

TRUST AND TRAUMA DISCLOSURE:  
A MIXED-METHOD ANALYSIS OF MEN AND WOMEN'S DECISIONS TO DISCLOSE  
TRAUMA TO PROBATION AND PAROLE AGENTS

By

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## **ABSTRACT**

Women and men entangled in the criminal legal system have a high prevalence of trauma, and research has documented the relationship between trauma and deviant behavior. The theory of posttraumatic growth has established the importance of trauma disclosure in gaining support for trauma, facilitating posttraumatic growth, and improving one's well-being. Trauma research has identified a myriad of barriers to trauma disclosure, and evidence suggests that distrust of correctional actors may hinder system-involved individuals' disclosure of trauma. Researchers have yet to study the role of trust in clients' trauma disclosure to probation and parole agents, and the outcomes of disclosure. Probation and parole agents have an opportunity to connect their clients with needed trauma-focused services. This mixed-method research study is designed to analyze the trauma disclosure decisions of 135 individuals on felony probation and parole in Michigan. The first step of this study used quantitative data to test models that included hypothesized predictors of 85 men and 50 women's trauma disclosure to the supervising agent. Multivariate logistic regression analyses tested the relationship between clients' trust in agents and trauma disclosure, and included measures of gender, race, age, level of trauma-related needs, level of perceived social support, and time on supervision as covariates. Quantitative analyses also tested for the moderating effects of gender and race on the relationship between trust in an agent and disclosure of trauma to an agent. Results showed a significant relationship between trust in an agent and trauma disclosure to an agent, but nonsignificant relationships between all other covariates and disclosure. Similarly, tests for moderating effects of race and gender yielded nonsignificant results. For the second step of this study, qualitative analyses were conducted from interviews with 50 men and 29 women who also were part of the quantitative analyses, to develop an explanation of clients' trauma disclosure to agents and to explore a range of potential

influences on participants' disclosure decisions and the immediate outcomes of disclosure (e.g., agent response). The study participants' explanations revealed a number of reasons for disclosure and non-disclosure and offered several key findings. First, receipt of support to cope with trauma (from sources alternative to the agent) was connected to decisions to disclose trauma to agents or not. Barriers to disclosure included perceptions that it would be inappropriate to disclose trauma or mental health information in the supervision context, distrust of the agent or the criminal legal system, discomfort divulging trauma to others, negative prior disclosure experiences, and feeling too overwhelmed by the harmful effects of trauma. Facilitators to disclosure included perceived trustworthiness of the agent, belief that agent should know about the trauma, and for a few disclosers, feeling pressured, required, or coerced to disclose trauma to the agent. Agents responded to trauma disclosure by providing emotional support, informational support, or tangible support; unsupportive responses included dismissive, unhelpful, and rarely, punitive responses. Matrix coding was used to compare these themes by gendered and racialized groups, and revealed some qualitative distinctions in clients' reasons for disclosure and non-disclosure and expectations of whether agents would have a supportive or unsupportive response to trauma disclosure, i.e., expectations of whether the agent could or would help or care about their trauma. Altogether, the quantitative results and qualitative findings establish evidence of the connection of trust to trauma disclosure to probation and parole agents, and they have theoretical implications for the theory of posttraumatic growth and psychological theories of disclosure. Furthermore, results of the qualitative findings revealed additional influences on trust and trauma disclosure to supervising agents.

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To my parents, Ron and Molly Hoskins.

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## **CHAPTER 1: INTRODUCTION**

### **Statement of the Problem**

In the United States, there are nearly five and a half million people under adult correctional supervision, including an estimated 2,963,000 on probation, 803,200 on parole, and 1,767,200 in jail or prison (Carson & Kluckow, 2023; Kaeble, 2023). At the point that they start terms of probation and parole, a high proportion of individuals under correctional supervision have experienced trauma and continue experiencing Post Traumatic Stress Disorder (PTSD) symptoms (e.g., intrusive thoughts/flashbacks, nightmares, hypervigilance, avoiding thinking about the event, and feelings of fear, anxiety, and detachment) (Abram et al., 2007; American Psychiatric Association, 2013; Maruschak & Minton, 2020). Trauma and PTSD symptoms can interfere with employment and earning capacity, physical health, interpersonal functioning (e.g., problems controlling anger; problems adapting to interpersonal relationships and settings such as the workplace), and meeting requirements of supervision such as avoiding substance misuse and illegal behavior (Bosch et al., 2020; DiLillo, 2001; Frueh et al., 1997; Hoskins & Morash, 2020; Pan et al., 2021). Given the high prevalence of trauma and trauma-related needs in this population, there is a need to understand how individuals involved with the law process and overcome trauma (Hoskins & Morash, 2020). This information may be used to improve trauma-informed correctional services and responses to clients' trauma.

The theory of posttraumatic growth (PTG) indicates disclosure of trauma is an important catalyst for gaining support to cope with trauma and realize positive outcomes (e.g., recovery, empowerment) in the wake of a traumatic event (Tedeschi et al., 2018). Research on PTG shows that gender influences trauma and disclosure (Tedeschi et al., 2018). Prior trauma research suggests that there are differences in women and men's perspectives and approaches to coping

with trauma, and thus differences in their decisions to disclose and seek support for coping with trauma (see Taku, 2013; Tedeschi et al., 2018). Disclosure to probation and parole agents could help address trauma and PTSD by creating opportunities for clients to receive needed support and services. For example, agents can provide social support such as empathy and understanding and referrals to appropriate treatment, and they can implement trauma-informed practices to reduce the risk of further harm (e.g., re-traumatization). However, since probation and parole agents are responsible for not just helping clients, but also monitoring them and reporting any violations of supervision conditions, and violations can result in sanctions, clients' lack of trust in agents may prevent disclosure (Morash et al., 2015; Skeem et al., 2003).

### **Significance of the Research**

To the best of my knowledge, no prior research has specifically examined the connection between trust and action to disclose struggles with trauma in any sample, although extant theory and research points to this connection. Theories of disclosure propose that decisions to disclose personal information may be influenced by anticipated consequences of disclosure, and if perceived risks outweigh potential benefits, disclosure may be less likely (Fisher et al., 1988; Omarzu, 2000). Similarly, psychological theory on self-disclosure asserts that interpersonal trust influences disclosure of personal/sensitive information, and clinical trauma research suggests that lack of trust in clinical professionals is qualitatively connected to nondisclosure among traumatized veterans (see Ignatius & Kokkonen, 2007; Jeffreys et al., 2010). To contribute to theory, the research used logistic regression analysis to test trust as a predictor of disclosure to an agent for clients reporting struggles with the negative effects of trauma since the start of probation or parole supervision.

Following this line of inquiry, research has not specifically examined individuals' decisions to disclose trauma to probation and parole agents while on community supervision and the outcomes of disclosure. There is evidence that the nature of a recipients' response to trauma disclosure is related to the effects of disclosure. For example, an unsupportive response minimizes potential benefits of disclosure and may even exacerbate trauma-related harm (Tedeschi et al., 2018). There is no prior research on how probation and parole agents respond to trauma disclosure or the subsequent effects of different responses to disclosure. Considering the connection of trauma to illegal behavior, this means an agent's supportive response to a client's trauma disclosure is important for improving supervision outcomes. Thus, the qualitative component of this mixed-method study explored how clients decide whether to disclose trauma to a probation or parole agent, and for those who did disclose, the agent's response and the immediate effects of that response.

Research on system-involved individuals' trauma has focused primarily on women, but there is some evidence that not only women, but also men in the criminal legal system have high prevalence of trauma (Hoskins & Morash, 2020; Johnson et al., 2006; Miller & Najavits, 2012; Najavits, 2006; Sarchiapone et al., 2009). In non-offending samples, there are gender differences in the types of events that result in trauma and perspectives on coping with trauma, and thus differences in individuals' decisions to disclose and seek support for coping with trauma (see Taku, 2013; Tedeschi et al., 2018). It is not known whether these findings generalize to system-involved individuals and the relationship between supervising agents and their clients. Ergo, an additional aim of the research was to document gender differences in trauma and disclosure experiences that are affecting individuals on probation and parole.

Along with gender, evidence indicates that race also influences trauma. Research documents how people of color experience distinct forms of racial trauma and race-based traumatic stress stemming from individual, cultural, structural, and historical racism (Aymer, 2016; Liu & Modir, 2020). For example, Americans racialized as Black are overrepresented in the criminal legal system, and are disproportionately affected by police violence, racial profiling, and incarceration (Cobbina, 2019; Hinton et al., 2018; Hoskins, 2019; Jeffers, 2019). There is evidence to suggest that racial trauma may reduce trust in criminal legal system actors (Kochel, 2019). In the context of the Covid-19 pandemic, Black Americans have the highest Covid-19 mortality rate of any racial group (Liu & Modir, 2020). Considering that data collection for the study took place during the pandemic, Black participants may have experienced more trauma involving severe illness or death of a loved one than non-Black participants. The study is framed by feminist theory to qualitatively compare the trauma disclosure decisions, experiences, and outcomes of women and men participants; thus, a measure of gender was central to the research. Intersectional feminist research evinces that the intersection of race and gender shapes individual internal and external experiences (Crenshaw, 1989, 1991; D'ignazio & Klein, 2020; Gueta, 2020), so another objective of the research was to explore potential differences by racialized groups. I compared gendered and racialized groups by testing for group differences and looking at potential moderating effects in the quantitative analysis, and by comparing themes among groups in the qualitative analysis.

The present research targets the pervasive problem of unresolved trauma within correctional populations to advance trauma-informed supervision practices and responses to clients' trauma-related needs. Trauma theorists have emphasized the importance of trauma disclosure in gaining support and resources to overcome the harmful effects of trauma.

Disclosure of trauma to supervising agents could provide opportunities for traumatized clients to gain needed support and resources to improve their well-being and ability to comply with supervision requirements. However, clients' lack of trust in probation and parole agents may hinder disclosure, and so there is a need to examine clients' decisions to disclose trauma to supervision agents and the connection of trust and disclosure, as well as how agents respond to disclosure. The present research is significant because it addresses this problem in a way that considers gender and racial differences in the experiences and outcomes of clients' decisions to disclose trauma to agents during community supervision.

## **CHAPTER 2: LITERATURE REVIEW**

The first section of the literature review presents a definition of trauma and an overview of research showing the high prevalence and the gender differences in the general population and in correctional populations. The second section covers what is known about the connection of trauma to illegal behavior, and calls attention to similarities and differences in gendered trauma pathways to substance use. The third section reviews literature on the deficit of accessible mental health care services and disparities in mental health care for marginalized and criminalized populations. Next, the fourth section reviews the theory of posttraumatic growth, including theoretical explanations of the importance of trauma disclosure to gain support to cope and how the benefits of trauma disclosure are contingent on receipt of a supportive response (i.e., from a supervising agent) and gender differences in trauma disclosure. The section shows that the theory does not account for the role of trust in decisions to disclose and seek help for trauma. The final section of the literature review covers what is known about women and men's trust in probation and parole agents and decisions to disclose difficult problems and seek support from agents. Taken together, the theory and findings described underscore the importance of addressing the trauma-related needs of women and men on probation and parole, and the need to understand reasons for disclosure or non-disclosure of trauma to agents (e.g., trust in agents) and agent responses to disclosure.

### **Prevalence and Type of Traumatic Experiences for Men and Women in the General Population and in Correctional Populations**

A traumatic experience is an incident or series of related incidents that damage a person through harm or violence and have long-term consequences for one's well-being and ability to function (DeVeaux, 2013; Goodman, 2017; Herman-Lewis, 1992; Ringel & Brandell, 2011; Van

der Kolk, 2015). Trauma can be experienced directly or indirectly (e.g., secondary or vicarious trauma) through witnessing harm or violence (Tedeschi et al., 2018). There is a markedly high prevalence of trauma among individuals under correctional supervision.

In both the general population and among those involved with the law, evidence points to differences in the types of traumatic experiences of men and women. In the general population, women are more likely to experience sexual assault at some point in their lifetimes, whereas evidence suggests that men are more prone to experience other forms of physical violence (Pettus-Davis, 2014; Tedeschi et al., 2018). Compared to boys and men, girls and women experience higher rates of domestic violence and are more likely to suffer from trauma/PTSD and other consequences that require support and intervention (Beeble et al., 2008; Greenfeld, 1998; National Coalition Against Domestic Violence, 2020). Domestic violence encompasses intimate partner violence, including sexual violence, physical violence, psychological abuse, stalking, and other threatening and abusive behaviors to exert power and control over/against an intimate partner (National Coalition Against Domestic Violence, 2020). Furthermore, findings from international and national-level studies reveal a pattern of higher prevalence of childhood sexual abuse for girls than for boys (Pereda et al., 2009b, 2009a; Plummer & Cossins, 2018; Stoltenborgh et al., 2011). Based on findings from an extensive literature review of 47 studies of childhood sexual abuse experiences, Plummer and Cossins (2018) concluded that, compared to boys, girls are more likely to be sexually abused by relatives and older males and tend to experience more frequent, more severe forms of sexual abuse over longer periods of time, and consequently, girls are more likely than boys to experience higher levels of trauma, suffering, and behavioral issues. These findings of unique gendered experiences of trauma are also reflected in the trauma histories of women and men in correctional populations.

Turning now to trauma among correctional populations, there is evidence of gendered differences in the type and prevalence of trauma experienced by system-involved women and men. Studies focused on system-involved men evince common histories of trauma and PTSD from witnessing violence, physical assault, and childhood sexual abuse (Johnson et al., 2006; Miller & Najavits, 2012; Najavits, 2006; Sarchiapone et al., 2009). In addition to appreciable literature documenting the prevalence of child abuse/victimizations histories among correctional populations, especially for women, there is evidence that system-involved women are more likely to have histories of childhood abuse and victimization than system-involved men (Bodkin et al., 2019; Wanamaker et al., 2022). A meta-analysis conducted by (Wanamaker et al., 2022) compared the prevalence of various types of childhood victimization experiences (i.e., physical, sexual, and emotional abuse, neglect, and exposure to violence) for a total sample of 74,608 system-involved girls and women and 230,581 system-involved boys and men from 62 studies. Although results indicated a high prevalence of childhood abuse, neglect, and exposure to violence for both gender groups, the combined prevalence was higher for girls and women across types of childhood victimization experiences, and significantly higher for physical, sexual, and emotional abuse, and neglect compared to boys and men. However, prevalence estimates vary widely across studies and some findings are mixed, as other studies examining child abuse histories in correctional samples have found no significant differences in the prevalence of childhood physical and emotional abuse between women and men (see Bodkin et al., 2019). There is also evidence that women experience disparately high levels of victimization in adulthood as well as childhood (Messina et al., 2006, 2006; Morash, 2016; Richie, 1996; Richie, 2012; Tjaden, 2000; Winham et al., 2015). System-involved women often experience interpersonal violence, and suffer from exposure to violence in their homes and neighborhoods,



and from loss of loved ones due to illness or violence (Cobbina et al., 2014; Hoskins & Morash, 2020).

In addition to experiencing high levels of trauma before correctional supervision begins, men and women experience trauma during incarceration in jails and prisons. Of the adults under community supervision in Michigan in 2021, an estimated 118,899 were on probation as an alternative to incarceration and 13,461 were on parole as an early conditional release from prison (Kaeble, 2023). Additionally, approximately 15,880 adults were incarcerated in Michigan jails in 2019 (Zeng & Minton, 2021). Extant evidence from studies of trauma in prison populations indicate there is a high prevalence of PTSD among men and women in prisons, especially among women in prisons (Baranyi et al., 2018). Research on women's experiences in prison and jail reveals exposure to violence and death, inhumane treatment from correctional staff, separation from children and loved ones, and negligent mental and physical health care (Hoskins & Cobbina, 2020; Owen et al., 2017). In the United States, incarcerated women are sexually victimized by correctional staff at disproportionately high rates, accounting for an estimated 41 percent of victims even though women constitute only about seven percent of the prison population (Beck et al., 2014; Darcy et al., 2022). Notwithstanding this disparity, women are more likely to be violently victimized in the community than in prison, whereas men face an increased risk of violent victimization in prisons (Miller & Najavits, 2012). Men in prison are at greater risk of sexual assault and lethal violence which may provoke trauma and PTSD (Freedman & Hemenway, 2000; Miller & Najavits, 2012; National Prison Rape Elimination Commission, 2009).

Altogether, the current literature underscores the pervasiveness of traumatic experiences among correctional populations, and gender-specific differences in the trauma histories and

experiences of system-involved men and women. These findings denote connections between gender, trauma, and involvement in correctional systems, and present important implications for this research. Specifically, these connections signal a need to consider gender differences in men and women's experiences and responses to cope with trauma during probation and parole, including decisions to disclose and seek support from supervising agents.

### **Connection of Trauma to Substance Misuse, Crime, and Recidivism**

An overwhelming amount of evidence indicates that trauma increases risk for substance misuse and crime (Baglivio et al., 2015; Covington, 2008; DeHart et al., 2014; Holloway et al., 2018; Howard et al., 2017; Maxfield & Widom, 1996; National Child Traumatic Stress Network, 2008; Pettus-Davis, 2014; Sarchiapone et al., 2009; Smith & Thornberry, 1995). Longitudinal research reveals that more instances of traumatic experiences early in life increase criminogenic risk when controlling for several other risk factors (Baglivio et al., 2015). Trauma and PTSD are connected to increased impulsivity, substance misuse to numb psychological pain, impaired thinking, and violence (Donley et al., 2012; Givens & Cuddeback, 2021; Howard et al., 2017; Mueser et al., 2004). This co-occurrence of trauma and crime is described by criminologists as the victim-offender overlap, which underscores the relationship between traumatic experiences and offending (Lauritsen & Laub, 2007).

Research indicates differential trauma pathways to substance use among men and women (Covington, 2008; Covington & Bloom, 2007; Deas et al., 2006). Men with histories of trauma are more likely to have a history of psychoactive substance use, and evidence suggests that although men are more prone to being victims of physical abuse and women victims of sexual abuse, they still share the common result of turning to substance abuse to cope with traumatic experiences (Pettus-Davis, 2014).

## **Access to Mental Health Services**

Due to the deficit of community-based mental health services in the United States, many individuals struggling with mental illnesses (e.g., PTSD) are unable to gain needed treatment and, as a result, they break the law or misuse substances (Fontaine & Biess, 2012; Rosenberg, 2019). The deficit of accessible treatment services is especially pervasive for communities of color that are disparately marginalized and underserved (Kanter et al., 2021; Mongelli et al., 2020). In turn, unaddressed trauma and PTSD can exacerbate other mental illnesses and crime-involvement (Donley et al., 2012; Fox et al., 2015; Givens & Cuddeback, 2021). Adding insult to injury, the stigma of criminalization worsens the deficit of care for system-involved individuals' mental health. Like correctional staff, service providers may fail to recognize people who are criminalized as simultaneously being victims of trauma or illness who are in need of care (Owen et al., 2017; Rizzo & Hayes, 2011). Intersections of criminalization with gendered and racial stigmatization further compound disadvantages to being perceived as needing mental health intervention. Research on the experiences of women in prisons indicates that women's mental and physical health care needs are often dismissed by prison staff as insincere, manipulative attempts to gain prescription drugs or attention (Owen et al., 2017; Rizzo & Hayes, 2011). Showing the disparate impact of this pattern on Black women, historically, interpretations of White women's offending have favored paternalistic and rehabilitative frameworks emphasizing their vulnerability, victimization, and need for care, compared to punitive interpretations stigmatizing Black women as more aggressive, manipulative, and criminal (McCorkel, 2013; Miller, 1997; Potter, 2013). People racialized as Black tend to be stigmatized as less innocent, more culpable, aggressive, and violent, and deserving less care/support than people racialized as White (Epstein et al., 2017; McCorkel, 2013; Miller, 1997; Potter, 2013).

Despite their extensive trauma-related mental health needs, individuals under community supervision face unique barriers to accessing community-based mental health treatment services (Pope et al., 2013). This is problematic since evidence shows that mental illness increases the likelihood of receiving technical violations and revocations of supervision and the likelihood of going to jail (Prins et al., 2009; Rosenberg, 2019). Given the connection between trauma and recidivism, researchers have conceptualized trauma as a risk factor, a need factor, and a specific responsivity factor (i.e., influence on treatment engagement) (Holloway et al., 2018). Thus, findings from research examining correctional responses to trauma will have implications for enhancing the effectiveness of correctional supervision, advancing trauma-informed supervision practices, and for referring traumatized clients to vital mental health resources and treatment.

### **Theory of Posttraumatic Growth and the Importance of Trauma Disclosure**

According to the theory of posttraumatic growth, positive psychological change can occur in response to traumatic experiences (Tedeschi & Calhoun, 2004). For example, healing, recovery, finding “silver linings” in negative experiences, or coming to view oneself as a survivor rather than a victim of trauma would be considered positive changes indicative of posttraumatic growth (PTG). The outcomes of PTG include increased personal strength (e.g., feelings of power), improved interpersonal relationships, seeing new possibilities (e.g., pivotal changes in life priorities), gaining a new appreciation of life (e.g., greater life satisfaction), and spiritual changes (Tedeschi et al., 2018; Tedeschi & Calhoun, 2004). According to the PTG theory, disclosure is a key mechanism in managing emotional distress and gaining social support and, in turn, facilitating PTG (Tedeschi et al., 2018). Disclosure to seek social support is an adaptive strategy for coping with trauma which is linked to reduced PTSD symptoms, and nondisclosure can increase one’s risk for suicidality (Horesh et al., 2004; Prati & Pietrantoni,

2009; Taku et al., 2009; Tedeschi et al., 2018; Ullman & Peter-Hagene, 2016). PTG theory clarifies how supervising agents can support traumatized clients' recovery and well-being, both by their own supportive reactions to trauma disclosure and by providing referrals to other crucial sources of support for trauma (i.e., mental health professionals).

Gender may influence a person's responses to their own trauma, including disclosure and PTG. Evidence of rates of PTG among men and women is mixed. Some studies find that women are more likely to experience PTG than men (Tedeschi et al., 2018; Vishnevsky et al., 2010; Weiss, 2008), while others do not find gender differences (Danoff-Burg & Revenson, 2005; Taku et al., 2007). In a study that points to gender differences in how men and women process trauma, research found that men in the United States tend to value self-reliance in coping with trauma, so they may be less inclined than women to disclose and seek support from others (Taku, 2013; Tedeschi et al., 2018). In another study showing gender differences, for 19 women and 11 men, self-blame and concern for how disclosure would affect others, and fear of being blamed or not believed were barriers to women's disclosure, whereas men's disclosure was suppressed due to internalized shame and fear of being viewed as gay or as a victim due to seeing the sexual victimization as emasculating, and dread of becoming an abuser themselves (Alaggia, 2005). The current literature suggested the need to include gender as a predictor of trauma disclosure, and to compare women and men in the qualitative analysis.

PTG can be facilitated by gains in social support, in which the individual discloses the trauma to seek help or to initiate deliberate rumination. For example, an individual discloses a traumatic event to a friend and the friend provides emotional support. Or, an individual discloses trauma to a parole agent, who encourages counseling and provides a referral to local mental health service providers. Perhaps, now that the agent is aware of the trauma, they also make

trauma-informed adjustments to the individual's case plan. However, the benefits of disclosure are dependent on the nature of the subsequent reactions of the recipient – if the recipient's response is supportive, PTG is more likely, whereas an unsupportive response can inhibit the healing process and exacerbate trauma-related harm, and PTSD symptoms (Dong et al., 2015; Tedeschi et al., 2018; Ullman & Peter-Hagene, 2016). Negative reactions to trauma disclosure (such as breaches of trust and confidentiality, victim blaming, or minimizing the significance of a traumatic event) can discourage future attempts to seek help and hinder the benefits of disclosure (Smith, 1995; Taku et al., 2009; Tedeschi et al., 2018).

Although the theory establishes disclosure as an important step in PTG, it does not explain the role of trust in decisions to disclose and seek support. The present study aimed to address this theoretical gap by examining the role of trust in system-involved individuals' decisions to disclose trauma to probation and parole agents. Given system-involved individuals' high level of trauma, there is a need to understand their decisions about disclosure to probation and parole agents who can provide social support such as empathy, referrals to appropriate treatment, and who can implement trauma-informed practices to reduce the risk of further harm (e.g., re-traumatization).

### **Trust of Probation and Parole Agents**

Researchers have yet to examine the role of trust in disclosing struggles with trauma to supervising agents by men and women under community correctional supervision (e.g., on probation and parole). However, there is evidence to suggest that trust impacts disclosure decisions in carceral settings. Research shows that incarcerated individuals underreport traumatic experiences for a variety of reasons, including distrust of correctional and clinical staff, lack of confidentiality, perceptions of the trauma being ordinary, and feelings of guilt or shame (Grella

& Greenwell, 2007; Miller & Najavits, 2012). Miller and Najavits (2012, p. 3) describe the issue of underreporting traumatic experiences in prisons as being influenced by the “culture of mistrust.” Correctional institutions present a variety of triggers for victims, such as confinement, constant discipline from those in authority, strip searches, and other invasions of privacy ( Miller & Najavits, 2012; Owen et al., 2008). In addition to these, more extreme forms of victimization are not uncommon in prisons, as incarcerated individuals are vulnerable to being physically and sexually assaulted (Zweig et al., 2015). Distrust of correctional staff is problematic because it can prevent opportunities to gain needed services and support that staff may provide to address trauma-related needs and improve supervision outcomes. Thus, understanding the role of trust in trauma disclosure has practical implications.

Practitioners have implemented interventions to reduce the negative effects of trauma and researchers have called for trauma-informed correctional care, including trauma-focused assessment, training of staff to avoid provoking trauma and PTSD symptoms, and promoting a culture of safety (Miller & Najavits, 2012). What is missing from the research on posttraumatic growth and system-involved individuals is evidence of how trust in probation and parole agents is related to trauma disclosure. Understanding what factors improve the likelihood of disclosure will help inform community-based correctional responses to trauma. This study was aimed at filling this gap in knowledge by exploring and identifying possible predictors, including trust, of probationer and parolee trauma disclosure decisions.

Research has shown that individuals on probation and parole vary in their trust of the agents who supervise them, and that trust of the agent is related to a number of positive outcomes. Studies of the relationship between agents and clients show that supportive relationships that foster trust are most effective in encouraging clients’ compliance with

supervision (Morash et al., 2018; Petrila & Skeem, 2004; Smith et al., 2020; Taxman, 2002). For instance, low-trust, high-control relationships between clients and agents has negative effects on supervision outcomes, and threats of sanctions lead to clients' increased anxiety (Morash et al., 2015; Skeem et al., 2003). Therefore, the extent to which a client perceives an agent to be trustworthy may influence trauma disclosure decisions. Although these findings suggest that trust will lead to more trauma disclosure, this has not been studied in the probation and parole context.

Although it is not specific to trauma disclosure decisions, research on the experiences of women on probation and parole suggests that trust impacts decisions to seek help with difficult problems from probation and parole agents. Generally, system-involved women have small social support networks primarily composed of people who are similarly disadvantaged due to the stigma of criminalization and their use of social isolation to avoid victimization in high-crime communities; as a result they identify probation and parole agents as an important source of support in their social networks (Goodson-Miller, 2022; Morash, 2010; Smith et al., 2020). Cornacchione and Smith's (2017) study identified barriers women faced to seeking support from agents stemming from perceived risk of disclosing problems to agents. Women's decisions to seek help from an agent were based on their perceptions and expectations of how the agent would respond (i.e., whether or not the agent would provide needed support) (Cornacchione & Smith, 2017). Some women were reluctant to disclose difficult topics to an agent due to uncertainty and fear of a punitive response (Cornacchione & Smith, 2017). All of these findings informed the objectives of the present study.

### **Research Purpose and Objectives**

Step one of this study used available quantitative data to test models that include hypothesized predictors of system-involved men and women's trauma disclosure to the



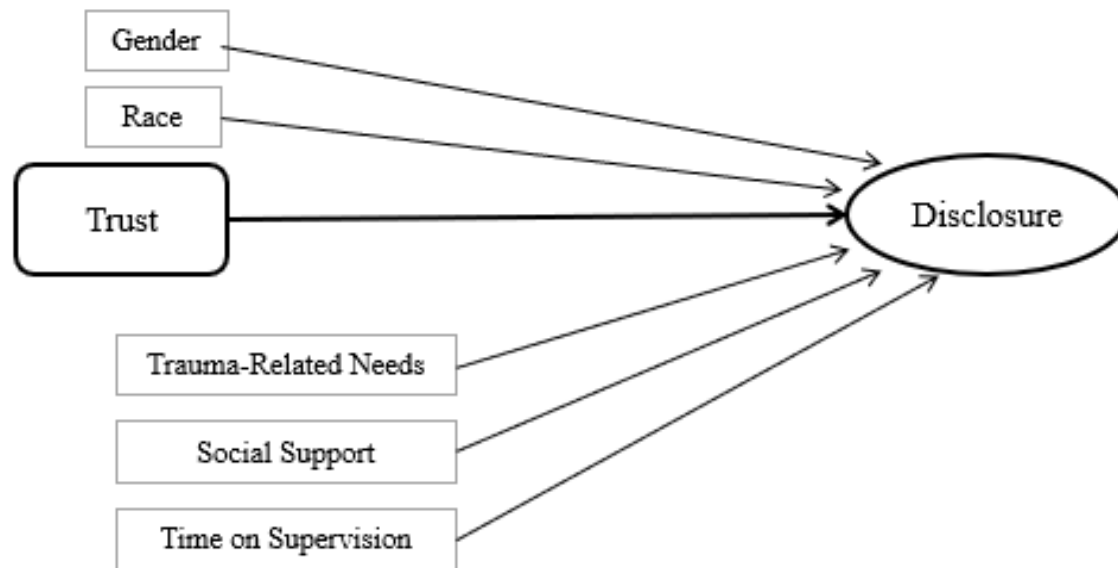
supervising agent. Hypotheses were tested using the conceptual models depicted in Figures 1 – 3. Given the intersectional lens of the research, in the quantitative analyses the effects of sex and race were considered, both as control variables in the basic model (Figure 1), and as potential moderators of the relationship between trust and disclosure (Figures 2 and 3, respectively). Step two used qualitative data to develop explanation of why individuals did or did not disclose trauma to the agent and agent responses to disclosure. The qualitative analyses investigated the effects of sex and race using matrix coding in NVIVO software for qualitative data analysis.

***Hypotheses (Step 1; Quantitative)***

- H1) Client trust in an agent is positively related to the act of disclosure of trauma to an agent.
- H2) Gender is related to disclosure, and the relationship between trust and disclosure is moderated by clients' gender.
- H3) Race is related to disclosure, and the relationship between trust and disclosure is moderated by clients' race.
- H4) Level of trauma-related needs is positively related to disclosure to an agent.
- H5) Level of social support is negatively related to trauma disclosure to an agent.
- H6) Time on supervision is positively related to disclosure.

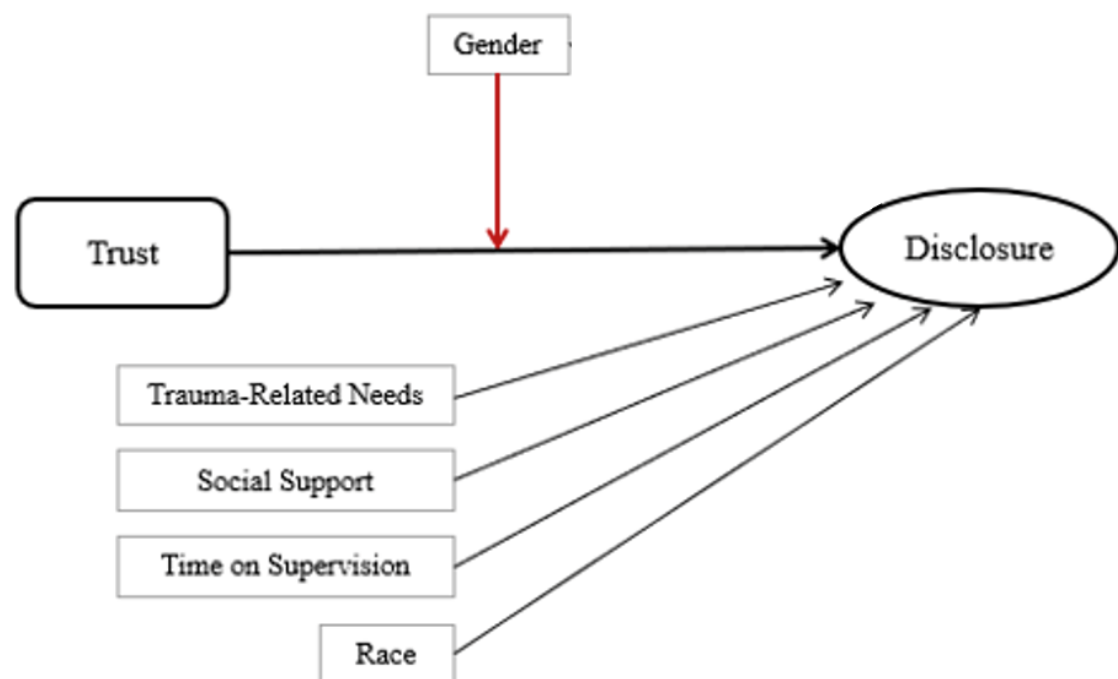
**Figure 1**

*Conceptual Diagram of Basic Model of Trust and Control Variables on Disclosure*



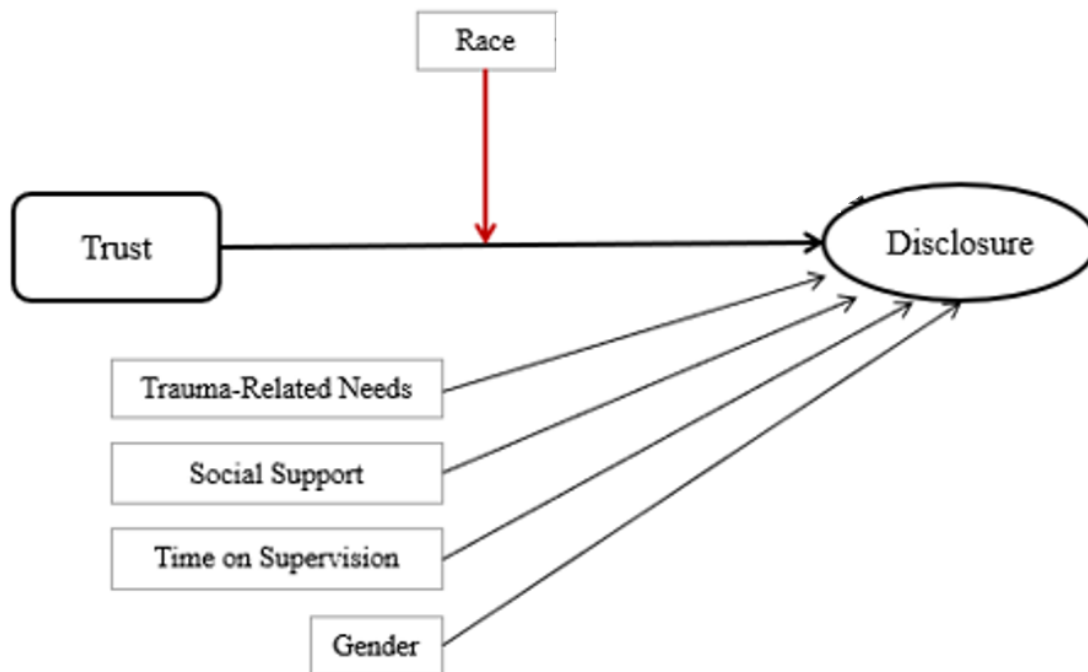
**Figure 2**

*Conceptual Diagram of Model Testing the Moderating Effect of Gender on Trust and Disclosure*



**Figure 3**

*Conceptual Diagram of Model Testing the Moderating Effect of Race on Trust and Disclosure*



***General Research Questions (Step 2; Qualitative)***

- RQ1) What are common factors clients describe as influencing their decisions to disclose trauma to an agent (e.g., trust in the agent), if any?
- RQ2) Who do clients receive support from other than agents, and how does support from other sources influence decisions to disclose trauma to an agent, if at all?
- RQ3) How do clients connect disclosure or non-disclosure to expectations of whether or not the agent would have a supportive response, if at all?
- RQ4) How do clients perceive agent responses to their trauma disclosure (e.g., how were agents supportive or unsupportive; helpful or harmful)?
- RQ5) What differences in the characteristics or experiences of clients' who do or do not disclose to an agent (i.e., gender, race), if any?

## **CHAPTER 3: METHODOLOGY**

### **Overview**

The dissertation research is a secondary analysis of data currently being collected from up to 600 men and women on probation and parole in 10 Michigan counties, including urban, suburban, and rural areas. The primary study was a longitudinal examination of communication patterns and relationship styles between probation and parole agents and their clients (NSF grant # 1920409). The interview guide was carefully developed and piloted with four volunteer probationers and parolees to field test the measures. The volunteers were compensated for their time with \$30 in cash, and their feedback was incorporated into the interview guide. Probation and parole agents also looked over portions of the interview and provided feedback on the appropriateness of the measures. Once the interview questionnaire was finalized, it was programmed into Qualtrics Survey Software for interviewer use. This online format was efficient because it allowed for the programming of skip logic to ensure participants are asked all applicable questions, and because Qualtrics automatically records the data interviewers input into the questionnaire. For the primary study, participants were referred to the research by their supervising agents two to five months after the start of supervision and were interviewed once at baseline, then interviewed again six months after the baseline interview.

### **Procedures**

#### ***Sample***

The study focused on a subsample of 135 participants who, while on supervision, reported problems dealing with a traumatic experience. A priori power analyses indicated that a sample of approximately 130 participants would be sufficient to power the quantitative analyses to at least 80 percent. As of February 1<sup>st</sup>, 2023, a total of 135 out of 254 participants (53.15%)

reported recent struggles dealing with trauma since starting supervision. These 135 participants were supervised by 61 probation and parole agents, which is an average of two participants per agent ( $M = 2.21$ ,  $SD = 1.53$ , range = 1 – 8).

Eligible participants had at least one felony conviction, were under supervision for at least two months but no more than five months at the time their agents referred them to the research for the baseline interview and were at medium to high recidivism risk according to their COMPAS score.<sup>1</sup> To recruit clients, I contacted supervisors at participating probation and parole agencies to confirm agents' caseloads and generate a random sample of agents with eligible caseloads. Once agent caseloads were confirmed, I assisted the primary investigator in inviting the randomly selected agents to participate in the research and conducting the agent consent process. Then, agents who agreed to participate randomly selected up to seven eligible clients from their caseloads and referred them to the study. Certain caseload categories were ineligible for the research because of unique conditions that were outside the scope of the research purpose: individuals convicted of sex offenses, those sentenced to life in prison, parole to detainer,<sup>2</sup> felony non-support,<sup>3</sup> Swift and Sure,<sup>4</sup> and clients who were reporting to the agent less than once a month. Agents were guided to select a random sample of eligible clients in one of the following ways, depending on what was most convenient for them: 1) by time on their caseload, starting with clients who have been on their caseloads for at least two months, and moving back in time up to five months until they had identified up to 7 eligible clients; or 2) by report day,

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<sup>1</sup> The COMPAS is a validated risk-assessment tool that is used to assess risk for recidivism by the Michigan Department of Corrections.

<sup>2</sup> Parole to detainer means that an individual is paroled out of prison to another agency/jurisdiction for other pending charges.

<sup>3</sup> It is a felony under Michigan law to fail to pay child support or to abandon a spouse or child.

<sup>4</sup> In Michigan, the Swift and Sure Sanctions Probation Program is an intensive supervision program for high-risk individuals with felony convictions and a record of supervision violations.

checking clients' eligibility as they report on a given day until they had identified up to 7 eligible clients. Agents were provided with a document explaining these options and were informed that a random sample was important for the research. Agents were also instructed not to exclude participants who were undependable or otherwise hard to work with, because the research required a sample that could be representative of eligible clients on their caseloads. At times, Covid-19 reduced the number of new eligible clients on many agents' caseloads, and so some agents referred new eligible clients individually, as they reached the point of being on their caseloads for two months. This necessitated following up with the agents every one to three months to provide them a reminder of the eligibility requirements and random sampling strategies and to request more referrals until they had referred up to seven clients.

All study protocols were approved by the University's IRB. A certificate of confidentiality was obtained from the National Institute of Health for additional protection of participants' confidentiality, because participants would be sharing sensitive information such as substance abuse behaviors. I recruited interviewers and facilitated in-depth trainings, which included an emphasis on protecting confidentiality and guidance on how to work with high-risk populations in a respectful and sensitive manner. The trained interviewers conducted an in-depth consent process, then participants completed one-on-one interviews with trained interviews either in person (before COVID-19 only) or over the phone/video calls which required approximately one to hour to complete. Participants were compensated for the baseline interview with a \$30 money order or gift card. Regarding ethical considerations, participants were provided with a county resource list at the end of the interview that included local sources of help, such as counseling and psychiatric services, food banks, housing resources, and employment services. Additionally, participants were provided with a study findings sheet which

provided information on where future study results would be posted online and contact information if they did not have internet access and would like to directly receive reports of finding from the researchers.

Data collection is ongoing as of February 2023. The COVID-19 pandemic decelerated the speed of data collection. Probation and parole agents faced furloughs in the spring and summer of 2020, which impacted their availability to refer eligible clients to the study. Several agents elected to “pause” their participation for multiple months due to the pandemic. To avoid attrition, I followed up with “paused” agents every few months to thank them for their participation and request that they resume participation when they are able. Moreover, since the start of the pandemic, agents reported a reduced number of eligible clients on their caseloads for various reasons, such as changes in court proceedings and caseload changes.

### ***Participant Characteristics***

The ages of the 135 participants ranged from 18 to 65 at the time of the baseline interview. ( $M = 37.11$  years;  $SD = 11.03$ ). The majority were men, with 85 participants who identified as male (62.96%) and 50 (37.14%) who identified as female. The sample was fairly diverse, with 71 participants who self-identified as White (Non-Hispanic) (52.59%), 36 (26.67%) as Black, 4 (2.96%) as Hispanic/Latino, and 24 (17.78%) as multiracial or another race. In total, 47 participants (34.81%) identified as Black or multiracial Black (i.e., Black and at least one other race). Only 15 (11.11%) participants were Black/multiracial Black women, and 32 (23.70%) were Black/multiracial Black men.

### ***Data***

The data for this dissertation study were collected as part of the larger primary study. Since November of 2019, the larger study has collected data for each person two times over the

span of six months. This study focused on a subsample of participants who, since supervision began, reported problems dealing with a traumatic experience. The interviews elicit quantitative and qualitative data, and as of February 1<sup>st</sup>, 2023, 135 individuals identified recent problems dealing with a traumatic experience at either the first or the second interview. These 135 participants were the focus of this dissertation study.

### ***Quantitative Data***

**Dependent Variable.** The quantitative analysis included disclosure of trauma (a dichotomous variable) to an agent as the dependent variable (Appendix A.4). Participants were asked a series of questions about their needs since starting supervision and how often they discussed these needs with their agents. Included in these questions, participants were asked, *“Since supervision started, how often has dealing with a past or recent experience that was extremely frightening, horrible, or upsetting been a problem for you?”* (Women's Risk/Needs Assessment (WRNA); Van Voorhis et al., 2013). Response options ranged from *“never”* (0) to *“always”* (6). Participants who indicated any recent struggles with trauma were included in the sample for the dissertation. After indicating recent struggles with trauma, participants were asked how often they discussed it with their agent. Response options ranged from *“never”* (0) to *“always”* (6). Disclosure of trauma to an agent was recoded into a dichotomous variable (0 = non-disclosure; 1 = disclosure) ( $M = .51$ ,  $SD = .50$ , range = 0 – 1).

**Independent Variable.** The available data included two items measuring trust (Appendix A.1), which were used as the independent variable indicating client trust in an agent (DRI-R; (Skeem et al., 2007). Participants were asked how often they felt “safe enough to be open and honest” with their agent and how often they felt that the agent was “someone you trust” ( $r = .827$ ). Response options ranged from *“never”* (0) to *“always”* (6). The trust measure was



constructed so that higher scores indicated greater trust in the agent ( $M = 4.11$ ,  $SD = 1.72$ , range = 0 – 6).

**Control and Potential Moderating Variables.** Control variables included gender, race, time on supervision, level of social support, and level of trauma-related needs. All participants in the dissertation sample self-identified as male or female, so gender was measured as a dichotomous variable: “Female” (0 = male; 1 = female). Race was recoded as a dichotomous variable, “Minoritized,” measured as 0 = “White” and 1 = “Minoritized,” in which “Minoritized” includes Black, Hispanic/Latino, and multiracial/other. A second dichotomous race variable, “Black,” was computed to compare Black and non-Black participants, in which 0 = “Non-Black” and 1 = “Black.” As previously mentioned in the list of hypotheses, gender and race were considered as control variables in the examination of the relationship between trust and disclosure (see Figure 1), and as potential moderators of the relationship between trust and disclosure (see Figures 2 and 3). Time on supervision was included as a control variable indicating the length of time between when participants started probation/parole supervision to the time of the interviews, which was measured by number of months ( $M = 6.57$ ,  $SD = 3.24$ , range = 1 – 14.85).

Level of social support was included as a control variable because participants who have high levels of social support from family, friends, and significant others may be less likely to seek trauma-related support from an agent and may have less need to of an agents’ support to deal with trauma. The social support scale (Appendix A.2) included 12 items measuring the client’s level of perceived support available from family members, friends, and significant others (Zimet et al., 1988). For instance, participants were asked how much they agree or disagree that their “family really tries to help” them, they can “count on my friends when things go wrong,”

and they have “a significant other with whom I can share my joys and sorrows.” Response options range from “*strongly disagree*” (1) to “*strongly agree*” (7). Scores from the 12 items were averaged to create the social support scale so that higher scores indicated greater social support ( $M = 5.00$ ,  $SD = 1.31$ , range = 1.42 – 7), and the scale demonstrated excellent reliability ( $r = .938$ ).

As previously mentioned, one item indicated the extent of participants’ recent trauma-related needs (Appendix A.3). Participants were asked, “Since supervision started (or since the last interview), how often has dealing with a past or recent experience that was frightening, horrible or upsetting been a problem for you?” Response options for ranged from “never” (0) to “always” (6). This item served as the “level of trauma needs” variable, in which higher values indicated greater trauma-related needs ( $M = 2.53$ ,  $SD = 1.53$ , range = .50 – 6). This modified item was adapted from the WRNA measure of trauma and PTSD (Van Voorhis et al., 2013).

### ***Qualitative Data***

This dissertation used a mixed-method explanatory design. Upon preliminary analysis of initial quantitative data, I developed and added a qualitative component to the semi-structured interviews to further explain and expand beyond the quantitative results. It is possible that there are other influences on disclosure that are not included in the available quantitative data. For example, some participants’ may have already been receiving trauma-focused mental health treatment that reduced their need to disclose to an agent for help, have varying propensities to disclose/seek help due to individual or sociocultural differences (e.g., favoring self-reliance; mental health stigma), or be influenced by their trauma disclosure histories (e.g., discouraged after receiving a negative reaction to disclosure in the past). Furthermore, the cross-sectional nature of the quantitative data cannot establish causal order, and it does not examine how agents

responded to clients' trauma disclosure. I designed the qualitative component of this dissertation study to address these limitations of the quantitative data, and drew on prior research on how clients' perceptions and expectations of their relationship with agents influence decisions to discuss difficult topics with an agent (Cornacchione & Smith, 2017). The qualitative questions were designed to prompt participants to explain their decisions to disclose trauma to an agent or not (Appendix B.1). Participants were asked to elaborate on prior responses about the extent to which they discussed problems dealing with a traumatic experience with the agent, and the extent to which they wanted to discuss it with the agent. Follow up prompts elicited detailed information about the participants' perceptions of the agent's ability to help with the problem, expectations about how the agent might react to their disclosure, how the agent actually reacted (for those who did disclose), and detail about any support the agent may have provided, if they found any support from the agent to be helpful and how it was helpful, if they were already receiving support for the problem with someone else such as a counselor or friend, and about any other reasons they may have decided to disclose to the agent or not. Collection of these qualitative data began in June of 2021, approximately 19 months after data collection originally began for the larger primary study. This dissertation study included qualitative data for participants with trauma who were interviewed after the qualitative component was added in June of 2021. As of February 1<sup>st</sup>, 2023, the qualitative data have been collected from 79 of the 135 participants who comprised the dissertation sample. Accordingly, the qualitative portion of this dissertation study is limited to these 79 cases.

### **Analytic Strategy: Quantitative Step 1**

Data cleaning and univariate analyses were conducted with SPSS statistical software to examine the distributions of the study variables and generate descriptive statistics for the

dissertation subsample. Bivariate and multivariate analyses were conducted using R statistical software. Bivariate tests were conducted to test for gender and race differences on all variables. In addition to tests for gender and race differences, the following four groups were compared: Black women, Black men, non-Black women, non-Black men. Because the dependent variable was dichotomous (disclosure vs. non-disclosure) and there were controls in addition to the independent variable of primary interest (i.e., trust), multivariate logistic regression was used to investigate the relationship between trust in an agent and disclosure. Furthermore, because clients were nested in supervising agents, I tested for the need to use multilevel modeling. Lastly, the multivariate tests included testing the moderating effects of gender and race on the relationship between trust in an agent and disclosure of trauma to an agent.

### **Analytic Strategy: Qualitative Step 2**

The qualitative analyses extend on the quantitative findings by exploring a range of potential influences on participants' disclosure decisions, and the immediate outcomes of disclosure (e.g., agent response). Before being uploaded into NVivo Software for coding, interview transcriptions were de-identified to ensure participants' confidentiality. Coding was conducted in multiple stages, including inductive and deductive coding, guided by Yin's (2016) method. To build the codebook, I began with open coding to generate level 1 codes of emergent themes, then conducted level 2 coding to categorize salient themes. Theoretically driven deductive coding was used to identify and categorize theoretically relevant themes, including internal and external facilitators and barriers to trauma disclosure. I worked with an undergraduate student research assistant to refine the codebook and establish interrater reliability ( $\kappa = 0.87$ ) with a subsample of 36 cases (45.57%) before finalizing the codebook and completing the coding (Cohen, 1960). To enhance the trustworthiness of the analysis, I kept records of the

codebook development and analytic memos as an audit trail of the coding decisions (Yin, 2016). I reviewed the coding several times to identify and understand influences on clients' trauma disclosure, including facilitators, barriers, and expectations about how agents would respond to disclosure. Then, I used matrix coding to search for patterns in emergent themes and potential qualitative differences among participants who did and did not disclose trauma to an agent. Next, for clients who disclosed trauma to an agent, I reviewed the coding to understand clients' perceptions about how agents reacted/responded to their trauma disclosure, and effects/outcomes of disclosure. Finally, I used additional matrix coding queries to explore potential differences in themes by gender and race.

## CHAPTER 4: QUANTITATIVE RESULTS

### Univariate Descriptive Statistics

Characteristics of the sample are reported in Table 1. Slightly more than half of the participants (51.11%,  $n = 69$ ) reported disclosure of trauma to an agent, whereas 66 (48.89%) did not report disclosure.

**Table 1**

*Participant Characteristics (N=135).*

	<i>M</i>	<i>SD</i>	Range
Age	37.11	11.03	18 – 65
<i>Participant Gender</i>			
Female	.37	.48	0 – 1
<i>Participant Race</i>			
Minoritized	.48	.50	0 – 1
Black	.35	.49	0 – 1
<i>Participant Race &amp; Gender</i>			
Non-Black Men	.39	.49	0 – 1
Non-Black Women	.26	.44	0 – 1
Black Men	.24	.43	0 – 1
Black Women	.11	.32	0 – 1
Level of Trauma	2.53	1.53	1 – 6
Level of Social Support	5.00	1.31	1 – 7
Supervision Time (Months)	8.25	6.72	1 – 14
Trustworthiness	4.11	1.72	0 – 6
Disclosure	.51	.50	0 – 1

### Bivariate Chi-Square, t-Tests, and Correlation Results

Results of the bivariate analyses are presented in Tables 2 – 4. Table 2 presents results of Chi-square tests to compare males and females, White and Minoritized participants, Black and Non-Black participants, and Black and non-Black male and female participants on whether they disclosed trauma to the supervising agent. There were no significant differences for these comparisons.

**Table 2***Results for Chi-Square Tests of Association of Variables with Disclosure (N = 135).*

	<u>No Disclosure</u>		<u>Disclosure</u>			
	<i>n</i>	%	<i>n</i>	%	$\chi^2(1)$	<i>p</i>
<i>Participant Race</i>						
White	33	50.00	38	55.07		
Minoritized	33	50.00	31	44.93	.348	.555
Non-Black	43	65.15	45	65.22		
Black	23	34.85	24	34.78	.000	.994
<i>Participant Gender</i>						
Men	41	62.12	44	63.77		
Women	25	37.88	25	36.23	.039	.843
<i>Race &amp; Gender</i>					$\chi^2(3)$	<i>p</i>
Non-Black Men	24	36.36	29	42.03		
Non-Black Women	19	28.79	16	23.19		
Black Men	17	25.76	15	21.74		
Black Women	6	9.09	9	13.04	1.388	.708

*Note.* For both Participant Race and Participant Gender  $df = 1$ . For Race & Gender  $df = 3$ .

Table 3 presents the results of the t-tests to compare means on continuous variables for participants who differ in gender, race, and disclosure. For gender, there was a significant difference in time on supervision. Women had a significantly higher group mean ( $M = 7.41$  months) for time on supervision with an agent than men ( $M = 6.08$  months). This may be because, in Michigan, women are typically supervised by agents with gender-specific caseloads. Especially during the first year of the COVID-19 pandemic, the Michigan Department of Corrections (MDOC) experienced turnover, furloughs, and other disruptions to supervision procedures, thus probation and parole agents experienced changes and shifts in their caseloads. The comparatively fewer number of agents in Michigan with women-specific caseloads may mean women in the sample experienced more stability in their agent-client case assignments than men in the sample. There were no significant mean differences in men and women's trust in an

agent, level of trauma, level of social support, or age. Similarly, there were no significant mean differences in White and Minoritized participants' trust in an agent, level of trauma, level of social support, age, nor their time on supervision. For Black and non-Black participants, the only continuous study variable that demonstrated a significant mean difference between the groups was age. Generally, Black participants in the sample were slightly younger ( $M = 33.96$  years) than non-Black participants ( $M = 38.79$  years). Trust in an agent was the only continuous predictor variable that showed significant mean differences for the dichotomous dependent variable, disclosure. Participants who disclosed trauma to an agent had a significantly higher group mean for trust in an agent ( $M = 4.65$ ) than for those who did not disclose trauma to an agent ( $M = 3.53$ ). Since the minoritized race variable did not have any significant bivariate associations with other study variables, whereas the Black race variable did, Black is the variable used to test the effects of race on trauma disclosure to an agent in the multivariate tests.



**Table 3***Independent Samples t Test Results of Variables (N = 135).*

Variable	Men			Women			<i>df</i>	<i>t</i>	<i>p</i>	95% CI		<i>d</i>
	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>				<i>Lower</i>	<i>Upper</i>	
Age	36.86	10.88	85	37.52	11.37	50	99.19	-.33	.743	-4.61,	3.30	.06
Social Support	5.08	1.42	85	4.86	1.09	50	123.47	1.00	.318	-.21,	.65	.17
Level of Trauma	2.52	1.50	85	2.53	1.59	50	98.32	-.02	.982	-.56,	.54	.00
Trustworthiness	4.09	1.64	85	4.13	1.87	50	92.36	-.10	.923	-.66	.60	.02
Supervision Time	6.08	3.30	85	7.41	3.00	50	110.79	-2.38	.019*	-2.42,	-.22	.41
	White			Minoritized								
Age	38.64	10.69	71	35.41	11.23	64	129.95	1.71	.090	-.51,	6.97	.29
Social Support	4.83	1.34	71	5.19	1.26	64	132.75	-1.62	.107	-.80,	.08	.28
Level of Trauma	2.61	1.53	71	2.44	1.54	64	131.45	.64	.526	-.35,	.69	.11
Trustworthiness	4.28	1.70	71	3.91	1.74	64	130.93	1.23	.222	-.22	.95	.21
Supervision Time	6.29	3.05	71	6.89	3.44	64	126.64	-1.05	.295	-1.70,	.52	.18
	Non-Black			Black								
Age	38.79	11.00	88	33.96	10.48	47	98.06	2.51	.014*	1.00,	8.65	.45
Social Support	4.93	1.38	88	5.14	1.17	47	107.78	-.95	.344	-.66,	.23	.16
Level of Trauma	2.52	1.50	88	2.53	1.60	47	88.76	-.03	.974	-.57,	.55	.01
Trustworthiness	4.16	1.74	88	4.00	1.69	47	96.34	.52	.602	-.45,	.78	.09
Supervision Time	6.56	3.32	88	6.60	3.13	47	98.82	-.06	.954	-1.18,	1.11	.01
	No Disclosure			Disclosure								
Age	35.60	11.00	66	38.55	10.94	69	132.67	-1.56	.121	-6.68,	.79	.27
Social Support	4.96	1.38	66	5.04	1.24	69	129.82	-.39	.700	-.54,	.36	.07
Level of Trauma	2.64	1.72	66	2.42	1.33	69	122.24	.81	.417	-.31,	.74	.14
Trustworthiness	3.53	1.83	66	4.65	1.42	69	122.72	-3.95	.000***	-1.68,	-.56	.68
Supervision Time	6.11	3.12	66	7.02	3.32	69	132.97	-1.65	.102	-2.01,	.18	.28

Note. \* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$ . CI = confidence interval for the mean difference between the respective groups.

Correlations between age, level of trauma, social support, and time on supervision are presented in Table 4. Trust in an agent was significantly correlated with time on supervision, suggesting that more time on supervision with an agent was associated with higher levels of trust in an agent. Trust also showed a significant negative correlation with level of trauma, indicating that clients' struggling with higher levels of unresolved trauma-related needs reported less trust in an agent. Level of trauma also was significantly negatively correlated with level of social support.

**Table 4**

*Correlations for the Study Variables (N = 135).*

	Trustworthiness	Age	Level of Trauma	Social Support
Age	.165			
Level of Trauma	-.231**	-.122		
Social Support	.136	.018	-.262**	
Months of Supervision	.179*	.114	-.168	.052

\* $p < .05$ ; \*\* $p < .01$ .

### **Multivariate Logistic Regression Results**

Next, I tested for the need to use multilevel modeling. The 135 participants in the dissertation sample were supervised by 61 probation and parole agents, making the group sizes of participants nested in agents' caseloads small enough to plausibly reduce the effect of agents on the dependent variables. Moreover, 28 (45.9%) of the 61 agents only had one participant nested in them making it impossible to differentiate agent- and client-level effects for these agents, and 13 (21.3%) agents had only two participants nested in them. There is debate on the necessary group number and the number of cases within groupings that are 'enough' for multilevel modeling (Robson & Pevalin, 2016). So, to determine whether multilevel modeling was appropriate for the data, a null multilevel model was tested to examine the agents' effect on

the variation in the dependent variable. The test of an unconditional multilevel logistic regression model on disclosure indicated that there was no significant effect of nesting in agents' caseloads on disclosure ( $b = .044$ ,  $SE = .172$ ,  $z = .258$ ,  $p = .80$ ). Given these results, it was unnecessary to use multilevel modeling, and a single-level logistic regression model was used. For models presented in this dissertation study, tests for multicollinearity indicated acceptable variance inflation factors (VIFs) all below 1.52, which is within the critical threshold of 4.0 (J. C. Fisher & Mason, 1981).

Results of the logistic regression predicting disclosure are presented in Table 5. The full model was significant in predicting disclosure of trauma to an agent ( $p = .042$ ). The model as a whole fits significantly better than the intercept-only model. This is shown by a likelihood ratio test with a chi-square of 17.51 with 7 degrees of freedom and a  $p$  value of .014. Turning now to the examination of the coefficients for the independent and control variables in the model, trust of an agent was the only predictor variable that showed a significant relationship with disclosure in the full model ( $p = .001$ ). Each one unit increase of client trust of an agent increases the odds of trauma disclosure to an agent by 50.1%, or in other terms, increases the log odds of trauma disclosure to an agent by .406. Clients who perceived their agents to be more trustworthy were more likely to disclose trauma to the agent, thus, Hypothesis 1 is supported. However, the full model does not show significant effects for gender, race, age, level of trauma, level of social support, nor time on supervision on disclosure. Therefore, these results do not provide support for Hypotheses 2 – 6.

**Table 5***Results from the Logistic Regression Model Predicting Trauma Disclosure (N = 135).*

Variables	<i>b</i>	<i>se(b)</i>	<i>exp(b)</i>
Intercept	-2.605	1.279	.074*
Trust	.406	.124	1.501**
Female	-.181	.392	.835
Black	.137	.399	1.147
Age	.017	.018	1.017
Level of Trauma	.023	.129	1.023
Social Support	-.023	.148	.978
Months of Supervision	.062	.060	1.064

Note. \* $p < .05$ ; \*\* $p < .01$ .  $df = 134$ .

Next, I tested the potential moderating effects of gender and race on the relationship between trust and disclosure of trauma to an agent. Table 6 reports the null results of the multivariate model testing moderating effects of gender and race on disclosure. The full model with interaction variables fits significantly better than the intercept-only model. This is shown by a likelihood ratio test with a chi-square of 18.02 with 9 degrees of freedom and a  $p$  value of .035. As presented in Table 6, results indicated no significant moderating effects for either interaction variable. Clients' gender was not significantly related to trauma disclosure to an agent, and gender did not significantly moderate the relationship between trust and disclosure ( $p = .761$ ). Likewise, clients' race was not significantly related to trauma disclosure to an agent, and race did not significantly moderate between trust of an agent and disclosure of trauma to an agent ( $p = .517$ ). Altogether, results of the bivariate and multivariate tests do not support for Hypothesis 2, nor Hypothesis 3.

**Table 6**

*Results from the Model Testing Moderating Effects of Gender and Race on the Relationship between Trust and Disclosure (N = 135).*

Variables	<i>b</i>	<i>se(b)</i>	<i>exp(b)</i>
Intercept	-2.888	1.368	.056*
Trust	.497	.192	1.643**
Female	.131	1.120	1.140
Black	.825	1.136	2.283
Age	.016	.018	1.016
Level of Trauma	.010	.131	1.010
Social Support	-.033	.149	.968
Months of Supervision	.064	.060	1.066
<i>Trust x Female</i>	-.075	.247	.928
<i>Trust x Black</i>	-.165	.255	.848

*Note.* \* $p < .05$ ; \*\* $p < .01$ .  $df = 134$ .

Based on the quantitative results, I conclude that Hypothesis 1 is supported, but null hypotheses cannot be rejected for Hypotheses 2 – 6. Next, I turn to the qualitative findings to extend on the quantitative results, by exploring influences on clients' decisions to disclose trauma-related struggles to an agent, and the immediate outcomes of disclosure.

## CHAPTER 5: QUALITATIVE FINDINGS

Qualitative data are available for 79 of the 135 participants included in the quantitative data set. Fifty participants (63.29%) were men and 29 (36.71%) were women. Regarding race and ethnicity, 45 (56.96%) were White, 28 (35.44%) were Black or multiracial/Black. Six (7.59%) participants identified as another minoritized race/ethnicity (i.e., multiracial, Hispanic/Latino, Middle Eastern/Arabic, Native American). Of the 79 participants with qualitative data, 39 (49.37%) said they never wanted to disclose their problems dealing with trauma with their probation/parole agent, and 40 (50.63%) said that there were times they wanted to disclose to their agent during supervision. Thirty-two participants (40.51%) did specify they had disclosed trauma to an agent and 47 (59.49%) had not disclosed trauma to an agent by the time of their interviews. I refer to these respective groups as ‘disclosers’ and ‘non-disclosers.’ Recall that all study participants in the subsample with qualitative data agreed that since supervision started, they had problems dealing with a past or recent experience that was extremely frightening, horrible, or upsetting. Affirming their posttraumatic stress, 71 of 78 (91.03%) participants who answered questions about PTSD symptoms said they dealt with one or more of four listed symptoms during supervision. The study participants’ explanations of why they did or did not want to disclose to an agent and why they did or did not actually disclose revealed a number of reasons for disclosure and non-disclosure.

Below, I begin by describing how alternatives sources of support (other than agents’ support) to cope with trauma were connected to participants’ disclosure in order to seek support from agents. Next, I focus on participants’ perceptions of barriers and facilitators to disclosure, and I compare disclosers and non-disclosers on these themes. In the next section, for those who disclosed trauma to an agent, I describe their perceptions of agent responses to disclosure,

including types of supportive and unsupportive responses they received from agents and the effects (i.e., benefits and consequences) of these responses. Throughout the presentation of these qualitative themes, insofar as the sample size allows, I specify qualitative differences in themes by gendered and racialized groups.

### **Alternative Sources of Support for Trauma**

In answering questions about desires and actions to reveal trauma to the supervising agent, 17 (21.52%) participants reported that they were receiving formal support (i.e., counseling, therapy, or other mental health treatment) for their trauma, 25 (31.65%) discussed receiving informal support for trauma (e.g., social support from family members, romantic partners, or friends), and 22 (27.85%) specified that they had absolutely no help/support to deal with trauma at all. Table 7 summarizes the comparison of comments about alternative sources of support, and it shows little or no quantitative difference in the themes between non-disclosers and disclosers. The qualitative analysis of the text shows how alternative sources of support were connected to disclosure desires and decisions.

**Table 7**

*Sources of Support Disclosers and Non-Disclosers Received for Trauma (N=79).*

Alternative Sources of Support for Trauma	Non-Disclosers (n = 47)		Disclosers (n = 32)	
	<i>n</i>	%	<i>n</i>	%
Trauma-Specific Mental Health Treatment	11	(23.40)	6	(18.75)
Family, Romantic Partners, Friends	17	(36.17)	8	(25.00)
No Support	14	(29.79)	8	(25.00)

Participants generally connected receiving formal and informal support to cope with trauma to a reduced or no need to disclose/seek help from an agent. Derek (pseudonym) and Cierra described how they used informal sources of support. Derek (Black man on parole; age

25), who did not disclose problems dealing with trauma to his agent, described his brother as a source of support; “I have a family member. I talk to my brother about deep stuff like, if I get in my feelings or stuff like that, you know what I’m saying, or anything. I have certain people.”

Cierra (Black woman on parole; age 51; discloser) explained that she didn’t want to discuss trauma with her agent because she preferred to “discuss it with my siblings” who were “dealing with the same thing,” and because when she sees the agent “she’s working” so there is “not always time,” and that “there is no reason for me to give her my burdens all the time.” Cierra’s explanation linked informal support from her siblings to a reduced need to “burden” her agent with her trauma-related problems. Talking about a formal source of help, Curtis (White man on probation; age 55; discloser) explained how counseling reduced his need to seek help with trauma from his probation agent:

I think [I] rarely [discussed trauma with the Agent] once. It’s not so much that I didn’t trust her to handle it. I just went to another source [counseling] that was a little more available and had little bit less in the [probation] client aspect to be able to handle the situation.

In another example of how formal mental health treatment was connected to reduced need for trauma disclosure to an agent, Mariah (White woman on probation, age 33; non-discloser) was a veteran who explained that she didn’t disclose to her probation agent, “because I didn’t want to talk about it. I have therapy that goes through all that from the VA [U.S. Department of Veterans Affairs] for PTSD.”

During her interview, Tessa (White woman on parole; age 50; non-discloser) identified struggles with PTSD from an abusive relationship she was attempting to leave. Although she considered disclosing to her agent, she “never reported it” to her agent because of potential



“repercussions” that could make the situation “worse” and are “what keeps people [victimized by intimate partner violence] where they’re at.” When asked if she had other sources support for the traumatic situation, she told the interviewer, “Well, yes, somewhat, I suppose. My kids. I have a place to stay, anyways.” Tessa’s response reflected her urgent need to prioritize survival and safety, and her adult children met that urgent need.

Only 17 (21.52%) participants (11 women and 6 men) described receiving formal mental health care for their trauma, typically from counselors, therapists, and other service providers or programs. For instance, Karla (White woman on probation; age 21; non-discloser) explained that she did not disclose to her agent “because I look at this [probation] as more of a business transaction, and I have my own outside therapist,” and Chandler (White man on probation; age 26; non-discloser) also received help with trauma from a “therapist.” Like Karla and Chandler, all 17 participants who mentioned that they received formal support for trauma identified as White. Andre (Black man on probation; age 27; non-discloser) provided an unusual response about support for trauma that may explain the absence of formal support for minoritized individuals. Underscoring his frustration navigating obstacles to accessing needed treatment for the trauma that he linked to his substance misuse, he noted that he needed substance abuse treatment but, as he put it, “They put me in the wrong class, so I went for violence and anger.” This mistake was never rectified, so Andre continued attending the court-mandated anger management classes. He met a counselor who worked in the same building where the classes were held. Andre explained that he would go to the classes very early and that the counselor would meet with him outside to talk with him (separate from any program). Andre said these informal meetings helped him manage his symptoms of trauma, which he described as “feeling like I was useless and helpless.” Andre’s account fits within literature documenting how Black

individuals are often labeled as aggressive and violent, and they face unique racialized barriers to accessing needed mental health care (Epstein et al., 2017; McCorkel, 2013; Miller, 1997; Pope et al., 2013; Potter, 2013).

### ***Deficit of Support and Motivations to Disclose Trauma and Seek Help from an Agent***

Some disclosers noted that they were motivated to tell their agents about trauma by a need for support and help coping with trauma. For example, they disclosed to an agent out of necessity or desperation for help and resources to cope with their trauma-related struggles, to gain the agent’s support for the sake of being successful on supervision, or just to talk and tell their story to someone who would listen. Table 8 shows that feeling a need for support (i.e., to talk or obtain help) was often related to disclosure, and desire to be understood sometimes for a reason for disclosure.

**Table 8**

*Support for Trauma Needed by Disclosers and Non-Disclosers (N=79).*

Motivations to Disclose Trauma	Non-Disclosers (n = 47)		Disclosers (n = 32)	
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
Need to Talk or Gain Help	0	-	12	(37.50)
Desire to be Understood	3	(6.38)	4	(12.50)

Reggie (Black man on parole; age 39; discloser) stated that he disclosed trauma so that his parole agent would understand “exactly where my head is at” and that “sometimes I just needed somebody to listen.” Olivia (Black woman on parole; age 25; discloser) was struggling with multiple PTSD symptoms. She explained that she disclosed trauma to her parole agent, “because I was just trying to change my life. I just wanted to get on the board and get myself together and get the real help that I needed.” Remi (Black man on parole; age 31; discloser)

indicated that he disclosed trauma so that his parole agent could help keep him accountable and help him avoid potential consequences of trying to suppress emotional trauma:

I felt like transparency was the best route to take. Instead of holding it in, if I would've allowed my emotions to cloud my judgment, I probably would've done something stupid. So, to remind myself not to I would speak to my agent about the situation [and] give myself a little more clarity.

In another example, Charlie (Native American/White man on parole; age 29; discloser) explained that he disclosed his problems dealing with trauma to his agent because, "I know if I don't, I'm going to end up back in that box [prison]. And that's a stronger feeling than anything." Charlie expected that his agent would provide him the help he needed and said the agent "is very helpful, she's very understanding, she's very nice. She always gets me into who I need to be to stop the madness (...) she's been the most helpful person." As reflected in these examples from Reggie, Olivia, Remi, and Charlie's interviews, this theme was most often shared by racially minoritized participants (as compared to White participants). This finding is consistent with findings of the deficit of formal support (e.g., mental health treatment) for the unmet trauma-related needs of minoritized participants of color described in the prior section. Disclosers motivated by a need for support who recounted their expectations of how the agent would respond to their trauma disclosure anticipated that the agent would probably respond supportively, or that they were uncertain but hopeful that the agent would have a supportive response and attempt to help them.

### **Barriers to Trauma Disclosure**

Generally, participants more often described barriers of trauma disclosure to an agent than facilitators of disclosure, and a higher proportion of those who discussed barriers to

disclosure were non-disclosers (see Table 9). Participants described the following barriers to trauma disclosure: perceptions that it is inappropriate to disclose such information in the supervision context, lack of trust in the agent, distrust of the criminal legal system generally, discomfort sharing sensitive or personal problems like trauma with others, negative experiences in prior disclosure, and being too overwhelmed struggling with the negative effects of trauma to disclose and seek help. Below, I describe the ways participants explained these barriers as reasons they did not want to or did not take action to disclose trauma to an agent. I also detail how some participants' explanations of barriers revealed connections to their expectations of how the agent would respond.

**Table 9**

*Barriers to Trauma Disclosure Discussed by Disclosers and Non-Disclosers (N=79).*

	Non-Disclosers (n = 47)		Disclosers (n = 32)	
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
Barriers to Trauma Disclosure	40	(85.11)	18	(56.25)
Inappropriate within the Supervision Context	32	(68.09)	8	(25.00)
Distrust of Agent	16	(34.04)	5	(15.63)
Distrust of Criminal Legal System	14	(29.79)	6	(18.75)
Negative Disclosure History	9	(19.15)	0	-
Uncomfortable Divulging Personal Problems	22	(46.81)	8	(25.00)
Overwhelmed by Harmful Effects of Trauma	4	(8.51)	4	(12.50)

### ***Perceived Inappropriateness in the Supervision Context***

Generally, participants tended to explain non-disclosure as resulting from their view that their personal life was private and should be separate from their legal situation, so personal problems with trauma are not something the agent should be made aware of. Notably, many participants who reasoned this way did not expect that their agent *could* or *would* help them deal with their trauma or mental health needs. When asked why she did not discuss problems with

trauma and her mental health with her probation agent even though she sometimes wished she could explain why she was having trouble taking a mandated class, Amira (Black woman on probation, age 28; non-discloser) responded, “I just don’t discuss [trauma] because I’m just reporting, you know, jobs and stuff with her. I didn’t know I could discuss [it] with her. I just thought that when you’re on probation you don’t get in trouble and get a job.” After the interviewer inquired about whether Amira thought the agent could help her with her problems dealing with trauma, she answered, “I don’t know, honestly.” Like Amira, some participants who perceived boundaries to seeking help with trauma from an agent never considered the possibility that their agents *could* help them deal with trauma or mental health issues.

A contributing factor in explanations of non-disclosure for a number of participants was that their agents never inquired about their mental health needs in the first place. Elizabeth (White woman on probation; age 28; non-discloser) said she didn’t think to disclose to her probation agent because “He never asked, and the opportunity never came up and it’s not something I feel comfortable just bringing up to him... if he asked me specifically about something like that, I would have no problem sharing it.” For others, they expected it was unlikely that the agent would care enough to help them.

Relevant to expectations about how agents would react to trauma disclosure, there was a common perception that disclosure of trauma-related problems to an agent would be inappropriate, and responding to disclosed trauma was outside of the agent’s job description. Amanda’s (White woman on probation; age 29; non-discloser) response exemplifies these expectations; “It’s a mental thing. She’s a probation officer. I don’t really need a probation officer, I need (...) to see a psychiatrist now about things in my past.” Likewise, Dustin (White/Latino on parole; age 31; non-discloser) said he didn’t disclose trauma to his parole agent

because, “He never asked me about it, for one. And for two, he’s not a psychologist.” Joshua (White man on parole, age 29; non-discloser) elaborated on his perspective of the inappropriateness of disclosure:

I think personal life and then parole are just two separate things. That’s the way I look at it. It’s a business relationship, I guess, with my parole agent. That’s how I keep it, you know what I mean? I just go to see them, report, and pass my drug test, and try to stay out of trouble. That’s, like, all they’re worried about, I’m sure.

Like Amanda, Dustin, and Joshua, participants’ perceived reasons not to seek help with trauma from an agent that typically involved thinking such personal/private information like trauma would be inappropriate to discuss with an agent, or that they should not burden the agent with their trauma/mental health problems.

Although participants varying in gender and race shared similar explanations of perceiving trauma disclosure to an agent as inappropriate, the data uncovered some qualitative distinctions. Compared to men’s expectations of help, women’s responses suggested relatively lower expectations of help for trauma from an agent if they disclosed. Desiree (Black woman on probation; age 45; non-discloser) was struggling after her “nephew was murdered by his girlfriend,” but didn’t tell her probation agent, “because I felt like there was no reason for me to” and the traumatic situation was “family oriented.” When asked if she thought the agent would help her, she reiterated, “No, because it was a family issue.” In connection to Desiree’s perceived need to separate her family life from supervision, she expected that telling the agent about the traumatic situation would be pointless and unhelpful, “I think she would probably be sympathetic, but other than that, that would be it.” Women’s expectations of agents’ responses to

trauma disclosure were often limited to the perception that the agent would listen, express care or sympathy, provide little to no help, or be dismissive of their trauma disclosure.

Similarly, Black participants who described the need to separate their personal lives and what they share with supervising agents often perceived little utility or few benefits to disclosing trauma to an agent. Demetri (Black man on parole; age 38; non-discloser) did not disclose trauma to his parole agent because, “I don’t think she can help. (...) Discussing it with her is not going to help.” He elaborated, “I feel like the PO’s don’t really understand the parolees. (...) They live in a bubble and don’t live in the real world, like [know] what’s really happening in the world.” Black participants frequently shared impressions that seeking help from an agent would be pointless because the agent either wouldn’t care, wouldn’t help, would victim-blame them, or disclosure would only create more problems for the agent and themselves. Thelma (Black woman on parole; age 41; non-discloser) was dealing with trauma she experienced during her time in prison. She explained that she didn’t disclose to her parole agent because, “I don’t feel comfortable enough to discuss those things with her. There is no emotional connection with her. It’s just focused on parole.” When asked how she thought the parole agent would react if she had disclosed her struggles with trauma, Thelma speculated, “I’m not sure, [she might say] “You should have been doing the right thing.” I don’t see her being sympathetic to anyone [about] going to prison.” Thelma expected the agent would see her as responsible for being in prison in the first place, so would not care about her struggles with trauma, and she described the agent-client relationship as focused on meeting parole requirements. Together, these perceptions dissuaded her from talking to the agent about trauma.

Like Thelma, Andre connected non-disclosure of trauma to expectations that his probation agent would not care. Andre (non-discloser) was the previously mentioned 27-year-old

Black man who said that although his problem was dealing with PTSD symptoms, he was placed in an anger management program. When asked why he did not disclose his problems dealing with trauma to the probation agent, he explained, “I didn’t like being a burden at the time to a person who works in the government. I mean, agents don’t really like their jobs. They got a job because they have to. (...) I didn’t really feel like no one cared about my mental health. So, I kind of bottled stuff in.” Andre’s account also exemplifies how some participants did not disclose trauma so they would not be an unnecessary burden to the agents who had their own problems to deal with or were already overextended.

For a few White men, their perceived reasons for not sharing trauma with the agent stemmed from awareness that what they disclose to an agent would not be confidential. One such participant was Evan (White man on age 36; non-discloser). Evan described suffering from ongoing PTSD symptoms after an abusive ex-partner “triggered” the trauma he was suppressing from “negative experiences” in his childhood and adolescence. He stated that prior abuse was “why” he “turned to drugs,” which led to his subsequent legal system involvement. Evan described himself as a “ticking time bomb,” but explained that he did not disclose his trauma to his parole agent because the agent was a mandatory reporter:

If I tell him then that puts me on some sort of radar. He wants to involve himself further in my life than what he currently is, and then at some point he [could] change his mind, or *he* has supervisors, and *he* has people *he* reports to, and they might feel differently than he does. And he made that clear to me that he has these levels of supervision above him, so when I talk to Agent Smith, I know I’m also talking to somebody else. [Italics added by transcriber].



Evan's account shows how a few clients connected non-disclosure to lack of power to decide how their trauma disclosure could be shared. These participants intentionally limited the information they were willing to share with agents to preserve their privacy. Congruently, this excerpt from Evan's interview shows how features of the criminal legal system restricted some participant's trust of agents and signaled restrictions on the issues they could safely communicate and seek help for during supervision.

Altogether, these examples show the various reasons participants believed it was inappropriate to disclose trauma to a supervising agent, and differences in these reasons between gender and racialized groups. Participants reasoned that their personal life was private and separate from their legal situation, that dealing with their trauma was outside the scope of the agent's job description, that they should not burden the agent with disclosure, and/or they did not expect that their agent *could* or *would* help them deal with their trauma or mental health needs. Women and Black participants' reasons revealed relatively low expectations of receiving help from the agent, especially for Black participants, who commonly shared expectations that that seeking help from an agent would be pointless because the agent would not care or would not help. Finally, a few White men reasoned that they intentionally filtered out inappropriate, private information they were not willing to share with an agent out of concern for confidentiality.

### ***Distrust of Agent and the Criminal Legal System***

A salient challenge to disclosure that participants described was lack of trust, both in supervising agents and in the criminal legal system generally. Participants articulated how they were hindered from disclosing trauma to an agent because they did not trust the agent and saw high risk in disclosing. Distrust frequently involved perceptions of the agent as personally

untrustworthy or uncertainty about whether the agent was trustworthy enough to risk confiding such personal information to.

Non-disclosers especially emphasized their perceptions that disclosing trauma to an agent could be more detrimental than helpful. They thought that disclosure involved risk because the agent could use the information against them or respond punitively or create other problems for their supervision. Some of them expected the agents would respond coercively or punitively by reporting violations of conditions of supervision or revoking supervision and returning them to prison. Others thought agents might increase the demands of supervision and its intensity, or duration, or that the agent could use their disclosure against them and re-victimize them. Scott (White man on parole; age 39; non-disclosure) connected his reasons for non-disclosure of trauma-related substance use to expectations that his parole agent would force him into a rehabilitation program:

Because it's like what if you were thinking about using [substances], are you going to go tell your PO? So, before you ever do use, he can put something in your parole jacket and then now you got to go to partial rehab because you never even used yet, and you caused all this drama because you wanted to talk to somebody about something.

Scott viewed his agent as untrustworthy to the extent he feared the agent would abuse his power and take advantage of his vulnerability on supervision to violate him. He saw disclosure as risking increased punitive and coercive legal consequences.

Some non-disclosers did not strictly attribute their lack of trust in the agent to individual qualities or actions of the agent. Rather, they explained that even if the agent was a kind, trustworthy person who had their best interests at heart, their distrust of the criminal legal system

was a reason to limit or prevent their trust in the agent. Miranda's (White woman on probation; age 35; non-disclosure) rationale for choosing to not disclose trauma to her probation agent exemplifies these themes:

My issues don't mean anything to her. As long as I'm doing what I'm supposed to be doing with my probation, that's all that matters [to the agent]. The problem is that probation officers, they just know what the judge ordered, and they have to abide by that. It doesn't matter if what the judge ordered isn't going to do anything to help us. Or in some cases, all it does is actually make our situations worse and causes more problems. But they don't care about that because that's what the judge ordered. (...) They don't take individual stuff into account.

Likewise, Evan's concerns for not risking trauma disclosure to his agent involved distrust in the criminal legal system, and perceptions that it would not be safe to disclose trauma in the supervision context. Recall Evan (White man; age 36; non-discloser) was the self-described "ticking time bomb" who noted lack of confidentiality as a barrier to disclosing trauma to his parole agent. Regarding his expectations of whether the agent would help him with trauma, Evan stated:

My imagination tells me it would not do anything good. My expectation was that it would just make him wary of me. I didn't want to be on his radar, but at the same time, if I know I can go to that guy and talk to him about anything, I absolutely would. I mean, they *tell* you all that. They're like, "Oh, yeah. You can talk to us, and we want to build trust." But you see from other people's interactions, or, you know, from *being in* the system, you know that that's not true. If I trust him like he's asking me to and I get burned, then it's not

a risk/reward [choice] for me. I can't go back [to prison]. So, if I've got to internalize and deal with things on my own for six months, then so be it. [Italics added by transcriber].

Like Miranda and Evan, other non-disclosers attributed their distrust of the system to witnessing harm the system inflicted on others, or based on personal experience with harsh, punitive, coercive, or dysfunctional system features or practices that reduced their perceptions of safety if they disclosed. These ideas informed their expectations of retaliation or punitive consequences to seeking help.

Although they shared similar concerns, Black participants also more frequently communicated internalized beliefs that counting on anyone else for help is pointless or very risky, especially someone working in the criminal legal system who is unlikely to care about or help them. Jordan (Black man on probation; age 35; non-discloser) opened up to the interviewer and voiced dismay that he could not trust his agent, the system, or anyone to care about his mental health:

The little boy inside me wants to say, "Hey, can somebody help me? I'm not ok."  
But after so many times somebody teases you about something or uses it against you, I'm not going to talk to anybody. So, you try to turn to some sort of spirituality or God or something and end up making mistakes because you're mentally not ok, but you have nobody to turn to but yourself. That is why I never said anything to her, because I know, ok, she's going to go against my case and it's going to make things worse. Then the judge [is] going to hear about this and say, "He's unstable, out the muck." So, I'll keep my mouth shut and not tell people I'm mentally not ok.

In addition to fear of punitive supervision consequences and expectations that disclosure would just make his problems worse, Jordan's candor demonstrates how some participants, especially men, also feared stigmatization and criminalization of their mental health issues if they disclosed trauma to an agent. Like Jordan, Evan shared similar concerns that disclosing trauma to seek help from an agent would risk mental health stigmatization which he connected to potential supervision consequences:

I didn't feel like discussing my personal problems and issues with him was going to make him think of me in a positive light. I didn't think that it was safe. Like, if I don't want this man to think of me in a negative light when we just started supervision and he's told me he'll let me off early, I want to—I want to project the most positive picture that I can (...) If he's telling me, 'Don't be a problem. Stay under the radar,' then that's not exactly opening the lines of communication for me feeling safe to talk.

Evan's agent conveyed an implicitly threatening message that communicating challenges like trauma could consequently put him on the agent's radar as a problem to be dealt with.

### ***Negative Disclosure History***

Several participants noted that having a negative disclosure history in the past acted as a barrier to disclosing problems with trauma to a current agent. They recalled experiences of disclosing trauma or other problems to a former probation/parole agent or someone else who was unsupportive, which consequently stymied future attempts to seek help with trauma from a current agent. Sometimes, this also reduced their willingness to be vulnerable and trust others with their trauma disclosure. For instance, Dominic (discloser) was a young (age 22)

Multiracial/Black man on probation who felt betrayed and demoralized after disclosing problems to a probation agent in the past:

[My] trust in probation courts hasn't been the greatest, so information shared is that information [that the] probation officer is requesting [from me]. I don't feel the need to tell them about my entire life. When I was younger, I felt I was honest with [my] probation agent, and when we went to court, I felt the agent turned against me and I felt taken advantage of. Going forward from that, I've only shared required information.

In the early years of adulthood, Dominic's negative experiences disclosing personal problems to an agent taught him that he could not trust that he would be safe seeking help for trauma in the supervision context. In another example, Scott (White man on parole; age 39; non-discloser) recalled that he had disclosed problems with trauma to a former agent, "I told my other [former] PO before, but I mean, nobody really cares so it doesn't really matter, you know?" Both Dominic and Scott's trauma-related needs remained unaddressed after seeking help from former agents, and their stories demonstrate how agents' unsupportive responses to clients' disclosure (of trauma or other sensitive issues) can discourage trust and subsequent disclosure attempts by influencing expectations that others would not care to help them or that disclosure could be more harmful than helpful.

Participants faced a dilemma when traumatic experiences made it difficult or impossible to meet the requirements of supervision, but agents did not address this connection. Miranda (White woman on probation; age 35; non-discloser) did not disclose problems with trauma to her probation agent, but said she sometimes wanted to, "because I wanted [her] to see kind of where

I'm coming from, and why I was having issues with certain things that she wanted me to do."

She continued,

But, at the end of the day, I chose not to because of the fact that it doesn't matter. It's been made perfectly clear that they don't care." Miranda explained that she had tried coming to her agent for support with other issues in the past and learned, "It's not going to do anything (...) it's not her problem. She doesn't care, [there is] not anything she's going to do about it, (...) I'm just another person on a piece of paper.

Similarly, Chelsea (White woman on parole; age 30; non-discloser) said she did not disclose her recent problems with trauma to her parole agent even though she wanted her agent to understand her situation; "I just don't feel comfortable enough, because whenever I do finally start to open up and talk to her about certain things, she's just, she's pretty much [says] that I bring everything on myself." Chelsea described her agent as "very rude" and she said she "has it in her mind" that "if you get out of prison, you're this horrible freaking person and you're just going to fail no matter what." Chelsea recalled going to the agent for help with problems in the past and the agent had told her, "That I brought it on myself and that's why I'm in the position I'm in." She expected that if she told the agent "about an issue that was really traumatic to me," the agent would "swear up and down that I could've got myself out of there some way, somehow." Chelsea told the interviewer that she attempted to disclose the traumatic circumstances of her situation the day prior to her interview for the research:

As a matter of fact, I went and seen her yesterday, and tried saying a little about my situation. She [was] straight up telling me she didn't care [to know what happened], [that] regardless of the situation I was in, I should've stayed where I was until she was back from the holidays, which was two weeks later (...) I mean,

even if it would've risked my freedom. I called her and left her a voicemail about the situation (...) it's not like I was hiding. She knew where I was at.

Chelsea did not end up revealing the trauma to the agent after the agent responded so harshly to her attempt to share more information about why she needed to leave the place she had been staying at. Answering a question about trusting the agent, Chelsea said, "God, I don't feel like I can trust her at all." She affirmed that not trusting the agent influenced her decision to stop trying to disclose the traumatic incident to the agent. The interviewer asked what trusting the agent would mean to Chelsea, who replied, "It would mean I would be able to actually have a conversation with her and not just be [treated like] an ugly human being in general." Based on prior experiences in which they sought help for problems and perceived the agent's response to be callous, individuals like Chelsea and Miranda formed expectations that they could not trust the agent to be receptive or supportive if they disclosed trauma.

Not all prior negative experiences with disclosing trauma involved supervising agents. In his interview, Isaac (Black man on parole; age 57; non-discloser) described multiple unhelpful responses to disclosing the death of his family members to various people in the past:

I find that anybody I discuss this situation with, they give me bad advice. I feel worse after talking to them. I'm misdirected. No one understands how it is to lose your entire family. There's no one to talk to about it so I don't discuss it with anybody. (...) They're dead and gone and I guess you've just got to deal with it.

Following prior disclosure experiences, Isaac felt misunderstood and more alone, and concluded that no one could help him so he must deal with the trauma of his entire family passing away "on my own (...) for the rest of my life." In the same vein, Jordan (Black man on probation; age 35; non-discloser) struggled with numerous traumatic events. He connected the negative and callous



responses he received after disclosing these events to other people to his expectations that disclosing to an agent would not be helpful:

When you share your problems, or your emotions, or your fears with family members, or a significant other, or a girl you've been with, or anybody, they use it against you later on. Or they throw it in your face like, "Yeah, that's why you're like this," or they laugh at you [and] say, "Oh you're soft," or "You're a punk," or "Stop crying," or "Man up." It's like no man, I lost three uncles and aunts, my dad almost died which he's still barely living, [and] his mother just passed away in my house. I had three stomach surgeries, I'm divorced, I lost my restaurant, my house, my car, like all these different things happened in three years. And that's just the tip of the iceberg. When you tell people that and they use it against you or they tease you about it, you become hard. So, you say, you know what, I've never let anybody else see me weak again.

This excerpt from Jordan's interview underscores how hegemonic gendered values and expectations to preform hypermasculinity can constrain men's ability to be vulnerable and seek support for their struggles with trauma and mental health needs (Bengtsson, 2016; Connell & Messerschmidt, 2005; Stewart, 2021). Some men who feared emasculation shared ideas that seeking help for trauma or expressing painful emotions would signal weakness to others and be seen as a violation of their masculinity. Jordan, Isaac, and Scott's interviews illustrate how most men who did not disclose trauma to a probation/parole agent specified self-reliance (often involving suppression) as a strategy they used to "deal with it" on their own.

### *Uncomfortable Divulging Personal Problems*

For some participants, especially those who did not disclose trauma, an inhibition to disclosing to an agent involved feeling personally uncomfortable about the idea of discussing trauma (or private, sensitive information) with other people. Kelly (White woman on parole; age 42; non-discloser) was “uncomfortable” with the thought of disclosing trauma to her parole agent. She explained, “I don’t know her and I’m not a very open person.” In another example, Naomi (White/Native American woman on parole, age 32; discloser) was reluctant to disclose trauma to her parole agent. She said, “I’m the type of person that, I just don’t like to talk about the situation because it was a traumatic situation.” Sometimes women justified discomfort divulging trauma to others by noting that it was generally difficult for them to express themselves to others, or that they were “shy” or socially introverted. Diana (White/Latina on probation; age 18; non-discloser) told her interviewer that even though she wanted to discuss her problems with trauma with her agent at times, she did not disclose to the agent. She elaborated:

I’m just not that open, you know what I mean? I barely have a hard time even expressing how I feel to even people that I’m close with. I’m definitely more, just—I can keep things to myself, you know what I mean? Even if I’m going through a hard time or, I was going through a hard time, I’m more of, I guess, to myself.

Like Diana, Andre (Black man on probation; age 27; non-discloser) discussed difficulty expressing his feelings of trauma to others, and uncertainty about how to do so. He explained another reason he did not disclose trauma to the agent was that “at the time, not really wanting to talk to anybody, but at the same time, wanting to talk to somebody, but [I] just did not know how.” In a unique account of discomfort disclosing to an agent, Marcus (Multiracial Latino on parole; age 41; non-discloser) detailed how his trauma-related problems involved his time in

prison “locked up for so many years” impacted his behavior, patience to “be around people,” and ability to parent his children. He said, “Sometimes I feel like I’m being more strict towards the kids, like a CO [corrections officer] would be towards us when we were in there [prison].”

Marcus was concerned with being more “caring” with his children and elaborated, “I’ve been working on trying to (...) not be like a drill sergeant or a CO.” Marcus said he had been “soft spoken” and “guarded” with the parole agent, and even though he considered seeking help from the agent he stated, “I don’t know how to discuss that with her.” These examples highlight how participants’ discomfort disclosing trauma and personal challenges to others was often linked to uncertainty of how to express their emotions to others and being personally reserved, private, or introverted.

In a few cases, participants’ discomfort depended on the identity or role of the potential recipient of disclosure (e.g., an agent). Ron (White man; age 44; non-discloser) was already receiving therapy and substance abuse treatment for his trauma-related needs and mentioned his discomfort disclosing trauma to people with “power.” Ron connected this to his cultural socialization: “I’m deeply rooted in convict culture, and I come from a place where we don’t share with people of power. Whether it’s a police officer, parole agent or (...) employer, we keep the ugly personal stuff close.” Ron’s response reflected concern about power imbalance in choosing who to disclose sensitive information to, which intertwines with another concern shared by some participants: vulnerability. In one example, Jenny (White woman on parole; age 42; discloser) said she did not disclose trauma to her parole agent at first because, “I just don’t like to, I don’t like to be vulnerable, or I guess share things that are bad about the past or things that I consider to be weaknesses, or things that I struggle with.” Like Jenny, some participants

also emphasized that their discomfort disclosing trauma to an agent or others was because of the vulnerability it would require.

### ***Overwhelmed by Harmful Effects of Trauma***

A few participants described being overwhelmed with struggles with the negative emotional and psychological effects of trauma/PTSD. Feeling overwhelmed prompted them to avoid thinking about or ruminating on the traumatic situation or rendered them unable or unprepared to seek help. Damien (Black man on probation; age 25; non-discloser) said, “I have a hard time talking to people” and “expressing personal things.” He continued, “I never want to relive this experience again.” Molly (White woman on probation; age 59; non-discloser) was concerned with moving on from her past trauma. She told her interviewer she “did not know” why she didn’t disclose trauma from her relationship with an abusive ex-partner to her agent, but said it was “probably because I was trying to put it behind me.” In an alternative example, Curtis (White man on probation; age 55; discloser) attributed his “apprehension” to disclose trauma to his agent to “my own [negative] thoughts towards myself,” “embarrassment,” and damage to his “self-esteem” and “ego.” Like Jordan and some other men in the sample, Curtis’s reasons for being reluctant to disclose trauma to an agent reflect literature documenting men’s feelings of internalized shame connected to hegemonic ideas/concerns that seeking help for trauma and victimization is emasculating (Bengtsson, 2016; Connell & Messerschmidt, 2005; Stewart, 2021). Collectively, these excerpts from Damien, Molly, and Curtis provide a few examples of participants who explained that they hesitated to disclose or avoided disclosure because it would be too uncomfortable or painful to recount trauma to an agent, or they were too overwhelmed with negative emotions (e.g., too ashamed, embarrassed, angry, hopeless, confused, distressed).

## Facilitators of Trauma Disclosure

Facilitators of disclosure were more commonly discussed by disclosers than non-disclosers (see Table 10). Participants described the following facilitators and reasons for trauma disclosure: perceived trustworthiness of the agent, belief that agent should know, and feeling pressured, required, or coerced to disclose trauma to the agent. Below, I discuss how participants explained these facilitators as reasons for disclosure, and call attention to the ways some participants described facilitators in connection to their expectations of how the agent would respond.

**Table 10**

*Facilitators to Disclosing Trauma Discussed by Disclosers and Non-Disclosers (N=79).*

	Non-Disclosers (n = 47)		Disclosers (n = 32)	
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
Facilitators of Trauma Disclosure	8	(17.02)	20	(62.50)
Agent Trustworthiness	3	(6.38)	11	(34.38)
Belief that Agent Should Know	0	-	11	(34.38)
Felt Pressured, Required, or Coerced	0	-	9	(28.13)

### *Agent Trustworthiness*

Reinforcing the quantitative findings about the relevance of trust in the agent as a predictor of disclosure, some participants described how trust facilitated trauma disclosure. This theme involved perceptions of an agent as trustworthy enough to be vulnerable and confide trauma to, and expectations that the agent would care and be supportive of their well-being. Shawna (Black woman on probation; age 23; discloser) said a “personal reason” made it challenging for her to disclose problems dealing with trauma to her probation agent, “it was just kind of hard talking about it.” Still, she expected that the agent would help her with the traumatic situation. When the interviewer asked if trusting the agent had any influence on her decision to

disclose to the agent, Shawna confirmed, “I trusted her to help me get through the situation a little more.” Likewise, Remi (Black man on parole; age 31; discloser) said he trusted his parole agent before he decided to disclose to her, and “trusted her a great deal with giving her [that] information.” When the interviewer asked what trusting an agent meant to Remi, he elaborated, “Being able to confide in them, and ask them for guidance or assistance on my journey to maintaining my freedom.” Some participants described qualities of the agent or interactions between them and the agent that informed their expectations that the agent could be trusted to show care and concern about sensitive information, and expectations that the agent could or would attempt to provide support or help. For example, Daniel (White man on parole; age 51, discloser) said he disclosed his struggles with trauma to his parole agent “every time” it was a problem:

Because Agent Brown is very understanding. He’s there to help you, he’s there to better you. Whatever you tell him or whatever you say to him, he won’t judge you. He’s just there to help you and he’s been amazing to me. So, (...) I told myself from day one that when[ever] I saw him, I was going to be honest with him about everything. And I have and (...) it has paid off (...) because he sees that I’m trying and that I’m honest with him, that I don’t lie to him.”

In another example of the sort of qualities of the agent-client relationship disclosers noted when they saw an agent as trustworthy, Charlie (Native American/White man on parole; age 29; discloser) said he told his parole agent “a lot about everything” to do with his problems dealing with trauma. He explained, “I trust her.” He indicated features of the relationship that contributed to his trust: “She’s really my main longest-spanning support system, and I know if I go figure

anything out that's going to work out for my life, it's going to be with her because don't nobody else care about my success but me and her."

These examples show how participants who perceived their agents as caring, supportive, and as advocates for their success expected that the agent could be trusted to help. Furthermore, the data suggests that when participants perceived that an agent treated them with care, concern, and respect, this promoted trust in the agent and, in turn, eased their decisions to disclose trauma to the agent. Recall Jenny (White woman on parole; age 42; discloser), who was uncomfortable with the vulnerability that trauma disclosure to an agent would create. Jenny explained how her prior experiences in the system presented challenges to her ability to trust the agent, so "being vulnerable is tough." She elaborated:

Learning, coming from being incarcerated and being like in a drug and street life environment where you've kind of lived by a code to show no weakness -- then to actually learn as an adult that vulnerability is a strength (...) and then to share with somebody that, to put trust in somebody like the government or a court official -- to actually be sincere with them, and be honest, and be vulnerable -- is a big step because it's not something I was ever able to do before. I've been on probation seven times. I've been in the system since I was 18, so like to actually have an agent who is here to support me, not (...) [threaten], "I could violate you at any time," and actually supportive and wants the best for me is like, really cool, but it's hard to just accept at face value.

In addition to describing challenges to trusting an agent enough with her vulnerability to disclose trauma, Jenny identified qualities of the supervision relationship that allowed her to see the agent as trustworthy. Specifically, she recalled that when she sought help for other issues she was

struggling with, the agent was “really encouraging” and that he “reminded me of other things I’m doing right” and “got me back on track.” She said when she talked to the agent and he encouraged her and said, “You can do good,” she felt he was sincere, “I’m not just like a [case] file [to him]. He treats me like a person, and he really wants me to do good.” She concluded that the agent made it “really easy” for her “to cope and open up about things I don’t really want to talk about because I know that he has my best interests at heart.” These examples indicate the importance of probation and parole agents creating perceptions of safety in the supervision relationship by treating their clients with care, support, encouragement, respect, dignity, and as inherently “good” people who will be successful. Doing so can promote clients’ trust in agents, thereby reducing some obstacles to disclosing and seeking help for trauma and other problems during supervision. Eleni’s (White woman on parole; age 35; discloser) words convey the intuitive simplicity of this phenomenon: “When people are that nice, it makes it easier to talk to [them].”

### ***Belief that Agents Should Know about Trauma***

A theme in the comments of participants who disclosed trauma to an agent was their perceptions that agent *should* be made aware of the traumatic situation or issue. It is important to note that only 11 (13.92%) disclosers believed the agent should know about their problems dealing with trauma. Thus, findings are suggestive, and comparisons of disclosers and non-disclosers or demographic groups were not possible. With that limitation in mind, this small group of study participants felt that by sharing information about trauma, there would be positive effects on the agent-client relationship or their success on supervision. For instance, a few participants voluntarily disclosed that they believed the agent should be aware of their trauma-related issues, either because it was the “right” or “honest” thing to do, or because the agent



requested relevant information from them, it was in their best interest to disclose to the agent. Marilyn (White woman on probation; age 59; discloser) disclosed her struggles with trauma to her probation agent because she thought the agent “should be aware of my mental [health] as well as my physical [health],” because “it plays a vague part in my recovery as well as my probation that he knows and is aware of my emotions, as well as my physical health.” Marilyn disclosed because she thought she *should* inform the agent, even though she had already “tackled” finding formal support (i.e., mental health services) and did not need or accept help offered by the agent when she disclosed to him. Jason’s (White man on parole; age 31; discloser) description of why he disclosed his problems dealing with trauma to his parole agent provides another example of this theme:

If he asks what's going on, then I'm going to be honest with him and talk to him about it. I think it's the best way to get through it [parole]. I feel like having trust in the [supervision] relationship is beneficial for me. It was [about] the drops [drug tests] and he asks about how I am, so I just want to be honest with him. I am not going to lie to him about it.

As Jason’s response exemplifies, these motivations for disclosure were primarily shared by men, who tended to connect discloser to perceptions that it would be “beneficial” to be honest and transparent in order to gain the agent’s trust. Most participants’ responses reflected expectations that if they were honest, the agent would consider them trustworthy (and view them in a more positive light), and that earning the agent’s trust could help them to avoid being criminalized or punished for trauma-related problems (e.g., avoid retaliation/supervision penalties if their trauma-related issues created problems for their compliance with supervision requirements). However, in explaining these reasons for disclosure, participants tended not to describe any other

expectations that the agent could or would provide them with help or support for problems with trauma.

### ***Pressured, Required, or Coerced Disclosure***

Pressured, required, and coerced disclosure was a corresponding emergent theme that mirrored some aspects of disclosers' perceptions that they should inform the agent about problems with trauma. In these instances, disclosers suggested that their decisions to disclose trauma to an agent were involuntary but necessary because of the agent's role or power as an authority figure. The distinctions for these few cases of involuntary disclosure were that disclosers did not describe voluntarily disclosing of their own volition, motivations to earn agents' trust or respect, or a sense of doing the "honest" or "right thing" to benefit the agent-client relationship. Instead, these participants said they were expected or obligated to share such issues with their agent, emphasized the importance of "following the rules," and disclosed trauma to an agent strictly to avoid supervision penalties or other punitive consequences of non-disclosure. Kyle (White man on parole; age 32; discloser) said he disclosed a traumatic incident in which he was "shot at" and "pistol whipped by a female" to his parole agent because he "had to let him know" what happened and his "life was literally on the line." Kyle expected the agent would find out if he did not let him know first and provided additional insight about why he felt he must disclose to the agent, "I don't want to put up no smoke and shade when it comes to my parole because I want to get off it." In some cases, participants stated that agents specifically asked them for information relevant to their problems dealing with trauma (e.g., during screenings, assessments, report meetings), so they disclosed trauma to the agent. Brianna (Black woman on parole; age 35; discloser) described the circumstances of her trauma disclosure to her agent, mentioning that her agent told her she "should come to her more often when bad situations

happen.” The reasons Brianna disclosed trauma to the agent suggested she felt pressure to disclose to avoid punitive supervision consequences: “[I told the agent] so I won’t get in trouble, so I won’t get locked back up, so it is important to tell her what was going on (...) it’s very easy to get locked back up.” These excerpts exemplify how a few participants described disclosure of trauma to an agent as compulsory.

### **Probation/Parole Agent Responses to Trauma Disclosure**

Turning now to the 32 disclosers’ perceptions of the immediate outcomes of trauma disclosure to an agent (i.e., how agents responded to disclosure), Table 11 reports on the number and percentage of disclosers who reported various types of agent responses to trauma disclosure, including types of supportive and unsupportive responses they received from agents. Disclosers most often received emotional support ( $n = 11$ ; 34.38%) and informational support ( $n = 13$ ; 40.63%), and least often received tangible support ( $n = 3$ ; 9.38%). Regarding unsupportive responses, some felt they received a dismissive response ( $n = 6$ ; 18.75%), and very few received a punitive response ( $n = 2$ ; 6.25%). Below, I review themes indicative of disclosers’ perceptions of various ways agents responded to their trauma disclosure (i.e., types of supportive and unsupportive responses), including effects (i.e., perceived benefits or consequences) some disclosers connected to responses they received from agents.

**Table 11***Types of Responses Trauma Disclosers Received from Agents (N=32).*

Agent Response to Trauma Disclosure	Disclosers	
	<i>n</i>	%
<i>Supportive Responses</i>		
Provided Emotional Support	11	(34.38)
Provided Informational Support	13	(40.63)
Provided Tangible Support	3	(9.38)
<i>Unsupportive Responses</i>		
Dismissive Response	6	(18.75)
Punitive Response	2	(6.25)
Total	32	(100)

***Provided Emotional Support***

Emotional support includes expressions of empathy, care, interest and concern for another person's well-being, offers opportunities to verbalize emotions, and encourages feelings of comfort and acceptance (Kaniasty & Norris, 1992; Krause, 2004; Krause & Markides, 1990). Disclosers who reported that their agents offered emotional support described agents as showing care, sympathy, or concern about their struggles with trauma or their wellbeing. Sometimes disclosers thought that when agents only offered emotional support, this was insufficient help for coping with trauma-related struggles. Stephen (Black male on probation; age 32; discloser) said when he disclosed, the agent was "sympathetic" and "encouraging or whatever, but as far as helping me get through the situation, she had nothing to do with that." Other disclosers described helpful effects from receiving emotional support from an agent, such as psychological benefits. Cierra (Black woman on probation; age 51; discloser) said after disclosing a traumatic situation she was going through to her agent, that the agent, "consoles" her, and provides supportive "positive" messages about being "strong," and "perseverance and everything." Eleni (White

woman; age 35; discloser) said, “I have PTSD. It even increased because of prison, so she knows about my nightmares and stuff.” She disclosed these problems to her parole agent because she expected the agent would be helpful and, “She’s like a really, really nice, holy lady, and she’s just so nice.” She detailed psychological benefits of the emotional support her agent provided in response to her disclosure: “She kind of made me feel like – because she sees people on parole all the time – so, she said I’m not the only one, you know, what I’m going through is normal. So, she was really reassuring and comforting.” Eleni felt that the agent helped her “make sure I’m not crazy.” In another example, Rebecca (White woman on parole; age 43; discloser) received emotional support from her parole agent and described the agent’s response as “really comforting.” Rebecca concluded, “I like her a lot (...) I feel like I can tell her anything.” These examples show how a few women who received emotional support from agents perceived psychological benefits to their disclosure, such as reduced stress, feeling comforted, and reassured.

### ***Provided Informational Support***

Informational support involves providing information, guidance, or advice to help another person deal with a stressful situations or resolve a problem they are having (Kaniasty & Norris, 1992; Krause, 2004; Krause & Markides, 1990). Disclosers who noted receiving informational support from agents explained that agents provided them information such as referrals to mental health treatment services or resources to cope with trauma, gave them advice on where to find help, or advice about coping strategies and resources. Only three disclosers noted that they gained formal services (e.g., mental health intervention) as an outcome of disclosing trauma to an agent, but all three described gaining it because of informational support their agent provided. One such participant was Daniel (White man on parole; age 51; discloser),

who stated that his parole agent reacted to his trauma disclosure by “giving me referrals” and “what I needed.” Daniel recalled that the agent told him, “I’m going to give you the resources you need to deal with what you’re going through.” Because of the agent’s help, Daniel said “I’m going to counseling.” Daniel also described how his agent helped to increase the amount of counseling he was receiving at the time of the interview. He explained that he received counseling “three times a week instead of once (...) that’s what I needed.” Similarly, Walter (Black man on parole; age 48; discloser) said his agent “recommended” a class in response to his trauma disclosure. Walter specified, “It’s an MRT [Moral Reconciliation Therapy<sup>5</sup>] class that helps me” and that he was now attending the class “twice a week.” In response to Natalie’s (White woman on probation; age 34; discloser) trauma disclosure, her probation agent “recommended” she go to a specific counseling center that she had been attending “for about three and a half months” at the time of her interview. These three participants found the agent’s response helpful and reaped benefits from gaining the treatment and support to cope with trauma.

Some disclosers who said they received informational support in the form of referrals to counseling and treatment did not describe benefiting from the treatment the agent referred them to. It is not clear in the data if this disconnect was because the treatment was inaccessible, undesirable, or ineffective, if the participants never utilized the referral, or if the agents never followed through to ensure the participants successfully accessed and enrolled in the service they provided the referral to. Olivia (Black woman on parole; age 25; discloser) said that when she

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<sup>5</sup> Moral Reconciliation Therapy (MRT) is a manualized cognitive-behavioral intervention commonly utilized in correctional settings that encompasses a variety of treatment programs/classes, some of which are intended to target substance use and a range of trauma-related criminogenic needs. Literature on MRT reflects mixed support of the appropriateness and benefits of MRT (for more information, see Blonigen et al., 2022; Harrell et al., 2022).

disclosed her problems with PTSD to her parole agent, “He recommended me to talk to a therapist and stuff like that.” Although she desired help and appreciated the agent’s advice and attempt to help, Olivia did not specify that she took the agent’s advice to obtain a therapist. In a few cases, disclosers clarified that the informational support the agent provided had no beneficial effects because they already received the resources or services the agent was referring them to. Aaron (White man on probation; age 25; discloser) said his agent referred him to methadone clinics to help with his trauma-related substance use, but “I had already told her I was given it” while he was in jail to help with his sobriety and that he planned to continue with outpatient treatment through a clinic so “it was all set, she didn’t really do much.” Marilyn (White female on probation; age 59; discloser) said when she disclosed trauma to the agent, he responded, “on the spot” and “tried to” help by offering referrals to “some people you could go talk to.” Nevertheless, Marilyn was already receiving mental health care for trauma, so she did not utilize the referrals. In these cases, there appeared to be a mismatch between the clients’ trauma-related needs and the type of support agents offered to address them.

Other types of informational support that a few disclosers received from agents typically included advice or instruction, sometimes about how to avoid trouble, harm, or victimization. Emmett (White man on parole; age 48; discloser) was afraid when he disclosed an urgent traumatic situation to his parole agent, “I thought I was going back to prison,” but was relieved that her reaction was not punitive, “I mean, she wasn’t happy but she told me to go to the hospital and I did.” Brianna (Black woman; age 39; discloser) told her parole agent about an abusive situation she was dealing with and said the agent “told me about how people can play around with people on parole to get you into trouble. So, she gave me very helpful information.” These disclosers typically emphasized how the agents’ guidance was “helpful” to them, and

imparted benefits from the utility of being more informed about how to avoid harm and trouble on supervision.

### ***Provided Tangible Support***

Tangible support includes taking action to directly help another person, for example, by providing material aid or direct service to ameliorate a problem, hardship, or stressful situation (Kaniasty & Norris, 1992; Krause, 2004; Krause & Markides, 1990). Only three disclosers described receiving tangible support for trauma from an agent in response to their trauma disclosure, and all three were men. For these three disclosers, agents took action to assist the participant with taking steps to address or accommodate their trauma-related needs (beyond the provision of words, advice, or information). Remi (Black man on parole; age 31; discloser) said his agent was “very compassionate about the situation” and “tried to help me out as much as she could, and she looked into a bunch of resources. She got some outside resources for me that weren’t offered by the department of corrections. So, she’s really helpful.” Remi’s agent provided direct service to help Remi with trauma by taking on the work of finding him more resources outside the scope of the correctional system. In a different example of tangible support from an agent, Cillian (White male on parole; age 44; discloser) said he lost his “home and everything” when he was in prison, and on parole things got worse for him while living with an abusive partner, so he moved out to instead live in his mother’s house. He was “scared” to disclose the traumatic situation to his agent, but said the agent was “pretty understanding (...) he actually made it pretty easy for me (...) he gave me a few breaks.” Cillian received tangible support to cope with trauma from his agent in the form of supervision “breaks” and adjustments. Similarly, Cody (White man on parole; age 39; discloser) disclosed trauma to his parole agent about the traumatic situation he was experiencing with his family as his brothers and cousins



were going through a “real bad murder trial,” and parole added stress to the situation because “I knew I wasn’t allowed to talk to them unless she said I could.” Cody said the agent was “very understanding, and she agreed to let me speak to them, so I appreciated that.” He added that the agent “let me travel to be able to go down there with my mother (...) to watch the trial as it started,” and she “approved the travel pass and she approved me to be able to phone visit with my brother.” Cody also said it “kind of felt good” to be able to do what he needed to without being constrained by his parole supervision. Cillian and Cody connected their receipt of tangible support from agents to supervision benefits, such as benefiting from leniency and adjustments to supervision requirements to alleviate stumbling blocks to dealing with traumatic situations on supervision.

### ***Unsupportive, Dismissive, and Punitive Responses***

Eight disclosers reported agent responses to their trauma disclosure that were dismissive, punitive, or otherwise unsupportive or unhelpful. In an example of a dismissive response from an agent, Reggie (Black man on parole; age 39; discloser) said that when he disclosed that he was struggling to cope with his father’s death, the parole agent advised, “Well, you just have to deal with it and it’s just going to take time.” Reggie said that the agent did not provide any referrals or resources to cope with the loss, but he expected the agent would do so if he told the agent that he needed such help. In a unique example of an agent’s unsupportive reaction to attempted disclosure, recall Chelsea, (White woman on parole; age 30; non-discloser), who said she didn’t trust her agent “at all.” Chelsea said that when she tried to disclose information about the traumatic situation she was struggling with, the agent stopped her by telling Chelsea that “she didn’t care” and blamed her for bringing the situation upon herself. Chelsea was the only participant who said an agent interrupted an attempt to disclose trauma and seek support. As

previously discussed, the agent's unsupportive response had the negative effect of discouraging Chelsea from future attempts to disclose to the agent. Aaron (White man on probation; age 25; discloser), who said the only help his agent offered was recommending methadone treatment he was already receiving, also described a punitive response from his agent when he disclosed struggles with trauma-related substance use. He explained, "She tried to violate me (...) she was basically pulling my probation and mostly likely going to try to send me to jail for the [violation]." He specified that the only reason the agent could not violate him and send him to jail was because the judge refused, since the agent tried to violate him during a hearing that was not "a violations hearing" and the agent did not provide the judge with the necessary paperwork. Although Aaron said he had "made such an improvement" in the few weeks since the hearing, he still voiced anxiety that the agent might still attempt to violate him. Aaron provides an example of how trauma disclosure to an agent can have negative effects, such as supervision consequences or psychological consequences, if an agent responds punitively.

## CHAPTER 6: DISCUSSION

### Summary of Key Findings

Results of the quantitative analyses indicated a significant relationship between trust in an agent and trauma disclosure to an agent, but nonsignificant relationships between all other covariates (i.e., gender, race, age, level of trauma, level of social support, time on supervision) and disclosure. Similarly, tests for moderating effects of race and gender on the relationship between trust and disclosure yielded nonsignificant results. Thus, the quantitative results produced evidence of the relationship between clients' trust in agents and trauma disclosure to probation and parole agents.

There are several key findings of the qualitative analysis. First, receiving support for trauma (from sources alternative to the agent) was connected to some participants' decisions to disclose trauma to agents or not. Participants generally connected receiving formal support (i.e., therapy, counseling, and other mental health interventions) and informal support (i.e., from family members, friends, and romantic partners) to cope with trauma to a reduced need to disclose/seek help from an agent. A deficit of alternative support to cope with trauma explained other participants' reasons for disclosure to gain needed support from an agent. Regarding group differences, only White participants reported receiving formal support (i.e., mental health care) to cope with trauma, whereas racially minoritized participants tended to describe a deficit of formal support. This finding is consistent with critical literature documenting that the United States' deficit of accessible community-based mental health care services disparately impacts people who are criminalized and/or racially minoritized, and intersectional evidence of how these disadvantages are compounded for criminalized people of color (McCorkel, 2013; Owen et

al., 2017; Pope et al., 2013; Potter, 2013; Prins et al., 2009; Rizzo & Hayes, 2011; Rosenberg, 2019).

Second, barriers to trauma disclosure to an agent were more commonly described by participants than facilitators of disclosure, especially by non-disclosers. Barriers that hindered participants' trauma disclosure included perceptions that it is inappropriate to disclose such information in the supervision context, distrust of the agent or the criminal legal system, discomfort divulging trauma to others, negative prior disclosure experiences, and feeling too overwhelmed by the harmful effects of trauma. Many of these barriers involved expectations that the agent could not or would not help with trauma or mental health issues, as well as expectations that disclosure to an agent was risky. Women and Black participants' explanations of barriers to non-disclosure revealed relatively low expectations of receiving help from the agent. Some non-disclosers, especially men, tended to discuss being dissuaded by risk of stigmatization or criminalization of their mental health issues, including risk of punitive responses from agents. These findings are in tune with extant evidence showing that women's decisions to discuss problems and seek help from probation/parole agents are influenced by their perceptions and expectations of how the agent would respond, and that uncertainty and fear of a punitive response hinders women from seeking help with problems from an agent (Cornacchione & Smith, 2017). Extending on these findings, the present study provides evidence that these influences also apply to men on probation and parole, as well as women and men's decisions to seek help dealing with trauma from supervising agents.

Third, facilitators of disclosure were more commonly discussed by disclosers than non-disclosers. These reasons for trauma disclosure included perceived trustworthiness of the agent, belief that agent should know about trauma, and for a few disclosers, feeling pressured, required,

or coerced to disclose trauma to the agent. Disclosers who perceived agents as trustworthy typically expected that the agent would care and be supportive of their well-being. Those who perceived their agents as caring, supportive, or as advocates for their success expected that the agent could be trusted to help, and these perceptions appeared to ease their decisions to disclose. Although there were no clear differences in these themes by gendered or racialized groups, men who shared a belief that the agent should know about trauma and who felt pressured or required to disclose expected that disclosure to an agent could help them to avoid punitive supervision consequences for trauma-related problems.

Lastly, participants' descriptions of agent responses to trauma disclosers included supportive responses, specifically emotional support (e.g., empathy, care, concern), informational support (e.g., referrals to mental health resources, advice to cope with trauma), and in a few cases, tangible support (i.e., service or action to help and alleviate struggles such as leniency and adjustments to supervision requirements). Only three disclosers said they gained mental health treatment due to the agent's supportive response, and in all three cases, this was due to informational support provided by the agent. Unsupportive responses that eight disclosers received from agents included dismissive, unhelpful, or in two cases, punitive responses. A few of these unsupportive responses were connected to psychological consequences (i.e., anxiety; discouragement of future disclosure attempts) or supervision consequences. Due to the small number of disclosers describing agent responses and effects of the responses they received, I was unable to draw conclusions about group differences.

### **Theoretical Implications**

The quantitative results in tandem with the qualitative findings establish evidence of the connection of trust to trauma disclosure to probation and parole agents, and present theoretical

implications for the theory of posttraumatic growth and for other theoretical explanations of trauma disclosure and help seeking in community correctional contexts. Understanding the role of trust in decisions to disclose and seek help for trauma allows for future research to examine how supervising agents and other service providers can take steps to encourage the development of trust and safety to minimize barriers to trauma disclosure for the populations they serve, and how to avoid unsupportive responses to trauma disclosure that may be harmful by reducing trust and likelihood of disclosing to gain help for trauma in the future, or that exacerbate trauma and PTSD.

### **Implications for Policy and Practice**

The number of participants struggling with unresolved trauma-related needs and the deficit of formal support (i.e., mental health services) indicates the need for policy makers to prioritize the expansion of accessible, effective community-based mental health treatment services that reach underserved communities most impacted by the criminal legal system. This would also allow community correctional agencies and supervising agents to coordinate with community-based mental health services to streamline client referrals to gain mental health care for trauma and provide necessary options to ensure clients are referred to services that are accessible to them and that are sufficient in meeting their needs.

The qualitative data revealed that some clients perceived disclosing trauma or seeking help with their mental health from probation/parole agents as inappropriate in the supervision context. The findings also demonstrated how the historically punitive nature of the system can hinder trust in agents, thus interfering with implementation of rehabilitative reform initiatives. There is a need to rectify this problem to encourage trust. Given the connection of trauma and mental illnesses to substance use, crime, and recidivism, these findings suggest a disconnect

between supervision practices and services clients receive and what support and interventions clients need to be successful on supervision. A novel solution to this disconnect is to rethink current supervision standards and reconceptualize supervision success, by placing emphasis on individual well-being (including mental health, physical health, and safety) as a precursor to one's ability to meet supervision requirements and successfully desist from illicit behavior. This would require shifting from punitive, deficit-based frameworks dominant in many jurisdictions which primarily conceptualize success as avoidance of illegal behaviors, to a strength-based framework in which success involves personal well-being, growth, and achievement. Under a correctional well-being focused framework, client struggles with substance use, illegal behavior, and complying with supervision requirements should be approached as potential symptoms of underlying trauma, harm, or deprivation of essential support/resources that hinder well-being. This study underscores how treating clients as problems that need to be controlled and punished not only can have deleterious effects on their well-being; it can also discourage clients from disclosing trauma and seeking support and resources they need to be successful on supervision. A community correctional focus on individual well-being would require the incorporation of trauma-informed principles and practices and could provide clients with essential support, tools, and skills they need to overcome negative effects of trauma and disrupt cycles of illegal behavior and recidivism. Researchers, policy makers, and correctional institutions can partner with service providers and mental health professionals to guide the development of a well-being focused supervision model. They may also look to the expansion of trauma-informed practices implemented in juvenile justice systems as a roadmap for developing and implementing a trauma-informed and well-being focused model for adult community correctional supervision (Branson et al., 2017). After all, many adults on supervision have trauma histories that began in

childhood and the negative effects of trauma on well-being and behavior can maintain into adulthood and be triggered in adulthood.

Fundamentally, all clients should be screened and assessed for trauma-related problems and needs on supervision. MDOC mandates a number of evidence-based supervision trainings for agents, such as training on gender-responsive (and trauma-informed) supervision of women on probation and parole. Findings from the present study underscore the need to also screen and assess trauma for men on supervision, and all agents should receive training on trauma-informed supervision practices for clients who vary in gender and race. Furthermore, the qualitative data revealed that some clients perceived agents as overextended and that disclosing trauma and mental health concerns would be an inappropriate burden to the agent or did not know that agents could help clients gain support and resources to cope with trauma and/or mental health challenges. Agents should inform clients that they can offer support and resources specific to trauma and mental health concerns. Agents should routinely ask about clients' trauma-related struggles and needs, offer resources and support, and continue to follow up with clients to confirm that they were able to access needed trauma-focused services and offer additional support to ensure that clients receive sufficient support to cope with and overcome trauma. However, agents may be overextended with large caseloads, and by the challenge of balancing a dual role in supervising clients, i.e., monitoring client's behavior (which can involve punitive sanctions/interventions) and offering rehabilitative support and assistance to clients (Morash et al., 2015; Skeem et al., 2003). One solution would be to significantly reduce the number of people under correctional supervision generally, so that agents are able to respond to clients' trauma-related needs. To take the burden off agents, another solution would be to redistribute supervision workloads by creating another position entirely. For example, correctional agencies



could employ or partner with mental health professionals/advocates to assess and respond to client's trauma-related needs, and if these mental health service providers are not mandatory reporters, the option to seek confidential support could also ameliorate clients' perceptions of risk that may otherwise interfere with disclosing and seeking help for trauma.

### **Limitations and Future Research**

There are some limitations to this study. First, the vast majority of the data was collected during a global pandemic. This creates a problem with the generalizability of the research. Participants' relationships with agents may be impacted by new methods of reporting. At the time of the research, most participants in the study reported to agents over the phone or video chat, which may affect the development of trust in the client-agent relationship. Additionally, clients' trauma may be affected by the pandemic. For instance, participants may have lost loved ones unexpectedly due to the COVID-19 virus, or be at higher risk for at-home victimization since domestic violence rates have increased during the pandemic (Kofman & Garfin, 2020). Participants interviewed during earlier stages of the pandemic may also have less access to social support during the pandemic due to social distancing, government stay at home orders, and restrictions on social gatherings. It would be useful to examine possible effects of the pandemic by comparing responses of participants who were interviewed during the pandemic to those who were not, but the pre-pandemic group is too small for a meaningful comparison.

Although this cross-sectional study design is the first step in testing the influence of trust in clients' decisions to disclose trauma to supervising agents, I could not quantitatively determine causality due to the issue of time order. Quantitatively, the results show a significant association of trust and disclosure, but do not allow for conclusions about causality. For instance, it may not be a client's trust that prompted their disclosure to an agent, but rather the agent may have

facilitated the discussion when addressing a client's case plan. In turn, receiving a positive response from the agent after disclosing may have increased a participants' trust in the agent. The qualitative second step of this study was designed to address this limitation and provided clarity in the time order in exploring how clients decided whether to disclose problems with trauma to agents. The next step for future research would be to add a longitudinal component to quantitative and qualitative research to establish causal order. Furthermore, longitudinal research is necessary to understand the long-term effects of trauma disclosure to an agent, beyond agents' immediate responses, to understand the disconnect between receipt of treatment referrals and receiving mental health care and support for trauma, and for those who do receive formal support and resources upon disclosure, to show the effects of such treatment. This information can be used to provide guidance and tools for agents to determine how to provide ongoing support for clients' trauma-related needs during supervision and to make adjustments to ensure the trauma-specific support clients receive is effective and sufficient to meet their needs.

Level of trauma was measured with a single item which indicated recent struggles dealing with a trauma study participants experienced at some point in their lives. This item only accounts for traumatic experiences that the client was still negatively affected by or experienced since starting supervision, indicating level of recent trauma-related needs (see Appendix A.3). Based on trauma literature and research on traumatic experiences among system-involved individuals, this study conceptualized trauma in a way that would account for a broad range of traumatic events that clients struggled to deal with during supervision, and to avoid diagnostic terms for trauma and PTSD that may lead to underreporting of trauma-related problems (DeVeaux, 2013; Hoskins & Morash, 2020). This conceptualization of trauma accounts for and recognizes variation in how individuals experience and respond to traumatic events (Tedeschi et

al., 2018). The present study also highlights the disparate access to mental health services for correctional populations which corresponds to a deficit of opportunities to be assessed for trauma and posttraumatic stress, and to receive a PTSD diagnosis (Pope et al., 2013). For this dissertation study, this modified item did not include the follow up questions included in the original WRNA PTSD Scale to account for various PTSD symptoms the participants who indicate trauma might be experiencing (Van Voorhis et al., 2013). Evidence from one study comparing 67 adults in the general population with chronic PTSD (i.e., PTSD symptoms lasting longer than three months based on DSM-IV diagnostic criteria) to 43 adults exposed to trauma (who did not meet diagnostic criteria for PTSD) indicated that even though men and women in both groups reported similar rates and levels of trauma disclosure, those with chronic PTSD reported greater difficulty disclosing trauma (Bedard-Gilligan et al., 2012). Including measures of PTSD symptomology and duration of symptoms can provide a more comprehensive explanation of disclosure.

This dissertation research was limited to available data supplemented with a qualitative component. Findings of the present study suggest the need for other quantitative measures to be considered for future research, such as measures of trauma history and disclosure history, which can influence individual propensity and decisions to disclose and seek help for trauma (Tedeschi et al., 2018). For instance, Mueller et al. (2009) developed a 34-item measure of disclosure attitudes and intentions which includes subscales (i.e., urge to talk, resistance to tell others about the trauma, need to disclose trauma) that may be useful for explaining client trauma disclosure decisions.

Additionally, the nonsignificant association between perceived social support and trauma disclosure to an agent may be the result of a measurement issue in the quantitative component of

this study. Zimet and colleagues' (1988) social support scale measures level of perceived support available from friends, family members, and significant others generally, and is not specific to support received to cope with trauma. Future researchers should consider including measures of social support received to cope with trauma, as well as social capital system-involved individuals may access to gain help and resources to cope with trauma (Goodson-Miller, 2022; Lin et al., 2001). By the same token, the 135 participants in the quantitative component of this study were not systematically asked about formal support for trauma (i.e., mental health care, treatment, and resources), although 79 of them were asked about alternative sources of support to cope with trauma in the qualitative component of the study. Future researchers should systematically measure receipt of trauma-focused mental health care services and resources to account for formal sources of support that may influence trauma disclosure to an agent.

Including comprehensive measures of trauma history would also improve future research. For example, the WRNA Type of Abuse Measure includes a variety of indicators of the type and frequency of abuse one has experienced in childhood and adulthood (Van Voorhis et al., 2013). A measure of adverse childhood experiences would also be useful in testing for the effects of history and type of traumatic experienced on disclosure (Ports et al., 2020). In addition to direct victimization/abuse, a comprehensive measure of trauma history would benefit from considering other forms of trauma that probationers and parolees experience, such as unexpected loss of a loved one, severe illness/injury, and exposure to violence (Hoskins & Morash, 2020).

Additional qualitative research is needed to understand trust and trauma disclosure. Future research should explore how clients define trust in an agent, and how clients come to trust supervising agents enough to disclose trauma. The findings of the present study suggest that when agents generally are supportive, treat clients with respect, care, and demonstrate concern

for their well-being, this can influence client's trust in agents and alleviate perception of risk of a punitive response or other negative outcomes of disclosure. More research is needed to understand how agents can facilitate trust, reduce perceptions of risk stemming from the punitive historical nature of the criminal legal system, and avoid causing further harm or re-traumatization to clients struggling with trauma during supervision.

The present study did not quantitatively test for an association between probation and parole status on disclosure, nor did it compare qualitative themes by probation and parole status groups. However, the qualitative data suggests that perceptions of risk may be higher or qualitatively differ for participants on parole who were dissuaded from trauma disclosure to an agent due to expectations of risk of a punitive response, i.e., parole revocation and reimprisonment. A next step for research in this area is to understand how perceptions of risk as a barrier to trauma disclosure differ based on supervision status of individuals on probation and parole supervision.

## **Conclusion**

System-involved individuals experience a high prevalence of trauma, and trauma has been identified as a pathway to crime and substance misuse and is a risk factor for recidivism (Baglivio et al., 2015; Covington, 2008; DeHart et al., 2014; Holloway et al., 2018; Howard et al., 2017; Maxfield & Widom, 1996; National Child Traumatic Stress Network, 2008; Pettus-Davis, 2014; Sarchiapone et al., 2009; Smith & Thornberry, 1995). The key objective of the present dissertation study was to explore potential influences on clients' decisions to disclose trauma to a probation/parole agent, particularly the relationship between clients' trust in agents and disclosure. Findings provide evidence of the connection between trust and trauma disclosure, and have important implications for the theory of posttraumatic growth, which asserts that

disclosure is an important facilitator of posttraumatic growth and recovery from trauma (Tedeschi et al., 2018). Findings also have important practical implications for advancing trauma-informed correctional approaches which, in turn, may improve the effectiveness of community supervision and reduce recidivism among clients impacted by trauma.

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## APPENDIX A: QUANTITATIVE ITEMS

### A.1 Trust Scale (DRI-R; Skeem et al., 2007)

*The next questions describe some of the different ways a person might think or feel about their probation or parole officer. As a reminder, your choices range from NEVER to ALWAYS. This questionnaire is confidential; neither your agent nor the probation or parole agency will see your answers. Please answer honestly. Your first impressions are the ones we would like to see.*

0	1	2	3	4	5	6
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

<i>How often do you feel that...</i>	Response
You are safe enough to be open and honest with [AGENT NAME]? <b>CdualT1_4</b>	
[AGENT NAME] is someone that you trust? <b>CdualT1_16</b>	

### A.2 Perceived Social Support Available (Zimet et al., 1988)

*Next, we have some questions about the amount of support you can count on from friends, family, or significant others such as a spouse or person you date.*

1	2	3	4	5	6	7
Strongly disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat agree	Agree	Strongly agree

	Response
I have a significant other who is around when I need him or her. <b>PerSupAvailT1_1</b>	
I have a significant other with whom I can share my joys and sorrows. <b>PerSupAvailT1_2</b>	
My family really tries to help me. <b>PerSupAvailT1_3</b>	
I get the emotional help and support I need from my family. <b>PerSupAvailT1_4</b>	
I have a significant other who is a real source of comfort to me. <b>PerSupAvailT1_5</b>	
My friends really try to help me. <b>PerSupAvailT1_6</b>	
I can count on my friends when things go wrong. <b>PerSupAvailT1_7</b>	

I can talk about my problems with my family. <b>PerSupAvailT1_8</b>	
I have friends with whom I can share my joys and sorrows. <b>PerSupAvailT1_9</b>	
I have a significant other in my life who cares about my feelings. <b>PerSupAvailT1_10</b>	
My family is willing to help me make decisions. <b>PerSupAvailT1_11</b>	
I can talk about my problems with my friends. <b>PerSupAvailT1_12</b>	

**A.3 Modified WRNA Trauma/PTSD Item (Level of Trauma-Related Needs)** (WRNA; Van Voorhis et al., 2013).

*Since supervision started, how often have you had problems dealing with a past or recent experience that was extremely frightening, horrible, or upsetting?*

- ☐ Never (0)
- ☐ Rarely (1)
- ☐ Occasionally (2)
- ☐ Sometimes (3)
- ☐ Often (4)
- ☐ Very often (5)
- ☐ Always (6)

**A.4 Disclosure to an Agent**

*Now, please return to looking at Card 2, the green card, for the next questions about dealing with this frightening/horrible/upsetting experience.*

*How often did you discuss it with [AGENT NAME]?*

- ☐ Never (0)
- ☐ Rarely (1)
- ☐ Occasionally (2)
- ☐ Sometimes (3)
- ☐ Often (4)
- ☐ Very often (5)
- ☐ Always (6)

## APPENDIX B: QUALITATIVE ITEMS

### B.1 Trauma Disclosure Decision Interview Items

*Please answer the following questions in your own words.*

You mentioned that you [*never, rarely, occasionally, sometimes, often, very often, always*] discussed problems dealing with a terrible experience with the agent, and you [*never, rarely, occasionally, sometimes, often, very often, always*] wanted to discuss it with the agent.

1. **Why** [did you OR why didn't you] **DISCUSS this problem with the agent?**
2. **Why** [did you OR why didn't you] **WANT TO discuss this problem with the agent?**

**[Interviewer Probes:]**

- a) Did you think the agent would help you with this problem?
- b) How did you think they would react?
- c) The next two questions are about whether or not you trusted the agent when you decided to tell them (or not to tell them) about problems with the terrible experience.
  - First, when you think of trusting the agent, what does that mean to you?
  - Before you decided whether or not to talk to the agent about this terrible experience, did you trust the agent? Why/Why not?
  - Did trusting the agent (or not trusting the agent) have any influence on what you decided to do? What was your thinking about trusting the agent at the time?
- d) If you told the agent, how did they react? Probes: Was it how you expected they would react? Did they provide any support, referrals, or resources? Was it helpful? How was it helpful?
- e) Were you getting help from someone else? Who? (e.g., Position, relationship, program)
- f) Were there any other reasons why you decided to discuss it/not to discuss it with the agent?]