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## Identified social supports for women previously incarcerated and avoiding recidivism

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Isabelle Scott  
Identified Social Supports  
for Women Recently  
Incarcerated and Avoiding  
Recidivism

## **ABSTRACT**

This study focused on the social supports women recently incarcerated perceived as promoting future success and aid in avoiding recidivism. The literature review describes available programs pertaining to women's reentry and gender responsive treatment. The main objective of this study is to understand what women recently released from incarceration need for a successful reentry as well as barriers, challenges, and motivations for staying out of prison and being productive members of society. The study considered variables such as trauma, substance use, mental health issues and children impact women's perceived needs. Findings in this study found the correlation between enduring specific traumas and the increased rates of recidivism. The research directly focused on a range of various barriers to treatment that lead to reoffending. Finally, this research aimed to understand and display the importance of gender responsive issues and the specific customized services women need particular to the female experience as well as the female mothers' experience.

**IDENTIFIED SOCIAL SUPPORTS FOR WOMEN PREVIOUSLY  
INCARCERATED AND AVOIDING RECIDIVISM**

A project based on an independent investigation, submitted in partial fulfillment of the requirements for the degree of Master of Social Work.

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2017

## **ACKNOWLEDGEMENTS**

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## **CHAPTER I**

### **Introduction**

This study focused on exploring what social supports women recently incarcerated perceived as pertinent and necessary for successful reintegration in society. There is research literature that guides us in choosing the best evidenced based substance abuse/ co-occurring treatments for women being released from prison. Program availability that addresses women-specific issues is one challenge that has been a key finding in research surrounding women's reentry programs. Another challenge is identifying what social supports are helpful for women to increase their participation and follow through in treatment. There is literature that looks to providers to define what this population of women recently incarcerated reentering society needs. There is little research asking the population what they believe they need to reintegrate back into society and what tools and services will help them to maintain this transition as well as lead healthy fulfilling lives.

Another important subject of much of the women's reentry literature focuses on barriers to treatment as well as a strong lack of support for success into reintegration. In this research "success" will be defined as not returning to prison. Each year, the recidivism rate is getting higher for this population. Turney & Wildeman (2015) found that even though women are becoming incarcerated at faster rates than men, there is still very little research looking at the health of formerly incarcerated women. The study reported here was shaped by considering the physical, mental, and emotional health needs of women recently incarcerated as they reenter society. The questions were shaped by literature examining these subjects specifically with the population of women recently incarcerated reentering society. Some of the literature used was derived by self-reported studies from the population members themselves. The research gathered

included what services women currently receive as part of reentry programs. Social supports can be defined -- though not exclusively -- as: support groups for mental health, substance abuse, transportation, shelter, food and nutrition, education, workplace and employment, child care, and parenting assistance. These social supports can be defined more broadly as emotional, financial, educational, physical help and more. Covington & Bloom (2006) believe that an effective program will help clients increase their coping skills using an empowerment model. The key to improvement would then be self- sufficiency. In addition, a best practices model would be multidimensional and deal with specific women's issues, including chemical dependency, domestic violence, sexual abuse, pregnancy and parenting, relationships, and gender bias. Literature has found supports that target these needs as the most effective. I have looked towards this specific population for their voices in the matter of which types of help are most pertinent.

My research sought to answer, from the women's perspectives, specifically women recently incarcerated, what social supports do women need for successful reentry? What services do women currently receive as part of reentry programs? What do these women recently incarcerated believe can aid in preventing them from returning to prison and leading healthy, fulfilling lives?



## CHAPTER II

### Literature Review

Women's incarceration rates are steadily on the rise. With more and more women being incarcerated, the number of women returning to society has increased. Women reentering society post incarceration face a variety of challenges that research states are pertinent for us to address and to set up dual diagnosis programs for. Women face specifically unique issues once being released from prison. Covington & Bloom (2006) discussed the importance of gender differences inherent in issues such as invisibility, stereotypes, pathways to crime, addiction, abuse, homelessness, and relationships. They believed this difference needs to be addressed at all levels of the criminal justice system. Such issues can have a determining factor on female offenders' successful transition to the community, in terms of both programming needs and successful reentry. Women face many different issues specific to their experiences inside and outside of prison. The Massachusetts Department of Correction, Prison Population Trends in 2014 findings concluded that the median age of incarcerated women is 35 years old. A trend found in this research stated that 59% had an open mental health case and 46% were on psychotropic medication (2015). These issues can easily be exacerbated once women are released from prison. These demographics could suggest social supports needed for women reentering society. This literature helped inform my survey questions. Some of the unique needs of women include: trauma focused treatment including trauma concerns that impact recovery and reintegration. Many women require immediate access to psychopharmacology care to continue to stay on proper calibration of medication once being released. Other issues unique to a woman's experience include addressing family issues such as parenting and domestic violence as well as possible abuse some women have faced prior to or while being incarcerated. These are also

specific challenges that women face when being released from prison that are directly connected to recidivism. My study not only focused on many aspects of mental health care supports but physical health, and the contexts of community, family (parenting and childcare), education, employment, housing and more. This study was not specifically focused on mental health but more primarily on the broad array of supports which include mental health supports. The survey also asked questions regarding past experiences with levels of mental health care. Questions inquiring about substance abuse treatment experiences and perceived needs were also included. The survey also addressed questions about case managers that aid in various duties and an array of treatment experiences.

A study by Hatton, Kleffel, & Fisher states: “Frequently women with mental health problems failed to receive needed services, remained untreated, and lived in the general population” (2008, p. 1305). It is important to look at research that also pertains to services offered inside the prison and if there are reentry preparation courses in prison as well as what they entail. It is important to note what services the women have received up until the point of reentering society. This can also point to gaps in social supports.

I based the questions for the survey on research literature related to past reentry supports from various agencies. Gender responsive treatment was a main focus of my study, as well as and what specific services effective gender sensitive treatment entails. Some research surrounding reentry helps to identify questions of support surrounding mental health as well as employment. These can at times be linked: “Finding a job is often the most serious concern among ex-inmates, who have few job skills and little work history. Their age at release, their lack of employment at time of arrest, and their history of substance abuse problems make it

difficult to find a good job” (Seiter & Kadela, 2003, p. 367). This quote identifies the substantial challenge of trying to obtain employment once released.

One article that pertains to this area of research is, “Motivation for Treatment among Women Offenders in Prison-based Treatment and Longitudinal Outcomes Among Those Who Participate in Community Aftercare,” written by Christine Grella, and Luz Rodriguez (2011). This study was conducted using a survey administered inside the prison at seven in-custody treatment programs at four California prisons. The survey measured the participants’ willingness and plans to participate in aftercare following the release from prison/in custody program. The study was focused on assessing treatment motivation. This is very interesting due to the fact that this study found that women would indeed be motivated to involve themselves in after care rather than not. Overall, this study found that 36.8% of women that participated in the particular in-custody program returned to prison within 12 months of discharging. Although this study has intrinsic detail with regards to findings, something that was particularly salient relating to the proposed research question is that women involved in the child welfare system were found to have the highest motivation to enter treatment. The survey for the thesis study reported here included questions regarding whether these women have children or not and who currently has custody.

Another important factor discovered by Grella & Rodriguez (2011) concerned the importance of convenient access to treatment and the women’s motivation to attend treatment. In their study of 1,182 women who participated in after care following their prison sentences, the authors found motivation to be a key aspect of success. Women who felt closer to their family and social environment were more likely to commit to program participation. This motivation allowed them to stay in treatment longer, which in turn improved their outcomes. Grella and Rodriguez (2011) found that women who completed the program had an 80% chance of not re-

offending in the year post release. This finding alone suggests the need for further study of factors that promote success. This article finding also suggests that reentry programs lead to less re-offending within the first year. This study shows that a huge majority of women who participated avoided recidivism for at least a year. My current study strengthens and enlarges this conversation by finding out what kind of services women who participated say they needed particular to their current experiences.

Diane C. Hatton, and Anastasia A. Fisher, in *Incarceration and the New Asylums: Consequences for the Mental Health of Women Prisoners* state: “With an average age of 35, women prisoners disproportionately come from low income groups, are often undereducated, and have few work skills. Frequently their convictions involve drugs or property and are motivated by poverty and substance use” (2008, p. 1305). If we looked closely to the women reentering society, many of the issues they are faced with have not changed, and are still those of poverty, mental health, and substance use issues. Hatton and Fisher go on to discuss that many women offenders also report histories of childhood and adult violence including both physical and sexual assault. This suggests that many of the women incarcerated have a history of severe trauma. This is one example of ample research suggesting who the population of women incarcerated are and what they have endured throughout their lifetimes, as well as the large population of women in prison for drug offences. These findings underline possible barriers to treatment for this population, and the possibly quite various types of care needed to rehabilitate women with these needs back into to society.

The stigma that accompanies a person formerly incarcerated impinges on many aspects of life like housing, employment, health care, and social stigma. Chiricos, Barrick, & Bales (2007) discuss the impact of how labeling an individual who has been convicted of a felony changes

their life in many ways. Time away from society can affect one's social skills, work-related abilities, and connections to the community. Being labeled an ex-felon increases the risk for recidivism, and in other cases there are consequences for voting rights and job opportunities.

Another article to discuss is, "Provider Experiences with Prison Care and Aftercare for Women with Co-occurring Mental Health and Substance Use Disorders: Treatment, Resource, and Systems Integration Challenges" written by Jennifer Johnson, Yael Chatav Schonbrun, Marlanea E. Peabody, Ruth T. Shefner, Karen M. Fernandes, Rochelle K. Rosen, and Caron Zlotnick (2015). This article measures the provider participants' perceptions of their provider roles. This sample, consisting of fourteen provider participants involved with reentry, ranged from prison administrators to substance use disorder counselors. This was a qualitative study which used audio-recorded interviews to inform the research. Although this study did not focus on the perceptions of women recently incarcerated, it is pertinent that the study investigates providers' perceptions regarding needed supports. The providers emphasized women's more consistent problems with toxic relationships, co-occurring disorders, increasing needs for continuity of care and intense case management to navigate the system.

In 2011, SAMHSA gathered data from women recently incarcerated surrounding their barriers to treatment once released. This is a study directly focusing on women who struggle from substance abuse issues. "The most common reasons for not receiving treatment reported by persons 12 and over who used illicit substances included a lack of health care coverage and inability to pay (41.8%), not feeling ready to quit use (30.7%), fear of negative opinions by neighbors and other community members (14.6%), the potential negative effects of seeking treatment on employment (12.4%), not knowing where to obtain treatment (12.1%), and the belief that they could handle their use without treatment (9.6%). This is a unique study because it

looks to the women to report what external barriers they find in day to day life (Rose, Lebel, Begun, & Fuhrmann 2014). This shows there are some data surrounding what perceived barriers there are for sobriety, rehabilitation, and avoiding recidivism. This research aided in developing survey questions that reflect these possible types of support needed for women once released. “Unique to the current spate of interest in social support, however, has been a focus on the potential of social relationships to promote and maintain physical and mental health, and especially to buffer or ameliorate the potential deleterious effects of psychosocial stress on health” (House, 1981 in House, Umberson & Landis, 1988, p. 296). This is different than the initial focus of my study but also points to how important it is to keep in mind the effects of social relationships when reentering the community. This suggests for my study that not only can external community based social supports be factors, but also social relational supports within the community (for example, family and friends). A sense of a community with the individual at reentry is also an interesting aspect to study. “Arguably, the most crucial relationships for females are those relationships with their children” (Lichtenwalter, Garase, & Barker, 2010, p.78). This important quote outlines the importance of the impact motherhood has for women and how it motivates them to succeed.

The theoretical framework used has involved identifying what is gender responsive treatment. Research has shown the strong need of specific reentry services for men and for women due to the large differences in each gender’s issues. “Theoretically based evidence drawn from a variety of disciplines and effective practice suggests that addressing the realities of women’s lives through gender-responsive policy and programs is fundamental to improved outcomes at all criminal justice phases” (Covington & Bloom, 2006, p. 3). This gender responsive approach has guiding principles such as acknowledging that gender makes a

difference and creating a safe environment based on dignity and respect. Men and women face distinctively different challenges in reintegration: “For example, female offenders are more likely to share a history of physical and/or sexual abuse; they are often the primary caretakers of young children at the time of arrest and they have separate, distinctive physical and mental needs” (Covington & Bloom 2006, p. 4). These are just a few differences that are highlighted and honored in gender responsive treatment. These can also be named “gender specific adversities” (Covington & Bloom, 2006, p. 4). These guidelines and this framework can guide interactions, research, and measurement scales in hopes that they will demonstrate gender responsiveness throughout the thesis process. The third guideline or principle of gender responsive treatment is to, “Develop policies, practices, and programs that are relational and promote healthy connections to children, family, significant others, and the community” (Covington & Bloom, 2006, p. 6). These guidelines formed a strong component of my study.

The strengths around women reentry research is that there is an array of research conducted. There are also professional published documents listing demographics of women prisoners as well as mental health and substance abuse populations, types of crimes, etc. The gaps in treatment consist of reports by women recently incarcerated on various supports they perceive are needed to successfully reintegrate in society and reduce and avoid recidivism. A limitation surrounding this literature is that there are not sufficient research studies tracking reentry programs for women and their influence, including rigorous program evaluations. Another limitation is that this is a vulnerable population and thus there are barriers within the research already likely to influence accessibility. I believe this specific subject could benefit from findings on the influence of these supports once put into place inside and outside of the prison.

Agencies may then feel pulled to begin to address the literature regarding gender responsive treatment.

Seiter & Kadela (2003) discussed how most current prison operations and inmate reentry programs do not focus on rehabilitation and preparation for release. They believe that finding a job is often the most serious concern among ex-inmates. Many of them have few job skills and spotty job history. The combination of these factors and their history of substance abuse problems make it difficult to find a good job. These are all obstacles that shaped the questions of the research reported here. What are services that are missing from a proper rehabilitation process? If treatment in prison were focused on rehabilitation and preparation for release would the recidivism rate be lower?

Women face many specialized issues. Compared to men in state prisons, it was found that 73% of women versus 55% of men had higher rates of mental health issues (Arditti, & Few, 2008). These authors support the idea that female only programs allow for women to support one another in a safe non- threatening environment. Arditti, and Few wrote about an idea called, “the triple threat” (2008, p.304). “The triple threat,” is seen as depression, domestic violence, and addiction. These were specific issues women were found to regularly struggle with.

Greenfield, Cummings, Kuper, Wigderson, & Koro-Ljungberg (2013) found that shared experiences between women allowed participants to feel safer and increased the likelihood of discussing difficult issues. It decreased the discomfort that accompanies sexual tension in mixed groups. This was an important finding in *A Qualitative Analysis of Women’s Experiences in Single-Gender Versus Mixed-Gender Substance Abuse Group Therapy*. Many women felt more comfortable in the single-gender group versus the mixed-gender group. “Women in the single-



gender group characterized communication with other women in the group as honest, empathic, comfortable, and emotional and that there was an ease of communication that made them have a willingness to take risks in the group” This is an example of gender responsive treatment proven to be effective. (Greenfield, et al., 2013, p.776).

“Seeking Safety” is a group program designed by Lisa Najavits, (2002). Seeking Safety integrates treatment for substance use disorders and post-traumatic stress disorder (PTSD) specifically targeting women. Najavits developed Seeking Safety using women almost exclusively and several of the research groups were incarcerated women. (Najavits, Weiss, & Shaw, 1997). Seeking safety is an example of a mental health program that meets the needs of this particular population. It specifically addresses the interaction between substance use disorders and PTSD.

Najavits’ research concludes that when women do not address both issues of PTSD and substance abuse, relapse and recidivism potentials increase. “For the high proportion of women with severe substance abuse problems, substance abuse complicates and exacerbates other problem areas, such as family problems, lack of economic self-sufficiency, physical and sexual abuse, and the inability to cope with caring for children. To help women recover and prevent relapse, treatment needs to help women address all these issues” (SAMHSA, 1999, p. 6). SAMHSA introduces a study, in *Substance Abuse Treatment for Women Offenders*, of 1,300 women inmates awaiting trial. The study found “More than 70 percent of those surveyed were dependent on drugs, or alcohol or both. In addition, one-third was suffering from post-traumatic stress disorder” (SAMHSA, 2010, p. 6).

The prevalence of substance use disorders in women who are involved in the criminal justice system is significant (SAMHSA, 2010). Even though most crimes committed by women involve

other individuals and property, many of these are influenced by the use of substances (Massachusetts Prison Population Trends, 2015). According to this study, 59% also had open mental health cases and 46% were on psychotropic medication as of January 2015. Both sets of statistics would imply that many of these women had a substance use disorder and a co-occurring mental health issue.

There is evidence that shows that treatment post incarceration works. A study of drug offenders in Delaware found that offenders who had participated in 12-15 months of treatment in prison, and followed up with another 6 months of treatment in the community, were more than twice as likely to be drug free 18 months after release as those who had only the prison treatment. Those offenders were also arrested less frequently during the year and half following release (SAMHSA, TIP, 30, 2010, p.3). This study, cited in SAMHSA's *Continuity of Offender Treatment for Substance Use Disorders from Institution to Community* (2014), reflects how effective substance abuse treatment can be for individuals after leaving prison.

Reflecting on various past types of reentry programs is helpful. Work release programs have known to be effective for once incarcerated individuals. Brennan (2016) discusses the relevance of work release programs in reducing recidivism. He believes that the participants in work release are less adversely affected by confinement than other inmates because they can enjoy positive societal interactions that increase their reintegration into the community. The issues outlined in this research can help to create services that can be available for recently incarcerated populations. While mental health and substance use disorder needs are highlighted in many occasions, employment and food aid is parallel to these issues. Parenting skills programs that teach healthy habits and support transition back into motherhood from incarceration in a safe

environment can also be essential. These needs have been highlighted on many occasions throughout this literature review.

While researching various programs throughout the country that have implemented such proposed reentry plans, I found an interesting model of a program in Illinois offering a holistic approach to offenders basing the treatment on 12 areas of a person's life: "Educational, career, family, home, cultural, social, ethical, spiritual, mental, physical, health, and financial." (Black, 1993, p. 6) "The success of SIC-CED's individualized approach depends solely upon the commitment of all individuals involved. Improving the quality of life for the offender following fulfillment of the court sentence must remain the common goal." (Black, 1993, p.17) This program was proved to be successful in the Chicago community for offenders in reducing recidivism as well as supplying people with the capacity to become functioning members of society. Many of the "12 areas of a person's life" that this program implemented for their treatment reflect the literature that has been cited in this chapter, as well as the questions that are included in the survey.

The theoretical framework gender responsive treatment proposes is a unique extensive therapy designed for women that reaches very separate needs than for men. It highlights the important need for this design and uses the principles that inform this treatment to base the questions of my survey for this population of women recently incarcerated. The purpose of the current study was to find out which supports women find to be helpful in reintegrating back into society after incarceration. What types of aid are most important to them? Are they job assistance, parenting skills, substance use disorder treatment, support groups, transportation passes? There is a wide range of services that could potentially be offered to this population. The idea was to find out what are the perceptions these women themselves have. The research shows

some things that maybe important from data about effective programs in the past, provider's perceptions, and the issues that this population faces. There is yet a substantial amount of evidence pertaining to the voices of these women that still remains to be heard. The voices of this population are hypothesized to shine through in the findings.

## **CHAPTER III**

### **Methodology**

The question for this research study was, “What social supports do women who were previously incarcerated need for successful reentry into society?” The aim of my study has been to find out from the women themselves what types of support they, as recently incarcerated persons, say they need in order to successfully reintegrate back into society and not return to prison. This has been a quantitative study with a written paper and pen survey, with an exploratory and descriptive research design. I believe it is important to get the individual perspectives of women recently incarcerated in order to find out what social supports they view as helpful or conducive to their reentry into the community as well as into the homes of loved ones. Questions focused on many different types of social supports such as support groups, transportation, shelter, food and nutrition, health, education, workplace and employment, child care, and parenting. These are the types of services that may be offered in reentry programs. I hoped that this study would offer insights for those designing reentry programs to suit the needs of this population of women, thus creating programs that are more successful as measured by a reduction in the recidivism rate for participants. Enhanced reentry programs for women seemed likely to offer them a chance at maintaining a healthy and stable lifestyle on the outside.

### **Participants**

The participants for this study were 62 women in the Boston, MA metropolitan area who had been recently released from incarceration. My sampling frame included women recently incarcerated reintegrating into society living in recovery homes in the Boston area. My exclusion criteria excluded women who had been released from prison for more than 14 months. I have also excluded men, juveniles, and adolescents from this study. I have chosen to focus specifically

on women reentering society from previous incarceration and not men because of the unique set of “gender specific adversities” noted in previous research (e.g., Covington, Bloom 2006, p. 12). Research has shown the strong need of division for reentry services for men and women due to the large differences in each gender’s issues. My inclusion criteria included women ranging from 21 to 64 years old who were currently residing in Reintegration programs as well as recovery homes in the Boston, Massachusetts area. Such homes frequently treat women suffering from addiction and are often recovery focused, yet include those non-addicted women as well. Participants needed to be literate at a 6<sup>th</sup> grade reading level in English. These recovery homes do various things for the women reintegrating from incarceration in communities in Boston. All recovery homes are under the Recovery Homes Collaborative. They pride themselves in providing gender responsive services for women reentry and substance use disorder housing and treatment. The target sample aimed at a minimum of 50 or more women to take the survey; the actual sample consisted of 62 women released from their last incarceration for no longer than 14 months. All participants were involved in counseling, support or psychological treatment. This study was conducted strictly in the city of Boston and surrounding cities of the greater metropolitan Boston area. For this study, I was eager to have participants of various races and ethnicities, religions, sexual orientations, marital statuses, and occupations. Women who identified as transgender were encouraged to also take this survey and contribute to the literature. I had received information that this is not a population anticipated to be in these reintegration homes although they would have been welcomed and encouraged if so.

Participants were recruited by a posted flyer (Appendix A) at their Recovery Home or Sober Home. Interested participants who qualified were invited to a group meeting in which a pre-recruitment questionnaire was administered. This questionnaire established the minimum-

maximum age of participation, ability to write and read English, self-identification as a female, length of time since incarceration and current engagement in counseling. Participants who answered yes to all questions were then invited to participate in the survey.

The Recovery Homes Collaborative encouraged homes with female participants to allow the investigator to post flyers recruiting volunteers. Two licensed clinicians served as volunteer data collectors. On a given date, two independently licensed volunteer clinicians administered the surveys and consent forms. These volunteers are a licensed psychologist, PhD, as well as a licensed Substance Abuse Counselor, EdM, MS, LADC I. These volunteers have no affiliation with Smith College. They are part of the Recovery Homes Collaborative. These volunteers do various administrative and advocacy things for the Recovery Homes Collaborative and reintegration programs. They do not work with the clients directly; therefore, all participants would not be previously known to them (See Appendix B for copies of the study volunteers' Confidentiality Forms, and Appendix C for copies of the participant's Informed Consents and the Surveys). I as the primary researcher also had no personal connection to the Recovery Homes Collaborative.

### **Ethical Safeguards**

The consent to participate that participants signed clearly stated the purpose for the study as an effort to understand what women believe they need to successfully reintegrate into society, with a view to help those who plan future programs for women. The abstract and major findings of this study will be offered to the Recovery Homes Collaborative to inform their reintegration and recovery work for the future.

Participants were advised that this study is being conducted as a research requirement for the researcher's master's degree in social work at Smith School of Social Work and was approved by the Smith School of Social Work Human Subjects Review Committee (see Appendix D for a copy of the HSRC approval letter). Participants were told that ultimately, the research might be published or presented at professional conferences. The participants were informed that the survey would take approximately 15 minutes to complete and that their individual responses would be kept confidential. They were also informed that their names would only appear on the securely stored consent forms but would not appear on the surveys, nor would they be identified in any publications or presentations of the research. Consent forms and surveys were kept in separate locked bins at a secure location for a period of three years, in compliance with federal regulations for research with human subjects. Participants had a right to refuse to answer any particular question, or to withdraw from participation. They also could contact the researcher or Smith College to ask any additional questions. The surveys were administered in group in each Recovery Home and the participants did not identify themselves to the volunteer data collectors. All participants placed the signed consents into a locked bin and the surveys into another. At the end, the data collectors distributed a \$10.00 Dunkin Donuts gift card to each participant as thanks for completing the survey.

I expected that risks of participation would be minimal, and while risks still may have been present, many of these reintegration and recovery homes offer active treatment and have available 24 hours a day staffing. To ensure that these women felt supported, one criterion for this study was that a participant be currently working with an advocate/counselor/therapist to talk about all these issues and any possible distress this survey could potentially have brought up. The



volunteer data collectors will also be aware of this potential risk and will be able to offer emotional support if necessary.

### **Data Collection**

The questionnaire was a paper and pencil survey developed by the researcher. The questions had been derived from the prior literature on available and proposed programs. This is a quantitative study identifying needs, demographics and programs. It allows participants to add comments as needed. The exploratory/descriptive research design had essentially the elements of a needs assessment.

I anticipated that mental health care, substance abuse treatment, child care, and employment would be the primary identified social supports to succeed in society and thus lower the recidivism rate. “Types of organizations that should work as partners in assisting women who are reentering the community include the following: mental health systems, alcohol and other drug programs, programs for survivors of family and sexual violence, family service agencies, emergency shelter, food, and financial assistance programs, educational organizations, vocational and employment services, health care, the child welfare system, child care, and other children’s services, transportation and self-help groups” (Covington, Bloom 2006, p. 12). These are just some of the supports literature suggests women reentering society from incarceration could strongly benefit from. I believed that the research findings would show the needs through the social support categories identified above, based upon my review of available prior research literature.

## **Chapter IV**

### **Findings**

This study aimed to identify social supports that are helpful for women reintegrating back into society. These findings report specific social supports recently incarcerated women believe to be the most important. It assessed primary motivating factors for staying out of prison. This survey asked a sample of women who had been incarcerated in the past fourteen months what tools and services would help support their reintegration into society. The study explored how frequently women in this sample admitted to a history of trauma, mental health and substance abuse issues.

The study used a descriptive/ exploratory design. The results were analyzed with the help of the Smith College School for Social Work's statistical analyst Marjorie Postal, using the SPSS (Statistical Package for Social Sciences) software. Statistics reported here are: frequencies and percentages of participant responses, t -tests and Pearson correlations between variables.

The findings are reported in this chapter by topics. Participant demographics, including age, ethnicity, and gender identified at the time of this survey are reported below. Next, results gathering information on number of recent and prior jail and prison experiences are presented. Following this, are results surrounding addiction and number and type of substance abuse treatment and mental health programs attended. Those findings are followed by participants' history of various traumatic experiences. Next results discuss family and custody of children as factors for avoiding recidivism. The highest motivating factors on staying out of prison as well as the most important programs that could potentially aid in successful reintegration into society are reported and ranked. The next findings covered assess the biggest challenges/ barriers to staying

out of prison/jail. The findings reported next in this research study discuss the most beneficial support programs for future success. The final findings offered are a summary of open-ended questions commenting on other services that could be helpful when reintegrating back into society.

### **Participant Demographics**

Data from sixty-two women were gathered for this study. In the data collected from these 62 individuals, findings reflect a sample size that is 77% percent white, five percent African American, two percent Hispanic, and 16% identifying with multiple races and ethnicities. Sixty-one participants identified as female. One participant identified as trans female.

The ages of participants range from 21 years to 64 years old. The mean age of the participants was 33 years old; the median was 32. Ten percent of the participants asked were 29 years old, and fully 43% were between 26 and 33, reflecting a predominantly young group despite some variability. Table 1 below displays the participants' demographics including ethnicity, gender identity, and age range of participants.

## Demographics

Table 1

### Participant Demographics

<b>Ethnicity (n=62)</b>	
White	n= 48 (77.4%)
African American	n= 3 (4.8%)
Hispanic	n= 1 (1.6%)
Multiracial	n= 10 (16.1%)

<b>Gender Identity (n=62)</b>	
Female	n= 60 (96.8%)
Not reported	n= 0 (0%)
Male	n= 0 (0%)
Genderqueer or gender non-conforming	n= 0 (0.0%)
Transgender male	n= 0 (0.0%)
Transgender female	n= 1 (1.6.0%)
Trans	n= 0 (0.0%)
Other	n= 1 (1.6%)

<b>Age Range (n= 62)</b>	
18-25	n= 10 (16.1%)
26-33	n= 27 (43.5%)
34-41	n= 15 (24.2%)
42-49	n= 5 (8%)
50-58	n= 3 (4.8%)
59-66	n= 1 (1.6%)
67-74	n= 0 (0.0%)
75-82	n= 0 (0.0 %)
83-90	n= 0 (0.0%)
Not reported	n= 1 (1.6%)

## **Jail and Prison Time**

This study asked the participants how long it had been since their most recent incarceration. The range of the time reported was from one day to 14 months. Table 2 below illustrates the specific findings surrounding various amounts of time reported.

The next data presented in Table 2 will demonstrate how many times women reported being incarcerated in jail and/or prison. The mean for this variable was five instances of incarceration; the median was three instances. The mode of this open-ended question was one instance.

Table 2

**Incarceration History**

<b>Time Since Incarceration (n=62)</b>	
Up to seven days	n= 4 (6.4%)
Up to three weeks	n= 2 (3.22%)
1-2 months	n= 8 (12.9%)
3-4 months	n= 7 (11.3%)
5-6 months	n= 11 (17.7%)
7-8 months	n= 11 (17.7%)
9-10 months	n= 17 (27.4%)
11-12 months	n= 1 (1.6%)
13-14 months	n= 1 (1.6%)
Not reported	n= 0 (0.0%)
<b>Instances Incarcerated (n=62)</b>	
1	n= 19 (30.6%)
2	n= 9 (14.5%)
3	n= 7 (11.3%)
4	n= 2 (3.2%)
5	n= 7 (11.3%)
6	n= 1 (1.6%)
7	n= 4 (6.5%)
8	n= 2 (3.2%)
10	n= 5 (8.1%)
11	n=1 (1.6%)
12	n= 1 (1.6%)
15	n= 1 (1.6%)
20	n= 2 (3.2%)
40	n= 1 (1.6%)
Not reported	n= 0 (0.0%)

**Substance Abuse History**

Out of 62 women, 61 women reported suffering from a substance use disorder currently or in the past. Table 3 below displays the number of substance abuse treatment programs participants reported engaging in. The survey then specifically asked about the level and type of substance

abuse treatment programs attended. The sample of women responded as shown in Table 3 displays reported general substance abuse programs completed and then the number of detoxes and/or holdings.

Table 3  
**History of Substance Use Disorder Treatment**

<b>Substance Abuse Programs Completed</b>	
Zero	n= 10 (18%)
One	n= 20 (36%)
Two	n= 7 (21%)
Three	n= 7 (9%)
Four	n= 7 (12%)
Six	n= 1 (2%)
Eight	n= 1 (2%)
Not reported	n= 6 (0.0%)

<b>Number of Detoxes and/or Holdings (n=62)</b>	
0	n= 1 (4%)
1	n= 7 (25%)
2	n= 5 (18%)
3	n= 5 (18%)
4	n= 2 (7%)
5	n= 2 (7%)
7	n= 2 (7%)
8	n= 2 (7%)
10	n= 1 (4%)
100	n= 1 (4%)
Not Reported	n=22

The next findings that will be presented asked participants if they had engaged in residential treatment and intensive outpatient programs. Table 4 below displays the reported number of residential programs attended since being released. Table 4 also demonstrates the reported number of intensive outpatient programs (IOP) completed.

Table 4  
**History of Other Forms of Substance Use Disorder Treatment**

<b>Numbers of Residential Treatments (n=62)</b>	
Zero	n= 1 (3%)
One	n= 19 (58%)
Two	n= 4 (12%)
Three	n= 4 (12%)
Four	n= 2 (6%)
Six	n= 2 (6%)
Not reported	n= 4
Number not specified	n= 25
<b>Number of Intensive Outpatient Programs</b>	
0	n= 6 (43%)
1	n= 2 (14%)
2	n= 4 (29%)
3	n= 1 (7%)
4	n= 1 (7%)
Not reported	n= 43
Number not specified	n= 5

The final level of treatment participants was asked if they had engaged in was outpatient substance abuse counseling. Table 5 illustrates specific findings regarding if participants had engaged in substance abuse outpatient counseling as well as the number of programs engaged in.



Table 5

**Outpatient Substance Abuse Counseling**

<b>Outpatient Counseling (n=62)</b>	
0	n= 6 (43%)
1	n= 4 (29%)
2	n= 1 (7%)
3	n= 2 (14%)
6	n= 1 (7%)
Not reported	4
Number not specified	3

On a yes or no question about participating in counseling/mental health treatment at some point in their lives, 49 (79%) of participants stated yes, they had attended counseling/ mental health; 11 (18%) said no, and two (3%) did not respond. To get more specific, the findings start with the frequency and type/ level of treatment.

The study asked participants if they had been involved in any outpatient mental health programs since being released from the prison. The specific findings of participants who reported and who did not is displayed in Table 6.

Table 6

**Outpatient Mental Health Counseling**

<b>Outpatient Mental Health Counseling</b>	
1	n= 10 (16%)
2	n= 2 (3%)
4	n= 1(2%)
7	n= 1 (2%)
16	n= 1 (2%)
Not reported	n= 18 (29%)
Number not specified	n= 29 (47%)
Total	n= 47

Fifty-six percent of the sample reported receiving medication management services once, 12% reported to three times, 12% reported to four times, 6% six times, and 6% seven instances, and 6% reported zero instances of engaging in medication management. The range of medication management thus goes from 0-10. When discussing partial day programs, 75% reported zero partial day programs, and 25% reported yes and one instance. Fifty percent of respondents denied attending any inpatient psychiatric programs, and 50% reported yes and one instance. When asked about participation in other mental health programs, 25% described admission to residential treatment.

**History of Traumatic Experiences**

This study asked participants if they had been a victim of physical abuse, sexual abuse, partner violence, and violent crime. The table below represents the number of participants that reported suffering from a specific trauma, percentages regarding this, as well as the percentage of participants that did not report suffering from the specific type of trauma indicated. Other

findings regarding history of trauma include: 79% of the sample reported suffering from at least one of the traumas listed, as well as 67% reported suffering from multiple types of traumatic experiences.

Table 7

**Trauma History**

	<b>Participants</b>	<b>Percent</b>	<b>Missing</b>
<b>Physical Abuse</b>	38	61%	39%
<b>Sexual Abuse</b>	28	45%	55%
<b>Partner Violence</b>	32	52%	48%
<b>Violent Crime</b>	20	32%	68%

This study posed a research question about the potential relationship between being a survivor of trauma and the number of incarcerations. A t-test found no significant difference between the number of incarcerations and having a general trauma history. A t-test was run to see if there was a difference in incarceration by physical trauma history and a significant difference was found ( $t(51.62) = 2.279, p = .027$ ). Those with a history of physical trauma had a higher mean number of incarcerations ( $m = 6.34$ ) than those who did not have history of physical trauma ( $m = 3.25$ ).

A t-test was run to see if there was a difference in incarceration by sexual trauma history and no significant difference was found. A t-test was run to see if there was a difference in incarceration by partner violence trauma history and no significant difference was found.

A t-test was run to see if there was a difference in incarceration by violent crime trauma history and the difference approached significance ( $t(20.67) = 2.064, p = .052$ ). Those with a

history of violent crime trauma had a higher mean number of incarcerations ( $m=8.25$ ) than those who did not have history of violent crime trauma ( $m=3.67$ ). Technically this finding approached significance rather than being significant.

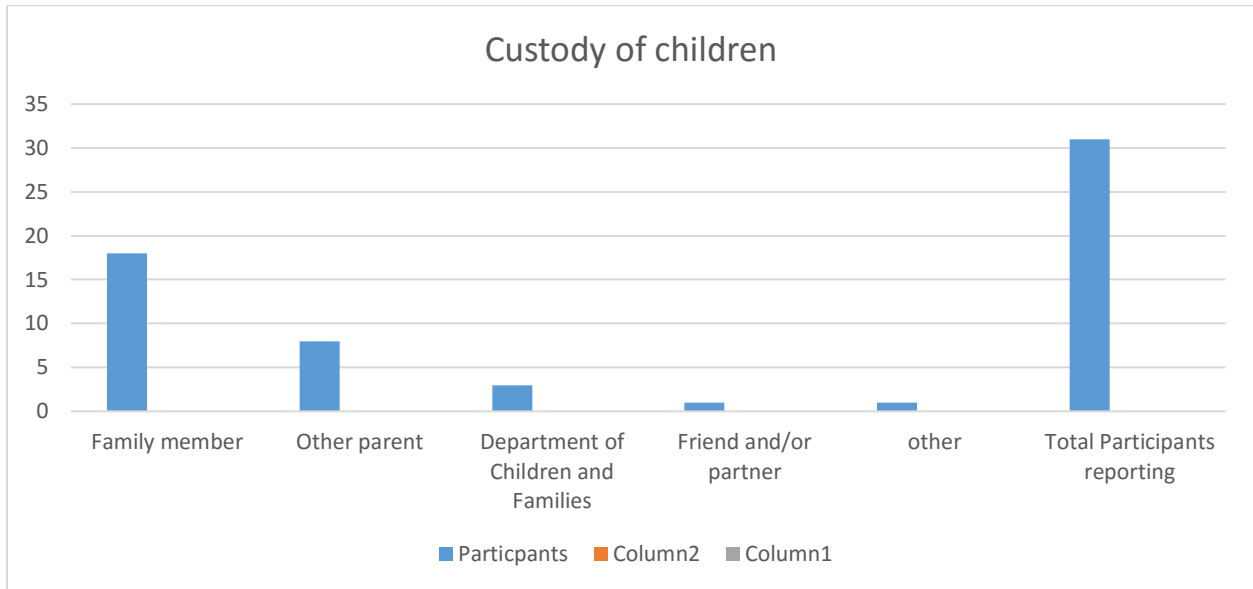
A Pearson correlation was run to see if there was a relationship between number of trauma types checked and number of incarcerations and a significant positive weak correlation was found ( $r=.341$ ,  $p=.016$ ). A positive correlation indicates that as the number of trauma types checked goes up the number of incarcerations goes up (and vice versa).

### **Children**

Fifty-six percent of the women in the sample had children. When asked about custody of children, 84% reported not having custody of their children. The survey further explored who had custody of the children instead. Table 8 demonstrates specific findings with the number of participants reporting who currently had custody of their children. A t-test was run to see if there was a difference in number of incarcerations by whether participants had children (y/n). No significant difference was found.

Table 8

**Custody of Children**



**Motivating Factors**

Using a scale of one being least important motivating factor for staying out of prison/jail, and five being most important this study assessed several motivational factors for staying out of prison. Below is a table demonstrating the five factors listed above displaying the ranking of importance for these five categories. Table 9 illustrates the specific findings for each motivational factor.

Table 9

**Factors Participants Rate as Helpful in Motivating Non-Return to Jail**

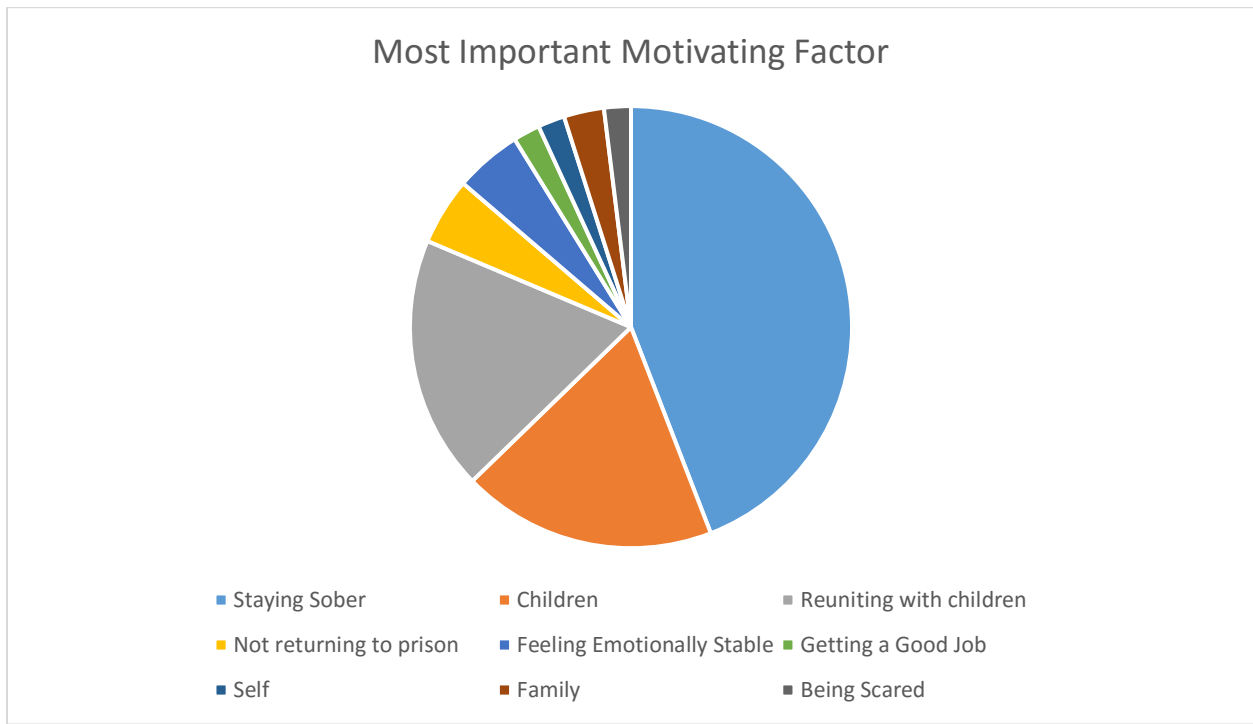
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Missing</b>
<b>Reuniting with children</b>	13%	2%	0%	2%	61%	23%
<b>Getting a good job</b>	0%	3%	14%	19%	61%	2%
<b>Not returning to jail</b>	0%	1%	2%	10%	87%	
<b>Staying sober</b>	0%	0%	3%	8%	89%	
<b>Feeling emotionally stable</b>	3%	7%	5%	11%	74%	

Findings for an open-ended question asking participants to list other motivating factors to avoid going back to prison found various responses. Participants identified motivating factors to stay out of prison such as, being a productive member of society, Alcoholics Anonymous/Narcotics Anonymous/12 step recovery, losing families’ trust, stable housing, family, and fear.

The survey asked participants to report their top most important motivating factor for staying out of prison/jail. The specific findings of this open-ended question are reflected in Table 10 below.

Table 10

**Top Motivating Factor**

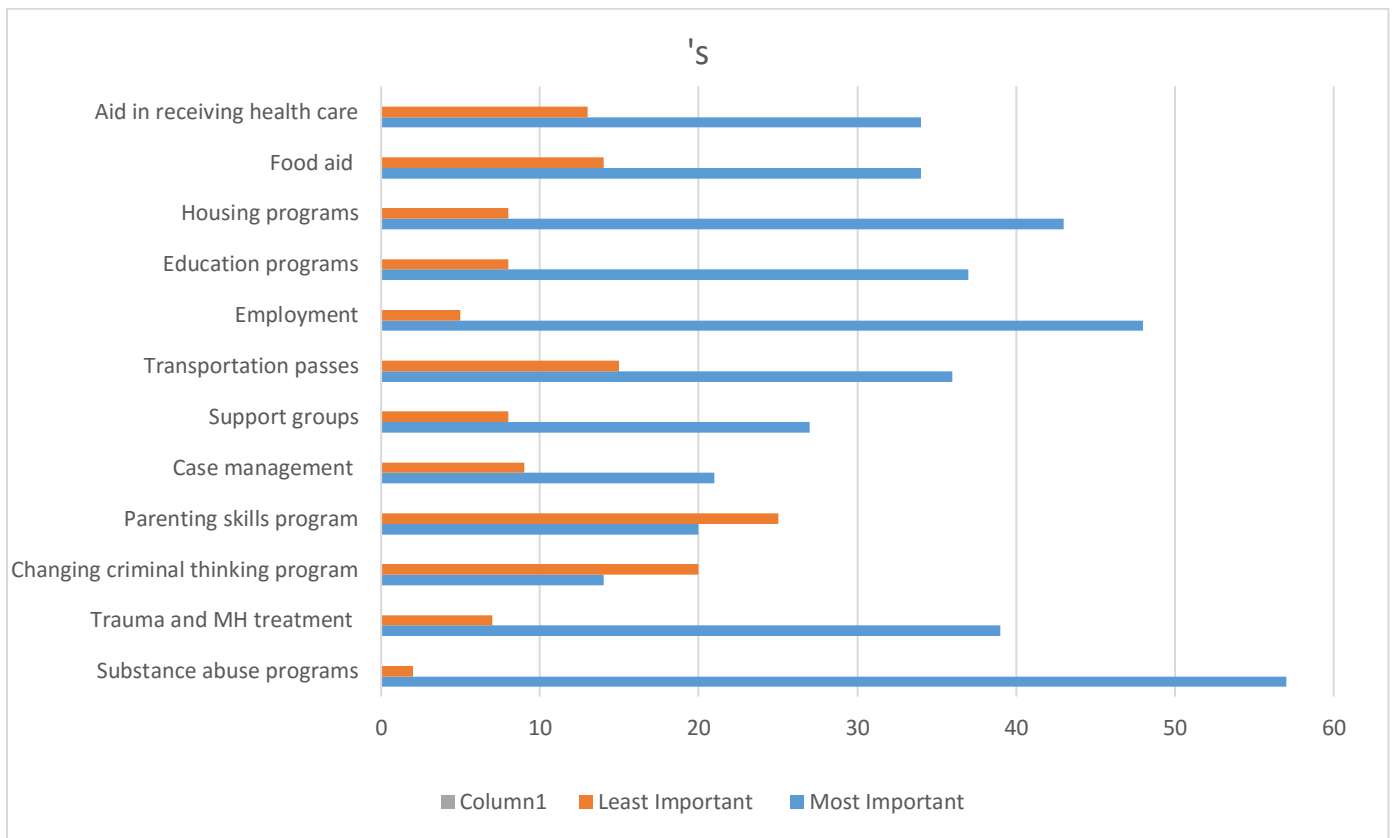


The next findings reflect the degree of importance for each program that could potentially aid in reentry into society. This question used a scale in which one was most important and four was less important. Participants were able to rank multiple options equally. The participants varied importance they gave to various aspects as demonstrated in Table 11. Programs listed for ratings demonstrate a range of substance abuse, mental health and trauma treatment, educational programs surrounding parenting skills, employment, and educational training classes. Other programs listed changing criminal thinking programs, housing, transportation, food aid, health care aid, case management and support groups. The findings in Table 11 demonstrate specific findings for each program/aid.

Below is a bar graph demonstrating the number of participants that listed most important versus least importance for these programs listed above. Every program that was listed resulted in rankings of high most importance versus least importance. The findings show that the participants found different levels of importance but high levels of importance none the less for each of the services.

Table 11

**Importance of Programs to Women’s Reentry**





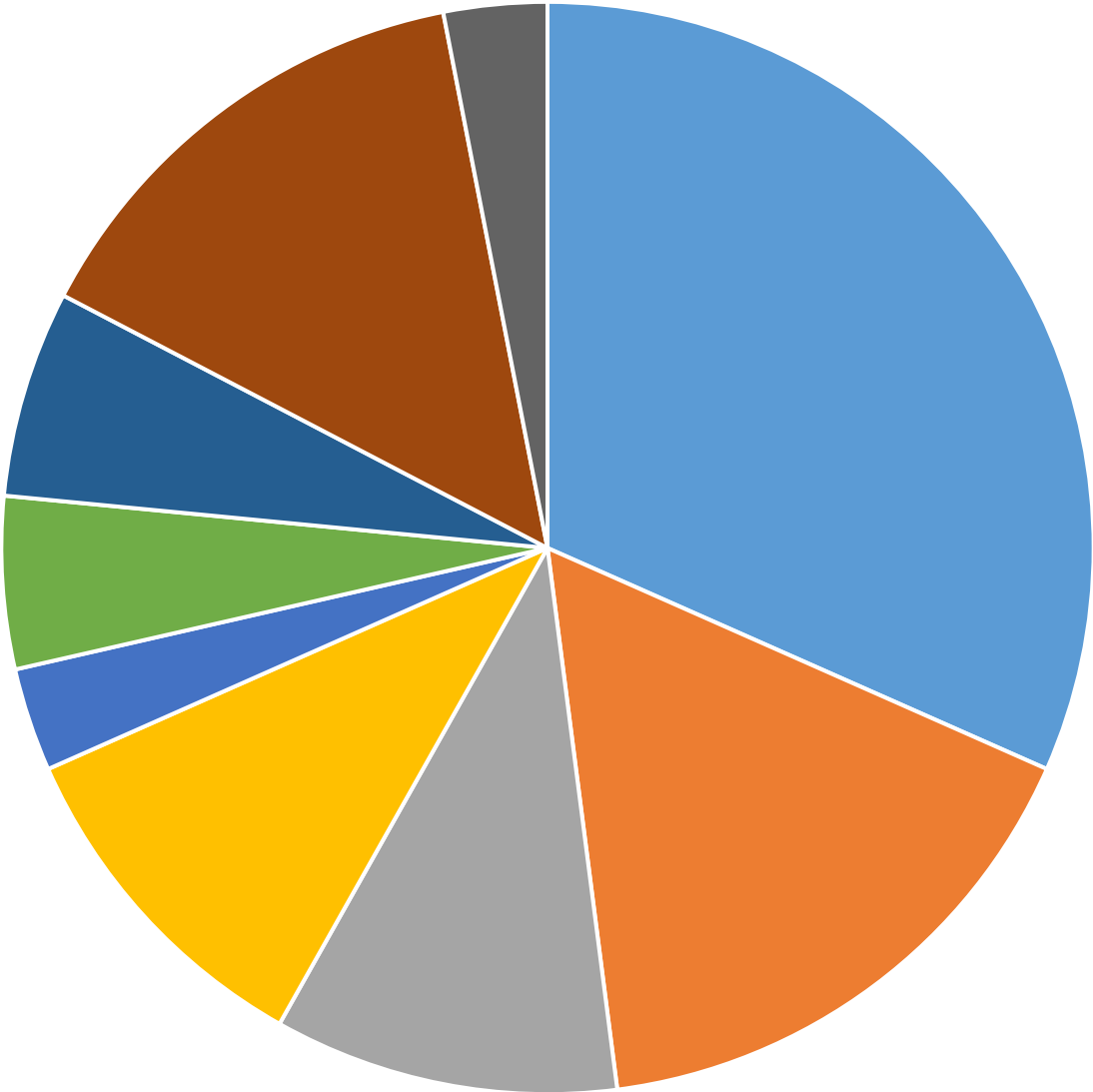
## **Challenges**

The next finding considers the participants' biggest challenges in staying out of prison. Table 12 below demonstrates specific findings regarding the percentage of the top challenge participants believed to staying out of prison.

Table 12

**Biggest Challenges when Reentering Society from Incarceration**

Percent



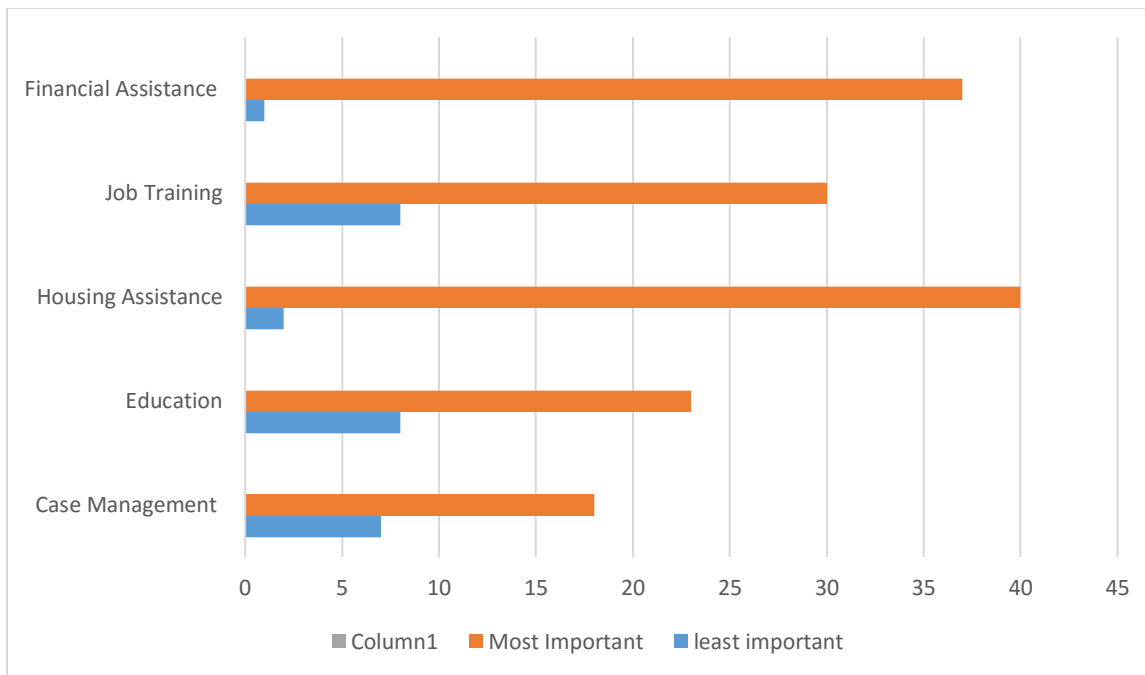
- Lack of Money
- Lack of Housing
- Family pressure
- Lack of programs close to home
- Lack of access to health care
- Lack of access to see a Doctor for Mental Health and Physical Health Services
- Lack of Employment
- Getting and staying sober
- Addiction
- Missing

## Support

The next finding is a scale of one being least important and five being most important on how the following support programs are for promoting future success and avoiding returning to prison. Table 10 below demonstrates the number of participants that chose the lowest importance of case management, education, housing assistance, job training, and financial assistance versus number of participants that chose highest importance of these specific support programs. Findings suggest that participants believe these support programs are more important rather than less important.

Table 13

### Importance of Support Programs Promoting Future Success



One final open ended question asked participants to list other services they believe would be helpful when reintegrating back into society. Only a few participants responded to this question. The various answers found were job training, housing, family and domestic violence counseling, prerelease programs and education courses.

## **Chapter V**

### **Discussion**

This study focused on exploring what social supports women recently incarcerated perceived as pertinent and helpful to their reintegration back into the community. It sought to address the following questions, 1) What social supports do women recently incarcerated perceive to be most important when reintegrating back into society? 2) What are the highest motivating factors for staying out of prison? 3) What are the biggest challenges to staying out of prison? 4) Is there a correlation between suffering from trauma and number of incarcerations? And, 5) What level and amount of mental health and substance use disorder treatment they believed they needed? This chapter will revisit the findings from the previous chapter, beginning with analyzing the social supports women felt were most productive for future success in society. This chapter will compare literature that is consistent with the findings in this study as well as inconsistencies. Suggestions for further research will be presented as well as possible limitations of this study.

#### **Social Supports for Women Recently Incarcerated**

The findings support the literature written by Covington & Bloom (2006) proposing women need gender responsive treatment which includes specialized mental health services due to trauma. The research gathered included what services women currently receive as part of reentry programs. Social supports such as, support groups for mental health, substance abuse, transportation, shelter, food and nutrition, education, workplace and employment, child care, and parenting assistance. I believe a major finding of this research study is that all of these social

support programs and aid are needed and believed to be important and pertinent to successful reentry into society.

The Massachusetts Department of Correction, Prison Population Trends in 2014 findings concluded that the median age of incarcerated women is 35 years old. A trend found in this research stated that 59% had an open mental health case and 46% were on psychotropic medication (2014). The median age of the participants in this study was 32. Seventy two percent reported yes to participating in counseling/mental health treatment since being released from incarceration. This is consistent with the findings of The Massachusetts Department of Correction for the amount of the woman's prison population utilizing mental health treatment.

Seiter & Kadela (2003) reported research that demonstrated the challenges women face finding a job once being incarcerated. This study is consistent with that finding. Seventy seven percent rated employment as being the highest degree of importance on the scale. Sixty one percent rated getting a good job as one of the most motivating factors to stay out of prison. Thus, this is a finding that is consistent with the literature above. Seventy seven percent of the participants rated employment support programs as being most important out of all other programs.

Although, only 6% considered it the biggest challenge to staying out of prison with 31% lack of money as the first, 16% lack of housing, 10% family pressure, and 10% lack of access to health care. These lacks of resources were reflected in this study to be some of the biggest barriers for successful reintegration into society. This finding reflects Black's (1993) research on a program which found success using a model basing the treatment on 12 areas of a person's life, "Educational, career, family, home, cultural, social, ethical, spiritual, mental, physical, health, and financial" (Black, 1993, p. 6). Many of the support programs that rated high levels of

importance to the participants are listed under these 12 areas. Substance abuse programs, trauma and mental health treatment, parenting skills program, case management, support groups, transportation passes, employment, education programs, housing programs, food aid, and aid in health care. Black (1993) through his research found success within this program in reducing recidivism as well as promoting people to become productive members of society.

### **Gender Responsive Treatment- Children Related Research & Motivation**

The study conducted by Grella & Rodriguez (2011) found that women involved in the child welfare system have the highest motivation to enter treatment. They found Women who felt closer to their family and social environment were more likely to commit to program participation. This motivation allowed them to stay in treatment longer, which in turn improved their outcomes. Although a bit different, a research question we proposed in this study was to see if there was any relationship between having children and the number of incarcerations? A t-test was run to see if there was a difference in number of incarcerations by whether they had children (y/n). Our hypothesis was that there would be a positive correlation between having children and the number of incarcerations. The expectation was that having children would result in fewer incarcerations. No significant difference was found. So, for this sample, the hypothesis that children would increase women's motivation was not confirmed, despite the reality that women themselves reported children as a highly motivating factor for avoiding incarceration.

We found that fifty-six percent of the women in the sample had children. When asked about custody of children, findings show that 84% reported not having custody of their children. The survey further explored who had custody of the children instead. Fifty-eight percent reported family members, 26% reported the other parent, 10% reported Department of Children and Families, 3% reported friend and/or partner, and 3% reported other. The study found that 79%



identified reuniting with children as of high importance as a motivating factor on a scale of 1-5 (least to most importance). It could be concluded that even though it doesn't seem to reduce recidivism, having children psychologically inspires women to engage in treatment and serves as an initial motivator.

Hatton & Fisher (2008) report research suggesting that many women offenders also report histories of childhood and adult violence including both physical and sexual assault. The research from this study found 61% reported physical abuse, 45% reported sexual abuse, 52% reported partner violence, and 32% reported violent crime. This study's result that 61% reported having endured physical abuse is consistent with Hatton & Fisher's claims and findings. A t-test was run to see if there was a difference in incarceration by physical trauma history and a significant difference was found ( $t(51.62) = 2.279, p = .027$ ). Those with a history of physical trauma had a higher mean number of incarcerations ( $m = 6.34$ ) than those who did not have history of physical trauma ( $m = 3.25$ ).

This finding supports the SAMSHA (1999) idea of the high proportion of women with severe substance abuse problems and the complications, barriers, and struggles that can stem from these issues. "For the high proportion of women with severe substance abuse problems, substance abuse complicates and exacerbates other problem areas, such as family problems, lack of economic self-sufficiency, physical and sexual abuse, and the inability to cope with caring for children. To help women recover and prevent relapse, treatment needs to help women address all these issues" (SAMHSA, 1999, p. 6). This quote reflects the theoretical framework of gender responsive treatment that provides biopsychosocial care treating various issues in a person's life particular to a female. The findings we have discussed above reflect consistency within this quote.

## **Strengths**

I believe this the strength of this study is reflected by the consistency within the data and the prior research literature. Reentry supports consistently connect with the research that gender responsive treatment and aid in reintegration into society from prison is pertinent to avoid recidivism and have a successful reintegration as well as fulfill the participant's goals. Research on specifically designed programs will continue to be helpful to grant writers for reentry programs.

## **Limitations**

A primary limitation of this study is the lack of diversity in the sample. The sample was 77% Caucasian. This finding was contrary to expectations due to the diversity of programs within the Boston, MA area. Further research should explore potential reasons for this finding. It is unclear if this is a random accident in time or are there other reasons for lack of engagement for other ethnic groups.

Another limitation was the amount of answers that were at times missing. To keep confidentiality for responders and to maximize their response freedom, this was not checked in real time. This made for some incomplete responses.

As with any study with limited time availability, the sample needs to be expanded in numbers and geographical areas in which the survey is administered. It only included the Boston metropolitan area.

## **Implications of This Study for Other Research or Scholarly Work**

This research study gave this vulnerable population of women recently incarcerated the opportunity to have their voices heard, and offered insight into their struggles, challenges, and motivations to strive to avoid recidivism individually. Further research can continue in exploring other variables such as length of time in treatment engagement, and support programs. It can also explore the reasons for why women with children believe retrieving custody is a motivator, but in reality, this does not change how often they return to incarceration. Another potential research topic would be exploring if the continuity of care could start during incarceration and, if so, how would this impact success. This study may also be useful for developers of funding applications as the findings identify the population's interest in specific programs.

### **Implications of This Study to Theoretical Framework.**

It can be concluded that gender responsive and trauma informed treatment is specifically necessary to women's successful reentry. So, designing and evaluating these programs continues to be essential for theory development, as well as for future research. It appears that the combination of practical supports and mental health/ substance abuse treatment is important to this population.

### **Implications of This Study to Social Work Practice**

Social work values of providing wrap-around services to the community seem to be confirmed by this study for this population. It seems clear that programs with social supports and mental health, substance abuse and trauma treatment need to be gender responsive. As social workers at the individual level, we need to keep this in mind for specific treatment planning. At the macro or community level, we need to design and develop programs that include these components. This study confirms that we are on the right track practically.

### **Conclusion**

I believe that the importance of this study really lies on the need for increased planning and programming for women post incarceration. It is clear that women will be released and that successful reintegration will impact the community as a whole. It is clear that reentry services are a need in our community. Every woman who is able to conquer substance use disorders, achieve emotional stability, and become a productive member of society can improve outcomes for future generations and for their current family and communities. It is important to continue this reintegration treatment and support to maximize their success potential.

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(Appendix A)

## **Recruitment Announcement**

Are you interested in shedding light on women's reentry services? I am looking for women who have previously been incarcerated and now reentering society to fill out a brief survey to give feedback on services women need once being released!! Speak up and share your valuable knowledge and important insights on reentry services for women! It is time you identify the help you and others like you need to succeed.

\*\$10 Dunkin Donuts Gift Card will be offered to thank participants for their contributions and insights.

Volunteers will be offered a private place to fill out a 15-minute survey

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee.

2016-2017 (Appendix B)

**Assurance of Research Confidentiality Form to be used for data analysis assistance, research assistance/data collection or focus group membership.**

This thesis project is firmly committed to the principle that research confidentiality must be protected and to all of the ethics, values, and practical requirements for participant protection laid down by federal guidelines and by the Smith College School for Social Work Human Subjects Review Committee. In the service of this commitment:

- All volunteer and professional transcribers for this project shall sign this assurance of confidentiality.
- A volunteer or professional transcriber should be aware that the identity of participants in research studies is confidential information, as are identifying information about participants and individual responses to questions. The organizations participating in the study, the geographical location of the study, the method of participant recruitment, the subject matter of the study, and the hypotheses being tested are also be confidential information. Specific research findings and conclusions are also usually confidential until they have been published or presented in public.
- The researcher for this project, - *Isabelle Scott* - shall be responsible for ensuring that all volunteer or professional transcribers handling data are instructed on procedures for keeping the data secure and maintaining all of the information in and about the study in confidence, and that that they have signed this pledge. At the end of the project, all materials shall be returned to the investigator for secure storage in accordance with federal guidelines.

**PLEDGE**

I hereby certify that I will maintain the confidentiality of all of the information from all studies with which I have involvement. I will not discuss, disclose, disseminate, or provide access to such information, except directly to the researcher, - *Isabelle Scott* - for this project. I understand that violation of this pledge is sufficient grounds for disciplinary action, including termination of professional or volunteer services with the project, and may make me subject to criminal or civil penalties. I give my personal pledge that I shall abide by this assurance of confidentiality.

_____	Signature
_____	Date
_____	<i>Insert name of volunteer</i>
_____	Date





(Appendix C)

**2016-2017**  
**Consent to Participate in a Research Study**  
**Smith College School for Social Work • Northampton, MA**

.....

**Title of Study: Women Reentry Services Needed**

**Investigator(s): Isabelle Scott; iscott@smith.edu**

.....

**Introduction**

- You are being asked to be in a research study that will investigate the varied supports necessary for women to successfully reintegrate into society after experiences of incarceration.
- You were selected as a possible participant because you have experiences of incarceration and are at least 21 years of age and no more than 55.
- I ask that you read this form and ask any questions that you may have before agreeing to be in the study.

**Purpose of Study**

- The purpose of the study is to understand what women believe they need to successfully reintegrate into society. This research can help plan future programs for women. The abstract and major findings of this study will be offered to the Recovery Homes Collaborative to inform their reintegration and recovery work for the future.
- This study is being conducted as a research requirement for my master's degree in social work at Smith School of Social Work.
- Ultimately, this research may be published or presented at professional conferences.

**Description of the Study Procedures**

- If you agree to be in this study, you will be asked to do the following things: Fill out a brief survey questionnaire. This survey takes approximately 15 minutes to complete.

**Risks/Discomforts of Being in this Study**

- There are minimal foreseeable expected in participating in this study. The criteria for participating in this study will require the participant have an advocate/counselor/therapist/support system that she is currently working with.

**Benefits of Being in the Study**

- The benefits of participation are being able to have a voice in designing future programs that would help women with similar experiences reintegrate into society successfully.
- The benefits to social work/society are that more effective therapeutic programs can be developed based on what women actually need.

**Confidentiality**

- This study is confidential. I will be collecting age range of 3 years for less identifying information. I also believe asking race/ethnicity and education could enhance this study as well as keep anonymity.

- All research materials including surveys, analyses and consent/assent documents will be stored in a secure location for three years according to federal regulations for research involving human beings. In the event that materials are needed beyond this period, they will be kept secured until no longer needed for future research, and then destroyed. All electronically stored data will be password protected during the storage period. I will not include any information in any report we may publish that would make it possible to identify you.

**Payments/gift**

- You will receive the following payment/gift: a \$10.00 Dunkin Donuts gift card for your participation.

**Right to Refuse or Withdraw**

- The decision to participate in this study is entirely up to you. You may refuse to answer any question or withdraw from the study at any time without affecting your relationship with the researcher of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. If t you choose to withdraw, I will not use any of your information collected for this study and your survey will be immediately shredded. You must notify me of your decision to withdraw by not turning in the survey. After this, your information will be part of the thesis final report. This is a confidential survey, which you may withdraw from by simply stopping answering and asking for your paper to be shredded.

**Right to Ask Questions and Report Concerns**

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, iscott@smith.edu. If you would like a summary of the study results, an abstract will be available through the Smith College’s Neilson Library once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

**Consent**

- Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep.

.....

I agree \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Volunteer(s): \_\_\_\_\_

Date: \_\_\_\_\_

.....

(Appendix C continued...)

### Screening/Eligibility Question

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee.

**I) SCREENING QUESTIONS** [Participants must answer “Yes” to meet inclusion criteria; otherwise will be directed to Disqualification Page (See Attachment 6)]:

1. Are you within the ages of 21-60 years old?
2. Are you able to read and write in English?
3. Do you identify as a female?
4. Have you been recently incarcerated -- up to 10 months ago?
5. Are you currently located in the greater Boston, Massachusetts area?
6. Do you currently have an advocate/counselor/therapist to talk about various issues with?

**Appendix C continued...)**

**All information is confidential. All questions are voluntary and respondents can choose to skip any questions they would like.**

**QUESTIONNAIRE**

1. What is your age range?

\_\_\_\_\_

2. What is your race/ethnicity?

3. What gender do you identify with?

\_\_\_ female \_\_\_ trans female \_\_\_ gender queer \_\_\_ gender nonconforming

4. How long since your last incarceration?

5. If more than once, how many times have you been incarcerated? (include prison, jail, community corrections, etc.)?

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6. Do you have (or had) suffer from a substance use/ addiction problem? \_\_\_\_\_No  
\_\_\_\_\_Yes

7. How many treatment programs (substance abuse) have you completed since being released from incarceration? \_\_\_\_\_ 0 1 2 3 4 or more

8. List the number and type of substance abuse program since you have been released from incarceration:  
\_\_\_\_\_detox/ holding \_\_\_ residential \_\_\_ intensive outpatient \_\_\_ outpatient \_\_\_ other

9. Have you participated in counseling/mental health treatment since being released from incarceration?  
\_\_\_ No \_\_\_ Yes

10. List the number and type of counseling/mental health treatment since you have been released from prison:  
\_\_\_ outpatient counseling \_\_\_ medication \_\_\_ Partial Day program  
\_\_\_ inpatient psychiatric \_\_\_ other

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11. Have you been the victim of traumatic experiences in the past? (Check all that apply)

\_\_\_ physical abuse \_\_\_ sexual abuse \_\_\_ partner violence \_\_\_ violent crime

6. Do you have children? \_\_\_ yes \_\_\_ no

7. Do you currently have custody?

12. If another has custody, please specify which \_\_\_\_\_ family member \_\_\_\_\_ other parent  
\_\_\_\_\_ DCF \_\_\_\_\_ friend/or partner \_\_\_\_\_ other

13. On a scale of 1 to 5, 1 being least important and 5 being most important rank how much would the following factors motivate you to stay out of prison/jail?

Factor	1 Least Important	2	3	4	5 Most Important
Reuniting with my children					
Getting a good job					
Not returning to jail					
Staying sober					
Feeling emotionally stable					

Other important motivating factors: *please say*

*what* \_\_\_\_\_  
\_\_\_\_\_

14. From the prior list choose the ONE most important motivating factor for you to stay out of prison/jail?

\_\_\_\_\_

15. Please rate of degree of importance the programs that would aid in your reentry to society? (1 being most important and 4 being less important)

\_\_\_\_\_ Substance abuse programs

\_\_\_\_\_ Trauma and mental health treatment

\_\_\_\_\_ Changing criminal thinking program

\_\_\_\_\_ Parenting skills program

\_\_\_\_\_ Case Management

\_\_\_\_\_ Support Groups

\_\_\_\_\_ Transportation passes

\_\_\_\_\_ Employment

\_\_\_\_\_ Education programs

\_\_\_\_\_ Housing Programs

\_\_\_\_\_ Food aid

\_\_\_\_\_ Aid in receiving Health care

\_\_\_\_\_ Other, please say what

**13. Please note which you would consider to be your biggest challenge in staying out of prison/jail? (Choose one)**

\_\_\_\_\_ Lack of money

\_\_\_\_\_ Lack of housing

\_\_\_\_\_ Family pressure

\_\_\_\_\_ Lack of programs close to home

\_\_\_\_\_ Lack of access to health care

\_\_\_\_\_ Lack of access to see a Doctor for Mental Health and Physical Health services

\_\_\_\_\_ Lack of employment

\_\_\_\_\_ Other, please say what \_\_\_\_\_

**14. On a scale of 1 to 5, 1 being least important and 5 being most important, how important are the following support programs for your future success?**

<b>Factor</b>	<b>1</b> <b>Least</b> <b>Important</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b> <b>Most</b> <b>Important</b>
<b>Case Management</b>					
<b>Education</b>					
<b>Housing Assistance</b>					
<b>Job training</b>					
<b>Financial Assistance</b>					

**Other:** please say what \_\_\_\_\_

**Please add other services you believe would be helpful when reintegrating back into society**

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This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee.

**(Appendix D)**

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee.



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**School for Social Work**

Smith College

Northampton, Massachusetts 01063

T (413) 585-7950 F (413) 585-7994

November 22, 2016

Isabelle Scott

Dear Isabelle,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

*Please note the following requirements:*

**Consent Forms:** All subjects should be given a copy of the consent form.

**Maintaining Data:** You must retain all data and other documents for at least three (3) years past completion of the research activity.

*In addition, these requirements may also be applicable:*

**Amendments:** If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

**Renewal:** You are required to apply for renewal of approval every year for as long as the study is active.

**Completion:** You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.

Co-Chair, Human Subjects Review Committee

CC: Gael McCarthy, Research Advisor