

TRAUMA HISTORY AS A BARRIER TO REENTRY: HOW DRUG USERS LEAVING PRISON NAVIGATE MENTAL HEALTH SERVICES POST RELEASE

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WHAT IS THE PROBLEM? SUBSTANCE ABUSE DISORDERS

US Nationally

In 2014, about 21.5 million Americans ages 12 and older (8.1%) were classified with a substance use disorder in the past year. Of those, 2.6 million had problems with both alcohol and drugs, 4.5 million had problems with drugs but not alcohol, and 14.4 million had problems with alcohol only (SAMHSA, 2015).

US Prison Population

65% of all US inmates meet medical criteria for substance abuse disorders (CASA, 2010).

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WHAT IS THE PROBLEM? MENTAL HEALTH DISORDERS

US Nationally

Approximately 1 in 5 adults in the U.S.—43.8 million, or 18.5%—experiences mental illness in a given year.

Approximately 1 in 25 adults in the U.S.—9.8 million, or 4.0%—experiences a serious mental illness in a given year that substantially interferes with or limits one or more major life activities (NIMH, 2015).

US Prison Population

In state prisons, 73% of women and 55% of men have at least one mental health problem

In federal prisons, 61% of women and 44% of men

In local jails, 75% of women and 63% of men (James & Glaze, 2006).

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## METHODOLOGY

The goal of this quantitative study (n=100) was to expand on a qualitative pilot study with ten clients reentering the community from prison and the reentry staff that work with them on the barriers and facilitators they face accessing mental health, physical health, and substance abuse services in the community

1. Addiction Severity Index Lite (ASI; McLellan et al., 1980; 1992)
2. Trauma Symptom Checklist-40 (TCL-40; Briere & Runtz, 1989)
3. MOS Social Support (Sherbourne & Stewart, 1991)

The data were collected in a private conference room at the recruitment site and participants were given a \$15 CVS gift card for their time.

The researcher explained the survey data and open ended responses would be completely confidential and that responses would have no bearing on the services they are eligible to receive at the recruitment site.

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## RECRUITMENT SITE

This site is a non-profit, tax-exempt corporation based in Boston dedicated to assisting people who have been in prison to address the issues that brought them to prison.

- The average annual cost to help one client stay on a path of self-sufficiency and out of prison is \$4,000, compared to the \$46,000 annual cost to incarcerate one Massachusetts state inmate.

**Mission Statement:**

- Our mission is to assist people who are or have been in prison to achieve healthy, productive and meaningful lives. We believe that breaking the cycles of addiction, unemployment, crime, and imprisonment benefits everyone - victims, offenders, families, and communities. By treating our clients with dignity and respect and by encouraging them to take advantage of life-changing tools, we are fulfilling our mission to help men and women coming out of prison to rebuild their lives.

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## WHO WAS INTERVIEWED? (N=100)

Variable	% or Mean
Gender	Male (76%)   Female (24%)
Age	48.9 (SD=9.8)
Race/Ethnicity	White NH (29%)   Black NH (44%), AI (2%)   Puerto Rican (21%)   Dominican (2%)   CV (2%)
Currently Homeless	32%
Years of Education	10.9 years (about 11 <sup>th</sup> grade)

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Who attempts to access mental health services and what are the barriers faced?

### EXPLORATORY RESEARCH/RESEARCH QUESTION

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### FINDINGS

- High rates of both physical and sexual abuse in childhood and adulthood
- High rates of clinical PTSD diagnoses
- Lengthy incarceration histories
- Lengthy substance use histories

#### THESE TRAUMAS ARE CONSIDERED PREDISPOSING FACTORS

Variable	% or Mean
Years Incarcerated	14.4 (SD=10.5)
Positive PTSD Diagnosis	57%
Experiencing both Physical and Sexual Abuse	35%
Years Drinking to Intoxication	7.3
Years Injecting Heroin	9.3
Years Polysubstance Use	11.2

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### FINDINGS (N=74)

"My insurance was not turned on when I was released which made it take longer to get the psych meds I need. Usually when this happens I lose my appointment and sometimes need to see a new doctor. I have to tell my story all over again, inside and again once I'm released. Over and over. I've relived this trauma for years. I'm done."

"So hard to get to every appointment on time when you have no money to get anywhere or no license and car. It's all related."

"I always feel like I'm being questioned and watched. It makes me want to disengage and stay using."

"Clinicians are very hard to open up to and once you do they either leave or you fall into more trouble."

"My mental health counselor was insensitive to the fact that I was just incarcerated."

"My therapist retired and I needed to wait very long for a new one; I was told I 'fell through the cracks.'"

"One year waiting list for a psychologist so I continue to use drugs to numb my feelings and avoid flashbacks."

"They say, 'If you're not willing to take medication, then why are you here?' Not understanding that taking medication is a trigger for my substance use."

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**OF THOSE 74% WHO WANTED TO ACCESS MH SERVICES...**

Variable	N (Percentage)
Experienced Physical Abuse	N=40 (54.1%)
Experienced Sexual Abuse	N=31 (41.9%)
Experienced Both Physical and Sexual Abuse	N=30 (40.5%)
Attempted Suicide	N=20 (27.0%)
Attempted Suicide in the Past 30 Days	N=2 (2.7%)
Positive Clinical Diagnosis of PTSD	N=46 (62.2%)

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**DISCUSSION**

Mental health treatment is sought after and utilized to a degree, though drug users with trauma histories leaving prison experience significant barriers to access and quality of care

Need for an updated system of trauma-informed care and treatment as well as providing more innovative avenues to access services for those with trauma histories- we need to bridge the gaps of service for those in reentry with previous trauma to avoid constant retraumatization

The impact of negative public perception on drug users reentering society and the communities they are returning to from prison significantly impacts the availability and quality of resources during a time they are most vulnerable and throughout the life course

Most of the issues boil down to policy and state/federal budget and structural racism/classism/ageism- which is heavily influenced and led by social stigma and opinion

Will this/is this changing as a result of the opioid epidemic based on race/class/age?

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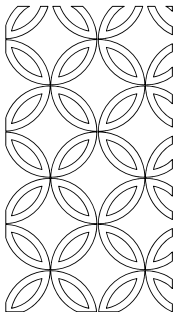
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Funder: Boston University School of Social Work

Data Collection Site: Span, Inc.

**ACKNOWLEDGEMENTS**

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**THANK YOU!  
Q & A**

National Association of Forensic Social Work  
Annual Conference  
New Orleans, LA  
June 2018



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