for Peace, Democracy, and Development

Adjunct Professor, College of Advancing and Professional Studies

University of Massachusetts, Boston