

Perceptions of Community Corrections: Understanding how Women's Needs are met in  
an Evidence-Based/Gender-Responsive Halfway House

by

Andrea Cantora

A dissertation submitted to the Graduate Faculty in Criminal Justice in partial fulfillment  
of the requirements for the degree of Doctor of Philosophy,  
The City University of New York  
2011

© 2011

ANDREA MARIE CANTORA

All Rights Reserved

This manuscript has been read and accepted for the  
Graduate Faculty in Criminal Justice in satisfaction of the  
dissertation requirement for the degree of Doctor of Philosophy.

Dr. Jeff Mellow

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair of Examining Committee

Dr. Joshua Freilich

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Officer

Dr. Valli Rajah

Dr. Todd Clear  
Supervisory Committee

THE CITY UNIVERSITY OF NEW YORK

## **Abstract**

Perceptions of Community Corrections: Understanding how Women's Needs are met in an Evidence-Based/Gender-Responsive Halfway House

by

Andrea Cantora

Advisor: Professor Jeff Mellow

This dissertation presents a qualitative study on how women perceive and experience services at an evidence-based, gender-responsive halfway house. The primary focus was to understand how the halfway house helps women address their needs as they prepare to reenter the community. The secondary focus was to understand how the halfway house implements evidence-based principles and gender-responsive strategies. This study analyzed in-depth qualitative interviews with 33 women. Data from these interviews were triangulated with observations of treatment groups and daily interactions, review of program documents, review of participant case files, and informal conversations with staff. Findings suggest that many positive and negative features of the halfway house – including social context, relationships with staff, and program policies – contribute to women's ability to address their needs and prepare for reentry. Findings also draw attention to the influence of external factors including outside resources, social networks, housing availability, the stigma of a criminal record, systemic policies, geographic boundaries, and program length of stay. The interconnections between ecological systems also influence the transitional process and were highlighted in this study. Recommendations for improving community correctional services for women were discussed.

## **Acknowledgements**

I first want to thank my dissertation chair, Jeff Mellow, for taking the time to work with me over the past four years. Thank you for your honest criticism, encouragement, and friendship. I also want to thank my two committee members Valli Rajah and Todd Clear, who both provided support and feedback throughout this process. I also want to acknowledge Melinda Schlager for first providing the opportunity to conduct this study at the Garrett House, and for the on-going assistance and feedback as I conducted this research.

This dissertation would have been impossible without access to the Garrett House. Pat McKernan, Chief Operating Officer for the Volunteers of America/Delaware Valley, enthusiastically supported this study from the beginning, and allowed access to observe Garrett House operations and interview residents. I also want to thank Lola Oyesanmi, Charles Thomas, Lauren Lobro, and Kathy White, who were readily available to answer my questions and assisted me with accessing space to conduct the interviews.

I also want to acknowledge the 33 Garrett House women interviewed during the summer and fall of 2007. At the end of many interviews, I was often thanked for allowing them the opportunity to “get things off their chest.” Several women also thanked me for helping them identify needs that they wanted to address, and for helping them think about their future plans. I am fortunate to have had the opportunity to learn about their incarceration experiences, their fears of returning home, and their hopes for the future. This study is dedicated to these women, who I hope accomplished the many aspirations they shared during the interview.

I also want to thank my graduate school friends I made during this process – especially Roberta Belli, Crystal Rodriguez, and Marna Goodman for the many conversations and “bonding” sessions that certainly helped make this experience less lonesome. I also want to acknowledge the professors who provided encouragement and guidance throughout my doctoral studies – Natalie Sokoloff, Richard Culp, Michael White, Nancy Jacobs, Valerie West, Hung-En Sung, Candace McCoy, Karen Terry, and Joshua Freilich.

Lastly, I want to thank my immediate family. To my parents, Robert and Brenda, who encouraged and supported me throughout my entire college education. You finally “get your daughter back.” To my siblings Robin, Robert, and Tony, who supported me and understood as I missed out on many years of family events. And to Shawn, for standing with me through this extremely long journey. Thank you for listening to all my ideas, worries, and for now sharing my excitement of finally “being done.”

## Table of Contents

<b>Chapter One: Introduction .....</b>	<b>1</b>
Purpose of the Study & Research Questions .....	4
Overview of Chapters .....	5
<b>Chapter Two: Literature Review .....</b>	<b>7</b>
An Overview of Rehabilitation and Reentry .....	7
Prison Rehabilitation Programs for Women .....	9
Vocational Programs .....	11
Parenting and Visitation Programs .....	13
Substance Abuse Programs .....	15
Mental Health and Co-Occurring Disorders .....	18
Health Care Services .....	20
Women’s Reentry Experience .....	21
The Benefit of Halfway Houses. ....	24
The Principles of Effective Correctional Treatment.....	28
The Risk and Need Principles.....	29
The Responsivity Principle .....	35
Gender-Responsivity Principles .....	37
Non-Programmatic Factors .....	41
Chapter Conclusion.....	43
<b>Chapter Three: Methodology .....</b>	<b>46</b>
Case Study Method .....	47
Interpretivism and Feminist Inquiry .....	48
The Original Study .....	50
Research Questions .....	50
Research Sample .....	52
Data Collection & Procedures.....	54
Review of Program Documents.....	54
Review of Case Files .....	54
Direct Observations.....	55
Interview Protocol .....	56
Interview Procedures .....	58
Data Preparation.....	60
Data Reduction Step One: Reducing and Categorizing Transcripts .....	60
Data Reduction Step Two: Grouping Transcript Data.....	61
Data Analysis.....	61
Analytical Phase One: Initial Coding .....	62
Analytical Phase Two: Focused Coding .....	63
Writing Analytical Memos.....	63
Establishing Trustworthiness of Analysis .....	64

<b>Chapter Four: Program Description and Participant Characteristics.....</b>	<b>67</b>
New Jersey Correctional Context .....	67
Program Overview .....	70
Phase Systems.....	71
Phase One – Orientation .....	72
Phase Two – The Job Search.....	73
Phase Three- Work-Release .....	75
Family Visitation/Reunification .....	76
In-House Treatment .....	78
Substance Abuse Group: Pathways to Change .....	79
Gender-Responsive Group: Moving On .....	81
Outside Treatment .....	83
Participant Characteristics.....	84
Demographics .....	85
Criminal History .....	86
Mental Health, Substance Abuse, and Physical Health Needs .....	87
Family and Peer Risk Factors.....	87
Risk Levels .....	89
<b>Chapter Five: Perceptions of Program Context, Policies, and Environment .....</b>	<b>90</b>
Adjusting to a New Environment.....	90
Following Program Rules.....	93
Inconsistent Rules.....	96
Motivation to Conform .....	100
Staff Characteristics .....	102
Emotionally Supportive .....	102
Expectation of Help.....	106
Not Just a Number .....	107
Resident Relationships .....	109
Avoiding Chaos.....	109
Forming Friendships .....	112
Neighborhood Conditions .....	113
Exposure to Crime.....	114
Adjusting to Old Neighborhood .....	116
Chapter Conclusion.....	117
<b>Chapter Six: Addressing Needs and Preparing for Reentry.....</b>	<b>120</b>
Employment and Education.....	120
Job Search Barriers.....	121
Sources of Help .....	126
Type of Jobs .....	131
Education Opportunities .....	135
Financial Needs .....	137
Saving for Release .....	137

Housing.....	139
Outside Help.....	140
Limited Assistance .....	143
Health Needs.....	147
Interferes with Employment.....	147
Reliance on Government Support.....	149
Barriers to Health Care.....	149
Family Reunification .....	153
Visitation Opportunities.....	153
Geographic Location.....	155
Broken Relationships.....	157
Treatment Needs .....	159
Substance Abuse Treatment .....	160
Repetitious Treatment .....	161
Positive Perceptions of Drug Treatment .....	163
Negative Perceptions of Drug Treatment .....	167
Mental Health, Victimization, and Emotional Needs.....	170
Individual and Private Treatment.....	171
Spontaneous Counseling.....	175
Gender-Specific Treatment.....	176
Positive Perceptions of Moving On.....	177
Does not Address my Needs.....	178
Identifying Specific Needs.....	180
Chapter Conclusion.....	184
<b>Chapter Seven: Summary of Findings.....</b>	<b>188</b>
The Risk Principle .....	188
LSI-R and Program Tracks .....	189
Accountability Systems .....	190
Violent Offender Status .....	192
Targeting Needs .....	194
Employment Needs .....	194
Housing Needs.....	196
Family Reunification Needs .....	197
Substance Abuse Needs .....	198
Health Needs .....	200
Gender-Specific Needs.....	200
Responsivity .....	202
Staff-Client Relationships .....	203
Physical and Psychological Environment.....	205
Responsiveness to Treatment.....	207
Chapter Conclusion.....	210
<b>Chapter Eight: Applying an Ecological Framework and Developing Recommendations .....</b>	<b>212</b>
Ecological Theory.....	213

Applying an Ecological Framework to Study Findings .....	218
Individual Factors .....	218
Microsystems .....	218
Mesosystem .....	219
Exosystem .....	221
Macrosystem .....	222
Recommendations .....	222
Microsystem Recommendations .....	223
Exosystem Recommendations .....	229
Chapter Conclusion.....	232
<b>Chapter Nine: Discussion, Limitations, Implications, and Future Research .....</b>	<b>233</b>
Overview of Findings .....	233
Limitations of the Study .....	237
Implications for Policy and Practice .....	238
Future Research.....	240
<b>Appendix A: Interview Protocol.....</b>	<b>243</b>
<b>Appendix B: Garrett House Phase &amp; Track System.....</b>	<b>247</b>
<b>References.....</b>	<b>248</b>

## **Chapter One**

### **Introduction**

Women constitute the fastest growing demographic group incarcerated in prisons in the United States. Just twenty years ago, approximately 21,345 women were incarcerated in state and federal prisons (Beck & Gillard, 1995) compared with 98,600 in 2005 (Sabol, Couture, & Harrison, 2007). As a result of this increase, there is a growing body of research focused on women prisoners and the problems they experience before, during, and after incarceration. Studies consistently find that women enter the criminal justice system with more severe needs than male prisoners (Greenfeld & Snell, 1999; Langan & Pelissier, 2000; Harlow, 1999); they have unique criminal pathways (Covington, 2003; Belknap, 1996; Daly, 1992), more severe histories of substance abuse, mental health (Greenfeld & Snell, 1999), physical and sexual abuse (Harlow, 1999), and medical problems (Maruschak & Beck, 2001). Unfortunately, the issues women enter prison with are often left unaddressed while incarcerated (Holtfreter & Morash, 2003; Acoca, 1998; Young, 2000; Snell & Morton, 1994; Bloom & Steinhart, 1993; Rafter, 1985). As a result, women leave prison with unmet needs and face further challenges as they attempt to reintegrate back into the community.

Multiple demands – securing housing, finding work, accessing treatment programs, and reconnecting with children – are just a few of the challenges awaiting women upon their release from prison. Women often become overburdened with these demands due to the lack of resources and social support (Richie, 2001) available in their communities. A number of researchers have studied the reentry experience and identified multiple barriers (Travis, 2005; Petersilia, 2003; Richie, 2001; Nelson, Perry, & Allen, 1999) and factors that contribute to

successful reintegration (Schram, Koons-Witt, Williams, & McShane, 2006; Solomon, Visser, LaVigne & Osborne, 2004; O'Brien, 2001; Cullen & Gendreau, 2000; Bonta et al., 1998; Gendreau & Goggin, 1996). However, few studies have examined the role halfway houses play in helping women navigate the complicated transitional process.

To fill in this gap, this dissertation explores women's perceptions and experiences residing at an evidence-based halfway house upon release from prison. The primary focus of this study is to understand how women's needs are met, how they are prepared for reentry, and what programmatic and non-programmatic factors contribute to this process. In theory, halfway houses are the bridge point between prison and community and should make the reentry process smoother.

Relying on community correction facilities to help women make a successful transition home is not only a more humane rehabilitative approach, but also more cost-effective than prison (Dowell, Klein, & Krichmar, 1985). There is also evidence from outcome evaluations on women's community correctional programs that shows women who transition through such programs have lower recidivism rates than those who have not (Mackey & Fretz, 2007; O'Brien, 2002; Donnelly & Forschner; 1987; Dowell, Klein, & Krichmar, 1985). These programs have a better efficacy rate when they incorporate evidence-based principles (Lowenkamp, Latessa, & Holsinger, 2006).

Community correctional programs across the country have incorporated three core evidence-based principles of offender rehabilitation – known as the principles of Risk, Need, and Responsivity (RNR). According to these principles, reductions in recidivism will occur if correctional interventions target highest-risk offenders, address criminogenic needs, provide

treatment based on social learning and cognitive behavioral approaches, and tailor treatment to meet individual learning styles and motivation (Andrews & Bonta, 2003). Numerous outcome studies have found programs that incorporate these principles “work” best at reducing recidivism for different offender populations in community correction programs (Andrews, Zinger, Hoge, Bonta, Gendreau, & Cullen, 1990; Gendreau, Little, & Goggin, 1996; Henggeler, Melton, Smith, Schoenwald, & Hanley, 1993; Gordon, Graves, & Arbuthnot, 1995; Marquis & Goguen, 1995; Peters, Kearns, & Murrin, 1993; Wexler, Falkin, & Lipton, 1990), including women (Lovins, Lowenkamp, Latessa, & Smith, 2007; Dowden & Andrews, 1999; Coulson, Ilacqua, Nutbrown, Giulekas, & Cudjoe, 1996).

Regardless of the strength of this research, scholars argue that these principles do not consider women’s specific needs (Hollin & Palmer, 2006; Reisig, Holtfreter, & Morash, 2006; Blanchette, 2002). Scholars, concerned about applying these “male-focused” principles to women’s programs, have researched which strategies appear to have promising outcomes for women (Koons, Burrow, Morash, & Bynum, 1997; Austin, Bloom, & Donahue, 1992) and created a blueprint to guide the development of gender-responsive treatment (Bloom, Covington, & Owen, 2003).

As discussed in the Chapter Two, the literature has clearly defined what works for all offenders, and which strategies hold promising outcomes for women, in particular. However, little is known about how such programs and strategies actually work. Even more limited is information on how programs and strategies work from the perspective of the individuals who experienced them first-hand. Researchers have called for the examination of non-programmatic factors such as program context, social environment (Kendell, 1998), personal issues, and

external factors and how these influence responsiveness to treatment or overall community success (Porporino, 2008; Maruna, Immarigeon, & LeBel, 2004).

### **Purpose of the Study & Research Questions**

This qualitative study examined some of the process-oriented questions related to receiving rehabilitation services inside an evidence-based female halfway house, and how a halfway house addresses the multiple demands facing women in transition. The halfway house examined in this study targets women returning from prison and parole violators. To provide rehabilitative services for these two populations, the facility incorporates evidence-based principles and gender-responsive strategies into the daily operations and treatment programs. To examine how this program operates and how women's needs are met this study had four guiding research questions including:

- 1) How does the halfway house operate to meet women's needs and prepare them for reentry (included in this question is: how does the program incorporate evidence-based and gender-responsive strategies);
- 2) What are the needs and risks of residents residing in a halfway house;
- 3) How do residents perceive the halfway house's ability to assist them in addressing their needs and preparing them for reentry; and
- 4) What non-programmatic factors contribute to meeting resident's needs and preparing them for reentry?

To answer each research question, multiple data sources were used to develop a comprehensive understanding of the halfway house operations and the experiences of the women who resided there during the study period. Data sources included observations of program

activities and staff/resident interactions, program material review, participant case file review, interviews with participants, and informal conversations with staff. All of these data sources contributed to the development of the program profile. Similarly, the second research question was answered by reviewing participant case files to develop a profile of risk and need factors. Considering the complexity of the last two research questions, participant interview transcripts were used as the primary data source.

### **Overview of Chapters**

Chapter Two begins by defining the concepts of rehabilitation and reentry, presents a review of the literature on prison-based rehabilitation programs for women, reviews the major barriers women face when returning to the community, and presents research on the benefits of utilizing community correction facilities as a reentry strategy. This chapter also presents a review on the leading theory of correctional rehabilitation (RNR), including a critique of how this theory applies to women offenders.

An overview of the methodology is presented in Chapter Three. This chapter includes an overview of the theoretical perspective, a review of the case study method, full operationalization of research questions, and a description of the setting and sample. Also included are data collection procedures, instruments, analysis techniques, and criteria for judging the trustworthiness of research findings.

Chapter Four sets the context for this study by providing an overview of the New Jersey correctional system. This chapter also describes the halfway house operations including policies, programming, and services. Also included is a description of participant characteristics, needs, and risk levels.

Chapter Five presents women's perceptions of the Garrett House's policies. Also explored are women's perceptions of the social environment, relationships with residents and staff, and their perceptions of the geographic location of the halfway house. Understanding the social context of the program is important for uncovering women's perceptions of the services and programming offered inside the halfway house.

Chapter Six describes the programmatic and non-programmatic factors that contribute to the facilitation of women's reentry. The objectives of the chapter includes exploring women's perceptions and experiences with (1) the programming, services, and staff assistance at the halfway house; and (2) the various external factors that facilitate and/or hinder women's ability to address their needs and prepare for reentry. This chapter provides an overview of participants experiences addressing each core need, including the utilization of services and staff assistance inside the halfway house and outside in the community.

Chapter Seven summarizes the major findings from Chapters Five and Six, applies the principles of RNR to the findings. Chapter Eight introduces an ecological framework for understanding the research findings. This chapter also provides recommendations for improving the halfway house. Finally, the last chapter will provide a discussion of the findings, the study's limitations, and policy implications.

## **Chapter Two**

### **Literature Review**

There is a significant body of research on “what works” in rehabilitating individuals living in correctional settings. This body of literature is based on decades of empirical research that has been tested and validated: If correctional programs follow certain guidelines they will be effective at reducing recidivism for all offenders, regardless of gender or other differences (Andrews & Bonta, 2006). Though the empirical research provides evidence that the same principles that apply to men’s rehabilitation are effective for women, strategies for women-responsive approaches have been developed and implemented across the country and internationally.

This chapter begins by defining the concepts of rehabilitation and reentry, and presents a review of the literature on prison-based rehabilitation programs for women. An overview of the barriers women face when returning to the community is then presented, followed by the research on community correction facilities. Also outlined in this chapter is an examination of the leading theory of correctional rehabilitation (RNR), including how this theory applies to women offenders. Chapter Two concludes with a discussion on how the literature examined in this chapter applies to the current study.

#### **An Overview of Rehabilitation and Reentry**

Beginning in the early 1980s, the concept of rehabilitation took a back seat as tough-on-crime approaches and the prevailing notion that rehabilitation was ineffective dominated the corrections landscape. The goals of risk management, control, and surveillance became the focus of institutional and community corrections (Seiter & Kadela, 2003). Toward the end of the 1990s,

the recognition that almost all prisoners return to society (Travis, 2005; Petersilia, 2001) shifted the focus back to rehabilitation. Although rehabilitation became the focus for corrections, the reality of improving outcomes for returning prisoners appeared disconcerting. Prisoners were receiving fewer programming opportunities (Lynch & Sabol, 2001), parole violators were returning to prison at higher rates than in previous years (Beck & Mumola, 1999), and researchers uncovered the multiple barriers experienced when prisoners return to society (Nelson, Deess, & Allen, 1999; Solomon, Roman, & Waul, 2001; Richie, 2001). All of these factors influenced the growing interest in research aimed at developing rehabilitation programs and policies to improve reentry outcomes. Before turning to the literature on rehabilitative programming and reentry, these concepts are operationalized below.

According to Wormith, Althuose, Simpson, Reitzel, Fagan, & Morgan (2007) rehabilitation has been defined as:

“a broad array of psychosocial programs and services that are designed to assist offenders in addressing a range of needs related to their offending behavior and in achieving a more productive and satisfying lifestyle.” (p. 880)

According to this definition, the overall goal of rehabilitation is to provide programs and services to improve the offender’s quality of life. Missing from this definition is the objective of most correctional rehabilitation programs – to reduce recidivism.<sup>1</sup> Similar to the definition by Wormith et al. (2007), Cullen (2005) included the goal of reduction and defines rehabilitation as:

---

<sup>1</sup> Recidivism is defined as not returning to criminal behavior, and often consists of a variety of measurements including the return to prison on a new conviction or parole/probation violation, or the event of a new arrest regardless of conviction. To refrain from recidivism also implies a prisoner’s reintegration into the community was successful (Wormith et al., 2007).

“a planned correctional intervention that targets for change internal and/or social criminogenic factors with the goal of reducing recidivism and, where possible, of improving other aspects of an offender’s life.” (p. 255)

Implied in both definitions is the goal to improve reentry outcomes by changing factors related to recidivism. Reentry has been defined as “the process of leaving prison and returning to society” (Travis, 2005, p. xxi). It has also been defined as the gradual, multi-level process that starts in prison and continues for months after release. Included in this process are the various rehabilitative programs designed to ease the transition into society (Taxman, Young, & Byrne, 2004).

Within the broader context of rehabilitation and reentry comes the debate over applying traditional “male-centered” rehabilitation approaches in programming for women. To ensure that women’s unique needs are addressed, scholars have conducted research on what strategies work best for women (Koons, Burrow, Morash, & Bynum, 1997; Austin et al., 1992), and eventually created a blueprint to guide the development of gender-responsive correctional treatment (Bloom et al., 2003). Before turning to these strategies and the overall literature on effective correctional treatment, the next few sections will highlight the history of women’s rehabilitation programs inside correctional facilities, the barriers to reentry, and the benefits of using community correctional facilities to help women make the transition home.

### **Prison Rehabilitation Programs for Women**

The differential treatment women have received in prison is a consistent theme throughout the literature on the history of imprisoned women and the development of the female reformatory (Watterson, 1996; Rafter, 1985; Freedman, 1981). From the early 1800s, women were housed in the same facilities as men, but received differing treatments. Women were

routinely neglected, experienced sexual abuse, were ineligible to participate in prison labor, and were housed in overcrowded conditions with other female inmates. During this time period, women were treated more poorly than the male prisoner, due to the fact that their crimes were perceived to have more serious social consequences that went against their stereotypical roles as mother and wife. Early male reformers perceived women criminals as impure, a threat to the social order, (Freedman, 1981), and abnormal (Morash & Schram, 2002). They also held the belief that women could not be reformed and therefore were not concerned with rehabilitation.

After years of being housed in prisons with men, enduring abusive conditions and programming restrictions, a group of Quaker women led the prison reform movement to create separate facilities for women prisoners (Watterson, 1996). As a result of their efforts, several state prisons created separate housing units for women, and, by 1873, the first separate facility was opened in Indianapolis. By 1917, 18 other states had developed their own female institutions, with the common objective not to punish women but to focus on rehabilitation (Hawkes, 1994; Watterson, 1996). Following the belief that education and spiritual guidance could rehabilitate female prisoners, the women reformers shared the philosophy that women could “learn to be good house wives, helpmates, and mothers” if they were housed away from men and placed in “homelike rural institutions surrounded by fresh air” (Watterson, 1996, p. 198).

The environment inside the early female institutions was supportive, nurturing, and spiritual with a focus on retraining women with “sympathetic female staff, prayer, education and domesticity” (Freedman, 1981, p. 90). They were designed on the premise that women could be healed in a spiritual environment run by female-only staff. Using female staff was based “on the

theory that only those of the same sex could respond effectively to the needs of female offenders” (Rafter, 1985, p. xxii). The physical design was also different than male-centered institutions. Based on the assumption that women were less violent and rebellious than men, the prison environment was not as restricted. Facilities were often designed as “cottages” with limited security measures found at male prisons. It wasn’t until the 1990s, as a result of the increase of women entering prisons and the shift away from rehabilitation, that many female institutions underwent remodeling to reflect similar security measures of male facilities (Watterson, 1996).

Throughout history, female institutions across the country have attempted to implement rehabilitative programs to address women’s needs. Created with the notion that women are different than men and have unique needs, early programming was developed to reflect women’s stereotypical social roles as housewives and mothers, but failed to take into consideration the common occurrence of abuse and instability in their home environment (Morash & Schram, 2002). Early efforts have also implemented programming in female institutions that was originally designed for men (Chesney-Lind, 2000). Over the past two decades, the movement toward creating programming that reflects the needs and pathways of women has been a prominent theme in the literature. The subsections below highlight some of these themes, the program opportunities available in women prisons, and the importance of providing services to address women’s specific needs.

### ***Vocational Programs***

From the early 1900s, women in prison were trained in domestic skills and received educational classes. Domestic training was the main activity inside early facilities, including

indentured servitude programs that placed women into homes in the community. Many of the early reformers and prison administrators emphasized the importance of domestic training since, at the time, domestic duties were women's primary role in society (Freedman, 1981). Over time, educational and vocational programming was expanded to include more non-traditional programs such as gardening, farming, recreational programs, and advanced academic classes (Freedman, 1981). Although some facilities incorporated non-traditional work, many vocational programs still emphasized traditional work roles (Schram, 1998).

During the 20<sup>th</sup> century, prison training programs shifted from domestic work to more non-traditional assignments in industrial and skilled jobs. In addition to the changes brought about by the industrial revolution, researchers argued that women's limited economic opportunities and their movement towards social and economic equality were linked to their increased criminality (Simon, 1975; Adler, 1975). The goal of women's reformatories was to prevent women from continued criminality by providing them with skills to improve their economic conditions (Freedman, 1981).

Today there are a range of traditional and non-traditional vocational programs found in both the federal and state systems. The General Accounting Office (1999) reported that women in the federal system have opportunities to participate in occupational and apprenticeship programs such as business training, computer repair, cosmetology, dental hygiene, culinary arts, horticulture, carpentry, and other trade programs. While states vary on the type of programming offered, there has been an overall shift from traditional domestic training in the early reformatories to more gender-neutral and non-traditional training. Even with a variety of programming offered in some facilities, many continue to reinforce stereotypical roles (Schram,

1998). Additionally, vocational and educational programs are often fewer and of poorer quality compared to the programs offered in male facilities (Ross & Fabino, 1986). When programs are offered they often fail to prepare women for addressing their employment needs once released (Morash & Schram, 2002).

### ***Parenting and Visitation Programs***

The impact of incarceration on mothers and children has been well noted in the literature (Ferraro & Moe, 2003; Covington, 2002; Garcia Coll, Surrey, Buccio-Notaro, & Molla, 1998; Belknap, 1996; Johnston, 1995). Sixty-seven percent of women in prison have children under the age of 18 and were the primary care givers prior to their incarceration (Snell & Morton, 1994). The fact that women have greater responsibility for their children than men was recognized by the early women reformers (Rafter, 1985), and several programs were developed for incarcerated mothers.

The earliest program designed to address women's needs was the prison nursery program. The earliest prison nursery opened in 1901 at New York's Bedford Hills Prison for Women. Prison nurseries were common until the late 1950s when inadequate funding, and the recognition that family members could become primary caretakers, resulted in the closing of all nursery programs except Bedford Hills. Today, prison nursery programs are becoming popular once again due to the increase in women's incarceration rates and the research on the importance of maternal bonding (Kring Villanueva, 2009). According to Kring Villanueva, nine states are currently operating prison nursery programs for incarcerated pregnant women. Although these programs vary, they all allow pregnant women to remain with their infants for several months – with 36 months being the longest.

Parenting classes are also available in prisons across the country. A study conducted in 1989 on state and federal parenting programs for women identified 36 programs that offered parenting classes (Clement, 1993). Prisons have also developed specialized visitation programs for women and children.

As of 2008, seventeen states implemented a Girl Scouts Beyond Bars program focused on developing leadership and problem-solving skills in both incarcerated mothers and their daughters. Incarcerated mothers learn parenting techniques and engage in discussions about substance abuse and violence prevention strategies when their daughters visit (Girl Scouts, n.d.). At Bedford Hills Prison, for example, children visit with mothers at a Children's Center – a “non-prison like” visitation area. The Children's Center includes a day-care component where women can visit with children and engage in private visits with other family members while their children are supervised by other inmates. Bedford Hills also offers a children's transportation and summer program, making visitation more convenient for overburdened families (Watterson, 1996).

Regardless of the attempts to develop parenting and visitation programs, some research has found mother-child visitation to be a rare event (Bloom & Steinhart, 1993; Bloom, 1995). There are multiple factors that contribute to the inability to visit with children. Visitation is often confounded by the proximity of correctional facilities from women's home communities. In most states, female prisons are not as common as male facilities with smaller states only operating one female prison for all security levels (e.g., New Jersey) and larger states operating several prisons (e.g., there are currently six operating facilities in New York State). As a result, women are often placed in facilities far from their home communities. The distance is often difficult for families

with young children, and those that lack resources to travel (Covington, 2003; Bloom & Steinhart, 1993; Rafter, 1985). Additionally, caretakers may be reluctant to bring children to visit their mothers due to the perception that the incarcerated mother is unfit to parent (Bloom, 1995). According to Bloom, women in prison may also experience a sense of embarrassment over their incarceration status, and as a result, do not inform their children of their confinement.

### ***Substance Abuse Programs***

A history of substance abuse is one of the most prevalent issues female prisoners experience – 80 percent reported drug use prior their arrest (Snell & Morton, 1994). Snell & Morton reported that compared to male prisoners, women in prison have higher levels of drug use, are more likely to be under the influence of drugs at the time of arrest, commit more crimes to support their habit, use more during the months before arrest, and use a needle more often to inject drugs. Yet when incarcerated the lack of available drug treatment prevents many women from addressing this need (Gray, Mays, & Stohr, 1995; Snell & Morton, 1994; Belenko, 2002; Belenko & Peuge, 1999; Belknap, 1996). Additionally, when women receive drug treatment in prison it is often found to be ineffective at addressing women-specific needs (Belenko, 2002; Belenko & Peuge, 1999; Belknap, 1996).

However, the availability of prison drug treatment for women continues to decline. In 1991, 37 percent of state and 26 percent of federally-incarcerated women received treatment compared respectively to only 25 percent and 17 percent in 1997 (Belenko, 2002). A 1997 survey found only 11 percent of prisoners participated in drug treatment programs (Office of National Drug Control Policy, 2001). Henderson (1998) argues that there is not enough space available for all women with drug problems, especially women who are pregnant, mentally ill, or

classified as a violent offender. Reasons for not receiving drug treatment in prison are also attributed to limited funding, transferring of inmates, legislation barriers, and the lack of counselors and inmate volunteers (Belenko & Peugh, 1999).

Even with limited availability for treatment, prisons across the country often provide some type of drug treatment – although not all women have the opportunity to participate. A 1993 nationwide survey of drug treatment for women offenders (Prendergast, Wellisch, & Falkin, 1995) identified 69 correctional drug treatment programs (16 jail and 53 prison programs). Most of the treatment programs offered included twelve-step groups, drug education, group counseling, and psychotherapy. On average, the programs reported enrolling between 40 (in jail) and 58 (in prison) women at a time and ran between 19 and 24 weeks. The programs assessed women’s drug history but rarely assessed other needs such as psychological problems, health, or education. A smaller study (Belknap, 1996) found similar results. Even though about 50 percent of the study participants were involved in twelve-step drug programs, and a quarter participated in other types of drug programs, women reported that drug treatment programs were one of the most difficult programs in which to enroll. Belenko and Peugh (1999) also found that most treatment programs for women prisoners consisted of twelve-step programs, such as Alcohol or Narcotics Anonymous. The wide variation in twelve-step program content and structure has resulted in few evaluations of the effectiveness of such programs (Kelley, 2003). Regardless of the lack of research on effectiveness, twelve-step groups are the most common type of drug treatment program in prisons and jails. The low cost of running such programs, due to the staffing of community and inmate volunteers, is the primary reason they are so prevalent in correctional settings (Harrison & Martin, 2003). According to the National Institute on Drug

Abuse (2009), twelve-step groups can complement other drug treatment programs, and are helpful during the recovery stage where social support is readily available. Unfortunately, women enter prison at various stages of their addiction and often participate in twelve-step groups as a standalone intervention.

Another common type of prison-based drug treatment is therapeutic community programs. These programs are known to be effective in reducing drug use and recidivism (Wexler, 1995; Lockwood, McCorkel, & Inciardi, 1998). Early therapeutic community programs were based on confrontation, monitoring peer behavior, and role modeling. These programs are often long-term, lasting more than twelve months (Kelley, 2003). A study in 1997 found that only 6 percent of state prisoners participated in therapeutic community programs (Mumola, 1999). Although therapeutic community programs were originally designed for the male offender, several prison-based programs have incorporated women-specific programming into model programs across the country. States including California, New York, Delaware, Ohio, Rhode Island, Pennsylvania, Connecticut, and Oregon have implemented such programs (Kelley, 2003). One successful program often cited in the literature is California's Forever Free Program. Forever Free is a twelve-month therapeutic community program geared for female-specific issues. Program components include cognitive training, relapse prevention, individual counseling, twelve-step groups, anger management, assertiveness, self-esteem, addressing past abuse, establishing positive relationships, parenting, and health. An evaluation of this program found that participants were less likely to use drugs and recidivate compared to a control group (Prendergast, Hall, & Wellisch, 2002).

Substance abuse among women prisoners often occurs jointly with other women-specific needs. The next section discusses the prevalence of women's co-occurring disorders, and the importance of offering comprehensive treatment that targets all needs.

### ***Mental Health and Co-Occurring Disorders***

Women in prison have higher rates of mental illness in comparison with both the general public (Fazel & Danesh, 2002) and men in prison (Wilcox & Yates, 1993). One-fourth of women in prison have a mental illness, including diagnoses of depression, post traumatic stress disorder, anxiety, and self-injurious behavior (Bloom et al., 2003; Holtfreter & Morash, 2003; Owen & Bloom, 1995). Similar to substance abuse treatment, the availability of prison mental health services is often inadequate. Acoca (1998) reported that women prisoners often make complaints about the deficiency in prison mental health services, including limited access to qualified mental health professionals and insufficient monitoring of psychiatric drug administration. A common response to treating women with mental health needs is to prescribe antidepressants upon entry into prison (Mauve, 1999). One study found that the use of psychotropic drugs was ten times higher among women prisoners than their male counterparts (Culliver, 1993).

The medication of women prisoners is problematic considering mental health disorders often co-occur among women with substance-abuse problems (Henderson, 1998; Diamond et al., 2001; Ditton, 1999). Bloom et al. (2003) reported 75 percent of women with a mental illness also have substance abuse problems. Identifying which problem (mental health or substance abuse) came first is difficult to know (Covington, 2002). In some cases women may self-medicate to deal with mental health disorders (Grella, Stein, & Greenwell, 2005), or mental health problems

may have emerged out of using substances (Covington, 2002) – both factors complicate the ability for treatment providers to adequately address these needs.

A third factor – victimization – also adds a level of complication to the mix. According to a Bureau of Justice Statistics national survey, 43 percent of women prisoners reported physical and/or sexual abuse (Snell & Morton, 1991). The violence and abuse that women in prison have experienced is more pervasive and severe than women in the general population (Browne, Miller, & Maguin, 1999) and male prisoners (Snell & Morton, 1994). Snell and Morton report that women prisoners are three times more likely than male prisoners to report sexual and/or physical abuse, and six times more likely to report experiencing abuse before the age of 18.

Similar to the co-occurrence of mental health and substance abuse, a history of victimization also co-occurs with mental health diagnoses. Greenfeld and Snell (1999) report 8 out of ten women in prison with mental health problems also have a history of physical/sexual abuse. Posttraumatic stress disorder (PTSD) is one of the most common disorders among women with abuse histories (American Psychiatric Association, 1994). Although these issues are interrelated, historically prison programs have addressed them separately (Covington, 2002), if at all.

Even though most facilities do not integrate programming to address co-occurring disorders, some states have implemented such programs. For example, in a female correctional facility in Oregon, women inmates have access to Turning Point – a voluntary program that addresses substance abuse and mental health disorders (including post-traumatic stress disorder). This program serves 50 women for six to 15 months in a separate area of the prison. Women are offered substance abuse education, life skills, and relapse prevention training in a therapeutic

group setting. Counselors are often recovering addicts and serve as role model to participants. Once women complete the program they are linked to community aftercare services (Morash & Schram, 2002).

As highlighted by Covington (2002), treating co-occurring disorders in a correctional setting often conflicts with the culture of treatment. Historically, correctional facilities have focused on control and security – making it challenging to develop a therapeutic environment for women to disclose personal issues. Correctional security practices (e.g., strip searches) can also re-traumatize women who have experienced abuse. In some cases, women also experience sexual and/or physical abuse by prison workers (Human Rights Watch, 1996). Both the goals and practices of corrections do not allow women to properly address their co-occurring disorders.

### ***Health Care Services***

In addition to the mental health needs of women prisoners, many women enter prison with various health related problems. For many women, health needs have often been neglected due to the limited access of medical services available in the poor communities in which they were living prior their incarceration (Acoca, 1998). Women enter prison with health related issues that consist of addiction, poor nutrition, high-risk pregnancies, HIV/AIDS, breast and cervical cancer (Bloom et al., 2003), high blood pressure, asthma, and diabetes (Maeve, 1999). Women also have higher rates of sexually transmitted diseases than women in the general public (Clarke, Herbert, Rosengard, Rose, DaSilva, & Stein, 2006).

A study conducted by the National Council on Crime and Delinquency (1996) found that 61 percent of women in prison required medical care for at least one health problem.

Unfortunately, not all women in need receive the health care required to address their needs, and

when they receive it, it is often inadequate. Young (2000) found that inadequate care included delays in provision of care, limited access to care, and staff shortages. Deficiencies in the availability of health care for pregnant women have also been identified. According to Acoca (1998), there is limited availability for both prenatal and postnatal care, educational support for childbirth, and counseling for the separation after giving birth.

Even though women prisoners have a constitutional right to basic health care (*Estelle v. Gamble*, 1976) the quality of that care is often questionable. The numerous medical lawsuits filed by prisoners indicate that health care has been an on-going issue inside prisons and jails across the country (American Correctional Association, 1990; Belknap, 2000). The lack of adequate care for women while incarcerated leads to unaddressed needs once released, further complicating the transition back into society.

### **Women's Reentry Experience**

Although prisons across the country have begun to implement rehabilitation programs to address women's needs, many women are released with unaddressed needs and struggle to make it in the community. Many of the needs prisoners returning struggle to address have been linked to recidivism. Research has found a strong relationship between recidivism and housing stability (Solomon et al., 2004), employment (Brooks, Solomon, Kohl, Osborne, Reid, McDonald, & Hoover, 2008; Cullen & Gendreau, 2000; Rossman & Roman, 2003), and substance abuse (Dowden & Brown, 2002; Bonta et al., 1998; Gendreau & Goggin, 1996). Consistent with this research, Schram, Koons-Witt, Williams & McShane (2006) conducted a random sample study of women's parole files and found that women who succeeded on parole were more likely to have stable housing, consistent employment, fewer prior arrests, and were not in need of drug

treatment. Unemployed women, those with unstable housing, and women with unmet substance abuse needs were more likely to recidivate (Schram et al., 2006).

Qualitative studies have also highlighted the challenges women experience in the quest to address housing, employment, and substance abuse needs (Severance, 2004; Richie, 2001; Morris & Wilkinson, 1995; Singer, Bussey, Song, & Lunghofer, 1995). Studies have identified barriers accessing treatment for mental and physical health care (Richie, 2001; O'Brien, 2002). Some of these challenges are discussed below.

The challenges of securing housing is often the result of limited availability of safe and affordable housing, legal issues (i.e., the restrictions of living with other parolees and in certain public housing buildings), and family conflict (Roman & Travis, 2004). Most returning prisoners live with family or friends upon their release (Nelson et al., 1999; LaVigne & Kachnowski, 2003); however, for those with family conflicts, this is not a viable option (Roman & Travis, 2004). For women, securing housing free from victimization and substance abuse is not always possible, causing many women to end up homeless or in conditions that do not support a drug free lifestyle (Bloom & Covington, 2000).

When searching for work, returning prisoners experience multiple barriers, which include dealing with the stigma associated with having a criminal record (Sampson & Laub, 1993; Solomon et al., 2001; Weston, Gandell, Beauchamp, McAlpine, Wiseman, & Beauchamp, 2001). This stigma is known to decrease employers willingness to hire returning prisoners, resulting in difficulties finding jobs (Pager, 2002; Petersilia, 2001). Though some research indicates that learning about job opportunities through social networks is often weakened as a result of incarceration (Western et al., 2001), many returning prisoners often secure job opportunities

through friends, family, and former employers (Nelson et al., 1999; Solomon et al., 2001). Other challenges associated with securing employment include low education levels, health issues, mental health problems, and having a history of substance abuse (Visher, Debus, & Yahner, 2008).

As indicated in the reentry literature on housing and employment, family support is a crucial element in addressing reentry needs. In addition to providing housing and job leads, family and friends often end up financially supporting returning family members (Mallik-Kane & Visher, 2008). For women, reestablishing relationships with family and children is critical to successful reentry (Richie, 2001; O'Brien, 2001; Morris & Wilkinson, 1995). When incarcerated, women are often held in facilities far from their home communities, making it challenging for families to visit (Bloom & Steinhart, 1993).

The separation from children is known to impact the psychological development of women offenders (Hollin & Palmer, 2006), making reunification a central focus for many women upon release. In addition to these challenges, women's reentry experiences are often complicated further due to the struggle to balance multiple demands (Richie, 2001), and the need for women-specific services such as domestic violence, child care, and in many cases regaining child custody (Richie, 2001; Bloom & Covington, 2000; Singer et al., 1995).

Addressing substance abuse, and other health needs, is another important area for many returning prisoners. Richie (2001) found that women in transition lack treatment options for substance abuse, physical and mental health problems, and unresolved trauma issues. The prevalence of co-occurring disorders among women prisoners (Bloom et al., 2003; Holtfreter & Morash, 2003) highlights the importance of addressing substance abuse, mental health, and

victimization in the same treatment setting. Prendergast and colleagues (1995) found that while many community-based substance abuse programs provide referrals for women to address other needs (i.e., mental health and victimization), it is uncommon for programs to address all women-specific needs in one site. These authors also identified the challenge of finding child care and adequate transportation to attend substance abuse treatment programs.

The literature on the needs women must address when returning home indicates the importance of providing transitional and long-term services that help women navigate complex social service systems (Covington, 2002; Richie, 2001). To address the multiple needs of women many researchers have suggested providing women with comprehensive community-based services that involve linkages among multiple systems (O'Brien & Lee, 2006; Covington, 2002; Richie, 2001; Prendergast, et al., 1995). One approach to begin addressing women's immediate reentry needs is to transition women through halfway house facilities before official release from prison. The next section will highlight the benefits of utilizing halfway houses.

### **The Benefit of Halfway Houses**

As described above, the multiple needs women experience before, during, and after incarceration, and the overwhelming barriers during the reentry process signifies the need to provide community rehabilitative programs to address their needs and barriers. One approach to help women make a successful transition home is the use of community correction facilities – also known as halfway houses.<sup>2</sup> Though not a new intervention, halfway houses provide returning prisoners an opportunity to secure employment, save money, and a place to “get back on their feet” (Latessa, 2004). Halfway houses were originally developed due to the

---

<sup>2</sup> Halfway houses are often referred to as community correction facilities, community correction centers, and residential reentry centers.

ineffectiveness of traditional prison programs, to reduce overcrowding, as a cost-effective strategy to keep prisoners in the community, and to help offenders find employment (Donnelly & Forscher, 1987; Latessa & Allen, 1982). Described by Latessa and Travis (1991),

“Halfway houses provide the security of a structured controlled residence, similar to incarceration, combined with the freedom of residents to seek and engage in employment and other activities in the free community.” (p. 54)

The development of the first female halfway house took place in the 1840s by a group of women reformers – part of the Prison Association of New York (PANY). One of the reform leaders, Abby Hopper Gibbons, saw the need to aid women in the rehabilitation process and created a halfway house for women released from prison (Freedman, 1981). The Isaac Hooper Home was the first female halfway house and is still in operation today (Stevens, 2006). The purpose of the house was to “provide shelter, prayer and training in order to prevent recidivism among drunken, vagrant and immoral women” (Freedman, 1981, p. 30).

Many early halfway house facilities were run by religious or private groups with very little support from the state and federal government. In the 1950s, the use of halfway houses became more common as parolees were sent to these facilities to secure employment and to reintegrate back into the community (Latessa and Allen, 1982). As a result, in the early 1960s government-funded halfway houses began to develop. Soon after, the International Community Corrections Association (ICCA)<sup>3</sup> was created and sparked the growth of the halfway house movement.

In 1989, a survey conducted by the National Institute of Corrections (NIC) identified 641 community correctional facilities serving offenders from federal, state, and local jurisdictions.

---

<sup>3</sup> Formerly known as the International Halfway House Association.

There is currently no data on the total number of facilities in the United States operating today;<sup>4</sup> however, a representative from the ICCA acknowledged over 2000 community correctional facilities operating in both Canada and the United States.<sup>5</sup> In the federal system, a 2010 directory of public and privately run halfway houses, known as residential reentry centers (RCC), listed 257 male-only, female-only, and coed facilities operating across the U.S. (Federal Bureau of Prisons, 2010). Because of the lack of data on total number of community correctional facilities in general, the number of female facilities is also unknown. Given the smaller percentage of women under correctional supervision compared to men, it is assumed that the number of female facilities would be less than 10 percent of the total number of operating facilities.

In the mid-1990s, a new community correctional model was developed to provide specialized treatment services to prisoners returning to the community. With an overall goal of reintegrating prisoners back into society, Community Education Centers (CEC) were developed to provide a range of treatment services for substance abuse, job training, family services, life-skills, and other services. CECs operate in 18 states across the U.S., including several female-specific programs in Indiana, New Jersey, Colorado, and Wyoming. Women residing at these facilities receive gender-specific group programming addressing parenting, substance abuse, anger management, life-skills, and communication skills. These facilities follow a gender-specific substance abuse curriculum developed by researcher and practitioner Stephanie Covington (Community Education Centers, n.d.). A recent outcome evaluation of a CEC for women in New Jersey found statistical significance between the recidivism rates for the

---

<sup>4</sup> Data obtained through an email correspondence with a representative from NIC.

<sup>5</sup> Data obtained through an email correspondence with the Executive Director of ICCA.

treatment (6.3 percent recidivism) and the control group (12.4 percent) at six months after release (Mackey & Fretz, 2007).

Additional outcome evaluations found that women who transitioned through a community correction facility had lower rates of recidivism than those who did not (O'Brien, 2002; Donnelly & Forschner; 1987; Dowell, Klein, & Krichmar, 1985). O'Brien (2002) found that women who transitioned through a community correction facility were more successful in the community upon release if they were employed, had housing, and a supportive mentor. In O'Brien's (2001) qualitative study on factors that support women's successful transition from prison to the community, she found that women released to a halfway house had greater success moving directly into their own residence compared to women released straight from prison. Women released straight from prison did not secure a permanent residence and moved more frequently.

Bonta (1996) argues that halfway houses will have little effect on recidivism when they do not target criminogenic needs. Additionally, Lowenkamp, Latessa, & Holsinger (2006) found that when the principles of effective treatment are implemented in halfway house programs they are related to program effectiveness (reductions in recidivism). Even though there is sufficient evidence that halfway houses are an effective method of reducing recidivism, especially when following the principles of effective treatment, there is a lack of qualitative research about women's experiences transitioning through these facilities, whether women's needs are adequately met, and how they are prepared for reentry. This study will strive to fill in this knowledge gap. The next section outlines the research on the principles of effective treatment

with an emphasis on the core principles – the assessment of risk, the identification of needs, and the delivery of treatment.

### **The Principles of Effective Correctional Treatment**

Dominating the literature on correctional rehabilitation is the Canadians' theory of rehabilitation (Cullen, 2005), also known as the theory of RNR, the principles of effective correctional treatment, or evidence-based principles (Andrews, 1995; Andrews & Bonta, 1998; Gendreau, Little, & Goggin, 1996). This theory of rehabilitation is based on the social psychology of offending in which social and situational factors influence the values, cognitions, and personality characteristics that lead to criminal behavior. From this perspective, the way we think and respond to situations is considered learned and reinforced. Although this theory dismisses structural theories (i.e., root causes of crime), researchers argue that structural factors often produce antisocial values and cognitions. According to this perspective, structural factors are static and cannot be changed through correctional interventions. The premise of this theory is to provide interventions that target dynamic (changeable) factors related to recidivism (Cullen, 2005).

The theory of RNR consists of a defined set of principles that have been empirically tested and proven effective at reducing recidivism (Lipsey, 1992; Andrews, Zinger, Hoge, Bonta, Gendreau, & Cullen, 1990; Gendreau & Ross, 1979). When implemented, these principles (outlined in the next section) have been linked to reduced recidivism for adult offenders in community correction programs (Andrews et al., 1990; Gendreau, Little, & Goggin, 1996). Research has also found them to be effective at reducing recidivism for various offender populations in both institutional settings and the community, including juvenile offenders

(Henggeler, Melton, Smith, Schoenwald, & Hanley, 1993; Gorden, Graves, & Arbuthnot, 1995), substance abusing offenders (Marquis & Goguen, 1995; Peters, Kearns, & Murrin, 1993; Wexler, Falkin, & Lipton, 1990), and female offenders (Dowden & Andrews, 1999; Wexler et al., 1990; Henggeler et al., 1993; Gorden et al., 1995).

In the following sections the principles of RNR are reviewed. Included in this review is the literature on applying these principles to programming for women offenders. Some of the literature on the application of RNR for women argues how certain components are unsuitable for women offenders, whereas other elements are considered appropriate when tailored towards women's needs and learning styles.

### ***The Risk and Need Principles***

According to Andrews and Bonta (2003), the risk principle involves two main features – the ability to predict criminal behavior, and matching treatment to the offender's risk level. This principle suggests that correctional treatment should be reserved for the highest risk offenders. Research has shown that when treatment is delivered to high-risk offenders, reductions of recidivism occur (Lowenkamp et al., 2006). Other studies have found that when treatment is not matched to risk level outcomes for high-risk and low-risk offenders differ. For example, when intense services are provided to high-risk offenders, the outcomes are greater than for those with lower risk (Bonta, Wallace-Capretta, & Rooney, 1998). These findings have also been validated on female-only samples (Lovins, Lowenkamp, Latessa, & Smith, 2007; Andrews & Dowden, 2006). Unfortunately, many correctional agencies fail to implement this principle properly and end up placing low-risk offenders into the same treatment with high-risk offenders (Andrews, 2006). To prevent the mix of low and high-risk offenders, Andrews recommends that treatment

providers educate placement agencies on the risk principle to avoid the unnecessary placement of low-risk offenders.

The need principle involves matching treatment services with the criminogenic needs of the offender. Criminogenic needs, also known as dynamic risk factors, are those that can be changed in treatment (Andrews, Bonta, & Hoge, 1990). To assess criminogenic needs, actuarial assessments are commonly used (Gendreau & Goggin, 1996). The Level of Service Inventory-Revised (LSI-R), developed by Andrews and Bonta (1994a), is the most common instrument used to measure dynamic and static<sup>6</sup> risk factors (Andrews & Bonta, 1995). The LSI-R is often used to predict recidivism, place offenders into treatment, and to develop treatment plans (Smith et al., 2009). The LSI-R is comprised of 54-items across 10 subscales: 1) criminal history, 2) education and employment, 3) finances, 4) family relationships, 5) accommodation, 6) leisure time, 7) companions and peers, 8) substance abuse, 9) emotional and personal issues, and 10) attitudes and orientation. These 10 scales are calculated to develop a risk score.

The LSI-R has been tested and validated and is found to predict recidivism comparable, or more effectively, than other assessment instruments (Andrews & Bonta, 2003). Gendreau et al. (1996) conducted a meta-analysis on the predictors of recidivism found the LSI-R to have the highest correlation with recidivism compared to other actuarial instruments. Although the LSI-R also assesses static factors, most of the items measured are dynamic risk factors. Scores are expected to change as criminogenic needs are addressed through correctional interventions (Andrews & Bonta, 2003). Studies have shown relationships between changed LSI-R scores and recidivism (Andrews & Robinson, 1984; Motiuk, Bonta, & Andrews, 1990).

---

<sup>6</sup> Static risk factors include variables that cannot be changed such as age, gender, and prior criminal history.

Actuarial assessments allow treatment staff to diagnose criminogenic need areas and identify interventions that are appropriate for targeting them (Cullen, 2002). One of the strengths of identifying and targeting criminogenic needs is that through treatment they can be changed and ultimately reduce future criminal behavior (Andrews et al., 1990). Some criminogenic needs have been found to have higher correlations to recidivism than others. According to Andrews and Bonta (2003), dynamic factors such as antisocial peers, attitudes, and personality are the best predictors of recidivism. Family dynamics, education, and employment factors are considered mid-range predictors, whereas social class, psychological factors and low-self esteem are poor predictors (Gendreau, 1996). Factors not related to recidivism are known as noncriminogenic needs. From an RNR perspective, factors not related to recidivism should not be the primary target of treatment (Andrews & Bonta, 1994b).

Many argue that the LSI-R and other actuarial instruments may not be appropriate for assessing women's needs and risk of offending due to the many gender differences between offenders, including women's generally-lower rates of crime, different types of offenses, and different criminal motivations when compared to males (Hollin & Palmer, 2006; Reisig, Holtfreter & Morash, 2006; Blanchette, 2002). Scholars also argue that risk assessments do not accurately classify needs as risk-factors, leading to an inaccurate assessment of risk level (Van Voorhis & Presser, 2001; Hollin & Palmer, 2006). Several studies also support the notion that women are over-classified in comparison with male offenders. Studies on prison misconduct find that women and men classified as high custody differ on their levels of misconduct. For example, when comparing high custody inmates, females have less serious misconduct than males. Other

studies found that women in maximum custody had the same level of misconduct as men in medium custody (Hardyman & Van Voorhis, 2004; Brennan, 1998).

Research has also questioned the predictive validity of the LSI-R to assess recidivism for women, and has also questioned the instruments ability to assess women-specific needs, such as self-esteem, parental issues, victimization, and mental health (Hubbard & Matthews, 2008; Hollin & Palmer, 2006; Van Voorhis & Presser, 2001). Some studies have found that the LSI-R does not predict recidivism for women at the same rate it does for males (Reisig et al., 2006; Holtfreter & Cupp, 2007). In fact, Reisig et al. (2006) found the LSI-R has low predictive validity and actually misclassifies women who have “gendered pathways” into crime. Reisig and colleagues have argued that the LSI-R is not appropriate for assessing risk and classifying females. Other researchers have tested the predictive validity of the LSI-R on female samples and also find that it does predict recidivism statistically similar to that of males (Smith, Cullen, & Latessa, 2009; Andrews & Bonta, 2006; Lowenkamp, Holsinger, & Latessa, 2001).

Studies have also used the LSI-R to examine gender differences in the context of varying needs of men and women. A 2007 study by Palmer and Hollin compared the LSI-R scores of male and female offenders and found several differences. They found that women scored higher than men on the LSI-R subscales of accommodation, companions, family and marital relationships, substance abuse, and emotional problems. These authors found that men scored higher on criminal history and leisure/recreation. Bonta, Pang, and Wallace-Capretta (1995) used a different actuarial assessment – the Statistical Information on Recidivism Scale (SIR) – and found that criminal history, sentence length, and certain offense types were predictive of recidivism for both females and males. However, factors normally associated with outcomes for

males (i.e., substance abuse, employment, and committing an offense with an associate) were not predictive of recidivism for women. Additionally, Bonta and colleagues found that a history of sexual abuse for women was not predictive of recidivism, however, the experience of physical abuse as an adult was predictive for women.

Hollin and Palmer's (2006) review of the literature identified some criminogenic need differences in female and male offenders. They found that although both genders share common needs, women differ on many factors, including fewer criminal justice interactions, different criminal motivation and offense types, higher levels of abuse, different motivations for drug use, and higher rates of mental health problems - including mental health issues due to separation from children. The literature clearly indicates women have different needs than men, including higher rates of mental health problems and victimization. Some research finds these factors unrelated to recidivism (Andrews & Bonta, 1994b; Lowenkamp et al., 2001; Bonta et al., 1995), with the exception of physical abuse as an adult (Bonta et al., 1995). Other research finds certain mental health variables – such as stress, depression, and suicidal thoughts – to be predictive of women's recidivism, but not of men's (Benda, 2005). Recent research has examined some of these factors, as well as additional gender-specific factors, to determine whether certain gender-responsive needs are risk factors.

For the past several years, the University of Cincinnati and the National Institute of Corrections have collaborated to develop a gender-responsive assessment tool for women under criminal justice supervision and in correctional facilities (Van Voorhis, 2005; Van Voorhis & Presser, 2001). They developed two instruments – the Women's Risk/Needs Assessment which includes measures of both gender-neutral and gender-responsive factors, and the Women's

Supplemental Risk/Needs Assessment designed to serve as a supplement to existing instruments. Women-specific needs are incorporated on these instruments, including measures for abuse and trauma, unhealthy relationships, parental stress,<sup>7</sup> depression, self-efficacy, and mental health (<http://www.uc.edu/womenoffenders/index.html>).

Over the past few years, Van Voorhis and colleagues have empirically tested these instruments and found some of the gender-responsive factors to be related to recidivism and other outcomes. In a recent study, Salisbury, Van Voorhis, & Spiropoulos (2009) found several women-specific variables related to prison adjustment and recidivism. Factors, including a history of child abuse, relationship issues, self-efficacy, and emotional abuse as an adult were associated with prison adjustment. When examining factors related to community outcomes, they found adult victimization and parental stress were associated with recidivism. Another study conducted by these researchers found needs such as substance abuse, economics, education, parental stress, and mental health were associated with future crime for women in community correctional settings; whereas trauma, dysfunctional relationships, and mental health were linked to prison adjustment (Van Voorhis, Wright, Salisbury, & Bauman, 2010).

Even prior to this research, advocates for gender-responsive programming have been arguing that women's needs are factors that led to their criminal involvement and should therefore be targeted in treatment (Bloom et al., 2003; Morash et al., 1998; Belknap, Holsinger & Dunn, 1998). Although there is evidence that women have more severe needs in multiple areas, testing the relationship between these needs and recidivism has just begun and requires more research (Van Voorhis et al., 2010; Salisbury et al., 2009). These authors emphasize the

---

<sup>7</sup> Parental stress consists of separation from children while incarcerated and the multiple parenting demands experienced by mothers, especially single mothers.

challenges of pushing a gender-responsive agenda, considering the fact that correctional policy is currently dominated by the risk management perspective and the evidence that certain risk factors are predictive of recidivism. Even though changing an entire systems response will take years of additional empirical research, the timely contributions of Van Voorhis and colleagues has begun to validate the importance of addressing women's specific needs in correctional treatment programs. As the debate and research on addressing women-specific needs continues, the responsivity principle is an area of research that allows for more flexibility to incorporate treatment that is responsive to women offenders.

### ***The Responsivity Principle***

Responsivity is the evidence-based principle that pertains to the delivery of treatment. Two types of responsivity are often discussed in the literature - general and specific. In this section, general responsivity will be discussed, followed by an overview of specific responsivity. General principles of responsivity include programming that is based on social learning and cognitive-behavioral techniques (Dowden & Andrews, 1999). Within these approaches, techniques which include modeling, role playing, problem solving, and reinforcement should be incorporated (Andrews et al., 1990). Cognitive-behavioral treatment is considered to be the most effective therapeutic approach to rehabilitating offender populations (Andrews et al., 1990; Gendreau, 1996). Because it is the cognitions, values, and attitudes that cause criminal offending, Cullen (2002) argues that treatment should be focused towards changing these factors. When cognitions and attitudes are targeted for change, reductions in recidivism occur (Andrews et al., 1990; Gendreau et al., 1996).

Cognitive-behavioral approaches are considered appropriate for women as long as they are “customized” to fit women’s needs (Cameron & Telfer, 2004), and take into consideration women’s communication styles and thought processes (Pollock, 1998; Schiller, 1995). When developing cognitive-behavioral group approaches for women, Schiller (1995) proposed specific steps including gaining commitment from group members, developing an environment where women feel comfortable to self-disclose, creating trusting and empathetic connections, and helping women to identify strategies to manage stress. Cognitive-behavioral treatment is often used on women with substance abuse problems. Targeting women’s thought process to alter certain behaviors, like drug use, and teaching women coping skills will increase their self-esteem, self-efficacy, and self-confidence (Covington & Bloom, 2006).

Another component of the responsivity principle includes addressing specific responsivity. This technique involves targeting individual characteristics and learning styles (Cullen, 2002). This principle emphasizes that treatment should be reflective of individuals temperament, learning style, motivation, gender, age, race, and culture (Andrews & Bonta, 2003). Specific responsivity is important for enhancing motivation to participate in treatment and work towards changing antisocial behavior (McMurran, 2009). McMurran argues that motivation to change behavior plays a role in treatment engagement and retention. It is also argued that treatment motivation and readiness to change is influenced by a variety of factors (Ward, Day, Howells, & Birgden, 2004). One of the factors that may influence motivation is staff characteristics – including staff that are empathetic, warm, have a sense of humor, and model positive behavior (Dowden & Andrews, 2004; Marshall & Serran, 2004). Staff that help clients to set personal goals to address needs can also influence motivation level and desire to change

(McMurran & Ward, 2004). Staff characteristics will be discussed in more detail in the next two sections.

### ***Gender-Responsive Principles***

The principle of specific responsivity emphasizes treatment be relevant to the different characteristics of the offender. According to Andrews & Bonta (2006), the specific responsivity principle allows for treatment staff to tailor interventions toward women. These authors do not provide guidelines on how treatment should be tailored for women, but do mention that treatment may be more effective when delivery comes in an all-female setting and when the environment is supportive and based on developing “connections” to others.

Since the 1990s, researchers have been investigating correctional programming strategies for women (Bloom, Covington, & Owen, 2003; Bloom, & Covington, 1998; Koons, Burrow, Morash, & Bynum, 1997; Morash, Bynum, & Koons, 1995; Austin, Bloom, & Donahue, 1992). Bloom, Covington, & Owen have published numerous articles on the topic (see: Bloom et al., 2003; Covington & Bloom, 2006; Covington, 2002), including their seminal article funded and published by the National Institute of Corrections, “Gender-Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders” (Bloom et al., 2003). Based on their research and practical experience, Bloom and colleagues have provided technical assistance to correctional agencies and non-profits across the country, including the development of curriculum designed for women (see: <http://www.centerforgenderandjustice.org/articles1.asp>).

When implementing women-responsive treatment, practitioners and correctional administrators often rely on the strategies outlined by Bloom, Owen, and Covington (2003).

These strategies will be outlined in this section. To begin, they defined gender-responsive treatment as:

“multidimensional and based on theoretical perspectives that acknowledge women’s pathways into the criminal justice system. These approaches address social (poverty, race, class and gender inequality) and cultural factors, as well as therapeutic interventions. These interventions address issues of abuse, violence, family relationships, substance abuse and co-occurring disorders. They provide a strength-based approach to treatment and skill building. The emphasis is on self-efficacy” (p. 75-76).

From a theoretical perspective, advocates of gender-responsive programming argue that treatment should be based on theories of women’s pathways to crime, trauma, addiction, and relational theory (Bloom et al., 2003). Research indicates that women’s pathways to crime are linked with their past abuse, relationships with men, and/or drug use (Daly, 1992; Richie, 1996). According to Richie (1996), women’s crimes are also the result of their life experiences with gender, racial, and class oppression, in addition to the control and abuse experienced by family and male partners early in life. As theory is intended to guide the development of treatment programs, those who support gender-responsive approaches believe women’s programs should be based on these theoretical concepts (Hubbard & Matthews, 2008). Drawing on this literature, Bloom et al. (2003) developed six core principles that criminal justice practitioners and policy makers should follow to ensure women’s treatment is reflective of their life experience. These principles include:

1. Acknowledge gender makes a difference
2. Create a safe, respectful environment
3. Create programs that are relational and promote healthy connections to loved ones and the community
4. Address substance abuse, trauma and mental health through culturally relevant services and appropriate supervision
5. Allow for women to improve their socioeconomic conditions
6. Establish a system of community supervision and reentry with comprehensive collaborative services

The first principle is centered on the idea that women are different than male offenders in terms of their type of criminal offending, their pathways to crime, their psychological development, socialization, and their experiences with victimization and abuse (Bloom et al., 2003). These authors argue that women respond differently to supervision and treatment and that their gendered differences should be considered when implementing correctional programs. Considering these differences, the second principle emphasizes creating a safe and supportive environment that takes into consideration women's past experience with abuse and victimization. The environment should be as unrestrictive as possible considering women have lower levels of violent crime than men (Bloom, et al., 2003). Staff should also reflect the racial, ethnic, and cultural backgrounds of the residents, and when possible include individuals who were formerly incarcerated (Bloom & Covington, 1998).

The third principle involves incorporating relational theory into programming for women. This theory is based on the relationship connections that women develop during their life course. Bloom and Covington (1998) report that "when a woman is disconnected from others, or involved in abusive relationships, she experiences disempowerment, confusion, diminished zest, vitality and self-worth – fertile grounds for addiction" (p. 12). As described by Covington (2003), the lives of women offenders often consist of "disconnected" and "growth hindering" relationships. Women offenders experience an overabundance of disconnections, including physical and emotional violations in their relationships with others. These disconnections prevent them from becoming self-sufficient and from developing positive self-esteem. Covington (2003) argued that it is the connections in women's lives that help them to grow and develop a sense of self worth. According to this principle, when treating women offenders, programs should strive

to create a therapeutic environment that allows women to form positive, supportive and empathetic relationships with peers who share similar experiences. It is within the group setting that women from similar backgrounds can develop strong and empowered relationships.

The fourth principle recognizes women's higher rates of substance abuse, trauma, and mental health problems. In many cases, these three problems overlap, requiring treatment that addresses all components. This principle emphasizes that women's programming should focus on addressing needs in an environment that is unrestricted, safe, and culturally-relevant to women's ethnic backgrounds. Additionally, the fifth principle highlights the financial needs of women and acknowledges their history of unemployment, reliance on public assistance, and low levels of education. When returning home after incarceration, women often face barriers in finding employment, due in part to their lack of skills and education. While this is problematic for all women upon return, it is even more complex for women planning to reunite and support their young children. In conclusion, improving women's socioeconomic status is essential for their successful reentry (Bloom et al., 2003).

The final principle emphasizes helping women navigate through different social systems and resources to successfully return to society. Bloom et al., (2003) discuss the importance of agencies developing partnerships with different community service providers to help women identify housing, child care, education, employment, treatment, and other wraparound services that focus on the needs of women. Connecting returning prisoners to aftercare programs is a treatment component embraced by both proponents of the RNR theory (Andrews, 2001) and those who support gender-responsive treatment (Bloom et al., 2003; Austin et al., 1992).

Unfortunately, there is limited research on how often aftercare is utilized and what type of services are provided.

### *Non-programmatic Factors*

In addition to the core principles of RNR other evidence-based principles have been identified as important factors that contribute to successful program outcomes. Non-programmatic factors that contribute to successful program outcomes include staff characteristics, staff-client interactions, offender differences, and the treatment setting (Palmer, 1995). Some of these factors overlap with specific responsivity principles.

As previously mentioned, staff characteristics play an important role in influencing participant motivation (Dowden & Andrews, 2004; McMurrin & Ward, 2004; Marshall & Serran, 2004). These authors found that empathetic, warm, and staff that have a sense of humor helped to motivate participants. Andrews & Kiessling (1980) identified five core staff characteristics that have been linked to successful program outcomes. These include: staff who effectively use authority; display anti-criminal modeling and reinforcement; problem solve; use community resources; and are able to develop an interpersonal relationship with clients. Dowden and Andrews (2004) found that programs that employ staff who display these characteristics have positive effects (i.e., reduced recidivism).

In a study on perceptions of successful program components, Koons et al. (1997) found that staff characteristics were factors that correctional program administrators and clients perceived as linked to increased program success. These characteristics included staff who are qualified, dedicated, and have caring attitudes. Participants in O'Brien's (2001) study also identified caring staff as a program component that was helpful to achieving outcomes. As

previously discussed, women are more responsive to treatment when staff and participants share similar racial, ethnic and cultural backgrounds, and when there is a mix of staff who were formerly incarcerated (Bloom et al., 2003, Bloom & Covington, 1998; Koons et al., 1997; Austin et al., 1992). Literature on effective correctional principles emphasizes that therapists should “relate to offenders in interpersonally sensitive and constructive ways” (Gendreau, 1996, p. 149).

Palmer’s (1995) meta-analysis of non-programmatic factors also found that certain offender characteristics are associated to program outcomes, including personality characteristics, interpersonal styles, and developmental levels. Palmer examined multiple studies that analyzed outcomes for different characteristics of young offenders. He found that program outcomes were more effective for offenders with higher levels of empathy and situational stress than of those with a lack of empathy, emotionally disturbed, and with lower levels of maturity. Palmer argued that individual characteristics are important factors for understanding treatment responsiveness. However, offenders are often matched to treatment by risk-level, not individual characteristics.

Koons et al. (1997) identified environmental factors that correctional program administrators perceived as linked to successful outcomes. These included the physical environment, equipment, and technology to properly run the program. The researchers also felt that social environment where women had peer support, open communication, a “homey atmosphere”, and isolation from the general inmate population. They also perceived women-only groups as an important element for women to talk about sensitive issues, and where women can form “sister-like relationships” with other peers. This is similar to Bloom et al. (2003) strategy to

create a supportive environment where women can build relationships with other women in the program.

Kendall (1998) pointed out that understanding the social environment and context of a program are often ignored in evaluation research, but are important for investigating the implications for how and why programs work (Palmer, 1995). Most research on offender rehabilitation focuses on “what works” but rarely examines in-program issues (Wormith et al., 2007), how programs work (Lin, 2000; Wormith et al., 2007), or why they work (Palmer, 1995). The literature on non-program factors presents evidence that components other than the RNR principles may have an impact on whether someone successfully completes a program or refrains from engaging in future crime.

## **Chapter Conclusion**

The literature discussed throughout this chapter outlined the importance of incorporating evidence-based principles into correctional rehabilitation programs. Although some academics have questioned the application of these principles for women offenders, the research highlighted in this chapter provides solid support for the gender-neutral application of these principles. Considering the different needs, pathways, development, and learning styles of women, the responsivity principle allows for flexibility to tailor treatment to fit individual differences.

According to Bloom and colleagues (2003), correctional treatment programs that serve women should incorporate gender-responsive strategies such as creating a safe and supportive environment, incorporating programs that address relational issues, addressing co-occurring disorders, improving women’s socioeconomic conditions, and providing comprehensive reentry services. While many of these strategies can be incorporated under the responsivity principle, or

included as supplementary program strategies, the applicability of the risk and need principles are still under debate. As illustrated by Van Voorhis and colleagues, a new gender-responsive risk/need assessment may soon be incorporated into women's programs to better assess and treat women's specific needs.

The incorporation of RNR into community correctional programs has proven to be effective at reducing recidivism and addressing offenders needs. Equally important is understanding the social context and informal culture of community correctional programs, and how these factors influence women's responsiveness to services and treatment. As suggested by Kendell (1998), researchers should examine both program context and the social environment in which offenders return. She also argued that the principles of risk, need, and responsivity do not account for multiple non-programmatic influences, such as personal and external factors on an individual's responsiveness to treatment or their overall success when released to the community (Porporino, 2008; Maruna et al., 2004).

Examining offenders perceptions of correctional programming is an important way to understand process-oriented questions (i.e., what, how, and why) (Ward & Maruna, 2007; Lin, 2000; Wormith et al., 2007), non-programmatic factors, and whether offenders' perceptions of the rehabilitative process impacts engagement and other outcomes (Wormith et al., 2007). The research on offenders' perceptions of treatment is limited (Goodrum, Staton, Leukefeld, Webster, and Purvis, 2003) ), and may be useful in understanding how evidence-based principles are implemented, the experience women have in programs that are evidence-based, and their perceptions of the overall rehabilitation process. This dissertation will explore some of the process-oriented questions related to receiving rehabilitative services inside an evidence-based

female halfway house. The next chapter will outline the methods used to explore women's perceptions and experiences.

## **Chapter Three**

### **Methodology**

The purpose of this qualitative study is to understand women's perceptions and experiences residing at an evidence-based halfway house. The primary focus is to understand how women's needs are met, how they are prepared for reentry, and what programmatic and non-programmatic factors contribute to this process. Using a case study design, program documents, direct observations, participant case files, and interview transcripts are analyzed to answer the following research questions.

1. How does the halfway house operate to meet women's needs and prepare them for reentry?
2. What are the needs and risks of residents residing in a halfway house?
3. How do residents perceive the halfway house's ability to assist them in addressing their needs and preparing them for reentry?
4. What non-programmatic factors contribute to meeting resident's needs and preparing them for reentry?

This chapter begins with the rationale of using qualitative methods including a discussion of case study design, interpretivism, and feminist inquiry. The next section describes the original research study and operationalizes the research questions. Following this section, the data sources and procedures are outlined, including a discussion of sample selection, type of data sources collected, and the procedures of collecting data. Next, a section on data preparation and analysis provides a detailed description of the different analytical techniques used. The last section includes a description of the criteria for judging the trustworthiness of the study.

## **Case Study Method**

An embedded single-case study design was used to understand the holistic experience of the halfway house from the residents' perspective. The case study approach is defined as "the study of an issue explored through one or more cases within a bounded system (i.e., a setting)" (Creswell, 2007, p. 73). This qualitative method was selected for several reasons: 1) the research questions posed are primarily "how" questions; 2) the phenomenon under study takes place in a "real-life context"; 3) there was little control over events in the setting; and 4) multiple sources of data were collected (Yin, 2009). Although there are several types of case study designs, this study follows an embedded design. An embedded design consists of one main unit of analysis (the halfway house) and several subunits of analysis (the women residing at the halfway house). In this type of design, the researcher studies the subunits but returns to the main unit of analysis (Yin, 2009). Throughout the following chapters the halfway house remains the focus of study as women's experiences and perceptions are analyzed. The last two chapters of this dissertation focus on evaluating the overall operations of the halfway house and how certain components could be improved based on what was learned from the women living there.

In the case study approach, multiple data sources are brought together to explain various aspects of the phenomenon, and to compare and identify inconsistencies (Patton, 2002). According to Creswell (1998), using multiple sources of information in the data collection process provides the researcher with a comprehensive picture of the setting, and is considered one of the strengths of case study data collection (Yin, 2003). Yin (2003) contends "any finding or conclusion in a case study is likely to be much more convincing and accurate if it is based on several different sources of information" (p. 98).

In most qualitative research designs, there is no specific hypothesis stated at the beginning (Silverman & Marvasti, 2008) of the study, nor is theory testing the purpose of the qualitative method. Some qualitative methods avoid using theory to guide their study (Lincoln & Guba, 1985; Strauss & Corbin, 1998). According to Yin (2009) theory development is a key part of designing the case study. Yin argues that the goal of theory in a case study is to develop a blueprint for the study to guide data collection and develop strategies for analysis. As illustrated in Chapter Two the empirical literature on evidence-based principles of correctional treatment (“what works” to rehabilitate offenders), and the theoretical literature on gender-responsive strategies (“what appears promising”) were used as a conceptual framework to develop the proposed research questions and served as a guide during the analysis stage.

### **Interpretivism and Feminist Inquiry**

Understanding all aspects of the halfway house can best be achieved through the interpretation of the people who live through the experience (Greene, 1994). To achieve the objective of understanding women’s experiences the researcher’s perspective followed the principles of interpretivism and feminist inquiry. Conducting research from an interpretive perspective seeks to understand the multiple realities of the respondents in the context of their natural environment. From this perspective reality is viewed as socially constructed, where the environment and social experience of the individual shapes inquiry. This approach places emphasis on the human interaction and the role of the researcher in data gathering (Lincoln & Guba, 1985) where the values of the researcher are present in all phases of the research process (Robert Wood Johnson Foundation, 2008).

To understand any phenomenon, interpretation is essential (Angen, 2000). The dialogue that takes place between the researcher and the respondent generates an understanding of the social world being studied. It is within the context of the dialogue that interpretations and meaning is discovered (Robert Wood Johnson Foundation, 2008). The main objective of researchers who use this perspective is to “authenticate their interpretations as empirically based representations of program experiences and meanings, rather than as biased inquirer opinion” (Greene, 1994, p. 537). To enhance the quality of maintaining an authentic representation of the halfway house experience, various techniques were utilized. These techniques include triangulation of data sources, negative case analysis, and audits (Greene, 1994). These techniques are discussed later in this chapter.

Several of the goals of feminist research, which overlap with interpretivism, are also highlighted in this study. One of the main tenets of feminist inquiry includes focusing on women and the meaning they give to their experiences, and being reflexive in the research process (Bachman & Lanier, 2006). Consistent with interpretivism, understanding the meaning women attach to their experiences is a key principle of feminist inquiry. In this study, the experiences and perceptions shared by the women living at the halfway house are used to evaluate how the halfway house operates to meet their needs. Their subjective assessment of the halfway house experience is used to shape recommendations to improve the services and programs that directly affect their ability to address their individual needs.

Another tenet of feminist inquiry is being reflexive in the data collection and analysis process. As will be discussed in greater detail below, reflexivity involves the researcher critically examining his or her own assumptions and reactions of conducting the research. It also involves

the researcher questioning the relationships between researcher and participants and how the researcher's background may influence the process. "Reflexivity strengthens the research process by promoting greater honesty and awareness of the limitations and biases inherent in our research" (Flavin & Desautels, 2006, p. 20). This is consistent with Greene's (1994) emphasis on eliminating researcher bias by interpreting the true representation of participant's experiences. Remaining reflexive during the research process is discussed in more detail later in this chapter.

### **The Original Study**

In December 2006, permission to conduct research at the Garrett House, a halfway house located in Camden, New Jersey, was granted by the director of the Volunteers of America/Delaware Valley and the Institutional Review Board at John Jay College of Criminal Justice. After permission to conduct research at the site was granted, data collection began during the summer of 2007. The research objective of the original study involved exploring women's aspirations, expectations, and experiences in the halfway house program. The researcher was involved in all data collection in the original study. Data collection included interviews with 33 residents, a review of program documents and resident case files, and direct observations of treatment groups and daily interactions. After data collection for this study was completed, the researcher developed a series of research questions to explore for her dissertation research.

### **Research Questions**

The following research questions were explored:

1. *How does the halfway house operate to meet women's needs and prepare them for reentry?* To answer this question, all data sources were analyzed to develop a comprehensive understanding of the halfway house's policies and protocol, services,

programming, staff roles, and other characteristics related to the daily program operations. A sub-question related to how the program operates includes: *How does the halfway house incorporate evidence-based principles and gender-responsive strategies?* The literature on evidence-based principles and gender-responsive strategies was used to guide the data analysis process. Chapter Four addresses these two research questions by providing a detailed description of the halfway house program.

2. *What are the needs and risks of residents residing in a halfway house?* To answer this question, participant case files were reviewed. The literature on women's needs, and the empirical research on factors correlated with recidivism, were used to identify ten core need/risk areas. The ten core need/risk areas were assessed including: employment, education, financial, health, mental health, housing, family reunification, substance abuse, sexual abuse, and domestic violence. A profile of participant's needs and risk levels was developed from their case files and is discussed in Chapter Four.
3. *How do residents perceive the halfway house's ability to assist them in addressing their needs and preparing them for reentry?* To answer this question, interview transcripts were analyzed for an in-depth understanding of participants' experiences and perceptions of the halfway house ability to help them address various needs. As discussed in this chapter in the section on data collection and procedures, participants were asked a range of questions about the core need/risk areas mentioned in research question two. Participants were also asked about programmatic factors related to first research question.
4. *What non-programmatic factors contribute to meeting resident's needs and preparing them for reentry?* Similar to research question three, interview transcripts were analyzed

for themes relevant to non-programmatic factors. According to Palmer (1995) non-programmatic factors include offender differences (e.g., individual factors), staff/client relationships, staff characteristics (e.g., personality, professional orientation, background, and job experience), and setting characteristics (e.g., type of setting, size, physical condition, and social-climate dimensions).

### **Research Sample**

All Garrett House residents are referred from the New Jersey Department of Corrections (DOC) and the New Jersey State Parole Board (NJSPB). Garrett House categorizes their resident population into three different groups. During the time this research was conducted the largest group of women residing at the Garrett House (50 percent) were referred from DOC. Women referred from DOC must have less than 18 months of their sentence left to serve. The second group residing at the Garrett House (25 percent) were women referred from NJSPB – also called “halfway back” residents. The third group of women (25 percent) were also referred by NJSPB, but were technically not considered part of the Garrett House program. These women had been previously diagnosed as mentally ill/chemically-addicted (MICA) and were mandated to participate in the Volunteers of America PROMISE program (Program of Returning Offenders with Mental Illness Safely and Effectively). Women in PROMISE reside at Garrett House but do not participate in any programming and therefore were not included in this study.<sup>8</sup>

Participants were purposely selected based on the fact that they were currently living and participating in the halfway house program. Qualitative research generally calls for small sample

---

<sup>8</sup> One PROMISE resident was included because she was originally referred as a halfway back resident but was transferred to PROMISE one month prior to her release. This resident continued to participate in Garrett House programming once assigned to the PROMISE program.

sizes selected purposefully (Patton, 2002). According to Patton (2002), the purpose of sampling is not intended to generalize, rather this sampling strategy allows researchers to gather “information rich cases from which one can learn a great deal about issues of central importance to the purpose of inquiry” (p. 230). This sampling method also increases the prospect of gathering multiple perspectives and experiences (Lincoln & Guba, 1985).

A total of thirty-three residents were interviewed as part of the original study conducted at the halfway house. All residents listed on the Garrett House census during the summer and fall of 2007 were eligible to participate. When the study began, the house census consisted of 42 women (including six from the PROMISE program). The length of time the participants had resided at the halfway house varied during the interview stage of the study, and the residents were therefore categorized into three groups. The first group consisted of new residents who were at the Garrett House between three days and 30 days (n=12). The second group of women were there for more than 30 days (n=11), and the last group was made up of women who were within two weeks of their release date (n=10).

### **Data Collection & Procedures**

Data collection involved the triangulation of data sources, including in-depth interviews with halfway house residents, review of program documents, review of case files, and direct observation of treatment groups and daily program operations. Triangulation of data sources was essential in comparing data, identifying inconsistencies across different data sources, and in judging the trustworthiness of the results (Lincoln & Guba, 1985; Patton, 2002). In this case,

multiple data sources were used to understand how the program operates, meets women's needs, and prepares them for reentry. The following section describes how different data sources were used in this study.

### ***Review of Program Documents***

The purpose of reviewing program documents was to develop an understanding of the organizational culture of the halfway house and how it incorporated evidence-based principles and gender-responsive strategies. In addition, program materials assisted in the analysis of how the halfway house meets women's needs and prepares them for reentry. Program materials included the facilities handbook on policy, procedures and program goals; the LSI-R workbook and instrumentation guide; and treatment program curriculum. These documents were used to objectively describe the research setting, program policies, and programs/services available. For triangulation purposes, document review allowed the researcher to cross-check interview transcripts to validate participant responses (Patton, 2002).

### ***Review of Case Files***

Data from participant case files was reviewed for characteristics, needs, and risk levels. Included in these files were Garrett House assessments and treatment plans. This included the participant's initial and exit LSI-R assessment, service plan, descriptive summary of life history and needs, and discharge summary. Case files also include reports and assessments from sources outside of Garrett House. This included assessments from Edna Mahan Correction Facility for Women, Albert "Bo" Robinson Assessment and Treatment Center, the New Jersey Court System, and Pre-Sentence Investigation Reports.

The review of case files was conducted to answer the research question “*What are the needs and risks of women residing in a halfway house?*” All data available from case files were entered into the statistical software program (SPSS) for descriptive analysis. The researcher used the LSI-R assessment as the primary source of identifying participant characteristics and needs. When certain information was absent from the LSI-R, the researcher used the additional reports and assessments in the case file. A profile for each participant was developed and included on their reduced transcript (discussed in more detail below). For triangulation purposes the participant profile was reviewed alongside interview transcripts to ensure reporting consistency.

### ***Direct Observations***

The researcher also observed two treatment groups conducted at the halfway house. The purpose of these observations was to understand how the curriculum was delivered to residents and to answer the research question: “*how does the halfway house operate to meet women’s needs and prepare them for reentry?*” As mentioned earlier, the written treatment curriculums were also reviewed. By directly observing the curriculum, the researcher was able to develop an in-depth understanding of the material, how it was delivered, and how residents respond to these groups.

To develop a rich understanding of the program operations, staff/resident interactions, and daily activities were also observed. The researcher had access to space at the front desk of the facility and often spent time in the offices of several staff members to observe these “natural” interactions. Field notes were written on all observations and used when describing the operations and social environment of the halfway house setting.

### *Interview Protocol*

The main method of collecting data consisted of conducting in-depth qualitative interviews with residents of the halfway house. Conducting in-depth interviews to understand the experiences of others is a method often used in both interpretivism and feminist traditions (Hesse-Biber & Leavy, 2007; Greene, 1994) and is considered the most important source of data in a case study (Yin, 2003). Interview questions were originally designed to capture women's aspirations, expectations, and actual experiences participating in the program. The original interview protocol (see Appendix A) utilized a general interview guide approach. This approach is considered systematic because the interviewer focuses on certain topics but allows for participants to discuss other areas of interest (Patton, 2002).

The original interview guide covered six main topic areas: criminal history background, prison treatment, Garrett House experience, social support systems, reentry plans and recommendations for Garrett House. These categories were developed to obtain a holistic perspective of women's entire incarceration experience from the beginning of their arrest, through their incarceration, and finally their release to Garrett House. Although the interviews captured the entire incarceration experience, this dissertation focuses predominantly on the halfway house experience.

The interview protocol section titled "Garrett House Experience" was the longest section of the interview and was designed to capture the entire experience in the program. This section of the protocol was designed to assess women's perceptions of the program operations, policies, programming, services, staff relationships, and the social environment. To understand how women's needs were addressed at the Garrett House, this section also asked about access to

various treatment services including: employment, education, mental health, physical health care, substance abuse, parenting, domestic violence groups, counseling, and housing.

To capture more in-depth information on women's gender-specific (also non-criminogenic) needs the interview protocol included direct questions about social support systems, family reunification, and access to visitation. Considering that one of the principles of gender-responsive programming emphasizes the importance of maintaining connections and relationships with others (including reunification with children), this section was designed to capture women's experiences reconnecting with loved ones and how the halfway house assists with the reunification process.

The section "Reentry plans" was used to answer the research question "*How do women perceive the halfway house's ability to assist them in the reentry process?*" This question was designed to understand how women's reentry needs were met, how they prepared for community reentry, and what type of assistance and support they received from the Garrett House program, staff, family/friends, and outside sources. Lastly, participants were asked to provide recommendations for improving the Garrett House program. The purpose of this question was to identify any additional program components that residents perceived as problematic, or helpful, that were not already addressed during other parts of the interview.

### ***Interview Procedures***

Interviews were conducted with 33 women residing at the halfway house between June and November 2007. Interviews were conducted both on-site at the Garrett House and off-site in a building owned by the Volunteers of America (VOA). Each day the interviews were conducted Garrett House staff would identify all residents present in the house. Once a resident was

identified, the staff member would call them to the front desk over the intercom system. As the resident approached the staff person she was directed to the office where the interviews were being conducted.<sup>9</sup> Once the resident was inside the interview room, the researcher introduced herself and immediately reviewed the informed consent. The informed consent was read to each woman as she read along. All residents were informed that the interview was voluntary and that they could refuse, stop the interview, or skip parts if they wished, without any penalty from Garrett House. They were also informed that the interview was confidential and nothing they said during the interview would be disclosed to Garrett House staff.

All interviews took place inside a private room with the door closed. The first 12 interviews were conducted two buildings near the Garrett House, at the VOA's main office building where the administrative staff operates, and where the treatment groups are held. The interviews took place in one of the treatment group rooms – which are similar to a large classroom. Twenty-one interviews took place inside the Garrett House in either the case manager or director's office. After explaining the purpose of the interview, and reading the informed consent, only two residents refused to participate. At this point in the research, most residents were familiar with the researcher. On three occasions, residents requested to participate in the interview before they were approached. Many participants stated that they wanted to “tell their story”, and several were eager to discuss the Garrett House. Five participants were hesitant to offer any detailed information about their lives and experiences/perceptions of Garrett House, but they did agree to participate. The hesitant women were extremely difficult to engage and offered vague responses such as “I don't know” or “I am not sure.” These interviews never

---

<sup>9</sup> Most interviews took place in a vacant office of a staff member (staff member was not present).

lasted more than 45 minutes. Women at the other end of the spectrum – those who were eager to share their experiences and perceptions – engaged in an interview process that lasted up to two hours. These participants were very descriptive and occasionally digressed from the interview questions to discuss unrelated topics. For some women, the interview process appeared therapeutic. During several interviews, participants informed the researcher that they were glad to have the opportunity to discuss their experiences as it helped them identify unaddressed needs and relieved some of their stress by just talking through issues that were bothersome.

One of the issues in conducting qualitative research is the insider/outsider perspective. Maintaining an “outsider” position may have impacted the researcher’s ability to gain consent and gather rich data. An outsider position was maintained because the researcher was not a resident of the facility and never experienced incarceration. There is much debate on insider/outsider positions in the qualitative research process. Some argue that interviewers perceived as outsiders may have a difficult time gaining access and understanding the experience of others. On the other hand, the outsider may have an advantage by asking questions that perhaps the insider would not ask because they “already know” (Hesse-Biber & Leavy, 2007).

Another factor that may have influenced researchers’ ability to gain consent and engage participants was the stress of multiple demands women were experiencing at the time of the interview. Many participants spoke about challenges and barriers they were experiencing, such as feeling frustrated with staff, residents, or with program policies that were impeding on their ability to achieve goals. Participants also spoke about the stress of not finding work, legal issues, and the separation from children. All of these multiple stressors may have impacted women’s responses to the interview questions.

## **Data Preparation**

This section describes the process of transcribing interviews, writing analytical memos, developing categories, applying codes, identifying themes, describing the case and population, and criteria for judging trustworthiness of the research findings.

### ***Data Reduction Step 1: Reducing and Categorizing Transcripts***

Twenty-nine<sup>10</sup> audio recorded interviews were transcribed verbatim producing over 2,000 pages of double-spaced text. To manage data, transcripts were reduced to 395 pages. Reducing transcripts consisted of replacing interview questions with categories (e.g. “perceptions of staff”, “health care”, “mental health”, “job searching”, and so on). Categorizing data is often used in qualitative research as a method of condensing the number of concepts in the data (Strauss & Corbin, 1998). Reduced transcripts included only respondents’ words under the relevant category. Included on the first two pages of the reduced transcript were a list of participant characteristics (from case files), personal memo of interview, summary of transcript materials, and a summary describing the services utilized while residing at the halfway house (extracted from participant discharge summaries). All 33 reduced transcripts were used during data analysis.

All reduced transcripts were imported into *Atlas.ti*, a qualitative software program designed to aid in the analysis of data. This program was initially used to store transcript data. In addition to organizing and managing the data, *Atlas.ti* was used during the analysis stage to search quickly for categories and codes, sort through data, and identify patterns (Silverman & Marvasti, 2008).

---

<sup>10</sup> Four participants refused to have the interview tape recorded. Detailed notes were recorded during the interview and typed immediately after.

### ***Data Reduction Step 2: Grouping Transcript Data under Categories***

After all interview transcripts were reduced, individual responses were grouped together by category. The purpose of this step was to combine all participant perceptions and experiences under specific categories. Similar to the way reduced transcripts were produced, a new document was created with the same categories that were included on the individual reduced transcripts. Under each category, all participant responses were copied and ordered by participant identifier (this allowed the researcher to keep track of participant responses as additional responses were added to the document). This document consisted of 81 pages with 39 categories. Ideally, all 33 participants would have a response under each topic, but not all participants shared their perception or experience on each topic.

### **Data Analysis**

Grounded theory coding was used to analyze interview data. Grounded theory coding allows researchers to create codes based on trends present in the data (Charmaz, 2006). It is an interactive process of labeling and defining data for the purpose of understanding participant's perceptions and actions. This approach involved coding data in two phases: initial and focused coding. Below is a detailed description of these two phases of coding. Also discussed are the manual and software techniques that were used during coding, the process of writing analytical memos and developing final themes.

#### ***Analytical Phase One: Initial Coding***

Initial coding is the first phase of grounded theory analysis and includes studying fragments of data word-by-word, line-by-line, or segment-by-segment (Charmaz, 2006). Initial coding occurred in two steps. The first step involved manually coding all 33 reduced transcripts.

All transcripts were closely analyzed by labeling components of data line-by-line and segment-by-segment (sentence-by-sentence). Coding data involved an interactive process of underlining segments of text that appeared meaningful and applying a labeling in the margin next to the text – known as writing code notes (Strauss & Corbin, 1998). As segments of data were labeled, the researcher analyzed the meaning of the participant’s words by writing analytical memos during the coding of each transcript – referred to as “participant memos.” Participant memos consisted of a list of codes developed during initial coding, including direct quotes (known as *In Vivo* codes), and a brief analytical description of each code. After all participant memos were completed they were compared against one another and analyzed for themes. A new memo, titled “initial coding memo”, was written during the analysis of participant memos. The main purpose of this memo was to closely analyze participant memos and write detailed notes about the meaning of common themes that emerged.

To improve the credibility of the analysis, the researcher conducted a second step of initial coding. This step involved applying the same steps described above to the categories. During this process participant statements and experiences were compared with each other – known as coding “incident by incident” (Charmaz, 2006). It was assumed that since data (participant quotes) was organized by interview topic, codes developed during the first stage would be explored in greater depth and new codes would be discovered.

Initial coding of transcripts and writing analytical memos was the first critical step of “making sense” of the data. The initial coding memo developed during the two stages of initial coding was turned into a preliminary code book that consisted of codes and definitions. Based on

frequency and relevance, specific codes were selected from the code book for the next stage of analysis.

### ***Analytical Phase Two: Focused Coding***

The next analytical phase involved applying codes identified during initial coding – this process is called focused coding. The purpose of this phase is to identify aspects of the data that may have been overlooked during initial coding and also allows for greater comparison between data (Charmaz, 2006). This phase involved assessing which codes made the most sense, merging similar codes, redefining ambiguous codes, and developing new codes. In this step, *Atlas.ti* was used to apply, retrieve, and sort codes. This program also aided in the constant comparison between participant's perceptions and experiences.

### ***Writing Analytical Memos***

According to Charmaz (2006), memo writing is a crucial step between analyzing data and writing. Memo writing is “the researcher's record of analysis, thoughts, interpretation, questions, and directions for further data collections” (Strauss & Corbin, 1998, p. 110). Writing memos helps researchers to analyze categories, develop connections between categories, generate new ideas or gaps in the data collection process, and allows for reflection on understanding various properties of the data (Charmaz, 2006). As discussed above, memo writing was an on-going process during the coding phase and served as the primary tool to assist in writing findings.

### ***Establishing Trustworthiness of Analysis***

To judge the trustworthiness of the findings discovered from the analysis four criteria were followed: credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). According to Lincoln and Guba, credibility refers to ensuring that the findings and

interpretations are plausible. A first step to ensuring credibility was the use of verbatim transcript excerpts. A major critique of conducting qualitative analysis involves the interviewer interpretation of the meaning respondents attach to their experiences, actions, and feeling (Goodwin & Horowitz, 2002). Weiss (1994) argued that only the respondent's original words can represent the true meaning of their experience. If their words are altered or "cleaned up" important information may be lost (Riessman, 1987). To provide an accurate representation of respondents' experiences, full quotes are illustrated throughout the analysis chapters.

Another way to improve the credibility of the analysis involves paying close attention to negative cases. In negative case analysis, the researcher searches for negative cases in the data that provide an alternative explanation to the conclusions that are emerging from the data. To accomplish this, interview transcripts were compared to identifying negative cases. This step allows the researcher to understanding various perspectives of the phenomenon. Patton (2002) argued that "such writing adds credibility by showing the analysis's authentic search for what makes most sense rather than marshaling all the data toward a single conclusion" (p. 555).

Being reflexive in the process of data collection and analysis is another technique to ensure credibility of the analysis (Wasserfall, 1993). Although there is much debate on the degree of reflexivity (Goodwin & Horowitz, 2002), a common strategy used by feminist researchers is to critically examine one's own standpoint and how this may impact the research process (Flavin & Desautels, 2006; Hesse-Biber & Leavy, 2007; McCorkel & Myers, 2003). Examining one's standpoint involves bringing to the surface the social and background characteristics that may influence the research process (Wasserfall, 1993), or by what McCorkel and Myers (2003) labeled "master narratives." Understanding how these characteristics influence

the researcher's observations and interactions with participants allows for a more realistic representation of the observation (Myerhoff & Rudy, 1982), allows for greater honesty, and limits research bias (Flavin & Desautels, 2006). Feminist researchers contend that being reflexive in the research process will lead to stronger objectivity (Harding, 1993; Wasserfall, 1993; McCorkel and Myers, 2003). Wasserfall (1993) argues that "when objectivity is being questioned and the issue of the power involved in the process of knowledge is recognized, the ethnographer herself comes under scrutiny" (pg. 24). Reflexivity in the research process is not only necessary when collecting data, but is even more vital when analyzing data. During the analysis stage the researcher wrote memos on how her "master narrative" may have influenced the data collection and analysis stages.

The second criteria, transferability, refers to the external validity (or generalizability) of a study. Qualitative research generally lacks the ability to generalize research findings to other settings. Those who follow a positivistic perspective would view this as a weakness in the case study method. However, qualitative researchers argue that emerging findings are "dependent upon the particular interaction between investigator and respondents that may not be duplicated elsewhere" (Lincoln and Guba, 1985, p. 43).

The last two criteria are dependability and confirmability. Dependability examines the process of inquiry and how the researcher arrived at their findings (how reliable are the findings). Confirmability involves ensuring that data can be confirmed by others and that the researcher is not producing biased results. To satisfy the confirmability and dependability requirements, an audit trail (also known as a confirmability audit) was maintained throughout this study. The audit trail provides qualitative researchers a way to "systematize, relate, cross-reference, and attach

priorities to data that might otherwise have remained undifferentiated until the writing task is undertaken” (Lincoln & Guba, 1985, p. 319). The audit trail also proved useful as a way to organize and manage data throughout the analysis stage.

Lincoln & Guba refer to Halpern’s (1983) techniques of gathering and organizing information for an audit trail. Relying on some of Halpern’s (1983) methods, the audit trail for this study consist of two types of files that include all data gathered on individual participants. The first file consists data on individual cases including: 1) Raw data – a CD copy of the original recorded interview, interview transcript, and field notes recorded during interview; and 2) Data reduction and analysis products – written memos on each interview (includes researcher summary of interview), and LSI-R summary. The second file consists of data reconstruction and synthesis products. This file includes categories of data, themes, relationships, findings, and conclusions. In addition to the paper files, all interview transcripts are stored in the qualitative software program *Atlas.ti*.

## **Chapter Four**

### **Program Description & Participant Characteristics**

Before exploring women's perceptions of the halfway house, it is important to understand the context of the New Jersey Correctional System, the location of the halfway house, and the facility's general operations, policies, programs, and services. Of equal importance is a description of the characteristics, needs, and risk levels of women who transition through the halfway house. This chapter provides an overview of the correctional system for women in New Jersey, followed by an extensive overview of the Garrett House. The last section of this chapter will provide a portrait of the demographics and background characteristics of the residents who participated in this study. Data used to describe the setting and participants was triangulated through program documents, case files, direct observation, interviews with residents and informal conversations with staff. The research questions addressed in this section include: What are the general principles that guide the halfway house? And, what are the needs and risks of women residing in the halfway house?

#### **New Jersey Correctional Context**

Edna Mahan Correctional Facility for Women (formally known as the Clinton Correctional Facility for Women) is New Jersey's only female prison. Located in Hunterdon County in the town of Clinton, Edna Mahan has operated since 1913 (Watterson, 1996). According to the New Jersey Department of Corrections (2006), 1,102 women were incarcerated at Edna Mahan in 2006. When looking at the county of commitment for these women, most committed their offense in two New Jersey counties – Camden (10 percent) and Essex (10 percent) – the highest crime areas in the state (New Jersey State Police, 2006).

Similar to other female facilities across the country, Edna Mahan incarcerates women at all security levels. Regardless of security-risk level, women are housed, work, and attend programs together. Edna Mahan offers a range of programs that women can voluntarily participate in once space becomes available. Programs include: 12-step groups (Narcotics and Alcoholics Anonymous), parenting classes, *Focus on the Victim*, *Moral Recognition Therapy*, anger management and a range of vocational and educational programs.<sup>11</sup> Edna Mahan also operates a prison therapeutic community (TC) program. A study conducted in 2002 identified that only 6 percent of incarcerated women participated in this program. Since women receive treatment in the TC for up to 12 months, approximately 60 women each year have the opportunity to participate (Travis et al., 2003).

In New Jersey, prisoners have opportunities to transition to several of the state's community correctional facilities (traditionally known as halfway houses). In 2006, 2,626 individuals were incarcerated in halfway houses throughout the state. According to a study by Travis and colleagues (2003), when released from the New Jersey Department of Corrections (DOC) approximately 18 percent of prisoners are released to a community correctional facility. The DOC contracts with 23 community correction facilities where 2,803 beds are available. These facilities are often run by private contractors who offer a range of services, including employment assistance, education, substance abuse treatment, counseling, and housing assistance (Travis et al., 2003). Halfway houses also serve as a "halfway back" program designed to provide parole violators with additional services rather than sending them back to prison.

---

<sup>11</sup> Information about Edna Mahan programs was obtained through interviews with participants.

Before transferring to a community facility, women offenders in New Jersey are first sent to a centralized assessment center to determine the appropriate placement in a halfway house or treatment facility. Albert “Bo” Robinson Assessment and Treatment Center (Bo Robinson), located in Trenton, is a Community Education Center that provides services to women and men returning from prison (CEC, n.d.). Women receive services in a separate part of the facility. Services are geared towards relapse prevention and release preparation for transfer to a work-release halfway house or community treatment program. At Bo Robinson, staff members administer an actuarial assessment to determine risk and treatment needs, and an individualized treatment plan is developed. While women await transfer to a work-release or treatment program, they participate in a range of treatment service including: individual and group counseling, cognitive-behavioral treatment, substance abuse treatment, educational services, life skills, family programs, and vocational/employment programs. They also receive gender-specific programming to address family and trauma issues. Bo Robinson also incorporates a gender-specific substance abuse curriculum developed by researcher and practitioner Stephanie Covington (Mackey & Fretz, 2007).

After spending an average of 90 days at Bo Robinson, women are often transferred to community correctional facilities throughout New Jersey. Three common facilities women are referred to are Millicent Fenwick, Kintock, and the Garrett House. Millicent Fenwick is a residential community release program for women with substance abuse and mental health problems. Located in Paterson, Fenwick has operated since 1997 and has the capacity to serve 50 women at a time. Women receive individual and group substance abuse counseling, lectures on

drug use, case management services, parenting, vocational counseling, mental health medication monitoring, and family furloughs for those eligible (New Jersey Association on Correction, n.d.).

Another community correctional program for women is Kintock. Located in Newark, Kintock is a residential work-release program for male and female offenders. At Kintock, women reside and receive services in a separate part of the facility. Residents participate in substance abuse treatment prior to moving into the work-release phase of the program. Kintock is accredited by the American Correctional Association and has served returning prisoners since 1985. Its overall mission is to provide returning prisoners with transitional services to assist them make a successful reentry (The Kintock Group, n.d.). The final community correctional facility – the Garrett House – is the facility where this study took place. The rest of this chapter will describe the operations, policies, and services provided to women residing at the Garrett House.

### **Program Overview**

The Garrett House is a community corrections work-release facility located in Camden, New Jersey. Camden is considered one of the highest-crime, most-impooverished neighborhoods in the state. According to the U.S. Census Bureau population estimates (2009), the majority of Camden residents are minority, 38 percent live below the poverty line, and only 57 percent of working age individuals are active in the work force. Thirty-nine percent of households are female headed (with no husband present) and 41 percent of the population did not complete high school (or GED equivalent). Camden is overall a young city where the median age of residents is 28 years old (U.S. Census Bureau, 2009). Camden is also considered one of the highest crime neighborhoods in the country (O’Leary Morgan, Morgan & Boba, 2009).

The Volunteers of America/Delaware Valley (VOADV) has operated community correctional programs in Camden, New Jersey for more than 25 years. Serving both individuals incarcerated at the DOC and under New Jersey State Parole Board (NJSPB) supervision, the VOADV incorporates evidence-based principles into its correctional programs – including the administration of the LSI-R and cognitive-behavioral treatment programs that target criminogenic needs.

In August 2004, the VOADV transformed the Garrett House from a male to a female only facility. Women are referred to the Garrett House from both the DOC and the NJSPB. Women referred from the DOC must be within 18 months of their parole eligibility date. Prior to entering the Garrett House, women are first transferred to Bo Robinson where their level of risk and needs are identified. Women also participate in range of treatment programs while at Bo Robinson. The NJSPB refers technical parole violators in need of additional services – known as halfway back residents. Referrals from the NJSPB enter the Garrett House either directly from the community or from prison. Parolees who enter the halfway house directly from prison also transfer through Bo Robinson.

### **Phase Systems**

At the Garrett House, residents remain under the custody of either the NJSPB or the DOC. Their status as an “inmate” or “parolee” limits community movement and holds them accountable for all activities. To assist in the supervision of residents, the Garrett House follows a gradual phase system that provides residents with privileges as they achieve certain objectives and maintain good standing in the program. Program objectives include attending job readiness class, participating in treatment groups, obtaining and maintaining employment or education, and

following other goals outlined on individualized treatment plans. To help residents achieve their individual treatment goals, the Garrett House provides in-house substance abuse treatment, life skills, female-specific programming, and case management services. Women in need of additional services, such as mental health counseling, are referred to other VOADV programs or outside agencies in the Camden area.

### ***Phase One – Orientation***

Once residents arrive at the Garrett House they are required to participate in a two-week program orientation and are unable to leave the facility unescorted. During the first 24-hours of admission, residents are assigned a bed<sup>12</sup>, provided with linens and meet with staff for an in-depth program orientation that covers program expectations and regulations. Within five days, case managers meet with the resident to administer the LSI-R. The LSI-R is a 54-item instrument designed to assess criminogenic needs and the risk of offending through self-report and official data. The 54-item instrument is comprised of 10 subscales including: criminal history, education/employment, finances, family relationships, accommodation, leisure time, companions/peers, substance abuse, emotional/personal issues, and attitudes/orientation (Andrews & Bonta, 1994a). During the administration of the LSI-R, case managers utilize motivational interviewing techniques.<sup>13</sup>

During the first week, residents also meet with an employment specialist for an employment and educational assessment. Residents complete the Test of Adult Basic Education (TABE) and an employment assessment which includes gathering information on acquired skills

---

<sup>12</sup> Room sizes at the Garrett House vary. Some rooms are very small and accommodate two to four residents, where others are large and accommodate up to eleven residents. Residents share common bathrooms.

<sup>13</sup> Staff members are trained to adopt motivational interviewing techniques developed by Miller and Rollnick (1991). They learn specific techniques to develop client rapport, to assess resident's stage of change, and use effective interviewing techniques such as being supportive, honest, solution-focused, fair and non-judgmental.

and work history. Plans for obtaining work and/or enrolling in educational programs are discussed during this meeting. In addition, residents complete a job readiness training which includes an overview of the job searching phase of the program, developing a resume, how to fill out applications, interviewing strategies, and a discussion about the places of employment in which they are not permitted to work.

During the second week of Phase I, residents meet with their case manager to develop a 30-day service plan that includes individualized treatment goals. Residents are required to sign and follow the treatment plan and are evaluated weekly by their case manager. Case managers also conduct an in-person, or telephone, intake interview with family members to gather supplementary information on residents, to provide family members with information about the program and to encourage family to become involved in their loved one's treatment process. Once the family intake is completed, residents are eligible to receive one family visit. After residents complete the two week orientation, they move into the second phase of the program where they are allowed to begin job searching and receive more visitation and community privileges.

### ***Phase Two – The Job Search***

All residents are required to obtain full-time employment or enroll in a full-time educational/ vocational program. Residents are permitted to work part-time if they are enrolled in a part-time educational program. Residents with financial obligations (e.g. restitution or child care) are required to work at least part-time. Residents are allowed to search for jobs from Monday through Thursday between the hours of 8:00 A.M. and 3:00 P.M. and must secure employment (or education/vocational program) within 30 days of beginning their job search.

Garrett House is accountable to the DOC and NJSPB and must record residents' job search activities. When on the job search, residents are held accountable to make contact calls to Garrett House once they arrive at a potential job site and before they leave. If they are at a job site for several hours, residents are required to call every two hours. In addition to making routine calls, residents are required to obtain the signature of the prospective employer to confirm their job searching activities.

The employment counselor works with residents to identify potential employers and even provides "petty cash" to residents with limited funds. Residents who borrow petty cash to conduct the job search are required to pay it back once employment is secured. After a resident receives a job offer, the employment counselor will visit the site and either grant or deny the resident permission to work at the selected employment site. Residents unable to obtain employment within 30 days are placed on an "employment contract." The employment contract further restricts their privileges in the community and inside the house. Residents on an employment contract must continue their job search. If employment is not secured within 10 days of being placed on the contract, residents face disciplinary action which could result in their return to prison.

In addition to obtaining employment and/or enrolling in education programs, residents must meet weekly with employment counselor and case manager. These meetings are arranged to assist residents with the job search and their other individual needs. During the job searching phase, residents are eligible to receive one two-hour visit per week. Visitation and other community privileges increase once residents begin to work (see Appendix B for a detailed list of program requirements and privileges).

### ***Phase Three – Work-Release***

Once residents secure employment they must maintain a 35-hour work week. Residents who desire to switch jobs can do so after receiving approval from the employment counselor. Residents are also not permitted to leave the work site at any time during their schedule, nor are they allowed to take days off without prior approval from Garrett House staff. The employment specialist maintains contact with all employers and educational providers. To ensure residents are working a full-time schedule, they are required to submit their pay stubs to program staff. After residents receive their first paycheck, those under DOC supervision are mandated to pay 30 percent of their wages toward VOADV maintenance fees. Halfway back residents do not have to pay maintenance fees because their bed space is paid by the NJSPB. Residents who choose to attend school or vocational programs are also not mandated to pay. In addition to making payments to the halfway house, residents with restitution or fines are required to pay 16.67 percent of their net income to the State of New Jersey Treasury. Residents are also required to open a savings account, maintain a budget and are only permitted to have fifty dollars in spending money per week.

Program staff members are responsible for overseeing and approving all in-house and community activities. Depending on individual treatment needs, residents are permitted to attend treatment programs offered inside the Garrett House or in the community. Each week, residents must submit a schedule of their weekly activities. All medical, work, family, treatment and personal activities require staff approval. When residents leave the halfway house for work or other community passes they are required to sign in and out using an electronic signature device that links their signature to their computerized case file. This system not only accounts for their

daily activity, but also maintains a computerized record of their activities during the duration of their stay. When out in the community, residents are required to make accountability calls at various points throughout the day and are only permitted to go to the destination approved by staff. Residents who deviate from their schedule are in violation of program rules and face revocation.

During the work-release phase, residents continue to meet with their case manager bi-weekly to go over their service plan, discuss individual treatment needs and participate in life skills sessions. After six months of participating in the Garrett House, the LSI-R is administered for a second time<sup>14</sup>. Each time the LSI-R is administered, case managers update residents' service plans with goals achieved, progress made and areas that need additional improvement. Case managers review the LSI-R assessment with residents and make recommendations for addressing individual needs. Once in agreement with the assessment and recommendations, both the case manager and resident sign the assessment. Residents also receive an exit LSI-R and discharge plan prior to release from the program. The discharge plan summarizes each resident's progress during the duration of the program and includes treatment plans to follow in the community. Although there is no formal aftercare component of the Garrett House, most residents are discharged on parole supervision.

### **Family Visitation/Reunification**

At the Garrett House residents are encouraged to reconnect with family through in-house visitation and community furloughs. A track and level system is used to determine the amount of time residents are eligible for furloughs. The track system includes two program tracks: furlough

---

<sup>14</sup> Residents who are at the Garrett House less than six months only receive the initial and exit LSI-R assessments.

eligible and non-furlough eligible.<sup>15</sup> DOC residents with a violent charge<sup>16</sup> are the only group automatically ineligible to go on furloughs. These residents are allowed visits inside the halfway house and receive one escorted family trip per month (in addition to escorted recreation, shopping and cosmetic trips<sup>17</sup>). Furlough-eligible residents are allowed to begin furloughs once they obtain full-time employment or school. As residents progress through the program, they become eligible for additional furlough hours and eventually an overnight visit. LSI-R scores and program level<sup>18</sup> determine the amount of hours a resident is allowed out on furlough. Residents with high LSI-R scores can receive one overnight stay at an approved furlough site (a maximum of 30 hours). Residents with a low LSI-R score can receive up to two overnight stays (a maximum of 56 hours) (see Appendix B for a detailed schedule on visitation/furlough privileges).

Visitation at the halfway house takes place every evening between 7 P.M. and 10 P.M. and on the weekends between 2 P.M. and 8 P.M. All visitations take place in the basement of the house and are supervised by program staff. The basement is a large space with couches, tables and a television set. In one area of the basement, there is a children's space with books, toys and games. The walls of the basement are painted with bright colors and a children's mural. The area is large enough for about 10 children to play comfortably at one time. Every month, the halfway house sponsors a family night where new residents have the opportunity to invite their family to

---

<sup>15</sup> Furlough eligible residents are allowed to leave the halfway house to visit with family members. Non-furlough eligible residents are not allowed to leave the halfway house for visitation and receive all visits inside the facility.

<sup>16</sup> The New Jersey A304 law prohibits furloughs for prisoners convicted of certain violent crimes (such as murder, manslaughter, rape, robbery, kidnapping, or aggravated assault).

<sup>17</sup> Cosmetic trips include going to a hair/nail salon or other grooming facility.

<sup>18</sup> As residents complete treatment plans and goals they advance to the next level where they gain additional furlough hours.

a program orientation. The program director and staff introduce themselves to the families and describe the program's expectations and opportunities. At this event, the halfway house provides dinner for residents and their families.

### **In-House Treatment**

At the Garrett House, residents in need of treatment are mandated to participate in either a substance abuse or cognitive-behavioral women's group. Residents identified by the LSI-R as having a current substance abuse problem will be given an additional substance abuse screening to determine if treatment is necessary. Residents who indicate on the LSI-R a need for cognitive treatment will be assessed to determine if cognitive-behavioral treatment is needed. The three groups offered at Garrett House are: *Moving On*, *Pathways to Change* and *Inside Out*.<sup>19</sup> As stated in the resident handbook:

The Garrett House provides evidence-based treatment interventions in an effort to reduce the risk of re-offending while promoting public safety. Garrett provides services and interventions from a social learning theoretical basis, while utilizing cognitive-behavioral programming to address criminogenic risks/needs (VOADV, 2008, p. 1).

Evidence-based and gender-responsive principles were demonstrated in the groups observed during this study. Both substance abuse and cognitive-behavioral groups share the common objective of teaching residents about new coping and problem-solving skills and focusing on strategies to change behavior. Both groups assist residents in identifying where they are in the change process, developing goals that they want to change, learning problem solving skills, including how to communicate effectively, becoming assertive, communicating in relationships, and mastering conflict-resolution skills.

---

<sup>19</sup> The *Inside Out* program was not offered to residents during data collection and will not be included in the discussion of treatment services. The other two programs were offered and will be discussed.

Each group is facilitated by a trained Garrett House employee and meets twice a week from 6 P.M to 8 P.M. Groups are approximately three months in duration and accommodate up to twelve residents. Residents in need of treatment are mandated to participate in one group at a time. Depending on need and length of stay at the Garrett House, residents could have the opportunity to participate in all available treatment groups. Below is a detailed description of the treatment curriculums offered during this study.

***Substance Abuse Group: Pathways to Change***

The substance abuse program, *Pathways to Change*, is a 26-session group-based curriculum designed specifically for criminal justice-involved individuals. The curriculum was developed by Dr. Lynn Lightfoot in 1987 for the Correctional Service of Canada and is based on the social-learning model of addiction. The VOADV offers this curriculum at both Garrett House and in their community correction programs for men. Participants are educated about the consequences of their behavior and are provided with skills to change their behavior. The ten areas covered in the program include:

1. Introduction – participants are provided with an overview of the program. They are also given a pre-test that is used to evaluate their progress in the program and to develop individualized treatment goals.
2. Alcohol and Drug Education – participants are taught about the acute and chronic effects of substance use and the physiological, psychological, social and legal implications of using drugs/alcohol.
3. Self-Management Skills Training – participants identify high-risk situations that trigger substance use and discuss problem-solving skills and coping strategies.

- During this module of the program, participants meet one-on-one with the group facilitator.
4. **Social Skills Training** – participants discuss social situations that led to substance use and are trained on skills such as assertive communication, conflict resolution and interpersonal problem-solving.
  5. **Job Skills Refresher** – this module helps participants develop a plan for obtaining employment. Participants also discuss employment risk situations and develop coping strategies to deal with these situations.
  6. **Leisure and Life Style** – this module increases participants’ awareness of the range of leisure activities available to them and introduces strategies to effectively use leisure time to maintain their substance use goal.
  7. **Pre-Release Planning** – participants are taught how to connect the skills taught in the program to real life post-release situations. Participants review all areas of their lives and develop a community plan (which often includes aftercare treatment).
  8. **Release Prevention and Management** – participants learn about the relapse process and how to manage relapse if it occurs.
  9. **Post-Testing and Graduation** – participants complete a post-test to assess their progress in the program and are recognized for their commitment and effort in completing the program.
  10. **Maintenance** – to reinforce some of the skills learned during groups, participants have the opportunity to meet with the group facilitator individually, or in small groups, once the program is complete.

Throughout the program, residents are required to complete worksheets and map out their emotional and environmental triggers. Women are taught to develop alternative strategies when dealing with high stress situations that have led to drug use in the past. Although not designed specifically for women offenders, women are able to discuss their individualized needs with the group facilitator during the course of the program.

### ***Gender-Responsive Group: Moving On***

*Moving On* is a 26-session curriculum designed specifically for criminal justice-involved women. In 2001, Marilyn Van Dietsen, Ph.D. and Patti Mac Kenna, M.Ed., with the assistance of correctional practitioners from Canada and the United States, developed the *Moving On* curriculum through focus groups with women offenders and the review of the literature on women's needs. The curriculum is based on relational, ecological, and social learning theory and integrates cognitive-behavioral, solution-focused, and motivational enhancement therapy approaches. *Moving On* incorporates the readiness-to-change stages to help women identify individual attitudes toward the desire to change and the group process. Women are provided with techniques to set goals and make plans to achieve them. The modules included in this curriculum are outlined below:

1. Setting the Context for Change – during the first module women are introduced to one another and the group rules are discussed. Women document their personal goals and identify their stage of change. Women are also given the opportunity to map out their social networks and explore available resources.
2. Women in Society – this module was designed to decrease women's sense of isolation and to promote self-acceptance. Women learn about their role in society, standards for

behavior and explore the pathways and life circumstances that led to their criminal justice involvement. Women are encouraged to take responsibility for behavior and identify areas of their lives that they can change to prevent future criminal behavior.

3. Taking Care of Yourself – women learn coping and relaxation skills. They practice deep-breathing exercises and learn coping strategies to deal with daily stresses. The purpose is to introduce women to new stress relieving techniques and to eliminate the reliance on negative coping strategies, such as drug use and other criminal behaviors.
4. Family Messages – women examine how the family influences the socialization process, the roles family members play, and the messages they receive from their family. They are also introduced to different parenting styles and how parental behavior influences children's behavior and self-concept. Methods of effective parenting and reducing children's negative behavior are also addressed.
5. Relationships – women explore their past and current relationships by identifying healthy, negative and abusive relationships in their lives. Barriers of leaving abusive relationships are discussed along with coping strategies. Women are also introduced to the qualities that constitute healthy relationships.
6. Coping with Emotions and Harmful Self-Talk – women identify their feelings, learn to counter their negative self-talk, and manage unpleasant emotions. This module is also designed to rebuild self-confidence and promote growth.
7. Problem-Solving – women learn how to identify problems, make choices, identify options, plan solutions and take action. Women are introduced to decision-making and critical reasoning skills to help them become better problem-solvers.

8. Becoming Assertive – In this module, women are encouraged to express their expectations and needs, identify their personal communication style, learn assertive communication skills, apply these skills and learn how to deal with pressure and manipulation from others.
9. Moving On – women learn about methods of maintaining change, examine the importance of social support, review the skills and material covered in earlier modules, and discuss achievements and plans for the future.

(Van Dieten & Mac Kenna, 2001)

The curriculum relies on four instructional tools that women use throughout the group. A Reflection Log is used to promote healthy coping strategies by recording thoughts and feelings throughout the duration of the group. The Goal Worksheet is used for women to identify areas in their lives that they want to change, and to develop action steps to accomplish these goals. Additionally, a Resource Board is used to inform women about community resources. Lastly, a Successful Strategy Board is a tool used for women to record effective strategies to deal with stressful life events and techniques to accomplish goals. Each tool is used throughout the curriculum to help women develop coping strategies, set goals, and identify resources to achieve goals (Van Dieten & Mac Kenna, 2001).

### **Outside Treatment**

There are many opportunities to address additional needs outside the Garrett House. Staff members provide residents with referrals for health care, mental health care, domestic violence counseling, parenting resources, housing services, and drug treatment options. For basic health care needs, residents are referred to Riverside State Prison for Men – located in Camden and less

than one mile from the Garrett House. Residents with more severe needs, such as gynecological or dental care, are transferred back to the Edna Mahan Correctional Facility – located 63 miles away (an hour and half drive). For mental health care, domestic violence and parenting, VOADV has various programs within the Camden County area that women can access. Staff also refers women to local agencies for services not available directly through the VOADV. All referred services are located within or in close proximity to Camden County. With permission from Garrett House staff, residents are permitted to travel on their own to VOADV and other treatment programs.

### **Participant Characteristics**

This section includes an overview of participant characteristics, including needs and risk levels. Data on participant characteristics was collected from LSI-R assessments, client summaries<sup>20</sup> and resident case files.<sup>21</sup> The majority of the characteristics discussed below were obtained from LSI-R assessments and client summaries. Data from the LSI-R and client summaries were cross-checked with the additional material in resident case files. In the instance that data was inconsistent, the researcher relied on the LSI-R and client summary. Certain gender-specific (e.g., domestic violence, childhood abuse) and gender-neutral (e.g., general health issues, family criminal history, family substance abuse) risks and needs were not clearly identified by the LSI-R but were reflected on client summaries and/or in additional case file material. All data was entered into SPSS and analyzed for descriptive statistics.

---

<sup>20</sup> Client summaries are written by Garrett House case managers after the administration of the LSI-R. Case managers extract data from the LSI-R interview and resident case files to develop an overall profile of residents background and treatment need.

<sup>21</sup> Case files consisted of background data collected by other criminal justice agencies prior to entering the Garrett House. Data from case files included: LS/CMI assessment from Bo Robinson, Edna Mahan Correctional Facility assessment, Pre-sentence Investigation Reports, and other court and police documents.

## *Demographics*

A total of 33 women participated in this study. Twenty-five participants were referred from the DOC and eight were referred from the NJSPB. All participants were previously incarcerated in New Jersey's Edna Mahan Correctional Facility for women.<sup>22</sup> Prior to entering the Garrett House, all participants transferred to Bo Robinson, a 90-day assessment center, where their needs and risk levels were assessed and they participated in daily treatment groups.

Participant's ages ranged from 19 to 58 years old, with an average age of 39. Women were primarily African American (52 percent) followed by 27 percent white and 21 percent Hispanic. The racial/ethnic breakdown of the sample was similar to the DOC female prison population (51 percent African American, 35 percent White, and 13 percent Hispanic) (New Jersey Department of Corrections, 2009). Forty percent of participants were from Camden County, New Jersey with the rest spread across different New Jersey counties. The percentage of women from Camden County was higher than the DOC population, where only 10 percent of the entire female prison population was from Camden. This difference may be attributed to the Garrett House being located in Camden. More than half of the sample was unmarried (61 percent) and the majority had at least one child under the age of 18 (64 percent). Sixty-one percent of participants had a high school diploma or GED, yet 55 percent were frequently unemployed and 46 percent relied on social assistance prior to their incarceration. According to national statistics, 56 percent of women in state prison were high school graduates (Greenfeld & Snell, 1999).

---

<sup>22</sup> Residents could enter the Garrett House straight from the community after violating parole, however all NJSPB participants in this study were sent to Edna Mahan for violating their supervision conditions.

### *Criminal History*

The majority of the sample had an extensive criminal history with 58 percent having three or more criminal convictions. The most frequent crimes of incarcerated women were non-violent (42 percent drug related; 27 percent theft; 6 percent other) with a lesser percentage serving time for violent offenses (24 percent). In comparison, the 2009 New Jersey female prison population had less frequent drug related charges (27 percent) and a higher percentage of violent crimes (48 percent) than the study sample (New Jersey Department of Corrections, 2009).<sup>23</sup> This difference may be attributed to DOC and NJSPB policies to release non-violent offenders to community correctional facilities.

Based on interview transcripts and a review of participant case files, the context of women's charges were classified into Daly's (1992) pathways typologies. Most participants fell into Daly's (1992) "drug-connected" (33 percent) and "other" (30 percent) criminal pathway. Participants in the drug-connected pathway were drug addicted and/or sold drugs through their relationship with a boyfriend or family member. Consistent with Daly's "other" pathway, 30 percent of participants committed crimes for economic circumstances. Participants in this pathway discussed committing crimes to support themselves and their families and/or to supplement their legal income. Women who committed violent charges followed a range of pathways including battered, street and harmed-and-harming women. Violent charges consisted of assault, robbery and manslaughter. Assault and manslaughter crimes were committed primarily out of self-defense. Consistent with the literature, victims of the violent crimes were close family, friend or intimate other (Snell & Morton, 1994; Browne, 1987).

---

<sup>23</sup> In 2006, 35 percent of the female prison population in New Jersey were incarcerated on a violent charge, and 28 percent with a drug related charge (New Jersey Department of Corrections, 2006).

### ***Mental Health, Substance Abuse, and Physical Health Needs***

A history of substance use was common in most of the sample (64 percent), however LSI-R scores indicated only 49 percent had a current substance abuse problem. An indication of a mental health problem was less frequently identified. According to the LSI-R, only 24 percent of the sample received mental health treatment in the past. Typical mental health problems included depression, post traumatic stress disorder and bipolar disorder. Although the sample had a lower percentage of prior mental health treatment, the LSI-R indicated that 49 percent of women had moderate interference of emotional/personal problems. Problems assessed included anger issues, impulsivity, depression as a result of their incarceration, domestic violence and post traumatic stress disorder (PTSD). In addition, participant case files indicated 46% percent experienced domestic violence in an intimate relationship and 30 percent were sexually abused in their childhood. The rate of childhood sexual abuse among participants in this study was consistent with the national statistics on women in prison (32 percent) (Snell & Morton, 1994).

The LSI-R indicated that 12 percent of participants had serious health related problems. Case files, however, revealed 39 percent of participants with a health related problem. Common health problems included diabetes, high blood pressure and asthma. More serious health problems consisted of HIV, cancer, and Hepatitis C.

### ***Family and Peer Risk Factors***

Family risk factors and criminal associations were common among most participants (see table 4.1). Sixty-seven percent of the sample had a close family member with a criminal history and 76 percent had an immediate family member with a substance abuse problem. Both of these rates are similar to the national rate of women in prison (Harlow, 1999). In addition, 52 percent

of participants had an indication of instability<sup>24</sup> in the home growing up. Most participants also reported having criminal associations with acquaintances (73 percent) and friends (55 percent).

Table 4.1. Participant Characteristics (n=33)

<i>Demographics &amp; Criminal History</i>	
Race (minority)	73%
Camden County, NJ Resident	40%
Children under 18	64%
Completed High School/GED	61%
Frequently Unemployed	55%
Three or more Convictions	58%
Current offense (non-violent)	76%
<i>Health Related Factors</i>	
Substance Abuse History	64%
Prior Mental Health Treatment	24%
Indication of Emotional Problem	49%
Serious Health Issue	12%
General Health Issue	39%
Domestic Violence Relationship	46%
Childhood Sexual Abuse	30%
<i>Family Factors</i>	
Unstable Home	52%
Family Criminal History	67%
Family Substance Abuse	76%

<sup>24</sup> Instability in the home was defined as having one or more of the following characteristics: neglect, abuse, and/or parental substance abuse.

### ***Risk Levels***

According to the literature on correctional programming, targeting high-risk offenders will have the most significant impact on recidivism (Andrews et al., 1990). At the Garrett House, most participants entered with a high (24.2 percent) or moderate (57.6 percent) risk level (see table 4.2). Exit LSI-R scores showed a reduction in scores compared to intake, and in some cases a reduction in risk level (e.g., at intake six participants were low-risk, whereas at exit 11 participants scored low-risk). The change in overall risk scores indicates certain criminogenic needs were addressed for a number of participants.

Table 4.2. Participant LSI-R Levels at Intake and Exit

LSI-R Risk Level	Intake LSI-R	Exit LSI-R
Low (0-20)	18.2% (6)	33.3% (11)
Moderate (21-33)	57.6% (19)	39.4% (13)
High (34-54)	24.2% (8)	9.1% (3)
Missing	--	18.2% (6)
Total*	100% (33)	100% (33)

\*Due to rounding the columns do not equal 100%.

The next two chapters present the analysis of women's perceptions of all of the services described above. Understanding how women perceive the halfway house answers the research questions on how women's needs are met in preparation for reentry to the community.

## **Chapter Five**

### **Perceptions of Program Context, Policies, and Environment**

This chapter presents findings on participant perceptions and experiences transitioning through the Garrett House. A nuanced understanding of the social environment and context of a program are often ignored in evaluation research (Kendall, 1998), but are important for investigating how and why programs work (Palmer, 1995). Equally important are the implications women's perceptions of the prison environment have on the development of programming that addresses gender-specific needs (Bradley & Davino, 2002). This chapter examines women's perceptions of adjusting to the halfway house policies, their perceptions of non-programmatic factors, such as relationships with staff and residents, and neighborhood conditions. Data presented was collected from in-depth qualitative interviews with 33 female residents and direct observations of program activities. Many themes emerged from the data as these issues were explored. To provide a structure for this chapter, themes are presented under each major area explored during in-depth interviews.

#### **Adjusting to a New Environment**

When entering prison, prisoners are forced to adjust to various "pains of imprisonment," including the deprivation of liberty, goods, heterosexual relationships, autonomy, and security (Sykes, 1958). Often noted in the literature is the fact that prisoners learn to adjust to prison by adapting to the culture that surrounds them (Clemmer, 1958; Irwin, 1970; Owen, 1998). When released back into the community, many prisoners struggle to adjust to life on the outside and often face a range of structural barriers. The women in this study had to adjust to living in a new

correctional environment, and for many a new neighborhood, while simultaneously addressing their needs and preparing for community release.

Participants held different perceptions about what their halfway house experience would entail. Some described not wanting to be in the program when they first arrived and held expectations different from what they experienced. A few participants were told by other inmates that they only had to endure a seven day program orientation, but were surprised and disappointed to find it was actually 14 days. Both residents and staff referred to this phase of the program as “blackout.”<sup>25</sup> Residents described feeling bored and often did not understand why they had to remain on blackout for 14 days. Other than participating in a program orientation, job readiness, and an intake assessment, residents described the lack of structure and monotony of blackout. Participants perceived the first two weeks as a “waste of time” and many were anxious to begin job searching, whereas others just wanted to “get away from the house.”

Residents who participated in intensive treatment programs while at Edna Mahan and Bo Robinson struggled to adjust to the lack of programming during blackout. The following is a response from a participant who was interviewed during the orientation phase of the halfway house. The researcher asked her what she had been doing since arrival.

“Nothing, watching TV, you know what I’m saying? I don’t know how to be normal yet. I have to -- you have to learn how to do that again. You’re used to feet on the floor at five o’clock in the morning, you know what I’m saying. I did this seven days a week. Then I did it five days a week, then I’d been doing it again, you know what I mean, so I don’t know what to do with myself because that’s all I know how to do. So, you know, it’s like kind of getting used to. I don’t know how to sit around. I don’t know how to do nothing, you know what I’m saying, because for the last two years, I mean, almost three years I’ve been doing something, so it’s kind of funny. I think I get bored because I go up those steps, and those steps, and those steps, and those steps, you know what I mean, and I

---

<sup>25</sup> Blackout refers to the orientation phase of the program. Residents are required to remain inside the Garrett House for the first two weeks of entering the program, where they participate in a series of orientations, intakes, and job readiness preparation.

watch TV and I get on the computer and I get on the phone, I watch TV. I don't know, it's too much for me." Bernice<sup>26</sup>

Even though the lack of programming was an adjustment for those who participated in long-term treatment, others were relieved to have a "break" from programming. Participants often responded, "I had enough of that when I was in Bo Robinson" and "I don't really want to participate in anything. I just want to do what I've got to do." After adjusting to the monotony of the first two weeks, residents felt like they had much more freedom and opportunity to take care of their needs. Most expressed contentment being at the halfway house because they were either closer to their families and/or they perceived the halfway house as an opportunity to begin reestablishing their lives. The researcher asked the following participant if she would rather finish her time in prison or at Garrett House.

"No I would rather finish my time in Garrett House. 'Cause I feel like I have more freedom for me and a lot of opportunities and I can go out there and do something for me today as far as getting a job, getting my own apartment, things like that. I want to go back to school so I prefer to be here. This is my opportunity that I need to take advantage of in Garrett House." Nancy

Prisoners returning straight from prison to the community are forced to return to high-risk situations, find immediate housing, reunite with family, and obtain employment (Visher & Travis, 2003). In this study, participants did not have to worry about finding immediate housing or return to high-risk situations. They were provided with "housing security" as they dealt with a variety of emotional events, including anxiety about relapsing, employment rejection, family adjustment, and other personal and emotional issues that they did not address while incarcerated. As they addressed their personal needs and began the preparation for release, participants were

---

<sup>26</sup> All participant names were replaced with a pseudonym to protect their identities.

still under the supervision of a correctional agency and had to negotiate through a system that provided both opportunity and restraint in one setting.

### ***Following Program Rules***

Accountability and supervision are central principles of effective community correction programs (Gendreau, 1996; Austin et al., 1992). Even though Garrett House is operated by a non-profit agency (VOADV), residents are under the supervision and control of the New Jersey Department of Corrections (DOC) or the New Jersey State Parole Board (NJSPB). VOADV staff members are not employed by these two correctional agencies, rather they are accountable to their agency's policies. DOC residents are still identified as inmates and NJSPB as parolees (also called "halfway back"). Considering residents are still under correctional supervision and movement is limited, the majority of participants perceived the Garrett House as less restrictive than prison. Residents discussed having the freedom to wear their own clothing, wear cosmetics, walk freely around the house, sleep in unlocked rooms, order take-out food, wash their own laundry, go shopping, use the pay phone, and participate in recreational activities off-site with staff. Even with these new found freedoms, the majority of residents discussed feeling regulated by the program rules, such as making accountability calls when out in the community, having their money monitored, and asking for permission to access health care and other services.

Although many women discussed these hardships, and often perceived them as burdensome, they accepted their situation and were willing to follow the required rules to successfully make it through the halfway house. Some participants even perceived the rules as a positive factor.

"They give you a little more freedom here. Maybe something like, certain girls, not certain girls...sometimes the freedom is not good for some of the girls because maybe

you are not ready for it. It is a place that helps you come here and you can live and get your life together if that is what you want to do. You can go out the same way you came in, because a lot of these girls are going out the same way they came in. A lot of them don't want anything different, they want to stay the way they are and that is cool – that is them. They give you all the support you need to do better in life and they try to show you a better way. I don't have any problem with the rules. The rules are kind of strict here, but I don't have a problem with them because I need rules in my life. We all do really, because that is why we are here - because we messed up.” Beth

The following participant did not complain about following rules and felt that they were easy to abide by.

“No, I don't have an issue. I love Garrett House. I don't have an issue with it at all, to tell you the truth, you know? I don't really have a problem with Garrett House at all. It's really easy to follow the rules, it's really easy not to get in trouble. It's really easy to do what you have to do around here, it's just a lot of people don't want to do it. I just do what I got to do and, you know -- I'm trying to get back to the street, so I keep on doing that. I have no write-ups, nothing like that, because it's real easy to follow these rules, you know what I mean? This is a cake walk, you know what I mean, if you let it be. But if you fight it it's not going to be, you know?” Debbie

Both Beth and Debbie point out that some residents didn't want to follow rules, and as Beth stated “a lot of them don't want anything different.” These two participants, and many others, perceived the Garrett House as an easy program to follow as long as residents abided by the rules and are ready to change. This perception was shared by both young and older participants.

Another participant described how following Garrett House rules didn't affect her because she was confident that she was doing everything right. Maureen, like many other participants, was fearful of breaking program rules and was willing to do anything just to make it through the program.

“This has always been my theory: you want a urine test, take it every single day, you want to check me out, go right ahead cause I don't stop in the morning, I don't talk to anyone, I don't do anything. When I lay my head on that pillow at night, I know I am fine. When they say cease movement, when they come to bring someone back [to prison], I know it's not me. And that is how I look at it. That is probably the worst thing here. To hear that, cease movement, nobody moves. You could be in the bathroom and

you are not getting out of that bathroom until they tell you. That's when you do wrong here and you're going back to Clinton [Edna Mahan]." Maureen

Several residents discussed the fear of "deviating"<sup>27</sup> when out in the community. Garrett House staff supervise all community activity and are aware when residents leave the facility and the time they are expected to return. The close surveillance of community movement was stressful for participants who feared returning to prison or losing program privileges. When out in the community, participants expressed anxiety over returning to the Garrett House late because they missed a bus or got lost. They also expressed concern of not finding a pay phone in time to make accountability calls. The following excerpt is from a resident who was on blackout and scheduled to participate in an interview with the researcher at a VOADV building down the street from the Garrett House.

"I was scared to walk down here. That is why my case manager had to bring me down here because I was scared. She said you can go down the street. I said I can't go down the street, I am on blackout. She was like I give you permission; I said, I can't I am on blackout. Aint that called deviating? She said come on I will take you out the back door. I don't want to get in no trouble." Wendy

At the conclusion of the interview, the researcher walked Wendy back to Garrett House. Even though the majority of participants acknowledged some degree of surveillance and control over their lives, they were willing to follow rules and rarely questioned staff about the programs policies. A few women verbally expressed resistance towards program rules throughout the interview and felt that many aspects of the Garrett House prevented them from addressing their needs. Two of these women were also observed resisting Garrett House policies in public. These women felt that the rules prevented them from moving forward and felt that they were still in prison.

---

<sup>27</sup> Deviating refers to breaking Garrett House rules and is often defined by residents as "not being where you are supposed to be."

“You are still locked up. We had a lot of girls run – I would never – cause I have a daughter who is sick, but I think if I was a weak individual I would have been skated out of here. Because of their rules, like I said you are out their working and stuff but then you have to come back and listen to the crap over here. And it is not even the staff it’s just that you are around these chicks – you’re still with all these attitudes you have to deal with them because you have to live with them. In Clinton [Edna Mahan] you are in your own area. You don’t have to deal with anybody – basically you are just doing your time without the aggravation. This is aggravating here. Once you get out here in society once again it’s like everything is coming at you. Whereas if you are in prison and you are coming out here it’s a little – to me it would have probably been easier. In here everything gets to me and it is because I can’t make moves by myself.”April

Participants with negative perceptions stated that they would rather have finished their time in prison or another facility. They either perceived the facility to be too far from their family, viewed staff as unprofessional, or they felt too restricted by the house rules. Although negative perceptions of the halfway house were not shared by the majority of residents, it is important to point out that some participants viewed the halfway house as part of the “system.” These women perceived the Garrett House as worse than prison because, although they had opportunity to work and leave the facility, their lives were still under constant surveillance.

### ***Inconsistent Rules***

Participants also discussed the inconsistent application of program policies. Women under the supervision of the DOC had more restrictions and requirements than NJSPB residents – including the payment of maintenance fees. Several DOC participants perceived this policy as unfair since all residents, regardless of referral agency, received the same accommodations. Beth, a DOC resident, brought this issue up several times during the interview. She perceived the Garrett House as a privilege that she had to work hard to achieve when she was in prison. Although she stated that she does not mind paying fees, Beth felt that it was unfair that halfway back residents were not required to pay.

“Check this out, I work every day and pay rent, and you work every day and don’t have to pay rent; now how does that work? I don’t understand that. Especially because they (halfway back residents) are here for punishment. They are not here because they are good. All of us in DOC we had to be good to get here. And you screw up one time you are going back. The halfway back girls are here because they snatched them from their house or the streets because they were out there using drugs again and they are going to put you here. So, and you work every day and I work every day but I have to pay rent and you don’t. That don’t sit well with me, at all. I just totally disagree with that. And I know nothing in this world is free and I don’t mind paying for anything. I’ve paid since I’ve been here and I’ve never complained. Maybe to myself and I am venting to you, but I don’t go around saying ‘Oh...’ I don’t do that. I don’t do that because I know nothing in life is free. But I feel it is totally unfair to have the two different programs...standards in this house. It’s not fair for them to be able to use and not have to get out, for them to have to live here and not pay rent. They get to spend their whole check!” Beth

Beth also expressed frustration over the fact that she had to pay a higher maintenance fee than other residents. Beth obtained a well-paying job and was one of the highest paid residents.

Regardless of how much a resident makes, the Garrett House requires DOC residents to pay 30% of their paycheck. Beth felt that there should be a “salary cap” because she was paying significantly more than others.

“I feel...you know how they have a salary cap, there should be a cap here. I feel it should be. Because it’s not fair, if you make good money and you pay...you know how much money I pay to be here? Seven hundred dollars. Now, my apartment is not going to cost that much. Roughly \$175 a week out of my pay to be at Garrett House. And it was the same thing when I was in Eva’s, I was making 12 or 13 an hour, I was making good money. And you know what one of the counselors said to me? ‘Well you shouldn’t be making so much money. You make more than I do.’ Well, ok so I am... Don’t get me wrong, I am not remorseful or nothing, I don’t mind paying. I really feel that I would be leaving with more money if I didn’t have to give this house so much money. And then you look at the fact that the other 35 girls are not paying anything for the same accommodations that I have. Same shower, same bed, same everything I have. I don’t think that is fair. You know I don’t mind paying and I feel that there should be some kind of cap on it. Now there are a couple girls who work at a chicken factory, I am mean God forbid I have to do that kind of work, that is the pits to me. I feel like...I am not going to say I am above it. I know where I am at, I am a prisoner, I am a drug addict, You know what I am saying I am not no better than anybody. But I went to school, cracked the books and did everything I had to do so I could maybe get a better job. If I couldn’t get a better job here I am sure I would be at the chicken factory too.” Beth

Even though Beth internalized her current status as “prisoner”, she also recognized that her education level and efforts to make a decent living has negatively impacted her while living at Garrett House. Like other participants, Beth did not disclose her dissatisfaction with program policies to staff, rather she accepted her situation. Most participants did not internalize their prisoner status and often acknowledged their situation was temporary – “I have to deal with it for the next 10 months” – or they recognized that they were still in the system – “I just keep reminding myself where I am at.”

Another inconsistent rule was the community restriction on DOC residents charged with violent crimes, known as A304. Of the DOC residents interviewed, five were classified as A304 offenders. These participants were unable to leave the building without a staff escort, with the exception of going to work. This created a greater dependency on staff, as they were forced to rely on staff to take them to the bank, shopping, apartment searching, and other personal errands. Several participants complained that staff members were often too busy to take them out.

“Like my main issue is that I can’t go out to the bank or to shopping alone. That gets on my nerves because it’s like either they don’t have the ride to take me or they’re too busy to do it, so that’s frustrating. Or, either if I go to the bank and I say after I do job searching, it can’t be like say tomorrow how about I do -- can I go to the bank, no, because I’ve got to be escorted and then nobody take me. That’s like my main issue with that, because I can’t go shopping and things like that for myself. But other than that it’s just something that I have to deal with for the next 10 months.” Rachel

Violent offender status frustrated participants because they were unable to address their needs and had to rely on others. Participants with A304 status also felt constant judgment on their past behavior. Jenny expressed frustration over always being labeled based on her crime. She felt that staff did not recognize her progress.

“Because we are, an A304 is considered a violent crime. I have no idea why because again I think 85% are least likely to do anything. I can only speak for myself, I can’t

speaking for no one else. But I came too far, and I worked on myself too hard to go back. It's just not happening and I think people should realize that. Like right now I have this class, and I have been programming since 2005. And don't get me wrong I don't mind because I think you learn something every day. But, they have me down as this person who runs or...whatever, these levels they got. And I think it's not right. Even though Ms. B says at the end of this you're going to be happy with what I am writing. They don't recognize I have been working on myself. I wasn't just in Clinton looking at the TV. I did work on myself and of course I did it for me. On paper people see that. Every time I have a test or something I have to give drug this, drug that. They ask me silly questions about drugs and I've been incarcerated for so long. So it's like, I don't get it, I don't get the system at all. For real. But I am in it so I have to do what I have to." Jenny

As illustrated above, DOC residents experienced different restrictions and program requirements. Several DOC residents spoke about how they had to "work hard" in prison to qualify for the halfway house, whereas halfway back residents were there because they "screwed up."<sup>28</sup> DOC residents did not agree with having both populations in one setting. Two halfway back residents discussed the issue of the two populations residing in one setting, both felt that the DOC residents should not receive the "same privileges" as paroled residents.

"But I always feel like we're just getting treated like DOC like, and the girls get the same privileges. We shouldn't be in the same treatment as DOC. That's just my opinion. It's an opinion I have. Maybe it's not the right opinion for them, I don't care, but it's an opinion I have, because these girls are -- are paroled, haven't been fit, you know, to be paroled yet. They could be paroled, you know, a couple of months, or whatever, but they're not. They're still the Department of Corrections. They're still inmates. We got that parole paper. We got that, you know, that's a good thing when you get this, parole paper, to be paroled to this program for a couple of months. I don't feel like the staff should be as hard on us as DOC, because DOC, they're still Department of Corrections. They're still under certain restrictions, certain everything. We aren't under certain restrictions. All we have to do is go to our parole officer or go through there. I don't see why. Like they have a Level 4 for DOC. I don't know what that is but supposedly they can go downstairs after hours or, I don't know, something with the Level 4. Okay. And it's a DOC room, mind you, and there's a little refrigerator in there and there's a TV. Why is Department of Corrections given levels and their own TVs when Halfway Back we don't even have a TV in our room, we don't have no special privileges, no nothing. Do you see where I'm coming from here?" Leslie

---

<sup>28</sup> All halfway back residents violated their conditions of parole and were revoked to prison before being paroled to the Garrett House.

Even though several participants openly discussed the inconsistent policies and perceived injustices, the researcher did not observe residents speaking about these issues in public (i.e., during treatment groups or when interacting with staff); nor did staff discuss these issues with the researcher during informal conversations. The dissatisfaction with program policies did not appear to impact how residents addressed their needs or the relationships they developed with staff and other residents. Residents who associated with others and formed friendships, did so with residents regardless of status (i.e., DOC and halfway back residents became friends). Further research should explore the impact that having two different populations in the same program may have on participation and program outcomes.

### ***Motivation to Conform***

Participants' willingness to follow program policies, as well as their lack of verbal resistance about unfair rules, was mainly attributed to their personal motivation to return to the community. Participants perceived the halfway house as a step closer to home and did not want to jeopardize their release by violating program rules. Participants were often motivated by family factors. As April stated, she could have ran away from the halfway house but "would never 'cause I have a daughter who is sick." April recognized that returning home to care for her daughter was more important than violating the rules and risking her return to prison. Jenny was motivated to conform because doing so allowed her to receive furlough privileges to visit her elderly parents: "I just care about doing the right thing and being able to go home."

For women who were motivated by external factors, the fear of returning to prison was a form of social control. Both fear and motivation influenced their willingness to conform to the rules and complete program requirements. Participants not motivated by external factors were

often motivated by an internal recognition of wanting to change their ways. Consistent with the literature on desistance (Sampson & Laub, 1993), participants spoke about getting older and feeling tired of the street lifestyle. Wanting a better life allowed them to conform and take advantage of the opportunities at the halfway house. The fear of returning to prison for violating program rules was perceived as a setback.

It was difficult to identify participants who were not willing to follow program rules, or those who actually violated rules. When reviewing case files, only two participants interviewed returned to prison for violating Garrett House rules. One woman violated rules by having a dirty urine sample, and the other for not being where she was permitted. Nothing disclosed during their interviews indicated that they would have violated rules. Both discussed being motivated to do well because they wanted to return to their children. Only one participant, Deedra, discussed several instances where she violated program rules. Deedra would often “deviate” when out on a community pass by going to locations that were not approved by the halfway house. She was classified as high-risk, did not have any family support, and was eventually released to a homeless shelter. During the interview, Deedra did not express any motivating factors for doing the right thing, and ended up violating her parole one month after leaving the Garrett House.

The findings discussed above suggest that individual characteristics and multiple outside factors influence participant perceptions of the halfway house and their ability to adapt to various regulations and other program factors. Discussed below are several non-programmatic factors that may further influence participants’ ability to address individual needs and prepare for reentry.

## **Staff Characteristics**

In this study, several characteristics of core correctional practices were both observed and discussed during interviews with residents. Consistent with the dimensions of correctional practice put forth by Andrew & Kiessling (1980), Garrett House staff were observed helping residents solve daily problems, used their authority in effective ways (i.e., they did not overuse authority), connected residents to community resources, and acted as the liaison between residents and parole officers (e.g., making phone calls or having in-person conversations with officers when residents had concerns/questions about their parole conditions). When residents approached staff for help with a problem, staff would often address residents' needs immediately or, if not urgent, would schedule time to meet with them one-on-one. During interviews, the majority of participants described positive perceptions of staff, and identified situations where staff helped them solve problems and address specific needs. Participants also described staff assistance identifying and accessing community resources, such as locating education and treatment programs, referrals to local career centers, and occasionally receiving job leads. Participants did, however, discuss limited assistance from staff when searching for employment and housing (these two areas will be discussed further in Chapter Six).

### ***Emotionally Supportive***

In addition to helping residents with problems and addressing their needs, the relationships formed between residents and staff reflected many of the qualities identified in the gender-responsive literature. When treating women offenders correctional programs should incorporate principles from a relational model (Covington, 1997). Forming trusting interpersonal relationships is the core of the relational model (Gilligan, 1982; Miller, 1986; Covington, 1997)

and was a consistent theme identified throughout the interview responses on staff relationships.

Participants discussed feeling respected, listened to, and were able to trust staff. Participants often discussed the emotional support offered by staff.

“The staff is very helpful. Getting in touch with my kids. Just when I need somebody to talk to because I’m just going through something, you know I share where I am at. Sometimes I just feel like I’m just going to, you know, explode, and I just ask can I speak to you for a minute, you know? They call you in, let you sit down, say how you feel. It’s good. They don’t judge you or anything. They just be there.” Marie

When participants experienced personal problems, they felt that they could turn to staff for help.

The following resident had the urge to use drugs and reached out to staff.

“I do think they’re real supportive, the staff. I mean, like they have -- like if you want to do something they help you get to that goal. I would come back and talk to them. Like if I ever felt like getting high and I thought I might do something, I would call Ms. T or Ms. B, I know. Like the other day I wanted to get high and I went and they all talked to me, so it was good.” Kate

Even though Garrett House staff are in a position to “sanction”<sup>29</sup> residents, and potentially send them back to prison, as illustrated above, residents felt that they could rely on staff for help.

Trusting staff and seeking help was not the experience of all residents. Some participants struggled to trust and rely on staff to help them with their problems. Trusting staff appeared to be a factor in their willingness to seek out help or accept help. Even participants who did not perceive staff in a negative way discussed struggling to trust staff because they were accustomed to relying on family or themselves for support.

“I mean staff is there if you want them to be. Like I said, I don’t really trust staff or residents here to be my support because I’m my support and my family is my support for me.” Sandy

Two participants identified age as the attributing factor of being able to open up and talk to staff.

---

<sup>29</sup> A term used by both Garrett House staff and residents when someone violates halfway house rules. Residents may receive a sanction (e.g., loss of privileges) instead of returning to prison.

“Only staff is Ms. K and Ms. T, they are the only two I would talk to, because they up to my age and I can understand them.” Hester

The two staff identified in this excerpt were also of the same race as the participant. This finding is consistent with the literature on the specific responsivity principle, which indicates that treatment should be reflective of offenders learning styles and characteristics (Andrews & Bonta, 2003). Age, race, and other personal characteristics of staff may have influenced women’s responsiveness to the halfway house and their ability to develop connections to program staff.

Participants also responded well to staff that were honest with them. Jenny discussed the importance of emotionally supportive staff, but also valued staff that provided immediate and honest feedback about negative behavior.

“They [staff] have been great. I can’t say enough about Ms. T. She is hardcore, but she is a doll. She will tell you in a heartbeat that you’re doing something wrong. But when you need her she’s there for you too. That’s the type of people you need, especially with us women like us who come through. Some of us beat up from the floor down and some of us need more understanding than others. And some of us that want to be sneaky but she sees right through it. See I don’t need people to pamper me or tell me things I want to hear. See I need people to tell it to me how it is. And them too would do it, most definitely.” JM

The presence of an effective staff member (e.g., one that is caring and models positive behavior) is often identified by participants as a positive program component (O’Brien, 2001) and is also identified as a characteristic of successful programming for women (Koons et al., 1997).

A few participants had negative perceptions of staff, including perceiving staff as unprofessional because they “favored” certain residents, did not apply the rules consistently, or were perceived as not helping to address needs. These factors were brought up in several interviews when the researchers asked about staff relationships. Although these participants expressed negative

perceptions, they were able to identify at least one staff person whom they trusted, connected to, or had helped them in some way.

“Ms. T she does something to me I think (smiles), she is good. I felt like if I needed someone to talk to I would talk to Ms. T. One time my attitude was funk-y and she came to tell me – and I just respect her. So I closed my mouth and I wiped my little attitude off my face. So if I am really stinking thinking I just stay in my room away from her. Cause one time she told me I was so upset – she said ‘I don’t know what it is April but when you come in my building you just suck the air out of it’ – this is because I just have an attitude. It probably has nothing to do with this place maybe just something to do with myself cause I still feel locked up – like I could have been in prison.” April

April was very hostile during the interview and expressed mostly negative perceptions of the Garrett House. The excerpt above was the first time during the interview where she identified a positive feature of the halfway house. Later in the interview she apologized to the researcher for having an “attitude”, and disclosed that she was having a bad day and felt that everything was going wrong. At the time of the interview, April was expecting to be released from the halfway house within two weeks but was having problems getting her housing approved by parole. During the interview, she became frequently emotional when speaking about taking care of her sick child. Like most women at the Garrett House, April’s life was filled with multiple stressors and setbacks. April, like other participants, struggled to cope with unexpected disappointments. For participants with no external supports (i.e., family or friends), Garrett House staff were able to serve as an emotional support system and helped them cope with various life stressors. Although the support was available to all residents, some women did not utilize it due to their inability to trust staff or their preference to lean on family/friends.

### *Expectation of Help*

Participants held different perceptions of the role staff should play in assisting residents with addressing needs and finding resources. The majority held the view that “it’s up to you” to reach goals. These participants had no expectations of halfway house staff or anyone else assisting them with their needs. They acknowledged that it was their personal responsibility to successfully transition into society, and expressed the desire to take control over their own lives. These participants often expressed “I am doing what I need to do for me” and “it’s not for them to do it, it’s up to me.” Jenny acknowledged that staff is there to help you but that residents needed to support themselves since staff members were not always be available to offer support.

“I think the Garrett House is there if you need them. They give you enough room to see where you going to go with it. That’s why they call it the halfway house. Like I said before, you either halfway home or halfway to Clinton. So if you need them or their services they are there. But for real, for real, you need to do it yourself. When I go home I won’t have Ms. N or Ms. T or nobody like that to say I have this problem. Or what I am going to come back here saying I have this problem. No, that’s why I am saying they are there if you need it.” Jenny

Another perspective held by participants was the expectation that staff was there to help, but the process also “works both ways.” Participants recognized that they were responsible for the “footwork” but expected staff to “guide” them and help them achieve goals. A less common view was a sense of entitlement, where participants felt that it was the halfway house staff’s responsibility to connect them to services, place them in employment, and to find them housing. This view came from participants who perceived the Garrett House as part of the “system.” Instead of fostering dependency, which occurs inside prison, the Garrett House provides residents with the tools (e.g., job readiness) and resources (e.g., referrals and job leads) to address their own needs and facilitate their own reentry. A more in-depth analysis of how women address their specific needs and prepare for reentry will be discussed in the following chapter.

### *Not Just a Number*

Although the purpose of this study was not to compare the difference between prison and halfway house experience, many interview questions asked for a comparison to gain a sense of how participants perceived the Garrett House environment. Participants were first asked about their perceptions of Garrett House staff and were later asked to compare staff to correctional officers. Many participants would make this comparison when initially asked about their relationships with halfway house staff. Participants generally shared two different perceptions, they either felt that they were treated the same as they were in prison – “there is no difference” – or they felt that they were treated better. No participant described experiencing more negative treatment at the Garrett House. Those who perceived similar or better treatment often identified Garrett House staff as “nicer” and “more caring.” When participants perceived major differences between how they were treated by correctional officers and Garrett House staff they often expressed being treated like a “normal person” or as a “human being.” This was often the first time during their incarceration that they felt respected.

“Oh, my God! They’re a lot different. I mean, like certain officers, you know, they’re all nice and they talk to you. The officers in Clinton they talk down to you. They have no problem calling you an F-ing bitch, this, that and the other thing, and calling out your name all the time. But like they talk to you normal here. They treat you like you’re a human being, so it’s not bad. I was [also] in Kintock<sup>30</sup> and they treat people a lot better here than they did there.” Kate

Being addressed by their name and feeling acknowledged by staff made participants feel respected and comfortable. Consistent with gender-responsive principles, treating women with respect and creating an environment that is psychologically and physically safe is an essential ingredient to providing services to women.

---

<sup>30</sup> Kintock is a work-release halfway house that provides drug treatment services. Several participants in this study went to Kintock before being transferred to the Garrett House.

“They know who you are, it’s just I wouldn’t say this is my home, but it is now. And it’s not like you walk in and they don’t know who you are when you walk through the door. When I call now, they know who you are and then makes you feel good inside. It’s not like you are just a bystander. You’re not just someone who says, ok. Even a women who just started here I called...a lot of times I am like, it’s me again, because you have to call five times a day.” Nora

Participants were also asked if they felt physically safe at the halfway house compared to their experience in prison. The majority responded that they felt physically safe throughout their incarceration, but they did not always feel respected by correctional officers. Several participants experienced verbal abuse from correctional officers while incarcerated at Edna Mahan. One participant who was verbally abused also described physical abuse by officers.

“They [Garrett House staff] treat us like we are human. They don’t treat us like animals. When I was in prison I was treated like an animal. I was kicked in the mouth, I was disrespected, I just don’t want to go back there anymore [participant starts crying]. I didn’t sleep much when I was in prison because I was scared. People putting razors under your bed, people trying to hurt you when you sleep, people trying to hit you in the head with a locker thing. I don’t wish that on my worst enemy and I only have one but I never wish nobody to prison. Calling you all sorts of names, assholes and fucking retards and excuse my language. They are supposed to be professional in their jobs but they are not.” Wendy

Although not an uncommon occurrence in female prisons (Human Rights Watch, 2001), Wendy was the only participant who disclosed experiencing physical abuse while incarcerated at Edna Mahan. Wendy was extremely appreciative to be at the Garrett House, but unfortunately returned to prison a month after arriving because she required medical attention.<sup>31</sup> She did not return back to the Garrett House during the study period.

Although creating a safe and supportive environment is not considered an evidence-based principle, it is a gender-responsive principle necessary to make women feel comfortable in the

---

<sup>31</sup> As discussed in Chapter Four, DOC residents must return to Edna Mahan Correctional Facility to receive health services. Participant’s perceptions of receiving health care services at the Garrett House will be discussed in Chapter Six.

treatment setting. Creating a gender-responsive environment allows women to disclose personal problems to staff. Participants who expressed feeling respected and supported by staff felt comfortable seeking assistance and disclosing problems. If the environment was similar to the hostility and disrespect experienced at Edna Mahan, participants may have struggled to seek help and confide in staff.

### **Resident Relationships**

Recognizing that women prisoners often come from environments that are characterized as abusive, the gender-responsive literature recommends correctional programs create environments that are safe, secure, and where women can develop positive relationships with others (Bloom et al., 2003). As discussed above, women felt physically safe inside the Garrett House and comfortable seeking help from staff. An equally important component of the social structure of a correctional program for women is psychological security (Covington, 1998). Covington emphasizes that when treating women offenders the environment should reflect a therapeutic culture free from external and internal harm. This section highlights two themes that emerged when asking participants about their relationships with residents inside the Garrett House. As discussed below, participants struggled to connect with the majority of the resident population but were able to form close friendships with one or two residents.

### ***Avoiding “Chaos”***

Dealing with other residents in the halfway house was a burden for many participants. Not only were participants trying to rebuild their lives, but they were also forced to deal with other women who were going through the transition process. Women repeatedly complained about living with other women and often referred to the environment as “chaotic.” They often

described the inability to trust other residents, the attitudes they had to deal with every day, and the frequent confrontation over trivial things. The majority of residents have been living with other incarcerated women for long periods of time (for some several years) and felt that the residents at Garrett House were the “same” type of women with whom they were incarcerated. Participants often described keeping to themselves and avoiding conflict with other residents. To many participants, getting involved in petty arguments was not worth the potential risk of returning to prison. Avoidance by not speaking or associating with confrontational residents was a common response. The following quote is from a resident who spent 15 years in prison:

“I don’t talk to the girls. I stay in my room. I talk when I am in group and when I have to. Besides that I just lie in my room and just lay and think, go to the laundry room, use the phone, and go back in my room. It’s best that way [to keep to self]. When I go home I had relationships with women and men, I can talk more. But a place like this no. You can’t trust people here. Cause always someone has a motive. My main goal is to just get out of here. If you get involved in something and you don’t even know what’s going on and you can get caught in the middle. You understand? I just want to get out of here. That’s all I want so I don’t have time to talk to anyone, or tell anyone about my life story or tell them how my day went. I don’t have time for any of that. It’s hi, good morning, good night, go to my room and lie down and listen to my head phones.” Carol

Avoiding conflict was a difficult challenge for some participants who self-identified as having a short temper. A few women mentioned staff not responding when arguments arose between residents. Others felt comfortable knowing that staff was always around to handle conflict. Leslie described feeling uncomfortable when other residents confronted her:

“The only problems I’ve had -- prison I -- I felt pretty safe too, because I don’t have no enemies. The Garrett House I feel safe because I know, you know, that they’re always around, they always hear everything. If somebody’s arguing, all right, they know. But still there’s some girls that like to start arguments with me, and it’s not that I’m scared, but I feel uncomfortable because I don’t want to argue or fight somebody. And I know that my temper can be put to that point, but I don’t want it to be put to that point.” Leslie

Participants described the prison environment as “easier” to escape the social scene, since they either had a private room or shared it with one other inmate. Similar to what Owen (1998) found in her study on women in prison, participants described developing strategies to escape others including listening to music, reading, and watching television. At the Garrett House residents are assigned rooms that sleep up to 11 women – allowing for little privacy. Residents described using the same strategies they used in prison to avoid residents at Garrett House.

“I stay away from people, like -- I stay up in my room. I get up, take a shower, get dressed, go downstairs and watch TV, use the phone, smoke breaks. That’s it. Other than that I stay in my room because it’s being all chaotic. They’re still like they’re kids, they act like kids. Some of them is 40 and 20 years old, they act like little kids. They keep a lot of the bullshit going on, so I don’t deal with them. The same thing with being in Clinton, it’s just more chaotic in Clinton.” Jamie

Although Jamie, a 29 year-old resident, did not see any different among residents by age group, 46 year-old Monique felt that younger residents caused most of the “drama” in the house. This was similar to what Kruttschnitt, Gartner, and Miller (2000) found in their study of women in prison.

“You will find a lot of young ones here. And wherever there are a bunch of young girls there is going to be...it’s not...like when I first got here it wasn’t half as bad as it is now. Now all these young females are coming here, there is always something going on. But I don’t have to involve myself in it. It’s around me, but I don’t have to be bothered with it. There is no difference though – females are going to be females.” Monique

Similar to what Owen (1998) and Kruttschnitt et al. (2000) found, most women in this study wanted to avoid the social aspect of the halfway house. Participants wanted to take care of their own lives and didn’t want to associate with others – “I just do what I need to do for me and I stay focused.” According to Kendall (1993), personal hostilities between residents can impact the program. None of the participants discussed the inability to accomplish their goals as a result

of the conflict that existed in the environment. Instead, participants talked about focusing on their reentry preparation and avoiding “drama” as a way of preventing their return to prison.

Covington (2003) argued that when treating women offenders, programs should strive to create a therapeutic environment that allows women to form positive, supportive, and empathetic relationships with peers that share similar experiences. It is within the group setting that women from similar backgrounds can develop strong, empowered relationships. Findings from observations and interviews indicated that residents were unable to develop these relationships in the group setting and in other activities at the Garrett House. Participants did, however, lean on one another for social support and were able to develop small intimate support networks on their own.

### ***Forming Friendships***

Even though most participants described not wanting to associate with other residents because they did not trust them, or simply lacked any interest in forming new friendships, many described situations where residents provided social support. Residents discussed helping others with job leads, providing directions, sharing hygiene products, offering emotional support, helping elderly residents, and running errands for residents unable to leave the facility.

“No. I stick to myself. I come home from work, I take my shower, and I go to sleep. Half the time they have to call me for my medication because I be in bed. I try to stay away from all the chaos. I mean if someone needs me, if one of the girls calls me and say can I speak to you. I be there for them and if I can help them I told them sometimes I might not be able to say nothing but I give my shoulder or ears to listen. I know for a fact since I have been here that they have a lot of respect for me. They have – I have never been disrespected by any of them. If I don’t feel good they ask is there anything they can do for me. But other than that I don’t try to be around them.” Jaelyn

Participants were also asked about whether they were able to form friendships with other residents. Although participants perceived the general resident population as “chaotic” and

discussed avoiding confrontational and negative residents, the majority discussed forming one or two close friendships. Participants often discussed forming friendships with someone similar to them – “she is more like me.” For many participants, these friendships were developed during their incarceration at Edna Mahan. New friendships were often formed between residents sharing common rooms and/or the same job.

“Oh yeah, I have two very close friends that I love. In the five years, I have three close friends. One is already home and doing great. And two, thank God, I am living with upstairs. I met them in Clinton. Well, one I knew in Clinton, we worked together the whole time. She went to grounds and then I went to grounds and we lived in the same cottage. The other one I met before I went to Bo [Robinson]. Before you have to go to Bo you have to take a urine test and all that garbage. And I met her while we were waiting to take the test. We had to wait three hours. Formed a very close friendship. But other than that, no never.” Maureen

Similar to what O’Brien (2001) found in her study on women in transition, some participants in this study relied on other residents as a resource and for emotional support. Most participants who developed friendships with other residents discussed maintaining the relationship once released from the Garrett House.

### **Neighborhood Conditions**

Participants in this study felt physically safe living inside the Garrett House and emotionally safe in their relationships with staff and close friendships, but felt a sense of mistrust and discomfort in their daily interactions with residents. An additional non-programmatic factor that affected participants were the neighborhood conditions of Camden. There is little research on the impact of neighborhood conditions on prisoner adjustment while residing at a community correctional program. The research on the impact neighborhood factors have on reentry often points to the interaction returning offenders have with antisocial peers, and the impact this association has on the participation in criminal and drug activity (Laub & Sampson, 2003; Warr,

2002). An interesting finding that emerged from this study was the psychological affects neighborhood characteristics had on both participants from the Camden area and those from other communities.

### ***Exposure to Crime***

When discussing the neighborhood conditions of Camden, many non-Camden participants described feeling unsafe when leaving the halfway house. Not only did residing in an unfamiliar place make non-Camden participants feel uneasy, but the fact that the unfamiliarity was coupled with a neighborhood ranked as one of the most dangerous cities in America (O’Leary Morgan, Morgan & Boba, 2009).

“Well I have help from the girls here, but if someone says a town...I don’t know where that is. So Ms. S. has to map out where I am going. Because otherwise I would get lost, and that is one of my fears, getting lost in an area...I don’t know where I am. Being in a...this isn’t...I didn’t grow up in a city...this is a city to me. Seeing bums...and I am not...this is not in my neighborhood. And they laugh at me when I come in, because it’s like ‘you should have seen the people out there!’ They are like relax...I walk really quickly and they think it’s funny because most of them take like 15 minutes to get here and I am back here in five minutes. I don’t want anybody talking to me or nothing, just let me get back there.” Nora

Maureen, who also did not grow up in a city environment, shared her perceptions of being exposed to crime and drug addiction. Maureen cautiously asked the researcher if she lived in the area before expressing her opinion.

“You’re not from around here are you? ...Burn it [Camden] down, let it cool off, burn it down again, and start over. It is the most depressing, it is depressing. I don’t know how you come, but I take the same bus every day. It goes up Broadway; do you know where Broadway is? If I were that bus driver I would hang myself, it is so bad. My friend, who I told you is one of my friends, coming home one day...she usually leaves [work] after me depending on when our hours are. So we are usually an hour behind each other. They had a shooting in the middle of the afternoon. The bus driver stopped and hid behind the seat. And I leave so early that I see a lot of stuff, the drug addicts from the night before. Who’s throwing up on the sidewalk. I hate it. I hate this area. I mean I get it...why it is

here. But I hate it. It's sometimes a little scary, that I will say. When I come back from furlough I am walking down the street at 10:15 at night." Maureen

When discussing the job search experience, the researcher asked Jamie if residents conduct job searches together. Although Jamie did not job search with other residents, several participants did discuss going with others. Similar to other non-Camden women, Jamie also expressed feeling nervous to leave the halfway house and even described a situation where a man followed her.

"No, you go by yourself. I mean, sometime I'll be like, well, I don't want to go. I mean, I want a job, I want to get out of this building, get a job, and stuff like that, but then I'll be like, you know, nervous. I don't know nothing about this place. Like the other day when I went out on a job search this guy followed me from the -- from the front all the way to the bus station, and I'm like -- it was driving me crazy like is this man nuts or what? Like I don't know nothing about this place -- I know nothing about Camden, I just knew that I didn't want to go. I just wanted to stay in this building, but I want to get out." Jamie

Linda grew up in Camden and disclosed being afraid of the neighborhood.

"I don't feel safe when I leave here. I have to catch the bus and there's a lot of stuff out there in Camden. I have to watch my back constantly. There are shootings all the time. It wasn't always like this. I use to drive so I didn't have to take the bus. Now I have to deal with the people. Before you could leave your door open, now you will get robbed at a red light." Linda

As illustrated above, the geographic location of the halfway house caused psychological stress among both Camden and non-Camden residents; however, this fear did not prevent them from addressing their needs and preparing for reentry. They continued to travel daily throughout Camden to job search, work, attend school, and engage in other community activities. It should be noted, however, that residents are required to address their needs (i.e., find work, housing, treatment, etc.) as outlined in their service plan. The option to avoid the Camden area did not exist, and the alternative was returning to prison. For many participants, the Garrett House represented a step closer to home and was an opportunity to start the reentry process. Navigating through a high-crime neighborhood just happened to be part of that process.

### *Adjusting to Old Neighborhood*

Most participants from Camden did not share the same fears about the neighborhoods high-crime problem, but did raise concerns of returning to the same area where they engaged in criminal activity. Kate indicated that living at the Garrett House actually prevented her from relapsing when she ran into an old criminal associate.

“It’s like I see everybody I used to run with, like the Transportation Center and stuff. I’m on parole, I’ve got to go. I’m on parole, I’ve got to go. I do, because like my friend -- she’s not my friend -- but a girl I was locked up with that I knew before we both went to Clinton, she was in Kintock with me and we both came home. She’s selling dope out there. She’s like I’m giving out samples, you want a sample? And I was like I’m in Garrett, dude, I’ve got to go. You know, so -- You know I personally think that if I wasn’t here I would probably -- would have just took it. I don’t know if I felt like using because I just got home and I’m dead center, mean, I look -- right after the toll is where I used to get my dope, you know? So it seems like I’m right where I used to run.” Kate

While the halfway house in this situation served as a temporary form of social control, Kate recognized the area as a trigger and made housing plans to reside outside of Camden.<sup>32</sup> Marie described Garrett House as a safe haven that provided her with the opportunity to slowly readjust to the neighborhood. Other researchers have found that some women prisoners described correctional facilities as safe havens that protected them from victimization experienced at home or on the streets (Henriquez & Jones-Brown, 2000; Richie, 1996; Bradley & Davino, 2002). In this case, Garrett House provided temporary shelter and support as Marie addressed her substance abuse needs.

“Because I know this is where I’m going to be [in Camden]. It doesn’t matter where you send me. This is where I’m going to be whether I’m clean and sober or high and drunk. This is where I’m going to be. I stand a better chance of making a foundation when I’m clean and sober, of staying clean and sober -- you know what I mean? -- because my foundation is already made in here. You know, I don’t have to come here and seek it out.

---

<sup>32</sup> Two months after leaving the Garrett House Kate relapsed and violated parole. She was returned to the Garrett House for 90 days.

You know, I've -- I've got, you know, a protective little haven right now, and if things don't work out I have some place I can run back to and talk, its right here." Marie<sup>33</sup>

Similar to Marie's desire to remain in Camden, other participants from the area planned to remain in the community after leaving Garrett House and expressed confidence remaining drug and crime free. They did not perceive the neighborhood as a barrier to their reentry and were motivated to avoid old associates.

### **Chapter Conclusion**

Participants in this study entered the Garrett House after serving time in a secure correctional facility. As women entered the halfway house they learned to adjust to new policies, as well as multiple non-programmatic factors, while simultaneously addressing their individual needs and preparing for community release. Participants were required to adjust to a less-secure correctional setting with freedoms unavailable to them in prison. Adjusting to this new environment was not met without challenges. Participants were exposed to confrontational residents inside the halfway house and a high crime neighborhood outside. They were also required to follow certain policies that, although many stated they did not mind following them, were burdensome and at times caused anxiety. Participants also identified some policies that were inconsistently applied across the different populations residing in the setting. While many expressed frustration and anxiety over the halfway house policies, as well as the internal and external environmental conditions, participants indicated that they did not discuss these

---

<sup>33</sup>Unfortunately, Marie (a high-risk resident) was only at the Garrett House for two months and was unable to address her needs due to her short stay. At the time of release, she was participating in the in-house drug treatment program but her release prevented her from completing it. Marie was also unable to work due to a disability, and was released to the shelter system.

challenges with staff. Instead women learned to accept their current situation, conformed to program rules, and followed what was required for release.

Many of the benefits participants experienced at the Garrett House were the relationships they formed with staff and other residents. Participants described feeling physically safe inside the halfway house, perceived staff members as emotionally supportive, and formed close friendships with one or two women they connected with. Even participants who struggled to form relationships with people inside the halfway house, identified at least one staff member they connected with. Emphasized in the literature on gender responsive treatment is the fact that creating a supportive environment is essential to addressing women's issues (Bloom et al., 2003) and is also linked to successful program outcomes (Koons et al., 1997). Even though the overall culture inside the house was not cohesive, residents built small support systems with other women they trusted.

Throughout this study, women openly discussed their experiences transitioning through the halfway house, including their perceptions of program context and the social environment. Their ability to conform to program rules, form friendships, accept emotional help from staff, and adapt to both the internal environment of the halfway house and the neighborhood of Camden was often related to the incentive of being one step closer to home. Capturing women's perceptions of the halfway house process allowed the researcher to not only examine the program factors that contribute to addressing needs and preparing for reentry, it also provided women with a space to discuss personal motivation and external factors unrelated to program context. Although exploring individual motivation, and the influence of external factors, was not the focus of this study, many themes naturally emerged as women discussed their experiences

living at the halfway house and their plans for release. Examining these “other” factors is important to understand resident responsiveness to treatment and why programs work.

Participants in this study all expressed motivation and desire to be successful, however, two participants violated program rules and were returned to prison while residing at the halfway house, and several others were returned to prison after release. What distinguished these non-successful participants from the successful is difficult to assess without extensive follow-up, but necessary to understand why programs don’t work for some individuals.

The literature on evidence-based correctional treatment does not examine the influence of personal and external factors, or the natural process of desistance, on an individual’s responsiveness to treatment or their overall success when released to the community (Porporino, 2008). As suggested by Kendell (1998), researchers should examine both program context and the social environment as factors for why women are returned to prison. She also argued that the principles of risk, need and responsivity do not account for the multiple influences of program effectiveness. Additionally, other researchers have begun to bring attention to the influence of external factors (i.e., natural desistance process and non-treatment helpers) attributing to the rehabilitation process (Porporino, 2008; Maruna et al., 2004; Farrall, 2004; Mair, 2004). The next chapter continues to explore both program and non-programmatic factors as participants addressed various needs and prepared for reentry.

## **Chapter Six**

### **Addressing Needs and Preparing for Reentry**

This chapter explores the programmatic and non-programmatic factors that contribute to the facilitation of women's reentry. The objectives in this chapter include exploring women's perceptions and experiences with (1) the programming and services at the halfway house; and (2) the various external factors that facilitate and/or hinder women's ability to address their needs and prepare for reentry. Participants were asked questions about core criminogenic and noncriminogenic need areas including employment, education, financial, housing, health (i.e., substance abuse, mental health, and general health), family reunification, and victimization. Questions captured participant experiences addressing each core need, including the utilization of services and staff assistance inside the Garrett House, as well as outside in the community. Seeking help through social networks outside the halfway house (e.g., family, friends, and mentors) was also captured. Many themes emerged from the data as these issues were explored. To provide a structure for this chapter, themes are presented under each major area explored during the in-depth interviews.

#### **Employment & Education**

When prisoners return to the community they often strive to obtain immediate employment. However, finding work after being released from prison is one of the major barriers to successful reentry (Travis, 2005). Most prisoners return to the community with few employment prospects and no money to support themselves (Petersilla, 2001). As illustrated in Chapter Four, the Garrett House is a work-release halfway house which requires residents to obtain and maintain employment, or education, before receiving privileges such as visitation,

furloughs, and other community activities. The majority of participants (73 percent) were able to secure employment while residing at the Garrett House. Those not working were either enrolled in a full-time education, substance abuse, or mental health program. Employed participants, and those actively job searching, were asked various questions about the job searching process and establishing employment. Below are several themes that emerged from the interviews.

### ***Job Search Barriers***

Participants shared many stories about the discouragement and anxiety of the job searching process. Participants expressed frustration and anxiety over not finding a pay phone to make contact calls, missing a bus and returning late to the halfway house, and for non-Camden participants the stress of getting lost in an area with which they were unfamiliar. An additional stressor, frequently cited in the literature, was the stigma associated with having a criminal record (Sampson & Laub, 1993; Solomon et al., 2001; Western et al., 2001), which is known to decrease an employer's willingness to hire returning prisoners (Petersilia, 2001). Experiencing stigma and employment rejection is a common experience for prisoners returning home. In this study, participants had to deal with a double stigma – having a criminal record and living in a halfway house.

During the job search, Garrett House residents are required to disclose their halfway house status to potential employers. This policy was developed to hold residents accountable for all community movement, and to verify job search activity. When out on the job search, residents are required to obtain the signature of all potential employers. Many participants perceived this policy as off-putting and several stated they felt humiliated over disclosing their status. Similar

to what other researchers found (Hattery & Smith, 2010), some participants felt that the disclosure hurt their chances of obtaining employment.

“It was embarrassing. I lost a couple of jobs because of that, to tell you the truth, you know -- they knew I was from a halfway house or a program and they didn’t want to hire me.” Debbie

Another participant would not have disclosed her criminal status if she was living elsewhere.

“The only fear I had was, I mean I am so use to job searching. The only fear was telling them where I was coming from. If I had been on my own I would have never said it or mentioned it.” Susan

Although the majority of participants felt stigmatized and embarrassed about disclosing their halfway house status, a few participants did not appear bothered by this disclosure. They saw it as part of the process of being in a halfway house. The researcher asked the following resident how employers react when presented with the job search verification form.

“They have to stamp it [job search form] with the company name. Basically that will show that you have been there. Me – I take care of my business. Everything else I just sit back. It is not hard for me cause I am not ashamed of as far as my criminal behavior and drug addiction. I am not ashamed. They [employers] are very understanding. If you ask them to please sign this because I am in a halfway house. You have to present yourself that you are in a halfway house so that is what I did. You need that paper stamped stating that I was there. Or if they don’t have a stamp they give me their business card so I come back with that.” Nancy

Making contact calls when out on the search was another challenge participants spoke about. As discussed in the previous two chapters, residents are required to make accountability calls when out on the job search. Participants were fearful of missing these calls because they did not want to violate program rules and risk returning to prison. Participants described struggling to find working phones and running out of money to make calls.

“I didn’t know the job searching was going to be as hard as it was, right, because when I was in Amity House<sup>34</sup> last time, Amity House was -- was a little bit better, a little more organized. I guess -- I guess that’s what I consider a little more organized, because you didn’t have to call in every two hours. You just had to call when you get there and you have to call when you’re leaving. Garrett House you have to call every hour or every two hours when you’re at a place, and that’s kind of like confusing because if you had a job interview how are you going to get out the next couple of hours, you know what I’m saying? You know, when -- it’s kind of hard when you don’t have money. They give you the money to pay the bus fare or (indiscernible), they do give you that.” Anna

The expense of making accountability calls and transportation also placed additional stress on residents. Several participants were able to save money from their prison job and others received assistance from their families. Residents with no financial support were provided with petty cash with the condition that they would reimburse the Garrett House once employed. To avoid paying for accountability calls, participants sometimes asked potential employers to use their telephone. Two participants described situations where they were denied access to the employer’s telephone. They both attributed the refusal to their halfway house status.

“Oh my God, I went to a Care Center, I don’t know if you heard of that place. That lady looked at me, she had her purse on the floor like this and I said I am from the Garrett House, may I use the phone please, I need to make my contact call and I came here for an interview. She looked at me and looked at her purse, grabbed and it put it on her lap and would not let me use the phone. So I am running around looking for a phone, because if you don’t make that contact call you get in trouble. It’s very hard thing to do, to find people like that, they not going to understand. All they know is that you’re a criminal and you’re in front of her, she not going to see I am a changed person. I felt like crying. She thought I was going to steal her purse and run. I felt like crying. I felt humiliated. But then you have employers for interviews who are understanding and they do have an outlook and they will call you. You’re just going to have people like that anyway, even when you get out the Garrett House. So it don’t matter.” Jenny

Although many participants described experiences of employers turning them away because of their status, others described encountering employers who “understood” their situation. Even

---

<sup>34</sup> Amity House for Women is a program of Catholic Charities that offers long-term and short-term residential substance abuse treatment services to persons with co-occurring mental health and substance abuse disorders. [catholiccharitiesrenton.org](http://catholiccharitiesrenton.org)

participants with serious violent crimes were able to find employers who gave them a chance.

The following participant discussed using the “tools” she learned at a previous halfway house, and Garrett House, to help answer tough interview questions about her criminal past.

“Yeah, I still have tools from Fenwick. They taught me really well of what to say. And when I came here they did the same thing. But the tools from Fenwick taught me well. But they never asked me. At the Old Country Buffet did. The guy Mitch did. He definitely did. We sat down and had lunch over it. I did not want to talk about it. But he asked. I told him I was young and it was a mistake and I rectified my mistake. And that I’m asking to be given a chance. He said I am going to give you a chance. He said it is a small world it’s like you’re not by yourself. I don’t know what he’s talking about that. But I guess it happens to a lot of people and I am not the only one. That is how I took it. That was it. I did not get into details though. I went around and in and over and back.”  
Carol

After serving 11 years in prison, Carol had her first employment experience at the Fenwick Halfway House. When job searching at Fenwick, she discussed being afraid to leave the building alone and was accompanied by staff until she felt comfortable on her own. She worked for two months before violating parole and returning to prison. She stated that her job searching experience at the Garrett House was less stressful because of her prior experience at Fenwick. For Carol, finding a job was not the cause of her anxiety, rather it was the fear of going out into the community and interacting with other citizens – “Like you just have to break the fear, once you’re out there, you’re out there.”

Another difficult aspect of the job search was the unfamiliarity of the Camden area for non-residents. Many non-Camden participants expressed frustrations about not knowing the area and not having connections. Several also spoke about wanting to return to old employers but were unable to do so due to the far distance. These participants discussed returning to old employers, working with family, or finding and securing a specific job in their home community once released from the Garrett House.

“Actually I haven’t found a job yet. I mean, I don’t know nothing about Camden, like I just, you know, and then, I don’t know, I don’t know nothing about this place, I don’t know where to go or I don’t know where to look. Even Mrs. C, she’ll tell you whatever. She says she’ll have something for me Monday to go to, whatever. I mean, I need a job, I want a job, I want to work. I want to get out of this building.” Jamie

The multiple barriers associated with finding work, coupled with the pressure to find employment within 30 days, left many participants discouraged with the job search experience. As participants waited for employers to call them, they expressed anxiety of never obtaining a job. As illustrated below, Rachel expressed frustration and discouragement of not securing a job after two weeks of job searching. She recognized that, although difficult, the requirements of the Garrett House would help her deal with other responsibilities once released.

“Yes, I’ve been doing it for two weeks. It’s -- it’s frustrating, aggravating. It can get discouraging, you know, but I just tell myself that I’ve been through worse, you know? I didn’t come all this -- I’ve been thinking about going back to Clinton [prison] and take the easy way out, but I just say to myself that I didn’t come all this way just to go backwards, you know? And I feel like, you know, if I don’t make it here while in the halfway house it’s like how will I make it on the street because on the streets there’s bigger issues that I’m going to have to deal with, you know? There’s more than just going out looking for a job. There’s getting an apartment, there’s reporting to my parole officer and, you know, being a mother to my daughter and all of that type of stuff I have to deal with it. So it’s like if I try to cop out now and then wait until I go home and think everything is going to be all right then, you know, I’m mistaken in that area. So this is -- to me this is like building ground for when I go home.” Rachel

The program requirements are not only there to help residents rebuild their lives, they also helped them to deal with discouragement and disappointment. The following participant described her struggle dealing with the stigma associated with her criminal record. She was a first time offender charged with a serious violent crime. Going through the employment process while at the Garrett House prepared her for the challenges associated with job searching, something she felt that she would have struggled with if she was released straight to the community.

“My biggest thing was I thought I would have a hard time with feeling like people are staring at me - knowing where I came from and what I did. The stigma bothered me. The hardest thing was getting a job and the rejection. I’m glad that I am here doing this - I think I would have gone through a depression if I was home doing this. The rejection was hard and I don’t think I would have been prepared for it if I went straight home.” Gail

For many participants, living at the Garrett House did not make the job search experience any less challenging; it did, however, provide residents with a realistic perspective of the challenges associated with finding work after release from prison. Regardless of the multiple barriers experienced during the job search, participants received help through various sources that eventually led to obtaining employment.

### ***Sources of Help***

Participants received help through various sources: Garrett House staff, other residents, the Camden County One Stop (hereafter referred as One Stop), old employers, and networking with old acquaintances. The Garrett House provides employment assistance by preparing women for the job search including conducting an employment assessment, facilitating a job readiness class, helping them identify job prospects, providing petty cash to job search, referrals to the One Stop, job leads, and directions to employment sites. Participants had mixed responses about the role Garrett House plays in facilitating the job search. Several spoke about receiving some assistance from the employment counselor, which often included basic preparation on how to answer interview questions and a few discussed receiving job leads.

“Yes, she gives us a lot of leads and she has given us instructions on how to go out there and be presentable and how to be on interviews. She does a lot for us and she deals with a lot of people. I am not saying she is under a lot of stress it’s just that she has to deal with a lot of residents in here. But she always gives us job leads every day. She always got something for us. I don’t mean one thing, it will be a couple things that we can put our pass in to go out.” Nancy

Several residents went to other halfway houses either before entering Garrett House, or when they were previously incarcerated. This experience shaped their expectations and perceptions of the program. They compared the employment assistance between halfway houses and felt that Garrett House should do more to help residents find work. Stacy felt the employment counselor should find her a job, since that had been her experience in the past. Most participants recognized that the employment counselor was overburdened and felt that staff should provide more assistance with finding work, including hiring additional staff to help.

“If you are supposed to be a work counselor than you are supposed to be getting us a job and you should be doing that. It shouldn’t be about me getting on the phone to get the job. Like at Kintock Ms. C is the employment counselor and she has two assistants. When I got there and I went on work release she said – ‘look I got a contract already in the work and I am going to send you there.’ I got off work release on Monday, Tuesday I went for interview. I came home and was working on Wednesday. She already was out in the community and set up jobs for us to go to. Where this employment counselor – they don’t have that here. She is only one person. They don’t have other people – employment staff – only one person can’t do that. There are so many women in there.” Stacy

Garrett House staff also refers residents to the One Stop for additional employment assistance. The One Stop provides employment assistance to all individuals seeking employment, including services such as resume preparation, interview skills, job readiness, life skills, referrals to education and vocational programs, and job placement services. Participants discussed receiving some of these services, but none receive job placement. The most common services that participants received were job leads, applications, and employment related workshops. The researcher asked Rachel how job searching was going.

“Oh, we all -- I went to One Stop yesterday from 11:30 to like 12 o’clock, to like got back here like four, yes. What happened was I was on the computer. I was looking up stuff. I didn’t find anything, then I went to the desk -- went to -- I went to the desk and asked for a -- a counselor. She gave me a website called Career Builders. The thing with that is they have jobs for you but they don’t have the addresses and the phone numbers and stuff like that, because that’s what we need to give Ms. K so we can go out. And so I

was just on the computer. Then we went to this boring orientation. The lady didn't know what she was talking about, whatever, so it just basically got me out of the building, just to say I went out. And -- but I'm going to go back Monday -- I'm going to go back to One Stop Monday because they give out applications for J&J Snack Foods. That's in Pennsauken. I'll just go back Monday and get an application for that. And there was like seven of us from -- from here at One Stop yesterday." Rachel

Another participant discussed receiving job leads from both the One Stop and the Garrett House employment counselor. Although one of the job leads resulted in employment, the job was not stable and she ended up unemployed. After this interview, Monique started the job search over and eventually found another job a few weeks before her release.

"I went to One Stop. The women there, she is excellent, she is always given me leads to go. Ms. A [Garrett House employment counselor], I guess she got a call from Snowball, so she sent me and several other females out to Snowball. I just wish I went to another job, I would still be working right now. They laid us off, like last Monday and only called us back because people are on vacation. I mean truthfully speaking. I wish I would have went another route and got a stable job where I wouldn't have had that problem. But it is what it is." Monique

When asking participants how Garrett House can improve their programs and services, several recommended hiring additional staff to help with employment. Participants shared the perception that the employment counselor was overburdened with "too many residents" and could not provide full support to all residents. In addition to hiring more staff, women recommended setting up a resource board with job openings, receiving information about specific places that hired formerly incarcerated people, and opportunities to leave the facility early in the morning to job search. Jenny discussed the delay of leaving the halfway house to go on the job search. From her perspective, job searching later in the day made it more challenging to find work. Hiring additional staff would speed up the process of approving job search passes, as well as overall assistance with identifying prospective job opportunities.

"You know what I wish, I wish Ms. A had someone helping her, the employment specialist, because there are a lot of women there. Some of the women don't even get to

go out for looking for a job until 12. That's not no time to go get a job. You know what I am saying, and some of them are not from Camden. So they don't have that privilege that I had of knowing people. If she had some help at least the girls would be out of there at nine or before 10. That is the appropriate time to look for a job. Cause its only one person, and she has to do all these passes. Every day she has to do the same thing. Now how can one person do this? And sometimes she has to go on site. Her having someone else there helping her, while she goes on site, this person can be giving passes for the ladies to go out for a job. You know what I am saying? She does a good job for what is given to her, but I think she needs help. For real, for real I use to get so mad going out looking for a job at 12. No one goes looking for a job at that time. And they don't care if you are from the Garrett House. For real, an employer is going to look at what they are going to look at." Jenny

In spite of receiving limited staff assistance, some participants learned about job opportunities through social networks. Consistent with the literature, many participants in this study found jobs through friends, family, and former employers (Nelson et al., 1999; Solomon et al., 2001).

Participants from Camden and the surrounding areas were at a greater advantage when it came to finding jobs through social networks. As noted in the literature on employment and incarceration, learning about job opportunities through social networks is often weakened as a result of incarceration (Western et al., 2001). Returning to the same neighborhood strengthened employment opportunities for Camden women. Camden participants described finding jobs through social contacts, previous employers, and by just knowing where to search. Jenny described finding a job through an old acquaintance. Not only did she land a job, but she was also able to help other residents find employment through this contact.

"Took me two weeks. I went to One Stop and there was this guy I knew and he gave me his card and said they were hiring there. See it's good to be from Camden, again. So, I took the card and gave it to the Employment Specialist to let her check into it. So I kept calling the guy and calling him until he was sick of hearing my voice and he called me. I am not the only one that works there. Two other girls work with me. And then Ms. A just sent I think it was four or five other girls." Jenny

Another participant discussed being restricted to returning to her previous job due to Garrett House policies. However, because she had worked in the Camden area for many years prior her

incarceration, she was able to reach out to an old employer. Knowing employers and having an extensive record of employment allowed her to return to an employer who recognized her work ethic.

“Actually, I knew I could go back to the job I had but due to the procedures here I wasn’t allowed to go back to the jobs I had. Some you can’t do with personal records and some you couldn’t work because of the time frame. So, I knew [names restaurant] because I had worked there part time and I knew the manager and I asked him...he knew the predicament I was going through. He said you worked so hard. I explained to him what happened. Like I said, I didn’t think I was going to be incarcerated for so long. I thought I would just get a bracelet and go home.” Ella

One Camden participant, currently job searching when the interview was conducted, did not believe knowing the area would help her find a job. This participant had little job experience and was unemployed for most of her life. Even though she was unable to depend on social networks, she was able to receive assistance from both the Garrett House employment counselor and the One Stop. The employment counselor helped her with her resume and contacted several places to inquire if they were hiring. The One Stop provided her with information on what employment establishments hire people with criminal records.

“No, I don’t feel like that because I know the area, but it’s still hard for ex-offenders to get jobs, and you have to know exactly which place that does hire ex-offenders. And when we went to the meeting – we went to One Stop yesterday and we had to actually take the orientation thing yesterday, and they gave us a list of places that hire ex-offenders. So, you know, that kind of helped me a little bit, so I can look for the places that they gave me and call them and ask them if they’re hiring, so that’s a good thing. A lot of McDonald’s stores hire ex-offenders. I like the Old Country Buffet. I’m going to try them. So, you know, I got real good leads going for all next week.” Anna

Anna spent two months at the Garrett House and was unable to obtain employment before release. Most participants with limited employment histories were able to secure low-skilled jobs within the 30-day job search period. Several participants spoke about receiving job leads from other residents at the Garrett House. Employed residents shared information about job openings

at their workplace. Learning about job opportunities from other residents appeared to help many participants land jobs. Participants often discussed working with friends they made at the halfway house. Kate spoke about taking over the job of a resident who was about to be released.

“I got lucky. Someone who was leaving – I took her job -- and now they’re like you’re not leaving when you leave are you? It’s a diner. I like it. I’m tired, but I like it. They were waiting for me and then off blackout Friday, off Friday, and I started Saturday. There are people still job searching and they been here a few months.” Kate

As illustrated above, the Garrett House provides some assistance preparing residents for the work force. Frequent forms of help were preparing residents for interviews, providing job leads (i.e., places to inquire about employment), and referrals to the local One Stop. Even though participants received some assistance from staff, most were left to find work on their own. Residents from the Camden area were at a greater advantage to find work through social networks, old employers, and by just being familiar with the area. Regardless of the help residents received with employment, having a criminal record and living in a halfway house aggravated the challenges typically associated with finding work at the skill level of the applicant.

### ***Type of Jobs***

Participants expressed great satisfaction with securing a job. Participants found work in various fields including the medical, restaurant, fast food, and customer service. Most participants were able to secure employment within 30 days of beginning the job search, although a few took longer. Participants with extensive work histories initially searched for jobs within their field but not all were successful. Two participants were able to return immediately to their previous field. One resident worked as a dog groomer for ten years and had no problem finding a job in this field. Another resident returned to working at a nursing home.

“I got my job in a week at a nursing home. I love the old people, they hate when I leave. The lady [another resident] told me about the nursing home job and I use to work in that field. I was in field for two years. I worked for the state and always had part time jobs - I always kept my jobs. I don't depend on anyone. I never had a problem getting a job. They hired me the day of the interview. I am about to move up to full time. It's going good, my boss likes me.” Linda

Other participants were not as fortunate. They discussed experiencing rejection by employers when job searching and some were also told by Garrett House staff that they could not return to their field. The parent agency of Garrett House (VOADV) restricts residents from working in certain occupations (some examples include: establishments serving liquor; businesses that handle personal records; security work; places that work closely with children, the elderly, and the physically/mentally ill).<sup>35</sup> Although the employment policy at VOADV restricts residents from working with the elderly, as illustrated above, Linda obtained employment at a nursing home. A few participants discussed being restricted from working in jobs that required handing personal records (e.g., social security numbers). Some residents wanted to find “easy” jobs even though they were over-qualified for the job. Aspiring to work at McDonald's was a common response because residents were aware of their non-discriminatory policy of hiring people with criminal records. As illustrated below, Pauline discussed plans to obtain employment at McDonald's not only because they hired individuals with criminal records, but also because she knew she could later transfer to a store closer to her home. At the time this interview was conducted, Pauline was getting ready to begin the job search and was worried staff would not allow her to pursue this job choice.

---

<sup>35</sup> Many of the employment restrictions imposed at VOADV are consistent with New Jersey State laws prohibiting individuals with criminal records from working in specific fields. VOADV incorporates additional restrictions for the purpose of supervising residents (e.g., working at a location without a telephone).

“The reason I want to go there is A) they hire ex-convicts and B) they’re all over, you know, so I can just transfer -- if I go home transfer to one right up there and I’ll have a job, you know. I won’t have to go through searching for a job again. So I’m hoping that she allows me to do that. My understanding is that she -- They don’t want you to go into the fast-food service, like oh, God, you’re a typical inmate. You know what I mean? Well, you know, I mean, it’s -- it’s not a bad job. In the management end of it, it’s not a bad job.” Pauline

Several participants took longer than the required 30 days to secure employment. These participants often had extensive employment histories and were encouraged by staff to find a skilled job. Although these participants were anxious about not having a job within the 30 day requirement, staff informed them as long as they were making an effort to find work they would extend their search time. When participants wanted to give up and settle on a low-skilled job, staff encouraged them to continue searching. After a month of unsuccessfully job hunting, Beth was ready to apply to McDonald’s. Program staff encouraged her to take more time to search for employment that would fit her skill set. She eventually found a job she was satisfied with and one that also paid well.

“I wasn’t just trying to get any kind of job. After like two months of not getting a job I was like look can I just go to McDonald’s. And Ms. A was like ‘No, you’re too qualified to go to McDonald’s.’ I am like but I can’t find anything else and McDonald’s would hire me. This is a work release program you have to work. When I first got here they said I would give you 30 days to find a job and if you don’t find a job you go back to Clinton [prison]. I was like oh my God, yeah it was 16 and I was still looking. The reason they didn’t put me on an employment contract, because they see me trying every day. I was spending a fortune. I was going out every day. My family would throw me money on the weekends and I had to catch buses to Cherry Hill to Mount Laurel. I was persistent, I was not giving up until I found a job. I was like someone is going to get me a job. Like one lady I went to dental care, she said ‘you know you are overqualified for the job but I can’t hire you because of your background.’ So yeah a lot of jobs didn’t give me...but I was determined I was going to get a job and it was going to be the kind of job I wanted. I finally found something making \$13 an hour. And I get bonuses!” Beth

Similar to Beth’s experience, Gail, a college educated resident, described being told by program staff that she could not apply to McDonald’s because she had a college education and the

qualifications to obtain a more skillful job. After being rejected numerous times<sup>36</sup>, the employment counselor allowed Gail to apply to McDonald's and she was immediately hired.

“It took me a while to find a job, I was told that I could not work in fast food so I went to Target and I got the job but then they rejected me because of my charge. My second offer I had to reject because of the groups I had to take at night. I tried Bath and Body - didn't get it. It annoyed me, but it's a reality and I am glad to be going through it here and not at home. I finally got a job at McDonald's, I don't love it, but I am happy to get a pay check and to have a routine. I work with my friend [another resident].” Gail

Gail also mentioned turning down a job because it interfered with the mandated treatment group she was scheduled to participate in at the Garrett House. Other participants spoke about changing their work schedules around to attend groups. Even though most employers were understandable and allowed participants to change their work schedules, participants expressed frustration over leaving work early but were willing to do so because attending groups was a program requirement.

The two cases above illustrate the halfway house's effort to encourage skilled residents to obtain jobs compatible with their qualifications. However, for many residents, having a criminal record complicated the process of obtaining skillful jobs. Regardless of job type, all working participants were able to develop a daily structure and began building a savings account for release. For residents with little or no employment background, the Garrett House also provided them with the opportunity to build their resume and gain new experience. As illustrated below, it also provided residents with a sense of responsibility and accomplishment. To Jenny, the routine of going to work, obtaining a paycheck, and paying bills has provided her with skills to maintain a daily structure and live a law-abiding lifestyle.

“I have never maintained a job, me job oh hell no. Keeping a job for me is an achievement already. Paying my maintenance fees getting my own personal things it's

---

<sup>36</sup> This resident was incarcerated for a manslaughter charge and attributes this charge to not finding a skillful job.

like an achievement. So that I just look at it like helping me get ready for coming out. That's how I put it in my mind. It's just another thing you have to do to so you can teach yourself to do the right thing. Because if you keep doing it like that you will do it without even knowing it. And that's the way I have been trying to do things." Jenny

Obtaining employment was one of the first need areas addressed by the majority of participants in this study. Aside from the program mandate to find work, obtaining a job opened up opportunities to address other needs (e.g., visitation and searching for housing). Demonstrated in this section are the range of program and non-programmatic barriers participants experienced when addressing employment needs. Many non-programmatic barriers made the job search process stressful for most participants, including dealing with the double stigma of having a criminal record and living in the halfway house, the expense of transportation, and the non-familiarity of the Camden area for non-residents. For women familiar with Camden, access to social networks and old employers opened opportunities unavailable to those not from the area. Additionally, the limited job assistance received from Garrett House staff, the stress of making accountability calls, and the restriction of working certain jobs were three program factors that attributed to the challenges obtaining employment. After securing employment many participants moved on to addressing other needs.

### ***Education Opportunities***

For returning prisoners, addressing immediate needs such as employment, housing, and substance abuse often takes precedence over educational needs. The majority of participants in this study (61 percent) received their high school diploma or GED. During their stay at Garrett House, 27 percent (n=9) of participants were able to enroll in an educational or vocational program. Six of these participants were also working either full-time or part-time. Three others were enrolled in education full-time. Two participants chose to attend college full-time instead of

working, and one disabled participant was required to attend a basic education program because she was unable to work. The following participant was attending college full-time and planned to transfer to a community college in her home community once released. She was unable to attend school before her arrest because she was working to support her daughter. Living at the Garrett House provided her with the opportunity to continue her education.

“I am signed up for school on Wednesday [for Medical Transcription] so if I can get a part-time job then I am not taking it, because my goal is to go to school. I didn’t have that opportunity when I was home because I had my daughter and she was my main concern.”  
Nora

Two other participants, both from middle-class backgrounds, were working full-time and taking a self-taught medical coding and billing course. When asking Maureen what her plans for employment were she spoke about going into the medical billing field.

“That’s why I am doing the medical thing because it is something that...it is actually the fastest growing fields around. And I can do it anywhere. You can do it in a doctor’s office, at home. It has nothing to do with money. Because I don’t ever ...you know. Just leave that alone, not that I would. But, all you do it billing. Any part of the U.S. and even overseas, it’s all done the same way. You know that is how the insurance companies, Medicaid, Medicare, all of that.” Maureen

Unlike most participants, Maureen was able to afford the expense of advancing her education because she was planning to live with her parents once released. Other participants, unable to advance their education, often alluded to having other financial responsibilities. Although most participants did not have the opportunity to advance their education because of various financial and family obligations, several were able to take steps to advance their education and were actively thinking about a career for the future. Many other participants discussed plans to go back to school to learn a trade, or advance their education once released from the halfway house.

However, the primary focus for the majority of participants was obtaining employment and saving for release.

### **Financial Needs**

When prisoners are released from prison they often return with little money to address their immediate needs (Travis, Solomon, & Waul, 2001). To support themselves, returning prisoners often rely on family and friends, public assistance, legal work, and illegal activities (Mallik-Kane & Visher, 2008). These authors report that receiving financial support from family and friends was common during the first few months home. Similar to these findings, participants in this study reported receiving some financial assistance from family members to help with the cost of job searching and to purchase basic necessities. After participants obtained employment they often told family members to stop sending them money. A priority for many women was to save money for housing.

### ***Saving for Release***

Working residents had the opportunity to save money for housing and other basic needs. As discussed in Chapter Four, residents of Garrett House are required to open a savings account and are only allowed to keep \$50.00 a week for spending money. Residents under the supervision of DOC are required to pay the Garrett House maintenance fees. Some participants perceived the house payments as a financial setback that hindered their opportunity to save money for an apartment. Participants also felt that this policy was an impediment on satisfying immediate needs such as food, cosmetics, clothing and cigarettes. Monique, a high-risk resident, struggled to save when working in a low paying position and lost her job several days before this interview was conducted.

“This is not a good time for me to get fired, when I am trying to look for an apartment. I only have 15 dollars in the bank, I couldn’t keep no money because I was only making...check this out – I am making \$300, but the time they take out...I am bringing \$248 dollars. Now you do the math, out of 248 dollars I have to pay the house, which is \$75 dollars, then I have to pay \$40 something dollars towards to fee, \$10 dollars towards the phone. Ok. I smoke cigarettes, I don’t eat their food, I need cosmetics. Once I got a job I stopped calling my family to send me this. I told them they don’t have too. I mean they did enough; they carried me until I could get on my own feet. It is just...going. Basically, how can I save? I have \$15 dollars in the bank.” Monique

According to her discharge summary, Monique was unable to save any money due to the cost spent job searching and making payments to the courts to stop detainers. At her release, she began to collect welfare to help pay for her housing. Her discharge summary also stated that although she obtained another job, she was not planning to keep it once released.

As discussed in Chapters Four and Five, halfway back residents do not have to pay maintenance fees. Given the small sample size of halfway back residents interviewed, it was difficult to determine if these residents were able to save more than DOC residents. DOC participants did, however, discuss barriers of saving that halfway back residents did not appear to experience. Although some DOC participants perceived the maintenance fees as a barrier to saving for an apartment and other needs, others did not mind making the payments and had no problem saving money. Some participants perceived the payment as an accomplishment, a form of independence, and prepared them for the reality of paying their own rent when released. The following excerpt is from a resident who was interviewed in August, three months into her stay at the Garrett House. Ella was able to save a sufficient amount of money within that time frame – something most participants were unable to achieve in such a short time period.

“I’ve been here since May the 10<sup>th</sup> and I saved. And I am just speaking of me. I make \$2.13 an hour and on Thursday I get paid \$9.50 cause I am a cook. I am not going to waste my money on buying food or being the best dressed at Garrett House. My clothes are like old. And I have saved \$735.00 and I have been here since May. That is good.

You can save if that is what you want. You figure it is all up to you. Your priorities are your priorities.” Ella

As indicated above, participants working as waitresses received tips that allowed them to save several hundred dollars in a short time period. Another participant waitressed for four weeks and was able to save \$670.00. Participants who received minimum wage appeared to have the hardest time saving money. Maureen discussed the challenges of saving money when receiving low wages.

“McDonald’s is not easy. They work you to death and don’t want to pay you anything. That is why I have to work six days a week. And they have even said to me, we will do anything to get you to stay. That’s great, that really is. Forget the fact that my family, forget the fact that I hate this area. And not because it’s no any good. I just like where I come from. Who could live on \$8 dollars an hour, \$7.50 an hour? You can’t live on that. I mean I have to pay restitution every pay, the house fee every pay. I have to be able to maintain myself. And I still save money. But I couldn’t do that if I weren’t here. I mean I would probably pay \$400 a month...where are you going to find some place for \$400 a month? And transportation, the thing that kills me is the transportation.” Maureen

Working participants had other financial obligations other than taking care of their basic needs and saving for housing. Several discussed paying restitution, court fees, transportation, and buying things for their children. Even after meeting various financial responsibilities, working participants were able to save an average of \$800.00 before release. Most women were unable to save enough money to secure their own housing and ended up living with family. Only one participant was able to secure her own apartment without receiving financial assistance from family or the government.

## **Housing**

Housing is another key area necessary for successful reentry. Securing housing is not always easy for returning prisoners. Many challenges exist including the limited availability of safe and affordable housing, legal issues (i.e., the restrictions on living with other parolees and in

certain public housing buildings), and family conflict (Roman & Travis, 2004). For women, securing housing free from victimization and substance abuse is not always possible, causing many to end up homeless or in conditions that do not support a drug free lifestyle (Bloom & Covington , 2000). Most returning prisoners end up living with family or friends (Nelson et al., 1999; LaVigne & Kachnowski, 2003). However, for those with family conflict this was not an option (Roman & Travis, 2004). Consistent with this research, the majority of women in this study (39 percent) were able to secure housing with family or friends. An additional 12 percent found either transitional housing or their own apartment, and 24 percent were released to a homeless shelter.<sup>37</sup>

### ***Outside Help***

The researcher asked participants about their housing plans and the type of assistance received from the Garrett House and through outside sources. Participants often relied on social networks and outside agencies to secure housing. Most participants had the option to live with family and friends. A few women were planning to return to the same living environment they had before their incarceration. These women were often living with their mother and children and were able to maintain a strong relationship with them while incarceration.

“My plans are actually to go to live with my mom. I mean, permanently like for now. I mean, I don’t, you know, I haven’t made any decisions to go home and leave. Like I said, I’ve always been there and she don’t want me to leave and I don’t want to leave.” Sandy

A more common scenario was making arrangements to obtain temporary housing with friends or family. These women were often anxious to live on their own but were grateful for the

---

<sup>37</sup> The housing status for eight participants was unknown due to missing discharge plans. Three of these participants returned to prison for either medical reasons or violating halfway house rules. All three discussed plans to temporarily reside with family. The other five also discussed moving with family but their final housing status was unknown.

opportunity to have housing while they continued to save money for their own place. Women recognized the financial burden of temporarily living with family and felt that it was important to “help out” by paying rent and other bills. Several discussed plans to find their own place but had a backup plan just in case they were not financially ready to secure their own housing. Having family to fall back on made their search for housing less urgent.

“Well if I don’t have my bank account the way I want it - like I am going to ask my aunt if I could live with her. She said yeah, she would help me get on my feet. Help me get a job until I am able. Stay there until I am able – I said don’t worry whatever little money I have in the bank I will get you towards rent, paying the bills and everything. She said don’t worry about that just do the best you can until you get out of here. Say I don’t expect you to turn and go back to drugs, getting depressed – this person getting on your nerves, that person got on your nerves – I said I am past that right now.” Wendy

As discussed in Chapter Five, most Camden participants wanted to stay in the area because that is where they grew up and their families were still there, but not all wanted to remain in the area. Similar to the findings of Rose, Clear and Ryder (2001) in their study on the impact of incarceration on social networks, several participants spoke about wanting to leave the Camden area to distance themselves from the high crime area, to escape their old antisocial peers, to provide a better life for their family, and to pursue better job prospects.

“I am going to live with my brother and his wife. And my goal has always been just to leave Camden. And I got as far as Sicklerville but it was kind of expensive going to school and everything so my goal is to move to Long Branch and I was thinking just maybe – and I am not sure because my family is upset about this – just going through whatever program to get sent – even if it is a shelter I just want to get out of Camden, New Jersey. I really do. I just want to get out of here. I just can’t prosper here. I am going to run into something even if I try to avoid it. I have a son – that is a big, big part of it. I don’t want to run into his father no more. I just want to start my life over. I was doing great. Even if I have to work two jobs. As long as I am financially stable I am fine.” Ella

Participants not planning to live with family often relied on community resources to find housing. Several participants discussed plans, or had already established residency, at transitional

housing facilities. These programs are often run by faith-based or nonprofit organizations and provide some form of treatment. Residents typically pay for a percentage of their living with the rest covered by the program (Roman & Travis, 2004). Two participants discussed finding transitional housing programs for special needs populations. Beth, a resident with an extensive substance abuse history, was able to secure housing through a transitional program that housed individuals with disabilities. She found this program through networking with local residents at a Narcotics Anonymous meeting. When contacting the director of the program, she learned that the program was for disabled individuals and was informed that having a substance abuse history qualified her for the program.

“He asked, ‘Are you HIV positive?’ I said ‘no sir’, he said ‘How about Hepatitis C?’ I said ‘no sir’. He said ‘you have to have a disability to live in this program.’ I was like ‘oh I didn’t know that, Melba never told me that she just told me about the program that helped her get an apartment.’ He said, ‘have you ever used drugs?’ I said, ‘I am a recovering drug addict.’ He said, ‘you’re disabled, that is a disability.’ I was like ‘Really!’ He was like ‘Yeah!’ and that he could help me. He said you’ll be fortunate because we can put you in an apartment out in the community which you live by yourself. You don’t have to live in the supportive housing in the building, you can’t live there anyway because you have to be infected. So he was like yeah that qualifies as a disability. I didn’t know that qualified as a disability. I didn’t know that, so that is how I got in.” Beth

Similar to Beth’s situation, Monique also found transitional housing. Monique, a resident with HIV, was prohibited by parole to enter the shelter system. She received assistance through a prison program that helps HIV offenders find housing and other community resources.

“I went to social services on my own. There was a lady that came to see me, I don’t know where she came from – out of the blue - but she is excellent. She is from Connected Link<sup>38</sup>, at Riverfront. Riverfront Prison. She been seen me four or five times and she has been helping me the best way she can. Monday she is going to OEO<sup>39</sup> and meet me at

---

<sup>38</sup> Connected Link is a program that helps HIV positive prisoners connect to community resources, including housing and health services.

<sup>39</sup> OEO is a term residents used when referring to the Camden County Urban Women’s Center – a social service agency that provides a range of services including housing assistance.

OEO. Which is women's urban housing, she said she would help me with housing, she can help me with rent – for HIV people.” Monique

### *Limited Assistance*

As illustrated above, many participants were able to secure housing through family, friends, and through local transitional housing programs. When asking participants about housing assistance received at the Garrett House, many were quick to state that they received little or no help with housing. Participants discussed staff allowing them opportunities to leave the facility to search for housing, but very few discussed being provided with housing leads, referrals, or housing placement.

“No, a lot of people are under the misconception that Garrett House helps you get a place to live. No they don't, you have to do all the footwork yourself. The [housing] program that I belong to Garrett House don't even know they existed. I told them about out. And it's two doors away. Garrett House had no idea that this program existed. I found out from the NA groups. The lady I know from the rooms, I knew her from prison and I shared one day in group that I would be leaving the Garrett House soon, that I had a good job...” Beth

On several occasions, the researcher observed staff discussing the challenges of finding women in need of housing a place to live. In addition to the limited availability of affordable housing, local transitional housing programs were often designed to only house those with special needs. Staff expressed difficulties trying to identify housing options for residents with short lengths of stay.<sup>40</sup> On one occasion, the researcher observed staff discussing the possibility of continuing to house a young halfway back resident soon to be released to the shelter system. Her parole officer was willing to extend her stay at the Garrett House but the resident refused. The same scenario was observed when reviewing the case file of a halfway back participant with a history of chronic homelessness. Staff offered to extend her stay, but she declined the offer.

---

<sup>40</sup> Participants often resided at the Garrett House for less than six months (median = 169), although there were several who were released after two months, and others released after one year.

Only one participant identified Garrett House staff as assisting her with securing housing.

Towards the end of her stay, staff transferred Phillis, a resident with a history of mental illness and substance abuse, to the PROMISE program.<sup>41</sup> By transferring Phillis to this program, she was able to obtain transitional housing and aftercare services.

Despite receiving limited staff assistance, mainly due to the lack of housing resources in the community, residents were provided with passes to leave the facility to search for housing and were observed using staff office phones to inquire about available options. Susan, the only participant able to secure her own apartment, discussed Garrett House staff allowing her to leave the facility to pay security deposits and buy furniture. After three months of residing at the Garrett House, Susan, a halfway back resident, saved \$2,000.00. Her ability to save this amount of money in such a short time frame was accredited to not having to pay maintenance fees.

“I got my own apartment! That was helpful too, Garrett letting me go and meet with the people to pay for my you know security deposit and stuff... Ms. B was great about letting me go to take care of my stuff. So I am going, it’s right in Collingswood. Its two blocks from my job, so I am very excited! Really excited!” Susan

Despite the excitement and freedom Susan felt in securing her own apartment, she violated her parole and returned to prison. Although the reason for her violation is unknown, Susan had a 20-year history of substance abuse and did not participate in treatment while at the Garrett House. She scored “very unsatisfactory” on the substance abuse section of her entry LSI-R assessment and “relatively unsatisfactory” on the LSI-R exit. Even though both her employment and housing

---

<sup>41</sup> As discussed in chapter four, the VOADV operates the PROMISE program for mentally ill, chemically addicted (MICA) women offenders. While women in the PROMISE program receive mental health services at a local VOADV facility, they reside at the Garrett House. These women were not included in this study because they do not receive services provided by the Garrett House.

needs were met while residing at the Garrett House for six months, her substance abuse needs went unaddressed.<sup>42</sup>

As stated earlier, 24 percent (n=8) of participants were released to the homeless shelter system. Only three of these women had histories of homelessness and relied on public assistance prior to their incarceration. Marie, Deedra, and Hester all had physical and/or mental health conditions that prevented them from working. Both Marie and Deedra had no social support and lived in shelters, and on the streets, for many years. This is consistent with the research indicating that returning prisoners with mental health problems often have less stable housing and fewer support systems (Mallik-Kane & Visser, 2008). Unlike Deedra and Hester's original plan to live in the shelter system, Marie was trying to obtain housing through a local church program. Her case file documented her attempt to obtain housing and stated "Marie noted on several occasions that if she were to leave Garrett House without housing, she would most likely be drunk or high soon thereafter." Despite not returning to state prison, whether she relapsed and/or was rearrested is unknown.

The four additional participants released to the homeless system did not have histories of homelessness. Both April and Monique were able to secure housing, but the parole board did not approve their newfound addresses in time for their release. Their discharge plans indicated that their homeless status was temporary while parole investigated their release address. In contrast, Rachel and Pauline were unable to secure housing. Rachel discussed plans to enter a transitional program for ex-offenders but was unable to do so due to unknown reasons. Pauline was anticipating the return to her previous home with her husband and children, but her unresolved

---

<sup>42</sup> Susan was only at Garrett House for three months. She was released during the same month a cycle of *Pathways* began, explaining why she may not have been placed in the group.

marital problems prevented her return. Both were active mothers and entered shelters in communities close to their children.

During a follow-up interview with a participant who returned to prison on a parole violation, the researcher learned that although Carol had transitional housing secured several weeks before her release from Garrett House, her plans fell through. On the day of her release, Carol learned that the housing program required a financial deposit that she was unable to afford. Instead, Carol's parole officer dropped her off at a homeless shelter. During the prison interview, Carol disclosed her dissatisfaction living at the shelter with women with whom she was previously incarcerated. She had anticipated living in a new environment and having the opportunity to build a new life away from people familiar with her past. After several weeks at the shelter she absconded and eventually returned to prison. When she returned to prison, she began taking psychotropic medication. When asking the participant why she was taking medication, she explained that it was the only way she could obtain housing. She was hoping to get released to the PROMISE program.

When asking participants how Garrett House could improve their services, several discussed the need for more assistance with housing. Participants recommended the need for housing resources (i.e., information on where to look for affordable housing) and transitional housing. A few participants made reference to the housing assistance provided to PROMISE residents, and felt the Garrett House should help all residents with housing – not just those with mental health needs.

“Like -- more like they got -- they need to get like transitional houses for the girls that's in DOC, not just people that's in the PROMISE program, because the people in the PROMISE program got transfers into houses, but it would sure help the girls that don't have nowhere to go. They -- they do let them go out and look for

apartments on their own, but how are they going to get apartments if they have no money?” Anna

As illustrated in this section, due to the lack of housing resources Garrett House staff had limited ability to address the housing needs of residents without social support. Women with little or no social support were released to the homeless shelter system. For most of these women, living in a shelter was not a satisfying arrangement and each discussed alternative plans for housing. Only two participants, both who had histories of shelter use, expressed contentment with this housing arrangement and did not identify plans for permanent housing. For all other women, housing was secured through family/friends and transitional housing programs. Even though these arrangements were often temporary, the burden of securing housing was reduced. Participants expressed relief and excitement about having a place to live. Women who secured temporary housing with family or friends saw this arrangement as an opportunity to save money for their own place.

### **Health Needs**

Addressing health related issues is another need area returning prisoners must address. In this study, 39 percent of participants experienced general health problems (e.g., diabetes, high blood pressure, and asthma) and 12 percent had serious health issues (e.g., cancer, HIV, Hepatitis C). Residents with health related problems were required to attend full-time educational programs, substance abuse treatment, and/or mental health treatment.

### ***Interferes with Employment***

Although not a criminogenic need, the literature suggests that having a health-related problem can interfere with an individual’s ability to obtain employment (Visher et al., 2008). Consistent with this literature, health problems interfered with several participants’ ability to

obtain and/or maintain employment. While the majority of participants in this study had the ability to work, the exception existed in five participants with health issues, including physical disabilities and mental health problems. Several other participants, also with health issues, obtained employment but struggled to maintain work due to their health needs. The requirement to obtain employment pushed several participants with health problems to find work.

“I use to work – that is where I got hurt. I use to work at a nursing home for 15 years. That is where I got hurt on my back. I injured my back and I got two disks removed because of it. I am not really supposed to be working because the doctors told me not to work because I have no replacement. Anything, if I bend down I could be paralyzed for the rest of my life. But I tried it [working] once I was here. I feel ok.” Jaclyn

Jaclyn had an extensive job history in housekeeping until she injured her back and was out of work for many years. After her back injury, she began to sell drugs to support herself and eventually started using drugs to cope with the back pain. Two participants discussed struggling to maintain their jobs because of their medical needs. Hester obtained employment but was unable to maintain the job due to diabetes.

“I am not working now, use to work at Arby’s, a fast food restaurant. I was the cashier. I didn’t work long, only like two weeks. It was good. But I have sugar [diabetes] real bad. And by me working and not eating when taking my insulin wasn’t good. It was too hot in there. I work all the way through like lunch hour and I don’t get to stop and eat. So I had to stop.” Hester

Monique, an HIV-positive resident, obtained employment but took off too many days to attend to her medical needs. She discussed losing her job because she missed work to address her needs and attend parole appointments.

“I missed too many days. We have a probation period, like if you miss three days out of 45 days, you are fired. But being that I was in a union as of two weeks ago they used some other excuse, but I know... basically I missed too many days. I had to go to the (parole) panel, Riverfront twice for blood. I had to go to court last Monday for a fine, I mean every time I turn around I was on the board and I kept telling them I can’t keep

missing all these days – they are going to fire me. So Monday, they said don't come in.”  
Monique

### ***Reliance on Government Support***

Participants who experienced health-related problems prior to their incarceration were unemployed and relied on government assistance. These participants discussed plans to obtain assistance to take care of their health needs. DOC residents were not allowed to obtain assistance while residing at the Garrett House, but were allowed to apply towards the end of their stay. Although halfway back residents are permitted to apply for government assistance to receive health insurance, the waiting period often took too long for participants with short stays. Marie, a high-risk resident with multiple needs, was unable to work due to a disability. During the interview she discussed being denied welfare benefits but planned to apply for Social Security (SSI).

“They denied me welfare, but I have an appointment with Social Security on this Thursday, so it's like all working together. If that doesn't work out there's always charity care.” Marie

She continued to explain that getting a job would prevent her from collecting government assistance. Her main priority was to take care of her medical needs.

“I was thinking about going out and getting a job, but then I was thinking that I need to have my leg taken care of because I've done a lot of damage to it. So they put me on work restriction to help me get coverage so I can get my leg taken care of.” Marie

### ***Barriers to Health Care***

When asking participants about addressing health needs at the Garrett House, many discussed frustrations with not receiving health care. While residents are able to leave the halfway house to address all other needs (i.e., work, search for housing, and visit family) they cannot obtain health care on their own. As discussed in Chapter Four, DOC residents receive

health care from Riverfront State Prison for minor health needs, and return to Edna Mahan Correctional Facility for more serious treatment, dental care, or gender-specific procedures (e.g., gynecological check-ups). Returning to Edna Mahan for health care could result in many negative consequences. Participants described witnessing other residents returning to prison for a medical procedure and returning back to the halfway house several weeks later. Participants discussed how halfway house staff members are responsible for transporting them back to prison for treatment. After the medical procedure is completed, it is the responsibility of the DOC staff to notify the halfway house to pick up the resident. Women describe refusing health care because returning to prison for treatment is unpredictable and they feared losing their job, or they simply did not want to return to the prison environment.

“Any dental work you need you have to go back to Edna Mahan. I’ve been suffering bad with a bad tooth, its real sensitive to hot and cold. But I was not going to lose time from work, because when you go back to Edna Mahan it is not guaranteed that you are going to come back that day. You sit for two weeks sometimes, waiting for a ride. And I am not about to lose my job because of a toothache.” Jaclyn

While conducting this research, one participant broke her foot at the halfway house. She did not have the option of refusing medical treatment. She returned to prison for treatment and did not return to the halfway house. Residents with pre-existing conditions were able to obtain medication at the Garrett House. Sandy described accessing medication and health care for minor needs, but avoided addressing more serious health issues. After Sandy refused to return to Edna Mahan for treatment of an infection, Garrett House staff was able to obtain medication through DOC.

“They give the drugs here. Yes, they order it, it comes in, and it gets distributed every so often at the front, so you can pick the time you want to take it. [To see a doctor] we would have to drop a slip and we’d go to Riverfront. I mean, if it’s something minor they see us, if it’s something major we have to go back to Clinton [prison]. So I basically just

avoid, or try to avoid as much as I can to because we need to go all the way back just to see. I mean, sometimes it could be a week, two weeks, three weeks. I mean, you just never know. It's like once you're there you're stuck for a minute. It's not like you go and come right back. I've never heard anybody going and coming right back. Like the last time when I just had an abscess they wanted me to go back to Clinton [prison] for that and I said no, because I get ready to go home on the sixth of August and I don't want to be left out there, you know what I mean, so they wound up calling over there and they wound up making an exception basically to get me an antibiotic for the infection." Sandy

April described having her medical requests denied and also discussed the unfair policy allowing halfway back residents the opportunity to access community health care. The restriction on health care was perceived as a setback and contradicts the purpose of transitioning to the community.

"Even if you put in slips they were denied constantly. 'Cause that place [Riverfront Prison] is really for men. They look at us women like I guess we can be put on hold. It is a prison, so we have to get clearance from them to even look at us because we are still DOC, we are still prisoners. If we get sick they send us back to Clinton [prison]. That is another thing with this halfway house we have three different groups, one that are special needs and on meds [PROMISE residents], then you have halfway back – that is basically parolees there and then you have us – DOC. Halfway back will go to a doctor but we will go back to Clinton [prison]. I don't understand it. If we are all out here trying to get back out into society why can't we go to our own doctors or why can't we see our own doctors why do we have to go back to prison. That is like – when a person thinks they are getting heavy you can't go back for little checks ups that is like stagnating you – that is just the – you think you are moving on but you are not you are still where you are." April

Amy, a participant with multiple health problems, was one of the participants enrolled in a full-time GED program because she was unable to work. She received several infractions for missing school due to her medical problems. When reviewing her case file, her discharge plan stated that she was told to request medical assistance (i.e., drop a slip to see the doctor at Riverfront Prison) but failed to do so on many occasions. During the interview, Amy spoke about refusing to go to Riverfront for treatment because the medical office is in a "trailer" and "they don't give you the medication, you have to wait a week." She also refused to request

treatment because she did not want to be sent back to Edna Mahan because they “don’t treat me good.”

“A lot of time I say nothing. Sometimes I tell them when I have pain, if I have pain they give me medicine. I have sugar [diabetes], that’s why I want to get out of here to. Cause we have to go from here all the way to the prison again and then from the prison we have to go to St. Francis [hospital]. And I don’t feel like going to the prison because they keep you out there for many times. I went back and I don’t like that situation. The hospital out there they don’t have no showers only a sink and a towel and that is it. And you wash in the sink. They didn’t give me lunch. They wake you up at 5:30 in the morning. They give you cold coffee and pick you up at 4:00 P.M. in the afternoon [to go back to prison]. They don’t give me no cold water.” Amy

During her 11 months of residing at the Garrett House, Amy was returned to prison for one month to receive medical attention. Her return to prison was documented in her case file and stated Amy “is more medically fragile then we are equipped to deal with here at the Garrett House.” Garrett House requested she receive a full medical evaluation to determine if she was “capable of residing in a community release program that mandates her to maneuver around the immediate area by herself.” After she received medical assistance at Edna Mahan, she returned to Garrett House and continued to complain about her medical needs and missed days of school.

Several of the cases illustrated above highlight the multiple barriers to addressing the health needs for both DOC and halfway back residents. For DOC residents, refusing health care was necessary to avoid the return to prison and the potential loss of employment. For halfway back residents, the waiting period to obtain government assistance often took weeks before they could address their health needs. The policy requiring DOC residents to return to Edna Mahan for treatment, and the waiting period to obtain government benefits, are systemic barriers that prevent Garrett House staff from assisting women in addressing their health needs. During several informal conversations with VOADV staff, the researcher learned that addressing

women's health needs was one of the most significant barriers they experienced.<sup>43</sup> Although health care is available for all residents, the barriers to receiving care prevented both halfway back and DOC residents from addressing their health needs. In some cases, refusing health care or waiting for government assistance impacted participants ability to address other needs (e.g., unaddressed health needs prevented women from working and saving money, which inevitably prevented them from paying restitution and securing housing).

### **Family Reunification**

One of the most important aspects of women's reentry from prison is reestablishing relationships with family and children (Richie, 2001). Women prisoners are often incarcerated in facilities far from their home communities, making it challenging for families to visit (Bloom & Steinhart, 1993). In addition to the emotional support families provide, they also serve as a major resource for providing housing, supporting financial needs, and helping to care for younger children (La Vigne et al., 2004; Glaze & Maruschak, 2008). This section will highlight the reunification opportunities available to women at the Garrett House. The findings presented below illustrate some of the core factors that facilitate and impede reunification, including geographic location, work schedules, financial resources, family responsibilities, and broken family relationships.

### ***Visitation Opportunities***

The Garrett House provided visitation opportunities unavailable to participants while in prison. Regardless of where families resided in New Jersey, many participants did not receive

---

<sup>43</sup> After this study was conducted Riverfront Prison was closed, creating an even greater challenge for VOADV to address resident's health needs.

visits, or received very few, while incarcerated at Edna Mahan. The trip to Edna Mahan was often too far for families to travel (for Camden County families, the trip was approximately 70 miles). Recognizing the financial and emotional burden of making the long trip, several participants told their families not to visit.

“I’m not going to put them through all that traveling time just to come and see me and then to come -- they could see me when I get home.” Anna

Participants also spoke about not wanting to expose their children to the prison environment. The following participant described how the environment of the Garrett House made it more comfortable for her to have visits. To Sandy, the halfway house environment appeared more “dorm like” allowing her to tell her nephew that she was living at school, rather than at a halfway house.

“I just didn’t want my family, like my mom and my nephew -- because I helped raise my nephew since he was three months old and he’s 10 -- I didn’t want them to see me in that like, you know, environment. Like here it’s kind of like it could just be a dorm like I’m going to school because that’s what I told my nephew, that I was going to school. I didn’t tell him I was going to State Prison, you know what I mean?” Sandy

As discussed in Chapter Four, Garrett House residents have ample opportunities to visit and reconnect with family. Most participants took advantage of reconnecting with family members, including spending time with family inside the Garrett House during visitation hours, taking day trips with family, and going on overnight furloughs. Several furlough eligible participants spoke about visiting family on both day trips and overnight visits, although others were unable to take advantage of this privilege because they worked on weekends, their families were too far away, or they preferred to have their visits take place at the halfway house. At the time the interviews were conducted, a few participants were waiting for their furlough site to be approved. Debbie described how her furlough site had not been approved yet, although she filled

out the paperwork five months prior the interview. Other participants also described the lengthy process of having furlough sites approved.<sup>44</sup>

“No, it’s been work. I’m trying to get my furloughs, but -- I put down an address in March and they keep telling me that I wasn’t approved yet, but I’m seeing everybody else going on furloughs and they got here after I did, and so I don’t understand.” Debbie

When not working or visiting with their children, participants spent time writing letters and speaking with them on the telephone. The researcher often observed Garrett House staff helping residents address issues related to family and children. Staff would help women reconnect with family by allowing them to use their office phones to make personal telephone calls. They also provided women with strategies to cope with being disconnected from children. On one occasion, the researcher observed a resident and case worker discussing an assigned writing project. To help the resident cope with the anxiety of being separated from her children, the case worker assigned her the task of writing letters to each of her children describing how she feels. Although she was unable to send the letters directly to her children due to custody issues, she informed the case worker that the writing assignment helped her express her emotions. Additionally, residents participating in the *Moving On* group received several group lessons on parenting topics (this group will be discussed in more detail later in this chapter).

### ***Geographic Location***

Participants who lived within the Camden County area found it easier to have family visit them at the halfway house. Similar to the advantage Camden residency had on job searching, access to family was also an advantage Camden residents had over non-Camden residents.

---

<sup>44</sup> After residents obtain employment they are eligible for furloughs. Before going on a furlough, Garrett House staff must approve their furlough address.

Families from the Camden area were able to visit more frequently. Beth had a sister who lived in the Philadelphia area, just a short distance from Camden.

“Yeah, my sister comes every Sunday to visit me when I am not working and stuff. I need to be near my sister, she is a recovering addict. She has nine years clean. I need to be around people like her. And since I’ve been here she comes every Sunday night and she comes Wednesdays on family night. If I gave her a call she would be here in eleven minutes and she is in another state, but she would be here in eleven minutes that’s how close she is to here.” Beth

Regardless of location, two out-of-area residents discussed frequent family contact while residing at the halfway house. Both residents were from middle class families that resided two hours from Camden. The one resident received visits several times a week inside the halfway house. The researcher often observed this participant visiting with her mother and daughter during the week. The other participant took advantage of overnight furloughs by commuting more than two hours to visit with her elderly parents. Although it was costly and the commute was time consuming, Maureen was willing to make these trips to help care for her parents.

“My family lives in \_\_\_. It takes me three hours to get home. I go twice a week. I do it Monday. I leave work at 2 P.M., I get here for 3 P.M. and I am back out of here 10 minutes to four and I am home by 7 P.M., well I am at the bus station by 7 P.M. It’s a \$177 a month. I have to buy a 14 zone pass. Yeah, it’s a lot of money.” Maureen

Another participant, who gave birth while incarcerated, was able to make the trip to visit her newborn daughter. Garrett House staff helped Tilly arrange these visits and also referred her to a nearby parenting program. Although Tilly was the only participant who discussed taking parenting courses, case files indicated two additional women (both with young children) also enrolled in this course.

“I see my daughter every two weeks in \_\_\_ at the Visitation Center. She is one year old. I have one hour to visit. I travel a lot to see her for one hour. Still plan to do this when released. Her foster care family is nice – I met them. I feel comfortable with the foster parents. I am not supposed to talk to them but we talk. Twice I seen her, once on her

birthday. I feel that she is taken care of. I want to be able to talk better with her – but not supposed to.” Tilly<sup>45</sup>

The majority of participants (60 percent) had families located outside the Camden County area, which made traveling to and from the Garrett House a taxing experience. Tilly and Maureen were the only two participants who traveled outside the Camden area to visit with family. While location was a major factor that hindered visitation, it was often coupled with other life factors. Visiting residents at the Garrett House was difficult for working families with multiple financial and care taking responsibilities. Not receiving visits was emotionally painful for many participants with young children.

“No, and that’s driving me crazy, too. I mean, my family works. They’ve got kids they have to take care of so, you know, coming all the way to Camden is, they just -- it’s hard for them, so -- You know, I mean, it’s stressful for me because I really want to see my son. I’m used to seeing him on visits and stuff, but I can’t do that while I’m here, because it’s so far, you know.” Jamie

Although a few women had children in the foster care system, most participants were fortunate to have their children cared for by close family members. The researcher often observed family members bringing younger children to visit with residents. For some families, however, caring for residents children created an additional responsibility that impacted their ability to visit. In addition to family factors hindering reunification, several participants also worked during visitation hours and were unable to visit with family.

### ***Broken Relationships***

Three participants with damaged family relationships also did not receive visits. Carol grew up in the foster care system and has been incarcerated for more than a decade. Her only

---

<sup>45</sup> This excerpt is not verbatim because the participant refused to have the interview audio recorded. The excerpt is from hand written notes.

family support was a sister incarcerated at Edna Mahan. Phillis and Deedra both had children in the foster care system, and had severed ties with adult family members. They both had extensive mental health and substance abuse histories, and lived unstable lives prior to their incarceration (i.e., were living in homeless shelters and/or in mental health facilities). Both women spoke about wanting to repair the relationships with their children, and other family, but recognized that they first needed to rebuild their own lives. When asking Phillis about reconnecting with her siblings, she was more focused on reestablishing her life and working on her relationships with her immediate family.

“I have not contacted them [siblings]. I don’t know what my mother has told them or not told them yet. Right now, at this time in my life I am trying to get me together. They have their own families. I don’t want to burden them with me or try to find out about them. I am just worried about my immediate family and my children, first. I have to get me together and get out of here and get my life started and get me back with my children first before I bother when my brother and sister involved in this at all.” Phillis

Although only a few participants had broken relationships with all family members, many women described damaged relationships with significant others. When the researcher asked participants about support systems, they frequently identified their children, parents, or other close relatives/friends as their primary emotional and/or financial supporter. Rarely did participants name their significant other as someone who supports them. The majority of participants were not involved in a romantic relationship and often separated from their significant others before their arrest and incarceration. Two married participants described experiencing serious problems with their husbands as a result of their incarceration. These findings are consistent with the literature on women offenders (Dodge & Pogrebin, 2001; Prendergast, Wellisen, & Falkin, 1995).

This section illustrated the various non-programmatic factors that facilitated and impeded residents' ability to reunify with family. Garrett House provided daily opportunities to visit with family and approved furloughs for eligible participants. Even though furlough site approvals often took several weeks, or months, most participants preferred to visit with family inside the halfway house. Women unable to visit with children and other family did not attribute visitation challenges to program factors, but instead discussed non-program elements. Consistent with other studies on women's reentry, visitation depended primarily on geographic location, financial resources, family factors (e.g., childcare responsibilities, work, and health), and whether family relationships were intact (Covington, 2003). Reconnecting and maintaining relationships with children was extremely important to women in this study, and visibly painful for those unable to maintain a physical connection through visitation.

### **Treatment Needs**

The rest of this chapter will present findings on the treatment services participants received to address their multiple needs. Participants discussed receiving, or desiring, treatment for substance abuse, mental health, victimization (i.e., sexual abuse and domestic violence), parenting, and anger management. Before entering the Garrett House, all participants received some form of group treatment while incarcerated at Edna Mahan and Bo Robinson. Women participated in at least one treatment group, including drug treatment, anger management, parenting, moral recognition treatment, and trauma groups.<sup>46</sup> It was very common for residents to participate in all group treatments available, regardless of risk level and need. While at Edna Mahan, participants reported voluntarily enrolling in group treatment because they wanted to

---

<sup>46</sup> Participants signed up for treatment programs while in prison. Once a space opened up they were able to participate.

receive help, learn new skills, or “just pass the time.” While at Bo Robinson, group treatment was mandated. Many participants discussed being placed in groups that did not reflect their needs (e.g., women with no history of substance abuse were required to attend 12-step groups). At Garrett House, case managers develop a treatment plan (known as a “Master Service Plan”) for residents based on their needs identified by the LSI-R assessment. Residents in need of a specific type of treatment (e.g., substance abuse treatment or sexual abuse counseling) were referred to the appropriate service in the community or in-house program. Participation in outside treatment can either be voluntary, recommended as part of their treatment plan, and/or parole-mandated (i.e., halfway back residents may be required to attend a specific type of treatment). Presented below are sections on the various treatment services participants received, or desired. Themes are presented to illustrate women’s experiences and perceptions of each service area.

### **Substance Abuse Treatment**

Substance abuse was the most frequent problem among participants in this study. The LSI-R identified 64 percent (n=21) of participants having a history of substance use, and 49 percent (n=16) presenting a current problem. Women with substance abuse needs have opportunities to participate in various treatment programs. As indicated in Chapter Four, Garrett House offers an in-house substance abuse group – *Pathways to Change* (hereafter referred as *Pathways*), weekly in-house AA meetings, and outside opportunities to attend Narcotics Anonymous (NA) groups or outpatient treatment. Fourteen participants<sup>47</sup> were engaged in some

---

<sup>47</sup> Ten of the fourteen women scored unsatisfactory on the LSI-R “current drug use” item. An additional three women, who scored satisfactory on this item, voluntarily attended AA/NA groups. The score of one participant was unknown. Six women who scored unsatisfactory on current drug use did not receive any drug treatment. All but one of these women were at the halfway house for three months or less.

type of drug treatment – including eight enrolled in *Pathways*. The *Pathways* curriculum is based on the social learning model of addiction and is used in both the Garrett House and the VOADV’s male halfway house – the Fletcher House. The curriculum provides drug education, individual goal setting, teaches cognitive and behavioral skills – including communication and problem-solving – and provides relapse prevention strategies.

During this study, a female VOADV employee from the Fletcher House facilitated the group. In the course of observing *Pathways* the facilitator appeared enthusiastic when delivering the curriculum. She often provided opportunities for residents to speak about their experiences and respond to the material of the session. As an effort to engage all participants, the facilitator would often start the groups with an “ice breaker” unrelated to the material of the session. For example, during one session the group played a brief game of Pictionary. All residents participated in the game, were enthusiastic, and playfully laughed as group members attempted to identify the word being drawn by each resident. During sessions, participants were frequently provided with handouts, worksheets, and occasionally watched brief films about substance abuse. Most groups sessions observed were interactive and allowed opportunities for discussion about general substance abuse topics and personal issues. Despite the facilitator’s attempt to involve all group members in discussions, they were often dominated by the same few participants.

### ***Repetitious Treatment***

To understand participant perceptions of *Pathways*, the researcher asked questions about whether members enjoyed the group, what type of material they were learning, and if they felt the group was helpful in meeting their needs. Despite the fact that all eight participants received

some type of drug treatment in prison or the community before their incarceration, only three perceived the group as repetitious of previous treatment. Those that perceived the group as repetitious all shared the view that “there is always something to learn” and you “can never have enough knowledge.”

“*Pathways*, I like it. You could never have enough knowledge. You know what I am saying. The other day we touch on a lot of good things. But basically I’ve been through all this. I am just ready to go. I went through this over and over and over again. But still like I said, there still might be something to see that I can grab onto and keep it. So, the program is good. You know? I could have never experienced going to a program, never had the chance to you know experience what I did, you know so, it is what it is...it’s a good program to have. And like I said you could never get enough knowledge, I mean there might be something I missed somewhere else that I can grab here.” Monique

As indicated above, Monique participated in drug treatment several times before but remained positive about receiving additional treatment. Similar to Monique’s perception, Jenny felt that even though the material presented in *Pathways* was similar to other drug treatment groups she participated in, there was still “always something to learn.” Jenny did, however, express frustration of having to participate in additional treatment after being clean for two years and after completing treatment in prison.

“It’s alright, its...things that I have heard over and over and over again. But it’s alright I am going to participate and I am going to be there. And it’s going to...ya know I don’t know everything so there is always something to learn. And that’s the attitude I have to keep. It’s frustrating to write the same story over again. My story is not going to change. I’ve been writing my story since 2005, it’s not going to change. All this stuff is not going to change.” Jenny

Jenny continued to discuss her frustration over correctional staff not recognizing that she has worked on improving herself while incarcerated. Even though she perceived herself as a “changed person”, each time she was assessed during her incarceration (i.e., at Edna Mahan, Bo Robinson, and the Garrett House) she was placed into a drug treatment group. At Edna Mahan,

Jenny participated in an eight month therapeutic community program where she addressed both her substance abuse and sexual abuse history. To Jenny, this was the first time in her life she had addressed these issues and doing so helped her change her entire perspective on life. During an informal conversation with a VOADV staff, the researcher discussed how some women perceived their treatment as repetitive. The staff person explained that if residents cannot articulate a relapse prevention plan they are often mandated to attend additional treatment.

### ***Positive Perceptions of Drug Treatment***

Three additional participants held positive perceptions of *Pathways*. Deedra and Marie both had lengthy histories of substance abuse, homelessness, and trauma. Tilly, a 25 year-old resident with bipolar disorder, had been using heavy drugs since the age of 15 and also experienced a long history of physical and sexual abuse. All three women were very receptive to the group. Consistent with the substance abuse literature on engagement and the quality of the relationship between counselor and client (Barber et al., 2001; Yih-Ing, 1995), women with positive perceptions of treatment developed a strong rapport with the group facilitator.

Marie identified several positive features of the group that influenced her positive experience. For one, the educational component allowed her to realize what she was doing to her body. Second, the facilitator presented the material in a way that motivated her to participate. She also perceived the small size of the group as an opportunity for everyone to speak. Another factor that may have influenced Marie's perception of the group was the lack of structured activities in her daily routine. Marie was unable to work due to a disability, and was not enrolled in any educational program. *Pathways* was the only activity she took part in, whereas all other

*Pathway* participants were working, enrolled in education, and/or participating in other treatment.

“I love it. It -- it opens you up to more of -- it’s not just like a group where you can talk, okay? They have like where they teach you about each drug, you know, and what it really does. And it makes you more firmly aware on what you put in your body. It makes you think twice -- do you really want to put this in there knowing this is the damage it can cause? You know, there’s, okay, they’re looking at the good said -- you know, what we think it should -- and then we’re looking at the permanent side, you know, like this is what happens, and death is always at the top of the list. Everybody [instructors] has their own way of bringing it in and Mrs. M, she’s just very awesome. You know what I mean? She makes you want to do that. And it’s [pathways] a small group. Other groups are always so big. Everybody’s like over top of each other and you just -- there’s just never enough time to get out how you’re feeling, you know? Tuesday I wept and I said, you know, this is all your fault. And she said what did I do? I said it’s all your fault because you’re bringing out emotions and you’re making me cry. And she’s like, well, I didn’t mean it. I said, well, I’d rather cry than get high, you know. If you -- if you have something to say she’ll let you.” Marie

Deedra, Marie, and Tilly were the only three participants who felt that they could open up in *Pathways*. Even though Tilly did not open up to residents during everyday interactions, she felt comfortable talking to residents in the group setting.

“It feels like family. I’ve grown to love my group, I talk to the ladies only when in group not in room. It’s my chance to open up and it took me a little while, I’m getting a lot of feedback from everyone. In the room upstairs I play around with the girls but will not sit down and talk to them like in group.” Tilly

In addition to attending *Pathways*, many participants with substance abuse histories attended voluntary in-house AA and outside NA meetings. Every Sunday evening an outside volunteer facilitated AA meetings in the back room at the Garrett House. All participants who attended the in-house AA meetings expressed positive perceptions of the group. When asking participants what they liked best about this group they always discussed being responsive to the group facilitator. Participants described feeling a strong connection to the facilitator and a few

mentioned plans to remain in contact when released. The facilitator also agreed to serve as the 12-step sponsor for two participants.

“They stopped us from going to NA meetings, something happened with one of the girls here. But I am planning to go to NA meetings. Now I go to the AA meetings. She [AA facilitator] comes here on Sundays. They are very good. I like the way she speaks, the people she brings here. That’s why I said she can be my counselor [sponsor] and she told me she would help me every step of the way.” Jaclyn

Similar to Jaclyn, Amy enjoyed listening to the various speakers at the AA meetings. Participants often spoke about attending AA and NA just to listen to outside people talk about their personal experiences with drug use.

“We have AA right here. They come in every Sunday to talk to us. All of them talk about it when they started using drugs they started drinking beer first. And then they started from beer to smoking weed and then from smoking weed they started taking pills and then started doing cocaine. From there...I don’t go to NA programs cause that is for drug people. I don’t go to that one, I go to AA meetings here. For me it is [helpful] cause I listen to everybody. There are grown people that come talk as speakers. People 60 and 70, 50s – ladies and everything. And it’s a lot of people...like I learned that being a workaholic...my husband was like that. He would have a six pack for the morning when you wake up. He would get up at four o’clock in the morning to cook breakfast and he would drink a two or three beers and he was fine. He never got drunk but he was alcoholic. Wow that is a workaholic. I learned that right here in this program here. It’s not easy to go away. Everything is an addiction. Like cigarettes, I tried to stop smoking. But that is an addiction. We talk about everything, I like to go cause the conversation is fine. I enjoy that. There is a lot of girls that they talk about their life. They sit down...I feel sorry for this one lady.” Amy

Most participants enrolled in *Pathways* seemed to prefer attending voluntary 12-step groups. When asking participants about attending outside NA meetings, several discussed a recent incident that led to Garrett House restricting women from attending outside meetings at a local church. Some participants responded that “something happened,” but stated they were not sure why the meetings were canceled. Others overtly stated that residents were engaging in sexual activity with men at the meetings.

“When I got here it seemed like they had this problem that all the girls were going to meet the men. And then they went around I don’t know if you know, one of the girls had this sexual thing so they stopped that.” Phillis

Even though Garrett House prohibited residents from attending NA at the local church, residents were allowed to participate in other local meetings. Kate discussed voluntarily attending meetings because she had a recent urge to relapse.

“Well, tonight I’m going to a meeting. That’s why I came over early. Well, I’m going to Stratford tonight, so -- It’s the first time I’m going out to a meeting. And it’s not even on my curriculum, but my parole officer said I can go, so -- especially since I felt like getting high the other day.” Kate

Several participants discussed the value of networking with people in recovery. Kate continued to talk about using NA meetings to meet new pro-social peers.

“I think meetings are helpful, I do, because -- Not only are they helpful but you’re sharing yourself with people who are clean and you start to hang out so, you know, you start doing your thing. I’m not going to go to meetings and then come down here and hang out with people at the transportation center,<sup>48</sup> you know? I’m going to go to meetings and meet new people.” Kate

Deedra, a resident estranged from her family, discussed looking forward to returning to her hometown NA meetings where she would see her old peers. This group of peers was her only support system. In addition to forming friendships, networking with other group members helped participants learn about community resources. Beth was able to secure transitional housing after informing her NA group members that she was searching for a place to live.

“And I shared in group one day, ‘cause I share and there were like 80 people around but I don’t care I need something I have to get out of my chest. And you get feedback from people, sometimes you get a bunch of jerks, sometimes you get good feedback. The most of the people that go to NA are there because they want to be. Not because they need to be, but because they want to be. You don’t go because you need it, you go because you want it. Everyone needs it, if you’re an addict you need it. But if you go because of that then it’s not the right reason. If you go to these groups you get a lot of good feedback. So

---

<sup>48</sup> Participants described the transportation center as a place where drug users hang out.

I shared one day that...you know most people know I am from the facility around the corner and my time is getting short and I don't want to go back to where I came from I want to stay in this town and keep my job and after group she came to me and said 'yo let me tell you about this program...' Beth

In Beth's experience people attend 12-step groups because they want to maintain their sobriety – not because they “need” treatment. This may explain why participants preferred voluntary groups over the in-house mandated group. When asking participants about the type of services or programs they would have liked to receive while residing at the Garrett House, they frequently suggested more in-house and community 12-step groups. The fact that many participants with drug histories voluntarily attended NA/AA meetings, and requested the Garrett House provide more opportunities to attend meetings, implies that they “wanted” to participate in drug treatment. Whether their participation was to develop new pro-social relationships, learn about community resources, meet others for sexual gratification, hear stories for motivation, get feedback from people similar, or to just get away from the “chaos” of the halfway house, participation in 12-step groups was the most desired drug treatment.

### ***Negative Perceptions of Drug Treatment***

As indicated above, participants attending voluntary drug treatment (i.e., AA and NA meetings) had positive perceptions of the treatment experience. The only negative perceptions of drug treatment came from two participants attending the mandated in-house group *Pathways*. During several observations of the *Pathways* group both Kate and Debbie expressed boredom. They were both observed rolling their eyes when other residents told their stories and occasionally made negative statements out loud to the entire group. During interviews, both participants discussed aspects of the group they disliked. They perceived the group as too “educational” and “boring”, too overpowered by certain women who controlled group

discussions, and interfered with their job. Even though both Kate and Debbie had similar backgrounds of substance abuse, sexual abuse, and bipolar disorder, Kate recognized that she needed drug treatment whereas Debbie openly stated that she did not want to participate in treatment because she was not “looking for help.” She also did not want to hear other women disclosing their “war stories”, whereas women attending NA/AA meetings found these stories helpful.

“No, I could care less, to be honest. I’m just doing it because I have to. I could care less. I’m not looking for help. And none of us really want to hear it neither. Like everybody in there really just wants to get it over with, so none of us are really there for listening to anybody’s war stories or anything like that, you know what I mean? It’s just like just be quiet and answer the questions and get it over with. That’s pretty much how we’re doing it.” Debbie

In addition to receiving drug treatment in Bo Robinson, Debbie also received treatment at the Kintock halfway house for two months prior to coming to Garrett House. Before this incarceration the only other drug treatment she ever received was an intensive outpatient program (IOP) mandated by parole. She spoke about responding to the IOP because “It’s more like open discussion...I like that better.” She did not respond well to Pathways because it was “too educational” and “repetitious” to the point that she would lose interest. Debbie’s treatment plan recommended she participate in sexual abuse and domestic violence counseling, however she did not discuss participating in these services, nor did her discharge plan indicate she received them. When asking Debbie if she had plans for aftercare treatment she responded no. Kate, on the other hand, acknowledged her need for treatment and was enrolled in a local women’s group where she received individual counseling for her multiple needs. She also attended outside NA meetings and planned to continue all treatment once released. As illustrated here, and throughout this study, women have different levels of motivation and perceived needs.

These differences may have influenced their perceptions of the halfway house and their ability to address their needs. These individual level factors have an important implication for providing rehabilitative services.

Regardless of receptiveness, participants were often unable to complete drug treatment. Three high-risk participants (Marie, LSI-R score 39; Deedra, LSI-R score 42; Kate, LSI-R score 38) were released from Garrett House the same month *Pathways* began. Several others were released towards the end of the curriculum. Prendergast (2009) suggests that a minimum of three months (90 days) of drug treatment is necessary to achieve favorable outcomes, especially for high-risk offenders (Hollin, 1999). Unfortunately, both Deedra and Kate ended up violating parole within two months of release.<sup>49</sup> Marie did not return to prison, but it is unknown if she returned to the county jail system (a system she frequently cycled in and out of). This is not to suggest that the small dosage of treatment contributed to Deedra and Kate's violation. In addition to their extensive substance abuse history, their lives were complicated by multiple issues (e.g., mental health issues, abuse, family problems, and in Deedra's case – homelessness).

As illustrated above, participants receiving drug treatment had multiple needs – including co-occurring disorders. Seven of the eight *Pathways* participants had co-occurring disorders of substance abuse, mental health and/or sexual abuse. The *Pathways* curriculum focuses primarily on substance abuse and not co-existing disorders. Considering these three need areas often overlap, Bloom et al. (2003) suggested incorporating treatment to address all three components. Even though these multiple needs were not addressed simultaneously in *Pathways*, several participants also received in mental health and/or sexual abuse counseling outside of Garrett

---

<sup>49</sup> Kate violated parole due to a drug relapse and was returned to Garrett House. Deedra violated parole (reason unknown) and returned to prison.

House. Discussed below are participant experiences addressing psychological needs and victimization (i.e., sexual abuse and domestic violence).

### **Mental Health, Victimization, & Emotional Needs**

As discussed in Chapter Two, the literature on rehabilitating offenders suggests that correctional programs should target dynamic risk factors related to reducing recidivism (e.g., employment, substance abuse, and antisocial attitudes), and implies not targeting noncriminogenic needs (e.g., mental health and victimization) which are unrelated to recidivism (Andrews & Bonta, 1994b; Lowenkamp, Holsinger & Latessa, 2001; Bonta et al., 1995). Others have argued for interventions that target these needs, specifically for female offenders, due to the higher rates of noncriminogenic needs among the female population compared to male offenders (Morash et al., 1998; Belknap, Holsinger & Dunn, 1998). Additionally, researchers have argued that addressing noncriminogenic needs like anxiety, low self-esteem, and emotional stress are a necessary condition of developing a therapeutic alliance between offender and counselor – a crucial step that must occur before addressing criminogenic needs (Ward & Stewart, 2003).

Consistent with the literature, women in this study had multiple noncriminogenic needs. As indicated in Chapter Four, the LSI-R identified 49 percent of participants with a moderate interference of emotional/personal problems. Case managers recorded a variety of different emotional and personal problems such as anger issues, impulsivity, depression over incarceration, domestic violence, and post traumatic stress disorder (PTSD). Although 49 percent of participants presented emotional/personal interference, only 24 percent of participants were identified as receiving mental health treatment prior their admission to the Garrett House. Case files also revealed that 30 percent of participants experienced childhood sexual abuse, and 46

percent were previously involved in a domestic violence relationship. Participants with more serious problems (e.g., bipolar and depression) received treatment in the past. However, there were several participants who disclosed histories of trauma and abuse during the interviews (also indicated in case files) and never received formal treatment. While residing at the Garrett House, residents with mental health and victimization issues had access to treatment through outside agencies or other VOADV programs. Thirty percent (n=10) of participants received some type of mental health services for emotional problems, mental illness, sexual abuse counseling, or domestic violence.

### ***Individual and Private Treatment***

When asking participants about counseling services the researcher did not directly ask about obtaining counseling for sexual abuse unless participants brought up the issue on their own. Some participants spoke openly about receiving, or desiring, treatment to address their victimization and trauma issues. Those who received mental health and victimization services participated in individual counseling with a social worker, psychologist, or psychiatrist.<sup>50</sup> Most preferred individual counseling or group treatment away from the halfway house. Stacy, for example, was pro-active in the search for outside treatment and found a local women's group that provided both individual and group counseling. Her desire to receive treatment outside the Garrett House came from years of harassment by other incarcerated women. Having worked in a profession that is not respected by other women in prison, Stacy sought treatment outside the halfway house.

“I go to a women's group now that is in Pine Hill. I go once a month. I found that group myself. It's called Women Hope, I go there once a month. And I talk to the lady and she

---

<sup>50</sup> Participants described receiving individual counseling once a week, or twice a month.

helps boost my self-esteem and we talk about different issues but, that is better because it is in a private setting and nobody there knows I am \_\_\_\_.” Stacy<sup>51</sup>

This quote illustrates the connection between building self-esteem and forming a therapeutic alliance that allows women to feel comfortable talking about problems. Stacy was unable to open up at the Garrett House because she perceived the social environment (i.e., resident dynamics) as threatening. Other residents also discussed wanting treatment outside of the Garrett House because they found it difficult to disclose personal information in groups with other residents. Participants discussed not being “ready” to disclose their past to others and expressed concern with other residents’ ability to keep their personal stories within the group setting. The connection between wanting private treatment and not trusting other residents is illustrated in the following two quotations.

“We don’t all go to the same thank goodness. See we all...you have to know about people and girls. Not only here...they are catty. And at different times, they may be your friend today and tomorrow they might be biting your back. And once you’re in therapy with people it’s what is said in the room does not stay in the room, no, that doesn’t work. They don’t respect people like that. So, that is why I do not want you to be in therapy with me. That’s why I want my own therapy. I want it private.” Phillis

Phillis, a resident with an extensive history of abuse, neglect, drug use, and mental health problems, described wanting private therapy because she did not trust other residents. This is consistent with findings presented in Chapter Five. Participants often talked about their inability to trust other residents. The researcher continued to ask Phillis about attending treatment with women at the Garrett House. To Phillis, residents at the Garrett House were emotionally harmful towards one another which made opening up in the groups too risky.

“It’s all made out of hurt and emotions here. It’s a cancer. Everyone is stepping on each other to get up. It’s a big squash. Let me step on you so I can get higher. It’s like we are

---

<sup>51</sup> To protect this “Stacy’s” identity the researcher eliminated parts of the quotes where the participant stated her previous occupation.

all on the bottom and someone is trying to get up to the air, to the sunlight. Instead of me helping you pull us up I have to step on top and squish you so I can get up.” Phillis

Phillis was one of the few participants able to work through her trauma and begin the healing process. She resided at the Garrett House for six months and participated in extensive mental health counseling. Throughout her stay she worked with a team of psychiatrists and counselors to address her traumatic past. She was extremely motivated and “ready” to address the issues that prevented her from living a stable life. As discussed in the housing section, Phillis was transferred to the PROMISE program one month before her release which allowed her the opportunity to receive continuous mental health treatment and transitional housing.

It was common for participants to prefer individual counseling over group treatment. Participants often discussed only sharing certain information in the group setting. Marie discussed opening up in the *Pathways* group, however she did not talk about the trauma experienced in her childhood. These were issues she has yet to address, but given the opportunity for individual counseling would be able to.

“Personally, I’m more comfortable with one-on-one. You know, it’s just like if I’m not ready to deal with something I’m certainly not ready to share it with the world.” Marie

Marie was only at Garrett House for two months and did not receive individual counseling.

Stacy stated that she requested counseling services but did not receive them. As discussed earlier in this section, Stacy found her own counseling services at a local program.

“I’ve asked but they have not arranged it. Believe me I’ve asked. I said can you get me one-on-one counseling with a psychiatrist where I can meet with him, that way I can feel more open and feel able to express my feelings better, and participate better in treatment for myself because I can’t really do it in group because I have the harassment thing going on for being \_\_\_\_, so I really don’t want to have that pressure and anxiety and stress put on me. That was in April, it is now August and I haven’t seen anything happen.” Stacy

Ella also described a situation where she proactively tried to obtain services but was unsuccessful. Ella discovered a VOADV domestic violence group advertised on a Garrett House bulletin board. With staff permission she made two attempts to attend this group, however on both attempts the facilitator and other group members did not show up. When asking Ella if she brought this to the attention of Garrett House staff, she said she has not informed them but plans to find out when it will be offered. Stacy and Ella were the only participants who discussed incidents of trying to obtain treatment but were unsuccessful.

Several other participants received counseling services outside of Garrett House, and others discussed aftercare plans to continue treatment with a counselor they saw before their incarceration. Participants that received counseling before prison perceived these services as effective to addressing their needs. Pauline, for example, discussed her experience receiving treatment before prison and the desire to continue addressing her needs at the Garrett House. Pauline had an extensive history of childhood incest and physical abuse and began addressing these issues with a psychologist several months before her incarceration. To Pauline, counseling was extremely helpful in allowing her to deal with her past and begin the healing process. Unfortunately, her arrest disrupted the healing process – something she perceived as essential to “fixing” herself.

“It was counseling. About nine months, because I was ready to -- ready to deal with my past. I need -- I need to finish the healing process. I was getting this totally on my own. I’ve tried prior, a couple of times prior, but I never got past the -- I went in with an attitude. I went in with an attitude that you -- you need to fix me, and I never -- I never got over the trauma, because once you get over that then you fix yourself, so I would never reach that point.” Pauline

Pauline was interviewed two weeks after arriving at Garrett House and discussed wanting to continue with treatment to address her trauma. Although her stay was short (four and a half

months) she did receive sexual abuse counseling. Since Pauline was planning to return to the community she lived in prior her incarceration, she did not have the opportunity to continue treatment with the same service provider. During the interview she discussed plans to continue counseling in her home community.

### *Spontaneous Counseling*

In addition to connecting residents to treatment providers in the local community, Garrett House staff provided women with emotional support through individual meetings and “spontaneous counseling.”<sup>52</sup> A recent qualitative study on drug users’ utilization with services identified spontaneous counseling as an effective treatment factor (Kolind, 2007). Like Kolind’s study, residents at the Garrett House received spontaneous counseling to address their everyday needs and emotional crises “on-the-spot.” The researcher observed staff interacting with residents throughout the day. Rarely did women have to wait to speak with staff when crises arose. Problems that did not require immediate attention were acknowledged by staff and an appointment to meet privately was scheduled. As discussed in Chapter Five, women expressed satisfaction with the opportunity to go to staff with emotional problems.

As indicated in this section many participants were clearly aware of their specific needs and wanted treatment to address these needs. Women often desired treatment in a private setting outside of Garrett House or preferred individual counseling when addressing sensitive topics such as sexual abuse. Participants recognized the importance of addressing their emotional and victimization issues and several recognized these issues as “reasons” behind their criminal

---

<sup>52</sup> The ability to consult with case managers without making a formal appointment (Kolind, 2007)

behavior. It was very important for women to have the support of halfway house staff who could respond immediately to crises as they occurred.

### **Gender-Specific Treatment**

In addition to providing services to address mental health, victimization, and emotional problems, the Garrett House also provides residents with a gender-specific treatment group. *Moving On* is a cognitive-behavioral group based on relational and social learning theory. The curriculum was developed from the literature on gender-specific pathways and needs of the female offender, and integrates cognitive-behavioral, solution-focused and motivational enhancement therapy approaches. Based on the literature and treatment approaches, *Moving On* is comprised of modules that address family issues, relationships, problem-solving skills, and communication skills. The modules were designed to enhance women's motivation and commitment to change, help women understand the context of their criminal behavior, help them build upon their personal strength, provide new skills to cope with high-risk situations, encourage the development of healthy relationships, and identify support networks and community resources (Van Dieten & Mac Kenna, 2001).

Throughout the course of this study, *Moving On* was facilitated by a Garrett House staff person twice a week for two hours each session. During observations, the facilitator used several techniques to create a relaxed environment and engage participants in group discussion. During each session, the facilitator displayed role modeling techniques where she engaged participants by presenting material enthusiastically and sharing her own life experiences with the group. She spoke about the factors in her life that cause stress, shared her personal goals, and discussed strategies of working towards achieving her goals. This facilitator had already developed a strong

rapport with most residents and was frequently identified by participants as someone they leaned on for emotional support.

Twelve Garrett House residents were enrolled in *Moving On* during the study period, but only nine participated in the in-depth interviews. Compared to *Pathways* participants, women in *Moving On* had fewer risk factors. Seven of the women had no history of substance abuse, and two others have used for a short-term period but maintained sobriety for many years prior their incarceration. Sexual abuse and mental health problems were also less frequent among this group, while domestic violence was a more common characteristic. These women were asked questions about their perceptions of the group. While some women had positive perceptions of the group, others did not feel that the group addressed their individual needs.

### ***Positive Perceptions of Moving On***

Similar to women who participated in *Pathways*, two *Moving On* participants shared positive perceptions of the group but felt that it was repetitive of treatment they received in prison. Although repetitive, Jaclyn felt that there was “always something new to learn” and that the repetition would help her remember what to do when high-risk or stressful situations arise.

“I love it. It’s like I told you, it’s mostly about family, attitudes, relationships. I have already heard that but you know there is always something new to learn and if it keeps repeating and you hear it and hear it. That way if something does come up at least you know how to think and how to act. Even though *Moving On* is 26 weeks – I am in that class and I am leaving on Saturday. But I told her I might not be able to come every Monday and Wednesday but at least once or twice a week I can keep coming.” Jaclyn

Although motivated to continue treatment, the researcher did not observe Jaclyn’s return to the group. Several other participants in both *Pathways* and *Moving On* also stated that they planned to return after release, but did not return. Considering the multiple responsibilities women released are tasked with upon release, returning to the Garrett House for treatment may add an

additional burden to their already complicated lives. Participants often discussed plans to attend treatment in their home community including NA meetings and psychological counseling.

Participants also identified certain modules that were more applicable to their needs than others. Carol found the relationships module helpful because she was previously in a domestic violence relationship. She discussed keeping her abusive relationship a secret from her family but recognized that talking about it may reduce some of her internal anger. Like other participants, Carol did not feel comfortable opening up in the group setting.

“It is helpful. We touch different subjects. We just went through abusive relationships now. It is touchy. Cause you are sitting in a group. And this is my secret – this is something I hold in. Family don’t know, nobody knows. So – but I might let it out cause it has a lot to do with my anger. Just a lot that has to do with me. I talk a little bit, but not too much. I was in a relationship for four years and I am not ready to open up to a group of people it’s just me.” Carol

Despite not sharing her experiences with the group, the material was relevant to her needs and opened her mind to consider sharing her experience.

### ***Does Not Address My Needs***

Four participants did not perceive *Moving On* as helpful or applicable to their needs. Several women identified the parenting section as not relevant to their needs because their children were grown. Stacy did not perceive the group as beneficial because she perceived herself as an established woman and mother.

“It’s not beneficial. I mean those things that they are talking about establishing I already do. I work, I have contact with my kids, even though they don’t come and visit I keep contact with them all the time. I take care of my kids financially. I just paid for my son, I just paid for his college books and I sent my brother \$300 dollars for him to buy school clothes and things. It’s not like I...I am still being the productive parent I would be in the community, but I am doing it in here. So as for *Moving On*, it supposed to be you accepting your feelings and boundaries and what to do, but I already know about that so how is this helping me.” Stacy

As discussed in the previous mental health section, Stacy found an outside treatment provider where she engaged in both individual and group treatment. In this setting, she was able to receive treatment that address her individual needs and where she felt comfortable and able to participate.

Throughout the interviews, several participants spoke about needing anger management treatment and hoped to receive it while at the Garrett House. The *Moving On* curriculum dedicates a session titled “Coping with Anger and Other Emotions” during the sixth module titled ‘Coping with Emotions and Harmful Self-Talk’. During this session women learn to cope with anger, identify emotions and harmful thoughts, and are introduced to strategies to counter harmful thinking that leads to anger (Van Dieten & Mac Kenna, 2001). Participants enrolled in *Moving On* were often released prior to the coping with anger session. April, a resident who identified the need for anger management, was released before completing the anger session.

“I probably could use more than *Moving On*. ‘Cause in order for me to move on I still have to deal with my anger. No one ever deals with anger I think. I think if I dealt with one thing that angers me than something else might come – maybe it is not so much the anger. I don’t know – it is basically emotions that leads to anger. How do you deal with the emotions that puts you to that anger stage?” April

Another participant recognized her need for anger management and was looking forward to the coping with anger module. Hester discussed how some modules in the curriculum do not apply to her needs, where others do. Similar to Stacy, Hester was unable to relate to the family module. Unlike most participants Hester was able to complete the entire group.

“Ms. T says it will talk about anger management in the end of the group. Right now, it talks about how to talk to your kids when you get out there. But I don’t have that problem. Like the way she say get back in touch with kids. I never lost touch with my kids. We are always going to be close regardless if I am locked up or not. But there’s a lot of stuff she teaches. It’s good.” Hester

Similar to what was observed in *Pathways*, only three participants had the opportunity to complete *Moving On* due to release from the halfway house. Participants unable to complete the treatment groups discussed plans to return to the halfway house to attend groups. However, during observations none of these residents followed through. Additionally, residents with short stays were either not enrolled in treatment or did not complete the group. Those who entered the Garrett House after the groups begin were often placed on a waiting list, but were released without having the opportunity to participate.

### ***Identifying Specific Needs***

Participants not enrolled in one of Garrett House's mandated groups, and those new to the house, were asked whether they were interested in participating in treatment. Several women stated that they were not interested in any treatment, but would be willing to participate if it was required. Others were not interested in attending in-house groups because they preferred individual treatment. Those who identified needing treatment were interested in receiving a specific type of treatment, such as anger management, parenting, and family counseling.

As discussed in the previous section, several participants desired anger management treatment. When reviewing case files, the researcher learned that none of the women participated in anger management groups. During an informal conversation with a Garrett House staff, the researcher asked about anger management groups. The staff person responded that they have anger management for the male clients residing at the VOADV male halfway house but do not offer the training for women because the curriculum was designed for men. The staff person went on to say that they were in the process of searching for a curriculum designed specifically for women.

Rather than addressing certain issues in a formal group setting, women met with case managers to address their individual needs. Interviews, observations, and case files indicated women met with case managers to address individual needs including anger issues, financial problems, parenting, and other emotional needs. Leslie spoke about meeting with her case manager to address her “attitude” problem. She received writing assignments to help her express her emotions.

“And like Ms. B meets with you and then she gives you these papers to help like with yourself, because my problem is my attitude. She asks what you feel as though is your -- like biggest problem with yourself, and I explained to her I think it’s my attitude. And she gives you this paper of essays to do to try and figure it out, and then we go over it and talk about it and stuff like that. So it’s like one of the lessons or programs I do with her.”  
Leslie

Another participant charged with a financial crime was provided assistance with balancing a checkbook. As discussed in the family section of this chapter, case managers also helped residents get in touch with their children, and develop strategies to cope with being separated. Even though the *Moving On* group addresses parenting and family issues, only 12 residents are able to participate at one time. Even those enrolled in *Moving On* discussed wanting additional programming and/or counseling to address their specific family and parenting needs. Vicky, for example, identified the family module of *Moving On* as helpful in addressing her parenting needs but later in the interview mentioned wanting additional counseling. Unfortunately, Vicky was unable to participate in any form of counseling because she was “disciplinary returned to prison” after five months of residing at the Garrett House.

“Yeah, counseling. I really think I need counseling. I really think – like they all need counseling also. Like if you have been away from your children for a while I really think that it would be a good thing to have family counseling. Like I know I would like counseling for me and my children.” Vicky

Another participant discussed the need for multiple programs to address her anger problems, parenting, and counseling for domestic violence. She specifically mentioned wanting programming to learn how to deal with her teenager. She received some assistance from staff on finding these services, but also mentioned that it was up to her to locate the programs.

“I am looking for anger management. I am looking for parenting – I am still waiting for them to call Ms. B back on the parenting. They should have some kind of program for kids and mothers that would be good. Especially when you have teens. My teen is a big issue right now. Just more time with her. That would be good if they had something with teens...and the mental – I guess they told me I need this mental counseling for this abusive relationship I had so I believe that is...You have to find it on your own. These are things I need to get in touch with cause I don’t have a drug history or alcohol.” Ella

When asking the following participant about recommendations for additional programming at Garrett House, she stated “they need more groups like *Moving On*” to help residents deal with attitudes. Linda was the only resident who suggested developing a program to help residents deal with the social aspect of the halfway house.

“They should have more programs. There are a lot of attitudes and I think we need other groups. Some women are really mentally disturbed. Some are scared to get out and they should talk about their fears. There’s not enough time to share with one another and ask about our day. They are always at each other’s throats, they steal from each other, they are still doing the same stuff - women don’t want to talk about it. We have Wednesday night government groups - but people shut down and don’t want to talk about house problems, they feel like they are snitching.” Linda

Linda is suggesting that the Garrett House create a more therapeutic environment among the resident population. As illustrated in Chapter Five, residents perceived the social aspect of the house as negative and “chaotic.” There was a general lack of trust among residents. Linda suggests that an open forum where women can talk about both personal issues and the problems that occur within the house would potentially eliminate some of the negative tension.

Another participant was asked if she planned on participating in treatment while at Garrett House. Cassandra stated that she did not “need” any treatment, but did express interest in

receiving treatment for shoplifting. Cassandra's case file revealed an extensive criminal history of 45 arrests and 28 convictions related to theft and shoplifting charges. Before coming to Garrett House, she received drug treatment at Bo Robinson, despite not having a history of substance abuse. She did not perceive this group as helpful, but was willing to attend treatment at Garrett House only if it addressed her specific problem – compulsive shoplifting. Although she recognized the need for treatment to address her shoplifting behavior, Cassandra's case file indicated that she did not receive any individual or group treatment while residing at the Garrett House.

“No, not that I'm aware of. I don't need no treatment. Like if they had a shoplifting class, yeah, I'd take that, but like all the drug-class stuff, like I don't do drugs and I don't understand those classes, never did.” Cassandra

Women in this study were keenly aware of their multiple needs and identified programs and services that would be beneficial to addressing their needs. While residing at the Garrett House it was common for participants to focus on addressing one need at a time. When first arriving, participants were concerned with finding work and saving money for housing. After securing a job, most participants with lengths of stay longer than four months participated in some type of treatment to address specific needs. Addressing health and mental health needs were priorities for women unable to work. Regardless of employment eligibility, women with shorter stays were often able to address specific needs but did not receive the full “dosage” of treatment prescribed (e.g., participants enrolled in *Pathways* left before completing the group). Whether participants received treatment, most discussed plans of enrolling in aftercare services. Women with substance abuse histories frequently discussed plans to attend 12-step meetings. Others were planning to address their medical and mental health needs. A few women stated that

they were planning to return to a treatment provider they were involved with prior their incarceration.

## **Chapter Conclusion**

The literature on women's reentry recognizes the multiple needs women must address once released from prison (Covington, 2003; Richie, 2001; O'Brien, 2001). As illustrated in this chapter, residing at a halfway house can reduce the stress of addressing multiple needs by providing opportunities and access to services. Although opportunities and access to services are provided by the Garrett House, addressing multiple needs involves navigating through a complicated process that includes both program (i.e., Garrett House) and non-programmatic (i.e., external factors) barriers and facilitators.

Addressing employment needs was one of the most complex areas, compounded by multiple barriers. In addition to the stigma associated with having a criminal record and living in a halfway house, women struggled with the job search including: maintaining accountability, financing the search, limited assistance from staff, being unfamiliar with the area, and exclusions from certain occupations. In spite of these multiple barriers, searching for employment ultimately prepared women to deal with the stigma, rejection, and disappointment of finding work. An additional facilitator was the advantage certain groups of residents had over others, including Camden residents' knowledge of the area and access to job opportunities through social networks; and higher-skilled residents' ability to secure better paying jobs. Securing a job also allowed participants to address other needs such as saving money and eligibility for visitation and furlough privileges.

Educational needs were often addressed by women unable to work, or those who had limited financial responsibilities. Most residents were unable to advance their education due to the multiple financial responsibilities of childcare, fines, and housing. Addressing financial needs was also difficult for non-working women, those with prior financial obligations, and women with low-paying jobs. Some participants perceived the halfway house maintenance fees as a barrier to saving, whereas others felt that as long as a resident prioritized her financial needs saving money was possible.

Addressing health needs was beyond the control of both residents and Garrett House staff. Systemic barriers, such as receiving care through DOC and the waiting period for government benefits, left several participants with unmet health needs. Family reunification was another area beyond the control of Garrett House staff. Garrett House provided frequent in-house and furlough opportunities to reunite with loved ones, but family relationships and circumstances did not always make this possible. Families unable to visit were often overburdened with multiple responsibilities and/or were unable to travel the distance to visit. Similar to the advantage Camden residents had with the job search, visiting with family was easier for this group due to the proximity of the halfway house and the home of Camden families. The complex relationships between residents and family members also prevented the opportunity to reunite.

Addressing housing needs were compounded by systemic barriers and length of stay. Garrett House struggled to connect residents to housing due to the lack of affordable housing opportunities in the area. While most participants found housing through family and friends, others with little, or no family support, especially those with short stays, struggled to find housing. Addressing various treatment needs was also impacted by participants' length of stay.

Most participants were able to begin addressing treatment needs (e.g., substance abuse) but were often released from the Garrett House before their program was completed.

When receiving group treatment, participants identified many positive and negative attributes related to the program. Positive features included responsiveness to the material, connectedness to group facilitator, belief that material was relevant to needs, and the benefit of listening to others personal stories. Treatment aspects perceived as negative included repetitious material and the belief that material was not relevant to needs. Components of treatment that were considered non-programmatic (i.e., not directly related to the treatment material) included positive features such as developing pro-social friendships, learning about resources, ability to freely express feelings and emotions; and negative features such as not wanting help.

When addressing gender-specific needs (i.e., mental health, victimization, and emotional needs) participants discussed their inability to trust one another, adding more difficulty in disclosing personal issues in the group setting. Instead participants preferred individual counseling or group treatment in a private setting outside of Garrett House. As indicated in the literature, the nature of the correctional environment (i.e., control and security) does not encourage women to form supportive relationships where they can trust one another and share personal issues, and makes it difficult to create a safe and supportive environment (Covington, 2003). Despite Garrett House staff creating therapeutic alliances with residents and encouraging them to be supportive on one another, the fact that women spent many months to years in a secure correctional system may have impacted their ability to trust and express themselves.

Additional gender-specific (i.e., parenting and family counseling) and gender-neutral (i.e., anger management) needs were desired by participants but were not always addressed. Case

managers addressed specific needs through individual meetings and spontaneous counseling as personal issues arose. Help was often attainable through Garrett House staff and outside resources. However, length of stay and participant pro-activeness in the search for resources influenced whether treatment services were obtained.

Returning home from prison will never be met without challenges. Transitioning through a halfway house can reduce some of the barriers, and facilitate the reentry process by providing various opportunities to meet multiple needs. For most participants, certain need areas were met during their stay at the Garrett House. Those who struggled to meet needs were often highest-risk, highest-need, and had the shortest stays – making them the hardest to address. To reduce some of the barriers of addressing specific needs, participants recommended ways Garrett House could improve their services. Recommendations include hiring additional staff, access to more resources, more individual treatment opportunities, improving the social environment, and providing groups to address specific needs (e.g., anger management, shoplifting, and parenting).

Using the findings from this chapter, the next chapter examines the Garrett House's adherence to the principles of RNR and gender-responsive treatment. As indicated here, many of the barriers and facilitators of addressing needs consist of program and non-programmatic factors. Considering the principles of RNR are based on specific program features designed to reduce recidivism, Chapter Seven discusses the importance of taking into account non-program factors that may impact women's successful transition to the community.

## **Chapter Seven**

### **Summary of Findings**

The data presented in the earlier chapters illustrated that the Garrett House incorporates both evidence-based and gender-responsive principles in its delivery of services to females returning from prison to the community. This study also identified multiple non-programmatic factors that influenced participants' ability to address their needs. The first part of this chapter discusses the findings within the framework of RNR and gender-responsivity. To begin, a summary and critique of the risk principle is presented by revisiting the Garrett House's risk management practices and by analyzing women's perceptions of these policies. Second, drawing on data presented in Chapter Six, the need principle is discussed. Many components of the Garrett House were identified as positive features that both prepared women for release, and attended to their immediate and long-term needs. As the interviews suggested, preparing women for release and addressing their needs were not met without challenges. Many programmatic and non-programmatic factors that facilitated and hindered opportunities to address needs are discussed throughout this chapter. Lastly, participants' perceptions of the services and programming offered at the Garrett House have strong implications for the responsivity principle.

#### **The Risk Principle**

As discussed in the literature review, an ongoing debate of the risk principle involves the potential misclassification, or over-classification, of women's risk levels. A recent study on gender and the risk principle found high-risk women to be different than high-risk men, concluding women do not pose the same threat to the community (Van Voorhis et al., 2010). An

additional study also found that recidivism rates were lower for high-risk women compared to high-risk men (Hardyman & Van Voorhis, 2004). Van Voorhis and colleagues suggest that high-risk women are actually high-need and deserving of more intense services instead of increased restrictions and supervision. Some of the findings from the current study support this research and are highlighted under this section, including the use of the LSI-R to identify program level, accountability systems, and the restriction of privileges for violent offenders.

### ***LSI-R and Program Tracks***

To assess risk level, Garrett House uses the LSI-R – an evidence-based risk assessment instrument. As discussed in Chapter Four, the LSI-R is administered at admission, at six months, and prior to discharge. Consistent with the risk principle, the majority of participants (82 percent) in this study scored high or moderate risk on their entry LSI-R assessment. The majority of participants (n=29) remained in the program for three months or longer, however six high-risk participants remained less than six months (with two staying less than three months), and three low-risk participants remained in the program for more than one year. Although only six participants were categorized as low-risk, the literature on evidence-based correctional treatment suggests that these participants should never have been placed at the Garrett House to begin with.

Most participants, regardless of risk-level experienced a reduction on their exit LSI-R. The reduction in risk level can be attributed to addressing various needs including both criminogenic (e.g., substance abuse and employment) and noncriminogenic (e.g., mental health and victimization). Although there was evidence that many participants experienced a reduction of risk score, findings from the previous three chapters imply that several of the practices implemented at the Garrett House (e.g., employment restrictions and maintenance fees), along

with other non-programmatic factors (e.g., stigma and lack of housing availability), impeded on addressing the specific needs of women regardless of risk-levels.

It should also be noted that there was no evidence that high-risk women received more intense treatment than moderate and low-risk residents. The main premise of the risk principle involves reserving intense treatment for high-risk offenders (Andrews et al., 1990). Residents of all risk-levels were enrolled in the same in-house treatment groups in the Garrett House. This is consistent with other research that finds offenders receive similar treatment regardless of risk level and needs (Latessa & Pealer, 2004). Also observed, was the assignment of program track based on LSI-R scores. The Garrett House made use of three program tracks that determined furlough privileges. Under this system, low-risk offenders receive more furlough privileges than high-risk offenders. Even though high-risk participants had fewer hours of furlough privileges, they did not discuss this as a barrier to addressing their needs or reconnecting with family. Many high-risk women had damaged family relationships and did not participate extensively in visitation and furlough opportunities. Regardless of whether participants in this study utilized visitation and furloughs, the restriction of furlough hours may impact other high-risk residents in the future. Additional research is needed to explore how program track impacts high-risk women and their ability to reconnect with family, and address other needs, compared to lower risk residents.

### ***Accountability Systems***

Garrett House residents are referred from either the New Jersey Department of Corrections (DOC) or the New Jersey State Parole Board (NJSPB). These two correctional agencies contract with the VOADV to provide rehabilitation services. VOADV is required to

follow the guidelines of these two agencies when delivering services to residents. A system of accountability and supervision is incorporated into all of the Garrett House services. Residents are informed of their responsibilities to follow program rules. The consequences of violating program rules are outlined in the resident handbook, including the most noteworthy sanction of returning to prison. This threat served as a deterrent mechanism by instilling fear and anxiety in many participants. As illustrated in Chapters 5 and 6, the threat of returning to prison was something many women discussed during the interview.

Participants transferring from a secure correctional setting expected the Garrett House to comprise of both accountability systems and treatment services. Many participants accepted their status as a halfway house resident and were willing to follow any rule that would bring them a step closer to freedom and prevent their return to prison. Although accepting of the rules, most participants described frustrations and/or anxiety when complying with certain policies. The most common policy discussed was making accountability calls while working, job searching, or on a furlough. This policy requires job searching participants to call every two hours while in the community looking for work. During the job search, participants discussed the challenges with making accountability calls “every two hours.” They described being refused access to potential employer telephones, struggling to find working phones, and the expense of making calls. Employed participants are required to call three times during the work day – when they arrive, mid-day, and at the end of their work shift. The mid-day call during the work day was perceived as disruptive of the work routine. Some participants worked in the restaurant industry and struggled to take a break from work to make the call. Even though participants generally

understood that they were accountable to the Garrett House, and had “no problem” making the calls, they often felt that there were “too many” calls to make.

### ***Violent Offender Status***

The research on women offenders suggests that women convicted of violent crimes are not necessarily a threat to the community. Much of the literature on offender characteristics distinguishes between male and female offenders to illustrate the difference in risk between the two genders. For example, women are twice as likely to harm someone close to them, less likely to harm a stranger (Snell & Morton, 1994), and less likely to use a weapon during a violent assault (Greenfeld & Snell, 1999). Rather than posing a risk to other citizens, women offenders are more of a risk to themselves than others. As indicated in the literature, women offenders have a higher rate of substance use than male offenders (Greenfeld & Snell, 1999), and often self-medicate to cope with victimization and mental health problems (McClellan, Farabee, & Crouch, 1997). When examining female recidivism rates, a national study analyzing trends across 15 states found that the majority of women convicted with violent crimes do not commit future acts of violence once released (Deschenes, Owen, & Crow, 2007). These authors also found that women charged with violent crimes in general are less likely to reoffend than women charged with non-violent crimes.

Regardless of this body of research, states across the country continue to enforce punitive supervision policies for women convicted of violent crimes. In New Jersey, violent offenders (classified as A304) released from the DOC to VOADV community correction facilities are prohibited from leaving the facility without a staff escort. The exception to this policy includes job searching and working. Regardless of LSI-R score, DOC residents classified as A304 are

restricted from the community privileges available to the rest of the resident population (including halfway back residents with violent charges). This policy is enforced for both male and female DOC residents, although the research on gender differences clearly shows women are less of a public threat than men.

Five DOC participants in this study were convicted of violent crimes and classified as A304 offenders. Their risk levels varied including one high-risk, three moderate -risk, and one low-risk.<sup>53</sup> Three of the five A304 participants were first time offenders charged with serious violent crimes. Although the circumstances surrounding their offense vary,<sup>54</sup> their crimes were against family members. During interviews, these participants discussed their frustrations with the community restrictions that prevented them from addressing various needs. For one, it prevented them from taking care of personal needs in the community such as obtaining documentation and shopping for sundries, including hygiene products. Program documents indicate that Garrett House staff escorted A304 residents to address their needs. However, in interviews, participants discussed staff being “too busy” to escort them in the community. Second, residents perceived the visitation and furlough restriction as a barrier to reconnect with their families. This was problematic for all A304 participants, and especially those who did not have families living near the Camden County area. One participant felt that although she has been working to change herself throughout her incarceration, those changes were not taken into consideration when assessed. Her violent crime history determined her classification and prevented her from having the same privileges as other residents.

---

<sup>53</sup> The low-risk A304 participant had the lowest risk score (LSI-R 11) of the entire study sample.

<sup>54</sup> Participants were asked about the circumstances of their crimes and what was going on in their lives at the time of their offense. According to participants, violent crimes were committed out of self-defense, due to unresolved anger from childhood abuse, and in conjunction with a male companion (robbery charge).

To conclude, the violent offender policy was perceived as an impediment to addressing needs, reconnecting with family, and influenced women's inability to disassociate with their violent offender identity. The static nature of having a violent charge will always be counted as a risk factor and will restrict residents regardless of their accomplishments. The following two sections discuss other factors that influenced participants' ability to address needs and prepare for reentry.

### **Targeting Needs**

The Garrett House is a crucial transitional phase for women to begin establishing themselves for reentry. This study illustrates that women have multiple criminogenic and noncriminogenic needs to address when returning home from prison. Community correction programs that incorporate the principles of risk, need, and responsivity (RNR) focus, specifically on reducing risk levels by targeting criminogenic needs. Although research indicates that programs that follow the principles of RNR should target criminogenic needs over noncrimogenic, the narratives in this study illustrated that the Garrett House helps participants address both types of needs through direct services and outside referrals. The data presented in the previous three chapters illustrates that women are unique in: 1) their needs, 2) the order in which they prioritize their needs, 3) how they respond to certain types of services/treatment, and 4) the pace they take in addressing their needs. The following sections highlight some of the themes that emerged from participant interviews.

### ***Employment Needs***

The importance of social networks was a consistent theme throughout the interviews, especially when addressing employment and housing needs. Participants spoke about helping

one another with job leads and in one instance a resident replaced the job of another resident discharging from Garrett House. There was also a qualitative distinction between participants from Camden County and those from other areas of New Jersey. Camden County participants were at an employment advantage due to their familiarity with the area and their access to acquaintances and old employers, whereas participants from places other than Camden were unfamiliar with the community and did not have access to local social networks. Non-Camden residents also spoke about their anxiety of navigating through a high crime neighborhood during the job search. Unlike Camden County residents, non-residents sought temporary employment and had to quit their job once released. Many discussed plans to return to old employers or had ideas about where they would seek employment once back in their former community.

Participants reported many challenges with the job searching process, including the double stigmatization of having a criminal record and living in a halfway house. As a result, participants became discouraged, experienced rejection, and felt “humiliated” disclosing their status. Even residents with extensive employment histories struggled to find jobs within their fields and often settled with fast food or restaurant jobs because these jobs were the “easiest” to secure. Participants also complained about the employment counselor not having enough time or resources to help residents find jobs. Although participants described many barriers they also identified the halfway house as a “safety net” while they got back on their feet, and as one resident stated, “I would rather be doing it here,” meaning that she would rather job search at a halfway house than be released straight to her home community without work.

Overall, 73 percent of participants secured employment allowing for many to save money for housing and other needs. Most participants discussed accepting jobs just to fulfill the

employment requirement. Participants who attempted to find better paying/higher skilled jobs struggled to achieve this goal and often ended up accepting non-skilled work. Additionally, most participants were unable to advance their education or skills with the exception of several women with financial resources. Even though education was encouraged, women with multiple financial responsibilities were unable to advance their education.

### *Housing Needs*

As illustrated in Chapter Six, Garrett House had limited ability to connect women to local housing. One of the major barriers securing housing was the lack of community-based housing programs and availability of low-income housing, a common problem identified by other studies on women and reentry (Richie, 2001). In addition to limited housing options, Garrett House case workers were observed, and residents reported, being consumed with many other responsibilities that prevented them from spending extensive amounts of time helping residents to secure housing. Even though Garrett House staff were observed trying to find residents housing, in some cases, they were unsuccessful. Several high-risk women were released to the homeless system without a solid aftercare plan. Both Garrett House staff and participants were aware that release without housing would be harmful to their recovery and reentry success. One case worker wrote: “Marie noted on several occasions that if she were to leave Garrett House without housing, she would most likely be drunk or high soon thereafter.” Marie was released to the homeless system with no direct link to aftercare services – other than parole supervision. Although prison records indicated that Marie did not return to state prison, considering her extensive history of homelessness and incarceration, it is likely that she continued on this path.

Other moderate-risk women were also released to the shelter system – some without a history of homelessness.

There is a great need to ensure that all women released from community correction facilities have some type of housing in place. As discussed in Chapter Six, Garrett House staff struggled to find housing resources for residents – especially residents who had short lengths of stay at the halfway house. Participants with special needs had more housing opportunities, although securing special needs housing involved participants advocating for themselves or having someone from the community (i.e., other service provider) advocate on their behalf. Most participants with strong support systems were able to secure housing with family or friends. During interviews participants recommended Garrett House provide more assistance with identifying housing options. Even residents who secured housing through friends/family suggested Garrett House help residents that did not have housing options.

### ***Family Reunification Needs***

The literature on women’s prison experience often notes the unpleasant visiting conditions of prison settings and the traumatic affect this has on both women’s and children’s visitation experiences (Covington, 2003). In contrast, Garrett House provided many opportunities for women to visit and reconnect with family. Most participants took advantage of the opportunities to have family visit them on-site, and others went on day and overnight furloughs to spend time with loved ones. Women were generally satisfied with the visitation opportunities provided by Garrett House. However, waiting for furlough site approval, or not being permitted to participate in furloughs, was dissatisfying. Several participants described the physical environment of Garrett House as being more “homey” and child-friendly than prison.

Women who did not want their children to see them in the prison setting felt more comfortable having them visit at Garrett House.

Regardless of the child-friendly nature of the halfway house, and case workers helping women reconnect and cope with separation, the biggest barrier to reunifying with family was the geographic location of the Garrett House. Participants with children living outside the Camden County area struggled to reconnect due to the long distance between the halfway house and their children's homes. Separation from children is known to impact the psychological development of women offenders (Hollin & Palmer, 2006), which was evident for many participants who spoke about being separated from their children – especially non-Camden County residents.

### ***Substance Abuse Needs***

Substance abuse treatment was the most common service participants utilized both inside and outside the Garrett House. As discussed in Chapter Six, participants frequently attended 12-step meetings and the in-house treatment group, *Pathways*. *Pathways* teaches participants both drug awareness and cognitive-behavioral skills which focuses on three core criminogenic needs, including problem-solving, self-control, and risk-taking behavior. Residents in need of drug treatment (as assessed by the LSI-R and an additional drug screening tool) are enrolled in *Pathways*, but due to the limited group capacity, only 12 residents are able to participate at one time. The researcher also observed a several month gap between group cycles. During the first two months of this study, no treatment groups were in session. It was not until the third month of the study that a cycle of *Pathways* was implemented. This implies that some residents in need of drug treatment may not have the opportunity to participate in this group. For example, a resident who enters Garrett House after *Pathways* begins will have to wait several months before having

the opportunity to participate in the next group cycle. Unfortunately, the researcher observed the release of several residents on the waiting list to participate, a common occurrence in correctional treatment programs (Human Rights Watch, 2009).

Another observed occurrence was the program discharge of residents whose sentence had expired, or they were granted parole. These participants were released before completing the group. Although eight participants began *Pathways*, only four completed the group.<sup>55</sup> Research indicates that length of stay in a program is an important predictor of future criminal behavior and drug use, with longer durations leading to more positive outcomes (Taxman, 1999; Simpson, Joe, Broome, Hiller, Knight, & Rowan-Szal, 1997). Research specifically identifies three months as the minimum for receiving correctional treatment (Prendergast, 2009). Although the majority of participants resided at the Garrett House for at least three months, their participation in the cognitive-behavioral treatment groups (*Pathways* and *Moving On*) was often cut short due to being paroled or the expiration of a predetermined release date.

Regardless of enrollment in *Pathways*, many participants with substance abuse treatment needs attended 12-step groups inside the halfway house and outside in the community. Even when attending 12-step groups was not part of their service plan, residents voluntarily attended these groups. Participants identified many positive components of attending these groups, including social networking with positive peers and learning about community resources. Attending 12-step groups was also important for participants to escape the routine of living in a halfway house and the constant exposure to women offenders. Later in this chapter, the section

---

<sup>55</sup> A total of twelve residents were enrolled in *Pathways*, however only eight were interviewed for this study.

on Responsivity discusses participants' perceptions and responsiveness to the substance abuse treatment options.

### ***Health Needs***

Addressing women's health needs was identified as one of the biggest challenges for Garrett House staff. As discussed in Chapter Six, participants referred from DOC often refused to address their health needs because doing so would involve the return to prison. Additionally, several halfway back residents were temporarily delayed addressing health needs as they waited for government assistance (i.e., Medicare and Supplemental Security Income). Although health is a noncriminogenic need, the failure to meet health needs prevented several participants from meeting criminogenic needs. Participants with severe health-related needs were unable to work and discussed plans to rely on public assistance once released, something they frequently relied on prior to incarceration.

As indicated in the reentry literature, individuals returning from prison with physical and mental health problems are often frequent users of health services, including emergency room visits and hospitalizations (Mallik-Kane & Visher, 2008). The inability to address health needs while at Garrett House may contribute to the increased usage of these systems. Researchers have also identified the impact unaddressed health needs have on women's overall well-being and reentry success (Richie, 2001).

### ***Gender-Specific Needs***

From the RNR perspective, targeting gender-specific needs (e.g., victimization and psychological needs) should not be the primary focus of correctional interventions because these needs are poor predictors of recidivism (Andrews & Bonta, 2003). As outlined in the literature

review, gender-responsive researchers and practitioners have argued that women-specific needs should be targeted in treatment due to the high prevalence of these issues among the female prison population (Bloom et al., 2003; Morash et al., 1998; Belknap et al., 1998). Until recently, there has been little empirical research supporting the notion that certain female-specific needs are related to recidivism. A recent study on female risk factors found mental health to be associated with future crime and prison adjustment (Van Voorhis et al., 2010). This finding supports the notion that mental health is an important factor that should be targeted in correctional treatment for women. Additionally, researchers have also argued that addressing noncriminogenic needs is necessary for developing a therapeutic alliance between offender and counselor (Ward & Stewart, 2003).

Findings from this study indicate that Garrett House recognizes the importance of addressing women's specific needs by incorporating a gender-specific treatment group and referring women to additional services not available inside the facility (i.e., treatment for victimization, mental health, and parenting).<sup>56</sup> Garrett House staff members were observed connecting women to community service providers to address their specific needs, and in some cases, participants identified their own resources without the help from staff. Many participants also received informal counseling from Garrett House case workers and other staff to address their psychological and personal needs.

As discussed in the earlier chapters, Garrett House provides a gender-specific cognitive-behavioral treatment group called *Moving On*. Similar to the schedule of conducting *Pathways*, *Moving On* was only offered one time during this study and did not begin until the third month.

---

<sup>56</sup> It should be noted that after the data collection for this study was completed, Garrett House implemented a parenting program inside the facility. While the majority of the study sample were released from Garrett before this program began, a small percentage of the sample did end up participating in parenting before release.

Only nine of the 33 participants were enrolled in the group and only three completed it. Also similar to *Pathways*, residents were often released without completing the group. Additionally, women enrolled in *Moving On* identified specific components of the group that were unrelated to their needs. For example, some of the older participants, and those with strong family connections, perceived the family module as irrelevant to their lives, whereas women with younger children perceived this module as relevant. Findings from this study indicated that women are different from one another not only by age, race, and socioeconomic background, but also by their relationships, involvement in their children lives, and family history. The *Moving On* curriculum was designed to address the common issues women prisoners experience. However, as was evident from this study, not all women share similar problems and/or experiences (e.g., family and relationship problems).

Women in *Moving On* identified other programs that would be beneficial to addressing their needs. Even participants not enrolled in this group identified their specific needs and were interested in receiving individual and/or group treatment to address these needs. A common request was the desire to participate in treatment that addresses anger issues, which was addressed towards the end of the *Moving On* curriculum. Unfortunately, most participants were released before completing the group and therefore their anger issues were not addressed.

### **Responsivity**

While this study provided insight into multiple components of correctional programming – including risk and need – many of the findings from Chapters Five and Six have implications for the responsivity principle. Three major themes emerged related to general and specific

responsivity included staff-client relationships, the environment of the halfway house, and receptiveness to treatment.

### ***Staff-Client Relationships***

The findings from Chapters Five and Six indicate that residents rely on Garrett House staff to achieve goals, address individual needs, and prepare for release. A consistent theme identified throughout the interviews was the emotionally supportive relationships developed between residents and staff. Both observations and participant interviews found staff to portray many of the evidence-based characteristics highlighted in the literature (Andrews & Kiessling, 1980; Dowden & Andrews, 2004) and is also consistent with the specific responsivity principle. Staff members were honest with residents, treated them respectfully, and provided immediate counsel. Staff brought their own unique personalities and interpersonal skills into the treatment setting and it was these qualities to which residents appeared to respond well.

The majority of participants identified evidence-based characteristics in at least one staff person. The staff person most frequently identified as participants biggest supporter had a dynamic, nurturing demeanor, and was consistently observed enforcing program rules, informing residents of shortcomings, and taking the time to listen to their daily crises. Apparent throughout participant's descriptions of their relationships with staff was the general appreciation and respect for staff who pointed out shortcomings and provided effective criticism.

It should also be noted that Garrett House staff used motivational interviewing techniques, an evidence-based practice known to be effective in encouraging positive behavior change and is also linked to reductions in recidivism (Walters, Clark, Gingerich, & Meltzer, 2007; McMurrin, 2009). Motivational interviewing is a method of communicating and engaging

offenders in treatment by eliciting information about their motivations to change. Involved in this technique is reflective listening, asking open-ended questions, and being empathetic (Miller & Rollnick, 2002). Staff were observed practicing these techniques during their daily interactions with residents and when administering of the LSI-R. The combination of motivational interviewing techniques and other evidence-based staff characteristics may have played a role in participant's responsiveness to Garrett House staff members.

Related to staff-client relationships were some of the specific responsivity principles highlighted in the literature. According to the specific responsivity principle, correctional programs should take into account gender, learning style, ethnicity, individual characteristics, age, and motivation (Andrews & Bonta, 2003). When possible, offenders should also be "matched" with staff members that share similar characteristics (Bonta, 1995). At the Garrett House, all treatment staff were female, and most were of the same racial background. Several participants identified gender as an important factor in their ability to relate to staff. One participant, from the Camden area, also identified the fact that some of the staff lived in her community. She felt comforted to know they live close by should she need help once released. Two additional participants identified age as a characteristic that influenced their inability to connect with younger staff. Two of the Garrett House case workers were under the age of 30, although the average age of participants was 39.<sup>57</sup> Whether other participants struggled to connect due to age is difficult to assess, since the interview questions did not ask about age differences specifically, and many older participants identified the younger case workers as

---

<sup>57</sup> Towards the end of this study one of the case workers was replaced by an older African-American woman.

helpful and supportive. Future research on specific responsivity should examine the relationship between staff and resident age.

### ***Physical and Psychological Environment***

The literature on RNR does not provide guidelines on what type of environment is appropriate for rehabilitating offenders, other than providing services in a community setting (Andrews et al., 1990; Gendreau & Ross, 1979). The substance abuse and gender-responsive treatment literature identifies evidence-based, and promising strategies for developing the appropriate rehabilitative environment.

Creating an environment that is both physically and psychologically safe has been identified as a crucial component of working with female offenders, including developing connectedness, safety, and an environment that is supportive (Bloom et al., 2003). In this study, all participants described feeling physically safe at the Garrett House, and even perceived the physical environment of the Garrett House as “better” than prison. As one participant stated, the Garrett House was more comfortable than prison and had a “homey” feeling. Another discussed the “dorm-like” atmosphere which made it more comfortable to visit with young children. Participants also spoke positively about having their own bed linens, doing their own laundry, wearing their own clothing, and eating “take-out” food from the community. While these everyday responsibilities may seem trivial to non-institutionalized populations, incarcerated women perceive them as “luxuries” that provide a sense of freedom.

Not only was the physical environment – and the freedoms that went along with it – important to participants, but equally important was the way they were treated by staff. Staff provided a sense of psychological safety for residents once they arrived. This was unexpected for

many women who had experienced disrespectful treatment by correctional officers. As several women noted on arrival, “I didn’t expect them to be so nice” and “they treat me like a human being.” Even though there were many positive features of the environment that women were comforted by, they still identified the Garrett House as an extension of the criminal justice system. The policies and regulations set forth by the DOC, NJSPB, and VOADV were a constant reminder to women that they were “still incarcerated.” This was reflected through many narratives about the inability to achieve certain goals, address specific needs, and the fear of violating rules that would result in their return to prison.

Another important component of the environment identified throughout this study were the social relationships among residents. As indicated in Chapter Five, participants described being surrounded by negative, confrontational, and untrustworthy residents. Participants made every effort to avoid confrontational peers, and only associated with one or two residents with whom they identified. Covington emphasizes the need to prevent these negative relationships from developing as they affect women’s transition from prison to community, and hinder self-growth (Covington, 2002; Miller, 1986). Even though a supportive environment did not exist among the resident population, it was visible among staff and residents.

The social environment created by the resident population may have impacted women’s responsiveness to the in-house groups. Research on group treatment for women emphasizes the importance of developing trusting and secure environment where women feel comfortable disclosing personal information (Schiller, 1995). The literature emphasizes providing group treatment in women-only settings due to the idea that women may struggle to open up and disclose their personal experiences when men are in the room (Bloom & Covington, 2008).

Absent from the literature is research on women's experiences and perceptions of group treatment with other incarcerated women – especially in halfway house settings where women are preparing for release. Participants discussed how some residents were “not ready” for change, or that they were continuing to engage in deviant behavior (e.g., using drugs). The fact that many women were unresponsive to *Pathways* and *Moving On* but participated in group programs outside the halfway house suggests that they were not unresponsive to group treatment in general, but rather that their unresponsiveness may have been attributed to the group treatment delivered inside the halfway house.

Covington (2003) has noted the challenges with creating a supportive environment in a correctional environment due to the philosophy of control and security that have historically dominated the correctional system. The shared perception by residents that Garrett House was an extension of this system, coupled with the hostile social environment among residents, may have impacted women's ability to address some of their needs. Further research should examine these two factors to assess the extent to which women's perceptions of the system and exposure to negative residents impacts their ability to address needs; as well as how these factors impede on the ability of community correctional programs to achieve alternative goals of support, safety, and rehabilitation.

### ***Responsiveness to Treatment***

The two cognitive-behavioral treatment groups that participants were required to participate in were theoretically in line with the principle of general responsivity. Both groups emphasized cognitive-behavioral treatment approaches to change criminogenic needs (i.e., antisocial attitudes, beliefs, and problem solving). Consistent with the literature, both groups

were delivered in the group setting and delivered during a three-to-four month period (Hollin, 1999). All participants enrolled in *Pathways* were classified as high or moderate risk, while *Moving On* participants had moderate and low risk levels.<sup>58</sup> The only observed problem with the delivery of the cognitive-behavior treatment groups was the fact that many residents enrolled in the groups were unable to complete them in full due to release from the halfway house. Also observed was the limited capacity for all residents in need to participate in the groups. Additionally, when asking participants about aspects of the groups they enjoyed or perceived as helpful, although there were some positive responses, most women were resistant to the in-house groups.

Resistance in correctional settings is a common occurrence due to the involuntary nature of the participation (Romig & Gruenke, 1991; Shearer, Myers, & Ogan, 2001). Even while some women desire help and are serious about recovery, others are only present because they are mandated to do so. Resistance to involuntary treatment may also influence motivation level. Substance abuse research has found that strong motivation to participate in treatment increases engagement (National Institute on Drug Abuse, 1999) and compliance (Farabee, 1995). In this study, the lack of motivation was influenced by several factors, including the perception that the curriculum was repetitive of previous treatment, the inability to relate to the content of the groups, the belief that they were not in need of treatment, and the unwillingness to discuss personal issues in the group setting.

There is little research on the relationship between resistance and the perceived relevance of treatment curriculum content. As indicated in this study, irrelevant and/or repetitive material

---

<sup>58</sup> Six participants in *Moving On* were moderate-risk and three were low-risk. Six women in *Pathways* were high-risk, and two were moderate.

was a reason for some participant's unresponsiveness to the in-house groups. Participants enrolled in *Pathways* often stated "I've heard this all before", whereas in *Moving On*, women identified components that were not in line with their needs – "I don't have that problem" with a particular intervention. Even women who did not perceive the need to participate in the in-house groups were able to recognize that their other treatment needs could be better served by a different program. For example, several women had negative perceptions of *Pathways*, but attended 12-step groups in the community. Another participant in *Moving On* perceived the curriculum as irrelevant to her life, but voluntarily enrolled in a women's group in the community.

As discussed in the previous section, the social setting of the halfway house may have impacted residents' ability to feel at ease disclosing information in the group setting. Group cohesion, although not a criminogenic need (Andrews & Bonta, 1998), was absent from both in-house treatment groups and may have influenced women's responsivity and ability to participate. Additionally, some women made it clear that regardless of where the group was located they were unwilling to disclose their "secrets" in a public domain. The lack of group cohesion, and the desire for private treatment, were two of the main reasons participants wanted individual treatment (either inside or outside the halfway house) or group treatment in the community.

Burnett (2004) argues that group treatment is not appropriate for everyone, and that individual approaches should be implemented along with group treatment. To address individual needs, informal counseling occurred with case managers and other Garrett House staff. The case management services women received, such as referrals, treatment plans, and spontaneous counseling, was specific to their individual needs. As illustrated above, staff provided emotional

support and many opportunities for residents to discuss personal matters. The majority of participants discussed responding well to the one-on-one interactions with case workers and other staff.

Research on treatment resistance identifies the treatment provider's interactions with clients and their techniques/approaches as factors that may lead to resistance (Miller, 1999). As discussed in the previous section, participants were generally satisfied and responsive to their informal counseling with case workers and other staff. For participants who discussed positive perceptions of in-house group treatment, they often attributed their positive experience to the group facilitator.

Participants also had opportunities to address women-specific needs in the community. The type of services and programs varied depending on need. Several women, however, received mental health services, sexual abuse counseling, and parenting groups. The most common type of treatment outside the Garrett House was attending 12-step meetings such as NA and AA. Participants discussed many benefits from attending outside groups, including developing new non-criminal associations, learning about resources, and having a place to express their emotions. Participants did not describe anything negative about the services and treatment they received outside the Garrett House, and appeared to be more responsive to these services.

### **Chapter Conclusion**

This chapter analyzed many of the program and non-programmatic factors that influenced participants' ability to address their needs and prepare for reentry. Included in this analysis were implications for the principles of risk, need, responsiveness, and gender-responsive strategies. The next chapter discusses these findings within an ecological framework, and

presents recommendations for improving community correctional programs for women transitioning home from prison.

## Chapter Eight

### **Applying an Ecological Framework and Developing Recommendations**

The findings from this study point to multiple factors influencing women's transition from prison. Although the purpose of this study was originally set out to understand the experience within a single program, the interview data clearly presents evidence of multiple contextual factors, both within and outside the halfway house, that influence women's overall perceptions and experiences. These factors can be classified into four areas: 1) the context of women's lives; 2) the environment within the halfway house; 3) women's experiences with multiple systems outside of the halfway house; and 4) the societal response to returning prisoners. All four areas consistently emerged when analyzing interview transcripts. As indicated in Chapters Five and Six, women's perceptions and experiences with various aspects of the Garrett House were influenced by all four areas. The ability to address needs and receive assistance from within and outside the Garrett House was also influenced by these areas. To better understand how these areas interact and influence experiences and perceptions an ecological framework is applied to the findings.

This chapter also draws on the ecological framework to present a series of recommendations designed to improve community correctional treatment for women. The recommendations provided are based primarily on the researcher's interpretation of the women's experiences and perceptions as well as their own recommendations for program improvement. Before turning to these recommendations the literature on ecology theory is presented, along with a brief review on recent applications, and finally, the application of this theory to the current study's findings.

## **Ecological Theory**

In the mid-1970s, developmental psychologist Urie Bronfenbrenner introduced the Ecology of Human Development (1974) – a psychological theory that considers an ecological system that guides human development. The premise of the ecological framework is that development is an interaction among the individual, and all aspects of the immediate environmental context (the people and objects within) (Bronfenbrenner, 1994). Bronfenbrenner argued that it is not only the interactions between the individual and the immediate environment that matter, but it is also the external environmental context that influences development (e.g., social class). According to this theory, individuals are embedded into multiple environmental systems that interact with one another – the microsystem, mesosystem, exosystem, and macrosystem (see figure 1 below).

The microsystem consists of interpersonal relationships within certain settings such as family, school, peers, and workplace (Bronfenbrenner, 1994). It includes an individual's immediate setting, direct interactions between the individual and people in the setting, the connections between others (indirect) in the setting, and the influences both indirect and direct connections have on the individual (McLaren & Hawe, 2005). The microsystem is considered the primary source of development and influence. For example, family relationships may be the strongest influence on development (Arditti, 2005).

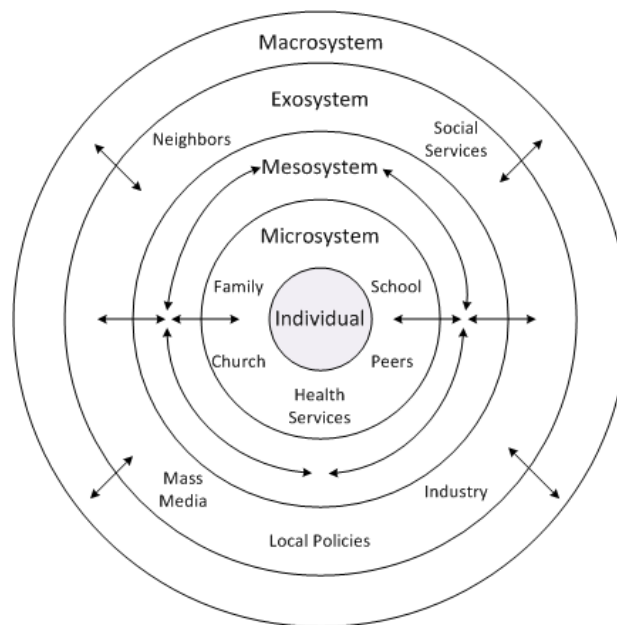
The mesosystem is the “linkages and processes taking place between two or more settings containing the developing person” (Bronfenbrenner, 1994, p. 40). According to Bronfenbrenner the mesosystem consists of many different microsystems (e.g., relations between home life and the workplace). The interconnections between an individual within the mesosystem

can be either negative or positive and may influence other microsystems. For example, working overtime influences what occurs in the home setting (McLaren & Hawe, 2005).

The exosystem also involves processes between two or more systems; however, one of the systems does not contain the developing individual. Exosystems are considered to be indirect influences outside of the direct systems (e.g., for juveniles, a parent’s workplace or community resources). Exosystems are also considered “an extension of the mesosystem in that it embraces other contexts and community factors that influence development” (Arditti, 2005, p. 252).

The macrosystem is the cultural structure in which values, norms, and laws exist. It is often considered the “societal blueprint” for a specific culture (Bronfenbrenner, 1994) and includes all systems within a setting (micro, meso, and exosystems).

Figure 8.1. Bronfenbrenner’s Ecological Theory of Development<sup>59</sup>



<sup>59</sup> Adapted from Santrock and Yussen (1992).

Bronfenbrenner applied this theory to the study of child development and family relationships (Bronfenbrenner, 1986 and 1989). Other researchers have applied an ecological framework to studies on the impact of incarceration on families (Arditti, 2005); mothers reentry from prison into family life (Arditti & Few, 2006); child maltreatment (Belsky, 1980); sexual victimization (Center of Disease Control and Prevention, 2004); violence against women (Heise, 1998); understanding interpersonal sexual and physical violence in women's prisons (Owen, Wells, Pollock, Muscat, & Torres, 2008); the development of a curriculum for violence prevention (Covington, 2010); and youth development (Duerden & Witt, 2010; Lerner, von Eye, Lerner & Lewin-Bizan, 2009). Some of this research is highlighted below.

Arditti's research on prison visitation applies an ecological model to understand the complex connections among the multiple contexts in which the incarcerated individual and the visiting family members function (2005 and 2003). In Arditti's work, the microsystem is defined as the family members of the incarcerated individual, where family relationships are considered the main influence on the incarcerated person's development. The mesosystem is the link between the incarcerated person's home and the prison visiting area. The exosystem is an extension of the mesosystem and involves community factors and institutional policies and practices directly associated with the setting. Arditti points out that at the exosystem level, community factors often involve the ability for families and the incarcerated individual to access services. Lastly, the macrosystem incorporates multiple social systems such as legal, political, and educational systems, and also includes the community's response to incarceration (e.g., sentencing practices and punishment ideology). The macrosystem factor that influences the relationship between the incarcerated person and their family is primarily the social stigma

attached to incarceration and the lack of social support. These factors place a heavy emotional burden on both the prisoner and the family and can eventually lead to a sense of disenfranchisement and grief (Arditti, 2005). Ariddit's work also highlights the importance of protective factors such as individual resilience, family strengths, individual economic resources, and so on. These factors can alleviate the burden of incarceration and improve the prison visitation experience.

Several researchers have applied a four-level ecological model to study violent victimization (see Covington, 2010; Owen et al., 2008; Centers for Disease Control and Prevention, 2004; Dahlberg & Krug, 2002). According to the Dahlberg and Krug (2002) the four-level factors that can influence violent victimization are defined as: 1) individual factors such as personal history, age, education, income, substance use, and so on; 2) relationship factors consisting of interpersonal relationships with peers, partners, and family; 3) community factors such as social environment and experience with schools, workplace and neighborhood; and 4) societal factors that include the cultural belief system, norms, social and economic policies, and laws.

Owen et al. (2008) applied an ecological framework to their study on violence and safety in female correctional facilities. Similar to the research discussed above, the interaction among individual, relationship, community, and societal factors were utilized to explain the occurrence of victimization in female prisons. In their study, community factors were identified as the in-prison environment. Included in the prison setting were factors such as culture, staff characteristics, prisoner-staff interactions, prisoner-prisoner interactions, and physical conditions. Societal factors included the interaction between the larger society and the culture of

the institution. The culture of the institution was influenced by society's attitudes about women's criminality, gender inequality, sexual and racial stereotypes, and cultural beliefs. Societal views and understanding about women's criminality influenced the type of programming offered, staff training (or lack thereof), overall treatment of women, and eventually, the victimization inside facilities. Understanding the interrelatedness of these four factors allowed Owen and colleagues to understand how certain aspects of the environment, policies, and practices within and outside the institution contribute to women's victimization and safety.

The most relevant application of the ecological framework to the current study is Duerden and Witt's (2010) research on informing practitioners how to best develop and improve programs for youth. Duerden and Witt emphasized the importance of understanding the influence of other contexts that impact youth. They applied Bronfenbrenner's (1979) four systems (micro, meso, exo, and macro) and described the elements that make up each system. At the microsystem, level the youth program and all of its characteristics were included, such as staff characteristics, relationships between staff and workers, program structure/routine, physical features of the setting, and so forth. Also included were individual factors (i.e., gender, race/ethnicity, and sexual preference) and the importance of matching staff and participants on common characteristics.

Duerden and Witt (2010) described the mesosystem level as the home, school, work, peers, and other programs that youth participate in. Included at this level were the relationships between the youth and individuals in each setting. The exosystem level was made up of contexts in which the youth were not directly a part. Included at this level was program administration, staff training, policies that impact staff job duties, and collaborations with community agencies

and resources. Also included at this level was parental involvement in youth programs. The relationship between parents and program staff may influence how well a youth performs in the program. The final level – the macrosystem – included the larger society and culture surrounding youth – including attitudes toward youth behavior (Duerden & Witt, 2010).

### **Applying an Ecological Framework to Study Findings**

Drawing on the ecological models of human development developed by Bronfenbrenner (1974 and 1979) and the application of this theory by researchers from multiple disciplines (as discussed above), the current study will be discussed within this framework. Outlined below are the four ecological system levels, including individual factors, and the components that make up each system. Also included is a discussion on the interrelationships within and between systems that influenced participants.

#### ***Individual Factors***

Similar to the studies discussed above, individual factors included background characteristics, demographics, substance use history, victimization, and factors related to the participants' development. Although the focus of this study was not to examine how individual factors influence participants' ability to address their needs or their responsiveness to treatment, women often made the connection between their individual factors (e.g., substance abuse, childhood abuse, mental health, and overall health) and their experience with micro-level systems (e.g., relationships with family and ability to maintain employment).

#### ***Microsystems***

Microsystems include various contexts in which an individual is involved in. These include primarily interactions in the developing person's immediate surroundings: family,

peers, work, school, and programs. The purpose of this study was to examine women's experience within a specific program. Therefore, the microsystem discussed in this chapter focuses specifically on the women's immediate context – the Garrett House. The Garrett House context includes interrelationships among residents, staff-resident relationships, staff characteristics, physical environment, daily program structure, in-house programs and services, and facility rules/regulations. As illustrated in Chapters Five and Six, many microsystem factors influenced women's ability to address their needs and prepare for reentry. Factors within the Garrett House also influenced responsiveness to in-house programs and services, including:

- Interpersonal hostility among the resident population curtailed women's ability to open up in treatment groups, form friendships, and trust others inside the halfway house.
- On the other hand, the respect and support displayed by staff may have influenced the development of positive staff-resident relationships and women's ability to feel comfortable disclosing personal information and seeking help.
- The halfway house rules and regulations deterred women from deviating and influenced them to follow the program rules.

More frequently, Garrett House factors both positively and negatively influenced women's ability to address needs within other microsystems. To understand the interconnections between the Garrett House and other microsystems, the mesosystem level is discussed below.

### ***Mesosystem***

Participants were involved with multiple microsystems and relationships with individuals within those contexts. These multiple Microsystems, with direct linkages to the individual, make up the mesosystem level. The processes that occur between microsystems may influence the

individual. Participant's relationships and experiences within other microsystem contexts (i.e., family, peers, workplace, school, and other programs) influenced their ability to address individual needs. A main component of the mesosystem is the linkages, or interconnections, between the individual and the settings. Some examples of how the interconnections between microsystems influenced women include:

- Garrett House accountability calls during the work day influenced work performance and relationships between participants and work supervisors. Participants often complained about this disruption to their work day.
- Disclosing halfway house status (a Garrett House policy) influenced the ability to obtain employment. Participants often linked this policy with being rejected from jobs.
- Participants perceived the limited assistance with employment as a factor influencing their inability to find work.
- Furlough privileges influenced the frequency participants were allowed to visit with family outside the halfway house.
- The physical location of the halfway house negatively impacted the visitation opportunities for participants' with families residing outside the Camden County area.
- Participants with strong social support systems were able to secure temporary housing with family or close friends. The strength of the family (and/or peer) microsystem helped address women's housing needs – which was a weakness for the Garrett House microsystem.

- Family support and financial stability (individual factor) influenced women’s ability to participate in educational programs. Many participants with multiple financial responsibilities were unable advance their education or vocational skills.

### *Exosystem*

Exosystems are contexts that residents of the Garrett House were not directly a part of. External systems and contexts can influence micro and mesosystems. NJSPB and DOC policies are part of the exosystem as a result of the fact that these agencies are indirectly involved in the women’s daily lives. Residents of the Garrett House were no longer incarcerated in prison, but were still under correctional supervision and therefore required to follow certain policies established by these agencies. Both supervision agencies communicate with Garrett House staff about specific policies and procedures. It is the responsibility of halfway house staff to implement and communicate these policies to residents. Additionally, community resources are part of the exosystem. Participants depended on staff to refer them to community programs for services to address specific needs. The availability and knowledge of such services impacted staff’s ability to refer residents. Below are specific examples of how the exosystem level factors influenced microsystems:

- DOC health care polices impacted women’s ability to address health needs. Participants described refusing to address health needs because of the consequences of returning to prison for care.
- NJSPB and DOC release policies do not take into account the complexity of securing housing. Regardless of whether residents find housing, they are released on the day established by these agencies – resulting in the use of the homeless system. Garrett House

has little control over extending the stay of residents who have not secured housing (although several attempts were observed).

- The availability and knowledge of housing opportunities limited Garrett House staff's ability to help women secure housing before release.
- Availability of community resources for gender-specific services (e.g., sexual abuse counseling, mental health, and parenting) allowed staff to refer residents to these services.
- DOC policy excluding furlough privileges for women charged with violent offenses prevented these women from addressing specific needs.

### ***Macrosystem***

Macrosystem factors also influenced women's ability to address individual needs. The attitudes and perceptions society has of individuals involved with the criminal justice system are primarily negative. This societal attitude impacts the ability of ex-prisoners to find employment. The double stigma of having a criminal record and living in a halfway house influenced participants' ability to obtain employment. Additionally, employment restrictions, created by New Jersey state law, also impacted the ability to obtain work. Both the stigma and the inability to secure certain jobs were frequently discussed during interviews with participants.

### **Recommendations**

To address some of the issues indicated above, and highlighted in the previous three chapters, several recommendations were developed. Women's perceptions of the Garrett House experience serve as the foundation for all of the following recommendations. Additionally, observations, informal conversation with staff, and review of program documents also informed

these recommendations. Recommendations consist only of micro- and exosystems. As highlighted by Duerden and Witt (2010), it is “unrealistic to propose that programs move to address change across all ecological levels” (p. 117): instead, smaller changes within the program can improve the experience for women in transition. Additionally, some of the recommendations proposed may impact mesosystem interactions (e.g., family relationships) and how women respond to macrosystem factors (e.g., stigma and employment discrimination policies).

### ***Microsystem Recommendations***

Several recommendations have been developed to address the various ways Garrett House can attend to the needs of all women who transition through the program. The microsystem recommendations address specific issues within the halfway house and would involve minor program adjustments, including hiring specialized staff and implementing additional programming. Changes to the microsystem can improve interactions with both meso- and exosystems.

#### ***1. Gradual reduction of accountability***

Accountability systems are necessary for all community correction programs. Both evidence-based and gender-responsive supporters emphasize the importance of building in systems that hold offenders accountable. The majority of participants in this study recognized the accountability practices, and accepted personal responsibility in following these policies. Working participants did, however, perceive the three accountability calls as excessive and disruptive of their work routines. The main purpose of these calls is for halfway house staff to maintain supervision of residents when in the community. Instead

of requiring residents to call mid-day, a recommendation would include the gradual reduction of accountability calls as women achieve certain milestones in the program. Those who demonstrate responsibility and develop a strong record of accountability could be rewarded with less supervision (i.e., fewer accountability calls).

2. *More intense services for high-risk women*

Consistent with the literature, high-risk participants were also the highest-need. Observed was an increase of restrictions for residents with high LSI-R scores, but not an increase in services. Although most high-risk participants were placed into in-house treatment groups, or on a waiting list, the multiplicity of their needs was greater than the services available to address all individual needs (e.g., health care and housing). Since the highest-risk residents are those with multiple needs, they should receive the maximum level of service. It is also suggested in the literature that practitioners and policy makers redefine the concept of high-risk. High-risk women are typically those with multiple needs but end up receiving greater levels of supervision, more restrictions, and not always greater levels of treatment and services (Van Voorhis et al., 2010).

3. *Create need-based workshops*

*Moving On*, like many mandated treatment groups, assumes all women possess similar needs, and does not focus on individual needs of women. Participants enrolled in *Moving On* shared the common perception that certain components of the curriculum were not consistent with their specific needs. Participants were also observed being released from Garrett House before completing the curriculum. A recommendation would include delivering certain modules as workshops rather than a complete three-month curriculum.

For example, several participants were unable to relate to the family module because their children were grown and/or they perceived positive relationships with their children. In this instance, the family module would only be offered to women with family relationship problems and those with younger children.

A criticism against disintegrating the curriculum may involve the potential impact on the therapeutic integrity of the curriculum. Therapeutic integrity involves following a prescribed treatment modality, training manuals, and dosage level designed to affect change (Cullen, 2002). Failing to implement treatment programs as designed can lead to negative evaluation outcomes (Wilson & Davis, 2006). Following a prescribed curriculum at the Garrett House was found to be problematic as most residents enrolled in the group programs were released before completing the entire curriculum. Other residents were placed on a waiting list to participate, but were often released before having the opportunity to join the group. Additionally, participants discussed the irrelevance of material that did not apply to their needs, and others were released before having the opportunity to complete modules that were directly related to their perceived needs (e.g., dealing with anger). The potential benefit of creating shorter, need-specific groups would allow a greater number of residents to participate and receive assistance addressing their specific needs in a shorter time period.

4. *Allow residents to select their own programming*

Participants in this study identified their own needs, recognized the need for treatment, but were not always responsive to the mandated treatment groups. As an alternative, women sought out individual counseling and group treatment outside the halfway house.

Residents should have the authority to select the type of treatment responsive to their learning style and perceived needs. The literature on gender-responsive treatment emphasizes creating a culture where women feel empowered (Covington & Bloom, 2006). Allowing women to make their own treatment choices, with the assistance from staff, will give them a sense of empowerment that was previously removed during their incarceration.

5. *Increase employment assistance*

Participants discussed the challenges of job searching including the perception that staff were overburdened and unable to provide full assistance. The limited help from staff impacted women's ability to obtain employment (mesosystem level). Participants discussed the need for Garrett House to hire additional employment staff. Hiring an additional employment counselor will potentially increase the amount of assistance residents receive, and will improve residents' perceptions of this service. Another strategy to improve residents' employment experience would include the development of an employment incentive program that provides a financial reward to residents who help others with job leads. As illustrated in Chapter Six, residents already help one another with job leads and may be willing to further help if they were provided with a financial incentive. In addition to providing employment assistance to residents, alleviating the burden on the employment counselor, and providing residents with extra cash, there are other benefits that may result from creating an incentive program.

One benefit may include the reduction of stress experienced during the job search process. Job referrals received from other residents would potentially come from

locations where others have already inquired about work and/or secured employment. This would allow job seeking residents to inquire about employment from locations where their halfway house status is already known to employers. This will alleviate some of the humiliation and embarrassment residents experience when disclosing their halfway house status. Another benefit may include the potential improvement of resident relationships. As illustrated in Chapter Five, there was a general lack of trust among residents and the desire to “avoid” others. Creating an environment where residents help one another may reduce the hostility among residents and increase supportive relationships.

6. *Hire a housing specialist*

Findings from this study demonstrated that most women rely on their support networks to secure housing. For those with limited social support (microsystem level), securing housing was an extremely challenging need to fulfill. Case workers were often overburdened with multiple responsibilities and unable to dedicate the time necessary to assist residents in the search for housing. Since housing resources in Camden County were scarce (exosystem level), locating affordable and/or transitional housing often became the full responsibility of participants. For women who lacked the skills, or motivation, to advocate for their own housing needs, placement in the shelter system was the unavoidable alternative. A recommendation to improve addressing housing needs would include hiring a housing specialist. Similar to the role of the employment counselor, a housing specialist would focus exclusively on residents’ housing needs. In

this role, a housing specialist could begin addressing residents' housing needs immediately upon arriving to Garrett House and prevent shelter placement.

7. *Increase informal counseling opportunities*

As identified in the gender-responsive literature (Bloom et al., 2003; Covington, 1998), forming relationships and connections to others is essential for women's positive growth and development. Most participants were able to develop a therapeutic alliance with at least one staff person at the Garrett House. These relationships were important to women as they addressed their individual needs and prepared for release – especially women with little or no family support systems. Participants also received counseling and/or developed supportive relationships with other service providers in the community. Providing more opportunities to meet with staff one-on-one, and other service providers, will allow residents enhance their relationships with supportive others, which can facilitate the reentry process.

8. *Develop a more supportive environment*

In contrast to the supportive relationships developed among staff and residents, a consistent theme identified in this study was the negative interpersonal relationships among participants and other residents. The majority of participants perceived other residents as untrustworthy, hostile, and confrontational. There was a general lack of resident cohesion during daily interactions and in the group setting. Improving these relationships may be challenging due to different personalities, motivations, and readiness to change. These differences may impact residents' ability to relate to one another, and should be considered when placing women in groups or other activities.

Developing a safe space for small voluntary support groups to gather may help women who want to connect with others. Creating voluntary support groups could potentially eliminate the occurrence of growth-hindering and violating relationships.

### **Exosystem Recommendations**

Several policies set by the DOC and NJSPB influenced women's ability to meet their individual needs. Discussed below are four recommendations suggested to better address women's needs.

1. *Modify DOC health care policy*

Returning women to prison for health care is a problematic policy that forces women to refuse treatment altogether. The experiences women shared about refusing care, or challenges obtaining care, has serious implications for their future health, ability to address other needs, and public health in general. Garrett House is the ideal opportunity to connect women to community health care to address their needs. However doing so would involve changing DOC policies. DOC is legally responsible for the health care of residents referred from prison. Change in this policy is necessary to ensure women have better access to healthcare, but would require additional research to examine the impact these policies have on women while they are residing at Garrett House and once released.

2. *Extend length of stay for high-risk women*

High-risk women with multiple needs were identified as the most difficult clients to serve. Regardless of length of stay, it was common for high-need women to leave the Garrett House without addressing housing, employment, health, or other pressing needs. Unfortunately, the determination of program length of stay was controlled by the DOC

and NJSPB. Although Garrett House staff attempted to extend the length of stay for residents with multiple unaddressed needs (especially housing needs), it was ultimately in the control of the referral agencies. A resident's length of stay should be determined by the service providers working to help women address their needs. Apparent from the findings in this study, some needs take longer to address than others (e.g., securing housing and applying for health care benefits). Even though the length of time necessary for meeting women's needs varies, the findings indicate that high-need women were generally the hardest to serve, especially when they had shorter lengths of stay (three months or less). Extending the length of stay for high-risk residents with multiple needs would also facilitate the implementation of the second microsystem recommendation (i.e., providing intense services for high-risk women).

3. *Modify community restrictions for A304 residents*

The community restriction of violent offenders (convicted of murder, manslaughter, rape, robbery, kidnapping or aggravated assault) designated with A304 status is a DOC policy designed to protect the public. This policy does not account for gender differences, but rather it applies to all convicted violent offenders released from DOC to VOADV community correction facilities. The restriction of furlough privileges for Garrett House residents with A304 status should be modified for three reasons. First, the policy fails to take into account the comparatively lower risk women charged with violent crimes pose to society. As the research in Chapter Seven illustrated, women charged with violent crimes are less likely to commit additional acts of violence and reoffend in general. Second, the A304 women in this study were classified as high, medium, and low-risk.

Only one of the five participants was high-risk with no history of violence other than her current offense. Finally, regardless of criminal offense, all women have needs to address during the transitional process. Restricting women, regardless of risk-level, from the community prevents them from accessing the same opportunities available to other residents. Rather than eliminating all community activity a gradual system of rewards can be implemented as women meet certain milestones within the program. For example, after demonstrating a record of good standing in the program (i.e., no write-ups or infractions), residents can gain a certain amount of leisure hours.

4. *Develop halfway houses in local communities*

The geographic location of the Garrett House played an important role in participant's ability to reunify with family and secure employment. Women from communities outside the Camden County area struggled to reunite with their children and families, and experienced emotional stress from the inability to reconnect. Non-Camden participants were also unable to utilize social networks to address employment needs. Upon release, these women resigned from their jobs to return to their home community where they anticipated searching for new employment. The exposure to an unfamiliar high-crime neighborhood in Camden also incited fear and anxiety among the women. All of these factors are beyond the control of the Garrett House, but should be considered when discussing the future development of community correction facilities in the state of New Jersey and elsewhere. The literature supports this notion that offenders should receive services in the communities in which they plan to return (Travis, 2005). Although this study was not designed to examine the differences between local residents and non-

Camden residents, many of the findings indicate their experiences transitioning through the halfway house are qualitatively different. Additional research should closely examine how these differences impact the transition after release from the halfway house.

The exosystem recommendations proposed above would require a modification of existing policy. These areas should be researched further to determine the best course of action to improve the policies that directly impact women's ability to address their needs and reintegrate successfully into the community.

### **Chapter Conclusion**

This chapter presented an ecological framework for understanding the experience of women transitioning through a halfway house program, and concluded with twelve recommendations informed by the key findings. The final chapter discusses some of the limitations of this study, and concludes with some final thoughts on the implications this study has on further research, policy, and practice.

## **Chapter Nine**

### **Discussion, Limitations, Implications, and Future Research**

This final chapter summarizes the findings from this study, discusses the limitations associated with conducting qualitative research, and presents policy and practical implications based on the recommendations provided. At the conclusion of this chapter, directions for further research are presented.

#### **Overview of Findings**

The first two chapters of this dissertation introduced the purpose of the study and the importance of understanding the experience of women who transition through a community correctional facility. The literature review in Chapter Two presented a review of literature on topics such as prisoner reentry, women's prison programming, evidence-based principles, gender-responsive strategies, and community correction facilities. In Chapter Three, the research questions were operationalized, methods were presented, and the analytical techniques used to answer the study's questions were outlined. Understanding the context of the New Jersey Correctional System, including programming and community correction opportunities for women offenders, was discussed at the beginning of Chapter Four. Chapter Four also described the site of the research – the Garrett House – and highlighted the characteristics of study participants. The rest of the chapters presented and critiqued the study's research findings.

In Chapter Five, women's perceptions of the Garrett House context were examined, including their adjustment to the halfway house policies, their perceptions of staff and residents, the relationships they developed, and the geographical location of the halfway house.

Participants were required to follow certain policies that, although many stated they did not mind

following them, were burdensome and at times caused anxiety. Some of the policies discussed were perceived as inconsistently applied across the different populations residing at the halfway house – leading participants to feel a sense of inequality. The social environment among the resident population influenced participants’ ability to trust others and led many to avoid interactions. The high-crime neighborhood of Camden was stressful for many non-Camden residents when outside the halfway house, and caused some local residents to feel anxious about running into old peers.

In contrast to some of the negative aspects of the environment, Chapter Five presented women’s perceptions of the positive features of the halfway house context – all which are consistent with gender-responsive strategies. Participants described feeling physically safe inside the halfway house, and were treated “like human beings.” The women also perceived staff members as emotionally supportive, and formed close friendships with one or two women they connected with. These features were crucial factors that allowed women to confide in staff, address personal issues, and seek assistance.

Chapter Six identified many program and non-programmatic factors that both facilitated and impeded the ability of women to address their core needs and prepare women for reentry. As illustrated in this chapter, transitioning through a halfway house can reduce reentry barriers by allowing women to address immediate needs necessary for survival in their post-incarceration life, and to build a foundation for the future. However, not all women were successful at rebuilding their lives and several were released with unmet needs. Findings from this study indicated that many participants experienced barriers when trying to address their needs. Barriers included limited resources for housing, the stigma of a criminal record on obtaining employment,

systemic policies (e.g., health care), geographic boundaries that prevented non-Camden women from relying on social networks, and length of stay at the halfway house prevented women from completing the in-house treatment groups.

Apart from the multiple barriers identified by participants, many women had positive experiences. Halfway house staff provided participants with opportunities to leave the facility to address both criminogenic and noncriminogenic needs, and to prepare for release. Participants were able to work, save money for release, visit with family, address emotional issues, and other needs. Similar to other research on the reentry process, findings from this study also highlighted the importance of external factors – utilizing outside resources and relying on social networks. Women secured temporary housing through family and friends, found work through local social networks, and returned to old employers. Women also found emotional support through outside treatment groups (e.g., 12-step programs), the church community, and of course family.

Chapter Six also explored women's responsiveness to in-house treatment groups and gender-responsive services. Participants identified positive and negative attributes related to receiving group treatment within the halfway house. Positive features included responsiveness to the material, connectedness to group facilitator, belief that material was relevant to needs, and the benefit of listening to others personal stories. Treatment aspects perceived as negative included repetitious material, the belief that material was not relevant to needs, and being in treatment with other residents. Participants were more responsive to the groups they attended outside the halfway house (mostly 12-step groups). They discussed positive features of outside groups that included developing pro-social friendships, learning about resources, and ability to freely express feelings and emotions.

When addressing gender-specific needs (i.e., mental health, victimization, and emotional needs) participants discussed their inability to trust other residents – adding more difficulty in disclosing personal issues in the group setting. Instead, participants preferred individual counseling, or group treatment, in a private setting outside of Garrett House. Additional gender-specific (e.g., parenting, family counseling, and domestic violence groups) and gender-neutral (e.g., anger management) needs were desired by participants but were not always addressed. Case managers addressed specific needs through individual meetings and spontaneous counseling as personal issues arose. Help was often attainable through Garrett House staff and outside resources: however, length of stay and participant proactiveness in the search for resources influenced whether treatment services were obtained. For most participants, certain need areas were met during their stay at the Garrett House. Those who struggled to meet needs were often highest-risk, highest-need, and had the shortest stays – making them the hardest to serve.

Chapter Seven summarized the findings and incorporated the principles of RNR and gender-responsive strategies. The first part of Chapter Seven presented a critique of the risk principle by revisiting the Garrett House’s risk management practices and by analyzing women’s perceptions of these policies. The second part discussed the need principle in relation to the services provided by Garrett House and the multiple external factors that contributed to addressing needs. The last part of this chapter discussed the responsivity principle and highlighted three major themes related to general and specific responsivity including staff-client relationships, the environment of the halfway house, and receptiveness to treatment.

Based on the study's findings, Chapter Eight introduced an ecological framework to understand the complexity of providing transitional services to women returning into society after incarceration, and offered a series of recommendations to improve community correctional services for women. The ability to address needs and receive assistance from within and outside the Garrett House was influenced by the interconnections between ecological systems. Examples of those connections were provided in Chapter Eight.

### **Limitations of the Study**

Understanding how women access and perceive treatment can best be achieved through the interpretation and perception of those who live through the experience (Greene, 1994). Although qualitative research is the best method for gathering perceptions of a phenomenon, as well as nuance and context, there are several limitations of this approach. First, findings are limited to the 33 women residing at the Garrett House between June and November of 2007. All perceptions of the program are related to that time period only. Their perceptions may not be an accurate representation of women who resided at the Garrett House prior to this study, or after this study was completed. Therefore, the findings from this study cannot be generalized to explain the experience of women currently residing at the Garrett House, or at other community correction programs.

It should also be mentioned that minor modifications to staffing and programming occurred after data collection was completed, and before the results of this study were analyzed. Changes included the replacement of the program director, the implementation of in-house parenting classes, and the closure of Riverfront State Prison, the facility that provided basic health services to Garrett House residents. Although the researcher had knowledge of these

changes, they were not discussed throughout this dissertation because participants did not experience them at the time they were interviewed.

Another limitation is the fact that this study was a secondary analysis of women's perceptions of the halfway house. Although the researcher personally interviewed all participants included in this study, the data originally collected was for a larger study on women's expectations, aspirations, and realities of transitioning through a halfway house. After data for the original study was collected, new research questions were developed and data was analyzed based on those questions. Even though many of the original research and interview questions overlap with this purpose of the current study, the fact that this was a secondary analysis prevented the researcher from returning to the field to follow-up on themes that emerged during analysis. Although this is viewed as a study limitation, many of the findings provide opportunities for additional research.

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

The findings from this study have several policy and practical implications. Themes emerged suggesting there are many other factors that simultaneously occur alongside correctional treatment including individual factors (e.g., substance abuse history, mental health, physical health, and motivation to change), factors that occur within a program setting (e.g., program rules, resident dynamics, and staff/client relationships), and external factors (e.g., stigma, limited community resources, criminal justice policies, and family/relational stress). To understand these findings, Chapter Eight presented an ecological framework and introduced recommendations based on participants' perceptions, experiences, and recommendations for program improvement.

The recommendations presented have both implications for RNR principles and gender-responsive strategies. At the microsystem level (halfway house), recommendations included the gradual reduction of risk management policies (i.e., accountability calls), increase services for high risk women, the hiring of additional staff to address housing and employment, the development of an employment incentive program, creating needs-based workshops, increasing informal counseling opportunities, creating a supportive environment among residents, and allowing women to select their own programming. The microsystem recommendations have both practical implications for the Garrett House and may also be relevant to other female halfway house programs. Changes to microsystem factors, such as programs and staffing, will allow women to better address criminogenic and noncriminogenic needs. Improving the environment, creating more counseling opportunities, and allowing women to play a role in selecting their own treatment, are changes that are sensitive to gender-responsivity. Implementing these recommendations would involve restructuring certain program components, strategic planning on how best to implement changes, and additional funding.

Recommendations that address exosystem issues included extending the length of program stay for high risk women, modifying furlough restrictions for women charged with violent offenses, modifying health care policies, and building community correction facilities in the communities to which the women plan to return. Exosystem recommendations would require legislation and policy changes. To implement the first three recommendations community correction administrators would need to develop strategies that would allow correctional system administrators, and legislators, the ability to remove certain policies and laws that are counterproductive in helping women address their needs. For example, to reduce furlough

restrictions for women charged with violent crimes, halfway house administrators would need to propose safeguards that would ensure this group of women are following program rules. The last recommendation – building community correction facilities in the communities to which the women plan to return – would allow women to reconnect with their community and family, while they establish permanent employment, housing, and treatment. Residing at a halfway house outside of the area they plan to return only addresses short-term needs.

### **Future Research**

This study enhances the literature on women's reentry experience by identifying three areas that play an important role in the transition process: program context, individual factors, and the interconnection between ecological systems. Although the goal of this project was to understand program context and how a halfway house provides assistance to women in transition, many of the findings point to the influence of individual and external factors. The findings from this study can be used to further explore how women respond to treatment, their ability to address needs, and reentry outcomes.

The context of the Garrett House was an important factor in how women adjusted to the halfway house environment, including the program rules, staff, residents, and services available. All aspects of the halfway house context were influential in shaping women's perception of the program and their experience address needs and preparing for release. Perceptions of program context should be included in all studies seeking to understand why rehabilitation programs do, or do not, work. Often these factors cannot be identified without speaking to the individuals who experience them first hand.

The influence of individual factors (e.g., substance abuse, victimization, mental health and physical health) and how these, often coexisting, factors influence motivation, responsiveness to treatment, and the ability to seek help, should also be explored further. Consistent with the gender-responsive literature, women in this study spoke about individual factors influencing their pathways in and out of crime. Although not the focus of this study, a future project will include using the same data to examine the influence of individual factors on the desistance process.

Individual factors can also be used to understand how and why programs work. In recidivism studies, individual factors are often used to measure if specific factors are significantly related to outcomes. Understanding how these factors influence motivation, responsiveness, and help seeking are necessary for uncovering the “black box” of correctional programs – that is, why and how programs work. Individual factors, in addition to program context, should be studied further to identify ways to improve programming for women.

The third area requiring additional research is studying how ecological systems are interrelated, and how these systems influence women’s perceptions, experiences, and overall program outcomes. The importance of context and the interrelationships between women within various contexts is often not included in the RNR research, but is highlighted in the literature on gender-responsive strategies. Based on the findings from this study, the principles of RNR should be positioned within an ecological framework. The ecology of human development considers more than just risk, need, and responsivity. An ecological model addresses many of the microsystems women are connected to – family, peers, work – and how these systems interrelate and influence behavior and experiences. It is also sensitive to individual factors and the context

of multiple systems (both direct and indirect). An ecological model incorporates some of the tenets of the gender responsive literature – including the importance of relationships with others and the context of women’s lives. Although an ecological framework was introduced toward the end of this dissertation, a future research project will examine this theory more in-depth as it applies to women’s transitional process.

In conclusion, these three areas – program context, individual factors, and ecological systems – should be researched further to determine the best course of action to improve the programs and policies that directly impact women’s ability to address their needs and reintegrate successfully into the community.

## Appendix A: Interview Protocol

### **Garrett House Interview Protocol**

This interview will be conducted with female offenders residing at Garrett House, a female halfway house program. Questions are designed to cover five domains including basic criminal history information, experiences with treatment in prison, experience at Garrett House, pre-release preparation, reentry expectations, social support networks and family relationships. The domain headings are intended to provide topical guidance and are not intended to be read to subjects. Notes in parentheses indicate probes that may be used or suggestions for follow up questions. Many questions are designed to be open-ended and may elicit responses from subjects that bring up other topic areas. When such topics are relevant to the study, appropriate probing questions will be asked to obtain further detail. The interviews will be tape recorded (provided that the participant has agreed to be tape recorded) and notes will be taken. Summaries of the interviews will be written after each interview. Interviews are expected to last from 60 to 90 minutes.

#### **BASIC INFORMATION**

- How long were you incarcerated prior to coming to Garrett House?
- What were you incarcerated for?
- Have you been incarcerated before?
- How many times have you been incarcerated in the past?
- If yes: how long and when?
- If yes: for what?
- How old are you?
- Where did you live before you were incarcerated?

#### **PRISON TREATMENT AND PRE-RELEASE PREPARATION**

- What types of programs did you participate in while in prison? (drug counseling, anger management, job training, education, religious groups, parenting, etc.)
- Tell me what these programs were like. Did you complete them? How long did you participate?
- Did these prison programs prepare for release?
- Which prison program was the most useful? Which prison program was the least useful?
- Were there services or programs you feel you needed in prison that you couldn't/didn't get access to?
- Were there services or programs in prison that you were involved in that you don't believe were necessary?

- Tell me about the person in the prison that was most helpful to you as you prepared for release. (counselor, correction officer, other inmate, etc.)
- Did you have important documents or have you made plans for getting them? (social security card, identification, medical prescriptions, driver's license, etc.) Did anyone at prison help you obtain these documents?

## **GARRETT HOUSE TREATMENT**

- What do you think things will be like now that you have been released from prison?
- Is Garrett House what you thought it would be like? Is it better? Is it worse?
- What have you been doing? How do you spend your time? (describe a typical day)
- Tell me about the things that were the difficult/easy for you when you first arrived/during your first week at Garrett House?
- Did things during the first week happen that you were not prepared for?
- How have the staff at Garrett House been helpful? How do they compare to the staff in prison?
- How is the environment different than prison? (safe, supportive, controlling)

### ***Employment***

- Tell me about your plans for getting a job.
- What type of job do you hope to get?
- Is anyone helping you find a job? (at Garrett House or family/friends)
- Before you went to prison the last time, did you have a job?
- If so what? How long did you work at this job?
- Have you had trouble finding work since coming to Garrett House?
- Do you have any plans to go to school or receive additional training for a job?

### ***Physical/Mental Health***

- Were you taking medication while in prison?
- If yes: Were your prescriptions filled when you arrived at Garrett House and do you know how you will get prescriptions filled when you leave Garrett House?
- Did you take part in substance abuse programming in prison? (what type of program, how long, how frequent did you go, did you complete it)
- If yes: Do you take part in substance abuse programming at Garrett House and will you take part in substance abuse programming when you leave Garrett House?
- If no: Do you need or want to participate in substance abuse treatment?
- Did you take part in psychological counseling in prison?
- If yes: Do you take part in psychological counseling at Garrett House and will you take part in psychological counseling when you leave Garrett House?

## **TREATMENT**

- Tell me about the services you have been using since you got out of prison (drug counseling, parenting, domestic violence, job training, education, religious groups, etc.)
- What programs/groups do you participate in at Garrett House? Any outside treatment?
- What was your most encouraging/disappointing experience?
- Are there services or programs you feel you need that you can't get access to?
- Which programs are you participating in that are most helpful to you?
- Which programs are you participating in that you feel are unnecessary?
- Gender-specific treatment – describe experience in co-ed groups (past treatment) compared to all female groups. Preference of treatment groups.

## **SOCIAL SUPPORT SYSTEMS**

### *Family*

- Who has been the most supportive?
- Do you have family members who have stayed in touch with you while you were in prison? Who are they? What kind of contact did you have? (letters, phone, visits) How often did you have these kinds of contact?
- Would you mind telling me about the family members you have not stayed in contact with? Why did you lose touch with them?
- What kind of financial support has your family provided you? (money, packages, etc.)
- What kind of emotional support did your family provide you?
- What has your family done to prepare for your release?

### *Children*

- Do you have children? (how many, what are their ages)
- Did your children live with you prior to you going to prison?
- If yes: who did they live with while you were in prison?
- If they didn't live with you before you went to prison, who did they live with?
- Will you live with your children after you leave Garrett House?
- Tell me about your relationship with your children.
- Did you have contact with them while you were away? Did they visit? How often?

## **REENTRY EXPECTATIONS**

- What are your plans for release? (housing, employment, family, financial support)
- Who is helping you with your plans?
- How has Garrett House helped you? What do you expect Garrett House to help you with?

- What type of services (treatment, etc.) do you plan to access when you leave?
- Did anyone at Garrett House help you obtain important documents? (social security card, identification, medical prescriptions, driver's license, etc)
- Recommendations for Garrett House

## Appendix B

## Garrett House Phase &amp; Track System\*

<u>PHASE I - Orientation</u>	<u>PHASE II - Career Search</u>	<u>PHASE III - Work Release</u>	<u>Program Tracks</u>	<u>Program Tracks</u>
Time Frame - 2 weeks min	Time Frame - 30 days max		<b><u>Track 1 - Furlough-Eligible*</u></b>	<b><u>Track 1 - Non-Furlough Eligible</u></b>
In-house curfew 12 am	In-house curfew 12 am	In-house curfew 1 am	High Risk LSI-R (34-54)	High Risk LSI-R (34-54)
			9 pm curfew	
<b>Requirement - Week 1</b>	<b>Requirements</b>	<b>Requirements</b>		
Bed assignment	Weekly meetings w/ Employment Counselor	One family session prior furlough	Level 1 - 8 hrs	12 visits per month; 2 hours each
Program Assistant intake (8 hours)	Weekly meetings w/ Case Manager	Complete discharge plan	Level 2 - 13 hrs	2 escorted recreation trips per month
Meal sign-up	Attend all treatment programs required	Full-time employment OR education	Level 3 - 13 hrs twice a week	1 escorted family trip per month
Chore Assignment	Complete life skills sessions (as appropriate)	Complete life skills (as appropriate)	Level 4 - 30 hrs (overnight)	1 escorted cosmetic pass per month
Meet Case Manager w/in 24 hours	Weekly community service projects	Bi-weekly Case Management sessions		
Complete LSI-R	Daily completion of chores	Participate in In-house groups as required	<b><u>Track 2 - Furlough-Eligible</u></b>	<b><u>Track 2 - Non-Furlough Eligible</u></b>
Case Management intake (3-5 days)	Attend all house government meetings	Job retention life skills (as appropriate)	Moderate Risk LSI-R (21-33)	Moderate Risk LSI-R (21-33)
Program orientation w/ Director	Job search four times weekly	Develop budget	10 pm curfew	
Program orientation w/ House Rep.	Apply for educational programs	Comply with financial budget		
Complete educational assessment	Family night participation	Monthly community service	Level 1 - 14 hrs	18 visits per month; 2 hours each
Complete job readiness classes		Complete service plan every 4 weeks	Level 2 - 14 hrs	3 escorted recreation trips per month
<b>Requirement - Week 2</b>		Attend weekly stipulations (AA/NA)	Level 3 - 30 hrs (overnight)	1 escorted family trip per month
Develop 30 day service plan			Level 4 - 38 hrs (overnight)	2 escorted cosmetic pass per month
Family intake				
Cognitive skills training assessment			<b><u>Track 3 - Furlough-Eligible</u></b>	<b><u>Track 3 - Non-Furlough Eligible</u></b>
			Low Risk LSI-R (0-20)	Low Risk LSI-R (0-20)
<b>Privileges Earned</b>	<b>Privileges Earned</b>	<b>Privileges Earned</b>	11 pm curfew	
One family visit after family intake	Eligible to become House Representative	Eligible for resident of the month		
	Two hour visits - once a week	Eligible for house representative	Level 1 - 15 hrs	24 visits per month; 2 hours each
		Incremental furlough or PACT	Level 2 - 15 hrs	4 escorted recreation trips per month
<b>Completion Criteria</b>	<b>Completion Criteria</b>	YMCA pass once a week	Level 3 - 39 hrs (overnight)	1 escorted family trip per month
All requirements of Phase I	All requirements of Phase II	Prosocial Activity	Level 4 - 56 hrs (2 overnights)	3 escorted cosmetic pass per month
Approval of 30 day plan	Approval of all 30 day service plans			
Team Evaluation	Team Evaluation			
			<i>* Furlough sites must be approved</i>	
<b>Completion Certificate will be awarded</b>	<b>Completion Certificate will be awarded</b>	<b>Furloughs and visitation levels begin</b>		

\*Garrett House, 2006

## References

- Acoca, L. (1998). Diffusing the time bomb: Understanding and meeting the growing health care needs of incarcerated women in America. *Crime and Delinquency*, 44(1), 49-70.
- Adler, F. (1975). *Sisters in Crime: The Rise of the New Female Criminal*. New York: McGraw-Hill.
- American Correctional Association. (1990). *The Female Offender: What Does the Future Hold?* Arlington, VA: Kirby Lithographic Company.
- American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders* (4<sup>th</sup> ed.). Washington, DC: American Psychiatric Association.
- Andrews, D. A. (2006). Enhancing adherence to risk-need-responsivity: Making quality a matter of policy. *Criminology and Public Policy*, 5(3), 595-602.
- Andrews, D. A. (2001). Principles of effective correctional programs. In L. L. Montiuk & C. Serin (Eds.), *Compendium 2000 on Effective Correctional Program*. Ottawa, Ontario: Correctional Service Canada.
- Andrews, D. A. & Bonta, J. (2003). *The Psychology of Criminal Conduct*. Cincinnati, OH: Anderson Publishing Co.
- Andrews, D. A., Bonta, J. & R. D. Hoge. 1990. Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior*, 17(1):19-52.
- Andrews, D. A., & Bonta, J. (1995). *The Level of Service Inventory-Revised*. Toronto: Multi-Health Systems.
- Andrews, D. A., & Bonta, J. (1994a). *Level of Service Inventory-Revised Manual*. Toronto: Multi Health Systems.
- Andrews, D. A. & Bonta, J. (1994b). *The Psychology of Criminal Conduct*. Cincinnati, OH:

Anderson Publishing Co.

- Andrews, D. A. & Dowden, C. (2006). Risk principle of case classification in correctional treatment. *International Journal of Offender Therapy and Comparative Criminology*, 50(1), 88-100.
- Andrews, D. A., & Kiessling, J. J. (1980). Program structure and effective correctional practices: A summary of the CaVIC research. In R.R. Ross & P. Gendreau (Eds.), *Effective Correctional Treatment*. Toronto, Canada: Butterworth.
- Andrews, D. A. & Robinson, D. (1984) *The Level of Supervision Inventory: Second report, Ontario Ministry of Correctional Services*. Toronto, Ontario: Canada.
- Andrews, D. A., Zinger, I., Hoge, R. D., Bonta, J., Gendreau, P., & Cullen, F. T. (1990). Does correctional treatment work? A clinically-relevant and psychologically-informed meta-analysis. *Criminology*, 28, 369-404.
- Angen, M. J. (2000). Evaluating interpretive inquiry: Reviewing the validity debate and opening the dialogue. *Qualitative Health Research*, 10, 378-395.
- Arditti, J. A. (2005). Families and incarceration: An ecological approach. *Families in Society: The Journal of Contemporary Social Services*, 86(2), 251-260.
- Arditti, J. A. & Few, A. L. (2006). Mothers' reentry into family life following incarceration. *Criminal Justice Policy Review*, 17(1), 103-123.
- Arditti, J. A. (2003). Locked doors and glass walls: Family visiting at a local jail. *Journal of Loss and Trauma*, 8, 115-138.
- Austin, J., Bloom, B., & Donahue, T. (1992). *Female Offenders in the Community: An Analysis of Innovative Strategies and Programs*. National Council on Crime and Delinquency. Washington, DC: U.S. Department of Justice, National Institute of Corrections.

- Bachman, R. & Lanier, C. (2006). Liberating criminology: The evolution of feminist thinking on criminological research methods. In C. M. Renzetti, L. Goodstein & S. L. Miller (Eds.), *Rethinking Gender, Crime and Justice: Feminist Readings*. Los Angeles, CA: Roxbury Publishing Company.
- Barber, J. P., Luborsky, L., Gallop, R., Crits-Christoph, P., Frank, A., Weiss, R. D., et al. (2001). Therapeutic alliance as a predictor of outcome and retention in the National Institute on Drug Abuse collaborative cocaine treatment study. *Journal of Consulting and Clinical Psychology*, 69, 119–124.
- Beck, A. J. & Gilliard, D. K. (1995). *Prisoners in 1994*. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.
- Beck, A., & Mumola, C. (1999). *Prisoners in 1998*. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.
- Belenko, S., & Peugh, J. (1999). *Behind Bars: Substance Abuse and America's Prison Population. Technical Report*. New York, NY: The National Center on Addiction and Substance Abuse at Columbia University.
- Belknap, J. (1996). *The Invisible Woman: Gender, Crime, and Justice* (2nd ed.). Belmont, CA: Wadsworth.
- Belknap, J., Holsinger, K. & Dunn, M. (1998). Understanding incarcerated girls: The results of a focus group study. *Prison Journal*, 77(4), 381-404.
- Belsky, J. (1980). Child maltreatment: An ecological integration. *American Psychologist*, 35, 320-335.
- Benda, B. B. (2005). Gender differences in life-course theory of recidivism: A survival analysis. *International Journal of Offender Therapy and Comparative Criminology*, 49, 325-342.

- Blanchette, K. (2002). Classifying female offenders for effective intervention: Application of the case-based principles of risk and need. *Forum on Correctional Research*, 14, 31-35.
- Bloom, B. (1995). Imprisoned mothers. In K. Gabel & D. Johnston (Eds.), *Children of Incarcerated Parents*. New York, NY: Lexington Books.
- Bloom, B., Owen, B. & Covington, S. (2003). *Gender-Responsive Strategies: Research, Practice and Guiding Principles for Women Offenders*. Washington, DC: U.S. Department of Justice, National Institute of Corrections.
- Bloom, B. & Covington, S. (2008). Addressing the mental health needs of women offenders. In R. Gido and L. Dalley, (Eds.), *Women's Mental Health Issues Across the Criminal Justice System*. Columbus, OH: Prentice Hall.
- Bloom, B. & Covington, S. (2000). *Gender-Justice: Programming for Women in Correctional Settings*. Paper presented at the 2000 annual meeting of the American Society of Criminology, November 15-18, 2000, San Francisco, CA.
- Bloom, B. & Covington, S. (1998). *Gender-Specific Programming for Female Offenders: What it is and why it is Important?* Paper presented at the 50<sup>th</sup> annual meeting of the American Society of Criminology, November 11-14, 1998, Washington, DC
- Bloom, B. & Steinhart, D. (1993). *Why Punish the Children? A Reappraisal of the Children of Incarcerated Mothers in America*. San Francisco, CA: National Council on Crime and Delinquency.
- Bonta, J. (1996). Risk/needs assessment and treatment. In A. T. Hartland (Ed.), *Choosing Correctional Options that Work: Defining the Demand and Evaluation the Supply* (pp. 18-32). Thousand Oaks, CA: Sage Publications.
- Bonta, J., Law, M. A. & Hanson, R. K. (1998). The prediction of criminal and violent recidivism

- among mentally disordered offenders: A meta-analysis. *Psychological Bulletin*, 123, 123-142.
- Bonta, J., Pang, B. & Wallace-Capretta, S. (1995). Predictors of recidivism among incarcerated female offenders. *The Prison Journal*, 75, 277-294.
- Bonta, J., Wallace-Capretta, S., & Rooney, J. (1998). A quasi-experimental evaluation of an intensive rehabilitation supervision program. *Criminal Justice and Behavior*, 27, 312-329.
- Bradley, R. G. & Davino, K. M. (2002). Women's perceptions of the prison environment: When prison is "the safest place I've ever been." *Psychology of Women Quarterly*, 26, 351-359.
- Brennan, T. (1998). Institutional classification of females: Problems and some proposals for reform. In R. T. Zaplin (Ed.), *Female offenders: Critical Perspectives and Effective Interventions* (pp. 179-204). Gaithersburg, MD: Aspen.
- Brooks, L., Solomon, A. Kohl, R., Osborne, J., Reid, J., McDonald, S., Hoover, H.M. (2008). *Reincarcerated: The Experiences of Men Returning to Massachusetts Prisons*. Washington, DC: The Urban Institute.
- Bronfenbrenner, U. (1994). Ecological models of human development. *International Encyclopedia of Education*, 3(2), 1643-1647.
- Bronfenbrenner, U. (1989). Ecological systems theory. In R. Vasta (Ed.), *Six Theories of Child Development: Revised Formulation and Current Issues* (Vol. 6). Greenwich, CT: JAI Press.
- Bronfenbrenner, U. (1986). Ecology of the family as a context for human development. Research perspectives. *Developmental Psychology*, 22(6), 723-742.
- Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Nature and*

- Design*. Cambridge, MA: Harvard University Press.
- Bronfenbrenner, U. (1974). Developmental research public policy, and the ecology of childhood. *Child Development*, 45(1), 1-5.
- Browne, A. (1987). *When Battered Women Kill*. New York, NY: The Free Press.
- Browne, A., Miller, B., & Maguin, E. (1999). Prevalence and severity of lifetime physical and sexual victimization among incarcerated women. *International Journal of Law and Psychiatry*, 22, 301-322.
- Camerson, H. & Telfer, J. (2004). Cognitive-behavioral group work: Its application to specific offender groups. *The Howard Journal*, 43(1), 47-64.
- Centers for Disease Control and Prevention. (2004). *Sexual Violence Prevention: Beginning the Dialogue*. Atlanta, GA: Centers for Disease Control and Prevention.
- Charmaz, K. (2006). *Constructing Grounded Theory: A Practical Guide through Qualitative Analysis*. Thousand Oaks, CA: Sage Publications Inc.
- Chesney-Lind, M. (2000). What to do about girls? Thinking about programs for young women. In McMahon, M. (Ed.), *Assessment to Assistance: Programs for Women in Community Corrections*. Lanham, MD: American Correctional Association.
- Clarke, J. G., Herbert, M. R., Rosengard, C., Rose, J. S., DaSilva, K. M., & Stein, M. D. (2006). Reproductive health care and family planning needs among incarcerated women. *American Journal of Public Health*, 96(5), 834-839.
- Clement, M. (1993). Parenting in prison: A national survey of programs for incarcerated women. *Journal of Offender Rehabilitation*, 19, 89-100.
- Clemmer, D. (1958). *The Prison Community* (2nd ed.). New York, NY: Holt, Rhinehart and Winston.

Community Education Centers. (n.d.) Website. Retrieved on October 25, 2010 from,

<http://www.cecintl.com/index.html>

Covington, S. S. (2010). *Beyond Violence: A Prevention Program for Women*. Paper presented at the 2010 annual meeting of the American Society of Criminology, November 17-20, 2010, San Francisco, CA.

Covington, S. S. (2003). A women's journey home: Challenges for female offenders. In J. Travis, & M. Waul (Eds.), *In Prisoners Once Removed*. Washington DC: The Urban Institute.

Covington, S. S. (1998). The relational theory of women's psychological development: Implications for the criminal justice system. In R. Zaplin (Ed.), *Female Crime and Delinquency: Critical Perspectives and Effective Interventions*. Gaithersburg, MD: Aspen.

Covington, S. S. & Bloom, B. E. (2006). Gender-responsive treatment and services in correctional settings. *Women & Therapy*, 29(3/4), 9-33.

Coulson, G., Ilacqua, G., Nutbrown, V., Giulekas, D. & Cudjoe, F. (1996). Predictive utility of the LSI for incarcerated female offenders. *Criminal Justice and Behavior*, 23, 427-439.

Creswell, J. W. (2007). *Qualitative Inquiry & Research Design. Choosing Among Five Traditions* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Creswell, J. W. (1998). *Qualitative Inquiry & Research Design. Choosing Among Five Traditions*. Thousand Oaks, CA: Sage Publications.

Cullen, F. T. (2005). 'The twelve people who saved rehabilitation: How the science of criminology made a difference'. *Criminology* 43(1), 1-42.

Cullen, F. T. (2002). Rehabilitation and treatment programs. In J. Q. Wilson & J. Petersilia

- (Eds.), *Crime and Public Policy* (2nd ed., pp. 253-289). San Francisco, CA: ICS Press.
- Cullen, F. T. & Gendreau, P. (2001). From nothing works to what works: Changing professional ideology in the 21<sup>st</sup> century. *The Prison Journal*, 81(3), 313-338.
- Cullen, F. T., & Gendreau, P. (2000). Assessing correctional rehabilitation: Policy, practice, and prospects. In J. Horney (Ed.), *Criminal Justice 2000* (Vol. 3). Washington, DC: U.S. Department of Justice.
- Culliver, C. (1993). *Female Criminality: The State of the Art*. New York, NY: Garland.
- Dahlberg L. L, & Krug E. G. (2002). Violence – a global public health problem. In E. G. Krug, L. L. Dahlberg, J. A. Mercy, A. B. Zwi, & R. Lozano (Eds.), *World Report on Violence and Health*. Geneva, Switzerland: World Health Organization.
- Daly, K. (1992). A women's pathway to felony court. *Review of Law and Women's Studies*, 2, 11-52.
- Deschenes, E. P., Owen, B. & Crow, J. (2007). *Recidivism Among Female Prisoners: Secondary Analysis of the 1994 BJS Recidivism Data Set*. Washington, DC: U.S. Department of Justice, National Institute of Justice.
- Diamond, P. M., Wang, E. W., Hölzer, C. E., Thomas, C., & Des Anges, C. (2001). The prevalence of mental illness in prison. *Administration Policy Mental Health*, 29(1), 21-40.
- Ditton, P. M. (1999). *Mental Health and Treatment of Inmates and Probationers*. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.
- Dodge, M. & Pogrebin, M. R. (2001). Collateral costs of imprisonment for women: Complications of reintegration. *The Prison Journal*, 81(1), 42-54.
- Donnelly, P. G. & Forschner, B. E. (1987). Predictors of success in a co-correctional halfway

- house: A discriminant analysis. *Journal of Crime and Justice*, 10, 1-22.
- Dowden, C. & Andrews, D. A. (2004). The importance of staff practices in delivering effective correctional treatment: A meta-analysis of core correctional practices. *International Journal of Offender Therapy and Comparative Criminology*, 48, 203-214.
- Dowden, C. & Andrews, D. A. (1999). What works for female offenders: A meta-analytic review. *Crime and Delinquency*, 45(4), 438-452.
- Dowden, C. & Brown, S. L. (2002). The role of substance abuse factors in predicting recidivism: A meta-analysis. *Psychology, Crime and Law*, 8(3).
- Dowell, D. A., Klein, C. & Krichmar, C. (1985). Evaluation of a halfway house for women. *Journal of Criminal Justice*, 13, 217-226.
- Duerden, M. D. & Witt, P. A. (2010). An ecological systems theory perspective on youth programming. *Journal of Park and Recreation Administration*, 28(2), 108-120.
- Estelle v. Gamble, 429 U.S. 97 (1976).
- Farabee, D. (1995). *Substance Use Among Male Inmates Entering the Texas Department of Criminal Justice-Institutional Division, 1993*. Austin, TX: Texas Commission of Alcohol and Drug Abuse.
- Farrall, S. (2004). Social capital and offender reintegration: Making probation desistance focused. In S. Maruna & R. Immarigeon (Eds.), *After Crime and Punishment: Pathways to Offender Reintegration*. Portland, OR: Willan Publishing.
- Fazel, S. & Danesh, J. (2002). Serious mental disorder in 23,000 prisoners: A systematic review of 62 surveys. *Lancet*, 559(9306), 545-550.
- Federal Bureau of Prisons. (2010). *Directory of Active Contracts, March 2010*. Retrieved on December 10, 2010 from, [http://www.bop.gov/business/RRC\\_directory.pdf](http://www.bop.gov/business/RRC_directory.pdf)

- Ferraro, K. J. & Moe, A. M. (2003). Mothering, crime, and incarceration. *Journal of Contemporary Ethnography*, 32(1), 9-40.
- Flavin, J. & Desautels, A. (2006). Feminism and crime. In C. M. Renzetti, L. Goodstein & S. L. Miller (Eds.), *Rethinking gender, crime and justice: Feminist readings*. Los Angeles, CA: Roxbury Publishing Company.
- Freedman, E. B. (1981). *Their Sisters' Keepers: Women's Prison Reform in America, 1830-1930*. Ann Arbor, MI: University of Michigan Press.
- Garcia Coll, C., Surrey, J., Buccio-Notaro, P., & Molla, B. (1998). Incarcerated mothers: Crimes and punishments. In C. Garcia Coll, J. Surrey (Eds.), *Mothering Against the Odds*. Weingarten, K. New York, NY: Guilford.
- Gendreau, P. (1996). Offender rehabilitation: What we know and what needs to be done. *Criminal Justice and Behavior*, 23, 144-161.
- Gendreau, P. & Goggin, C. (1996). Principles of effective correctional programming. *Forum on Corrections*, 8(3), 38-41.
- Gendreau, P., Little, T. & Goggin, C. (1996). A meta-analysis of the predictors of adult offender recidivism: What works! *Criminology*, 34, 575-607.
- Gendreau, P. & Ross, R. R. (1979). Effective correctional treatment: Bibliotherapy for cynics. *Crime and Delinquency*, 25, 463-489.
- General Accounting Office (1999). *Women in Prison: Issues and Challenges Confronting U.S. Correctional Systems*. Washington DC: U.S. General Accounting Office.
- Gilligan, C. (1982). *In a Different Voice*. Cambridge, MA: Harvard University Press.
- Girl Scouts Beyond Bars. (n.d.). Website. Retrieved on February 10, 2009 from [http://www.girlscouts.org/program/program\\_opportunities/community/gsbb.asp](http://www.girlscouts.org/program/program_opportunities/community/gsbb.asp)

- Glaze, L. & Maruschak, L. M. (2008). *Parents in Prison and Their Minor Children*. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics Special Report.
- Goodrum, S., Staton, M., Leukefeld, C., Webster, M. J., Purvis, R. T. (2003). Perceptions of a prison-based substance abuse treatment program among some staff and participants. *Treating Substance Abusers in Correctional Contexts: New Understandings, New Modalities*, 27-46.
- Goodwin, J. & Horowitz, R. (2002). Introduction: The methodological strengths and dilemmas of qualitative sociology. Symposium on methodology in qualitative sociology. *Qualitative Sociology*, 25(1), 33-47.
- Gordon, D. A., Graves, K., & Arbuthnot, J. (1995). The effect of functional family therapy for delinquents on adult criminal behavior. *Criminal Justice and Behavior*, 22, 60-73.
- Green, J. C. (1994). Qualitative program evaluation: Practice and promise. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research*. Thousand Oaks, CA: Sage Publications.
- Greenfeld, L. A. & Snell, T. L. (1999). *Women Offenders*. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.
- Grella, C., Stein, J., & Greenwell, L. (2005). Associations among childhood trauma, adolescent problem behaviors, and adverse adult outcomes in substance-abusing women offenders. *Psychology of Addictive Behaviors*, 19, 43-53.
- Halpern, E. S. (1983). *Auditing naturalistic inquiries: The development and application of a model*. Unpublished doctoral dissertations. Indiana University.
- Harding, S. (1993). Rethinking standpoint epistemology: What is “strong objectivity?” In L. Alcoff & E. Potter (Eds.), *Feminist Epistemologies*. New York, NY: Routledge.

- Hardyman, P. L., & Van Voorhis, P. (2004). *Developing Gender-Specific Classification Systems for Women Offenders*. Washington, DC: U.S. Department of Justice, National Institute of Corrections.
- Harlow, C. W. (1999). *Prior Abuse Reported by Inmates and Probationers*. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.
- Harrison, L. D. & Martin, S. S. (2003). *Residential Substance Abuse Treatment for State Prisoners: Implementation Lessons Learned*. Washington, DC: U.S. Department of Justice, National Institute of Justice.
- Hattery, A. & Smith, E. (2010). *Prisoner Reentry and Social Capital: The Long Road to Reintegration*. Latham, MD: Lexington Books.
- Hawkes, M. Q. (1994). *Excellent Effect: The Edna Mahan Story*. Laurel, MD: American Correctional Association.
- Heise, L. L. (1998). Violence against women: an integrated, ecological framework. *Violence Against Women*, 4(3), 262-90.
- Henderson, D. J. (1998). Drug abuse and incarcerated women: A research review. *Journal of Substance Abuse Treatment*, 15(6), 579-587
- Henggeler, S. W., Melton, G. B., Smith, L. A., Schoenwald, S. K., & Hanley, J. H. (1993). Family preservation using multisystemic treatment: Long-term follow-up to a clinical trial with serious juvenile offenders. *Journal of Child and Family Studies*, 2, 283-293.
- Henriquez, Z. W. & Jones-Brown, D. (2000). Prisons as safe havens for African American women. In M. Markowitz & D. D. Jones-Brown (Eds), *The System in Black and White: Exploring the Connections Between Race, Crime and Justice* (pp. 267-273). Westport, CT: Praeger.

- Hesse-Biber, S. N. & Leavy, P. L. (2007). *Feminist Research Practice: A Primer*. Thousand Oaks, CA: Sage Publications, Inc.
- Hollin, C. R. (1999). Treatment programs for offenders: Meta-analysis, “what works” and beyond. *International Journal of Law and Psychiatry*, 22, 361–372.
- Hollin, C. R. & Palmer, E. J. (2006). Criminogenic need and women offenders: A critique of the literature. *Legal and Criminological Psychology*, 11, 179-195.
- Holtfreter, K., & Morash, M. (2003). The needs of women offenders: Implications for correctional programming. *Women & Criminal Justice*, 14, 137-160.
- Holtfreter, K., & Cupp, R. (2007). Gender and risk assessment: The empirical status of the LSI-R for women. *Journal of Contemporary Criminal Justice*, 23(4), 363-382.
- Hubbard, D. J. & Matthews, B. (2008). Reconciling the differences between the “gender -responsive” and the “what works” literature to improve services for girls. *Crime and Delinquency*, 54, 225-258.
- Human Rights Watch. (2009). *Barred from Treatment: Punishment of Drug Users in New York State Prisons*. New York, NY: Human Rights Watch.
- Human Rights Watch. (2001). *Human Rights Watch World Report 2001: Women’s Rights*. New York, NY: Human Rights Watch.
- Human Rights Watch. (1996). *All Too Familiar: Sexual Abuse of Women in U.S. State Prisons*. New York, NY: Human Rights Watch.
- Irwin, J. (1970). *The Felon*. Englewood Cliffs, NJ: Prentice Hall.
- Johnston, D. (1995). Effects of parental incarceration. In K. Gabel & D. Johnston (Eds.), *Children of Incarcerated Parents*. New York, NY: Lexington Books.
- Kelley, M. S. (2003). The state-of-the-art in substance abuse programs for women in prison. In

- S. F. Sharp (Ed.), *The Incarcerated Woman: Rehabilitation Programs in Women's Prisons*. Upper Saddle River, NJ: Prentice Hall.
- Kendell, K. (1998). Evaluation of programs for female offenders. In R. Zaplin (Ed.). *Female Crime and Delinquency: Critical Perspectives and Effective Interventions*. Gaithersburg, MD: Aspen
- Kendall, K. (1993). *Literature Review of Therapeutic Services for Women in Prison*. Companion Volume I to Program Evaluation of Therapeutic Services at the Prison for Women. Ottawa, Canada: Correctional Service of Canada.
- The Kintock Group. (n.d.). Website. Retrieved on November 15, 2010 from, <http://www.kintock.org/>.
- Kolind T. (2007). Form or content: The application of user perspectives in treatment research. *Drugs: Education, Prevention and Policy*, 14, 261–275.
- Koons, B. A., Burrow, J. D., Morash, M., & Bynum, T. (1997). Expert and offender perceptions of program elements linked to successful outcomes for incarcerated women. *Crime and Delinquency*, 43(4), 512-532.
- Kring Villanueva, C. (2009). *Mothers, Infants and Imprisonment a National Look at Prison Nurseries and Community-Based Alternatives*. New York, NY: Women's Prison Association.
- Kruttschnitt, C., Gartner, R., & Miller, A. (2000). Doing her own time? Women's responses to prison in the context of the old and the new penology. *Criminology*, 38, 681–718.
- Langan, N. P. & Pelissier, B. M. (2000). *Gender Differences Among Prisoners in Drug Treatment*. Washington, DC: Federal Bureau of Prisons.

- Latessa, E. J. (2004). Homelessness and reincarceration. Editorial Introduction. *Criminology & Public Policy*, 3(2), 137-138.
- Latessa, E. J. & Allen, H. E. (1982). Halfway houses and parole: A national assessment. *Journal of Criminal Justice*, 10, 153-163.
- Latessa, E. J., & Pealer, J. A. (2004). Measuring program quality over time: Examples from three RSAT programs. In K. Knight, & D. Farabee (Eds.), *Treating Addicted Offenders: A Continuum of Effective Practices*. Kingston, NJ: Civic Research Institute.
- Latessa, E. J. & Travis, L. F. (1991). Halfway house or probation: A comparison of alternative dispositions. *Journal of Crime & Justice*, 14(1), 53-75.
- Laub, J. H. & Sampson, R. J. (2003). *Shared Beginnings, Divergent Lives: Delinquent Boys to Age 70*. Cambridge, MA: Harvard University Press.
- LaVigne, N., & Kachnowski, V. (2003). *A Portrait of Prisoner Reentry in Maryland*. Washington, DC: The Urban Institute.
- Lerner, R. M., von Eye, A., Lerner, J. V., & Lewin-Bizan, S. (2009). Exploring the foundations and functions of adolescent thriving within the 4-H study of positive youth development: A view of the issues. *Journal of Applied Developmental Psychology*, 30(5), 567-570.
- Lin, A. C. (2000). *Reform in the Making: The Implementation of Social Policy in Prison*. Princeton, NJ: Princeton University Press.
- Lincoln, Y. S. & Guba, E. G. (1985). *Naturalistic Inquiry*. Beverly Hills, CA: Sage Publications.
- Lipsey, M. W. (1992). Juvenile delinquency treatment: A meta-analytic inquiry into the variables of effects. In T. D. Cook, H. Cooper, D. S. Cordray, H. Hartmann, L. V. Hedges, R. J. Light, T. A. Louis & F. Mosteller (Eds.), *Meta-Analysis for Explanation: A Casebook*. New York, NY: Russell Sage Foundation.

- Lockwood, D., McCorkel, J., & Inciardi, J. A. (1998). Developing comprehensive therapeutic community treatment for women. *Drugs and Society*, 13(1-2), 193-212.
- Lovins, L. B., Lowenkamp, C. T., Latessa, E. J., & Smith, P. (2007). Application of the risk principle to female offenders. *Journal of Contemporary Criminal Justice*, 23(4), 383-398.
- Lowenkamp, C. T., Latessa, E. J., & Smith, P. (2006). Does correctional program quality really matter? The impact of adhering to the principles of effective intervention. *Criminology and Public Policy*, 5(3), 201-220.
- Lowenkamp, C. T., Holsinger, A. M. & Latessa, E. L. (2001). Risk/need assessment, offender classification, and the role of childhood abuse. *Criminal Justice and Behavior*, 28, 543-563.
- Lynch, J. P. & Sabol, W. J. (2001). *Prisoner Reentry in Perspective*. Crime Policy Report (Vol. 3). Washington, DC: The Urban Institute.
- Mackey, R. & Fretz, R. (2007). *Female Offender Outcome Research Study*. Community Education Centers, Inc. Philadelphia, PA: Drexel University.
- Mair, G. (2004). The origins of what works in England and Wales: A house built on sand? In G. Mairs (Ed.), *What Matters in Probation*. Cullompton, UK: Willan.
- Mallik-Kane, K. & Visher, C. (2008). *Health and Prisoner Reentry: How Physical, Mental, and Substance Abuse Conditions Shape the Process of Reintegration*. Washington, DC: The Urban Institute.
- Martinson, R. (1974). What works? Questions and answers about prison reform. *Public Interest*, 10, 22-54.
- Marquis, H. & Goguen, B. (1995). Recidivism following a relapse prevention substance-abuse

- program for incarcerated offenders. In B. Goguen (Ed.), *Relapse Prevention in Corrections*. Symposium conducted at the Ontario Psychological Association Annual Conference, Toronto.
- Maruna, S., Immarigeon, R. & LeBel, T. P. (2004). Ex-offender reintegration: Theory and practice. In S. Maruna & R. Immarigeon (Eds.), *After Crime and Punishment: Pathways to Offender Reintegration*. Portland, OR: Willan Publishing.
- Maruschak, L. M., & Beck, A. J. (2001). *Medical Problems of Inmates, 1997*. Special Report. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.
- Mauve, M. K. (1999). Adjudicated health: Incarcerated women and the social construction of health. *Crime, Law and Social Change*, 31, 49-71.
- McCorkel, J. A. & Myers, K. (2003). What difference does difference make? Position and privilege in the field. *Qualitative Sociology*, 26(2), 199-231.
- McClellan, D. S., Farabee, D., & Crouch, B. M. (1997). Early victimization, drug use, and criminality: A comparison of male and female prisoners. *Criminal Justice and Behavior*, 24, 455-476.
- McLaren, L. & Hawe, P. (2005). Ecological perspectives in health research. *Journal of Epidemiol Community Health*, 59, 6-14.
- McMurrin, M. (2009). Motivational interviewing with offenders: A systematic review. *Legal and Criminological Psychology*, 14, 83-100.
- Miller, J. B. (1986). *Toward a New Psychology of Women*. Boston, MA: Beacon Press.
- Miller, G. A. (1999). *Learning the Language of Addiction Counseling*. Boston, MA: Allyn & Bacon.
- Miller, W. R., & Rollnick, S. (2002). *Motivational Interviewing: Preparing People for Change*,

- (2nd ed.). New York, NY: The Guilford Press.
- Motiuk, L. L., Bonta, J., & Andrews, D. A. (1990). *Dynamic Predictive Criterion Validity in Offender Assessment*. Paper presented at the Canadian Psychological Association Annual Convention, Ottawa.
- Morash, M., Bynum, T., & Koons, B. (1998). *Women Offenders: Programming Needs and Promising Approaches*. Washington, DC: National Institute of Justice.
- Morash, M., Bynum, T. S. & Koons, B. A. (1995). *Findings from the National Study of Innovative and Promising Programs for Women Offenders*. East Lansing: Michigan State University, School of Criminal Justice.
- Morash, M. & Schram, P. J. (2002). *The Prison Experience: Special Issues of Women in Prison*. Prospect Heights, IL: Waveland Press.
- Morris, A. & Wilkinson, C. (1995). Responding to female prisoners' needs. *The Prison Journal*, 75, 295-305.
- Mumola, C. J. (1999). *Substance Abuse and Treatment, State and Federal Prisoners*. Washington, DC: U.S. Department of Justice.
- Myerhoff, B. & Ruby, J. (1982). Introduction. In Ruby, J. (Ed). *A Crack in the mirror*. Philadelphia, PA: Philadelphia University Press.
- National Institute on Drug Abuse. (2009). *Principles of Drug Addiction Treatment: A Research-Based Guide (2nd ed.)*. Bethesda, MD: National Institute on Drug Abuse.
- National Institute on Drug Abuse. (1999). *Principles of Drug Addiction Treatment*. Bethesda, MD: National Institute on Drug Abuse.
- New Jersey State Police. (2006). *Crime in New Jersey: Uniform Crime Report*. Office of the

- Attorney General, New Jersey Department of Law & Public Safety. Retrieved on December 10, 2010 from, <http://www.state.nj.us/njsp/info/ucr2006/index.html>
- New Jersey Association on Correction. (n.d.). Website. Retrieved on November 15, 2010 from, <http://www.njaonline.org/10.html>
- Nelson, M., Perry, D. & Allen, C. (1999). *The First Month Out: Post-Incarceration Experiences in New York City*. New York, NY: The Vera Institute of Justice.
- New Jersey Department of Corrections. (2009). *Offender Characteristics Report*. New Jersey Department of Corrections: Policy Analysis and Planning. Retrieved on November 30, 2010 from, <http://www.state.nj.us/corrections/>
- New Jersey Department of Corrections. (2006). *Offender Characteristics Report*. New Jersey Department of Corrections: Policy Analysis and Planning. Retrieved on November 30, 2010 from, <http://www.state.nj.us/corrections/>
- O'Brien, P. & Lee, N. (2006). Moving from needs to self-efficacy: A holistic system for women in transition from prison. *Women & Therapy*, 29 (3/4), 261-284.
- O'Brien, P. (2002) *Reducing Barriers to Employment for Women Ex-Offenders: Mapping the Road to Reintegration*. Chicago, IL: Safer Foundation.
- O'Brien, P. (2001). *Making it in the Free World: Women in Transition from Prison*. New York, Albany: State University of New York Press.
- Office of National Drug Control Policy. (2001). *Drug Treatment in the Criminal Justice System*. Rockville, MD: Office of National Drug Control Policy.
- O'Leary Morgan, K., Morgan, S. & Boba, R. (2009). *City Crime Rankings 2009-2010. Crime in Metropolitan America*. Washington, DC: CQ Press.
- Owen, B., Wells, J., Pollock, J., Muscat, B., & Torres, S. (2008). *Gendered Violence and Safety:*

- A Contextual Approach to Improving Security in Women's Facilities. Part I of III: Improving Security in Women's Facilities.* Washington, DC: U.S. Department of Justice, National Institute of Justice.
- Owen, B. & Bloom, B. (1995). *Profiling the Needs of California's Female Prisoners: A Needs Assessment.* Washington, DC: National Institute of Corrections.
- Owen, B. (1998). *'In the Mix': Struggle and Survival in a Women's Prison.* Albany, NY: State University of New York Press.
- Pager, D. (2002). The mark of a criminal record. *American Journal of Sociology*, 108(5), 937-975.
- Palmer, T. (1995). Programmatic and non-programmatic aspects of successful intervention: New directions for research. *Crime & Delinquency*, 41,100-131.
- Palmer, E. J. & Hollin, C. R. (2007). The level of service inventory revised with English women prisoners: A needs and reconviction analysis. *Criminal Justice and Behavior*, 34, 971-984.
- Patton, M. Q. (2002). *Qualitative Research and Evaluation Methods* (3rd ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Peters, R. H., Kearns, W. D. & Murrin, M. R. (1993). Examining the effectiveness of in-jail substance abuse treatment. *Journal of Offender Rehabilitation*, 19, 1-39.
- Petersilia, J. (2003). *When Prisoners Come Home: Parole and Prisoner Reentry.* New York, NY: Oxford University Press.
- Petersilia, J. (2001). When prisoners return to the community: Political, economic and social consequences. *Corrections Management Quarterly*, 5(3), 1-10.
- Pollock, J. M. (Ed). (1998). Prison Programs. *Counseling Women in Prison.* Thousand Oaks,

CA: Sage.

Porporino, F. J. (2008). *Bringing Sense and Sensitivity to Corrections: From Programs to 'Fix' Offenders to Services to Support Desistance*. A Research Brief submitted to the National Institute of Corrections. Washington, DC: National Institute of Corrections.

Prendergast, M. L. (2009). Interventions to promote successful reentry among drug-abusing parolees. National Institute of Drug Abuse. *Addiction Science & Clinical Practice*, 5(1).

Prendergast, M., Hall, E. A. & Wellisch, J. (2002). *An Outcome Evaluation of the Forever Free Substance Abuse Treatment Program: One-Year Post-Release Outcomes*. (NCJ 199685). Produced by the UCLA Integrated Substance Abuse Programs Criminal Justice Research Group for the National Institute of Justice, Department of Justice.

Prendergast, M. L., Wellisch, J. & Falkin, G. P. (1995). Assessment of and services for substance-abusing women offenders in community and correctional settings. *The Prison Journal*, 75(2), 240-256.

Rafter, N. H. (1985). *Partial Justice: Women in State Prisons, 1800-1935*. Boston, MA: Northeastern University Press.

Reisig, M. D., Holtfreter, K. & Morash, M. (2006). Assessing recidivism risk across female pathways to crime. *Justice Quarterly*, 23(3), 384-405.

Reisig, M. D., Holtfreter, K. & Morash, M. (2002). Social capital among women offenders: Examining the distribution of social networks and resources. *Journal of Contemporary Criminal Justice*, 18(2), 167-187.

Richie, B. E. (2001). Challenges incarcerated women face as they return to their communities. *Crime and Delinquency*, 47(3), 231-245.

Richie, B. E. (1996). *Compelled to Crime: The Gender Entrapment of Battered Black Women*.

- New York, NY: Routledge.
- Riessman, C. K. (1987). When gender is not enough: Women interviewing women. *Gender and Society*, 1(2), 172-207.
- Robert Wood Johnson Foundation. (2008). *Using Qualitative Methods in Healthcare Research: A Comprehensive Guide for Designing, Writing, Reviewing and Reporting Qualitative Research*. Retrieved on March 31, 2009 from <http://www.rwjf.org/pr/product.jsp?id=30033>
- Roman, C. G. & Travis, J. (2004). *Housing, Homelessness, and Prisoner Reentry*. Washington, DC: The Urban Institute.
- Romig, C., & Gruenke, C. (1991). The use of metaphor to overcome inmate resistance to mental health counseling. *Journal of Counseling and Development*, 69, 414-418.
- Rose, D. R., Clear, T. R., & Ryder, J. A. (2001). Addressing the unintended consequences of incarceration through community-oriented services. *Corrections Management Quarterly* 5(3), 69-78.
- Rossman, S.B., & Roman, C. G. (2003). Case managed reentry and employment: Lessons from the Opportunity to Succeed Program. *Justice Research and Policy*, 5(2), 75-100.
- Ross, R. R. & Fabiano, E. A. (1986). *Female Offenders: Correctional Afterthoughts*. Jefferson, NC: McFarland.
- Sabol, W. J., Couture, H. & Harrison, P. M. (2007). *Prisoners in 2006*. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.
- Salisbury, E., Van Voorhis, P., & Spiropoulis, G. (2009). The predictive validity of a gender-responsive risk/needs assessment. *Crime & Delinquency*, 55, 550-585.
- Sampson, R. J. & Laub, J. H. (1993). *Crime in the Making: Pathways and Turning Points*

- Through Life*. Cambridge, MA: Harvard University Press.
- Santrock, J. W. & Yussen, S. R. (1992). *Child Development: An Introduction* (5th ed.). Dubuque, IA: Wm C Brown Publishers.
- Schiller, L. Y. (1995). Stages of development in women's groups: A relational model. In R. Kurland & R. Salmon (Eds.), *Group Work Practice in a Troubled Society: Problems and Opportunities*. New York, NY: Haworth Press.
- Schram, P. J., Koons-Witt, B. A., Williams, F. P. & McShane, M. D. (2006). Supervision strategies and approaches for female parolees: Examining the link between unmet needs and parolee outcome. *Crime and Delinquency*, 52(3), 450-471.
- Schram, P. J. (1998). Stereotypes about vocational programming for female inmates. *The Prison Journal*, 78, 244-270.
- Seiter, R. & Kadela, K. (2003). Prisoner reentry: What works, what does not, and what is promising. *Crime and Delinquency*, 49(3), 360-388.
- Severance, T. A. (2004). Concerns and coping strategies of women inmates concerning release: "It's going to take somebody in my corner." *Journal of Offender Rehabilitation*, 38(4), 73-97.
- Shearer, R. A., Myers, L. & Ogan, G. (2001). Treatment resistance and ethnicity among female offenders in substance abuse treatment programs, *The Prison Journal*, 81(1), 55-72.
- Silverman, D. & Marvasti, A. (2008). *Doing Qualitative Research: A Comprehensive Guide*. Thousand Oaks, CA: Sage Publications.
- Simon, R. (1975). *Women and Crime*. Lexington, MA: Lexington Books.

- Simpson, D. D., Joe, G. W., Broome, K. M., Hiller, M. L., Knight, K., & Rowan-Szal, G. A. (1997). Program diversity and treatment retention rates in the drug abuse treatment outcome study (DATOS). *Psychology of Addictive Behaviors*, 11(4), 279–293.
- Singer, M. I., Bussey, J., Song, L. Y. & Lunghofer, L. (1995). The psychosocial issues of women serving time in jail. *Social Work*, 40, 103-113.
- Smith, P., Cullen, F. T., & Latessa, E. J. (2009). Can 14,737 women be wrong? A meta-analysis of the LSI-R and recidivism for female offenders. *Criminology and Public Policy*, 8(1), 183-208.
- Snell, T. & Morton, D. (1994). *Women in Prison*. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.
- Solomon, A. L., Visher, C., LaVigne, N. G., & Osborne, J. (2004). *Understanding the Challenges of Prisoner Reentry: Research Findings from the Urban Institute's Prisoner Reentry Portfolio*. Washington, DC: The Urban Institute.
- Solomon A., Roman C. G., & Waul, M. (2001). *Summary of Focus Group with Ex-prisoners in the District: Ingredients for Successful Reintegration*. Washington, DC: The Urban Institute.
- Strauss, A. & Corbin, J. (1998). *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory*. Thousand Oaks, CA: Sage Publications.
- Sykes, G. (1958). *The Society of Captives: A Study of a Maximum Security Prison*. Princeton, N.J.: Princeton University Press.
- Taxman, F.S., Young, D., & Byrne, J. (2004). Transforming offender reentry into public safety: Lessons from OJP's reentry partnership initiative. *Justice Policy and Research*, 5(2),101-128.

- Taxman, F. S. (1999). Unraveling ‘what works’ for offenders in substance abuse treatment services. *National Drug Court Institution Review*, 2(2), 93–133.
- Travis, J. (2005). *But They All Come Back: Facing the Challenges of Prisoner Reentry*. Washington, DC: Urban Institute Press.
- Travis, J., Keegan, S., & Cadora, E. (2003). *A Portrait of Prisoner Reentry in New Jersey*. Washington, DC: The Urban Institute.
- Travis, J., Solomon, A. L., & Waul, M. (2001). *From Prison to Home: The Dimensions and Consequences of Prisoner Reentry*. Washington, DC: The Urban Institute.
- U.S. Census Bureau. (2009). *American Communities Study 2005-2009. Camden City, New Jersey*. Washington, DC: U.S. Census Bureau.
- Van Dieten, M. & MacKenna, P. (2001). *Moving On Facilitator’s Guide*. Toronto, ON: Orbis Partners, Inc.
- Van Voorhis, P., Wright, E., Salisbury, E. & Bauman, A. (2010). Women's risk factors and their contributions to existing risk/needs assessment: The current status of a gender-responsive supplement. *Criminal Justice and Behavior*, 37, 261-288.
- Van Voorhis, P., Salisbury, E., Wright, E. & Bauman, A. (2008). *Achieving Accurate Pictures of Risk and Identifying Gender-Responsive Needs: Two New Assessments for Women Offenders*. Washington, DC: U.S. Department of Justice, National Institute of Corrections.
- Van Voorhis, P. (2005). Classification of women offenders: Gender-responsive approaches to risk/needs assessment. *Community Corrections Report*, 12(2).
- Van Voorhis, P. & Presser, L. (2001). *Classification of Women Offenders: A National*

- Assessment of Current Practices*. Washington, DC: U.S. Department of Justice, National Institute of Corrections.
- Visher, C., Debus, S., & Yahner, J. (2008). *Employment after Prison: A Longitudinal Study*. Washington, DC: The Urban Institute.
- Visher, C. & Travis, J. (2003). Transitions from prison to community: Understanding individual pathways. *Annual Review of Sociology*, 29, 89-113.
- VOADV. (2008). *Community Corrections Program: Garrett House Resident Handbook*. New Jersey: Volunteers of America/Delaware Valley.
- Walters, S. T., Clark, M. D., Gingerich, R., & Meltzer, M. (2007). *Motivating Offenders to Change: A Guide for Probation and Parole*. Washington, DC: U.S. Department of Justice, National Institute of Corrections.
- Ward, T. & Maruna, S. (2007). [\*Rehabilitation: Beyond the Risk-Paradigm\*](#). *Key Ideas in Criminology Series* (Tim Newburn, Series ed.). London: Routledge.
- Ward, T. & Stewart, C. (2003). Criminogenic needs and human needs: A theoretical critique, *Psychology. Crime and Law*, 9(3), 125–43.
- Warr, M. (2002). *Companions in Crime: The Social Aspects of Criminal Conduct*. Cambridge, UK: Cambridge University Press.
- Wasserfall, R. (1993). Reflexivity, feminism and difference. *Qualitative Sociology*, 16, 23-41.
- Watterson, K. (1996). *Women in Prison: Inside the Concrete Womb*. Boston, MA: Northeastern University Press.
- Weiss, R. S. (1994). *Learning from Strangers: The Art and Method of Qualitative Interview Studies*. New York, NY: The Free Press.
- Weston, C., Gandell, T., Beauchamp, J., McAlpine, L., Wiseman, C. & Beauchamp, C. (2001).

- Analyzing interview data: The development and evolution of a coding system.  
*Qualitative Sociology*, 24(3), 381-400.
- Western, B., Kling J. R., & Weiman, D. (2001). The labor market consequences of incarceration.  
*Crime and Delinquency*, 47, 410-427.
- Wexler, H. K. (1995). The success of therapeutic communities for substance abusers in  
American prisons. *Journal of Psychoactive Drugs*, 27(1), 57-66.
- Wexler, H. K., Falkin, G. P. & Lipton, D. S. (1990). Outcome evaluation of a prison therapeutic  
community for substance abuse treatment. *Criminal Justice and Behavior*, 17, 71-92.
- Wilcox, J. A. & Yates, W. R. (1993). Gender and psychiatric co-morbidity in substance abusing  
individuals. *American Journal on Addictions*, 2, 202-206
- Wilson, J. & Davis, R. (2006). Good intentions meet hard realities: An evaluation of the Project  
Greenlight reentry program. *Criminology & Public Policy*, 5(2), 303-338.
- Wormith, S. J., Althouse, R., Simpson, M., Reitzel, L. R., Fagan, T. J., & Morgan, R. D.  
(2007). The rehabilitation and reintegration of offenders: The current landscape and some  
future directions for correctional psychology. *Criminal Justice and Behavior*, 34, 879-  
892.
- Yin, R. K. (2009). *Case Study Research: Design and Methods* (4th ed.). Thousand Oaks, CA:  
Sage Publications, Inc.
- Yin, R. K. (2003). *Case Study Research: Design and Methods* (3rd ed.). Thousand Oaks, CA:  
Sage Publications, Inc.
- Yih-Ing, H. (1995). Drug treatment counselor practices and effectiveness. *Evaluation Review*,  
19, 389-408.
- Young, D. S. (2000). Women's perceptions of health care in prison. *Health Care for Women*

*International*, 21, 219-234.