

# Evaluation of Judicial Process Commission's Women's Re-entry Project

Funded through the Second Chance Act

June 2013



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## Acknowledgements

This report would not have been possible without the support of a number of people. We would like to thank the Judicial Process Commission, including Jeanette Gartland-Creighton, Cynthia Consaul, and Valerie White-Whittick for going above and beyond throughout the program period and evaluation process. And, we are especially grateful to Sue Porter for her leadership and perseverance with this innovative community program. The WRP clients added tremendous insight into the evaluation, and so we thank them for their candidness and participation. The staff at the Monroe County Correctional Facility also made this program possible, including Craig Johnson, Pauletta Becoats, and the jail deputies. And, finally, we appreciate Sheriff Patrick O’Flynn for supporting this effort.

## Introduction

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The Women's Re-entry Program out of Rochester, New York serves pregnant women and mothers of young children coming out of jail. The program began enrolling women into services in March 2010 and ran through April 2012. While the program ended in April 2012, some components of the program continue through to the present.

Rochester, New York has a population of 210,565, of which 42% of the population is Black or African American and 16% is of Hispanic or Latino descent (US Census, 2010). Rochester is faced with issues similar to those of urban areas across the nation. Issues such as high rates of criminal justice supervision, vacant housing, teen pregnancy and low graduation rates plague the City of Rochester. Further, 38% of children under the age of 12 live in poverty in Rochester, making it ranked the 11<sup>th</sup> highest city in the nation for child poverty (Children's Agenda, n.d.).

Monroe County receives about 6,000 men and women returning from federal, state and local incarceration yearly (Judicial Process Commission, personal communication, June 17, 2013). This program receives participants mostly from the Monroe Correctional Facility (MCF), located in Brighton New York, which houses 475 sentenced inmates. The Monroe County Jail (MCJ) is a pre-trial detention facility located in Rochester, which houses about 1,000 inmates, only a few of which have been sentenced. While the annual jail population is about 14,000 total, on any given day, the two facilities house about 1,400 inmates. Of the 14,000 held, about one third was sentenced. In 2010, there were 2,580 women incarcerated, of which 876 were sentenced (19% of the total sentenced population). A daily average of 45 sentenced females was in the MCF/MCJ in 2010.

This program works exclusively with a population which has historically been ignored in the criminal justice system: females. Female offenders are an extremely vulnerable population (Kubiak, Young, Siefert, & Stewart, 2004; Schroeder & Bell, 2005; Knight & Plugge, 2005; Wiewel & Mosley, 2006). This program sought to work closely with this at risk population in order to provide intensive case management services that would position the participants to make informed life decisions, while being supported in the process.

## Background

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Women are the fastest growing population in the US criminal justice system, however, due to their small numbers, they have often been rendered invisible (Sheehan, 2012). While the number of justice involved women has been growing, the overall numbers are significantly lower than men, so women are often not receiving gender specific treatment. The number of women in the criminal justice system has increased substantially over the last two decades (Kubiak, Young, Siefert, & Stewart, 2004; Knight & Plugge, 2005). Further, it is estimated that between 6 and 10% of women entering the criminal justice system are pregnant (Knight & Plugge, 2005; Wiewel & Mosley, 2005). However, women entering jails are not routinely tested for pregnancy; only if a women suspects she is pregnant will she be tested, so those numbers are likely even higher (Schroeder & Bell, 2005). Nonetheless, the vast majority of women in jails and prisons are mothers (Kubiak, Young, Siefert, & Stewart, 2004).

The National Institute of Corrections reports,

The number of justice-involved women has skyrocketed -- at rates exceeding men. Their entry into the criminal justice system, offense patterns, and levels of risk often follow a different path than men and require more targeted approaches. Correctional administrators need to understand and address these differences to improve outcomes for women offenders.

Thus, there is a need to create programs that are gender specific. In recent years, research has expanded on the needs of justice-involved women. Research has found that these women face significant issues around trauma, family, mental health, employment, physical health, substance abuse, and others. Bloom et al. (2003) summed up women offenders by stating, "women offenders characteristically are poor, women of color, unemployed and mothers of young children. They have significant substance abuse issues and multiple physical and mental health problems."

The following section provides a more detailed discussion on issues faced by female offenders.

### *Trauma*

Caufman (2008) found that female offenders are typically abused prior to their first offense. Further, while victimization during childhood is a risk factor for offending in both males and females, it is a stronger predictor among females. Women offenders have experienced violence at a higher rate than the general female population. Violence that occurs from someone who also says or according to society is supposed to say, "I love you" can create confusion in relationships as well as the meaning of love. This confusion often times plays out in familial relationships as well.

### *Family*

It is estimated that more than 70% of women in community corrections have a child (Kubiak, Young, Siefert, & Stewart, 2004). When women with children are incarcerated, they need to find a place for their children to go, which is often with family members and friends. Many of these arrangements are not legal placements, sometimes creating issues for the children receiving appropriate medication, medical care, and meeting their educational needs. Women also face issues around childcare at greater rates than men. In order to attend treatment, work, and do other activities related to life improvement, females need to find accessible childcare to meet those needs. More women (30.9%) than men (3.9%) were single parents living with their children prior to their incarceration. And, often within families facing addiction issues, healthy boundaries are not in place (Wiewel and Mosley, 2006).

The outcomes for children of incarcerated parents are often grim. These children have a much higher likelihood of being arrested for criminal activity than those without an incarcerated parent. Children of an incarcerated parent are also three to four times more likely to engage in delinquent and antisocial behavior than those without an incarcerated parent. Further, these children are more likely to have a serious mental health problem and, in their adult years, to have a substance abuse problem, and to be unemployed (Makariev & Shaver, 2010).

### *Mental Health*

Women involved in the corrections system have diagnosed mental health issues at much higher rates than the female general population. James and Glase (2008) found that 12% of women in the general population had

symptoms of a mental disorder, while 75% of the women in local jails had symptoms of a mental health disorder. The more common mental health disorders diagnosed in justice involved females include: Schizophrenia, major depression, substance use disorders, psychosexual dysfunction, and antisocial personality disorders (Ross, Glasser, & Stiasny, 1998). Further, these women are more likely than justice involved men to be diagnosed with mood and anxiety disorders while men are more likely to be diagnosed with antisocial personality disorders. Research has found that female offenders have higher rates of mental health problems than male offenders (Caufman, 2008; Ross, Glaser, & Stiasny, 1998; James and Glaze, 2006; Bloom, Owen, & Covington, 2003).

### *Employment*

Female offenders are much less likely than male offenders to have either work or vocational experience, creating concerns around meeting the needs of the family. With most female offenders being tasked with being the main provider for their children, often with little support from the father, female offenders have more fiscal demands on them than males. However, women offenders often do have higher educational attainment than male offenders (Sydney, 2003).

### *Physical Health*

Justice involved females have a higher incidence of physical health problems than male offenders. Females are affected by diseases such as osteoporosis, eating disorders, and sexually transmitted infections at higher rates than men. Women in prison are more likely than incarcerated men to have chronic and/or communicable medical problems (including HIV and Hepatitis C) (Sered and Norton-Hawk, 2008).

### *Substance Abuse*

Sydney (2003) found that women offenders are more likely to use drugs, to use more serious drugs, and to use them more frequently. Women are also more likely than men to commit crimes in order to support their alcohol or substance abuse. Women offenders tend to use drugs as a form of self-medication and escapism, while male offenders tend to use drugs as a form of relaxation and having fun. Drug use among women incarcerated is high (Kubiak, Young, Siefert, & Stewart, 2004; Knight & Plugge, 2005; Schroeder and Bell, 2005; Wiewel & Mosley, 2006). Children of substance abusers often have higher risks of addiction, attachment disorders, and poorer self-esteem than children of non-substance abusing parents (Wiewel & Mosley, 2006). To even further compound the issue, it has been found that there is significant social stigma not only attached to women who are substance-abusing, but even more so to mothers. Substance-abusing women are often described as being weak-willed, irresponsible, and even promiscuous (Finkelstein, 1996; Kumpfer, 1991).

### *Self-Esteem*

Wiewel and Mosley (2006) explain that due to the power inequities between the genders, females often face problems with self-esteem, resource access, and quality of life issues. Female offenders have often been victims of trauma, which has a negative effect on their self-esteem. The unhealthy, often violent relationships that female offenders find themselves in also contribute to low self-esteem.

## *Summary of Issues*

Incarcerated women, then, face a plethora of significant issues. Sheehan (2012) summed up the issues facing women offenders as the following:

- Abuse related to trauma
- Childcare needs
- Mental health problems
- Drug abuse
- Low social capital
- Problems with intimate relationships
- Self-esteem issues

In addition to the issues noted above, the women often suffer from the conditions of extreme poverty (Kubiak, Young, Siefert, & Stewart, 2004; Schroeder and Bell, 2005). Trying to survive in poverty is difficult in and of itself, but continuously losing one's possessions can be a tremendous obstacle. Most of the women have lost all of their possessions time and time again. They lose possessions when they go into jail, if they become homeless, if they are terminated from an inpatient program, and through other ways. Compounded with this, many of the women have bad credit and a history of eviction. Thus, trying to obtain financial stability becomes more and more difficult for these women.

Richie conducted life history interviews in order to determine incarcerated women's needs once they return to the community. She found the following themes: treatment for substance abuse, health care, mental health issues, violence prevention and PTSD, educational and employment services, safe secure and affordable housing, and child advocacy and family reunification. These themes compound upon one another, thus making it difficult to determine what to "treat" first. Finding the most important problem is hard when the problems are all so large and foreboding.

## *Criminal Activity*

Females tend to be arrested for lower level, non violent offenses (Bell, Zimmerman, Cawthon et al. 2004; Schroeder and Bell, 2005; Taxam & Crosbey, 2006). These crimes frequently include: Property crime (arson, shoplifting, robbery, burglary, larceny), drug offenses, public order crimes (prostitution). With women being arrested for lower level crimes, there is a larger proportion of females under Probation supervision than under Parole supervision; the same is true for jail and prison as well. In 2010, women comprised 24% of Probation cases nationally, while they were only 12% of parole cases nationally. In 2011 in Monroe County, of the 8,985 probation cases handled, 30% of the cases were female. On an average day in 2012, 24% of the adult probation supervision cases are female. In Monroe County, sentenced female inmates are primarily there for property crime, harassment, domestic crimes, prostitution, drugs, and money crimes.

## *Recidivism*

Relapse has been found to be one of most significant factors in women's recidivism. Many women commit crimes to support their drug habit, so if relapse occurs, it is likely that they will need to support their drug habit in an illegal way again. Often times, addiction, and thus relapse is related to unresolved issues

associated with trauma and abuse. If trauma can be better understood and resolved, then the likelihood of relapse is reduced.

### *Pregnant, Incarcerated Women*

There are few studies on pregnant women who are incarcerated. In fact, a systematic review was conducted on the research surrounding this population recently (Knight & Plugge, 2005) and only twenty seven relevant studies were found from 1980 through May 2004. Of the 27 studies, only 13 contained data on risk factors for poor perinatal outcomes. The review found that imprisoned women were more likely to smoke, use illicit drugs, and use alcohol while pregnant than the control groups. The studies showed that pregnant imprisoned women are at high risk of poor perinatal outcomes. Also, 30% of the incarcerated women received inadequate prenatal care. The substance use was so high amongst the incarcerated women that it is clear any program assisting pregnant formerly incarcerated women should address addiction.

Further, According to Schroeder and Bell, 2005, there are few resources for pregnant women in jail when comparing to the resources available in prisons. This is because of the short –term incarceration in jails in which the development of pregnancy programs is stifled due to this high turnover rate. Instead, only routine perinatal and/or health care is usually what is offered in the jails. Incarceration has been shown to induce added stress to people, and being pregnant in jail can often times bring on even more stress, which can be unhealthy for mother and child (Schroeder & Bell, 2005; Wiewel & Mosley, 2006). It is clear, that pregnant, incarcerated women are at high risk of poor perinatal outcomes (Knight & Plugge, 2005).

The Urban Institute’s report entitled, *Women on the Outside: Understanding the Experiences of Female Prisoners Returning to Houston, Texas* looked specifically at women in prison, and had similar findings to all of the issues listed above. Women had slightly lower levels of employment than males prior to incarceration, women were more likely to receive a prison sentence for drug and property crimes, women were more likely to have mental and physical health problems than males, and women were more likely to have long substance abuse histories. Possibly the best way to summarize the differences between incarcerated men and women is described next. The researchers asked both men and women prison inmates what they most looked forward to upon release and the women’s overwhelming response was, “reuniting with my children,” while the men’s response was, “calling my own shots” and “pizza” (LaVigne, Brooks, Shollenberger, 2009).

### *Theory*

Researchers have considered a number of theories to explain women’s engagement in criminal activity. These explanations include Pathways theory, Relational theory, Trauma theory, and Addiction theory. Pathways theory claims that the pathway into crime is most often influenced by an attempt to survive poverty or abuse, or is related to substance abuse. Relational theory highlights the importance of relationships for women. This theory posits that forming and keeping relationships are fundamental elements in their lives and influence criminality. Trauma theory finds that trauma and violence have a powerful effect and in turn influence one’s criminality and (importantly) their response to justice system interventions. Lastly, the broad addiction theory suggests that one’s criminality is complex and influenced by many factors, psychological stressors, social and cultural issues that define women’s roles, loss of self-image and disempowerment, health risks, and the importance of relationships. Often times, a number of theories are used to guide programs and program development with incarcerated women.

## Program Description

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The Women's Re-entry Project (WRP) is offered to sentenced women in the Monroe Correctional Facility who have young children. The women volunteer for the program and as long as they meet the intake criteria, they are accepted into the program. The program offers pre and post release services, including intensive case management, mentoring, clinical work, support groups, housing assistance, advocacy, criminal history rap sheet, assistance with identification, transportation, assistance with family reunification, as well as other services. This program involves a team approach, which includes a mentor coordinator, an assigned mentor, a project coordinator, and a clinical social worker. The program is run through Judicial Process Commission, a non-profit organization with a long-standing history of prisoner's rights and advocacy. JPC also provides other services for those involved in the criminal justice system.

Once a potential client is identified by the jail staff, she meets with the JPC mentor coordinator. The JPC Mentor Coordinator completes an in-depth 11-page intake interview, followed by a risk assessment to determine the women's likelihood to reoffend. Loza's Self-Appraisal Questionnaire (SAQ) was utilized with the population in order to predict both violent and non-violent reoffending. The women were assessed using this 15 minute tool in order to determine what risk level they were ranked. The tool addresses the following: criminal tendencies, conduct problems, alcohol/drug dependence, anger, antisocial personality, criminal history, and antisocial associates. It should be noted that more recent research has found that these tools were tested on male populations, thus bringing into questions their validity and reliability within a female population. In response to these concerns, new assessment tools have been developed addressing these concerns. One example of a gender responsive risk assessment is The Women's Risk/Needs Assessment developed by a women's task force for the Missouri Department of Corrections by University of Cincinnati researchers, including Emily Wright and Patricia VanVoorhis (<http://www.uc.edu/womenoffenders.html>).

WRP case managers then conduct a Bio-Psycho-Social evaluation over the course of multiple meetings with the client. A comprehensive service plan is created by the MCF/MCJ which WRP is a part of. The client then receives at least 2 months of pre-release programming, including regular meetings with the social worker, regular meetings with the mentor, and regular support group meetings in the jail. Upon release from jail, the client continues to receive the same services as when incarcerated, but then with additional intensive case management services. See Appendix A for a detailed program description and associated timeline.

Both a clinical and non-clinical social worker works with clients. The clinical social worker assesses the participants for mental health diagnoses and then links the participants to mental health providers. This allows for better understanding of the mental illnesses the participants faced.

## Methodology

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This research involves a mixed-methods evaluation, using qualitative data gathered from interviews with staff and participants, document review, and case study analysis, as well as quantitative data on criminal arrest activity and program data. The following describes the proposed evaluation in more detail.

### Focus group on needs

Prior to program implementation, a focus group with a group of incarcerated women at the Monroe Correctional Facility was held. This group was facilitated by the research team, and was arranged by MCF staff. The focus group was held in a room other than the visiting room at the jail, allowing for a more



comfortable atmosphere for the participants, with no barriers in the way. The focus group lasted 45 minutes and covered topics such as family, children, housing, employment, transportation, and medical care, with a goal of better understanding the needs of incarcerated women. Those who participated were not necessarily WRP clients, and nor did they necessarily become WRP clients. The focus group was held in March 2010. Please see Appendix B for the focus group guide.

#### Quantitative data

Criminal arrest data were used to understand the participant's criminal history to better determine whether any changes had been made in their criminal activity once they enrolled in the WRP program. Criminal arrest data were supplied by the Monroe Crime Analysis Center. These data also provide parole and probation violations.

Program data were provided by the WRP program coordinator. These data included participant intake, program graduation, program termination, and other program related data.

#### Document Review

Program documents were reviewed for analysis, including the intake paperwork, biopsychosocial assessment, consent form, and the release of information form.

#### Case Study

One case study was conducted in order to best illustrate a "typical" client in the program. It should be noted that every client comes with her own unique experience, making the notion of a "typical" client a bit misleading. However, as described above many of the women come with similar issues that they are up against, and that is what this case study will illustrate.

#### Group Interviews with Participants

The researcher attended a regular WRP group meeting at JPC and conducted an informal focus group with the participants who attended the meeting that evening. Questions addressed included:

1. What has this program done for you? What kinds of services has it provided you?
2. Why did you choose to be involved in this particular program?
3. Why are you still involved?
4. What life changes have you made because of the program?

Please see Appendix C for the participant group interview guide.

#### Interviews with participants

The WRP project coordinator arranged for the researcher to conduct semi-structured interviews with some of the program participants. The participants were identified by the project coordinator, and were not all necessarily successful clients in terms of recidivism. The interviews generally lasted about 45 minutes long and were structured. Please see Appendix D for the participant interview guide.

#### Interviews/focus group with staff (three groups held)

Two interviews were held with the project coordinator and one was held with the project coordinator and the two social workers. Each informal semi-structured interview lasted two hours and covered topics such as participant success, program strengths and weaknesses, and future recommendations.

## Results

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The WRP began almost immediately once the funding through the Second Chance Act was secured and released. However, it was soon recognized that there was a need to better define both the program and the eligible participants. Even further, there became a clear need to reconsider the proposed random assignment evaluation design.

Originally, a woman was eligible if she had a child under two years old and/or was pregnant. After working with a participant early on who had yet to be sentenced, continuing to work with her once she was sentenced to a state prison became impractical, as this client would not be released for at least another 12 months. In order to account for this, the program staff and research team decided that only sentenced women would be eligible. Having an accurate understanding as to when the client would be released so that the appropriate work could be done both pre and post release was integral to program success. When this change was made, the pool of participants became smaller. Therefore, it was determined that the age of the child would be raised to age 12 years and younger, thus, a participant had to be pregnant and/or have a child 12 years old or younger.

The next issue was random assignment. Meetings were held regularly with jail staff, and the issue was raised by jail staff around potential participants meeting with program staff for an intake interview, and after completion, the inmate was placed in either the program group or the control group. The first inmate placed in the control group asked one of the jail staff-members why she was not in the program as she thought that she had failed the "test." There were serious concerns around this issue raised by the inmate, particularly because, as described above, these women often undergo numerous trials and tribulations and often have low self-esteem. Further, other staff explained that the women all bunk in the same room, so it was difficult for the participants to discuss the program, without upsetting a person who was placed in the control group. It was clear that continuing to use random assignment would raise significant adjustment and management problems at the jail. The decision was made to accept all eligible women into the program until the cap of 40 clients was reached. This method of limiting participation is also not ideal but seemed to be more easily understood and accepted by the unselected potential program participants.

Another change in the original program was made when it became clear that many of the women were already connected to, or had been working with, a number of service providers. There was, however, no communication structure in place facilitate the needed coordination of programming. Thus, clinical case review meetings were added to the program structure. At these meetings, several service providers that worked with the particular client would be present to discuss the current status of the client, recommendations for treatment, and any other issues.

### Program Process

Potential participants were informed about the program by jail staff. They were asked if they were interested and if they were, they met with either the WRP program coordinator or the mentor coordinator to discuss the program, complete a risk assessment to determine risk level of reoffending, and to then begin the intake process. Once a client was accepted into the program, she would meet with the social worker weekly and soon after be assigned a mentor. She would also attend bi-weekly the WRP group inside of jail with other women in the program. Early in the program there was not a required length of time remaining on the jail sentences of potential participants in order to qualify for the program. But, it was discovered early on that it was most useful for the participant to have at least two months left on her sentence in order for the program

staff to form a meaningful relationship with the participant. It was felt that a stronger relationship would likely result in the client's continued engagement with the program post-release. A minimum of two months remaining pre-release became a stipulation for program qualification.

In the early days of the program there were some problems connecting with clients upon their release. As a result a process was adopted in which when a client was released from jail, as often occurred early in the morning, the program coordinator would pick the client up at the jail, then take her to breakfast, pick up medication, go to the downtown jail to pick up any personal items that were still there, go to the DHS office to obtain benefits as soon as possible, and then she would bring her to wherever she was staying. Sometimes the coordinator would also take the client shopping in order to get necessities. Once she was brought home, the social worker would contact the client very shortly after, either by phone or in person. The seemingly minor changes in release procedures had a major impact on facilitating participants' continuing contact with the program after their exit from jail.

The Program Coordinator also played a key role by concentrating on the following;

- Linking clients to services
- Having expertise in services available in the community, including housing services
- Providing transportation services for the clients. The coordinator reported particularly enjoying this task because she could then see where the clients lived, meet their family members, understand the neighborhood they live in, and better understand other environmental factors.
- Client advocacy

The program staff repeatedly reported that they worked as a team. Every client reported knowing every WRP staff member as well as many of the staff members working at Judicial Process Commission, who were not necessarily working with the WRP. A staff member reported, "We are a small organization, so we really wanted to work together as a team to accomplish the goals of the program."

The social workers would then meet with their clients and conduct both therapy and provide case management services with them. These services included: transportation, home visits, mental health diagnosis and referral, funding for housing, food and clothing vouchers, and other services.

One of the social workers explained that she would regularly conduct what she referred to as a "pop-in" with her clients. This meant that she would have an unscheduled visit at the client's home. Clients reported that they remembered these visits and that they liked them. They felt that the social worker cared about them and wanted to just check-in. The social worker reported that they were very helpful for her to better understand the client, the client's way of everyday living, and the people around her (influentials).

The WRP support groups are held both inside and outside of jail. These are closed, one hour-long groups held bi-weekly. They are co-facilitated by the two social workers and cover a range of topics such as trauma, self-esteem, beauty consultations, coping skills, and others. At one of the groups attended by the researcher, those present included the two social worker facilitators, five clients, one of the client's infant child, and a client's young teenage daughter who went into another room during the group with supervision from a JPC staff-member. There were tables in the large room that everyone sat around. At the start of the meeting, pizza and drinks were offered to the clients, all of whom ate and drank. They also had a basket of condoms available that one of the social workers reminded the women about. The women all seemed to participate in the group, with free flowing conversation.

A client would remain in the program for ten months post-release and then she would either “graduate” from the program or continue longer if deemed appropriate by WRP staff. Once clients graduated, they were still connected to a mentor and were always allowed, even encouraged, to attend the WRP group.

The relationship between the two social workers was described as a constructive one in which they would give advice back and forth and debrief with one another as necessary. It was clearly a team approach. One of the social workers had a Probation background which she felt was an asset and the other had a clinical background which she utilized with every client. While the workers worked very well together they would also come up with their own strategies that worked well for them.

**A Glimpse of WRP Activities:**

During one of the evaluation interviews with staff, the program coordinator was late because a client had been terminated from a residential facility due to an issue with aggression (not relapse), with nowhere to stay for the night. This particular client was extremely high-risk due to her previous substance abuse, lengthy criminal history, and her current pregnancy. The program coordinator obtained an incident report from the facility, picked up the client *and* her belongings, transported her to a suburban hotel, and reserved the room for two nights. The program coordinator allowed the client’s belongings to remain in her personal car until the client found interim housing. If it had not been for WRP, then it is almost assured that the client would have been on the streets that night with a low probability of continuing her sobriety. As of the present day, this client has given birth to a healthy baby, remains sober and arrest-free, and is living in long-term housing.

Focus Group on Needs

In March, 2010 a focus group was held at the Monroe County Correctional Facility among five of the inmates in order to assess the needs of women who are incarcerated and pregnant or have young children. This focus group consisted of five sentenced women, two of which were pregnant and the other three who had at least one child younger than 2 years of age. The goal of this focus group was to get an idea of the special needs of this population. Three of the women in the group were already enrolled in the JPC program. Over the course of 45 minutes a number of topics were discussed, including housing, transportation, employment, substance use, and medical care. The researchers facilitated the focus group. Below is a summary from the discussions.

The women all had a plan for where they would reside once released. These included staying with a boyfriend in an apartment, staying with a mother, and staying in an inpatient rehab facility. Even though many of the women said that housing was a priority for them once released, they all appeared to have a place to go once released. Few of the participants identified mental health issues as something in need of being addressed.

Employment was not an issue or a priority raised by the women. Instead, when asked about employment, a few said that they were not even thinking about that because they need drug treatment first.

None of the women owned or had sole access to a vehicle. A few talked about bus passes from DSS. None of the women felt that transportation was a huge issue. They all appeared to have the ability to get a ride somewhere if they needed too, though many talked about missing appointments sometimes. At least two of the participants had no identification and saw this as a significant problem. They explained that they absolutely needed to get identification, but that they had no help in understanding how to get it.

Overall the pregnant women said that they go to the doctor every two weeks while incarcerated. They are transported over to a local hospital for their care. The women had no complaints and said that they definitely planned on going to the same provider once released. The majority of the participants shared that they are essentially starting with nothing for their baby. They discussed a lack of diapers, bottles, cribs, and baby clothes for their children. When asked where they would go to get these items, none of the women had an answer.

The fathers of some of the children were involved while others were not. Of the pregnant women, the fathers were involved in some capacity. Of those with children, one father was in prison, two fathers were not involved, and other fathers were unknown. The women then explained that they would utilize any resources that were offered to them, they just needed them to be offered. The results of this focus group were shared with WRP staff early on to help inform the case management services.

### SAQ results

As mentioned previously, at program intake the participants took the SAQ in order to determine their level of risk to reoffend. Only four of the clients ranked high risk, and only one ranked low risk. Seventeen clients ranked low moderate risk of reoffending, while the remaining 14 ranked high moderate risk of reoffending. The following is the breakdown of SAQ scores for those who graduated and those who did not:

<b>Score</b>	<b>Graduated</b>	<b>Terminated</b>
Low	1	0
Low Moderate	8	9
High Moderate	8	6
High	2	2
Missing	2	1
<b>Total</b>	<b>21</b>	<b>18</b>

As can be seen above, those that graduated from the program were similar in terms of risk of reoffending to those who were terminated from the program. However, those who graduated recorded slightly higher risk than those who were terminated. Termination was often done at the behest of the client, so it is entirely possible that those with a lower risk to reoffend had the appropriate supports in place and did not need the program services to remain arrest free.

### Quantitative Results

The following is a snapshot of the final program data:

- Number considered for the program: 46
- Number accepted: 39
- Number dismissed from program due to non-compliance: 17
- Number terminated for other reason (i.e. moved out of area): 1
- Number who have successfully completed the program with 10 months post-release services: 21

Of the 39 who were enrolled in the program, 26 (67%) of the participants went through the program one time, while eleven (28%) went through the program two times, and two (5%) went through the program three times. Nineteen of the participants successfully graduated from the program during the first time they participated, one successfully graduated the second time she went through the program, and one more successfully graduated the third time she went through the program. This made for a total of 21 successful program graduates, or a 54% success rate.

Successful program completion meant that the participant had completed the 10 months of post release programming and was involved with the program regularly, attending group, and meeting with the social worker. It also generally meant that the participant was not using drugs, had appropriate longer-term housing, and was stable. In some cases it meant that the participant had reunified with her children, or that she was doing well living in residential treatment, or that she was employed. As is described above, successful program completion was more or less a set time in which the participant would be assessed as to how she was doing. If the assessment found that she was doing well, then she would graduate, but if she needed more time, then she would often be allowed more time to get stability. The clock was restarted for women who were in the program at some point but were then rearrested and incarcerated.

Participants were officially terminated from the program only in instances of not being actively involved in the program. In other words, participants were not terminated if they were caught using drugs, if they were actively relapsing, if they were rearrested, if they were engaged in criminal activity, or if they did not go to scheduled appointments. The way that someone was removed was only if they became disengaged *on their own* from the program (self-termination). This was a critical component to the program as almost all, if not all, programs that serve these clients have rules which lead to automatic program termination, even if they were actively involved with the particular program. WRP took a different approach to these women. Instead, WRP staff made it difficult to get terminated from the program. WRP staff believed strongly that many of these women had been living this way for years and some for decades, so the expectation that someone would change in a matter of one year, seemed unrealistic and unsupportive. In interviews, participants actively discussed WRP staff searching for estranged participants in certain areas that the person was known to hang around, and if they found her, they would simply remind her that they are still there for her if she needs help or assistance. And, even further, if WRP staff learned that a previous client had been re-incarcerated, staff would show up at the jail in an attempt to reengage the client. This is well illustrated in the supplied timelines for the women (found in the following section). Interviews revealed that no one could identify any other program in the area that would search for people like WRP did.

### *Criminal Activity*

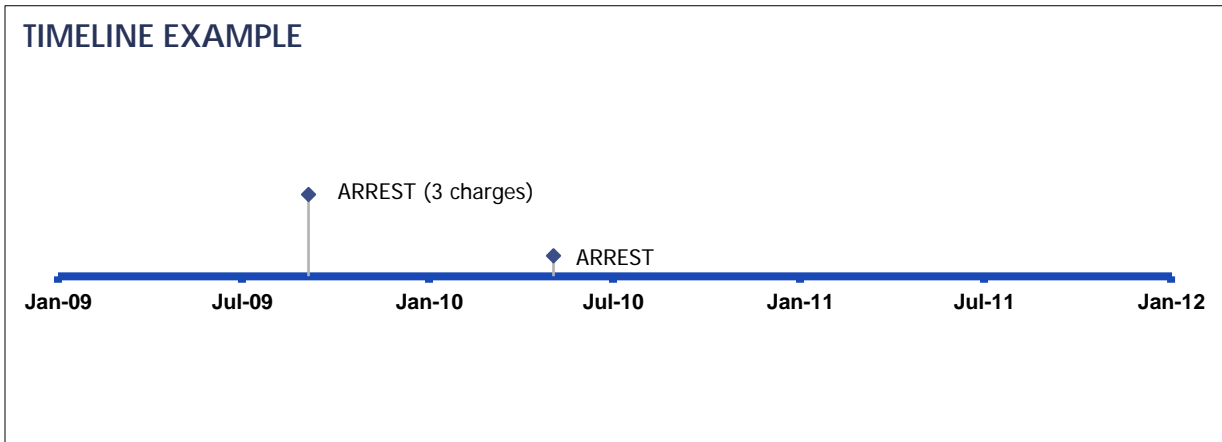
Amongst all 39 program participants, there were 1,152 total documented charges including prior to and post program involvement (these are treated separately below) according to data obtained from the Monroe Crime Analysis Center. While each charge is not necessarily a unique incident at a unique time (people are often charged with multiple criminal acts for one event), these participants clearly have long criminal histories. Each participant averaged 30 charges. Of the 1,152 charges, 68 were probation or parole violations, while the remaining 1,084 were for new crimes.

WRP staff explained that this population comes with a history of recidivism, which increases the likelihood that these clients will recidivate. While many clients did recidivate, staff explained that it is easy to feel like you or the program was unsuccessful. However they pointed out a number of other positive results from the program, such as increased self-esteem, better problem-solving, reunification with children, and sobriety,

amongst others. WRP staff also explained the inherent problems with measuring success only through recidivism. It was thought by staff that while many of these women come with serious mental health and addiction issues and crimes related to those issues, many of the women were not rearrested for those types of crimes, but rather for motor vehicle related offenses (driving without a license) or for probation violations.

The following are criminal arrest timelines for the clients who were successful in the program. The timelines cover two years prior to the women’s involvement in the program and then, at a minimum one year post program graduation. Clients graduated from the program at various points during the program period, but all participants had to graduate by April 30, 2012, as the program ended at that time. The criminal arrest data are for incidents in Monroe County, so if an arrest was made outside of Monroe County, this would not be included in this dataset. The criminal arrest data for all participants span 1998 through May 30, 2013. Thus, the timelines highlight two years pre program and one year post program graduation.

Located on the timeline are the number of arrests that the participants had over two years prior to program involvement. These data help to better understand the criminal trajectories of the women. Often, there may be multiple charges within for one arrest. In order to account for this, if there were multiple charges that occurred during one arrest, then the total number of charges for the specific arrest are in parentheses after the word ARREST. For example, if someone had an arrest on 9/25/2009 for child endangerment, DWAI, and Disorderly conduct AND if they had one other arrest for Petit Larceny on 5/2/2010, then the timeline would be shown in the following way:

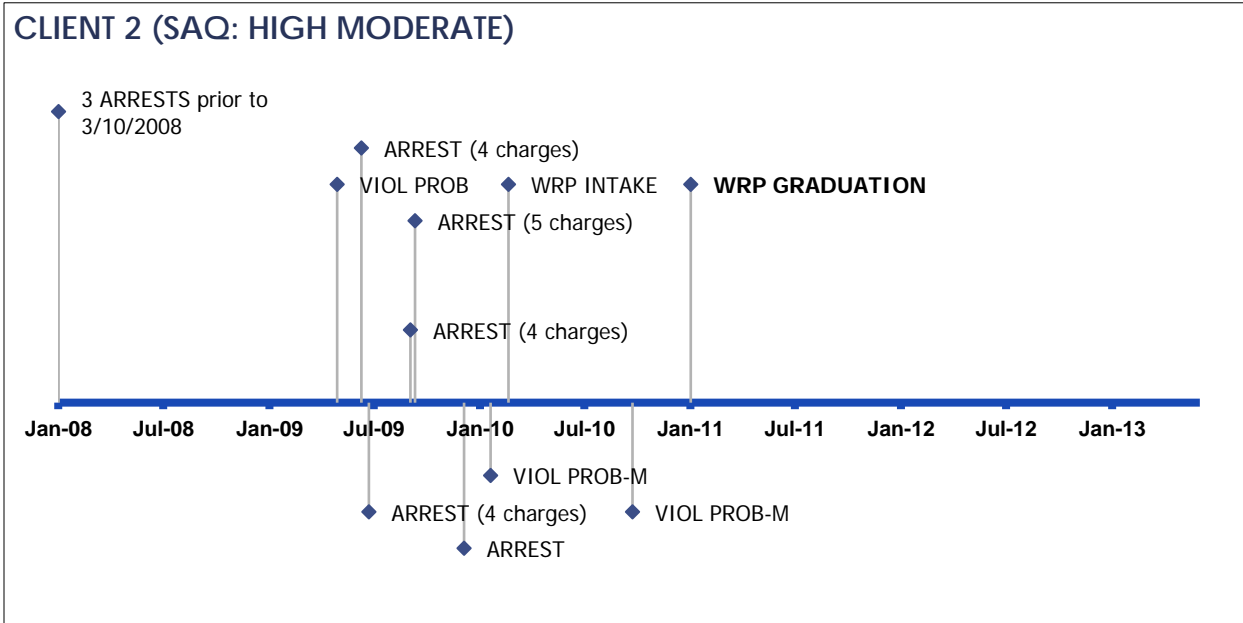


There were 21 clients who graduated from the program and, in a few cases, there were some clients who graduated and then had another arrest and were engaged with the program again, as will be seen on the timelines. There were also cases where clients engaged with the program multiple times, with cases terminated, only to finally have a successful graduation from the program. This will also be evidenced in the timelines as well.

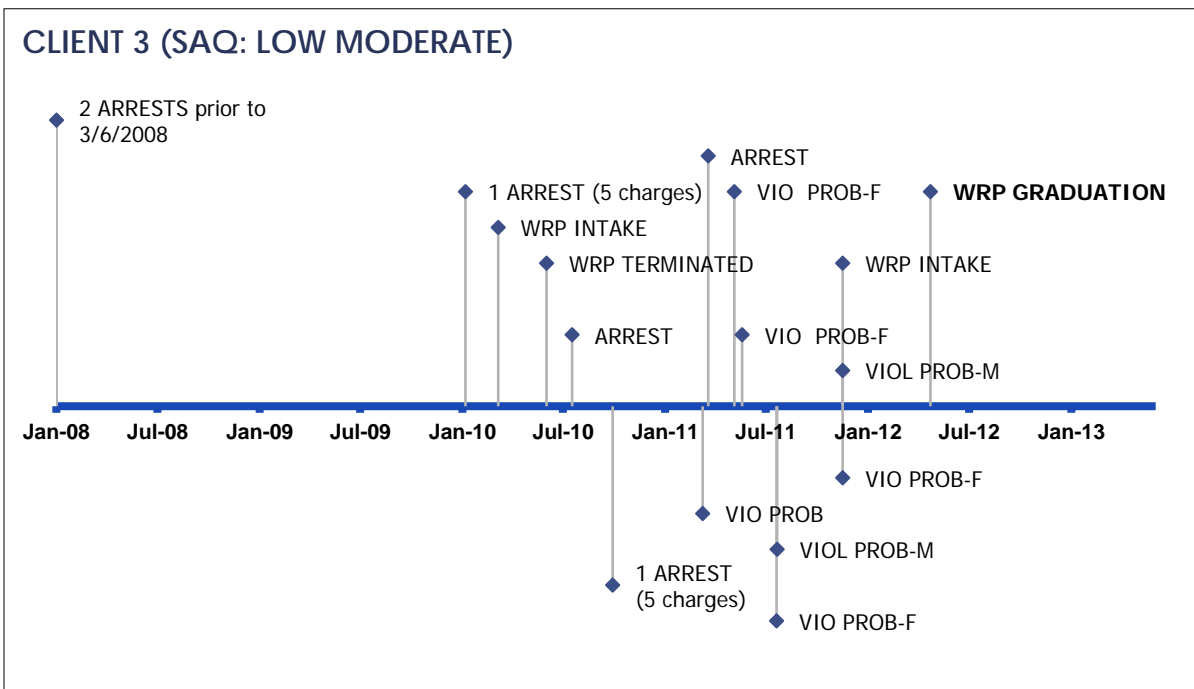
While it is helpful to understand what crimes the clients were arrested for, due to the small sample size, there was no way to assure client confidentiality if the timelines include specific crimes clients were arrested for. Instead, probation and parole violations are identified, while arrests for all other offenses are collapsed into one category: arrest. In the next few pages, select timelines from the 21 program graduates will be highlighted, with discussion following each timeline. The remaining timelines can be found in Appendix E.

*Graduated Clients*

Overall, eight of the clients had no subsequent arrest after program graduation. Seven clients had one arrest after program graduation. Three clients had two arrests after program graduation. And, the remaining three had three or more arrests, including parole violation arrests.

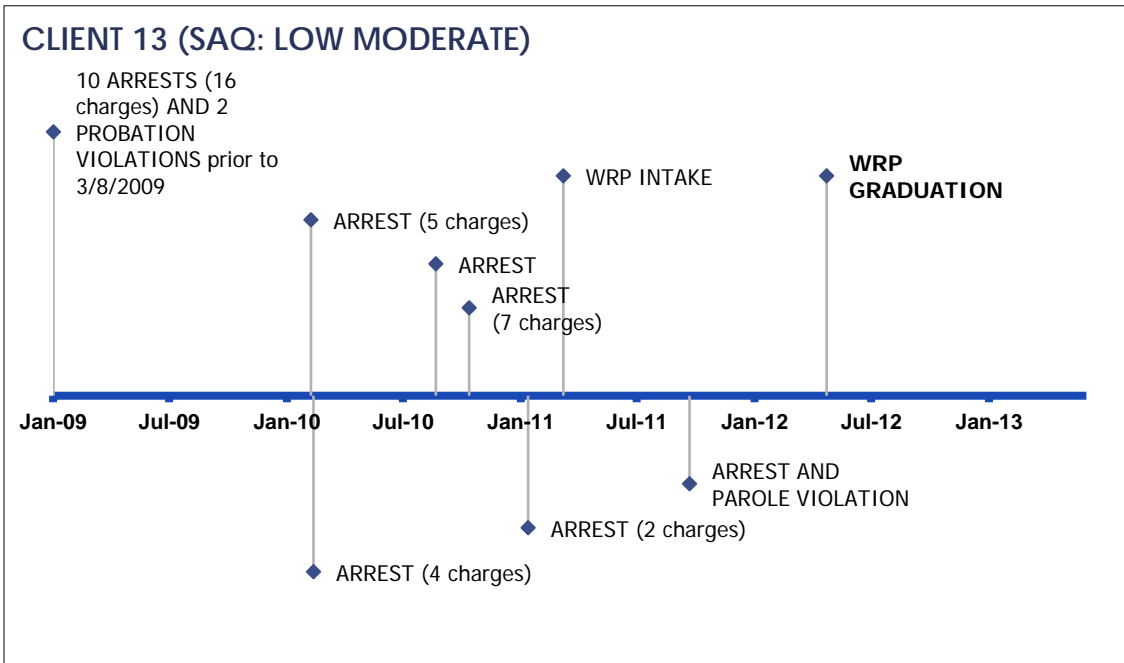


The above client had eight arrests prior to program involvement. During the program she received one misdemeanor probation violation, and post program graduation she has not been arrested or violated probation.

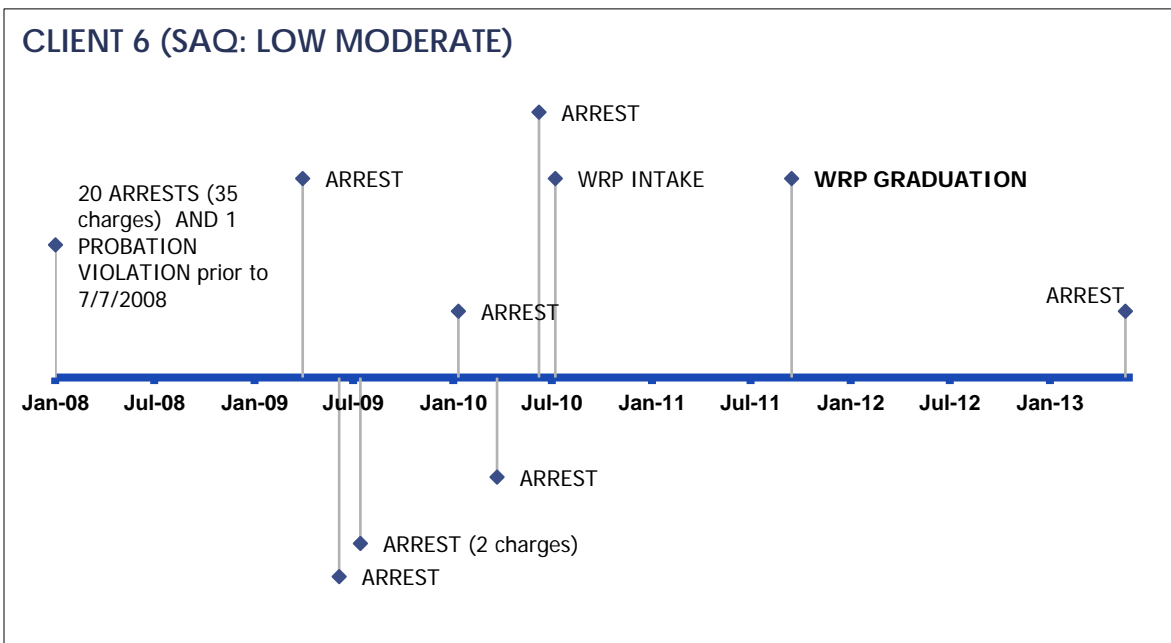




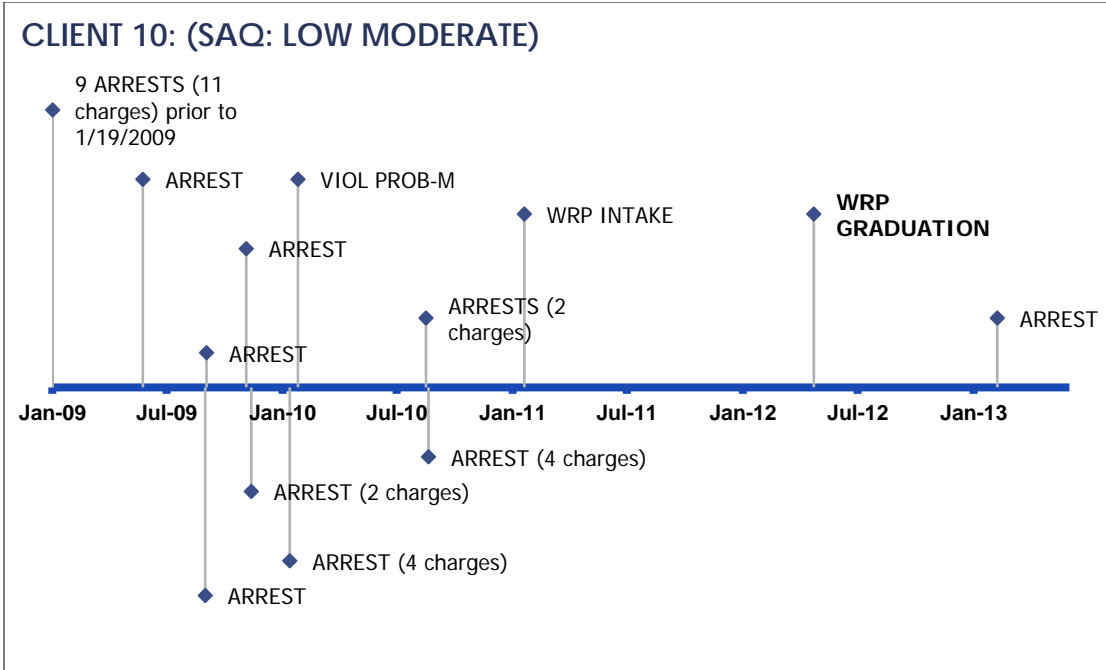
Client three had numerous arrests and program violations throughout her involvement in the program, as well as three arrests prior to program involvement. She was involved with WRP for less than 5 months before she was terminated, with three arrests and 5 probation violations after her termination from the program. She then was reengaged with the program and successfully completed the program, with no arrests or violations post program graduation.



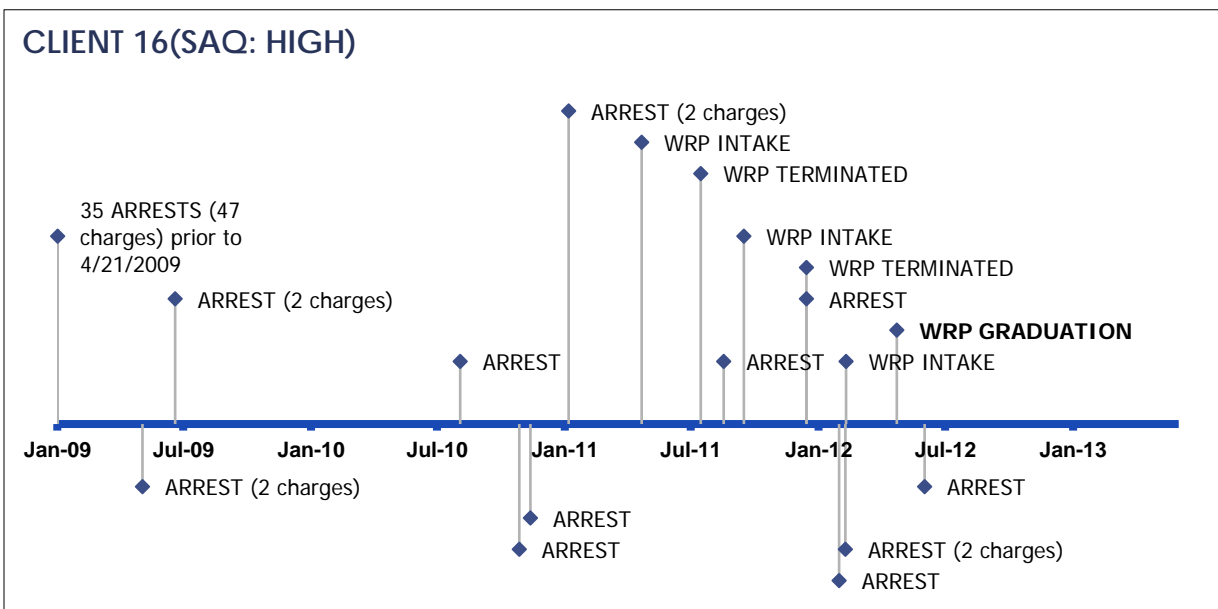
This client had a significant criminal history as well, with 15 arrests prior to program involvement. While in the program, she had one arrest and parole violation, seemingly for the same incident. After program graduation she has had no subsequent arrests or violations.



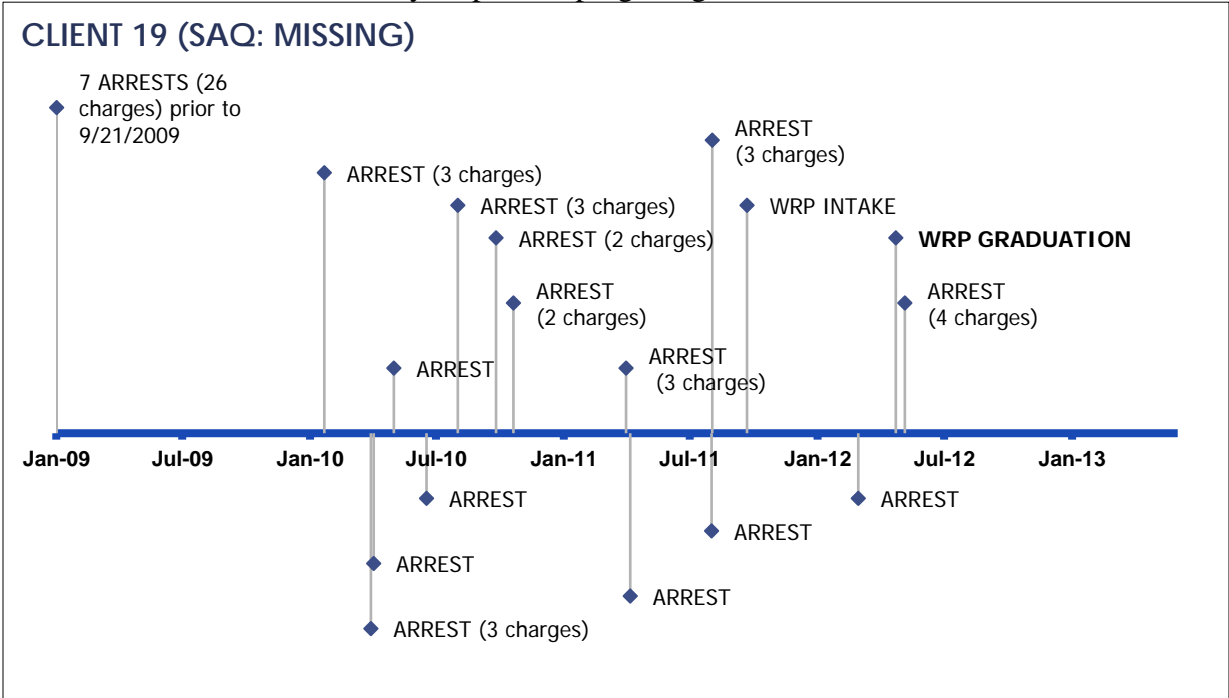
This client had a more significant criminal history when comparing to all WRP clients. She had 20 arrests two years or more prior to program involvement and in the two years prior to program involvement, she had 6 arrests. However, during program involvement she had no arrests or violations. 19 months post program graduation, she had one arrest.



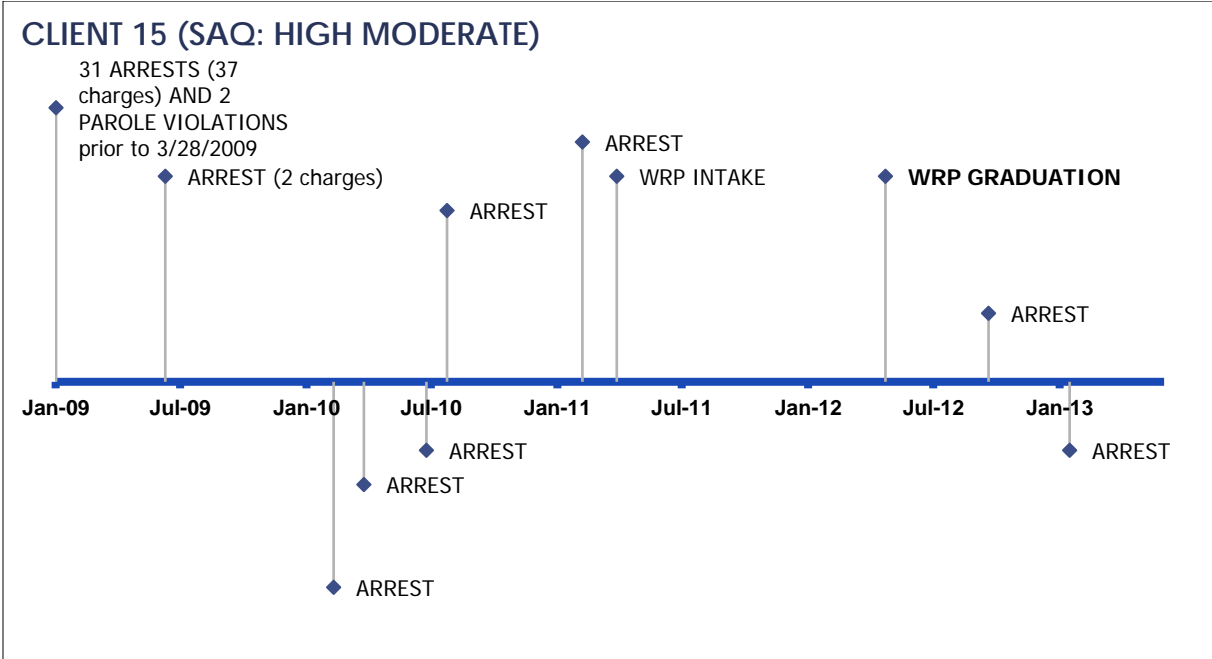
The client above had a significant criminal history, with 17 arrests prior to program involvement and one probation violation. In the two years prior to program involvement, she had 8 arrests and a probation violation. However during program activity, she had no arrests or violations. She has had one arrest 10 months post program graduation.



Client 16 had a substantial criminal history, with 41 arrests prior to program engagement and one of four clients to score a high on the SAQ. She also was engaged with the program three separate times, until finally successfully graduating from the program. After program graduation, she had only one arrest, very different than the 4 arrests she had in the year prior to program graduation.

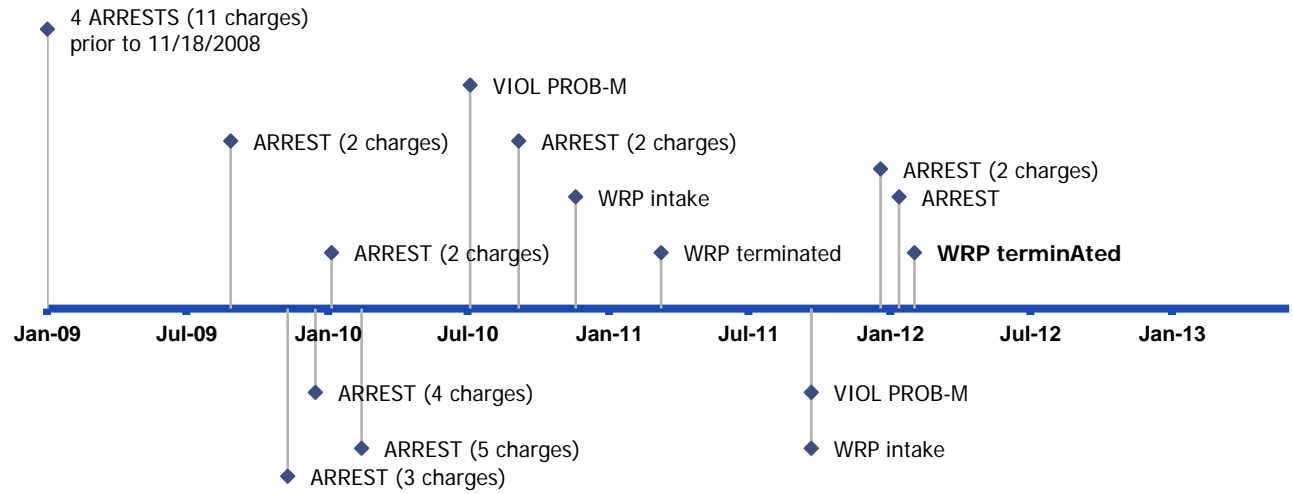


Client 19 struggled prior to the program, with 12 arrests in the two years prior to program involvement and then one arrest during program involvement as well as one arrest post program graduation. With her lengthy criminal history, there was a noticeable difference in her criminal history pre program involvement and post involvement in WRP.



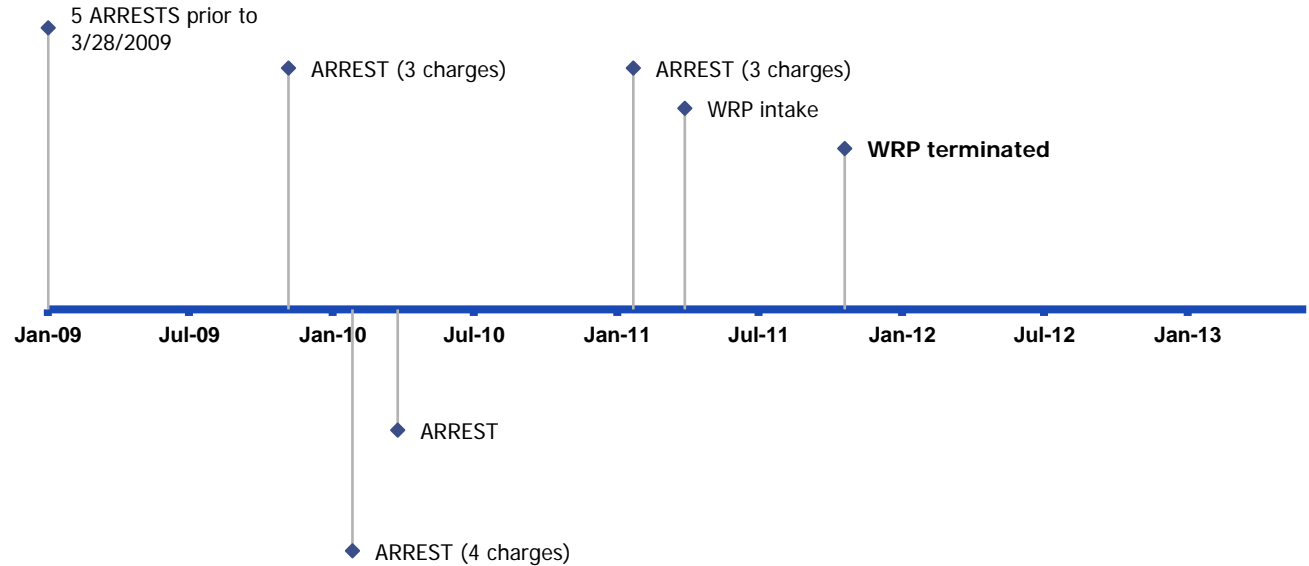


### CLIENT 31 (SAQ: HIGH MODERATE)



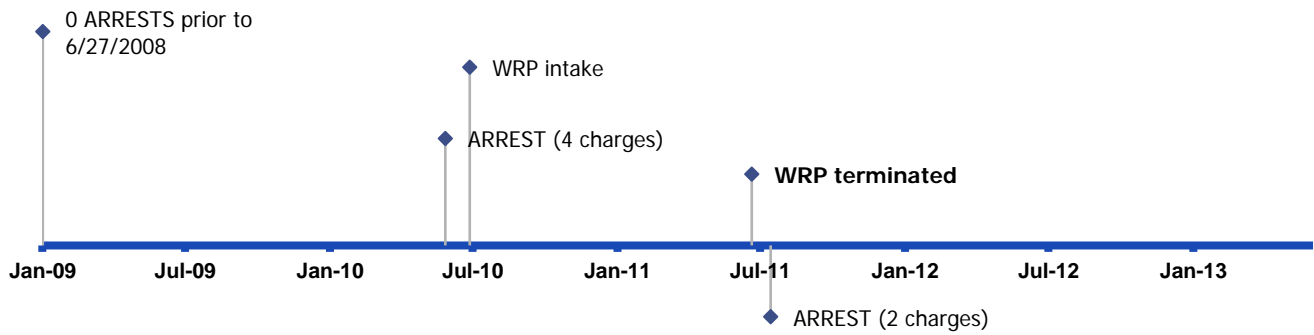
This client had a significant criminal history in the two years prior to program engagement, she then struggled after her first WRP termination, with two arrests and a probation violation. However, once terminated from the program a second time she has not recorded any further arrests.

### CLIENT 33 (SAQ: LOW MODERATE)



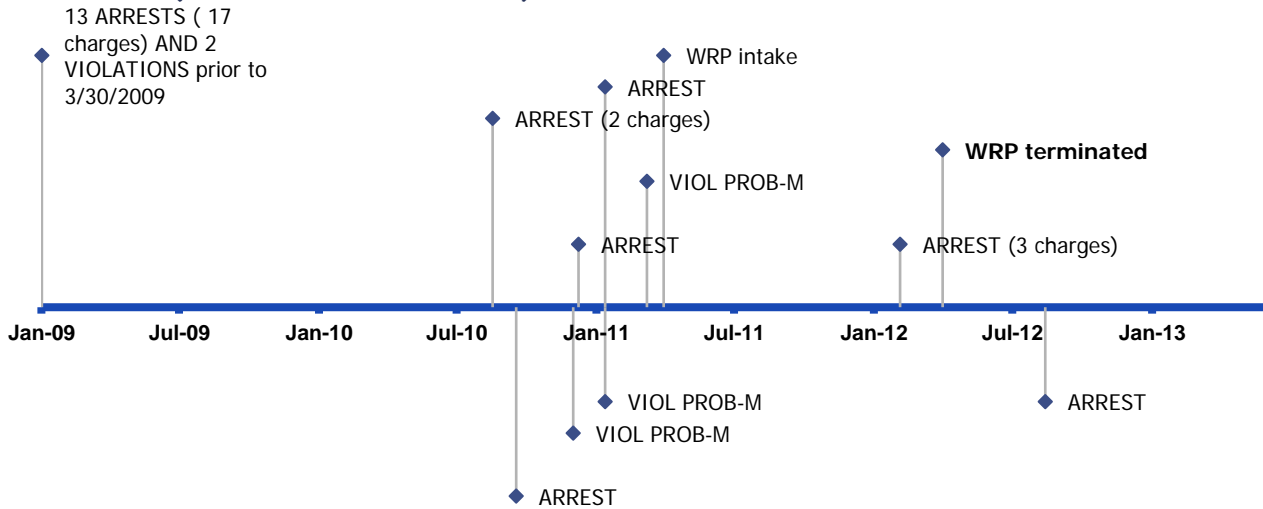
Client 33 was engaged with the program and was not arrested since her engagement with the program. Once terminated, she continued her record of no arrests.

### CLIENT 24 (SAQ: LOW MODERATE)



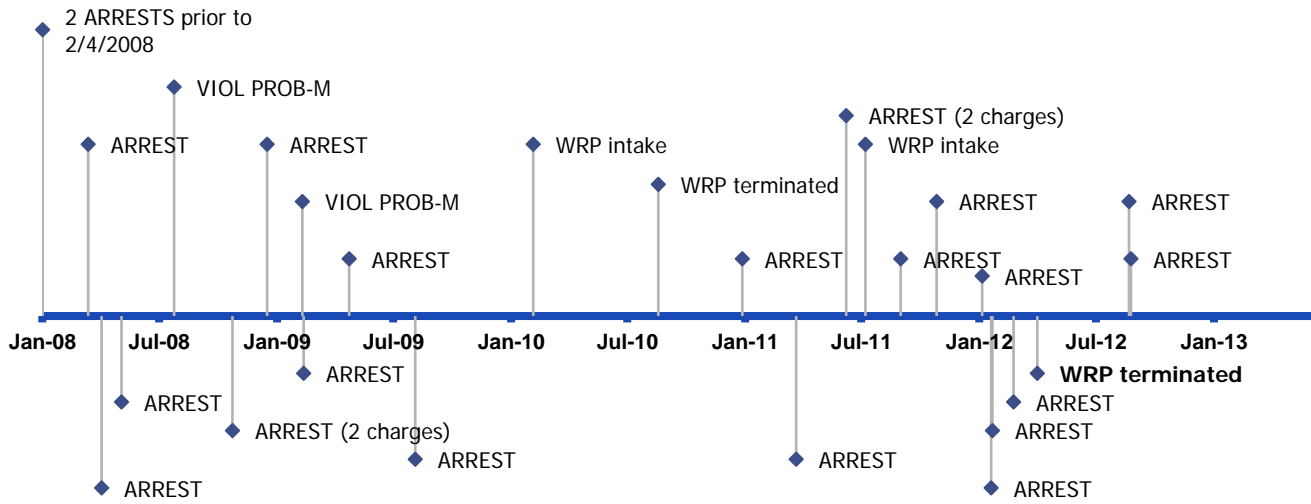
Client 24 did not have a significant history, yet a few months after program termination, she was arrested.

### CLIENT 32 (SAQ: HIGH MODERATE)



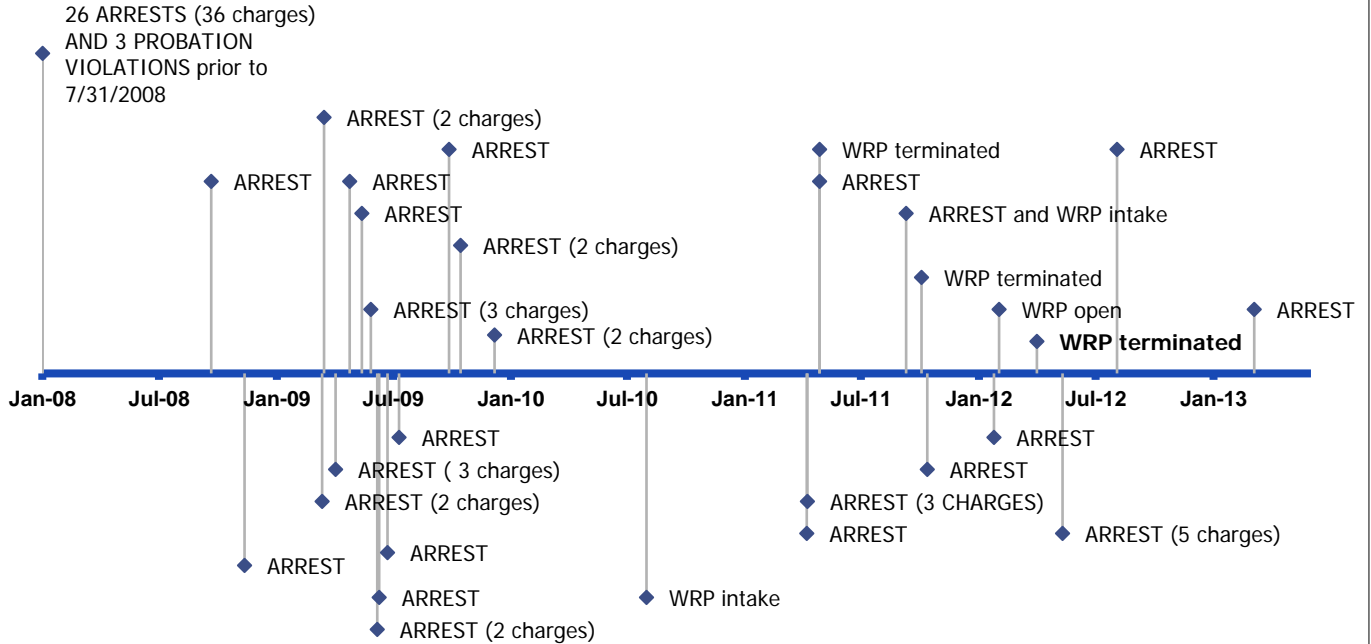
This client had a significant criminal history and was involved with the program one time, while in the program she was arrested and then after program termination she was arrested one time.

### CLIENT 38 (SAQ: LOW MODERATE)



Client 38 was involved with WRP two times, and did not do well in terms of arrest. She was arrested 11 times since her involvement with the program, and two times after her final program termination.

### CLIENT 30 (SAQ: HIGH)



This client had a high SAQ score and she continued getting arrested, while engaging with the program on three separate occasions. After her final termination she was arrested three times.





When looking at the SAQ scores and the rearrests of the women both those who graduated and those who were terminated, some interesting results were discovered. Because of females' typical low-level offenses, they often do not score high on the recidivism scales. This was the case for this population as well, as only 4 of the 39 women scored high. Of the four who scored high, two graduated and two were terminated from the program. Of those who graduated, one had no subsequent arrests, while the other one had only one subsequent arrest. Conversely, for those two who did not graduate, from the program, both had three or more arrests. This is a promising finding in that the women who scored high risk and graduated from the program had fewer arrests than those who were terminated. Due to the low sample size, there is no way to find significance in this finding, but it is still worth noting. Further, of those who graduated from WRP, the women who had 2 or more arrests all scored as high moderate. However, for those who were terminated, there was a combination of high moderate, low moderate, and high scoring women who had 2 or more arrests post termination. At a minimum, it appears that WRP did not have an inverse effect on those who were involved with the program.

### Document Review

The researchers were closely engaged with the program staff throughout the program period in efforts to provide continuous feedback. There were a number of incarnations of various documents, with every process resulting in a finalized document. These documents include an intake form, a biopsychosocial assessment (Appendix G), a release of information form (Appendix H), and consent form (Appendix I). There was discussion around the clients to sign a pledge, asserting that they realized they had made choices in their life resulting in a jail sentence, that they would meet with their social worker regularly, that they would attend all required classes, amongst other responsibilities. However, after much discussion on this document, it was decided that this was disempowering to these women, and that the program was working towards restoring self-esteem and empowerment for these women. While there was an understandable reason behind the creation of the document, it did not seem to align with the goals of WRP. Thus, the document was not used.

An Access database was created for the social workers and other program staff to document work done with the clients. Initially there was resistance with this due to usual technology constraints of a grassroots organization, such as capacity, technological comprehension, and comfort level. Additionally, there was the important issue of numerous staff working outside of the office with no regular access to the database. Therefore, documentation, when completed, was often handwritten and then later inputted into the database by volunteers. Throughout the process, the research team asked for more information on the narratives, which were often updated appropriately.

The intake form was created by the research staff and was lengthy. In retrospect, the intake form was too long, as it was not completely filled out by staff. The original plan for the intake form was to utilize it with the initial random assignment design. This was a way to capture a lot of information, which could be used for comparison data. As described above, this original design was altered soon after program implementation. However, the original intake forms continued to be utilized for the program, without being filled out completely.

A biopsychosocial assessment template was created for the social workers to use with their clients. It was expected that the assessment would occur on an ongoing basis and be regularly updated. This seemed to be burdensome for the social workers who often did gather much of the information, and while they likely

learned more information about the clients as they worked longer with them, the assessments were not formally updated.

The program consent form was utilized for both consent purposes and also as a way to describe the program and what expectations they should have of the program. As can be seen in Appendix G, the program was explained in the following way:

***Project Goals & Services***

The Women’s Re-Entry Project empowers mothers to live:

- ~ A healthy and stable lifestyle in which to nurture their children
- ~ Economically independent, in charge of their choices and lives
- ~ Successfully in the community

The WRP will provide pre and post release individual counseling, intensive case management, mentoring and group therapy with a focus on trauma for pregnant women or mothers of children under the age of five. Other services include transition planning and linkages to social services, day care, transitional housing, treatment programs, and employment training and support. Material resources may include the following: assistance with transportation, housing, used clothing and furniture, baby furniture and supplies, and referrals to other services and resources. Services will be provided for up to ten (10) months from date of release.

This was a way to ensure that the clients understood the program. And, lastly was the Release of Information document, which participants signed and was helpful for the program staff to access vital information and to be more intricately involved in the women’s lives.

Case Study

This particular client was engaged in the program and released from jail all within the first month of program services. She had prevalent mental health issues around anxiety. By the second month she had a new mentor. This client was overwhelmed at home by her lack of income, issues with her gas and electric provider, and seemed to be getting overwhelmed by her child. Overall, it seemed that she was just maintaining, as a lot of obstacles had come down on her at once.

She started to miss appointments and meetings, but WRP staff persevered, even bringing her flowers on mother’s day. One of her biggest stressors was being a mother to her child and the numerous issues that her child seemed to have. She began to slowly disengage with the program, and the social worker noticed that she was having issues with her current relationship and also there was the possibility that she had relapsed. Nonetheless, the social worker continued trying to work with her, even if she was missing appointments and not attending group. Slowly, she became more engaged with the program.

She celebrated her birthday for the first time in 10 years amongst WRP staff and friends. Both her mentor and the social worker were present and while the client acknowledged that she was very anxious about the party, she felt it was very important and had a great time. She continued to make improvements in other areas of her life, including substance abuse treatment. However, she was still clearly struggling with caring for her child. She also made the empowering decision to change her phone number so that bad influences and unsupportive people could no longer contact her. Things seemed to be going well, but then she got into an accident and received medical treatment in the emergency department, which seemed to start her into a

downward spiral. She was in crisis for a week, having difficulty parenting and caring for herself, and was threatening that she would relapse. She began to miss group and admitted to feeling very depressed. This was also the time when her mental health service provider explained that she did not require such intense mental health services. Then, she began to slowly feel better about issues, as WRP and her mentor continued to be involved, even supplying her with a bed for her child. She had issues with her daycare which was terminated, and she prepared to go to trial, with the support of an agency that WRP works closely with. Unfortunately she lost the daycare hearing and while she was initially upset, she eventually calmed down. She then got in touch with her father and slowly began transitioning out of the WRP, as her allotted time in the program was coming to an end. WRP began transition planning with her and reminded her that she was able to continue attending group and to continue her work with her mentor. She eventually successfully graduated from the program.

After her graduation, she was arrested three more times. From reviewing case records and discussions with staff, this particular client likely needed more time in the program. It was clear that she had extreme highs and lows throughout her duration with the program, and it would have been helpful if she could stay engaged with the program while she experienced stability in her life. Unfortunately, due to the program limitations, she was unable to remain in the program longer.

### Qualitative Results

Results from the qualitative portion of the evaluation have been combined as there were noticeable overlaps in the results of the multiple interviews that were held with program staff and participants. The findings could be clearly organized similar to the topic areas discussed above, as similar and often exact issues were described by those interviewed. For this reason, this section is organized under the same issues identified by Sheehan (2012):

- Abuse related to trauma
- Childcare needs
- Mental health problems
- Drug abuse
- Low social capital
- Problems with intimate relationships
- Self-esteem issues

Additional issues were revealed with this population and they will be described as well. They are the following:

- Extensive arrest record
- Employment
- Housing

### *Abuse related to trauma*

WRP staff reported that a history of sexual abuse was common with the clients. Interviews with participants did not cover this topic area. However, a few participants discussed their experience with domestic violence during the program period and the support that WRP offered, such as emergency housing. Further, Post Traumatic Stress Disorder was one of the topics addressed in the WRP support groups held with the participants.

### *Childcare needs*

With the program staffing two social workers, the program was able to have the social workers work closely with the participants on visiting their children, reunifying with their children, and advocating for them in the process. The social workers conducted supervised visits (as required by Family Court) between many of the participants and their children.

WRP reported assisting one client with childcare, which she utilized consistently. When staff were asked about other clients using childcare, they explained that while WRP tried to get other clients to take advantage of their referrals, it was recognized that they did not want the service, or that they would use it too sporadically, or the client did not follow-through.

However, a number of clients did get regain custody of their children while in the program, some of which was attributed to the program assisting with finding stable housing for the clients.

### *Mental Health Problems*

It was discovered that many of the women had already received mental health diagnoses, but that many of them appeared to have been misdiagnosed. The clinical social worker was in a position to better diagnose the participants and to then refer them to the appropriate service provider. This was integral because, as was stated by one of the staff members, “mental health and addiction override every other issue.” This meant that it was integral to client success that they receive accurate diagnosis and subsequent prescription.

Staff discussed the need for clients to have easy access to prescriptions and medication in order to allow for a smooth transition from jail into the community. Many of the clients were able to take medication while in jail, but then once released, there was a lapse of time from release to medication intake. WRP tried to help with this problem by referring clients to a program that conducted mental health diagnosis and prescription pick-up in the same appointment.

### *Drug Abuse/Addiction*

With the majority of the participants having long-term addiction issues, relapse often occurred. Frequently, they would often do well in the program, make much progress, but then at some point, the client would return to their previous ways and eventually make the same decisions that landed them in jail before. The program staff felt that it was simply what the women knew and what they were familiar with, highlighting the difficulty in making lasting change.

When clients were asked how ready they were to make positive changes in their lives prior to enrolling in the program, three of them described the role that addiction played in their decision-making process. They explained that while they wanted to change, but it was not until they became more sober that they recognized the true need for change, as the addictive thinking had been clouding their mind. Some acknowledge that while they thought they were ready for change, they soon learned that they were not ready at all.

When asked what the program has done for the participants, one of the clients explained that she learned to reach out to others, specifically the social workers, when she wanted to get high. She learned a healthy way to reduce her substance use. The program also gave them something to do other than sit around all day.

Clients were asked to describe changes they have made in their lives since participating in WRP. Four clients identified sobriety as a change they have made in their lives. One client stated, “I’m sober. Completely sober.” Another stated, “The biggest change: I stopped using [drugs]. I also began to open up

and talk about my problems. I am not ashamed of what I did anymore.” Yet another explained, “I got clean. I learned how to believe in myself and not give up.” One participant felt that she now has a much clearer understanding of addiction and sobriety. So while she may not be completely sober, she better understands what it takes to become sober and to maintain sobriety.

Some of the women have maintained sobriety while others have made steps towards sobriety.

### *Low Social Capital*

Building relationships with the women was identified as key. The participants would often commit crimes with those they had a relationship with, such as a significant other. It was important for the WRP staff to establish trust with the participants in order to get them to feel safe, be honest, and push themselves to make positive life changes. However, staff revealed, “There were some women we just couldn’t engage and I want to know why. It was difficult that they were just not ready to form relationships with us.”

For those whom the staff could reach, they built relationships with the extended family and would visit their homes, involving the client’s families and their children in the program. Many other programs are not able to do that due to many issues, such as funding, staffing, and goals of the program.

Clients reported that the establishment of a healthy support system is another major outcome of the program. Clients explained that they felt they now had someone they could rely on; someone who cared about their well being. A few laughed and explained that when there was turmoil in their own personal relationships, often times their partner would recommend that they go and call their social worker for help. The clients said that if they did call their social worker, they would receive support.

Friendship within the group was a common theme. The clients spoke about the power of having others in the group who are in similar situations as themselves. Outside of the formal group setting a number of the participants identified friendships they had made with other clients, talking about both using them as a support but also going out and having fun with them.

The participant interviews all had the common theme of friendship, but also of family. WRP staff were regularly refer to as a family member. The distinction between friendship and family was that a family member provides unconditional support. Every participant acknowledged that it was critical that the program did not terminate participants for engaging in criminal activity, or not following through with something, or relapsing. Thus, the notion of support no matter what a client did was important. Program staff were regularly referred to as mothers, grandmothers, and one of the social workers was made godmother to a participant’s child. It was evident that clients had a strong bond with the staff.

Clients regularly opened up to program staff. One client explained that she would talk to her social worker about things that she had never opened up to anybody about previously. It was obvious that clients formed a trusting bond with the social workers and that these bonds were often what would keep them connected to the program. While there were tangible items they received from the program as well, during the participant interviews, the overwhelming response to the social worker relationship was that she became family to the client. Clients described a relationship with someone who was responsible, reliable, an advocate, non-judgmental, and responsive. When clients were asked what the best part of WRP is, one client explained, “Knowing that they are there for you no matter what. They never give up on you. You can screw up so many times, but they will still let you back in.”

When asked about changes they have made in their lives since participating in the program, one client stated, "I'm stronger than I was before. I have not done anything that would lead me to commit a crime. Support is really key; this is all I have."

The program ended in April 2012, but many of the participants are still engaged in the bi-weekly groups that are the last remaining remnant of the WRP program. When clients were asked why they still participate in the support groups, three of the clients explained that it is because the WRP staff are like family, and they still need their "family" in their lives for their advocacy and support. Three other clients explained that they are still involved for the support that the program offers, one explained, "Because I still need the support and I want to hear how the other women are doing."

### *Mentors*

Mentors were identified as being critically important to this program. It was explained that the mentor is the friend. The social worker could do the crisis intervention and the counseling while the mentor was a friend and guide who would also support the client. In some cases the social workers would also encourage the mentor to connect the client to services. Mentors would sometimes be in touch with the social workers, but not on a regular basis. The mentors would also stay connected to the clients when they were not necessarily connected to their social workers. This was another way for the clients to stay somehow connected to WRP's services. The mentors have busy schedules and while the WRP would try to host events for them or try to get information from them, it was difficult due to scheduling conflicts. However, they now have the mentors tracking their activities, which was not originally occurring.

When asked about the importance of matching based on gender, age, race, and life experience, the staff felt that these were all important to take into account. Female mentors were critical, and they really wanted to match based on similar demographics. It was explained, "Age matters, race matters, and while it would be helpful to have women mentors who had undergone similar life experiences, it is nearly impossible, because usually those who do have those experiences want to get as far away as possible from the experience."

Program staff felt that the mentors need more training. There were issues with some mentors, a few of which could be controlled by training, but some that seemed to be personality issues.

One of the limitations of the mentoring component was that sometimes, if the mentor was not professional, or abandoned their mentoring duties, the social workers would have to come in and diffuse the situation. This was a particularly relevant problem because nearly all of the clients had abandonment issues from previous experiences. Social workers would counsel the client through the loss and remind her that it was not her fault. One of the recommendations that the social workers made to the mentor coordinator was that if there was a mentor who no longer had the time to continue volunteering her time, that she would write or somehow communicate to the client what had happened and why she could no longer mentor. The social workers were sensitive to the clients' feelings of rejection when a mentor did not follow-through. WRP staff identified the following as bad qualities in a mentor: boundary issues, telling client their own issues, mentors who break the rules. There were very good mentors as well, and they had the following qualities: consistent, reliable, and open.

Staff felt that male mentors would not be successful with this population because the women could be manipulative. The clients have had many issues with men, including sexual abuse, sexual assault, and battering at the hands of men. Therefore, the clients would have a difficult time relating to a male as a friend.

When the topic of mentors came up with clients, some of the respondents had a positive relationship with mentors, explaining that the mentor was a good support, a friend, someone who they would do laundry with, and someone who would just spend time with them. Other clients felt that the particular mentor they had been matched up with maybe was not a right fit or even became an enabler to some of the unhealthy behaviors. Others felt that their particular mentor was too pushy on certain issues.

When participants were interviewed regarding mentors, four of them had the same mentor since their involvement in the program. These participants described their mentors as being fantastic, good role models, a friend, and an advocate. One of the participants explained that she had a difficult time maintaining sobriety, and her mentor, who had experience with a family member and addiction, was able to show her the other end of addiction: the loved ones' concern for the addict. This was particularly powerful for the participant. Another client explained that she lost contact with her mentor for some time due to the client's relapse, but that she has gotten back in contact with her mentor and she sees her weekly.

Two of the interviewed participants went through two mentors. One had a negative experience with her first mentor, who was enabling the participant's illegal activity. She is very happy with her new mentor. However, she felt that she had to wait a long period of time prior to getting assigned a new mentor. Another client explained that her first mentor was a great match, but the mentor then had some personal issues, so she could not mentor anymore. The client was then assigned another mentor who made empty promises and was not following through on promises. Then she was assigned another mentor who had personal issues. She is now on her fourth mentor, who she had yet to meet at the time of the interview.

Participants talked about doing pro-social activities with their mentors, such as: going out to eat, doing laundry, emailing correspondence, learning coping skills, proofreading a mentor's book, attending church together, and even planning celebrations such as Mother's Day and birthdays together. Two of the participants described their mentor as a spiritual guide for them.

#### *Problems with Intimate Relationships*

One staff member articulated the following, "Men have a strong hold on these women; stronger than we do. We are competing against men and the fun of the streets."

Understanding the above, staff would then get to know the client's partners which really helped them to better understand the clients' problems. Staff explained that even if their partners were their abusers, the staff were still able to gain their confidence. They went on to explain that "at first glance you would not want to have relationships with these people, but in the end we realized the importance of it." Staff reported that the men have helped them with the clients in some instances, and that the partners who were a good influence could also be an ally in the process. The social workers explained that interviewing and speaking with the men changed the relationship with all those involved with the program (both staff and client.)

Staff reported that the men were often not a good influence on the clients as most all of the men had drug, alcohol, and/or violence problems. Staff felt that if they could talk with the client about having a healthier relationship, describing a healthier relationship, and if they could get the client into a different environment, then maybe the client would be able to see clearer.

The clients discussed the relationship that the social workers had with their significant others. The social workers took pride in knowing who the client was dating and who was involved in the client's life. The clients seemed to like this because it allowed them to feel better understood. And while some of these

relationships were not healthy, the social workers did not abandon them, and in some cases, through the program, the client gained enough self-esteem and self-sufficiency that she ended up leaving the relationship.

### *Self-esteem Issues*

One of the staff members explained that she had the following wish for the clients, “That they get the strength that I know they have to recognize that they deserve better and will not accept the bad behavior around them.”

One important piece of WRP, as describe by program staff, is that it gives the women a place to go where they are unconditionally accepted, which is critical because so many people have given up on them by now.

A client explained that the program helps the participants to build up their self-esteem and feel better about themselves. She explained that they all saw themselves as junkies just like the outside world did, but that the program brought in people who did their nails, helped them with their makeup and talked about clothing; making them feel worthwhile. WRP was a place where they could go where no one had given up on them.

When clients were asked about changes they have made in their lives since participating in WRP, many identified that they now have a higher self-esteem than when they began the program. Clients explained that they learned how to build their self-esteem, how to have a voice, how to move on from the mistakes that they have made, how to believe in themselves and to not give up on themselves, recognizing that they are worthwhile, and gaining greater self-confidence.

### *Extensive arrest record*

While the women were mostly arrested for property and prostitution charges, many had been arrested a multitude of times for those kinds of offenses. This was corroborated by the official data reviewed.

Participants were interviewed and ask about their desistance from crime since participating in the program. One client explained that her crimes all related to drugs and prostitution, so with her not engaging in these two activities anymore, she does not worry about committing another crime. Another explained that her criminal activity was related to financial needs, such as paying the electricity bill. She explained that she now has learned better problem solving and has resources to go to if she cannot pay the bill.

Three of the clients discussed their improved relationship with their children due to program involvement and that because of this, they are far more concerned with rebuilding those fractured relationships than going back to jail and having to rebuild again. Clients credited WRP with helping them to regain custody or to have improved relationships with their children. Another client felt that if someone has a true desire to stay away from crime, that this program can help with that. She went on to say, “This is a way out; they set you up for success.”

While two of the seven women interviewed were currently incarcerated, one explained that her crime was a violation and that she knew she was going to be incarcerated, while the other explained that she was currently incarcerated for getting into a fight, something that was not her historical reason for getting incarcerated.

### *Employment*

Those women who worked prior to incarceration were also able to find new employment, while those who did not work prior to incarceration did not find employment (most were not looking). This finding was



consistent with Taxman and Cropsey's (2006) results that of women surveyed in jail, 60% were unemployed at the time of arrest, and of those, a third were not looking for employment.

### *Housing*

While clients identified housing as an issue, none of them talked specifically about the need for housing or the importance of it. Clients did, however, discuss WRP's assistance with emergency housing, which was critical to the program. A number of clients reported WRP putting them up in a hotel for one or even more nights. Another explained that she had a severe domestic violence incident that resulted in her receiving medical treatment in the hospital. WRP staff showed up to the hospital and supported her and her children, providing them with bus tickets out of the area to stay in an emergency shelter with her children until WRP staff were able to find her safe, stable housing in Rochester. Once the housing was identified, WRP paid for her to return to Rochester with her children and they then moved into the new apartment.

WRP reported assisting 25 clients with housing (driving around to see apartments, secured funding, paid for deposit, filled out paperwork). And of those 25 clients, 14 received housing.

### Further Qualitative Results

#### *Change Process*

Clients seemed to have a deep understanding of the change process, not necessarily articulated in that way, but through describing the difficulty in changing without an internal influence and also the need to acknowledge the importance of smaller, incremental change. The clients recognized that sometimes the best way to change is through small "baby steps," and the WRP program allowed them to change with supports in place. One of the social workers stated, "A lot of them have stumbled, they have messed up, but they don't go to jail or if they do, they don't go back for as long, it's like small improvements that we see." While the clients admitted that they would stumble, some harder than others, the program would always take them back. This was a program that did not turn their back to them. Instead, the opposite would happen, they would come and look for the clients who had disappeared. This ability to come and go in the program was really important to the women because it only increased their understanding of support and self-esteem, because while they may make bad decisions, they themselves are not bad.

Participants were asked, on a scale of one to five to rate the following statement: "Prior to enrolling in the program, I was ready to make positive changes in my life, with one being strongly agree and five being strongly disagree." Two clients strongly agreed that they were ready, two clients agreed, one client disagreed, and one client did not rate the statement. However, a few of the clients explained that while they thought they were ready to change, they were not necessarily ready for it. One client explained, "being an addict, you think you want something, but then you realize you don't, that you want to go back to the same old thing. I thought I was ready for change, but I wasn't." Another explained that this was the first time in her life that she even entertained the idea of change, so while this was her first attempt at change, this was important because it was her first time internalizing the need for change.

While many clients struggled through the change process, two participants explained that they were absolutely ready for change from the beginning. One stated that she knew she had relapsed after being sober for 10 years and she needed to get everything back in order. The other participant explained that she was simply ready to change her circumstances.

### *Client Involvement*

In the group interview, participants were asked how they got involved in the program (the program is only offered to sentenced women in Monroe correctional facility), they said that jail is boring so people are always looking to do something. The women got involved that way but then they stayed, as it was explained, because they felt that the program was good and they formed relationships with one another and wanted to keep that bond.

Participants were also asked about program involvement in the individual interviews. Six of the participants identified wanting support from a program as being the reason that they enrolled in the WRP. One client explained that she did not know what she wanted other than that she needed help. Clients explained that they had tried other ways but it did not work out; they realized they needed greater support than what they had tried in the past. Only one client explained that she joined the program simply because “Why not? JPC explained the services and I was interested.”

### *Client Experience with WRP*

Clients were asked to describe their experience with JPC. While there were commonalities among the descriptions, each client had specific things that WRP helped them with. One client explained that it was a way out and that WRP did not give up on her no matter how many times she relapsed. WRP would help her with getting put up in hotel rooms multiple times, they got her out of “trouble” a number of times, and they even brought her to rehab a number of times. Eventually, she did get sober and is living in long-term housing. Another client talked about the groups in the jail, and then the mentor and the social workers, she then talked about receiving clothing vouchers and housing from JPC. Another client talked about her regaining custody of one of her children, WRP advocating for her, and WRP offering help with child visitation.

A client described the social worker as her “cheerleader,” explaining that WRP would support her, assist with sobriety, offer friendship, and advocate for her. Clients described WRP as sticking by their side, helping with transportation, offering advice, giving support, assisting with legal help, making referrals, and helping with child-related issues.

Participants were asked how effective WRP was with their identified needs. Every client reported WRP to be very effective at the work they do. No client reported concerns with the effectiveness of the program. Clients were also asked if there were any services that they needed that they did not receive from WRP. Again, all clients responded to this question with a resounding, “No, the program provided everything we needed.”

The participants’ relationship with the social worker was unique, as many of the participants described their social worker as being similar to a family member, but specifically one who guides them, such as a mother or grandmother. The clients described a close relationship with someone who they felt they could trust, share their innermost thoughts with, rely on, and someone who simply cared about them. The social workers would connect and refer clients to services, be there for the client to talk with, conduct home visits, provide them with various resources, and be in regular contact with them. The overall relationship was seen as very strong and consistent.

The relationship with the project coordinator varied with the clients. Some were close with the project coordinator and identified her as a family member, while others felt very positively about her but were not very close with her in terms of sharing personal information. All of the clients identified at least one time

when the project coordinator advocated for them and they all viewed her as an asset to the program, with her ability to both advocate and refer clients to well-established programs.

One client explained the following, “she would promote independence. She would ask you to try things and when you called because you didn’t try, she would say, keep trying. Then after you at least tried to get the resource, she would help you. She just wanted us to learn how to become self-sufficient.”

Clients felt that WRP is different than any other programs currently being offered. Clients identified a few key factors that make this program different than others. First, that the program is quite flexible. The staff are willing to transport children, to meet clients where they are, to take them back in the program even after they are rearrested, and other things that most other programs are simply not able to do. Another client explained that WRP staff go out of their way to help you. They will transport you if you need it and they also make sure to refer you to places that will help you. Another client talked about how WRP staff will even go looking for clients who become disengaged; she could not think of any other program that does anything like that, for the sole purpose of making sure the person is safe and continuing to offer them services.

#### *Support Group Experience*

All of the participants interviewed reported enjoying the support groups, both inside and outside of the jail. Clients reported learning better communication skills, learning how to support one another, empathy for others, and a feeling of camaraderie among other members. Another part of the group was that there was always food and drinks available. Clients reported that if they showed up to group and in need of a household item, they could always count on leaving group with whatever they needed.

#### *Program Length*

Clients were asked to comment on the program length. Five participants felt that the program length should be dependent on the individual. Many described a program that would end when the client was ready for it to end. One participant explained, “Everyone has different needs” and another explained, “It should last until you get yourself right. That will be different time periods for different people. Some people need more help than others.” Two clients responded that the program should last forever. These clients described sort of an Alcoholics Anonymous model in which they would mostly use the program as a support when it was needed. The main idea behind it was that the program would still be accessible to people at any point.

Participants were also asked about the program starting in jail and whether that is a necessary structure of the program. Every client responded that the program should be pre-release. Every client explained that this was important because it was a way to establish relationships and trust prior to release from jail. The participants all identified relationship building as an important step in the program process.

#### *Other Staff Critical to the Program*

Two of the Monroe Correctional Facility staff were identified as being integral to the program. WRP staff explained that they facilitated the program inside the jail by providing the information WRP needed and by opening up communication. While WRP staff explained that the jail is now very accommodating, they were very clear that it was all about relationship building. WRP Staff did things such as bring in cookies to the deputies, get to know the deputies, and have continued patience with staff while at the jail. Jail Staff now ensure that the classroom used for WRP groups is open and they are happy to see the social workers.

Without the establishment of these integral relationships with jail staff, WRP staff believed that there was a chance the program would have failed. Jail staff always have the ability refuse any visitors to the jail, and they did not do this with WRP staff. The WRP staff attributes this to the staff seeing the impact on the women, that the WRP staff did not give up and they were consistent, and that they always treated staff with respect.

### *Concerns*

When clients were asked to identify any program issues or things that did not go so well, a client pointed out that at program inception, as the program was just beginning, the social workers were a bit naïve about what they were getting into. She explained that the clients would sometimes make up stories or manipulate the social workers to get their needs met. However, the social workers soon rose to the occasion and began to catch on to what was happening and quickly put their foot down. The social workers grew with the clients, they began to better understand the issues were facing, but to also help the clients by modeling healthy behavior for them. The social workers would have clear boundaries and would say “no” to the clients and the clients learned to do the same in their own lives.

WRP staff felt that waiting lists for various programs were a concern for the participants. Staff were worried that there were times when someone needed immediate or short-term help, and there was nowhere they could go to get the particular service. This was an important issue raised by staff.

Interviews with the participants revealed that funding is a large concern. Nearly all of those interviewed recommended that the program continue searching for grants in order to re-enact the program and to sustain the program.

### *Recommendations*

While clients overall described the program as wonderful, and able to provide all of the necessary services with open arms, clients made program recommendations. With transportation being a major component of the program, one client recommended hiring a full-time driver. This person would pick up clients who needed transportation and get them to and from appointments, including WRP support group and other meetings held at JPC. Another client felt so strongly about the work done with the individuals that she recommended work be done with the families as well, specifically with the children. She explained that the children often have mental health needs and other needs and a program like this could help the children immensely.

One client recommended that the program not be limited to only sentenced women, but also to unsentenced women. She did not see a practical distinction between the sentenced and unsentenced women, explaining that they likely need similar services as the sentenced women because they are also in jail. This client then went out even further and said that she could see this program being offered to all women who are struggling, having it include a preventative component to its model. She stated that she knows a number of women with children who could benefit from this program.

Another recommendation made was that the program contract with companies that would be willing to have the clients work in certain fields to get an understanding as to what the particular profession is about in order to know whether to pursue it, such as childcare, working at a call center, or doing secretarial work. The client thought it would be nice to even pay the women a small amount of money to get them to recognize it as a true job. It was recommended that this be another, later phase in the program, for clients who have been doing well and are ready to take the next steps towards independence.

Clients recommended that JPC take on an inpatient facility, one that was specifically focused on women and one that could be for these clients. They also suggested conducted group therapy with family members and other support people in the women's lives.

One client recommended that groups be held twice a week, as she seemed to get a lot out of the group work that is done. She also felt that it would be nice to have the participants go out to social functions together, such as a movie or some other kind of pro-social activity.

### Discussion: Understanding Success and Failure

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While clients identified tangible things that they received through the program such as food, diapers, soap, shampoo, and other personal products, clients also identified other important factors, such as increased self-esteem, better understanding of addiction, improved coping mechanisms, and better problem-solving from the program. Participants were very happy that WRP also acknowledged milestones, such as a child's birthday and Mother's Day. The celebrations with cake and even small gifts showed the women that they were worthwhile and doing good work, even if they did make mistakes along the way. Further, the jail visits by program staff were clearly a highlight of the program from the clients' perspectives.

It was evident from the results that relationship building was not only important for WRP staff, but equally as important to the WRP clients, but in a different way. Through the trust that was established, participants were able to be open and honest with themselves and others about mistakes they had made and to then move forward. The unconditional support offered by the program was the main aspect facilitating the participants' personal growth.

The client advocacy was also integral to the positive participant feedback about the program. Clients repeatedly talked about the social workers and program coordinator getting services for not only them but also for their children. One client discussed one of the social workers advocating for her son to get a mental health assessment that resulted in him receiving medication that greatly positively impacted his life. Clients also talked about how they learned to advocate for themselves by watching the social workers advocate for them. Advocacy was related to clients' self-esteem as they explained that it made them feel as though they are worthwhile.

When looking at the arrests for women who graduated from the program, the results were not as promising as we had anticipated. The results found that 36% of the women who had graduated from the program were not arrested after program graduation. A similar finding was discovered for those who did not graduate from the program. However, this particular program made it difficult to accurately measure arrests after program termination/graduation due to the continued re-admittance into the program for participants. Even participants who graduated from the program were readmitted. When measuring rearrests after the first program termination for participants who never graduated from the program, the results were telling.

WRP's continued acceptance and reacceptance of clients demonstrates a divergent way of understanding reentry, particularly with females. As discussed previously, relationship building and attention to self-esteem are critical in working with women, and particularly women in the criminal justice system. With the program willing to admit and continue to work with women even when they began using or had not been in touch with program staff for a period of time, helped the women to better trust WRP. Interviews with the clients revealed that every person interviewed felt strongly that the support offered by JPC, their willingness

to work with even the most difficult clients, and their compassion were factors that kept the women involved with the program.

The ongoing conversation around defining success for such a vulnerable population is important to continue. While measuring success by recidivism is one way, it seems that there are other ways that work to better inform the program staff. Staff felt that any forward progress by the women was a success. It was important that the women were able to take small steps towards progress, because to expect the clients to make immediate significant change, just does not make sense to the staff. Therefore, when they go to treatment and start doing well, that is success to the program. Staff were not intent on the idea that success should be determined by criminal involvement, as there were other ways to measure success, including sobriety, regaining child custody, maintaining shelter, and others.

Jail staff also recognized the deficiencies in only using recidivism as a measurement of success, in explaining that even keeping one client clean for two months, and thus out of jail, is a very important and noteworthy accomplishment, which should not be ignored.

As is always the case in programs, there were many lessons learned in working with this population, these include:

- The role of mentoring
- The need for intensive case management
- Importance of safe, long-term housing
- Recognizing and understanding the compounded issues faced by these women
- Utilizing a relapse and recovery model
- Recognizing the issues of childcare
- The influence of partners who are unsupportive and how to manage them
- Importance of celebrating milestones, such as birthdays
- The value of doing normal, pro-social activities (get ice cream, garage sale, etc)
- Understanding that relationship building is difficult, but necessary
- The need to address trauma in a supportive way

Staff explained that with so many issues faced by this population and with so much work to be done, very few people want to serve these clients. The compounded issues make it difficult to keep the clients engaged, which makes it easier to be minimally concerned when a client slips up or has no more contact with the program. However, WRP staff chose to fight against those odds, even searching for clients. WRP staff worked through the expected hiccups and the staff even continued volunteering their time for some of the clients once the program ended. It is apparent from the evaluation that there were certain personality traits needed to keep this program afloat and to even get the successes that they did get with the clients. Traits that were especially helpful include: assertiveness, reliable, non-judgmental, and persuasive.

The findings are consistent with Sered and Norton-Hawk's (2008) qualitative evaluation of 33 women released from a correctional facility. These women described very disruptive lives, in which poverty was a major barrier, as well as numerous exposures to trauma. The trauma identified in the WRP client's lives is consistent with the findings that women offenders have higher rates of traumatic exposure than the typical population (Kubiak, Young, Siefert, & Stewart, 2004). The homelessness, legal troubles, mental health barriers, loss of their children, and other identified issues were consistent in the WRP population.

Sered and Norton-Hawk explained “flare-ups” in the women’s lives. These flare-ups were described as times in the women’s lives in which they were not receiving the support nor were their basic needs being met, causing things to go array, and thus, flare-ups occurred. A flare-up could then result in just giving up, or relapsing, or returning to an abusive partner, or to getting so angry as to act in a violent manner. The women in WRP described the concept of flare-ups as well. The clients explained that life would get overwhelming, causing them to react in various ways, such as running from the program, returning to their previous way of problem-solving, or giving up housing.

Thus, the results build on prior research in the area, creating an opportunity to enhance interventions with these women.

## Implications

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These findings support the need for gender responsive programs. Gender responsive programming would address: relationships, depression, parental issues, self-esteem, self-efficacy, trauma, and victimization (Blanchette, 2004; Blanchette & Brown, 2006; Bloom et al., 2003; Brennan, 1998; Brennan & Austin, 1997; Farr, 2000; Hardyman & Van Voorhis, 2004; Reisig et al., 2006; Taxman & Cropsey, 2006; Van Voorhis & Presser, 2001)

Gender responsive programs respond to issues that particularly affect females, create a corrections environment that reflects an understanding of the realities of women’s lives, and is multidimensional in its approach (Sydney, 2003). It is a strength-based approach that addresses social and cultural factors and therapeutic interventions involving issues such as trauma, abuse, family relationships, substance abuse, and mental health issues. And, it would recognize that relationships are important to women. Supporting these efforts would be integral to continued program development and continued understanding of women’s issues in the corrections sector.

Relationships are important to women, with a need to establish trust between the participant and the program staff in order for any lasting work to be done. Programs working with women should build in time for relationship building. Mentors should focus on getting to know one another as well. Real efforts should be made to not penalize the women when they make a mistake, miss an appointment, relapse, or do not follow-through. In the beginning phase of working with the client, it should be identified as a sensitive phase, in which most efforts should be directed towards understanding and building trust in one another. It was powerful that of those interviewed, WRP staff were viewed as family, even become godmothers of children, referred to as mom, and grandma. The unconditional aspect of these relationships is key. Taxman and Cropsey (2006) highlighted the findings that desistance from crime is more likely to occur from the formation of positive social bonds that endorse pro-social behavior. Thus, relationship building is integral not only to self-esteem but also to desist from participation in criminal activity.

There is a need to better understand those clients that were successful in terms of recidivism, but were not engaged with the program. The clients who terminated themselves from the program, but went on to not have a subsequent arrest. These may be women who have supports already in place, are not comfortable working with a program that has so many people interacting with one client, may not have as serious mental health and/or addiction issues, there may have been personality clashes, or they may have had needs that WRP could not provide services for. A next step would be to interview those clients who did not graduate from the program and who are no longer involved.

The disrupted lives that these women lead are evident, as was found in Sered and Norton-Hawk's research too. The disruptions began early in the women's lives, via sexual and/or physical abuse at the hands of those who were supposed to protect them. And then, as they moved forward, unhealthy coping skills to address the various traumas resulted in even more disruptions in their lives, from medical care access to homelessness to abusive partners to leaving behind their children. Having the ability to control one's life and achieve their goals is important in order for women offenders to desist from crime (Van Voorhis et al., 2010). Working with the women to gain control over their lives is a step in the process towards empowerment and self-efficacy.

The need for women to work with women was also evident in the evaluation results. WRP staff felt strongly that the women had all been harmed by men in multiple ways and the way to build them up again was to align with one another, to then understand, then build trust, and to finally support one another and believe in the client's abilities to be successful. Concerns for the clients working with men arose around issues of clients manipulating men, clients oversexualizing interactions with men, and clients simply not trusting men. In interviews with the women, they agreed that the female WRP workers were an asset to the program and that having staff of the same gender made it more comfortable for the women.

Clients were unable to identify another program in Rochester that provides the same services. Clients felt that WRP was an effective program that met all of the client's needs. WRP worked with women who were at risk of reoffending and managed to engage the clients, provide them a mentor, provide clinical counseling, offer a support group, and provide case management services. The women who remained involved with the program felt strongly that the program had a very positive influence in their lives. While the social workers acknowledged that many of the women were in relationships with abusive and/or substance abusing partners, that it was important to understand and talk with these partners to start where the client is. The clients surprisingly appreciated the workers getting to know their significant others and talked about the impact that had on them and their trust in the program.

WRP program replication may be difficult, as there were various facets of the program that were more focused on the immediate needs of clients than directed by program structure. For example, one particular client who was engaged with the program, continued with the program even as she was moved down state. Eventually she was moved back upstate and released on parole, but she was technically out of the service area. However, she was utilizing the mentoring component of the program and regularly attended group when she was able to, and she was in regular contact with her social worker. The decision to take clients who had been terminated from the program was made just as it was occurring. Case notes were not consistent across each client, revealing the likelihood that a portion of the work that was done may not have even been recorded. With biopsychosocial assessments not being regularly updated, this case level data is getting lost but would help to better understand who the clients are.

Further WRP is run through the Judicial Process Commission, an organization with advocacy at its core. The director of JPC was the program coordinator, who advocated immensely for clients in WRP. However, much of the advocacy work was not documented as it is considered the "normal way of doing business." There needs to be way to better measure client advocacy.

With all of the participants interviewed discussing improved self-esteem, feeling that she is "worth it," and feeling supported by WRP staff, future studies should incorporate a pre/post test model to measure any changes in self-esteem. There are also measures for empowerment which could provide insight. Hunter,



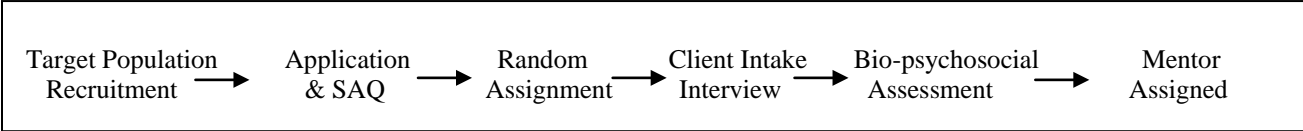
Jason, and Keys (2012) measured empowerment for women in recovery for substance abuse using a survey of 48 Likert scale questions. The survey also measured three factors related to psychological empowerment: self-perception, resource knowledge, and participation. Their findings revealed that there are likely stages that occur in order to get to full psychological empowerment. As a result of their work, they developed the Women in Recovery Empowerment Scale or WIRES. It may be useful to build on this work to measure any changes in the participants' assessment of empowerment pre program involvement and post program involvement.

Makariev and Shaver (2010) argue that in order to break the cycle of incarceration in families, there is a need for an intervention that improves parents' mental health while simultaneously improving relationships with their children. These programs could be measured by looking at mental health outcomes as well as improved relationships. It seems that WRP was a program made an attempt at doing just what Makariev and Shaver support as being effective in changing the outcomes for children of incarcerated parents. However, more research is needed to better understand the women's mental health outcomes and their relationships.

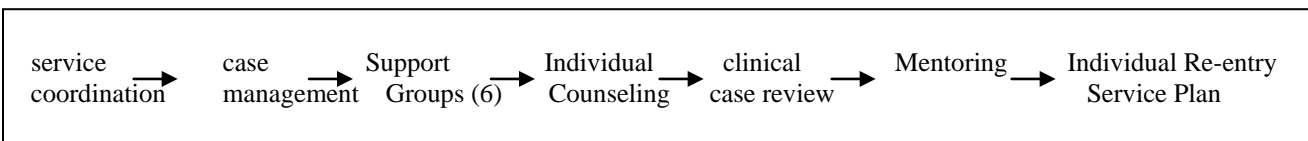
WRP began as a program with multiple components and it then continued to develop over the course of the grant period. WRP staff were flexible and open to altering program components in order to best serve their clients. Learning occurred throughout the entire process to the benefit of clients. The staff began to better understand the needs of the women and the barriers they were faced with, and began to put forward the most critical needs first and to then work on the less critical needs. The program received raving reviews from the participants, even participants who had been re-incarcerated. Participants felt strongly that WRP offered all the right services and that the staff was good to work with. Participants came with issues and problems consistent that the literature has described in female offenders. WRP was able to work with this population and, as a result, contribute to the social environment in Rochester but also to the research community. Future programs need to identify appropriate staff for this population, reliable mentors, safe space for women to gather, have a hold on childcare needs, have the ability to transport clients, and ensure that trauma and self-esteem are addressed.

WOMEN'S RE-ENTRY PROJECT (WRP)  
TIMELINE

**Phase 1 – Intake**

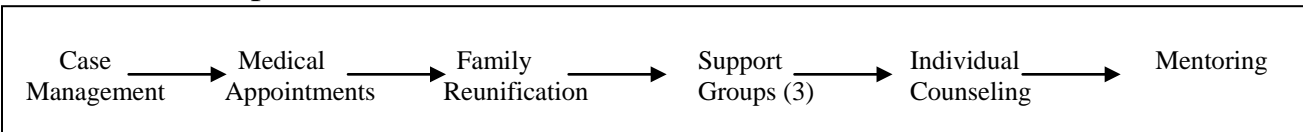


**Phase 2 – Pre-Release**

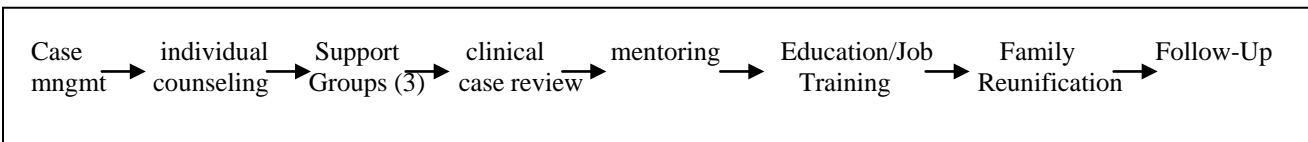


**Phase 3 – Post-Release, Short Term**

First 2 months post release:



**Phase 4 – Post-Release, long Term**



## JPC Focus Group Topics

### 1. Introduction

- a. Thank you for meeting with us today. We are working with JPC on a project to make the transition from correctional facility into the community as smooth as possible; focusing on women and their families.
- b. Our role on the project is to do research and provide technical assistance. Part of that includes meeting with you to learn about your current situation and needs that you have as you get ready to be released. The program will include 40 women and we would like to have a better idea of what women in your situation might need to be successful when released.
- c. Janelle will be taking notes as we discuss the different topics. Keeping notes ensures that we don't forget important points that are made by you today. And I will be running the group today, asking the questions and getting your thoughts on the topics. (or something like this)
- d. All information that you give is confidential.
- e. Please introduce yourself; tell us your name, when you will be released, and the top two things you need to take care of once you are released.
- f. Topics to cover, 15 minutes for each.

### 2. Housing Needs

- a. Where were you living before you came here?
- b. What type of place was it (house, apartment, shelter)? Did you live with just your family or several families? Who else lived with you (husband/boyfriend, children, parents, etc.)? Would you consider it a safe place to live?
- c. Will you need to find another place to live when you are released? If so, what type of things are you looking for (location, safety, privacy, sober living)?

### 3. Family Unification

- a. Are you pregnant or have kids? How many kids do you have and how old are they?
- b. Do you have legal custody of your kids? If not, who does? Are trying to regain custody? If so, when does that process begin? Is anyone helping you to get custody of your kids?
- c. How often do you see your kids? When was the last time you saw them?
- d. Does their father help out with the kids?

### 4. Employment Needs

- a. Did you have a job before you came here? What kind of job was it (legal or illegal)?
- b. Will you need to look for another job when you are released?

### 5. Transportation Needs

- a. Do you have a driver's license?
- b. Do you own a car? If not, how do you usually get around (bus, family/friend, taxi)?
- c. Do you need a car seat/booster seat for your children?

**6. Medical Care**

- a. What are some of your health care needs? What are the top three things you will need to raise a healthy baby or healthy children (prenatal care, substance use treatment, child health care)?
- b. Do you currently have insurance coverage?
- c. IF PREGNANT: When is your baby due? Have you seen a doctor since you have been here (# visits)? Are you given prenatal vitamins? Will you be released before your due date? Do you plan to breastfeed your baby? Do you have access to parenting classes here?
- d. IF HAVE KIDS: Do you have a pediatrician or family doctor? How often do your kids see their doctor? Do they get the care they need? Do they get the medicine they need? Do you have access to parenting classes here?
- e. Have you seen a doctor (for something other than pregnancy) since you have been here? Are you taking medication?

**7. Children's Needs**

- a. Where do you plan to get diapers, a crib (or basinet), baby clothes, bottles, etc. for your newborn?
- b. Are there local agencies that can help you with these items? Are there certain items that are harder to get?

**8. Social Support**

- a. What kind of support do you have/will you have when you leave here (family, friends, church, local agencies)?
- b. Who do you trust or go to for help?
- c. What agencies have you gone to for help? Have they been helpful?
- d. Are there any agencies that are hard to work with?
- e. How helpful are probation and parole officers in getting services?

**9. General**

- a. What are some obstacles that you anticipate upon release?
- b. Is there anything else that you will need to be successful once you are released?
- c. Is there anything that we have forgotten to ask you but should have?

Participant Group Interview Guide

1. Introduce self and purpose of interview.
  2. What has this program done for you? What kinds of services has it provided you?
  3. Why did you choose to be involved in this particular program?
  4. Why are you still involved?
  5. What life changes have you made because of the program?
- 
6. Optional What specific do you dislike about this program? What would you change about the program?
  7. Optional What specific do you like about this program?
  8. Optional What did I miss? What didn't I ask?

Appendix D

WRP Evaluation Interview

\*\*\*\*\*REMINDERS: Voluntary, can stop at any time, confidential, no right answer\*\*\*\*\*

1. Why did you choose to enroll in the program?  
 Heard about it from others  
 Something to do  
 Wanted support from a program  
 Other

2. Prior to enrolling in the program, I was ready to make positive changes in my life.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
----------------	-------	---------	----------	-------------------

3. Talk about your experience with the WRP.

4. Please circle your needs when you began the program.

- |                          |                                     |                       |
|--------------------------|-------------------------------------|-----------------------|
| Child-related            | Mental health (therapy, counseling) | Housing               |
| Mental health medication | Medical                             | Legal assistance      |
| Substance use            | Transportation                      | Healthy relationships |
| DSS Benefits             | Employment                          | Education             |
| Support from others      | Role model                          | Help with rap sheet   |
| Self-esteem              | Trauma recovery                     | Other                 |

5. From those circled above, please underline the top three most important needs that you had.
6. What needs circled above did JPC help you with? How effective was that help?
7. Describe your relationship with the social worker. What did she do for you?
8. Describe your relationship with the project coordinator. What did she do for you?
9. Describe your relationship with your mentor(s). What did she do for you?
10. Describe the WRP groups.
11. How was the program length? Should it have been longer? Shorter?

12. What was the best part of WRP?
13. IS WRP different than other programs offered? If yes, how?
14. Were there any services you needed, but could not get through JPC? What were those?
15. Please circle your current needs.

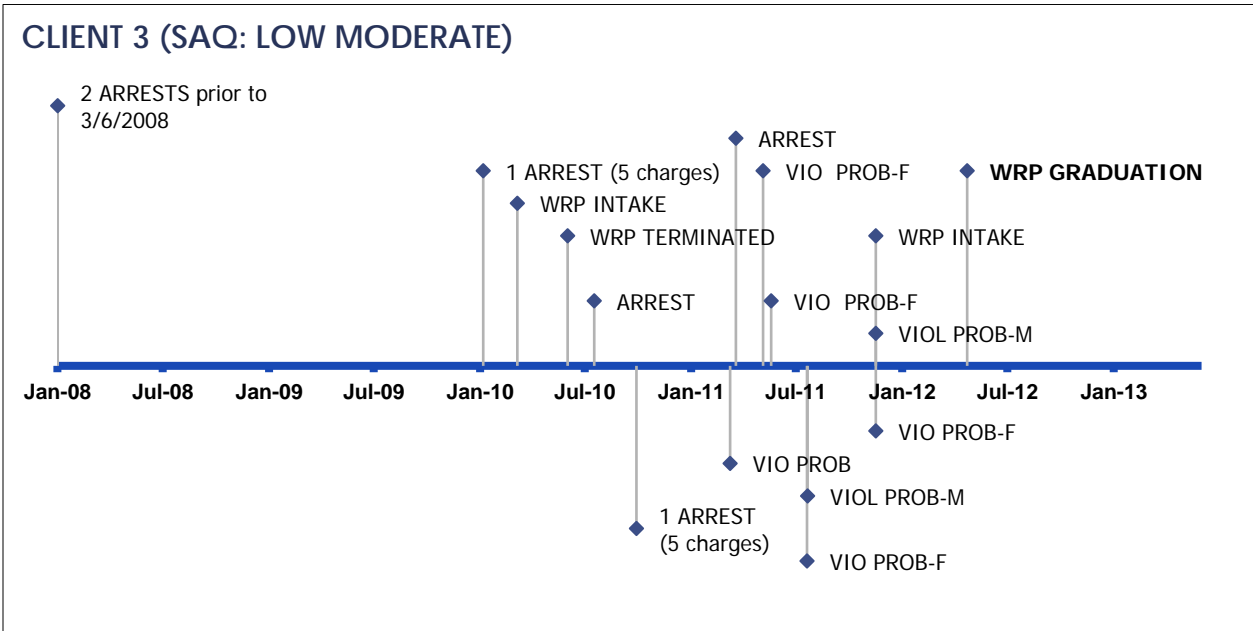
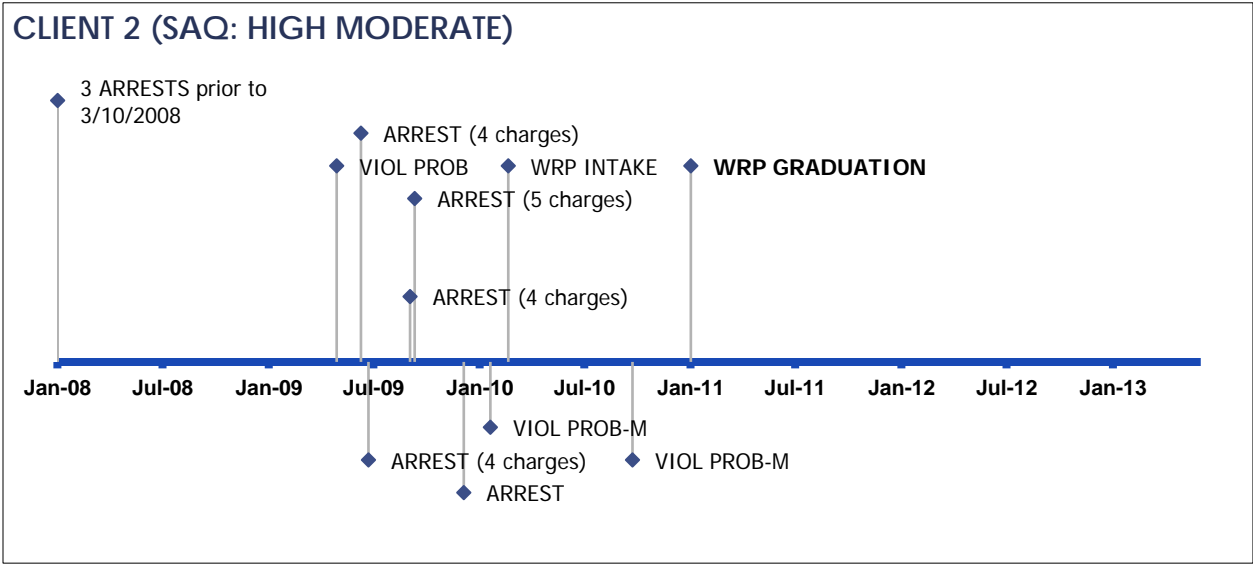
Child-related	Mental health (therapy, counseling)	Housing
Mental health medication	Medical	Legal assistance
Substance use	Transportation	Healthy relationships
DSS Benefits	Employment	Education
Support from others	Role model	Help with rap sheet
Self-esteem	Trauma recovery	Other

16. From those circled above, please underline the top three most important needs that you have now.
17. Did WRP play a role in your desistance from crime? Why or Why not?
18. Describe changes in your life you have made since participating in WRP.
19. Why have you continued your involvement in the WRP support group?
20. What program recommendations do you have?

Appendix E

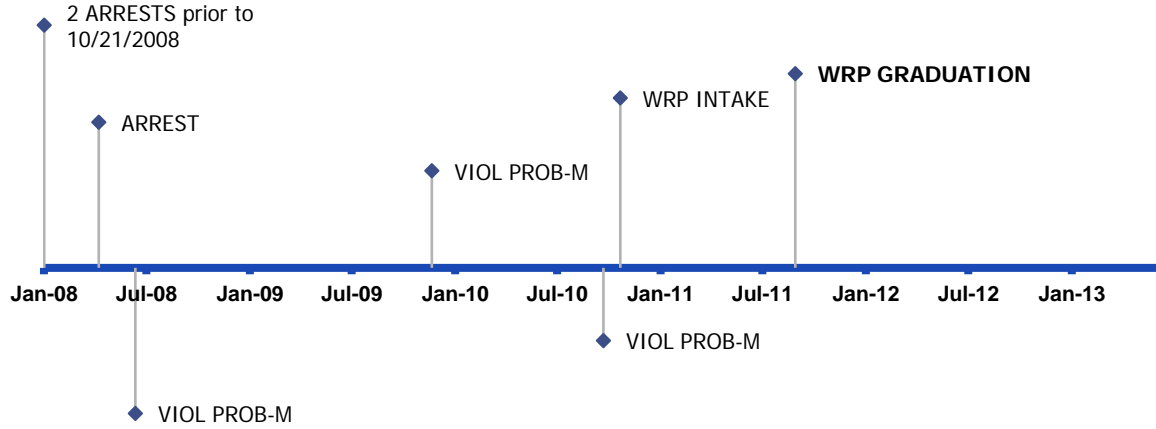
Graduated Clients Arrest History

0 Arrests post graduation:

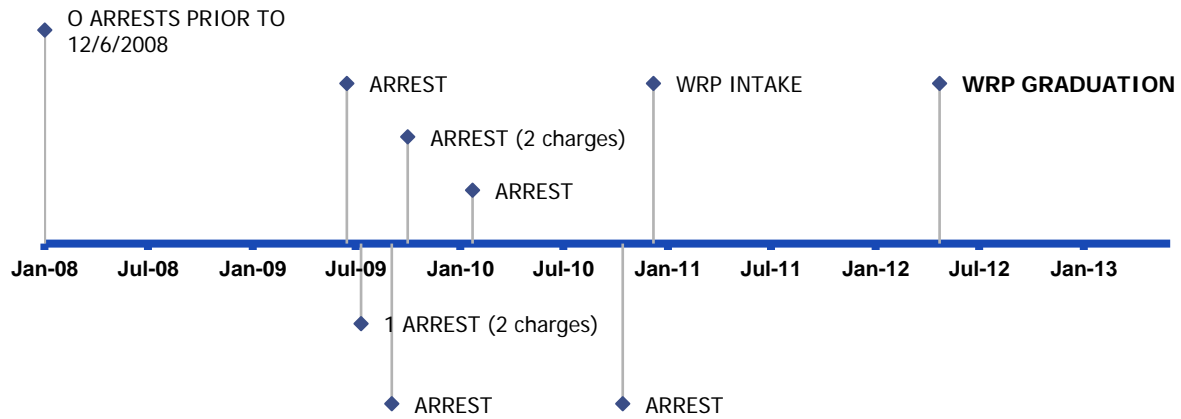




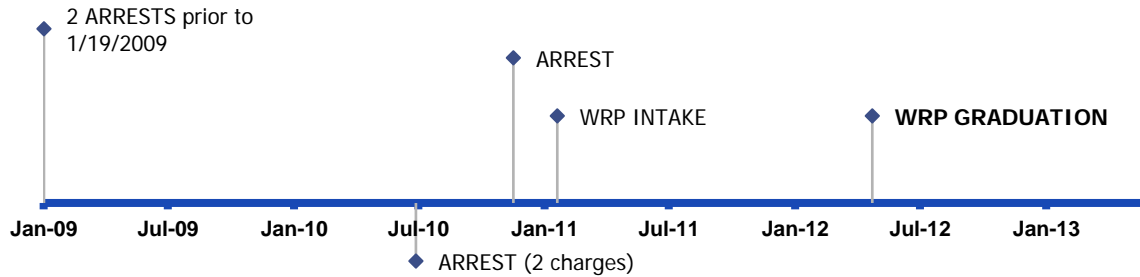
### CLIENT 7 (SAQ: HIGH MODERATE)



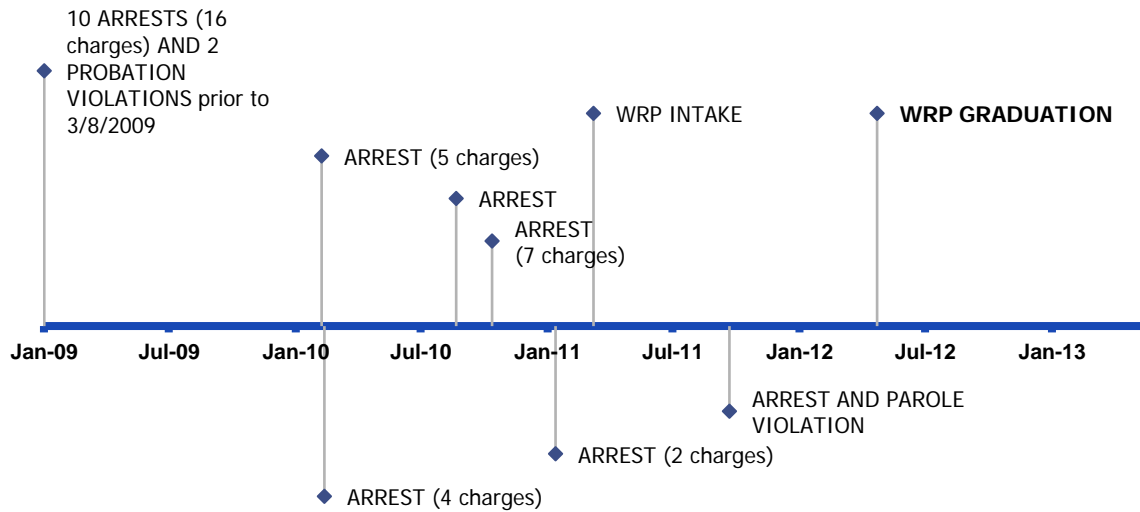
### CLIENT 8 (SAQ: LOW MODERATE)



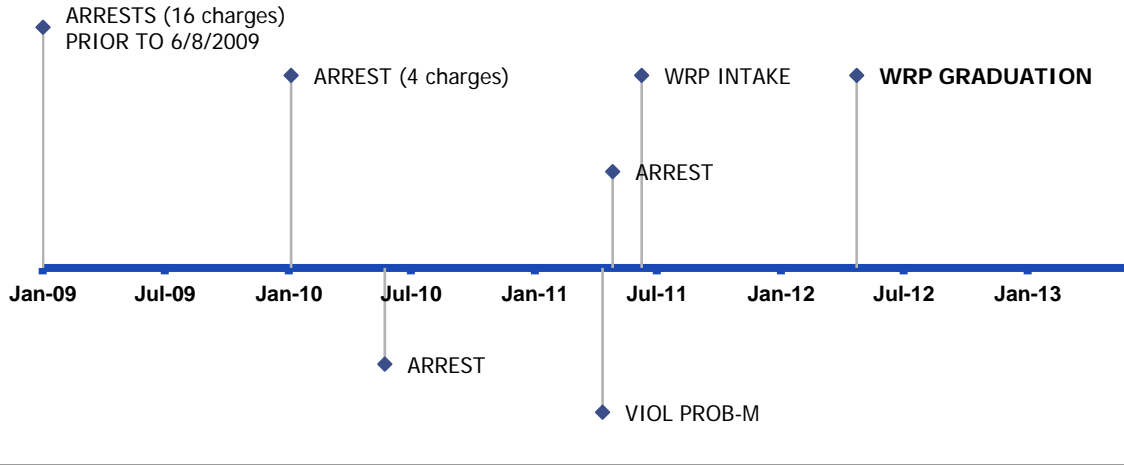
### CLIENT 9 (SAQ: LOW MODERATE)



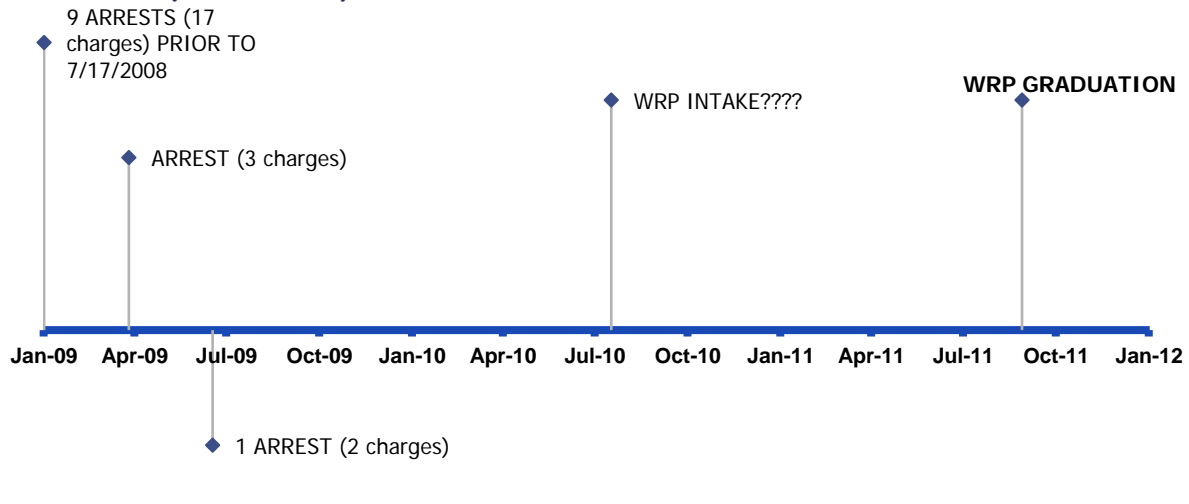
### CLIENT 13 (SAQ: LOW MODERATE)



### CLIENT 18 (SAQ: LOW MODERATE)

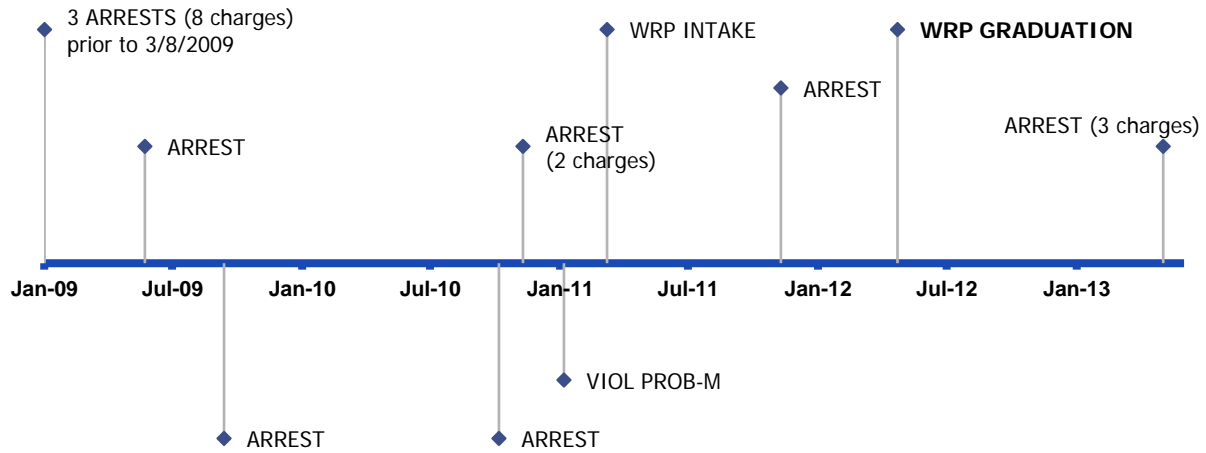


### CLIENT 20 (SAQ: HIGH)

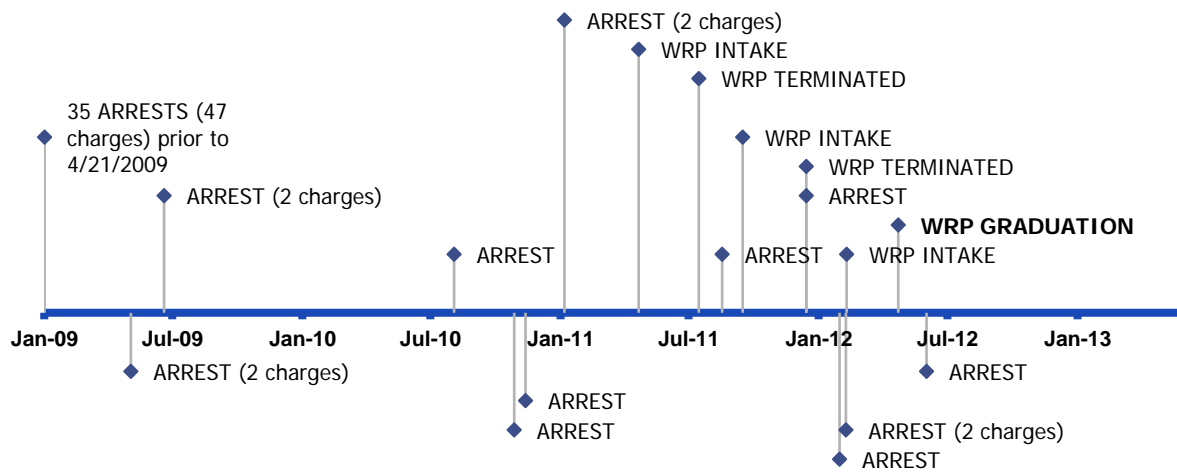




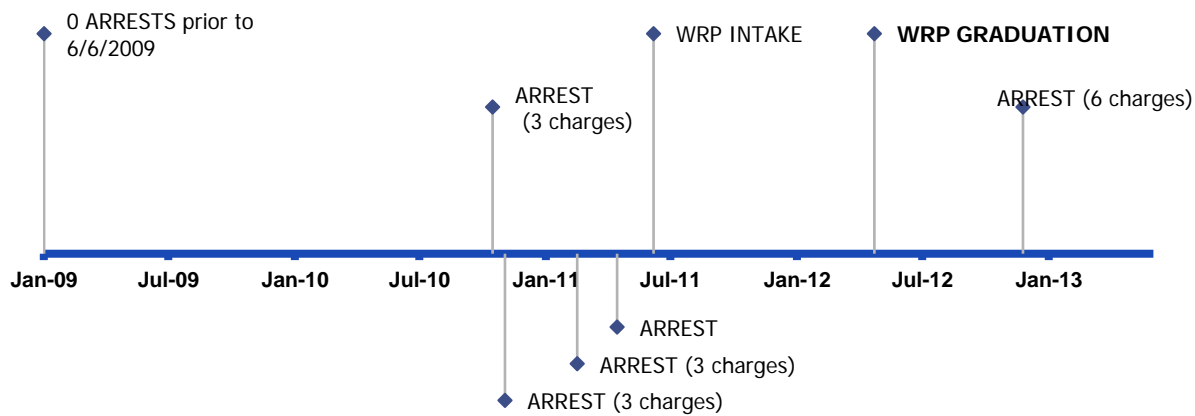
### CLIENT 14 (SAQ: HIGH MODERATE)



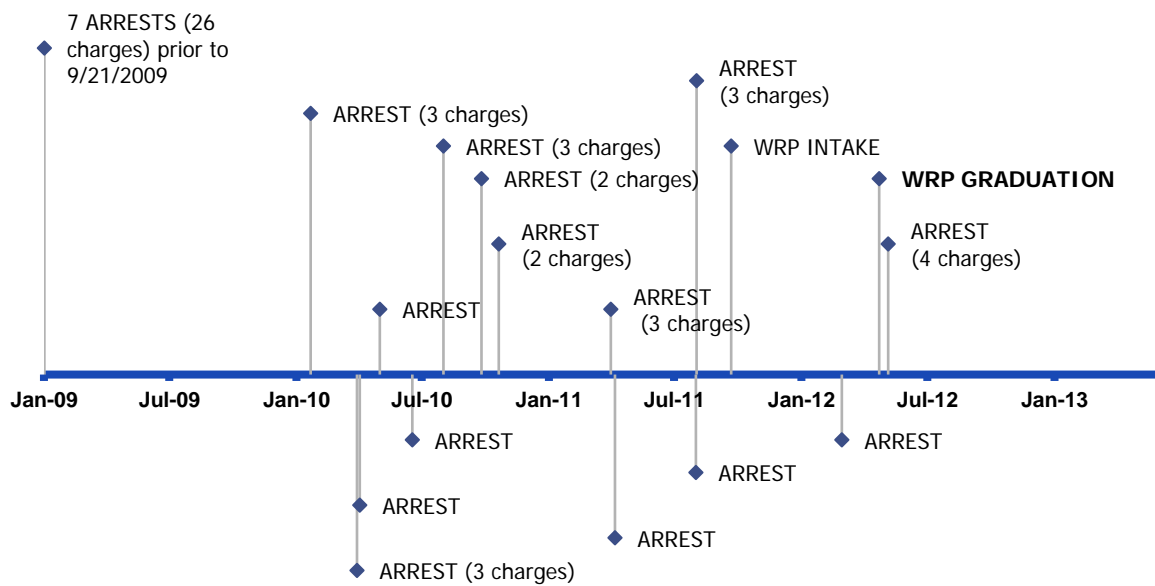
### CLIENT 16(SAQ: HIGH)



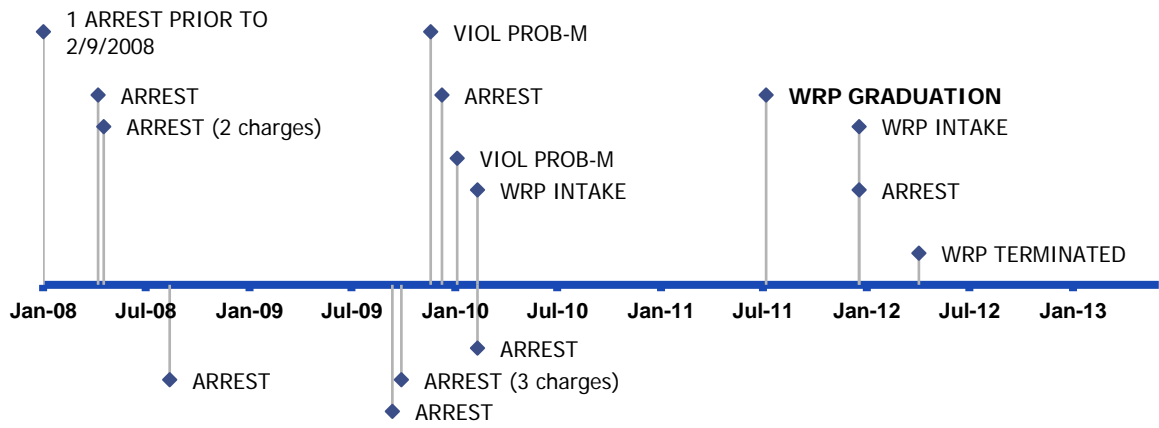
### CLIENT 17 (SAQ: LOW MODERATE)



### CLIENT 19 (SAQ: MISSING)

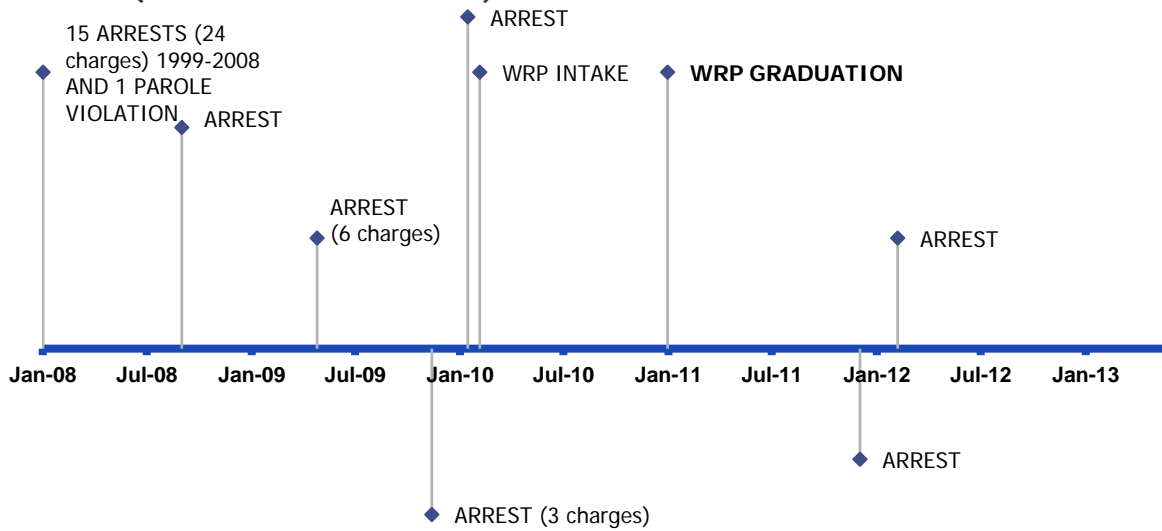


### CLIENT 21 (SAQ: HIGH MODERATE)



2 arrests:

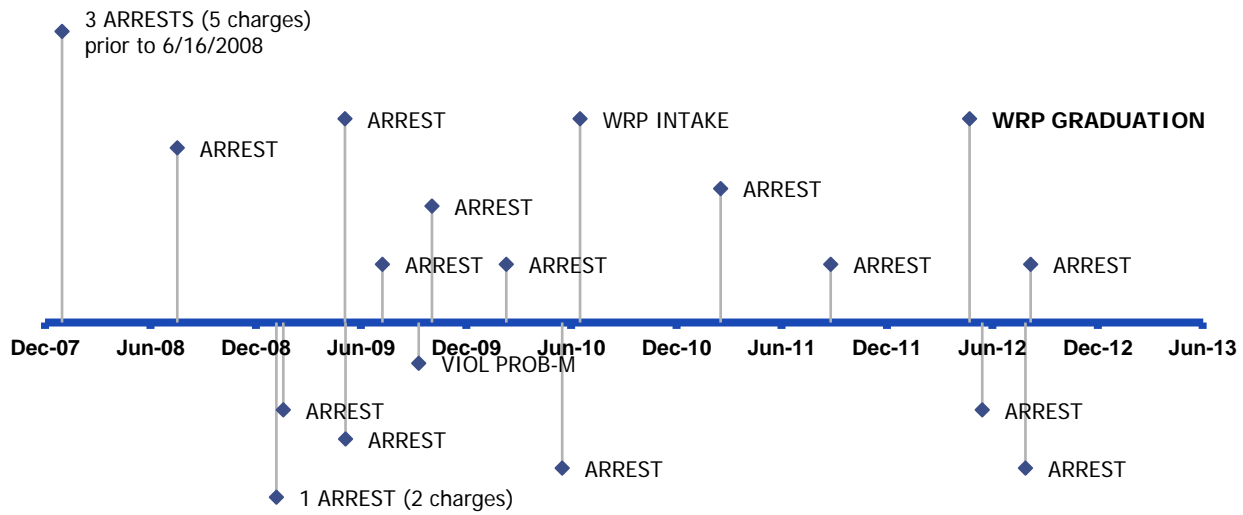
### Client 1 (SAQ: HIGH MODERATE)



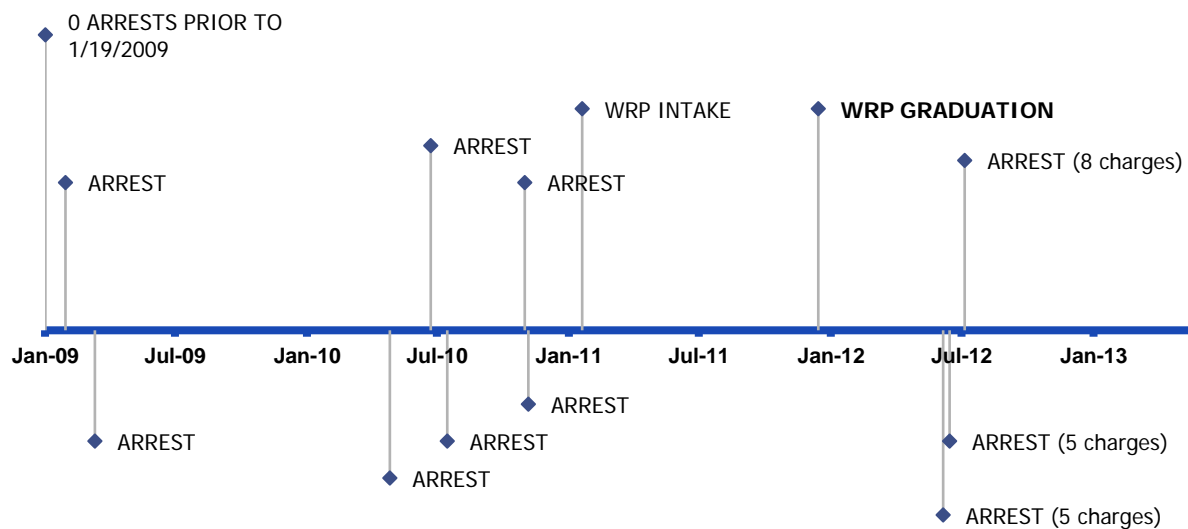




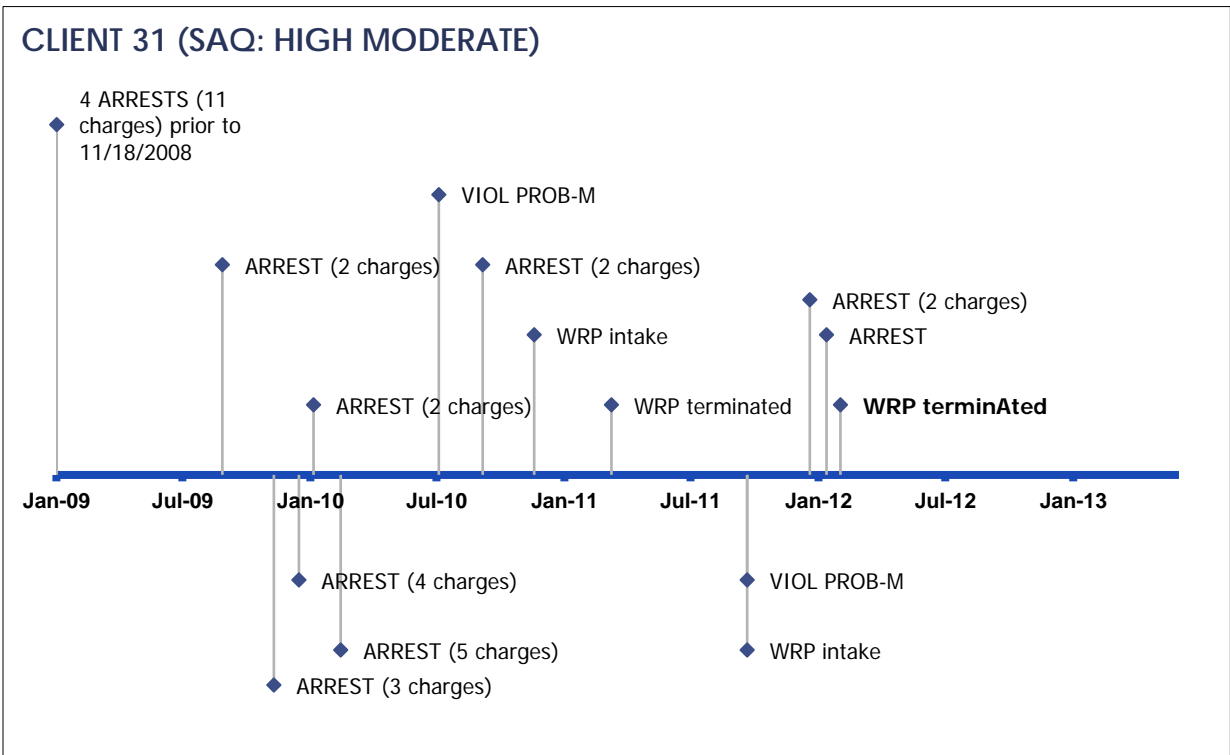
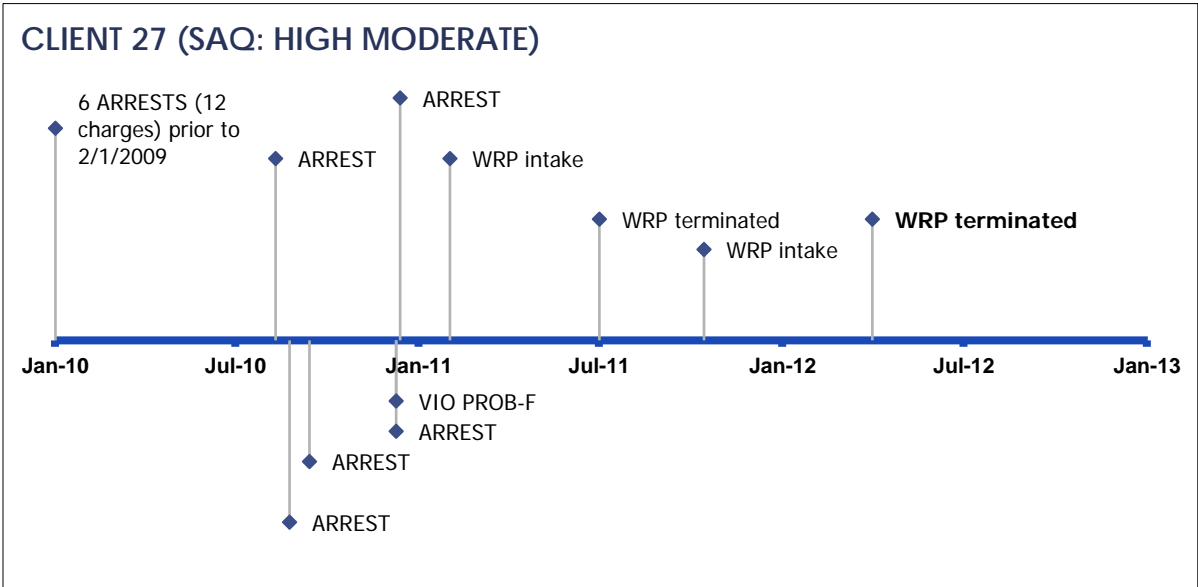
### CLIENT 5 (SAQ: MISSING)



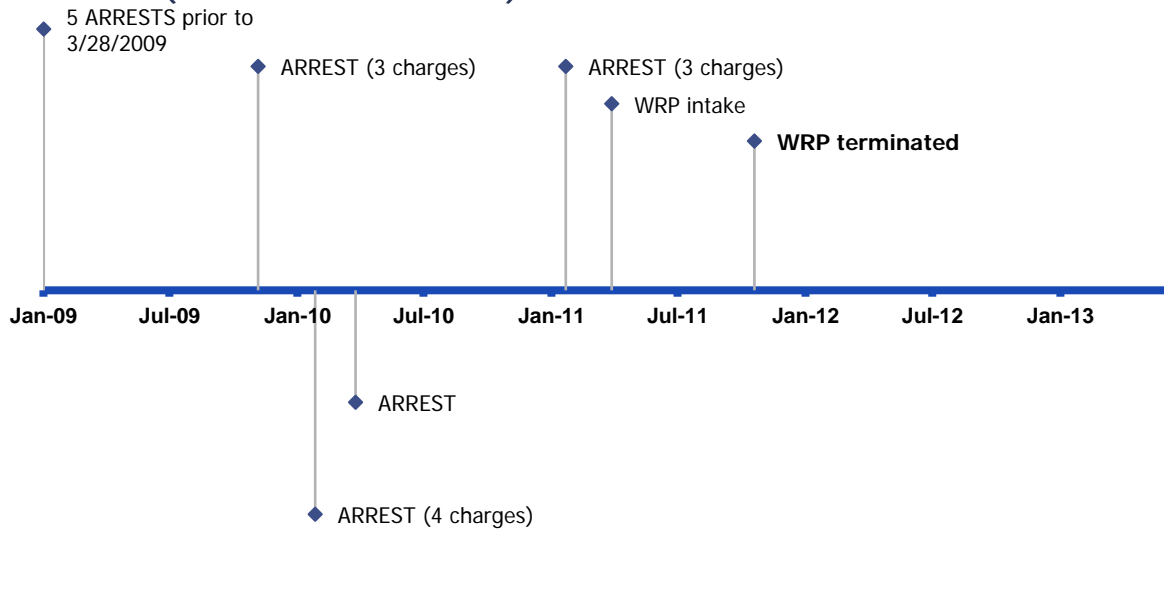
### CLIENT 11 (SAQ: HIGH MODERATE)



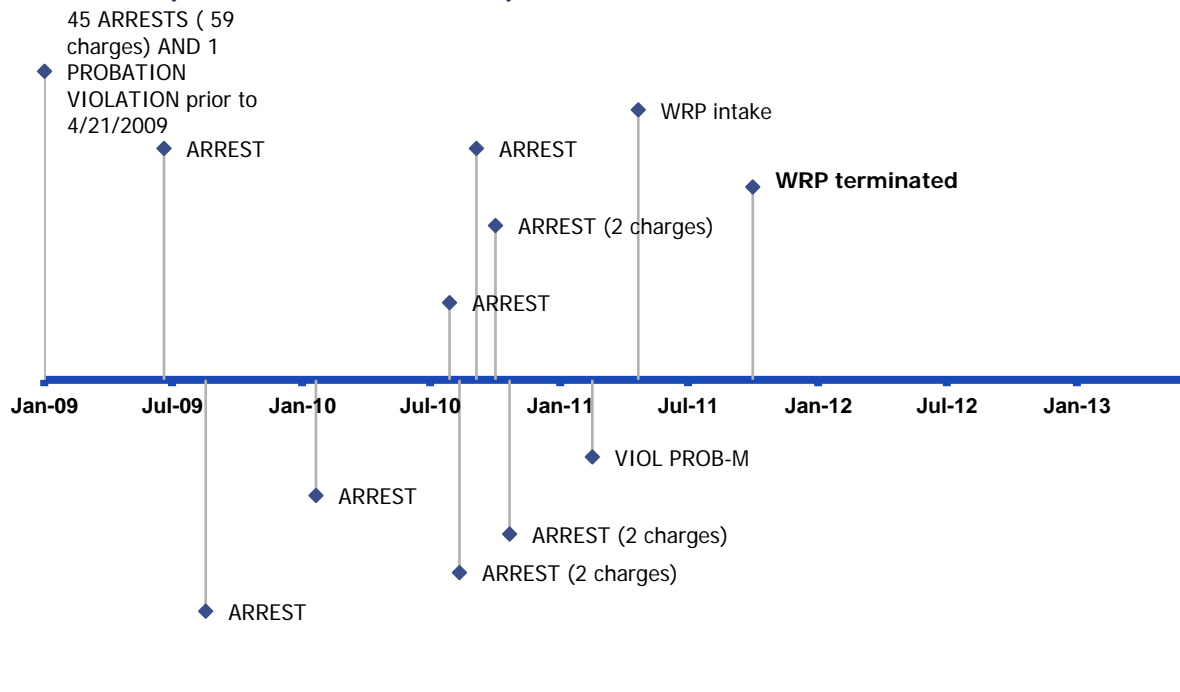
6 of the clients who did not graduate had zero arrests post final termination:



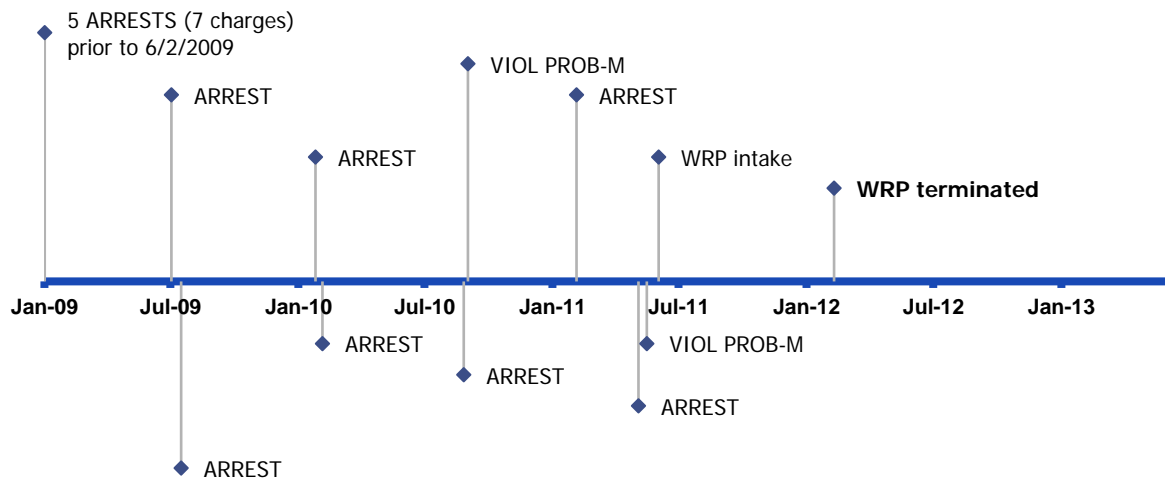
### CLIENT 33 (SAQ: LOW MODERATE)



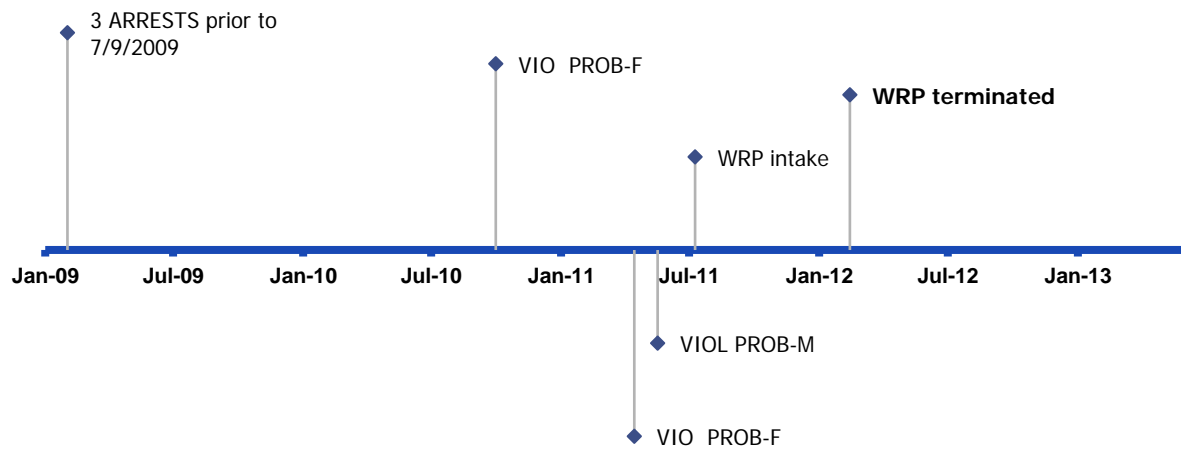
### CLIENT 34 (SAQ: LOW MODERATE)



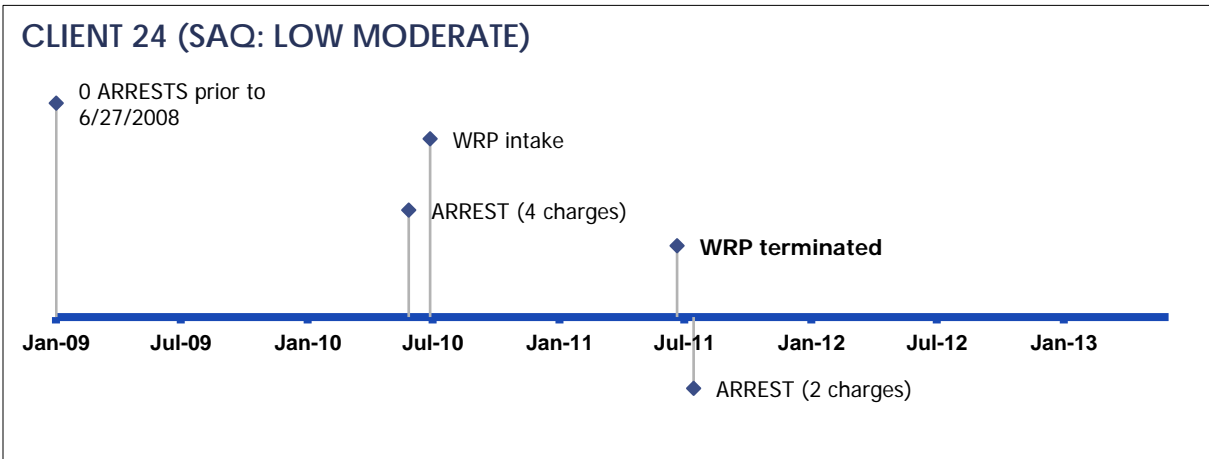
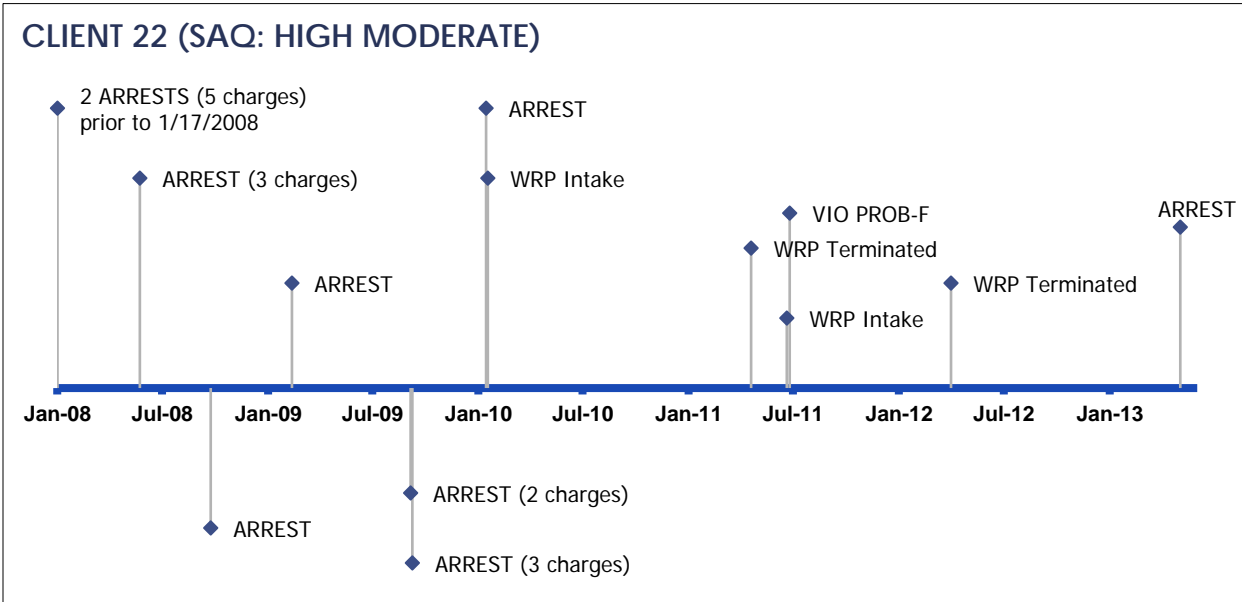
### CLIENT 36 (SAQ: LOW MODERATE)



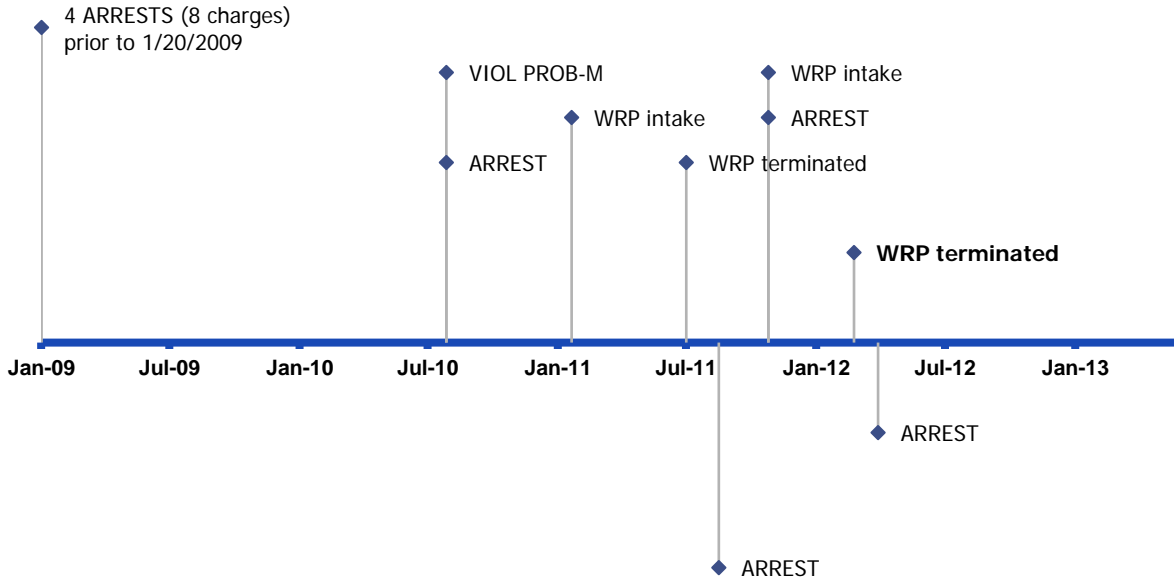
### CLIENT 37 (SAQ: LOW MODERATE)



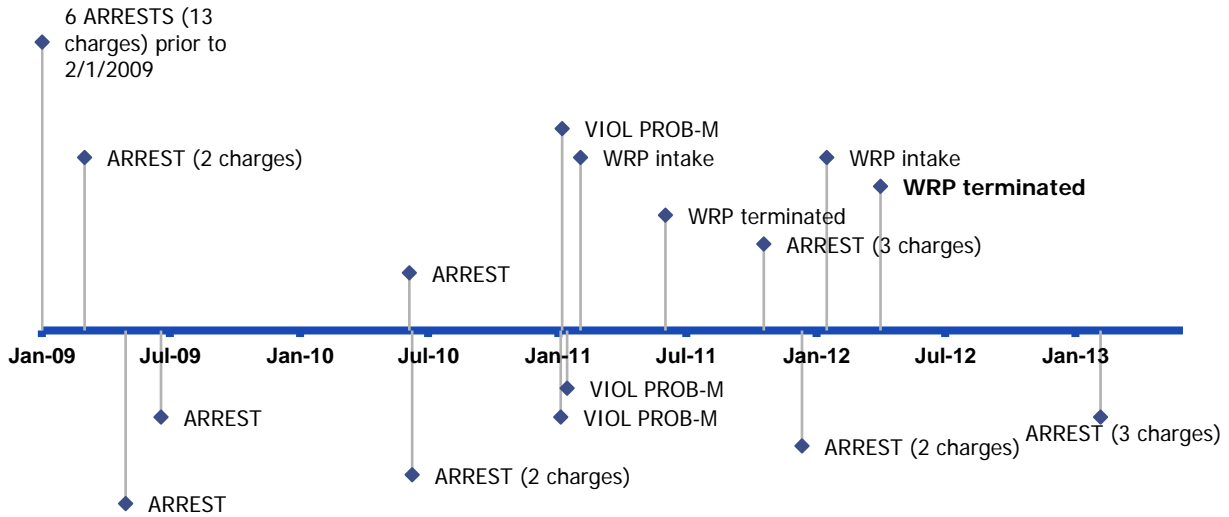
6 had one arrest post program termination:



### CLIENT 26 (SAQ: LOW MODERATE)

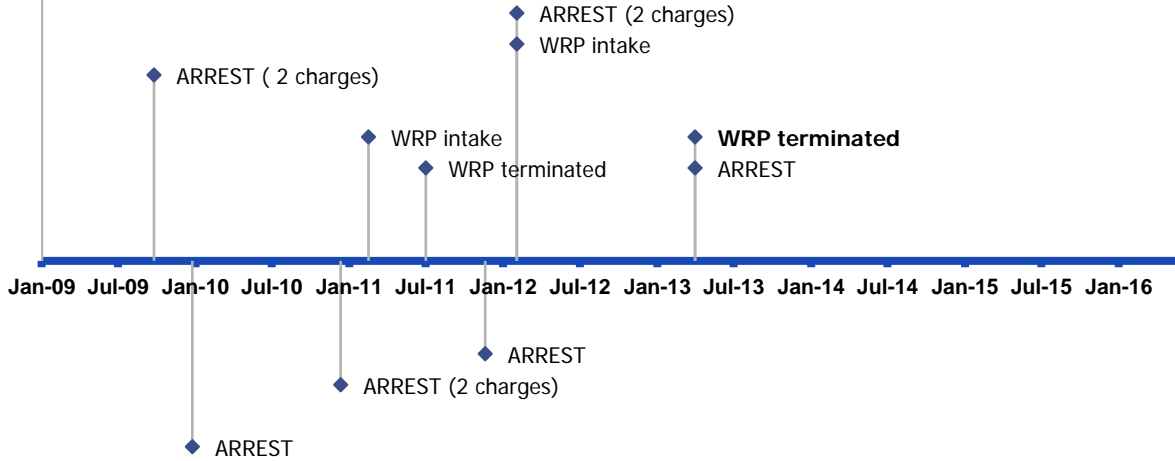


### CLIENT 28 (SAQ: HIGH MODERATE)



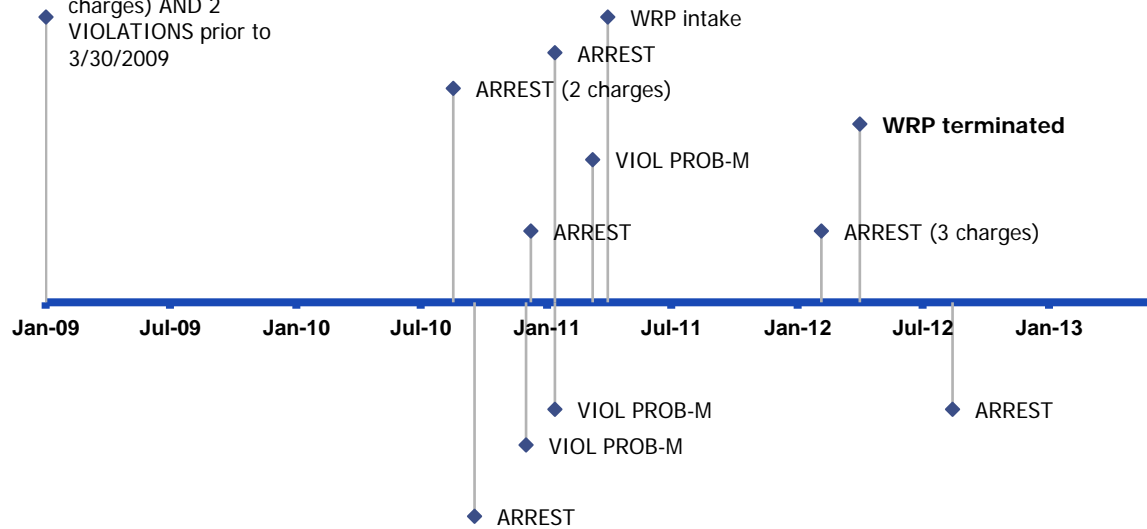
### CLIENT 29 (SAQ: HIGH MODERATE)

20 ARRESTS(37 charges) prior to 2/15/2009

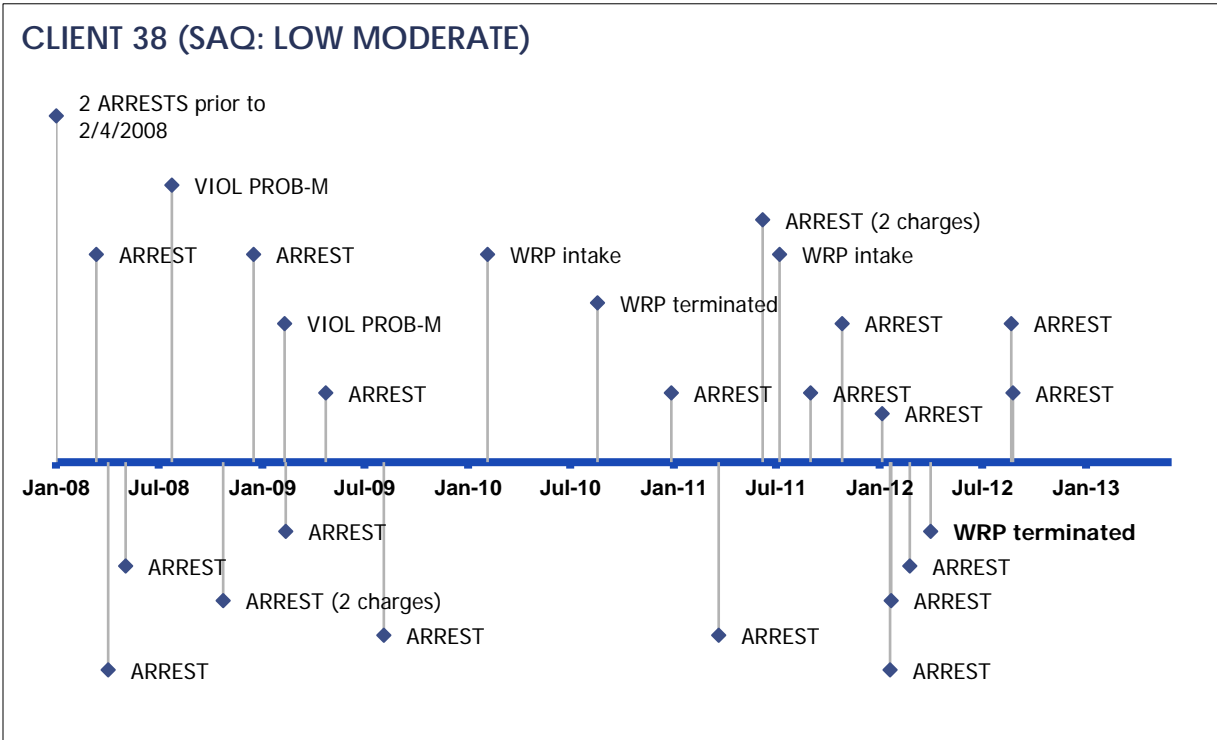
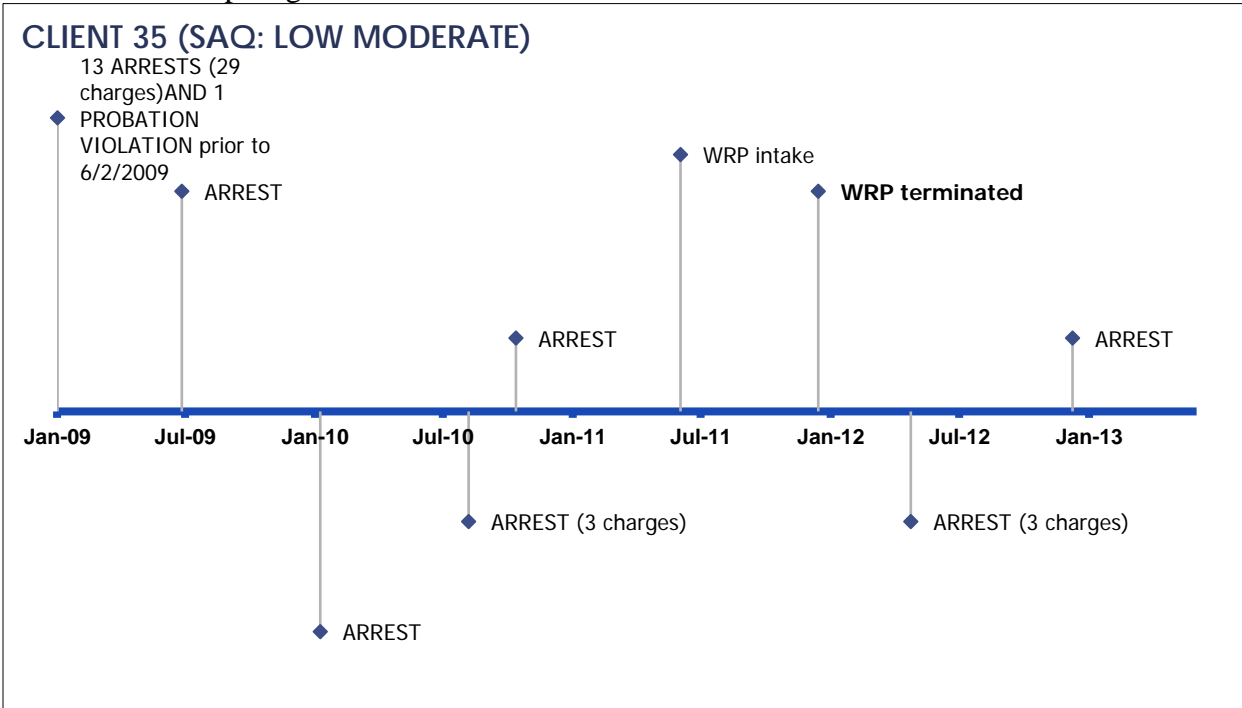


### CLIENT 32 (SAQ: HIGH MODERATE)

13 ARRESTS ( 17 charges) AND 2 VIOLATIONS prior to 3/30/2009



2 had two arrests post graduation:

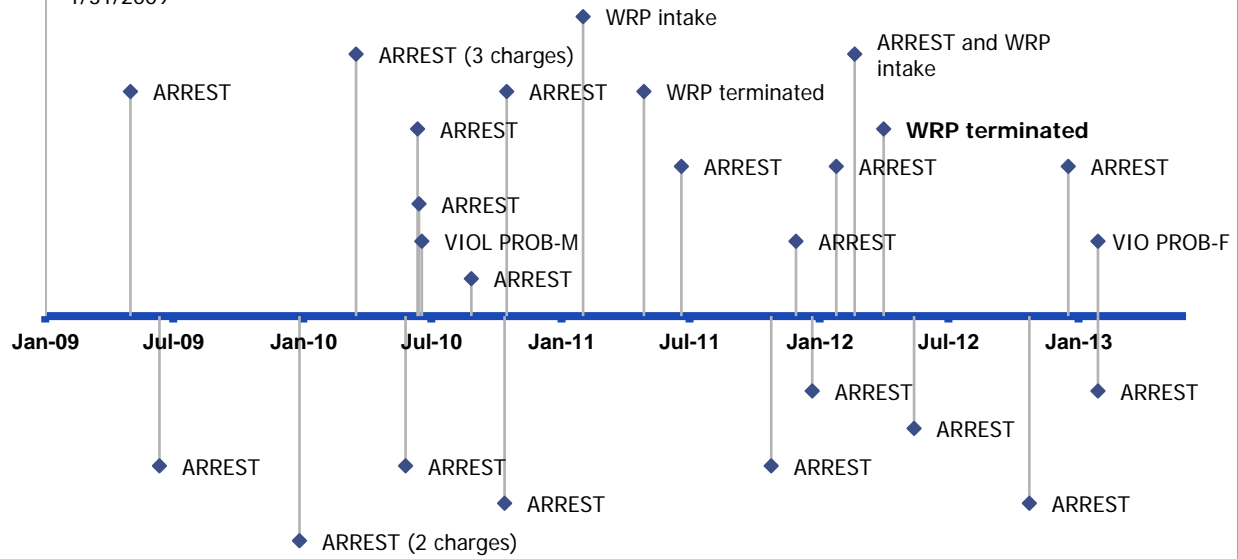






### CLIENT 25 (SAQ: MISSING)

15 ARRESTS (21 charges) AND 1 VIOLATION OF PROBATION prior to 1/31/2009





**Women’s Re-Entry Project**  
*Release of Information Form*

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

Name: \_\_\_\_\_  
*(Last, First)*

SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(MM/DD/YYYY)*

Children: \_\_\_\_\_

SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

I, \_\_\_\_\_ authorize and direct any Federal, State, or Local agency, organization, business or individual to release to Women’s Re-entry Project, Judicial Process Commission, all information concerning myself and/or my children.

I understand that, depending on program policies and requirements, previous and/or current information regarding myself or my child(ren) may be needed.

The organizations or individuals that may be asked to release the above information includes but are not limited to:

- Department of Social Services
- Past and Present Employers
- Health Care Providers
- Social Service Administration
- Legal Services
- Law Enforcement Agencies

- Child Protective Services
- Social Service Agencies
- Schools
- Shelters
- Mental Health Services
- Drug & Alcohol Treatment Providers

I agree that a photocopy or facsimile of this authorization may be used for the purposes stated above. The original of this authorization is on file with Women’s Re-entry Project, Judicial Process Commission, and will stay in effect for two (2) years from the date signed.

I understand that this information is to be used in my best interest and will remain confidential.

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

WRP Representative: \_\_\_\_\_ Date: \_\_\_\_\_

## **Women's Re-Entry Project** *Participant Consent*

### ***Introduction***

You are invited to join the Women's Re-Entry Project, a collaboration between the Judicial Process Commission (JPC), Rochester Institute of Technology (RIT), and the Monroe County Correctional Facility (MCCF). The project is aimed at facilitating the re-entry of mothers of small children.

### ***Who Is Eligible?***

Sentenced women who are pregnant or with a child aged five (5) and under exiting the Monroe County Correctional Facility and planning to reside in Monroe County.

### ***Project Goals & Services***

The Women's Re-Entry Project empowers mothers to live:

- ~ A healthy and stable lifestyle in which to nurture their children
- ~ Economically independent, in charge of their choices and lives
- ~ Successfully in the community

The WRP will provide pre and post release individual counseling, intensive case management, mentoring and group therapy with a focus on trauma for pregnant women or mothers of children under the age of five. Other services include transition planning and linkages to social services, day care, transitional housing, treatment programs, and employment training and support. Material resources may include the following: assistance with transportation, housing, used clothing and furniture, baby furniture and supplies, and referrals to other services and resources. Services will be provided for up to ten (10) months from date of release.

### ***Project Participant Rights***

Participation in the Women's Re-Entry Project is voluntary. You have the right not to participate at all or to leave the program at any time. You will not be penalized for choosing not to participate in the program at all. If you choose to leave the program before completion, you will no longer work with Case Managers and will forfeit program services. You may still be eligible for JPC services, but not through the WRP. If you decide to leave the project, you should call your case manager as soon as possible.

Project partners may stop the project or take you out of the project at any time if they judge it is in your best interest. They may also remove you from the project for various other reasons. They can do this without your consent.

### ***Confidentiality***

Every effort will be made to keep your clinical records, research records, and other personal information confidential. Any general information included as part of your records will be made accessible between professional staff at partnering organizations, including the JPC, RIT, and MCCF. Other information not routinely in your records may be shared between professional

staff on a need-to know basis at the discretion of the WRP staff. We will take the following steps to keep information about you confidential, and to protect it from unauthorized disclosure, tampering, or damage: all information will be kept in cabinets in a locked office and will only be accessible to WRP professional staff.

***Contacts for Questions or Problems***

Questions and concerns may be addressed by contacting:

Fred Schaeffer  
Chairperson  
Judicial Process Commission  
285 Ormond Street  
Rochester, NY 14605  
585-325-7727  
info@rojpc.com

John Klofas  
Department of Criminal Justice Chair  
Rochester Institute of Technology  
93 Lomb Memorial Drive  
Rochester, NY 14623  
585-475-2423  
[jmkgcj@rit.edu](mailto:jmkgcj@rit.edu)

***Client Application***

The information provided in this application will be used to determine program eligibility. If you are interested in being considered for the project, please indicate your interest by signing below. Please remember this is a *voluntary* program.

***Participant Consent***

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

WRP Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Upon signing, you will receive a copy of this form, and the original will be held in WRP records.**

11-11-10

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