

**From Incarceration to Rehabilitation:  
Transitions that Transcend Criminal Trajectories**

A Study on the Effects of HIV Prison-Based Peer Education Programs on NYS Female  
Peers

by

Kimberly Collica

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

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**From Incarceration to Rehabilitation: Transitions that Transcend Criminal Trajectories – A Study on the Effects of HIV Prison-Based Peer Education Programs on NYS Female Peers**

By Kimberly Collica

Adviser: Dr. Barry Spunt

**Abstract:** This study investigated the benefits of working in two New York State (NYS) HIV prison-based peer programs for current and former female peers. Based on social control theory and life course theory, it was hypothesized that women who work or have worked for the ACE (AIDS, Counseling and Education) and CARE (Counseling, AIDS, Resource and Education) programs will have developed high levels of self-esteem, strong attachments to conventional others, an involvement and commitment to conventional activities, and have beliefs in accordance with conventional rules, when compared to those inmates who have not worked for a peer education program. The strength of the social bonds that develop from working as an HIV peer educator will serve as a life transition that can alter the criminal trajectory, thus increasing levels of institutional and postrelease success.

## Foreword & Acknowledgements

I began the doctoral program in the Fall of 1999. I knew that the doctoral program would entail a tremendous amount of work and dedication. It demands persistence, perseverance, and many sleepless nights. After almost seven years of attending graduate school (five were devoted solely to course work), working full-time, raising a daughter, and managing a household, I am surprised that I have enough energy left to write this foreword. What will I do with all my free time? I was a young single mother at 18, who barely had enough money to pay for life's essentials and who never dreamed that she would one day obtain her Ph.D. 13 years later.

I became very interested in the topic of HIV and women in prison when I began working at Taconic Correctional Facility coordinating their HIV prison-based peer program. I was amazed at how well received the program was by the women. The inmates had a tremendous interest in the program and we always had a tremendously positive response to every new program initiative. The first study I conducted was with the program participants in ACE during my first year as a doctoral student. Since I worked at Taconic for CARE, it seemed obvious to me that program participants were gaining an incredible amount of knowledge from being a part of CARE, but there was very little research on the subject area. In order to avoid a conflict of interest by studying the CARE Program, I decided to focus my study on ACE. The results of the first study were quite promising and provided evidence that such programming does increase levels of knowledge about HIV /AIDS. As I progressed in my position, I also noticed that these programs had great benefits for the peer themselves. The women who worked for ACE/CARE were extremely successful and very well respected by prison staff and other inmates for their work. I noticed that disciplinary infractions went down substantially for many of the women after they began working in these programs, self-esteem and levels of confidence went way up, and I noticed that when the women were finally eligible for release, they were able to obtain paid positions in the field of HIV. Most of these women who left, never returned to prison, which made me consider the fact that these programs were not just about education, they were about redirection. There is barely any research on the effects of peer programs on the peers themselves. This factor, in combination with my interest in the success of ACE/CARE peers, led to this current study.

There are certain people, however, that I must thank for helping me through this long and yes, quite painful process. I would like to thank my committee members, Dr. Barry Spunt, Dr. Larry Sullivan, Dr. Michael Jacobson, and Dr. Rosemary Gido, who agreed to mentor me through this endeavor and who agreed to read quite a lengthy piece of work. Dr. Rosemary Gido, who has served as a role model for me, generously devoted her energy and time to helping me in my academic pursuits over the last few years, even though we only met one another "in the flesh" a few months ago. Dr. Barry Spunt has served as my advisor and dear friend since I was an undergraduate student and has "stuck" by me throughout all of my years at John Jay. Dr. Sullivan was an angel in helping me to negotiate the IRB and in helping me to "knock down" the barriers set forth by others trying to prevent me from accomplishing my goals. Dr. Michael Jacobson was

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I would like to thank Christina Czechowicz, former Assistant Director of the Doctoral program, for providing me with the guidance I needed to successfully complete my coursework and for always saying, “Don’t worry, you have what it takes to finish.” I would like to thank my very best friend and former doctoral student, Dr. Gennifer Furst, who continually offers me love, support, and friendship and who will always commiserate with me on all of the injustices that exist in the world. Her dedication and passion inspire me every single day and I am grateful to her for teaching me the true meaning of friendship and family. I would like to thank Elizabeth Mastroieni, former ACE/CARE supervisor, for helping me through my course work by providing me with emotional support, with parenting assistance so I could attend classes, and with helping me to “track down” many of the former ACE/CARE peers. Without her, I know this dissertation might have never been a reality.

I am especially grateful to the New York State Department of Correctional Services, particularly Elaine Humphrey, Program Research Specialist, and Paul Korotkin, Assistant Director of Research, for allowing me to conduct this study and for being so helping and patient with me during this entire process – I know it wasn’t easy. A huge thank you is necessary for all of the women of ACE and CARE, present and past, who spoke so openly and honestly with me, and took such a tremendous interest in this work. In the years that I have spent working with many of these women, I have learned so much about myself and about life, and I praise them and admire them for all of the work they have done and continue to do in fighting the AIDS epidemic. I am also grateful to Sister Antonia, whose passion in the fight against AIDS still continues to burn after over 20 years of dedicated service. The women of Taconic would be lost without her.

I am thankful to my family, especially to my grandmother who always had faith in me, particularly when no one else would, and to my two most faithful companions, my cat Andy and my dog Jenny, who both sat at either side of my feet the entire time I was writing my dissertation. I am grateful to Dr. William McDonald for bugging me everyday with the same question for the past two years, “What have you done with your dissertation today?” and for his support and encouragement during this process. I would like to thank all of the people who never believed in me and decided not to support me – particularly my high school guidance counselor who told me at age 17 that I should forget about college and just get married; it was this type of negativity that pushed me to make a better life for myself and for my daughter. Lastly, I would like to thank the most important person in my life, my daughter Annie, who, in her 12 years of life, has never known her mommy not to be in school. In spite of all of life’s struggles, she has been my inspiration for everything that I do and everything that I am. Every time I look at her, I know that I have made a significant contribution to the world and her successes in life will far surpass mine. Now she can finally stop asking the question she has been plaguing me with forever, “Aren’t you done yet?”

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**Chapter 1**  
**Life Course Theory –**  
**Can Life Transitions Transform the Criminal Trajectory?**

**INTRODUCTION**

The causes of criminal behavior have been debated for hundreds of years. There has yet to be an explanation of criminal behavior that can account for all criminality across differing social, economic, and psychological measures, or historical time spans. Another issue that concerns criminologists is why some individuals will persist in criminal behavior across one's life span, while others will eventually desist in this behavior. Since criminal behavior is such a complex variable, and there may be numerous reasons why some people choose to engage in deviant behavior, or why some people may choose to engage in deviant behavior for only a determined period of time, it is unreasonable to expect that any one theory has the ability to explain criminality and patterns of criminal behavior that can answer the question of "why" sufficiently. We cannot expect to generate a specific answer to such an abstract question.

When we look at patterns of offending among adults, we are examining similar factors in the histories of offenders who have chosen to persist in crime during adulthood, but who then eventually choose to stop for one reason or another. What do these offenders have in common? It appears that the answer may lie in the foundations of Travis Hirschi's (1969) social control theory. Social control theory maintains that individuals are likely to commit crime when their bonds to conventional society are deficient or damaged. Life course theory expands upon this explanation and not only discusses the importance of bonds to conventional society in modifying behaviors, but also examines the quality and strength of these bonds. In accordance with life course

theorists, there are certain life transitions that can modify life long trajectories, which can contribute to a desire and an ability to desist from future criminal activities. In this study, it was hypothesized that female inmates who work or have worked for the ACE (AIDS, Counseling and Education) and CARE (Counseling, AIDS, Resource and Education) programs, two HIV prison-based peer education programs in New York State (NYS), will have developed high levels of self-esteem, strong attachments to conventional others, an involvement and commitment to conventional activities, and have beliefs in accordance with conventional rules, when compared to those inmates who have not worked for a peer education program. The strength of the social bonds that develop from working as an HIV peer educator will serve as a life transition that can alter the criminal trajectory, thus increasing levels of institutional and postrelease success. This chapter will provide an overview of life course theory and examine its ability to explain changes in behavior patterns among persistent adult offenders. Subsequent chapters will examine whether or not HIV prison-based peer programming can serve as a vital transitional factor modifying a female offender's criminal pathway.

### **OVERVIEW OF LIFE COURSE THEORY**

Sampson and Laub, the two most prominent theorists in this area, have written about the life course theory quite extensively. This theory maintains that criminal behavior can change if the offender experiences “transitions or turning points [that] can modify life trajectories. They can redirect paths (Sampson & Laub, 1995, 144; 1992, 66).” They state, “A trajectory is a pathway or line of development over the life course span such as worklife, marriage, parenthood, self-esteem, and criminal behavior. Trajectories refer to long term patterns and sequences of behavior. Transitions are

marked by specific life events that are embedded in trajectories and evolve over shorter time spans” (66). “Transitions are always embedded in trajectories that give them distinctive form and meaning (Elder, 1985, 31).” The period and sequence in which a transition occurs can affect the impact of the transition on future criminal trajectories. How transitions influence behavior modification will depend on one’s capacity to adapt to abrupt or gradual changes in life trajectories. The same transition can manifest itself differently depending on the time-period in which it occurs, and the way in which the offender responds to the situation. “The same event or transition followed by different adaptations can lead to different trajectories (Sampson & Laub, 1992, 66).” Transitions also need to be understood in terms of their social and historical context. Benson (2002) calls this the “principle of contextualism.” “People cannot be separated from their time and place in history” (Bensen, 2002, 7). For example, a young single woman who becomes pregnant today would have a completely different experience than if she was a young single pregnant female in the 1950s. Changing societal, political, and legal factors have a tremendous effect on transitional processes and must be understood within the historical context that they are studied.

Life course theory does not believe that individual differences remain fixed across the life span, and changes in adult criminal careers cannot be explained simply by saying that crime will decline with age regardless of social transitions (a proposition strongly maintained by Gottfredson & Hirschi, 1995; 1990). Social transitions can modify life trajectories, and although there is evidence that shows that antisocial behavior is found to be stable in a small population of adults, Sampson and Laub hold that other offenders can change their behavior in lieu of certain life transitions (1992).

## **LIFE COURSE AND ITS RELATIONSHIP TO SOCIAL CONTROL**

Life course theory is guided by social control theory, which is not concerned with why people deviate from conventional behavior, but with why people conform to legal and social norms (Akers, 1997). Unlike many theories of criminal behavior, social control seeks to explain conformity, not deviancy. They believe that we need to explain why people conform, not why they deviate. It is primarily based on the Hobbesian notion that we are not born as conformists, and that we all have the ability to engage in criminal behavior (Wiatrowski et. al., 1981). The central thesis of social control theory is derived from Travis Hirschi's social bonding/control theory as stated in his book, Causes of Delinquency (1969). Hirschi appears to provide a more beneficial explanation of criminal behavior than previous control theorists. "Hirschi formulated a control theory that brought together elements from all previous control theories and offered new ways to account for delinquent behavior" (Akers, 1997, 85). His theory states "that delinquent acts result when an individual's bond to society is weak or broken" (1969, 16).

The four elements that characterize the social bond are attachment, commitment, involvement, and belief. Each element of the bond is interrelated but independently effects delinquency (Matsueda, 1982). First, the more attached we are to others and the more we value their opinions, the more likely we are to participate in conventional activity. Second, the more commitment we have to participating in conventional activity (the more time and energy we are willing to invest in conformity, particularly in terms of our educational and vocational aspirations), and the more dedicated we are to achieving our goals, the less likely we will deviate from social and legal norms. The uncertainty of "getting caught" and loosing everything that we have worked for (i.e., employment,

education, relationships, etc.) is too great to risk when one's commitment to conventionality is strong. Third, the more a person is involved in conventional activity, the less time they will have to participate in deviant or criminal activity. Last, if one's beliefs strongly adhere to conventional social and legal norms, the less likely they are to violate them. However, once these beliefs become weakened and the person no longer feels that they must adhere to these rules, the more likely they are to break them.

In Hirschi's study of urban male teens in California, the strongest evidence cited for the prevention of delinquent behavior was found among the bonds of attachment, commitment, and belief (Burton, 1991; Hirschi, 1969). In spite of these findings, many theorists have pointed to flaws in his conclusions. Hirschi has been criticized for only examining minor forms of delinquent behavior (Burton, 1991), for failing to account for background factors (i.e., social class) (Wiatrowski et al., 1981), for assuming that delinquency affects all juveniles the same regardless of differences in age (LaGrange & White, 1985), and for the invariable composition of his sample size (only juveniles and only males were represented) (Burton, 1991). This poses problems for generalizability. LaGrange & White (1985) believe that age should be included as a factor in social control theory because delinquent processes change with age. In their study of 341 male teens in New Jersey, they found that the influence of delinquent peers was the greatest among older teens.

Others have claimed that Hirschi's theory does not explain criminal behavior, only delinquent behavior (Box, 1971). Moreover, his finding that attachment to delinquent peers does not contribute to higher rates of delinquency has been disproved by those who have attempted to replicate his study (Burton, 1991; Hindelang, 1973). It

appears that not all attachments are beneficial and if a juvenile is attached to delinquent peers, his/her chances of engaging in delinquency increases.

Researchers that have examined control theory have found support for some of Hirschi's variables. The problems for replication, however, can be attributed to the means used to operationalize the different bonds. Burton (1991) has stated that those who have tested control theory have only formulated minor modifications to Hirschi's original theory. They may have looked at different samples, different forms of delinquency, or utilized longitudinal data. However, there have been no major modifications to its original inception. In his literature review of 22 studies that tested control theory, only two studies did not find any support for the theory (see Agnew, 1985 & Torstensson, 1990). The 20 studies that showed support for social control discovered that attachment and belief had the strongest supportive evidence, while involvement was the least supported among the four bonds. When Burton constructed a literature review of researchers that tested two or more theories (including social control), he found nine that supported control theory, 18 that supported differential association or learning theory over social control, and 9 that found support for both.

Hindelang (1973) also produced findings that were consistent with Hirschi's findings. Attachment to parents, teachers and schools, a commitment to conventional activities and beliefs, and strong involvement in school activities, all appeared to be related to reduced rates of delinquency. However, he also determined that peer attachment was positively related to delinquent behavior, while poor attachment to parents appeared to be the strongest predictor of delinquency among males. Similarly, Wiatrowski et al. (1981) stated that parental and school attachment, involvement in

conventional activities, and maintaining conventional beliefs, were all related to decreased delinquent activity. Surprisingly, he found that those subjects that dated frequently were more likely to be delinquent than those subjects who dated infrequently or did not date at all. In addition, delinquency has also been associated with disorganization and instability in the home (Osborn, 1980).

Theorists like Rankin (1976) have uncovered little support for Hirschi's theory. In his study of 385 high school and junior high school students, he found that participation in conventional activities was not related to lower rates of delinquency. Many theorists have found at least partial support for social control theory. Some have discovered that school success is more important than parental attachment (Johnson, 1979), some have maintained that there is no relationship between delinquency and involvement/commitment to conventional activities (Burton, 1991), some have established supportive relationships between reduced rates of delinquency and strong conventional beliefs (Burton, 1991), and others have stated that social control can explain some types of crime, but is poor in explaining other types of criminal activity (Burton et. al., 1998; Rosenbaum, 1987). For example, Rosenbaum (1987) has said that social control theory can explain drug use better than it can explain violent crimes or property crimes, while Shover et. al. (1979) has said that the bonds of attachment and belief are related to both property offenses and aggressive crimes. Friedman and Rosenbaum (1988) discovered that weak parental bonds were associated with crimes like robbery and assault, and a weak commitment to school was associated with property offenses. Those with delinquent associates were more likely to commit both serious and property offenses. With all of this conflicting evidence, it is difficult to make any assumptions

about the ability of social control theory to predict delinquent activity, but it does provide a starting point for other testable propositions.

### **SOCIAL CONTROL AND ITS RELATIONSHIP TO FEMALES**

Female criminality has often been neglected as a source of study for many researchers. Although it has not been completely disregarded, it has not reached the significance that characterizes male criminality (Smith & Paternoster, 1987). Many authors have chosen to ignore the female offender, or they have often generated theories of male criminality and/or deviance, and have later tried to transfer those theories to the female offender without enough empirical evidence to support their claims. “Female criminality has often ended up as a footnote to works on men that purport to be works on criminality in general” (Klein, 1973, p3). Since men have dominated the field of sociology, there are sexist influences on sociological research (Schur, 1984). “Women are no longer invisible, but their presence is infrequently and poorly misrepresented” (Daly, 1995, p445). Female theorists, like Kathleen Daly (1995), have traditionally (until the mid 1980’s) had trouble producing works solely on female criminality because the concept’s focus was deemed to be too narrow by other researchers in the field. According to Daly, this seemed quite ironic considering that male theorists were constantly allowed to present general theories on crime that dealt solely with male samples.

Theorists have also failed to recognize behavioral differences between the sexes. Theories that explain male criminality may not adequately explain the behaviors of their female counterparts. These differences can influence successful preventative and/or rehabilitative treatment modalities for women. Furthermore, preventative efforts or

treatment modalities derived from theories based on male behavior will not necessarily address the needs of female clients. Researchers are still unsure if the same factors that contribute to male desistance equally contribute to female desistance. “What is known about recidivism comes almost exclusively from studies of men” (Harm & Phillips, 2001). Some theorists believe that without adequate evidence to support the lack of generalizability of criminological theories to female offenders, the call for “gender-specific” crime theories “is premature” (Smith & Pasternoster, 1987, 142). Nonetheless, female offenders tend to have different medical and social needs than their male counterparts and appear to have different pathways leading them to crime. Even though they comprise only about 10% of our offending population, they tend to have higher rates of mental illness, histories of physical and sexual abuse, substance abuse, and they are much less likely to commit a violent act than their male counterpart (Mays & Winfree, Jr, 2002).

Without adequate explanations of female criminality or deviance, readers and researchers alike have been forced to focus their attention on the works of a few. Can social control help to explain patterns of female offending? Rosenbaum (1987) believes that social control theory can help to explain female delinquency better than male delinquency, considering that young males typically enjoy greater freedoms than young females. He states, “Because a greater expectation to conform is placed on females, they require an extra push to break the law. Thus, for a female to engage in delinquent behavior, her bond to society must be weakened to a greater degree than would be necessary for a male” (129-130). For Covington (1985), social control also explains female criminality better than male criminality. Lack of parental supervision will have

more of an effect on female behavior and “social disorganization seems to have far more causal significance for females than males” (350).

Hagan et. al. (1979) differentiates between informal and formal methods of social control. According to his work, females are governed by more informal controls than their male counterparts due to the fact that parents, more specifically the mothers, have more of an ability to control their daughters than their sons. Strong family relationships appear particularly important in controlling deviant behavior among adolescence girls (Sepsi, 1974).

In a study comparing adult male and female offenders in a Texas boot camp (Alarid et al., 2000), it was found that social control could help to explain some female crimes. Being married or residing with a partner helped to decrease future criminal activity for women. Moreover, attachment to parents was a strong predictor of criminal behavior for both males and females, but it was stronger in preventing violent crimes among women. In Johnson’s study of 734 sophomores in Seattle, he found that being attached to school and delinquent values was more pertinent in predicting female delinquency than it was in predicting male delinquency. In terms of race, Austin (1978) found that a father’s absence from the home had more of a devastating effect on Caucasian girls, when compared to their African American counterparts. However, a mother’s affection was found to be significantly related to deviance for both white and black girls, and helped to inhibit deviant behavior regardless of the father’s presence in the home. For women offenders overall, their relationships with their children and the rest of their family appear to be an important component in the desistance process (Harm & Philips, 2001).

On the other hand, there are other theorists that have not found any evidence that social control can better predict female criminality over male criminality. Jensen and Eve's study (1976) of 4,000 youths in California did not find different rates of delinquency between males and females that had the same level of parental supervision. Attachment to the law or attachment to school could not explain why women were less delinquent than men. In Canter's 1982 study of 725 adolescents, it was found that "while family bonds are generally stronger among females, their inhibitory effects on serious delinquency appear to be stronger for males" (163).

Since females have lower rates of offending than males in all categories of crime, with the one notable exception of prostitution, many traditionally based criminological theories cannot truly explain the gender gap between the sexes because most of the studies have been conducted on male delinquents (Steffensmeier & Allan, 1996). "They also lack sensitivity to the manner in which the criminal behavior of women differs from that of men in terms of paths to crime (e.g. prior experience as victims) and in terms of context" (Steffensmeier & Allan, 1996, 473). It appears that researchers understand more about the factors that can lead to criminality for women (i.e., being a survivor of domestic violence, early childhood abuse, and sexual and racial discrimination in adulthood), but the desistance process for females still remains a mystery (Katz, 2000). Based on these results, it is too premature to come to any conclusions about social control and its ability to explain gender differences in the crime rate.

### **LIFE COURSE THEORY – Expanding Upon the Model of Social Control**

Life course theory emphasizes the quality and strength of social bonds in modifying criminal trajectories. Like Hirschi, life course theorists also maintain that

weak attachments to family and school can lead to delinquent behavior (Sampson & Laub, 1993). Poor parental supervision and poor parent/child relationships can contribute to early bouts of delinquent activity (McCord, 1986), and conduct disorder problems in childhood have been associated with ineffective child rearing and a subsequent breakdown in the family structure (Farrington et. al., 1990). However, juveniles are not the only ones affected by weak social bonds. Strong social bonds in adulthood can lead to changes in the life course. Sampson and Laub (1993) state,

“adult social ties are important insofar as they create interdependent systems of obligation and restraint that impose significant costs from translating criminal propensities into action. By contrast, those subjected to weak systems of interdependent and informal social controls as an adult are freer to engage in deviant behavior – even if non delinquent as a youth. This dual premise allows us to explain desistance from crime as well as late onset” (141).

These theorists also believe that delinquency has a cumulative effect on adult criminal careers, known as “cumulative continuity.” Antisocial behavior in childhood, and delinquent behavior during adolescence, can contribute to adult patterns of offending by severing adult social bonds and further isolating the individual from conventional society (Laub & Sampson, 1993). The longer one engages in delinquency, the more isolated they become from conventional society, and the more difficult it is to reestablish conventional connections. In regard to cumulative continuity, individuals can be drawn into situations or environments that bolster their deviant/antisocial personality traits which helps to maintain and strengthen these character traits throughout the life span (Caspi et. al., 1990; 1989; Caspi & Bem, 1990).

Research has found support for the propositions held by life course theory. Sampson and Laub (1993) have found that those individuals with low job stability, particularly those between the ages of 17-25, were more likely to be arrested than those

who possessed high job stability. Moreover, those possessing high aspirations for educational and occupational success, and those who had a strong attachment to their spouse, were less likely to be delinquent. Strong marriages (Gibbens, 1984; Sampson & Laub, 1996; Yeager, 2003a), purposeful employment, strong attachments to family (Sampson & Laub, 1996; Yeager, 2003a; 2003b), and working within the military (Elder, 1986; Sampson & Laub, 1990; 1996), have all been found to provide positive turning points in the life course of the criminal offender (Laub & Sampson, 1993). “A change in relationships may produce a turning point, a redirection of the life course” (Elder, 2000, 1617). It is not just marriage per se that decreases criminality, it is strong marital bonds that help to decrease crime gradually (Laub et. al., 1998). Those who are married and stayed married are the least likely to engage in criminal offending, more likely to be home owners, and less likely to go out nightly and engage in heavy drinking and drugging behaviors (Farrington & West, 1995). Not surprisingly, separation from one’s spouse was found to be positively related to criminal behavior (Farrington & west, 1995).

Not every life course theorist agrees with the way in which Sampson and Laub have analyzed the relationship between marriage and criminality. Warr (1998) has claimed that Sampson and Laub have failed to analyze how marriage affects the relationship between delinquent peers and delinquent behavior. They maintain that there is not a direct relationship between marriage and criminal behavior; the relationship is between marriage and time spent with delinquent associates. Social research has shown strong relationships between delinquent peers and delinquent behavior, but those who marry spend less time with their delinquent friends. Spending less time with delinquent

associates, as a result of marriage, is what leads to a reduced rate in criminal and deviant activity.

Being raised in an institutional setting has also been shown to influence the bond of marriage . Rutter et. al (1990) have uncovered that the most important factor in protecting a female or male child from negative childhood experiences (i.e., not being adequately raised by their own parents or being raised in an institutional setting like a group home), which can lead to adult criminal behavior, is a strong attachment to a law abiding spouse.

Notwithstanding, some theorists do not see marriage and crime as being significantly related to one another. Although Rand (1987) found that marriage actually affected the severity of one's criminal offenses, living with an intimate partner contributed to higher rates of delinquency. Furthermore, he could not find any relationship between criminality and factors such as fatherhood, military service, vocational training, or college education. Similarly, Knight et. al., (1977) did not find that early marriage led to reduced rates of delinquency, but it did tend to reduce behaviors related to delinquency (i.e., drinking, drugging, and time spent away from the home). Marriage appeared to have no effect on smoking, aggressive behavior, or police hostility. Piquero et. al., (2002) have found that life transitions are related to change but they cannot eradicate the race/crime relationship for violence. Nonetheless, Yeager (2003a), in his review of life course theory, claimed that "the results suggest that employment and marital status are still substantive predictors of violent recidivism, even when considering race and prior juvenile convictions" (30).

Life course theory has even helped to predict patterns of white collar offending among corporate employees. In a 1998 study by Lasley, “executives who possessed the strongest bond to their manager, their coworkers, and the corporation itself were least likely to report having engaged in a white collar crime” (347). Employment has also been found to decrease crime at a higher rate among older offenders, reducing their chances of recidivism (Uggen, 2000), and employment for younger offenders (directly out of high school) appears to decrease crimes conducted for material gain (Farrington et. al., 1986). It has been claimed that the ability to achieve strong social bonds to the workplace will also depend on a person’s physical health (Smith, 1985). Those who are disabled may be unable to work or unable to leave their current job position. This could result in a minimization of aspirations for occupational success, and thus reduces the bond to conventional work. Altogether, the research on crime and its relationship to employment has been inconclusive at best . “Some studies find that unemployment increases crime, others that it decreases crime, and still others find no detectable effect in either direction” (Blumstein et. al., 1988, 5).

For those that are formerly incarcerated, establishing strong bonds to the workplace can begin with the belief that their work allows them to achieve a higher purpose in life. This would include positions that focus on helping others, particularly those that have been through similar life experiences. In a study distinguishing criminal desisters from criminal persisters, Maruna (2001) found that in order for ex-offenders to maintain the process of desistance or what he terms “making good,” they need to be able to find a higher purpose in life, while subsequently making sense out of their life histories. Many desisters expressed a strong desire to provide assistance and support to

other offenders or substance users as a way of “giving back.” By helping others, they are able to reform their past, recreate their self identities, and finally accomplish a certain level of success. For offenders to desist in criminal behavior, they need to find others who will applaud their new conventional efforts (Sommers et. al., 1994). They may want to make a change but if they are unable to achieve a new identity and a new network that supports such an identity, they could revert back to preexisting criminal networks that will provide them with approval and a sense of individuality. In a study of female desisters in New York City (1994), Sommers et. al. stated, “Overall, the success of identity transformation hinges on the women’s abilities to establish and maintain commitments and involvements in conventional aspects of life. As the women began to feel accepted and trusted within some conventional social circles, their determination to exit from crime was strengthened, as were their social and personal identities as noncriminals” (144). These conventional circles may also include strong relationships with one’s probation or parole officer, which may help ameliorate some of the stress associated with reintegration, in addition to providing encouragement for conventional behaviors, subsequently decreasing the rate of recidivism (Andrews & Klessing, 1980).

Transitions may not only be related to the quality and strength of bonds or attachments, but they can also be constrained by historical factors and they can be age related (Caspi et. al., 1990; Laub & Sampson, 1995; McLanahan & Sorensen, 1985). For example, transitions that happened in the 1930s may have a different effect on adult offenders in the present time-period. Social changes influence expected role definitions and definitions of deviance, and it also influences how one will adapt and respond to these roles and changes (Caspi et. al., 1990; Elder, 1975). Farrington (1986) has found

that transitions effect offenders differently, depending on how old they are when the transition occurs. “Adult criminal behavior seemed to be influenced by delinquent friends at age 14 years-old, an unstable job record at age 18 years-old, and anti-establishment attitudes at age 18 years-old” (375). He found that characteristics that were important in predicting delinquency in early childhood (approximately 8-10 years old) (i.e., low economic status, criminal behavior among family members, school failure, and poor parental supervision), differed from characteristics that tended to be important during adolescence (i.e., truancy, delinquent peers, non-conventional belief system, and inconsistent work histories).

Other theorists maintain propositions in direct opposition to life course theory, stating that individual differences remain stable across the life span and that crime will decline with age regardless of social transitions (Le Blanc, 1990; Cline, 1980; Gottfredson & Hirschi, 1995; 1990; Gove, 1985). It could be argued that it is not age per se that directs this relationship, but the fact that some bonds will become stronger as one becomes older and more mature. As they age, offenders’ perceptions of being successful at committing crime may change as well (Shover & Thompson, 1992). If it was simply a matter of age, would not everyone who was young commit crime, while everyone who was older follow every letter of the law? Gottfredson and Hirschi would claim that this is due to poor child rearing, leading to low self-control, which contributes to delinquency. But, is this answer sufficient to our questions? Other theorists have claimed that the life course perspective is helpful in understanding patterns of desistance but “it does not provide a theoretical rationale for predicting or explaining this phenomenon” (Uggen & Kruttschnitt, 1998, 341).

In research that has tested both theories, there has been support for both in accounting for criminal behavior patterns, but the validity of transitions on behavior change cannot be ignored (Pasternoster et. al., 1997). Some researchers have found a relationship between increased crime rates for certain types of crime (i.e., burglary and drug offenses) and an increase in age, while finding no relationship between age and crimes like larceny, car theft, weapon transgressions, or aggravated assaults (Blumstein & Cohen, 1979). “It [also] appears that participation in offending, but not frequency, varies with age” (Blumstein et. al., 1988). Others like Cohen and Vila (1996) have stated that it is too early to say that one theory explains criminal behavior better than the other. “If the estimates are true, and collectively sociopaths do account for one-half of all felonies, then we are still left with another fifty percent of such criminal events unaccounted for” (146). The other half that we are looking to explain could be a result of weak social bonds that have contributed to criminal behavior, or strong social bonds (life transitions) that have changed criminal pathways of behavior. They believe that we should be distinguishing between types of chronic offenders because offenders cannot all be grouped into one category. Hence, we may need more than one theory to explain criminal behavior among varying groups of persistent offenders.

## **CONCLUSION**

From the literature review, it appears that life course theory offers many valuable explanations for our question of “why” some offenders persist in their criminal endeavors as adults. The quality and strength of social bonds serve as a transition that can divert paths and alter the criminal trajectory. However, one question still remains – is it possible to establish these bonds and redirect paths, while one is still serving their

time in prison? Can prison programming serve as the means to establish this redirection?

The next chapter will focus on established research pertaining to programming as an efficacious treatment for offenders, serving as a means for reducing criminal behavior.

From the research, we can conclude that this question will be answered in the affirmative.

From the current study, we will see that HIV prison-based peer programming is one type of rehabilitative prison program that can serve to strengthen bonds for female offenders, while redirecting their criminal trajectories.

## **Chapter 2**

### **Prison-Based Educational/Vocational Programs: Ineffectual or Invaluable?**

#### **INTRODUCTION**

We often hear the phrase “knowledge is power,” but who is allowed to obtain such power? Is education a privilege or a right guaranteed to all Americans? Current political rhetoric and current correctional policies would have us believe that only some Americans have earned the right to educational services and educational/vocational programming. Anyone who has committed a crime is not entitled to such power. Furthermore, it is believed that educational/vocational programming should not be wasted on individuals who choose to violate our society’s laws. For those who reside within the walls of our correctional facilities, educational programming is a privilege and it is a privilege that is not widely available. The rise of the Republican conservative power, and the change from rehabilitative penal goals to retributive penal goals, has led to a dramatic decrease in educational services accessible to the incarcerated. Many have argued that prison programs teach valuable skills and these skills are necessary if prisoners have any chance of leading productive lives after prison. Others have argued that educational services do not lead to rehabilitative goals, hence they should be abolished or restricted.

This chapter will essentially be divided into eight parts. The first section will concentrate on the history of academic prison programming and the transformation from religious studies to academic studies. The second part will discuss the elimination of educational funding for prison programming and discuss how these cutbacks have caused a significant decline in the quantity and quality of programs offered to inmates. Third, the changes in penal policy from the 1960s to the present and current public opinion on

such issues will be examined. We will see that our penal system's goal has changed from rehabilitation to retribution, but that this change may not be entirely based upon public opinion. Next, the need for inmate programming is discussed. Fifth, the methodological weaknesses and strengths of previous studies pertaining to inmate education will be summarized. The following section will analyze the challenges educators face when implementing and maintaining programs in the correctional setting. In the seventh section, the empirical evidence that links prison-based education with positive outcomes (i.e., reduced recidivism, improved institutional behavior, higher rates of employment, higher self-esteem, etc.) will be investigated. This section will also look at the effectiveness of jail-based programming in combination with computer assisted instruction, the effects of mandatory and voluntary educational programs on inmates' abilities to learn, and it will discuss which findings, if any, are generalizable to female inmates. The last section will analyze the goals for future research and the political obstacles that stand in the way of reform.

In this chapter, it is clear that despite the current trend toward retribution, we are ignoring studies that show that educational/vocational programming can have significant positive effects for the inmate, and for the community in which he/she will reside in after release. Our goal should not be to simply "warehouse" offenders if there is evidence that rehabilitative goals are a strong possibility. Our goal should be to enhance prison programming because there is an abundance of evidence that links these programs to positive post-release outcomes. These positive outcomes will benefit everyone economically and socially. It is clear from the research that prison programming can serve as a life course transition and possibly change the criminal trajectory. It is also

clear from the current study, that one program that has been overlooked as a vocational opportunity to promote criminal desistance is HIV prison-based peer programming.

### **HISTORY OF ACADEMIC PROGRAMMING**

Since the inception of the reformatory, educational programming has always been an important component of American correctional facilities. Hence, programs have been a part of the prison system for over 150 years (Gaes et al., 1999). In the 1800s, prison programs primarily focused on spirituality and religious teachings (Gerber & Fritsch, 1995). If the offender accepted God and the teachings of the Bible, it was believed that the offender could be rehabilitated. The illiteracy of many inmates hindered their religious studies because they were unable to read and effectively understand important religious materials. Therefore, academic programs grew out of a need to teach inmates to read the Bible (Linden & Perry, 1983). As a result, many facilities implemented literacy programming in the 1870s as a way to foster religious education (Gaes et. al, 1999). During this time, Superintendent Zebulon Brockway of the Elmira Reformatory in New York State mandated academic programs for all of his inmates, but his policies were unusually progressive for this time period (Linden & Perry, 1983); most other correctional facilities did not follow suit until many years later.

It was not until the 1930s that academic and vocational programs were devised in most American correctional facilities as an important tool in the rehabilitation of the criminal (Gaes et. al., 1999; Gerber & Fritsch, 1995). MacCormic's 1931 report, based on his study of correctional facilities from 1927-1928, provided in-depth directions for establishing model and idealistic educational and vocational programs within our prison system, which some maintain is still applicable today (Hunsinger, 1997). He argued that

education was the best, albeit, not the only solution to our crime problem (MacCormic, 1931). Prison programming was believed to be the key to successful rehabilitation, and the rehabilitative philosophy was the only way to ensure community safety, retributive policy, by itself, appeared futile (MacCormick, 1931).

By the 1930s, educational programming for inmates was a standard practice (Linden & Perry, 1983). Shortly after, there was a movement to provide college education as well. In 1945, after World War II, some prisons started to offer post-secondary education (McCollum, 1994). The 1950s and the 1960s were also very supportive of rehabilitation and prison-based education (Linden & Perry, 1983) and more facilities began to offer college programming (Gaes et. al., 1999; Gerber & Fritsch, 1995; Knepper, 1990; Linden & Perry, 1983) as a way to lower recidivism. By 1965, there were twelve prison-based college programs in the United States (Taylor, 1993). The biggest reason other facilities cited for not implementing post-secondary education was a lack of finances (Taylor, 1993), not lack of interest. Luckily, out of the 1960s grew the BEOG (Basic Educational Opportunity Grant) which gave tuition assistance to low income families (Knepper, 1990; McCollum, 1994). This program was later extended to middle-class families and later renamed the Pell Grant (McCollum, 1994) when Congress passed Title V of the Higher Education Act in 1965 (Taylor, 1993). There was not any language contained within the eligibility requirements that would provide for the exclusion of financial awards to inmates (McCollum, 1994). For that reason, eligible inmate students were able to receive financial aid for college (Taylor, 1993). With financial support from both state and federal governments, college programs flourished in American prisons (Ryan & McCabe, 1994). By 1973, there were 182 college programs;

these programs grew to 273 by 1976, and finally, 350 by 1982 (Taylor, 1993). Approximately 90% of states were offering some type of prison-based college programming (Taylor, 1993).

### **CUTBACKS AND THE ELIMINATION OF PROGRAMMING**

Unfortunately, from the late 1970s to the present, we have witnessed a sharp decline in the amount of support for inmate education (McCollum, 1994). Many education advocates have blamed Martinson's 1974 "nothing works" study for this abrupt change. By this time, prison officials began to doubt the effectiveness of educational and vocational programming in transforming the offender (Knepper, 1990). By the 1980s, there was a complete changeover from rehabilitative goals to retributive goals and we observed major cutbacks in educational funding (Ryan & McCabe, 1994). According to Taylor (1993), Senator Helms introduced Amendment 938 in 1991, which proposed eliminating funding for prisoners for higher education. A year later, the Coleman-Gordon Amendment, quite similar to Helm's earlier proposal, was introduced into congress, which excluded prisoners from receiving Pell grants. Both amendments were eventually defeated through the concerted lobbying efforts of the public, professional associations, and colleges and universities. Nonetheless, the Higher Education Reauthorization ACT of 1992 was passed. Pell Grants were still allowed for inmates but they were only available for tuition and fees, and inmates with death sentences or sentences of life without the possibility of parole were ineligible.

Finally in 1994 the Republicans' wishes were answered when Congress eliminated Pell Grants for prisoners (Linton, 1998). Former democratic President Bill Clinton signed the Omnibus Crime Bill into law, a part of which eliminated all tuition-

assistance for inmates (Lewis, 1994, Yarbo, 1996). Inmate students and professors were highly upset with this law but it is unlikely that it will be repealed unless there is a dramatic change in the way politicians value inmate educational services (Yarbo, 1996). This has obviously devastated many programs inside the prison and has caused many colleges to forfeit classes. Some programs managed to survive on TAP (Tuition Assistance Program) funding from their respective state governments but unfortunately many states followed the federal government's lead and abolished this source of funding as well (Audeh, 1995). For example, in New York State Governor Pataki joined the bandwagon in 1995 and subsequently eliminated all state tuition-assistance for New York inmates (Audeh, 1995; Butterfield, 1995).

Even before Clinton signed this law into effect, many states had already started to restrict funding for post-secondary education. In the five years before Pell Grants were eliminated, almost one-half of the states cut educational, vocational, and technological programming budgets (Currie, 1998; Lillis, 1994). For correctional facilities that have managed to maintain some of their programs, these budget cuts have resulted in longer waiting lists for all programs, larger classes, and less course offerings (Lillis, 1994). College programs have tried to defer tuition costs by requiring inmates to pay partial or total tuition fees, either through their personal accounts or through private grants and/or scholarships (Lawrence et. al., 2002). Accordingly, the number of inmates enrolled in post-secondary programming sharply declined. Between 1994-1995, "the number of state prison inmates enrolled in post-secondary education dropped from 38,000 to 21,000 – this in a population of close to one million. By the 1994-1995 academic year, about half of state prison systems offered some kind of baccalaureate program; by the following

year, only a third did” (Currie, 1998:169). Between 1991-1997, inmate participation in academic studies decreased from 42% to 35%, and inmate participation in vocational studies decreased from 31% to 27% (Lawrence et. al., 2002). Funding provided for special educational services decreased as well, and by 1998, most states had eliminated all programmatic prison funding (Correctional Educational Bulletin, 2002).

### **CHANGES IN PENAL POLICY**

The last 25 years have witnessed a return to stronger retributive policies in our criminal justice system. The reliance on mandatory-minimum sentencing guidelines (i.e., New York’s Rockefeller Drug Laws), truth in sentencing policies (i.e., requiring inmates to complete at least 85% of their sentence and limiting or suspending parole eligibility or good-time credits), “three strikes and your out” laws (i.e., three felony convictions would require one to serve a mandatory life sentence), the move from indeterminate to determinate sentencing procedures, and the abolishment of parole in some states, etc. (Ditton et al., 1999), only supports the conclusion that our government no longer believes in rehabilitation and is taking a powerful “get-tough” approach on crime (Lewin, 1996). Many states have even resorted back to practices that were once deemed barbaric and inhumane. For example, in 1995, Alabama reinstated the chain gang, and Mississippi reinstated the black and white striped uniform with the word “convict” printed across the back (Butterfield, 1995). Other states have chosen to also eliminate recreational activities like weight lifting, computer use, television viewing, etc. (Butterfield, 1995). The cuts in education have mirrored the cuts in these other amenities. We are regressing back to earlier times and the future of rehabilitation does not look promising. Punitive measures have certain advantages because they may discourage unruly behavior, but by

itself, it cannot encourage positive behavior (Tootoonchi, 1993). Therefore, inmates are leaving prison without learning how to behave properly (Tootoonchi, 1993).

Even though politicians have focused their energies on reinstating retribution as our correction system's primary goal, they would have us believe that they are only following public opinion. They maintain that the majority of the public supports this view, but new research shows that this may not be entirely true. The relationship between public opinion and crime control policies may be overstated. The public's overall feelings toward penal practices may not have caused politicians to enact harsh penal policy; public opinion may be a reaction to politicians highlighting such issues as major social problems, which tend to drive public fear (Beckett, 1997) and cause "a series of moral panics" (Tonry, 2004, 25). Applegate et. al.,'s (1997) study found that although criminal justice policy has focused on "getting tough" with criminals, many Americans favor rehabilitative goals in our prison systems. Recent policy has remained consistent with retributive ideals but the authors claim that public opinion on crime has not been assessed recently or assessed through methodologically sound studies (i.e., limitations of prior studies include the wording of survey questions, biased samples, etc.). Studies conducted during the 1970's and 1980's have produced serious doubts about the efficacy of treatment programs and rehabilitation. However, other studies conducted during the 1980's showed that the public still favored rehabilitative goals. If the public did not choose rehabilitation as the most important goal (retribution was chosen as the most important), it was still chosen as a significant secondary objective. This study illustrates that the public supports both retribution and rehabilitation, but policy makers have chosen to only highlight the former and ignore the latter. Respondents appeared to view punishment and/or protection of

society as most important, but there was also a significant amount of support for correctional treatment, believing that it would positively affect rates of recidivism. The public did not favor basing an inmate's sentence on his/her completion of treatment but they felt it could be used as a mitigating factor in reducing an inmate's sentence. Based on these results, it is quite evident "that policy makers consistently overestimate public punitiveness and consistently underestimate public support for rehabilitation" (Applegate et. al, 1997, 250). It appears that the public strongly supports a combination of the two. In a more recent nationwide survey of 1,056 adults, Hart (2002) found that public support for mandatory sentences has decreased, while support for rehabilitative measures (i.e., educational and vocational programming, job placement, etc.) has increased. "Americans strongly favor rehabilitation and reentry programs over incapacitation as the best method of ensuring public safety (4)."

### **INMATE DEMOGRAPHICS –Reasons We Need These Programs**

While the funding for rehabilitative programs has decreased, our inmate population has steadily increased and prisons do not have the funding to provide useful educational services for a majority of their population. There are approximately 7 million people in the United States under some form of correctional supervision, with over two million inmates in the federal/state prisons and city/county jails (BJS, 2004). Since the 1970s (between 1978-1998), our inmate population has tripled (Butterfield, 1995; Lawrence et. al., 2002) and inmates are serving much longer sentences (Butterfield, 1995). Surpassing South Africa, our country has finally won the title for incarcerating the most prisoners per capita in the world (Lewis, 1994). There are about 470 inmates per 100,000 American residents (BJS, 2002). We not only have the highest incarceration rates in the

world, but out of all of the industrialized nations, we have also retained the lowest educational levels (Tewksbury & Vito, 1994).

Academic/vocational programs are especially important for prisoners because inmates face far greater deficits than people in the general population. Inmates suffer from a severe lack of academic skills, and illiteracy is commonplace among this population. Studies have shown that approximately one-half of prisoners have below a sixth grade reading level and others have estimated it to be below the fifth grade (Tewksbury, 1994). According to this standard, this means that just about 75% of inmates are virtually illiterate (Tewksbury, 1994; Trites & Fiedorowicz, 1991), compared to a 20% illiteracy rate among the general population (Trites & Fiedorowicz, 1991). Only one-half of inmates possess a high school diploma (Lawrence et. al., 2002; Smith & Silverman, 1994; Tewksbury & Vito, 1994), compared to three-fourths of the general population (Lawrence et. al., 2002). Furthermore, inmates tend to trail approximately two to three grades behind those that have achieved the same level of formal education (Tewksbury, 1994; Tewksbury & Vito, 1994). In 1997 the Bureau of Justice Statistics estimated that 40% of state inmates, 27% of federal inmates, and 47% of jail inmates did not possess a high school diploma or GED; in the general population, only 18% of people have not obtained their high school diploma or GED (Harlow, 2003).

In addition to their poor academic skills, prisoners also possess very poor employment skills. Their work history and work skills are far below the national average (Lawrence et. al., 2002). A study of 1,000 Louisiana inmates conducted by Bell et. al. (1984) found that close to one-half (42%) of inmates were diagnosed with some type of learning disability. IQ levels were one standard deviation below the nation's average and

almost 50% had no history of prior employment. Moreover, 70% were from unstable homes, 60% had been in contact with the juvenile justice system as adolescents, and 58% were people of color.

If these deficits are combined with the stigma of being an “ex-con”, future prospects of long-term employment appear rather bleak (Lawrence et. al., 2002). Illiteracy tends to lead to limited opportunities, low self-esteem, frustration, and disorderly behavior (Trites & Fiedorowicz, 1991). Low educational levels do not cause crime but it is definitely a contributing factor (Linton, 1998). “These deficiencies can obviously be linked with economic hardship, lowered self-esteem, and social alienation. It is no surprise that education deficits are strongly related to criminal activity” (Tewksbury, 1994:398).

Even though these statistics are disturbing and deserving of our attention, there are individuals who believe that taxpayers’ money should not be used to help inmates obtain a college education (Tootoonchi, 1993). “Even today, media stories about criminals who receive college degrees behind bars sometimes create the impression that prisons have become country clubs and that prisoners are being given an opportunity not open to the general public” (Tootoonchi, 1993:35). Those against providing state and federal tuition-assistance for higher education have argued that inmates are not really “needy” individuals, hence not deserving of this money, and if we give them this money, we are taking money away from law-abiding citizens.

Founded upon the ideas underlying utilitarianism, originally set forth by Jeremy Bentham, and established in the principle of *less eligibility*, criminals are not worthy enough to receive privileges that the truly disadvantaged classes cannot receive. Based on

the five-hundred year existence of the Elizabethan Poor Laws in England, the conditions surrounding the workhouses (the earliest form of the modern day prison which was used to control the nonworking poor), had to be worse than the conditions surrounding the most dreadful jobs in the community (Quigley, 1996). If this was not the case, individuals would not have the incentive to remain law-abiding or the incentive to maintain employment. According to Quigley (1996), the workhouses were created to decrease the cost of caring for the poor by requiring them to contribute to their own living expenses. They were required to perform the lowest forms of labor, which would help to deter the poor from asking for governmental assistance and make the option of utilizing the workhouse less tempting to community members.

These ideas are set forth in the principle of *less eligibility* and can be found in the feelings many people may have toward prison programming today. The concept of *less eligibility* maintains that inmates should not be treated better than the lowest classes of society (Siegal & Senna, 2004). Those following this philosophy would want to know why inmates should be allowed to participate in programs that are not offered to law abiding community members who are truly “needy” individuals and deserving of such privileges. What is the incentive to remain law abiding if they are so many educational and vocational opportunities within the prison?

In response to all of these criticisms, it could be argued that opponents of prison-based educational and vocational programs are making hasty and erroneous assumptions. First, inmates are part of this disadvantaged class. People of color comprise over 50% of our prison population, 60% are from the lowest economic levels of society, and as stated earlier, they are seriously lacking in both academic and marketable job skills (Taylor,

1993; Taylor, 1992). Furthermore, sixty percent of all inmates earned less than \$10,000 per year before their arrest (Taylor, 1993). All of these factors combined should definitely qualify inmates as “in need” of such services.

Second, inmates are not taking money away from anyone else, particularly law abiding citizens. All individuals in the United States who qualify for tuition-assistance will receive tuition-assistance. It is not as if eligible individuals are being denied funding because their money is being given to a prisoner (Audeh, 1995). In order to inflame the public, politicians have greatly exaggerated the amount of money that inmates were able to receive from Pell Grants. From 1991-1992, less than .8% of 1% of all Pell Grants were given to inmates (Taylor, 1992). If all the money saved was evenly divided between all Pell Grant recipients, it would work out to less than five dollars per person per semester (Taylor, 1994).

Third, prisoners are not necessarily being treated better than the most underprivileged members of society; they are not being offered programs that are not available in the community. Inmates often face physical, sexual, economic and psychological exploitation while in prison (Mays and Winfree, 2002). They are isolated from their friends and their family, and they lose almost all ability to make decisions for themselves; they lack all basic freedoms. It seems a little extreme to believe that many people would be willing to commit crime in order to gain access to prison-based programming, especially when the same programs are offered in the community under a much less restrictive setting. Based on the aforementioned statistics, inmates can be considered part of this most underprivileged group, and if not assisted in maintaining a

change, will leave prison the same way in which they entered, begetting more problems for those that reside in unprivileged areas.

We cannot deny the fact that education is extremely cost-effective. The cost of incarcerating a prisoner for one year is estimated to be about \$25,000 but the cost of a college degree for an inmate is about \$2,500 (Taylor, 1993; Taylor, 1992). This means that tuition costs are only 10% of the costs of one year of prison (Taylor, 1992), and if education can help lower recidivism rates, we stand to save a tremendous amount of money. Overall, most college programs proved to be fairly inexpensive. They have used empty rooms in the evenings or the weekends as classrooms, and a majority of professors are adjuncts or volunteers (Linton, 1998).

### **RESEARCH ON PRISON PROGRAMMING**

Thoughts surrounding rehabilitation began to change with Martinson's famous 1974 study on the rehabilitative effects of prison-based programming, even though 48% of the programs surveyed actually produced beneficial results (Lipton et. al., 1975). Martinson stated, "With few and isolated exceptions, the rehabilitative efforts that have been reported so far have had no appreciative effect on recidivism" (1974, 25). Martinson maintained that prison interventions were futile and previous studies that claimed to show a correlation between rehabilitation and recidivism were empirically weak and methodologically unsound. Hence, these studies could not show that the implementation of treatment could lead to successful outcomes. "Though Martinson has been criticized for dwelling too much on the failures of treatment efforts, many of his critics may be guilty of dramatizing their effectiveness" (Farabee, 2002, 192). Martinson's findings became synonymous with the phrase "nothing works" (Welch, 1996), but in fact,

Martinson never used these exact words in his report (Farabee, 2002). Indeed, Martinson changed his original opinion on rehabilitation in 1979 and pointed to the beneficial effects of prison programming, however, this view was overshadowed by his initial report “not because of lacking merits in the revised argument but because of its failure to be in tune with a climate of opinion increasingly frustrated with and hostile to a rehabilitative approach” (Ubah & Robinson, 2003, 121).

Critics have utilized Martinson’s 1974 article to argue against rehabilitation. Nonetheless, many reformers have criticized Martinson for coming to these conclusions too quickly. Although his findings lacked empirical support, his claims were regrettably “accepted [as] criminological truth” (Cullen & Gendreau, 1989). “The claim that rehabilitation was a failure was an over-generalization that was erroneously based on too simple an outcome measure” (Knepper, 1990: 110). Others have claimed that Martinson’s initial report was incomplete and inadequate and he failed to identify some of his major sources (Gerber & Fritsch, 1995). Gerber & Fritsch (1995) cite five different criticisms of Martinson’s study, as well as criticisms of other authors who have agreed with Martinson’s conclusions. First, inmates are affected by a multitude of factors. We cannot place the onus of responsibility on one program or on one treatment in particular. Inmates are typically involved in more than one program and it is almost impossible to attribute success to one or the other (Lawrence et. al., 2002). A combination of different programs may actually contribute to the inmate’s success. It is also important that we consider the amount of influence that the inmate’s environment plays in shaping his/her behavior. Second, the process of self-selection can be problematic. Random assignment to experimental and control groups are not feasible in the prison setting since inmates are

already assigned to their programs by correctional administrators (Gaes et., al, 1999). Inmates enrolled in certain programs (i.e., college) may possess different characteristics than non-participants. They may be more motivated than the average offender, and successful post-release outcomes could be based on the offender's personality, not on his treatment program. It is possible that inmates placed in these programs possess the characteristics necessary to foster successful behavior despite their enrollment in such programs. Nonetheless, a study conducted in 1998 by Trice and Schanning compared characteristics of female college participants with female non-college participants. Their study found very few differences between the two groups. Women in college tended to be incarcerated for a longer period of time but all other variables were similar. This study illustrates that selectivity may not pose an insurmountable issue when studying this population.

Third, research is often based on small samples. These small numbers make it difficult to generalize findings to others in the same population. Fourth, studies have measured the success and failure of programs differently, and the length of follow-up has varied. These authors feel that the longer releasees are followed, the more confident they are in the research findings. Last, many studies conducted on prison programming were conducted by prison administrators who were not really concerned with the program's rehabilitative outcome.

The problems with current research are essentially the same. The way in which program outcomes are measured can be problematic, and since there are no universally accepted criteria for accessing program success or failure, many researchers have used a wide range of defining variables to survey post-release outcomes. Recidivism is

commonly used as an outcome variable but operationalizing this variable effectively is often difficult because there is no single definition of recidivism (it means different things to different researchers), it is difficult to track, and it is difficult to measure (Taylor, 1992). Recidivism may not be a realistic goal, and as mentioned earlier, it is important to consider other influential factors in the inmate's life (i.e., past history, family, opportunities, physical and mental health, etc.) (Enocksson, 1980). Studies that have shown the positive effects of programming have defined "programming" very broadly and it is impossible to know which programs are most effective (Lawrence et. al., 2002).

Previous studies that have showed support for rehabilitation suffer from methodological flaws, selection bias, the inability to identify specific components of a program that could have contributed to a specific behavior change, and an inability to differentiate between programs (Lawrence et. al., 2002). Scientists have tried to utilize a variety of research designs "but these designs often fall short of the kind of empirical evidence that would support rational policy making and program development" (Gaes et. al., 1999: 400). Also, few studies have examined inmate motivational factors (Lawrence et. al., 2002).

### **PROGRAMMATIC CHALLENGES WITHIN THE CORRECTIONAL INSTITUTION**

Methodological issues are not the only concern. Programs themselves face many challenges within the correctional setting and the ability to overcome these challenges may impact the effectiveness of overall programming. Programs have to learn to effectively deal with high staff turnover rates, lack of funding, limited space, and learning to accept that they are probably the lowest priority of prison officials (Lawrence et. al., 2002). The types of programming offered and the quality of these programs has largely

been affected by budgetary constraints and the lack of scientific study (Lawrence et. al., 2002). Many programs have been based on “intuition, benevolent intentions, and experience,” rather than being grounded in scientific research (Gaes et. al., 1999: 399). Programs may also have limited success because they have failed to address the specific and diverse needs of offenders (Gaes et. al., 1999; Kosji, 1998).

Tewksbury (1994) attributes four operational problems that can contribute to the overall success or failure of prison programs. First, programs must deal with structural problems. This includes the course content, the daily operation procedures, and the format of programs. Second are the organizational problems that include recruiting inmates, maintaining inmate involvement in the program, making themselves accessible and known to inmate population, deciding which staff person(s) are in charge of which responsibilities, and adjusting to a jail/prison schedule. It is important to remember that security overrides all other functions in the prison system and educators need to acclimate to providing services in this type of rigid environment. Last, programs need to address personnel issues. Programs should attempt to establish efficacious working relationships between all contributing agencies, including the Department of Corrections. These agency partners should agree on a set of program objectives, before program implementation, to prevent confusion or conflict in the future. Unfortunately, the goals of educators and the goals of prison officials appear to be in opposition with each other. The Department of Corrections wishes to maintain “custody and control” while the goals of educators focus on “freedom, growth and self-actualization” (O’Neil, 1990:28). In order for programs to be effective, all parties involved have to make some compromises.

## **PRISON PROGRAMMING CAN REDIRECT PATHS**

“Despite methodological shortcomings and challenges, the evidence suggests that carefully designed and administered education and work programs can improve inmates’ institutional behavior, reduce recidivism, and promote involvement in prosocial activities after release” (Gaes et. al., 1999: 398). Some programs have appeared to be more successful than others because they are separate from the rest of the facility (this minimizes distractions), they provide follow-up services (like job placement), and they provide skills that are highly marketable in today’s job market (Gerber & Fritsch, 1995). In a literature review on prison education, Linden & Perry (1983) found that programs will be most successful if they are “intensive”, if they can establish an “alternative community within the prison”, and if they offer post-release services to inmates” (55). Education is often the last priority of prison officials but “if both education and prison are intended to bring about change, why not combine the best efforts of the two?” (O’Neil, 1990: 28).

Studies have shown that increasing educational levels can assist in successful reintegration (Correctional Educational Bulletin, 2002) and reduced recidivism (Shrum, 2004). There are numerous studies that connect education with positive post-release outcomes (McCollum, 1994). Many studies show a relationship between college education and reduced recidivism (Gerber & Fritsch, 1995). These studies tend to be “methodologically weak but consistently show positive consequences for society” (Gerber & Fritsch, 1995: 129). Without education, releasees will most likely hold menial jobs, seek welfare assistance, or resort back to criminal activity (O’Neil, 1990). Possibly

for the first time in their lives, prison programming is giving these individuals a real chance at achieving the American dream (Taylor, 1992).

Education programs are the best way for inmates to learn new skills or to enhance skills they may already have (Tootoonchi, 1993). Studies have shown that inmates who have participated in college programming have been able to obtain higher levels of employment than other releasees, which suggests that education can ameliorate the effects of the ex-offender stigma (Taylor, 1993). Post-secondary correctional education (PSCE) has been shown to be effective and efficient (Taylor, 1992). College graduates have a much greater chance of obtaining stable employment than college dropouts or high school/GED recipients (Taylor, 1992) and they recidivate at a considerably lower rate than inmates who did not earn a degree while incarcerated (Clark, 1991). All of these factors are likely to lead to reduced recidivism by increasing literacy, which will lead to increased employment prospects, and “by facilitating the maturation, conscientiousness, and dedication that educational achievement requires” (Gaes et. al., 1999: 399). “It is no surprise that educational deficiencies are strongly related to criminal activity” (Tewskbury, 1994:398), and studies have shown a relationship between “underemployment, a career criminal lifestyle, and low academic skills” (Tewskbury, 1994: 399). Since Martinson, there are few studies that show a negative relationship between education and recidivism (Gerber & Fitsch, 1995).

Even those who only possess a GED fair better after release than those released from prison with less than a GED. Nuttall et. al., (2003), in a follow-up study of NYS inmates enrolled in a GED program, found that inmates who achieved a GED while incarcerated were considerably less likely to return to prison three years after their

release, when compared to inmates who did not earn a GED while incarcerated. GED programming also appeared to have a significant effect on reducing recidivism rates for offenders under the age of 21 (Staley, 2001).

In their review of the literature, Gerber & Fitsch (1995) point to studies that show that inmates with at least a GED had higher rates of employment, lower rates of unemployment, and lower rates of repeated criminal behavior than those inmates with less than a GED. They also found that inmates enrolled in educational courses while in prison were more likely to continue educational pursuits when on parole. They concluded that “most empirical research indicates that pre-college education leads to more favorable patterns of employment and postrelease education among participants” (127).

In a study of 1,205 federal inmates, Harer (1995) found that inmates who participated in educational programming were less likely to recidivate than non-participants. The more an inmate participated in educational programming, the lower his rates of recidivism. The greatest decline in recidivism was found for those who came to prison with a high school diploma and continued their education while incarcerated.

Similarly, in a study of 3,000 inmates from three states (Maryland, Minnesota, and Ohio), The Correctional Educational Association also found a reduction in recidivism for inmates who participated in education classes (Correctional Educational Bulletin, 2001). When compared to non-participants, only 22% of those enrolled in educational programming recidivated, while 31% of non-participants recidivated (Correctional Educational Bulletin, 2002). These researchers found that women did comparably better than their male counterparts. Only 8% of women enrolled in academic programming

recidivated, while 30% of non-participants recidivated. Likewise, in a 1981 study of 461 Maryland college enrolled inmates, Blackburn found that recidivism rates for non-participants was 50% higher than those that were enrolled in college courses. Those enrolled in college that did recidivate still showed an increase in the “ratio of release time” (24).

Adams et. al.’s 1994 study of 14,000 Texas inmates discovered that “inmates at the lowest levels of educational achievement benefit most from participation in academic programs” (447). These inmates tended to have lower rates of recidivism, with the recidivism rate being reduced to about one-third. The authors feel that these classes may actually help to increase the inmates’ levels of self-esteem. “These findings suggest that correctional intervention works best when programs are matched with offenders’ needs and are delivered in a concerted, purposeful manner” (448).

Improving educational standards for inmates should not be the only goal of corrections officials. “The lack of a vocational skill is a major barrier to the reintegration of the prisoner into the community. It has also been shown that if an offender possesses a marketable job skill, employer objection to his criminal record is reduced significantly (Enocksson, 1980: 11).” Jobs held within the prison system (i.e., porter) have little utility in the outside job market (Schumacker et. al., 1990), but vocational training can provide skills that are marketable in today’s workforce. Without such training, prisons “run the risk of creating workers whose skills are suited only to an institutional setting” (Koski, 1998: 158). Research has supported the fact that inmates who participate in vocational programming while in prison have a lower recidivism rate than inmates who did not participate in such programming. Reports generated by the New York State Department

of Correctional Services showed support for vocational program participation and reduced recidivism (Canestrini, 1993; MacDonald, 1995), as well as inmates and correctional staff supporting the maintenance of such programs (Brandon, 1998).

Which is most effective in producing positive postrelease outcomes – academic or vocational programming? Many researchers claim that a combination of the two will be most beneficial for the inmate and for the community in which he/she will reside in after release. Unfortunately, some studies have produced conflicting results about the effects of PSCE on rates of recidivism. In a year long follow-up study of 760 releasees, Schumacker et al., (1990) found that those releasees who participated in vocational and vocational/academic programming while incarcerated had the highest rates of employment and the lowest rates of recidivism, when compared to groups who did not participate in any programming and to those groups that only participated in academic programming. Vocational completers showed higher employment rates and lower recidivism rates than non-vocational completers but academic only completers had the lowest rates of employment and the second highest levels of recidivism. Releasees with a GED or more had higher rates of employment and lower rates of recidivism than those without a GED.

Schumacker et. al.'s study was not the only one to find high rates of recidivism among college only completers. In 1990, Knepper looked at 526 offenders enrolled in college, vocational, secondary and primary education programs. Instead of measuring success only in terms of recidivism, the author measured levels of societal and overall adjustment. Knepper's study found that college graduates had fewer adjustment problems after release but they had a higher level of recidivism than the other groups.

Those who were enrolled in college completed parole on a lower level of supervision but Knepper warns that since this group is not less likely to recidivate, they really do not deserve lower levels of supervision. He found that repeat offenders were less likely to participate in prison programming than first time offenders, inmates with longer sentences were more likely than those with shorter sentences to be enrolled in programming, and college participants were more likely to be white, male, and older. Females were found to be enrolled mostly in vocational or secondary educational groups and African-Americans had higher enrollment rates in secondary and elementary education. It appears that academic education in combination with vocational training offer inmates the best opportunities for leading successful lives after prison.

It also looks like educational/vocational programs can open up communication lines with positive civilian staff members and help to reinforce law-abiding norms and values (Gaes et. al., 1999; Harer, 1995; Taylor, 1992). Inmates who participate in these programs are also serving as positive role models for other inmates (Taylor, 1993; Taylor, 1992). These factors, such as staff characteristics and the interactions between staff and inmates, can be the difference between a successful program and an unsuccessful program (Koons et. al., 1997; Palmer, 1995). This finding seems to be applicable to female inmates as well (Koons et. al., 1997). It appears that despite the program itself, the staff that provides such programming may be a more important factor in the inmate's rate of success.

Programs not only affect the inmate's behavior after he/she is released, positive effects are seen while he/she is still serving his/her time. Educational programs have been correlated with a decrease in disciplinary behavior (Taylor, 1993). These programs

monopolize the inmate's time and serves to restrict the negative influences of prison life (Harer, 1995). Programs provide an incentive for inmates to stay out of trouble (Taylor, 1992), particularly if disciplinary action can lead to the removal from a desired program. Empirical studies conducted on vocational education show reduced levels of recidivism, increased employment, and a reduction in prison disciplinary problems, however, some authors hold that the findings correlating college classes with reduced infractions are conflicting (Gerber & Fritsch, 1995).

Prison programming not only provides a hiatus from the mundane daily routine of prison life (Taylor, 1992), it has also been shown to help raise levels of self-esteem (Tewksbury & Vito, 1994). Self-esteem is an important factor in maintaining a law-abiding life style and it is an important part of rehabilitation and reintegration (Tewksbury & Vito, 1994). Roundtree et. al. (1982) examined the influence of math education on self-esteem for Louisiana male inmates. They found that the effects of math education on the inmates far exceeded the basics of just learning math. After participating in these classes, inmates' scores rose significantly on the self-esteem scale and inmates gained higher levels of confidence. African-Americans began the program with lower levels of self-esteem than whites, but they gained more self-esteem than whites by the program's completion. By the end of the study, the two racial groups had equal levels of self-esteem scores, pointing to the fact that education may help to reduce some racial disparities. "Culture of failure is a phrase which has been applied to inmate populations and if an educational approach can help to modify this sense of failure, such an approach deserves attention" (17).

The literature also shows that inmates feel positive about educational programming in prison (Linden & Perry, 1983). In a 1993 study that examined inmates' attitudes toward college programming in Maryland and Massachusetts, Tootoonchi found that a majority of inmates had a strong desire to learn and believed that such learning would impact their lives positively. They believed that it would also help them to obtain decent employment. Without education courses, inmates claimed that their levels of frustration would increase. A study conducted by the Correctional Educational Association (Correctional Educational Bulletin, 2001) had similar findings. They reported that out of 3,000 study participants, 81% rated their prison's educational program very highly, and 92% rated the vocational program very highly. Eight-eight percent of inmates enrolled in these programs would recommend them to other inmates.

Can educational programming also be effective in the jail setting? Research appears to answer this question in the affirmative. Jails and prisons are operated very differently. Jail systems have a much higher inmate turnover rate, they have a greater shortage of space, they offer less programming, they are dealing with higher levels of overcrowding, and they cannot provide parole or good time incentives (Tewksbury, 1994; Tewksbury & Vito, 1994). College programming may be problematic in the jail setting but jail inmates can benefit from other types of academic endeavors. Jails have access to more criminals earlier in their criminal careers and if they do not offer educational programming, they are missing out on a great opportunity to promote behavioral change (Tewksbury, 1994). Tewksbury & Vito (1994) studied the ROBBE (Real Opportunities Behind Bars for Employment) program, which provided funding for illiteracy education in jail. This Kentucky prison-based program used the CASAS (Comprehensive Adult

Student assessment System) computer program, which is used to determine initial literacy levels and it is used to determine the inmate's subsequent progress. Based on the students' scores, instructors were able to individualize the curriculum based on the inmate's needs. This way every inmate is able to learn at their own pace and according to their own educational levels. These authors concluded that "jail inmates can profit from individual instruction under CASAS" (58).

Computer-assisted educational programs appear to be very beneficial in the jail setting and will allow jail administrators to provide effective programming despite the myriad of issues that they face (i.e., overcrowding). These programs can help ease the relationship between illiteracy and crime and they also help to familiarize inmates with computers (a marketable job skill) (Smith & Silverman, 1994). A 1991 study of three different jails (one in Miami, one in New Mexico, and one in Ontario) utilizing the CRS (Autoskill Component Reading Subskills) computer program found that the program was easy and cost-effective (Trites & Fiedorowicz, 1991). This computer reading program could be run by volunteers or inmate peer tutors. It was also able to access each student's weakness, strengths, learning styles, and tailored the program to the inmate's needs. The student was given immediate reinforcement from the program, which has been shown to strengthen learning.

Smith and Silverman (1994) examined the use of the CAI (computer Assisted Instruction) program in a Tampa jail. Their research showed positive results with CAI and learning levels, but they found that the program is most successful if combined with traditional modes of instruction. Inmates had an increase in knowledge after only six weeks of participation and it helped to develop a positive attitude toward the learning

process. Ninety-three percent of inmates said that they would recommend this program to other inmates and 90% planned to continue their education after release. The program is individualized to each student. They are not forced to keep up with others and they do not suffer from embarrassment by falling behind the rest of class. “Traditional classroom settings often place students in competition with their peers. Whereas this may be good with a typical student population, that type of environment is not effective in teaching those that have experienced failures for most of their school careers” (431).

Some authors have debated the effectiveness of voluntary participation in educational programming over mandatory participation. It is believed that students will learn and benefit more from programs they have chosen to participate in. However, new studies are showing that this belief may be misguided. In 1994, Ryan and McCabe studied 145 records from the South Carolina Department of Juvenile Justice and examined the differences in levels of educational achievement between mandatory and voluntary program participants. Surprisingly, they found no statistically significant differences between the two groups. These results show that any inmate can learn and that they have the ability to learn in both types of settings. These results are based on juveniles but there is no reason to believe that adults cannot experience the same benefits.

Is all of this information about the effects of programming on postrelease outcomes generalizable to female inmates? This question has not been answered adequately by the research and many female facilities do not afford women with the same educational and vocational opportunities that are afforded to their male counterparts, which make it difficult to do comparative studies (Koons et. al., 1997). Many of the programs offered in female facilities have not been designed specially for this population.

They are often a replication of male prison programs without taking into account if they are effective for women (Koons et. al., 1997).

Unfortunately most of the studies on the effectiveness of prison-based programming tend to focus on male inmates but the few studies that have looked at females (i.e, the Correctional Educational Association's study discussed earlier) do show the same promising results for women offenders. Not all researchers, though, have found prison programming to be related to lower rates of recidivism for female offenders (Bonta et. al., 1995).

According to Lahman (2000), previous research shows that female inmates have had fewer academic and vocational opportunities available to them in prison than their male counterparts. This may be one reason why this population has been neglected by researchers. This is true in spite of the fact that they have requested increased opportunities for educational and vocational programming (Miller, 1990). In comparing male and female inmates, research has shown the greatest disparities for vocational opportunities. Lahman claims that most states only have one female correctional facility, whereas men are sent to different facilities based on their needs and the programming offered. Many of these programs are gender-based and only prepare women to work in traditional pink-collar employment (i.e., secretarial, sewing, food service, etc.). However, men are trained in traditional blue-collar jobs (air conditioning repair, plumbing, electronics, etc.). Consequently, men are able to obtain better skills, skills that will allow them to obtain better employment opportunities upon release. Lahman cites other studies that have found that many facilities do not offer enough educational programs for women. They have fewer teachers but better student to teacher

ratios. She criticized many of these studies for failing to document participation rates or generate substantial information about particular programs.

As a result of these problems, Lahman decided to look at correctional programming in 30 states (417 male correctional facilities and 47 female correctional facilities) and found that all offered general education programs. This means that basic educational opportunities for women have increased over the last 30 years. Unfortunately, secondary education was on the decline for both men and women; only one-half of the correctional facilities studied offered college courses. She found that southern prisons were less likely than all other regions to offer college programming, and correctional facilities built after the 1980s were 40% less likely to offer post-secondary education. The size of a prison's inmate population had a minimal effect on program availability. In terms of vocational education, more female facilities were offering vocations in professional studies but approximately 85% still offered gender-stereotyped programming. Females are still being trained for "unstable" and "underpaid" jobs. Since she lacks vital skills for today's workforce, sadly she will be unable to support herself or her family after release based on the skills she is provided with while in prison.

The subservient role of women in society is reflected within the prison environment, as prison is often a larger reflection of societal problems like racism, classism, and sexism. Since women are not afforded as many vocational and educational opportunities as male offenders while in prison, these acquiescent roles are perpetuated by the correctional system and its failure to provide skills-equality (Moyer, 1984; Smart, 1976). Due to their smaller numbers, correctional officials have often been able to rationalize circumventing the programmatic needs of female inmates (Bonta et. al.,

1995). Even today, most of the jobs that women are assigned to in the prison system focus on domestic work and do not teach the women relevant job skills, but only help in the daily maintenance of the institution (Dobash et. al., 1986; Pollack-Byrne, 1990). This provides no opportunity for rehabilitation or for the attainment of valuable job skills which would afford them the opportunity to be able to support themselves and their family upon release (Pollack-Byrne, 1990). “Decisions about what to teach [women in the prison environment] have been decided largely on the basis of institutional needs as well as notions about what is appropriate work for women” (Moyer, 1984, 54).

In order to improve the quality of programming offered in facilities, researchers have made a wide range of policy recommendations. It has been suggested that educational and vocational programming be complemented with services like career counseling and job placement (Schumacker et. al., 1990). Successful vocational programs will provide skills that are in demand for today’s job market (Enocksson, 1980; Lawrence et. al, 2002), and female facilities should work on providing women with job employment skills that are not for the least paid jobs in the country. Subsequently, discharge planning is an important component for successful postrelease outcomes. If the releasee cannot find a job, does not have a place to live, or does not have any community support, the chances of recidivism appear likely with or without previous educational/vocational training. Moreover, it is quite difficult for prospective employers to contact ex-offenders for a job or job interview if the offender has no place to live (i.e., they do not have an address nor do they have a telephone).

For female offenders, it may be helpful to complement existing programs with one that seeks to increase levels of self-esteem. It has been long recognized that female

inmates are often plagued by low levels of self esteem (Pollack-Byrne, 1990) and a sense of powerlessness (Moyer, 1984). Prison is just another aspect of their life where they are denied the ability to make decisions for themselves, and without adequate programming, many will be unable and ill prepared to make appropriate decisions for themselves upon being released.

It has also been suggested that programs within the facility should be widely publicized and easily accessible to interested inmates (Schumacker et. al., 1990). Even though most prisons and jails offer GED and ABE (Adult Basic Education) programming, the waiting lists are astronomical. There is also a lack of standardization in prison school programs (Schumacker et. al., 1990). An inmate may be close to completing an academic degree when he/she is transferred to another facility. The new facility may not offer the same programming or if they do, the inmate will return to the bottom of the waiting list once again. In a study of 34 women prisoners from England and Wales, Eaton (1993) discovered that although many of the women hoped that they would obtain valuable skills through prison programming, they criticized the prison establishment for interfering with their ability to obtain such skills. Classes were often full, placing women on an extensive waiting list, and movement from one facility to the next often abruptly ended their ability to complete their courses.

Successful programs will have clear objectives and attainable goals (Tewksbury, 1994). Great success can be obtained with “innovative” programming and “talented” staff (Linden & Perry, 1983). Those who have had experience working with this population, and who are familiar with prison/jail policies and procedures, will prove to be the most effective educators (Tewksbury, 1994). Education should spark the interests of

prisoners, and the establishment of supportive relationships with a staff member will make it a successful experience (Toch, 1987). This appears to apply to female offenders as well. In Dobash et. al.'s study of the Cornton Vale Women's Prison (1986), the only female facility in Scotland, researchers found that female inmates held their relationships with their employers in high esteem. They placed a great deal of importance upon being treated fairly by their supervisor as well as being treated like a person, rather than just another number. Such supportive relationships may be the first step in the rehabilitative process for women, especially when this may be the first time in their lives that they received positive encouragement and where they are being supported and praised for conventional behavior. These relationships, if supportive, may also help to raise levels of self-esteem, which may raise levels of institutional and post-release success.

Furthermore, school should be as separate as possible from the rest of facility to minimize distractions. To maximize participation, programs should not overlap with other important facility activities (i.e., family visits) (Tewksbury, 1994). In addition, programs should be multifaceted and tailored to meet the offender's needs.

Individualized programs have higher success rates than programs that tend to treat everyone the same (Van Voorhis, 1987). For women, the importance of being able to speak or learn in a protected, confidential, and nurturing environment, was an additional component of program success (Koon et. al., 1997).

### **FUTURE RESEARCH**

Future research should try its best to eliminate the previously discussed methodological flaws. Studies need to more vigorous and have better controls (Gerber & Fritsch, 1995), and different outcome measures of success should be employed. We need

to look at degrees of success, not total success or total failure (Van Voorhis, 1987). Small changes in behavior should be acknowledged and rewarded to promote future changes (Toch, 1987). In terms of addressing the programmatic needs of female offenders, it has been suggested that research needs to be conducted on impending employment prospects for female releasees, so that they are not dependent upon other sources of income for survival (i.e., criminal activity) (Bonta et. al., 1995; Jurik, 1983).

Future researchers may also want to develop feasible solutions to political obstacles that stand in the way of reform. If politicians refuse to listen to criminal justice experts, how will we be able to promote change? Many states are facing a budget crisis, and in lieu of 9/11 (the terrorist attacks on the United States), we can only expect further cutbacks, particularly in regard to correctional programming. Most politicians will be unwilling to sponsor legislative funding for inmate education. Being “soft” on crime could be deemed as career suicide and used effectively against them by an opponent. Spending money on education for inmates is not looked upon favorably and the benefits will not be seen for some time.

Some researchers have advocated for “large scale social movements” (27) (Jacobson, 2005) to help bring about this change. The public might support such movements if they were educated effectively about the problems that actually plague our prison systems (i.e., astronomical costs of incarceration due to parole/probation violators, mandatory-minimum sentencing laws, 3 strikes and your out legislation, etc.). The public needs to understand that the cost of education is far less than the cost of recidivism. Unfortunately, there is no doubt that such movements for reform will be overshadowed by rhetoric from politicians whose “get tough” stance on crime helps in their political

endeavor to be re-elected. As long as they can keep Americans fearful of crime, Americans will support politicians who vow to keep our communities safe. There will always be one exaggerated case (i.e., the one inmate who participated in college programming, and while on parole, killed and raped another human being) that will allow politicians to prey on the fears of the American people. However, the hundreds of success stories will be ignored and the public will never know about them.

### **CONCLUSION**

There are so many programming deficits in correctional facilities today. Most college programs have been eliminated since inmates can no longer apply for Pell and Tap funding. The few programs that have been maintained have enormous waiting lists. As a result, inmates will probably serve most or all of their time before they are accepted to participate in school. Many prison programs are a replication of other prison programs that have been devised around accessibility and applicability, not on efficacious programming based on empirical research. We must be aware that education cannot be the solution to all of our criminal justice problems (Steurer, 1996). A single program cannot possibly be responsible for an inmate's success or failure, and a single program cannot address all of an offender's needs (Koski, 1998). Education is only one-stepping stone on the road to rehabilitation and needs to be combined with other rehabilitative efforts (i.e., mental health, drug treatment, etc.) (Steurer, 1996). Educational and vocational funding needs to be restored because numerous studies, despite their methodological issues, have shown that they are related to successful post-release outcomes. Thus, prison programming has the ability to redirect the life course. Programming is a transition that occurs within the institutional setting and it offers the

possibility of altering one's criminal trajectory. The fact that another human being is given skills to help change his life is reason enough to keep these programs (Enocksson, 1980). Idleness within the prison system is dangerous and it has the potential of increasing tensions between inmates and staff, and of producing more violence in an already violent atmosphere (Butterfield, 1995).

We are abandoning rehabilitation just as more studies are showing increasing support for the fact that rehabilitation can work (Currie, 1998). In an attempt to save money, congress will be paying for these costs in the long run (Yarbo, 1996). We have the ability to minimize recidivism and in the process reduce incarceration fees, costs to victims, costs to law enforcement, court costs and reclaim lost income taxes (Harer, 1995). Since education and treatment has never been funded properly, we did not save that much money by eliminating it (Van Voorhis, 1987), but we can save a lot of money by restoring it.

The research has shown that educational and vocational programs can lead to successful reentry outcomes, but is this a valid statement that is generalizable to all prison programs? Little research has been conducted on less traditional vocational opportunities behind bars, such as HIV/AIDS peer education programs. Can working in an HIV peer education program help inmates acquire essential employment skills that may lead to an increased adherence to conventionality, subsequently resulting in reduced recidivism and prison disciplinary infractions? This question has not yet been answered and sadly, HIV prison programs have not been given the attention they deserve in the literature, especially as it relates to female inmates. The next chapter will focus on general information surrounding HIV educational programs in prison. Although the literature

does not discuss the beneficial effects of HIV programming on the peers themselves, this section will explore the benefits and disadvantages of HIV programming in prison as a whole, and lay the foundation for the importance of research in this particular area.

### **Chapter 3**

#### **Levels of Knowledge and Risk Perceptions About HIV/AIDS Among Female Inmates: Setting the Stage For Behavior Change –**

#### **What Do We Know About HIV Prison-Based Peer Programming?**

### **INTRODUCTION**

From 1981 to 2000, there have been 774,467 cases of AIDS reported in the U.S and 448,060 of these cases have resulted in death (CDC, 2001). As many as 900,000 Americans may be infected with HIV (JAMA HIV/AIDS Information Center, 1999; Sternberg, 2004) and about one-third of these individuals do not know that they are infected (CDC, 2001). Furthermore, it is estimated that there are over 40,000 new cases of HIV infection nationally every year (CDC, 2001; Holmberg, 1996), disproportionately affecting minority populations. There is also concern that HIV rates may be rising in the United States for the first time in years (Sternberg, 2004). According to the Center for Disease Control (CDC) (1999), African Americans are six times more likely and Hispanics are three times more likely to test positive for HIV compared to Whites. Of those living with AIDS, African-Americans and Hispanics represent 61% of all cases (CDC, 2001). In combination, African-American and Hispanic women represent less than one-fourth of the U.S. female population, but they comprise three-fourths of the total number of AIDS cases for women in this country since 1981. Indeed, AIDS has become the leading cause of death among African-American women, between the ages of 25 and 44 years, and it has become one of the leading causes of death for women overall in this age range. Women appear to be the fastest growing population acquiring this infection. In the past ten years, the rate of HIV infection has tripled for women and female

adolescents. Heterosexual sex is currently believed to be the most common mode of transmission (75% of new cases) for women (JAMA HIV/AIDS Information Center, 1999).

### **REVIEW OF THE LITERATURE**

When we examine the rates of HIV infection among incarcerated populations, particularly females in New York State (NYS), the numbers are even more staggering. Although HIV rates and AIDS diagnoses among prisoners have decreased since 1999 (Maruschak, 2002), prison populations are still disproportionately represented in the HIV epidemic. Overall, 2.2% of state inmates and .8% of federal inmates are known to be HIV positive, and by the end of 2000, 5,528 of these inmates were diagnosed with AIDS (Maruschak, 2002). In NYS, there are 70 prisons which house approximately 70,000 inmates, of which over 3,000 are females (Goord, 2001). The rate of AIDS cases among prisoners is six times higher than that of the general population (Hammett et al., 1999), and NYS reports the highest number of HIV positive inmates in the country (Hammett et al., 1999; Lachance-McCullough et al., 1994 ). However, since 2002, the New York State Department of Correctional Services has reported tremendous decreases in cases of HIV infection, AIDS-related deaths, and active tuberculosis cases (NYSDOCS, 2002). This may be related to improvements in HIV medications and treatments, an increase in the quality and quantity of HIV educational classes, and an overall decrease in New York State's prison population.

Previously, blind studies in New York State prisons have shown that approximately 20% of female inmates have tested positive for HIV compared to a seven percent seroprevalence rate among NYS male inmates (Miki, 1998). Generally, female

inmates have a higher rate of HIV infection than male inmates (Hammett et al., 1999). In the United States, 3.6% of all female inmates are known to be HIV infected, compared to a 2.2% seroprevalence rate among their male counterparts (Maruschak, 2002). Likewise, inmates are more likely to test positive for HIV infection if they were subsequently charged with a drug offense (Cotten-Oldenburg et al., 1997; Hammett et al., 1999), if they were injectable drug users (IDU), if they traded sex for drugs (Harrison et al., 1998) and if they lived in NYC prior their arrest (Lachance-McCullough et al., 1994). The greatest number of AIDS cases related to IDU has been documented in the New York City Metropolitan Area (De Jarlais & Friedman, 1988; NYSDOH, 2002), with 31% of AIDS cases in New York State credited to IDU (NYSDOH, 2002). In a recent study of female inmates, it was found that women who have a history of sexual abuse are more likely than women who have not been abused to engage in HIV risky behaviors like prostitution, sex with multiple partners and unprotected sex (Mullings, Marquart & Hartley, 2003). Hence, prevention programs for female inmates in prison may need to target the special needs of these offenders to employ successful preventative methods.

In light of these statistics, which have far exceeded epidemic proportions, many researchers believe that jail and/or prison populations should be targeted for comprehensive HIV/AIDS educational programming (Hammett et al., 1999; Keeton et al., 1998; National Commission on AIDS, 1991). Prisons and jails provide a stable and highly controlled environment for education (Decker & Rosenfeld, 1995) allowing health educators to reach populations which are typically difficult to reach in the community (Zimmerman & Martin, 1991), such as IDUs (Baxter, 1991; Stevens, 1993). “The prison is in a unique position to provide special programming to a growing segment of the

American prison population, possibly representing the ‘best hope’ for female inmates who may not seek treatment on the outside” (Mullings, Marquart & Hartley, 2003, 445).

The CDC (1996) cite five cardinal reasons for the implementation of HIV education in prison: a) There is a high rate of those infected and those at risk for HIV, b) There are continued risks for transmission during incarceration through both sexual activity and drug activity, c) These individuals will be released back into the community, d) There are very high rates of recidivism among this population, and e) There is the workability of providing such programs.

Without a cure, education still appears to be our best preventative measure in response to the growing number of inmates infected with HIV in correctional facilities. Few facilities, however, have provided comprehensive programming (CDC, 1996; Hammett et al., 1999) and even fewer ones have conducted studies to determine the effectiveness of their programs on inmates (Devilly et. al., 2005; Martin et al., 1993).

Hammet et al., (1999) defines comprehensive programming to embody “instructor-led education, peer-led programs, pre and posttest counseling and multi-session prevention counseling” (27). Unfortunately, they reported that only 10% of state/federal prisons and only 5% of city/county jail systems offer programs that fit these criteria. Most HIV prison-based programs are still provided by outside community-based agencies, and there are many difficulties in implementing comprehensive programming by an outside agency in a correctional facility (i.e. “the constraints of the jail setting”, “access to inmates”, etc.) (Stevens, 1993, 381). Community-based organizations (CBOs) must always remember that they are visitors in a correctional institution and may be removed from their duties at anytime and for any reason. Security is often the foremost concern and all other matters,

particularly educational programming, will take a backseat to security (Hogben & Lawrence, 2000). CBO representatives must respect correctional officers at all times and not interfere in inmate/officer conflicts. It will take awhile for inmates and staff to trust individuals from an outside agency, but consistency and an ability to follow and understand the rules and regulations, seems to be the road to the successful maintenance of programs (AIDS Alliance, 2003).

Hammett and Daughery (1991) stated that one of the problems associated with HIV preventative efforts in correctional settings is that attendance is not always mandatory. There seems to be differing opinions among correctional facilities as to what constitutes mandated education. Many inmates may only receive as little as one hour of AIDS education per year. Other barriers to educational services revolve around inmate and facility schedules. Programs have to be arranged around inmate movement, chow (meal time), the count (inmates are locked in their cell and counted periodically throughout a twenty-four hour period), medical visits, drafts (inmates leaving one facility and transferring to another), commissary, the package room, etc.

The National Commission on AIDS (1991) has reported that inmates are returning back to their communities with inadequate knowledge about behaviors that will foster the transmission of HIV. Decker and Rosenfeld (1995) found that consistent condom use is not prevalent among arrestees. Other studies have shown that inmates have many preconceived misconceptions about the modes of transmission for sexually transmissible infections (STIs) (Decker & Rosenfeld, 1995). Many inmates underestimate their risk for contracting HIV (Keeton & Swanson, 1998; Zimmerman & Martin, 1991), particularly cocaine/crack users (Silbersiepe and Hardy, 1997).

There is a paucity of research on prison-based programs (Devilley et. al., 2005; Martin et al., 1995). Traditional HIV prison-based programs may not be effective (Davis-Berman & Brown, 1990). Many prison-based HIV programs are a replication of other prison programs which have been formulated around accessibility and applicability, not on efficacious programming (Hogan, 1994). Available studies have pointed out that in order for these programs to be more effective, they need to do the following: a) address the population in a clear and concise manner, b) use language which is familiar to the inmates, c) present information that is relevant to the population, d) provide specific information on routes of transmission, e) be sensitive to cultural and environmental factors, f) tailor risk reduction techniques to specific types of drug users, g) address issues of homosexuality, h) uncover ingrained attitudes and belief systems pertaining to sexual activity, and h) have the classes conducted over multiple sessions (see Cotten-Oldenburg, 1999; Hammett et al., 1999; Hogan 1994; Keeton & Swanson, 1998; Martin et al., 1995; National Commission on AIDS, 1991; Viadro & Earp, 1991; Zimmerman & Martin, 1991).

Research studies have established that risky behaviors like sexual activity (consensual and nonconsensual), drug use (including needle sharing), and tattooing occur quite frequently inside of many correctional institutions (Krebs, 2002; Krebs & Simmons, 2002). Correctional staff should be mandated to attend HIV training. Programs for both staff and inmates should acknowledge the incidences of risky behavior behind bars (Hammett et al., 1999; Mahon, 1996; Zimmerman & Martin, 1991), otherwise it is unlikely that these programs will have any impact on behavior (Martin et al., 1995).

In spite of the call for more effective education in prison, most studies show that high

levels of knowledge do not significantly impact one's behavior and do not create accurate risk perceptions (Alarid & Marquart, 1999; Caslyn et al., 1992; Davis-Berman & Brown, 1990; Des Jarlais & Friedman, 1988; Hogan, 1994; Lurigio et al., 1992; Mahon, 1996; McCuster et al., 1992). Nonetheless, education is still needed if any behavior changes are likely to follow (Long, 1998; Martin et al., 1995; National Commission on AIDS, 1991). Behaviors surrounding sex and drugs "are typically the result of deeply entrenched and powerful human drives (Martin et al., 1995, p26)," and programs may not spend enough time trying to change clients' attitudes about their practices (Baxter, 1991). In a study of IDUs, Des Jarlais and Friedman (1988) found that the biggest predictor of behavior change was attributed to whether individuals believed that their friends were changing their behavior in response to the AIDS epidemic. Other studies say that behavior change will only occur when education is accompanied by the availability of resources (i.e. condoms, dental dams, bleach, etc.) (Baxter, 1991; Martin et al., 1995). Unfortunately, condoms, bleach and clean needles (which can be used for sexual activity, drug activity or tattooing) are considered forms of contraband in prison. Policies allowing the distribution of these materials are perceived as condoning such behaviors by prison officials (CDC, 1996). Of all the state, federal, and county correctional facilities, only six distribute condoms to male inmates, two distribute condoms and dental dams to female inmates, and none on record distribute clean needles or bleach (Key & Denoon, 1996). Furthermore, methadone, which may prevent heroin users from sharing needles, is not an approved treatment option for inmates in NYS (Hammett et al., 1999).

It appears that discrepancies between one's level of knowledge about HIV and one's behavior may be attributed to the following factors: a) the ways in which the education is

being presented, b) the lack of supplementary services (i.e. counseling, testing, etc.), and c) little or no follow-up services during incarceration and/or once ex-offenders are released back into their community. It is not reasonable to expect changes in behavior after exposure to only one series of HIV/AIDS classes, and it is even more unreasonable to expect that changes will be implemented with little or no follow-up services.

Peer-based programs provide many advantages to inmates and correctional administration. The benefits of inmate led peer education are multifaceted: Inmates trust other inmates, speak the same language, have similar backgrounds, have complete availability for the population (especially on the weekends when civilian staff is not present), are cognizant of the risky behaviors that occur in prison, and are completely cost-effective (Hammett et al., 1999; US Conference of Mayors AIDS Information Exchange, 1995). Peer participants have been able to serve as a liaison between inmates and prison staff, allowing services to be provided more efficaciously (Syed & Blanchette, 2000b). Studies have shown that inmates tend to prefer HIV education conducted by other inmates rather than civilians, even though both methods tend to increase HIV knowledge and raise awareness of behavioral risk factors (Grinstead et. al, 1997). “Because inmates prefer peer education, they may respond with increased attendance and attention, thereby improving the possibility of behavior change” (Grinstead et. al., 1999a, 235). Peer education in prison has also been shown to reduce initial risky postrelease behaviors (i.e., unprotected sexual activity and needle use) (Grinstead et. al., 1999b). In general, peer education programs have proven to be effective in many areas, including, but not limited to, working with those that suffer from mental illness (Barber, 2005). Research generated from Canada also points to the positive effects of peer-based

programming in prison, especially for female offenders. These programs train female inmates to provide emotional support for one another. Both inmates and prison staff have proclaimed that such programs are extremely helpful and beneficial for inmate participants, particularly for the peer themselves (Syed & Blanchette, 2000a; Syed & Blanchette, 2000b). “Most markedly, those women who had participated in the peer support training experienced numerous personal benefits. These included: developing skills to deal with their own as well as other offenders’ issues, gaining a better understanding of themselves, practical knowledge/education, and acquiring possible career-related experiences (Delveaux & Blanchette, 2000, iv).

Moreover, many peer educators, once released from the prison, have been able to obtain paid positions in the field of HIV. “[They] report tremendous improvements in self-esteem, knowledge, and commitment to the community based on their experiences in these programs” (Hammett et al., 1999). “Not only have these programs had a positive impact on those utilizing the service, but the peer educators themselves have gained heightened insight into their lives, empowering them to move beyond their criminal lifestyles” (Devilley et al., 2005). Two of the founding members of the ACE (AIDS, Counseling and Education) Program in New York State’s only maximum security facility for women (Bedford Hills Correctional Facility) maintain that ACE served as a source of motivation and empowerment for the ACE members. They further state:

“The experience of ACE suggests that a grass-roots approach to AIDS work can make a difference inside prisons. ACE is a model for other communities in that the fight against AIDS is best carried out by those people most deeply affected by it. Prisons can be training grounds in which people can become educated, experienced, and committed to AIDS work and they can return to their communities where they can make significant contributions. Within those communities, as in Bedford, women are living with AIDS, affected by all aspects of the epidemic. In ACE we have seen

that women can become a motive force in the battle against AIDS (Clark & Boudin, 1990, 107).”

Another article pertaining to the ACE Programs states:

“The ACE Program has brought the women at Bedford Hills a degree of respect that they may have never had before. They have been allowed to leave the prison to give presentations to the community, they’ve developed counseling skills that will help them get a job on the outside, and they have been given the rare opportunity to train prison staff about AIDS (Silverman, 1990, 6).”

Despite the gains and positive impact of inmate led peer education, only 13% of state/federal prisons and only 3% of city/county jails (Hammet et al., 1999) have used this system. Many prison officials may feel that the peers themselves pose a security risk (Clark & Boudin, 1990). Peers are often allowed to move throughout the facility to provide educational services and they have movement privileges that other inmates do not have. Hence, some staff may feel that peer programs allocate too much power to certain inmates, which in turn is viewed as a possible breach of security. There is also the issue of ensuring that peers are adequately trained, supervised, and able to hold confidentiality to the highest of standards, as well as remembering that “peer educators are not substitutes for professionals, but are complimentary” (Devilley et. al., 2005, 237).

In addition to peer-education, complementary services such as individual counseling, continual support, HIV testing and partner notification must be provided to the inmates while in prison (CDC, 1996; Hammett et al., 1999), and a continuum of these same services should be made readily available to inmates once they are released from prison (Decker & Rosenfeld, 1995; Kuhns & Hiede, 1992). Probation officers, police officers and community groups can aid in bolstering these important messages. Linkages and/or referrals for medical services and drug treatment for releasees should also be established

(Cotten-Oldenburg et al., 1997; Decker & Rosenfeld, 1995). If women return to their communities where social networks and support are non-existent, relapsing back to high-risk behavior is likely to occur (Alarid & Marquart, 1999). Harrison and colleagues (1998) found greater changes in risk or harm reduction for HIV when education was incorporated within a drug treatment cohort. Once one's addiction is under control, precarious behavior associated with one's drug use is likely to decrease. Ideally, this education should have begun during adolescence before these women were indoctrinated into the world of sex and drugs (Wortley & Fleming, 1997). It is important to remember that behavior change will not happen immediately. Gradual changes over a duration of time is a more realistic approach (Hogan, 1994).

The majority of studies on prisoners have primarily focused on men (Davis-Berman & Brown, 1990; Martin et al., 1993) because they have traditionally had much higher rates of incarceration (Martin et al., 1993). However, the rates of incarceration for women are continuing to rise (Hammett et al., 1999). These higher rates can be attributed to the nation's "War on Drugs" and the Rockefeller drug laws that subsequently incarcerate women for drug offenses, not for violent crimes (Lord, 1995). Women inmates are more likely than men to be drug abusers, to have been diagnosed with a mental illness, and to have been unemployed before their arrest ("Study Identifies", 1998). Female offenders also tend to have different medical and social needs than their male counterparts. Even though they comprise only about 10% of our offending population, they tend to have higher rates of mental illness, histories of physical and sexual abuse, substance abuse, and they are much less likely to commit a violent act than their male counterpart (Mays & Winfree, Jr, 2002). In a study of female inmates at a Massachusetts prison, Stevens et. al.

(1995) also found that female inmates with a history of sexual abuse tend to be more likely to engage in behaviors that place them at high risk for HIV, when compared to those women that did not have a history of sexual abuse. “Women have largely been ignored both as a risk group and a target of prevention of the disease” (Gido, 1992, 26). In lieu of these changing factors, it is important for research to focus on the special needs of women in prison with respect to preventing the transmission of HIV.

Researchers and criminal justice professionals have maintained that there are at least four elements that need to be present to achieve successful programming for women in prison. These elements include: a) “staff who provide strong female role models,” b) “the opportunity to form supportive peer networks,” c) “individualized and structured response to multiple gender-specific experiences,” and d) “a safe environment for women with histories of being abused, both as children and adults” (“Study Identifies,” 1998, 12).

In many cultures, women may not have the power to negotiate safer sex. Therefore, it is important that the male partners of these women be targeted for education (Hogan, 1994) and that the women’s educational classes teach assertiveness/empowerment skills (Long, 1998; Martin et al., 1995). Women will face many difficulties protecting themselves from HIV if they remain powerless in their relationship to negotiate safer sex, to desist in sharing needles, or to ask their partner to obtain an HIV test.

In a study conducted by Long (1998), which compared AIDS knowledge, perceptions of risk and behavioral intentions between male and female inmates in a Pennsylvania correctional facility, women were more knowledgeable than men about unlikely routes of HIV transmission but they were more likely to fear infection while incarcerated. They

perceived themselves to have very little to almost no control over their own lives. Almost three-fourths of the women stated that men will not wear condoms even if the woman wants him to, 65% claimed that women often have sex when they really do not want to, and 68% believed that condom use is unlikely when someone is drunk or high (189). These factors need to be addressed during HIV classes for women, particularly when female inmates have a long history of being sexually and/or physically abused. Other researchers have stated that women inmates are more likely than male inmates to engage in behaviors that pose a notable risk for HIV infection. They are at a higher risk for IDU, and for those that are IDUs, they are more likely than men to share their works (see Gido, 1992; Morse 1990).

In attempting to add to the general understanding of HIV prison based-programs geared toward female inmates, a previous study of the AIDS Counseling and Education (ACE) program participants at Bedford Hills Correctional Facility (BHCF) - the only maximum security prison for women in New York State - was evaluated by the author. This preliminary analysis served as a foundation and precipitating factor for the author's current research, which provides a more in-depth analysis of the benefits attached to HIV prison-based peer programming in prison.

## **DATA AND METHODS**

Women participating in the ACE Program at BHCF were asked to voluntarily participate in a study seeking to understand the effectiveness of prison-based HIV/AIDS programming. This research investigated the levels of knowledge surrounding HIV/AIDS, self-reported precarious behavior leading to an increased risk for HIV infection and perceptions of future behavior modification based on information/services

received from the ACE Program. Because it was not feasible to obtain a comparison or a control group (i.e. inmates can not be removed from their regularly scheduled work/school modules), comparisons were made between the women in each of the groups to determine who was most likely to benefit from this type of programming (i.e. drug users verses non-drug users and women who have been directly affected by HIV verses those who have not.).

All participants were required to sign a consent form that was read out loud to the inmates by the author. All questions and concerns were addressed prior to the distribution of the questionnaire, and all inmates were informed that their participation was entirely voluntary. Their participation, or their refusal to participate, did not have any bearing on the class or in obtaining benefits or in receiving any punishments from prison officials. The only civilian present during the pretest and posttest was the author (security officers are stationed down the hall outside of the ACE Office, they are never present in the office during the workshops).

All inmates in BHCF are mandated to take HIV classes during their incarceration. This sample included only those women who were mandated to the course. When women enter BHCF, they are almost always programmed to ACE in the morning for two weeks for three hours per day. Most of the women in the ACE Program are new to the facility. However, there are some exceptions (i.e. one woman said she was “locked” for a year due to disciplinary action). The author collected data over a two-month period during 2000, covering three sets of HIV workshops. Each group of women received two weeks of HIV education.

This study was descriptive and comparative in nature. Questionnaires were utilized as

a tool to measure levels of knowledge, risk perceptions and perceptions of future behavior modification. Each survey (pre and posttest) took approximately 20 minutes to administer to each group. The study yielded a sample size of 35 women for the pretest and 27 women for the posttest. All survey questions were read out loud by the author, and respondents were told to mark the appropriate answer on their sheet. It was hoped that this method would reduce the number of missed questions. Also, it was assumed to be beneficial to those inmates who have difficulty reading. A Spanish-speaking ACE staff member was available if there was a need to translate any of the material or information into Spanish. Only one Spanish respondent required help in completing her questionnaire, and she was assisted by a member of the class. The questionnaire was a revised version of the National Health Interview Survey AIDS Knowledge and Attitudes Supplement (Kerwin, 1993), which obtains information on general levels of knowledge, transmission behaviors, and common misperceptions. Adequate levels of knowledge were based on the percentage of questions answered correctly on the pretest. Each participant was able to receive a total of 56 points. Points were given for correct answers only. Another part of the survey tapped into specific demographic information, previous acts of risky behavior, and perceptions of risk for infection. Accurate perceptions of risk for infection were measured by comparing answers from a question that asked, "What are your chances of getting the AIDS virus?," to the answers generated about their past or current risk behaviors. After completing the ten-session workshop, participants were asked to fill out the same knowledge survey. Utilizing a paired samples *t* test, changes in these variables were measured by comparing changes in scores from the first to the second survey. Another part of the posttest tapped into perceptions of future behavior

modification and the likelihood of seeking out other services provided by the ACE Program (i.e. testing, counseling, outside referrals, etc.).

All 35 women in attendance for the pretest agreed to participate in the study (yielding a response rate of 100%). Only 27 women were in attendance for the posttest (yielding a response rate of 77%). Demographics of the sample were fairly representative of the population (see Table One). In terms of ethnicity, African Americans comprised 54%, Whites (7%), Latinas (9%), Biracials (6%), and others (6%). The mean age of respondents was 31 years old (ranging from 18-40 years), the mean time served at Bedford was one year (ranging from 1-7yrs), the mean length of sentencing was five years (ranging from 1-17yrs), and the average legal income prior to arrest was \$10,000 or less. Forty-six percent stated that they were employed prior to their incarceration and almost half (46%) did not possess a high school diploma or GED. Most participants classified themselves as either Baptist (31%), Catholic (26%), or Protestant (26%). In terms of marital status, the sample consisted of single (63%), married (23%), separated (6%), and divorced (9%). Approximately 80% of respondents stated that they had children, and seventy-one percent of the women stated that they were in contact with their children.

All ACE staff members were available before, during and after the study to counsel inmates if the questionnaire or the information provided caused them concern or produced other types of emotional responses. None of the inmates requested to see a counselor as a result of their participation in the study. However, there were times when the ACE staff members or the author were needed to control members of the class from verbally assaulting one another (during the survey and during the workshops).

\* **Table One - Demographics** \*

<u>Ethnicity</u>	<u>#</u>	<u>%</u>	<u>AGE</u>	<u>Employment</u>	<u>#</u>	<u>%</u>
African American	19	54%	mean=31, range 18-40	Employed	16	46%
White	9	7%	<u>Time at BHCF</u>	Unemployed	19	54%
Latina	3	9%	mean=1 year, range 1-7			
Biracial	2	6%	<u>Length of Sentence</u>	<u>Marital Status</u>	<u>#</u>	<u>%</u>
Other	2	6%	mean=5 years, range 1-17	Single	22	63%
			<u>Income</u>	Married	8	23%
			mean=\$10,000 or less	Divorced	3	9%
				Separated	2	6%
<u>Education</u>	<u>#</u>	<u>%</u>	<u>Religion</u>	<u>#</u>	<u>%</u>	<u># Of Children</u>
Less than HS	17	49%	Catholic	9	26%	0 Kids
HS/GED	9	26%	Baptist	11	31%	5
Associates	3	9%	Protestant	9	8%	1 Kid
Some College	5	14%	Methodist	1	3%	10
Missing	1	3%	Muslim	2	6%	2 Kids
			Other	2	6%	6
			Missing	1	3%	3 Kids
						5
						4 Kids
						4
						5 or more
						4
						11%
						Pregnant
						1
						3%
<u>In Contact With Children</u>	<u>#</u>	<u>%</u>	<u>Location Of Children</u>	<u>#</u>	<u>%</u>	
Yes	25	71%	Family	22	63%	
No	4	11%	Foster care	1	3%	
No Children	6	17%	Both	2	6%	
			Other	3	9%	
			No Kids	6	17%	
			Missing	1	3%	

\*N=35 \*\*N may equal 34 in some cases due to missing data \*\*\*All percentages may be more or less than 100% due to rounding

All data collected was kept strictly confidential and was removed from the facility upon completion. Questionnaires remained anonymous and inmates were not required to write their real names on the forms. The inmates were asked to write the first name and last initial of a female member of their family on the form. Once the posttest was completed, the names on the pretests were matched up with the names on the posttests, and all names were replaced with random numbers. Allowing women to choose a name seemed to alleviate some of their fears regarding confidentiality. Only two women initially refused to participate in the survey but after the author explained that they did not have to write their real names on the forms, both inmates changed their response and decided to participate.

### **FINDINGS– Are HIV Prison-Based Peer Programs Achieving their Goals?**

#### *Levels of Knowledge*

Most of the women stated that they had taken an HIV class prior to ACE's workshop series (0 classes-20%, 1 class-31%, 2 classes 11%, 3 classes-14%, 4 classes-9%, 5 or more classes-11% and missing-3%), and more than half of respondents claimed that these classes were taken over two years ago (63%). Overall, test scores proved to significantly increase from the original pretest scores ( $t=-5.899$ ,  $df = 26$ , two-tailed significance  $p=.000$ , 95% confidence interval, lower= -18 and upper= -9) to the posttest scores. The increase in scores shows an association between educational workshops on HIV and an increase in knowledge surrounding HIV directly preceding the classes (see Figure One). The most common incorrect answers on both the pre and posttest was to the following statements, "It is easier for a woman to infect a man with the AIDS virus than it is for a man to infect a woman," "The AIDS virus is a very easy virus to get" and "It is very

likely that a person will get the AIDS virus from a blood transfusion.”

### ***Risk Factors***

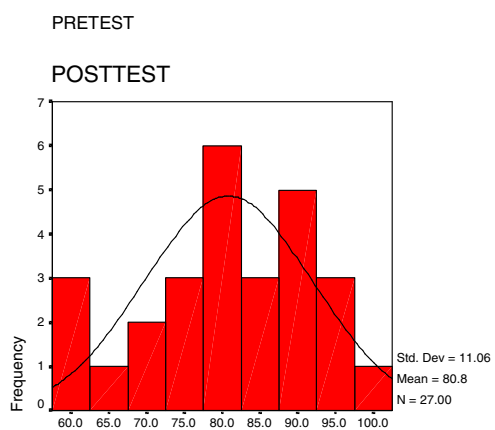
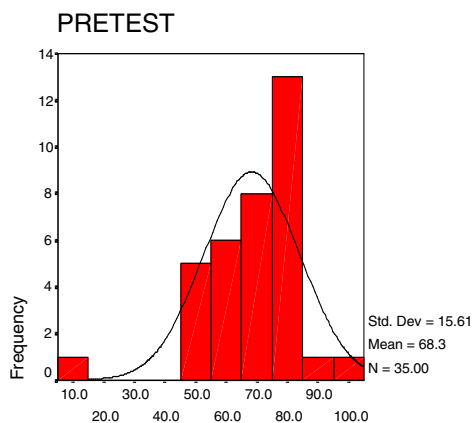
In terms of serostatus, two women stated that they were HIV positive (6%), 28 women said that they were negative (80%), 3 women were never tested (9%), one woman did not know her results (3%), and one left her answer sheet blank (3%). Most respondents (37%) stated that their chances of contracting HIV was low, 9% felt their chances were high, 14% felt that they had a slight risk, 23% did not know their risk, and 11% stated that there was not any risk at all. Considering the reported acts of risky behavior, many women are underestimating their risk for contracting HIV infection.

Regarding drug use, 89% of the women reported using drugs and over half (54%) stated they have or had a drug addiction. Sixty-six percent reported using crack/cocaine, 17% reported using heroin, 46% reported using marijuana, and 46% reported using alcohol. More than half of respondents (63%) reported using a combination of legal and illegal drugs. Eleven percent of the women reported injectable drug use, and 26% of the sample said that if they did use needles for the purpose of drug injection, they would be likely to share their works with others. Fifty-seven percent of the women asserted that they have become drunk or high in the past to the point that they have no memory of what they did. Other risk factors were selling sex for drugs and/or money (34%), previously being diagnosed with a STI (43%), receiving a blood transfusion before 1985 (6%), and suffering from being physically/sexually abused as adults and/or children (66%).

Risk factors for possible sexual exposure were also very high. Only 32% claimed that they always used condoms with a sexual partner, 29% said they always used condoms

## Figure One - Test Scores

### Histogram



POSTTEST

### Statistics

		PRETEST	POSTTEST
N	Valid	35	27
	Missing	0	8

when they were drunk/high, 37% said that they would not make their partner wear a condom/dental dam if their partner was uncomfortable with doing so, 43% said that they were not completely monogamous with their past/current partner(s), and 40% said that their past/current partner was not completely monogamous with them.

Fortunately, most women stated to have very good communication with their sexual partners. Seventy-two percent were aware of their current/past partner's HIV status, 80% discussed their past sexual history with their current/past partner, 69% asked their current/past partner about his/her past sexual history, 77% discussed their past drug history with their current/past partner, and 77% asked their current/past partner about his/her drug history. Approximately one-quarter of the women (20%) believed that unprotected sex was not risky if you knew your partner very well but about one-half expressed concern about their own past sexual/drug histories (46%), as well as their current or past partner's sexual or drug histories (52%).

Again, even though many women claimed that their chances of contracting HIV were rather low, many reported having unprotected sex during their lifetime (80%), during the past year (60%), and during the past three months (26%). Reported partners in the past year ranged from zero (17%) to six or more (11%) (1 partner-34%, 2 partners-17%, 3 partners-11%, five partners-6%, and one woman did not remember how many partners she was with in the past year). Reported partners in the past three months ranged from zero (60%) to three (3%) (1 partner-29%, 2 partners-6% and 3 partners-3%). These numbers demonstrate that risky behaviors are occurring for some participants while in prison.

### *Perceptions of Behavior Modification*

The women were also tested on their perceptions of future behavior modification. A little less than half of respondents (43%, where n=27) expressed interest in scheduling an HIV test and more than half (66%) believed that they possessed enough knowledge to prevent transmission. Thirty-four percent of respondents indicated that they were concerned about their past sexual or drug activity, 17% declared they were concerned about having a STI, 48% wanted to maintain a monogamous relationship with their sexual partner, and 66% said they were confident asking their sexual partner to wear a condom or dental dam. Only 17% of the women said that they would probably not practice safer sex if condoms or dental dams made their partner uncomfortable. Sixty-five percent perceived themselves as always practicing safer sex or drug activity in the future. Only 6% believed that it was likely that they would share works if using drug paraphernalia, and those same 6% said they would not clean their works with bleach.

Regarding their sexual partners, 52% stated that they were not concerned about their partner's past sexual or drug activity, but 60% said they were likely to ask their partner to test for STIs, and 66% said they were likely to ask their partner to test for HIV.

In terms of the women's beliefs for risk of infection, 43% declared that they were afraid of contracting HIV from their communities, whereas only 20% were afraid of contracting HIV while in prison. Stigma and misconceptions about transmission was evident in some arenas but not in others. The women in the final sample (for both the pre and posttest) believed that HIV-infected inmates should not have to live on separate housing units. But when asked if women who are HIV positive should be allowed to work in the mess hall (cafeteria) and prepare food, 48% stated yes to this question in the

pretest and 74% stated yes to this question in the posttest. Although not statistically significant, some stigma concerning HIV transmission in prison appeared to be alleviated by the completion of the workshops

Asking women about their perceptions of others is possibly more accurate than asking them about their perceptions of themselves (see Table Two). When respondents were asked about how other women handle sexual situations with their partners, they answered much differently than when they answered similar questions about their own behavior. The answers to the statements in Table 2 reflect a sense of fear and a sense of discomfort, as well as an inability to negotiate safer sex with their partners.

### ***Feelings About the ACE Program***

Before classes began, half of the women reported being very interested (51%) in attending the workshop series (little interest-14%, somewhat interested-26%, not at all interested 6% and missing 3% where n=35). Even though all women serving prison time in New York State are introduced to ACE's program and services during orientation in the state's reception center for women, only half (51%) were familiar with the ACE program and the program's services before the workshops began.

At the completion of the workshops (n=27), 74% of the women felt that they had learned a great deal of new information. Seventy-seven percent found this information to be very useful, and 75% were glad that they attended these classes. Over half (51%) expressed an interest in receiving more advanced information on HIV/AIDS, 43% desired to attend a support group, and 34% wanted to be an ACE organizational member.

**TABLE Two Perceptions of Other Women's Behavior**

Statement	Agree	#	%
Most men will not wear condoms even if the woman wants him to.		22	63%
Women often have sex even when they really don't want to.		24	69%
Most women are afraid to ask men to use a condom.		18	52%
Most women will ask their partners about their past sexual history.		12	34%
Most women will discuss AIDS and STDs with their partner.		15	43%

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\*N=35 women

\*\*Percentages may be more or less than 100% due to rounding

\*\*\*Questions were adapted from Long (1998)

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### ***Group Comparisons***

There were very few factors that showed which type of inmate was most likely to benefit from ACE's workshops. Those respondents who knew someone who died from AIDS-related complications were more likely to score higher (70% or better) on the pre-test (40% versus 9% respectively; chi-square=62.68,  $df=10$ ,  $p=.000$ ) and posttest (67% versus 22% respectively; chi-square=49.90,  $df=10$ ,  $p=.000$ ) than women who did not know someone who had died as a result of the virus. Furthermore, respondents who reported that they had or have a drug addiction were also more likely to score higher (70% or better) on the pre-test (34% versus 14% respectively; chi-square=69.10,  $df=10$ ,  $p=.000$ ) and posttest (56% versus 30% respectively; chi-square=55.13,  $df=10$ ,  $p=.000$ ) than women who did not report having or having had an addiction to drugs.

### **DISCUSSION**

The proportion of cases for women in the sample stating that they are HIV positive (1 in 17) is much lower than the state's reported average for HIV positive female inmates (one in five). The rate of HIV positive women in this sample may actually be higher but because some were not tested or did not receive their results, they were unaware of their status. Another factor could be not being tested recently (43% tested in 2000 but 32% tested in 1999, 3% tested in 1998, 6% tested in 1997 and 3% tested in 1995). Because most of the females in the sample had been incarcerated one year or less (86%), the chances of them engaging in some type of risky behavior prior to incarceration or during incarceration is very possible. Another possibility is that many women may have not waited the appropriate time between an act of risky behavior and the HIV test (known as the window period, which is 90 days) or they may have engaged in risky behavior while

waiting for their results to come back. Even though most inmates said that their chances of contracting HIV were low, most did report engaging in very risky behaviors (i.e. drug use, prostitution, abusive relationships, unprotected sexual activity) etc.). Thus, the rate of infection in this sample is probably higher than reported.

Most women expressed a desire to modify their behaviors based on the information provided to them during the workshop series. However, these perceptions may not be accurate. These women's responses regarding heterosexual relationships show that they believe that men possess most of the power. With this in mind, more education should be conducted with male partners to curtail acts of risky behavior. If women perceive men as having most of the power in a sexual relationship (many of these women may be returning back to an abusive relationship once released from prison), it really becomes the male partner's responsibility to initiate means for safer sexual encounters. In addition to being educated, women also need to acquire skills for negotiating safer sex with their partner(s). It is important that issues of this nature be addressed as a foremost concern. It is also important to note that implementation of more advanced HIV classes that incorporate more types of kinesthetic learning techniques (i.e. role plays, assertiveness and communication) are desperately needed. For those women who reported a willingness or a desire to change behaviors after completion of the workshops, follow-up services can be tailored to assist in implementing behavioral changes.

Because women who knew someone who died as a result of AIDS-related complications tended to score higher on levels of knowledge than women who did not, it stands to reason that many women are still not taking this disease seriously if it has not "hit home." Drug abusers may have also scored higher on levels of knowledge than those

who did not report a drug addiction because they have attended multiple classes on HIV in drug treatment programs or during previous incarcerations. HIV classes have to target women who do not fit these profiles in order for them to maintain their negative serostatus.

As stated previously, comprehensive education should include additional components such as testing, counseling, community referrals, support groups, and so forth. Since a majority of the women reported that they were likely to seek these follow-up services, ACE should focus their outreach services within general population promoting and expanding the services that are already available. Participation in these extra services may lead to a stronger desire for behavior change; unfortunately, due to time constraints, this study was not able to answer that question. Women who have engaged in high risk behaviors (i.e. drug use, unprotected sexual activity and prostitution) and have higher levels of knowledge but lower perceptions of risk than other types of women, should be targeted for individual counseling to uncover the deeply ingrained beliefs that cause them to engage in high-risk drug and/or sexual activities. This type of individual counseling may assist in reaching the unique root of each woman's resistance to change. Again, this is not a question that can be answered by the present study.

If women who are HIV positive seemingly appear to possess more interest in this type of programming (the number of women who reported being HIV positive in this study was too small to make any determinations), and therefore benefit more from the classes than other types of women, class discussions should begin to focus on factors which make HIV an important reality for everyone in the group.

## LIMITATIONS AND DIFFICULTIES

There are several limitations to this study. First, the sample is not a random sample, which poses problems for external validity (Campbell & Stanley, 1963). In an attempt to generalize findings to the population, demographics from the sample are fairly representative of demographics for the entire incarcerated female population in New York State. Nonetheless, because the final sample was quite small ( $n=27$ ), these results cannot be generalized to populations outside of the study sample.

Second, there was not a true comparison or true control group in this study. It is not feasibly obtainable to have another set of inmates taken from regularly scheduled programs to participate in a comparison group. Without a control or comparison group, it is difficult to determine whether results can be linked directly to the experimental stimulus.

Third, the study may pose problems with reactivity. Subjects may have become sensitized to the questions on the posttest and responded accordingly. “The very act of studying something may change it (Maxfield and Babbie, 1998, p149).” Again, due to time limitations, it was not possible to employ a more extensive measure.

Fourth, even though HIV/AIDS education is mandatory, women were “pulled” from the program for short or long periods of time for various reasons (commissary, state shop, visits, medical, disciplinaries, etc.). Hence, some of the women missed important components of the class. The missed information may have effected the ways in which respondents replied to the posttest questionnaire. Eight of the respondents who participated in the pretest did not attend class on the last day to complete the posttest. This may have also effected the final results.

Fifth, self-reported data may not be the most reliable source of information. Participants have been known to falsify information (see Maxfield and Babbie, 1998) due to forgetfulness, the need to generate pleasing responses, and/or the need to embellish or omit certain information. Initially, many of the inmates may have mistrusted the author's purpose or intentions and did not respond truthfully. Because the author was employed as the HIV/AIDS Coordinator at Taconic Correctional Facility (across the street from BHCF) while she was conducting this study, and she would also be in BHCF once per week to attend meetings with the ACE staff members, she may have gained some credibility with the population because they knew that she was not secretly working for the Department of Correctional Services. The process of establishing trust and rapport with subjects, particularly prisoners, is essential to the validity of the work (Fontana & Frey, 1994; Patenaude, 2004). Considering the author's previous working relationship with the inmates, establishing trust and rapport with the subjects was obtained prior to the beginning of the research study. Also, not requiring inmates to be identified by their names on the questionnaire may have generated more truthful responses.

Conducting research in a correctional facility, particularly for the novice, can become quite disheartening before one even begins the study project. It was necessary to obtain approval from a number of sources (i.e. the supervisor of ACE, the Superintendent, DOCS and CUNY's IRB). The process of obtaining approval for studies with a vulnerable population can be very difficult. Approval from DOCS required many months of waiting. New researchers need to be very diligent and patient during this process and allot a substantial amount of time for all final approvals.

Interviewing inmates in a group setting is not the best way to conduct research with

inmates. Interviews are best done on a one-on-one basis in a private setting away from distractions. Numerous problems arose during the administering of the questionnaires. Inmates would call out answers or talk to themselves, thus disturbing others in the class. Many of the women did not wait for the author to finish reading the question before skipping ahead; as a result, answers were left blank. There were also two incidents in which inmates in the group began fighting and arguing with each other. At one point, the author thought she would be forced to step out of her role as a researcher and stop the study, but luckily an inmate staff member was able to manage the situation. During one of the workshop sessions, when a civilian was not present, the group became very argumentative and could not be controlled. They were subsequently dismissed because they may have posed a security risk; hence, they missed approximately two hours of class. Correspondingly, outside cacophony was problematic. The ACE Office is located right behind the recreation yard for “keep-locked” inmates (inmates locked in their cells for 23 out of 24 hours of the day due to disciplinary action). On another occasion, a keep-locked inmate began verbally fighting with an officer and another inmate in the yard during one group’s pretest interview. The pretest had to be stopped momentarily because the distractions were overwhelming.

The number of women incarcerated with a mental illness or classified as a mentally incompetent chemically addicted (MICA) client is on the rise (Lord, 1995). How can ACE address the special needs of these women and how can the women focus on the material being presented when they may be on medications that cause them to become disoriented, drowsy or problematic? These are issues which mental health will have to investigate.

Finally, asking the women to use a code name appeared to be a great way to illicit honest information. Unfortunately, when the women in the first group completed the posttest, they could not remember the name they used for the pre-test. The researcher did not realize this information until she returned home that evening. The following day, all the women were called down to the ACE office and were given a list of names used on the pretest and asked to pick the one that they had initially chosen. To guard against this from occurring in the next two groups, the researcher was prepared with a list of names from the pretest which was passed around before handing out the posttest questionnaire. Many women in both the groups admitted that without the list they would have forgotten their code name. One has to question the amount of time one can retain information. If the women can forget a code name in a matter of two weeks, how will they be able to remember all of the information they received in the workshops after two months? Most women attending these classes are within the first year of their sentence, with many serving long terms. For a woman serving 25 to life, receiving HIV/AIDS education at the beginning of her incarceration will probably not be beneficial to her once she returns to her community. If education is mandatory when one enters BHCF, it should also be mandatory when one leaves BHCF. If an increase in knowledge, coupled with most of the women's positive feelings toward the ACE Program and its services, equals an effective program, then ACE has proved to be quite successful and a national model for all other peer-led programs .

### **FUTURE STUDY IMPLICATIONS**

Future studies should focus on the women who do obtain follow-up services after completion of the workshops to see if there is a reduction in risky behaviors. These

women should continue to be studied even after they return back to the community to see if a continuum of services affects behavior modification.

As mentioned previously, Harrison et. al. (1998) found that behavior change was more likely to occur when HIV education was introduced within the confines of a drug treatment cohort. A program such as Taconic Correctional Facility's CARE (Counseling, AIDS, Resource and Education) program, the sister program to ACE, incorporates HIV/AIDS education on a bimonthly basis for a period of six months to some of the inmates undergoing CASAT (Comprehensive Alcohol and Substance Abuse Treatment) programming. In addition, ACE provides the same type of programming for inmates undergoing ASAT (Alcohol Substance Abuse and Treatment) once a week for eight weeks. The inmates within these programs can be evaluated on the same criteria as those in ACE's *Community Prep* program to see if drug treatment and HIV/AIDS education combined can create significantly larger changes in behavior modification.

Lastly, there is the issue of an increase in the number of women with mental illness who are being sentenced to prison (Lord, 1995). Previous studies have shown that individuals diagnosed with a chronic mental illness have multiple sexual partners and often refrain from condom use as a means of protection (Cook et al., 1994; Kelly & Sikkema, 1995). Future studies may want to focus on ways to effect behavioral change on this population in and out of prison.

## **CONCLUSION**

It is evident that HIV peer programs are able to provide numerous benefits to prison officials by providing inmates with increased knowledge, accurate risk perceptions, a cost-effective method of providing educational services, etc. However, the

effects may transcend the benefits discussed in a majority of these studies, including the one previously conducted by the author. Although many researchers have pointed to the beneficial effects of peer programs on the peers themselves, the evidence is anecdotal at best. This has led to a serious gap in the knowledge-base surrounding peer education programs. This current study will provide further evidence on the beneficial effects of HIV peer programs and assist in bridging the gap between prior research and current anecdotal evidence. As stated in Chapter 2, not every program will serve as a rehabilitative tool for every inmate, but HIV prison programming may further rehabilitative goals for a small sample of inmates, while providing a valuable service to the rest of general population. The next chapter (Chapter 4) will provide a historical background on the history of female offenders and the ways in which they acclimate to the prison environment. The way one adapts or does not adapt to the prison environment can directly impact on the inmate's behavior and lead to increased disciplinary problems. These behavioral problems can affect an inmate's opportunity to reintegrate successfully back into her community upon release. Chapter 4 will also take a detailed look at two HIV prison-based peer programs and show how these two unique programs can provide a positive form of adaptation for some inmates when they enter prison, and still serve as a mechanism for support once these women are released.

## **Chapter 4 – Female offenders, the Inmate Subculture, and the ACE/CARE Programs: A Historical Profile**

### **INTRODUCTION**

Many authors have expressed the view that criminal sanctions often have “invisible punishments” or unintended consequences (i.e., disenfranchisement, limitations on access to employment opportunities, public housing, public assistance, or federal/state aid for college programming, termination of parental rights, etc.) (see Travis, 2002). These are issues that concern many researchers, as well as those who have felony convictions in the United States. Although there has been much debate in the field about whether or not felons should have their civil rights completely restored to them after an appropriate amount of time, the current political climate does not appear to be open to such a dramatic and controversial change in the law. Without a change in public policy, it becomes quite difficult for offenders to make a legitimate change. If they are denied the ability to live in public housing, or denied access to certain employment opportunities, the formerly incarcerated are left with few avenues to successfully pursue rehabilitative goals.

Housing tends to be the foremost concern for both female and male releasees (Lanier & Paoline, 2005). Without national data on the incidence of those with felony records excluded from public housing, it is difficult to know how many people are affected by these policies. According to a report by the Human Rights Watch (2004), it is estimated that this number exceeds several million people. Moreover, they believe that many misdemeanants (over ten million), who have never been formerly convicted, are also denied public housing due to previous arrests. Public safety is a concern considering that those leaving American correctional facilities will have few housing options available to

them upon release, hence, if they are forced to live on the street, what are the chances that they will continuously engage in lawful behavior? These policies enacted by the federal government, known as “one strike policies,” are “arbitrary and unreasonably overbroad” (Human Rights Watch, 2004, 3). Inmates are typically from poor and disadvantaged neighborhoods prior to their incarceration. Upon return to the community, housing becomes a significant barrier to successful reentry, and with poor people and people of color disproportionately represented in our prison populations, they are also disproportionately discriminated against by these federal regulations. Such regulations allow the Public Housing Authority to deny housing applications to prospective tenants on the basis of a prior felony conviction. Moreover, many families that live in public housing may not be able to allow a family member coming home from prison to reside with them. In lieu of these regulations, the entire family could be evicted.

These policies doubly marginalize women leaving prison, many of whom are trying to reestablish ties with their children, if they have not lost custody of their children while incarcerated. With the passage of FASA (Federal Adoption Assistance and Child Welfare Reform Act) in 1980, if a child is placed in foster care for 18-22 months, the state can begin parental termination procedures. “Although this legislation was meant to avoid multiple short-term placements that worsen the disruption for children, parents with sentences that exceed the allowable time may be unable to comply with reunification requirements before or after release” (Reed & Reed, 2004, 264). While incarcerated, it is difficult for parents to maintain contact with their children because the children may have had multiple foster home placements, and the distance between the child’s residence and the prison inhibits the ability to visit often (Reed & Reed, 2004). Therefore, women who

have children in the foster care system have tremendous difficulty in finding out the location of their children so that they can maintain contact with them. Thereby, they are unable to satisfy the FASA guidelines. Upon release, women face additional barriers to family reunification. Most women are unable to acquire decent housing if they do not have custody of their children and many cannot regain custody of their children until they have adequate housing. Due to 'one strike policies,' they will most likely be denied the ability to reside in public housing and they will most likely be unable to afford unsubsidized housing. Sadly, many women may be forced to return to unsatisfactory living conditions (i.e., living with a former abuser) as a result of being denied public housing (Human Rights Watch, 2004).

According to the Human Rights Watch (2004), offenders should not be penalized by these laws, particularly after five years of being released, when the rate of recidivism after this time is exceptionally low. "Periods of exclusion beyond five years, especially lifetime exclusions, make little sense in light of this reality" (35). Moreover, states that have passed harsher sentencing penalties for predicate felons, like "three strikes and you're out laws," have not witnessed a substantial reduction in their crime rates (Justice Policy Institute, 2004). In lieu of this evidence, these harsh sentencing reforms, which last a lifetime, appear to be yet another example of bad criminal justice policy.

Even if an ex-offender does not recidivate, their criminal record will follow them forever and will remain a continuous hindrance to successful reintegration. How many employers actually overlook a criminal record when hiring a potential employee? It is an undeniable fact that job opportunities are limited when one has a criminal past. Without the ability to obtain decent housing, the chances of obtaining decent employment appear

to decrease even more substantially. Even if offenders are able to interview for an employment position, how will the prospective employer contact them if they do not have an address or telephone number? With these harsh policies in place, offenders will have to obtain employment initially upon release to be able to afford housing. In New York City, this is difficult for those that do not have a criminal record. For those with a criminal record, it is a frustrating and impracticable task.

With this in mind, it becomes even more important to provide offenders with employment skills that can actually help them to obtain stable jobs once released. Ideally, this process should begin months, even years, before offenders are released back into the community. Jobs that inmates have while they are incarcerated are often geared toward maintaining the day-to-day operations of the facility (i.e., porters). These jobs are necessary to maintain facility operations but have little utility in the outside world. In order for inmates to be successful once released, they need to possess job skills that will allow them to earn a decent wage, otherwise relapse and recidivism appear to be a strong possibility. This is particularly important for female offenders. “Women offenders are often involved in codependent relationships that stimulate their criminal activities. Skills are important for women so that they also gain social independence, thus removing them from codependent relationships and other circumstances that contribute to their criminal lifestyles (Koons et. al., 1997, 528).”

One of the fields that appear to be wide open to ex-offenders is the field of HIV/AIDS. Many community-based organizations, particularly in the New York City area (i.e., Bailey House, Exponents, The Fortune Society, The Osborne Association, Women’s Prison Association, etc.), that receive funding to provide HIV related services,

have hired ex-offenders to provide outreach, case management, and educational and supportive services to their clients, most of whom are also recently released from prison or jail. HIV prison-based peer programming provides a great opportunity to give inmates the skills they need to obtain entry-level positions upon release in the field of public health. For many inmates, this may be the beginning of a successful career or at least an initial way for them to support themselves financially. As discussed in Chapter 2, vocational and educational programs in prison are advantageous to the offender, the criminal justice system, and society. Although HIV prison-based peer programs have not been previously considered by researchers as a rehabilitative vocational program, there is no reason to believe that inmates will not acquire the same types of benefits that they gain from more traditional vocational programming. As discussed in Chapter 3, there is a great necessity to provide such programming to inmate population because it is cost-effective and provides an invaluable service. There is no reason not to believe that such programming offers the additional benefit of redirecting the lives of the formerly incarcerated peers who have worked for such programs while in prison. These offenders have gained the job experience necessary to find stable employment upon release, which is essential in maintaining a conventional lifestyle. While providing all of inmate population with vital information regarding HIV and other cardinal health issues, HIV prison-based programs will provide a few offenders with the ability to change their criminal trajectories.

In order to change one's trajectory, the offender has to come to terms with his/her criminal past and make plans for his/her law abiding future. In a study distinguishing criminal desisters from criminal persisters, Maruna (2001) found that in order for ex-

offenders to maintain the process of desistance or what he terms “making good,” they need to be able to find a higher purpose in life, while subsequently making sense out of their life histories. Many desisters expressed a strong desire to provide assistance and support to other offenders or substance users as a way of “giving back.” By helping others, they are able to reform their past, recreate their self identities, and finally accomplish a certain level of success. This concept of the “wounded healer” or “professional ex” helps to bring together the offender’s two identities; the old criminal identity and the new law abiding identity (Lofland, 1969; Nouwen, 1972). The offender does not have to be ashamed of his/her past; he/she utilizes it as a tool to help others. They use their past as a means to establish a positive future, to “leave a positive legacy (Maruna, 2000, 104).” This new way of looking at themselves provides new insight into their past and allows them to turn something ‘bad’ into something ‘good,’ thereby aiding the process of criminal desistance. “Essentially, the desisting ex-offender has found a meaning in his or her otherwise shame filled past (Maruna, 2000, 105).” More recent research has reiterated these same findings. In a study conducted with NYS offenders by LeBel (2005), it was found that ‘wounded healers,’ those that replaced or wanted to replace their deviant careers with professional or para-professional careers that focused on helping others and ‘giving back’ to the community, had higher levels of self-esteem, were more satisfied with their life, and had lower rates of recidivism or predicted recidivism than other types of offenders.

Working in the field of HIV/AIDS within the prison system and/or upon release allows peers from ACE/CARE to also “give back” to others and help them to establish a higher purpose in life. This notion of “giving back” begins behind the walls for women

in ACE/CARE, and for many of them, it will continue outside of the walls, providing them with a sense of purpose upon release. The true rehabilitative effect of this type of vocational programming may not only be attributed to the marketable job skills it can provide offenders, but to the higher purpose it allows them to obtain.

In addition to finding a higher purpose and possessing the desire to change, for successful desistance to occur, female offenders need to find others who will applaud their new conventional efforts (Sommers et. al., 1994). In an environment that can often be hostile and filled with humiliating procedures (i.e., strip searches, verbal abuse, violence, etc.), inmates are often exposed to many negative influences behind bars that can actually negate any rehabilitative effects that prison is supposed to employ (LPSSC, 2004). They may want to make a change, but if they are unable to achieve a new identity and a new network that supports such an identity, they could revert back to preexisting criminal networks that will provide them with approval, a sense of self worth, and a sense of familiarity. It is a widely shared belief that when people go to prison they can actually learn to become better criminals (Sommers et. al., 1994). However, even in the midst of the prison environment, it is possible to establish strong relationships with conventional others. Programs for female offenders can assist in providing inmates with strong conventional support for one another during incarceration (Koons et. al., 1997). For the women working in ACE and CARE, these conventional relationships can be formed and maintained by the ACE/CARE civilian staff and the peer workers during the course of incarceration, but it can only be continued after release by the ACE/CARE civilian staff. If the women try to maintain conventional relationships with the other ACE/CARE peers after leaving prison, who are women who would applaud and encourage their efforts on

the outside just as they did on the inside, they run the risk of committing a parole violation by ‘associating with another known felon.’ This rule, which is mandated by the New York State Division of Parole, was obviously set forth to reduce the chances of inmates connecting with one another on the outside to commit crime. However, if the women form conventional relationships on the inside with other offenders, and these relationships must be severed upon release, do we run the risk of promoting criminal behavior because they are forced to ignore those that would unwittingly support their new conventional identities? It has been found that strong social networks and a high level of “social capital” are essential for successful reintegration for female offenders (Reisig et. al., 2002). This proves to be even more vital for younger offenders and those offenders with few financial resources, considering they have been found to have lower levels of social support, thereby, increasing their chance for recidivism (Reisig et. al., 2002). For many of the women in ACE/CARE, this may be the only positive social network that they have ever developed. Without it, their chances of success appear to dwindle and their new self-identity may be lost.

Prior research has supported the notion that releasees feel more comfortable receiving support from others who were formerly incarcerated. In a study of female prisons in England and Wales, Eaton (1993) found that many women enjoyed being involved with organizations after release that would employ ex-offenders because it gave them “a sense of belonging” (66). Working in programs like ACE/CARE allows the peers to form conventional relationships and attachments, and it helps to prevent one from becoming “institutionalized” or “prisonized,” which can hamper rates of institutional and postrelease success. The process of “prisonization” or

“institutionalization” can beget maladjustment problems, hence increasing disciplinary infractions during incarceration and decreasing levels of success upon release. It is evident that another rehabilitative effect of this type of vocational programming may not only be attributed to the marketable job skills it can provide offenders and the higher purpose it allows them to obtain, but in its ability to lessen the effects of “prisonization.” By cultivating strong conventional attachments and strong networks of support, which begin behind the walls but continue outside of them, the women of ACE/CARE can easily adopt the role of the “wounded healer” or “professional ex” and be supported, unconditionally, in their new conventional role.

### **FEMALE PRISONIZATION and MALADJUSTMENT**

Do women “prison” in the same way that men “prison”? Adaptations to the prison environment may differ according to gender but both sexes can become prisonized, which can affect rates of maladjustment. This means that inmates begin to adhere to the rules of the inmate code (i.e, no snitching, keeping one’s cool, minding one’s business, etc.) (Sykes & Messinger, 1960) and become entrenched within the inmate subculture, a culture that is in direct opposition to the conventional rules of the prison and society (Clemmer, 1940). The difference in prisonization among the genders appears to lie in the way one adopts to the prison subculture and how intently they adhere to the inmate code. As a survival mechanism, female inmates tend to recreate family, while male inmates enlist as gang members. There are two competing theories on the inmate subculture, which help to explain rates of maladjustment among prisoners. First, the deprivation hypothesis states that inmates embrace the inmate subculture as a way to cope with the pains of imprisonment (i.e., loss of family, loss of freedom, loss of identity,

etc.) created by the oppressive conditions of the prison experience (Clemmer, 1940; Skyes, 1958). Second, the cultural importation hypothesis states that inmates bring this culture with them when they enter the prison environment (Heffernan, 1972; Irwin & Cressey, 1962). There is empirical support for both models in the literature (Cao et. al., 1997), however, the importation model appears to have more support than the deprivation hypothesis (McCorkle et. al., 1995). Others have found that the deprivation hypothesis is more applicable to male inmates, while the importation hypothesis is more applicable to female inmates (Bowker, 1981; Pollack-Byrne, 1990). These researchers believe that the importation model explains the creation of the “play family” better than the deprivation hypothesis because women actually bring these roles with them from the outside into the prison environment (Pollack-Byrne, 1990).

Both men and women can adopt various roles in the inmate subculture to survive the pains of imprisonment (see Heffernan, 1972; Schrag, 1944; Sykes & Messinger, 1960). This issue of prison adaptation is of great concern for prison administrators. The way one adapts or does not adapt to the prison environment can directly impact on the inmate’s behavior and lead to increased disciplinary problems. This can create safety issues for both staff and inmate population. It is also believed that the more “prisonized” one becomes, the more difficulty they will have in successfully reintegrating back into society (Clemmer; Irwin & Cressey, 1962), posing a safety issue for the general public.

Prisonization and disciplinary problems have been correlated with numerous factors. Adjustment to prison may vary by the characteristics of a particular individual, the type of prison one is housed in, and the types of friends or acquaintances one associates with during their incarceration (Goodstein & Wright, 1989). Studies that have

found support for the deprivation hypothesis have stated that the most severe pain and/or deprivation for women in prison is the separation from their children (Jones, 1993; McCarthy, 1980; Pollack-Byrne, 1990).

According to one of the earliest studies of the female inmate subculture, Giallombardo (1966) found that women suffered from the deprivation hypothesis, and as a coping mechanism, would re-create family units inside of the prison walls. These families are often referred to in the literature as “play families” or “pseudo families”. There can be a jail-mom and jail-dad with jail children. You can have jail-siblings, jail-aunts, jail-uncles, etc. It is assumed that women feel the pains of imprisonment more harshly than males because of the difficulty in being separated from their family and children. A way to deal with this grief is to try and re-create that lost family in prison. This can include the development of consensual same sex relationships, in which one inmate will portray the father figure, typically known as the butch or aggressor, and one inmate will portray the mother figure, typically known as the femme. Both inmates can assist their jail children in adapting to the inmate subculture and may prevent them from engaging in troublesome behaviors, while also teaching them how to navigate the prison environment. Giallombardo’s study was conducted in 1966, but many of her findings are still applicable today. In a more recent study, Jones (1993) found that females in a Midwestern facility adapted to the prison culture through the creation of “play families,” and in a small number of circumstances, same sex coupling did exist. These couples, however, appeared to fulfill more emotional than sexual needs.

Females have different experiences during their incarceration than their male counterparts. So while both groups can become prisonized, the way that they “prison” is

very different. The pains of imprisonment for women can include disparities in disciplinary practices, inadequate health care, insufficient therapeutic services (particularly in lieu of the high rates of physical, mental, and sexual abuse among this population), limited educational/vocational programming, risk of sexual abuse by correctional staff, and pains associated with the separation from their children (Owen, 2004).

While both males and females suffer from the pain of being denied the ability to engage in heterosexual relationships while in prison, most female to female inmate sexual relationships are consensual and are often established to fulfill emotional needs. On the contrary, homosexual relationships in male prisons are often coercive or due to some sort of exchange and/or arrangement between parties (i.e., sex for protection, for goods, etc.) (Bowker, 1981; Pollack-Byrne, 1990). Most women who engage in same sex relationships in prison will not continue to engage in same sex relationships after they are released, making this one way women adapt to incarceration (Pollack-Byrne, 1990). Additionally, females do not seem to have the same racial problems that exist in male facilities, and while leadership in male facilities is often tied to gang affiliations, women function in smaller groups, like the “pseudo family” (Pollack-Byrne, 1990).

Both male and female inmates suffer from the pain of being separated from their families, but the separation for women appears to be more detrimental. Even if female inmates are able to have contact with their biological family while incarcerated, their visits, their phone calls, and their mail are closely monitored (Genders & Player, 1990), not allowing for any of the pains of imprisonment (i.e., separation from one’s family) to be ameliorated. Since the number of female facilities is significantly smaller than the

number of male facilities (many states only have one female facility), women experience additional deprivations because of the inability to transfer to another prison for programmatic needs, problems in the facility (either with staff or with other inmates) or for family matters (Mackenzie et. al., 1989). Moreover, most state facilities are located in rural areas, far away from urban cities, where most of the inmates' family live, making a closer to home transfer impossible, thereby increasing the pains of separation from their biological family units.

With prison being so far way from the inmate's family, family contact is severely limited because of the costs in time and money in traveling up to the prison (Reed & Reed, 2004). Collect phone calls are an additional expense and although many families may want to hear from their incarcerated loved-ones, they cannot afford to do so. When males are incarcerated, it is typically the women who will bring the children to the facility to see the father, but when most women are incarcerated, another female member of their family will take responsibility for her children. The additional costs of raising this woman's children make amenities like visits, phone calls, and packages extremely limited.

According to the Bureau of Justice Statistics (Snell & Morton, 1994), it is estimated that approximately 1.5 million children in the United States have a parent who is incarcerated. Seventy-five percent of women in prison have children, with almost 70% having a child under the age of 18. This report stated that 25% of the women in prison have children that are living with their biological father, while 90% of the men stated that their children were living with the biological mother. This illustrates that incarcerating mothers has more of an effect on children than the subsequent incarceration of their

fathers. Over half of the children of incarcerated mothers are living with the grandparents, 10% are in foster care, and the rest are with other family members or friends. The inability to see one's children, coupled with the oppressive conditions of the prison environment, causes substantial pains to women in the United States residing behind the prison walls. According to Eaton (1993), "When women speak of the prison experience they chronicle exclusion: exclusion from home, from family, from friends, from meaningful time, and from all that contributes to a sense of self-worth. Furthermore, within the prison they are excluded from decisions relating to their own lives, from autonomy over their own lives and from close involvement in the lives of others which contributes to a sense of community" (39-40).

Other recent works since Giallombardo have had mixed results regarding whether women will recreate family in order to effectively deal with the pains of imprisonment. Moreover, "play families" appear to be unique to female American correctional institutions, with little or no evidence of this existing in other countries (Humphrey, 1987). Although the American prison creation of the "play family" has been found in more recent research, the nature of America's prison "play family" may be evolving. Propper (1982) found that same sex marriages among female inmates were rare and that most family units consisted of jail-sisters, or jail-mothers and their jail-daughters. Contrary to prior belief, being in a "make believe" family did not increase one chances of engaging in same sex relationships. She cautions that research into the female inmate subculture needs to discriminate between "make-believe" families and same sex partnerships that are often perceived as family units. Both are very different ways of adapting to the prison environment. Research has not only shown that many female

inmates have stopped recreating the traditional prison families, but many feel that they cannot even develop genuine friendships in a prison environment. A proportion of female inmates today feel that they cannot trust other inmates and that any sort of friendship is simply another form of manipulation (Genders & Player, 1990).

The subculture that inmates join during their incarceration can be rejected shortly before one's release, changing their investment in such friendships or groups (Wheeler, 1961). In a study of 121 female inmates, Larson and Nelson (1984) found that friendships changed during the course of incarceration and became less important when a woman was near her release date. Greer (2000) discovered similar findings in a study of Midwestern female inmates. Although many female inmates engaged in sexual relationships with other female inmates, there was a great amount of distrust between them. Most of these relationships began, and continued, on the basis of economic motives or loneliness. Distrust existed among non-sexual relationships as well, with most of the women believing that their prison friendships were superficial and would not last outside of the prison environment.

Women as a whole, incarcerated or free, appear to be more closely connected with the people around them than their male counterparts. Although men may know more people than women know, women appear to be more aware of problems with their friends and family, and more influenced by such problems, making them more "emotionally responsive" than men (Kessler & McLeod, 1984, 628). These emotional responses can be detrimental inside of the prison, since such outbursts are likely to be perceived as a disciplinary problem.

In general, correctional staff believe that female inmates possess a different emotional make-up than male inmates (McClellan, 1994). There is an “assumption that women are irrational, compulsive and slightly neurotic” (Smart, 1976), in addition to being “too emotional,” “too manipulative,” and “too vocal” (Debell, 2001, 59). Women appeared to be more expressive and more communicative, while men appeared to be more closed and less verbal (Cranford and Williams, 1998). Women inmates are more expressive about their anger than male inmates (Suter et. al., 2002). These expressions, although non-violent in nature, may be perceived by staff as constituting a disciplinary infraction, such as insubordination, creating a disturbance, verbal harassment of an officer, or even inciting a riot. Since men and women express themselves differently, what may actually be a healthy way of releasing pent up emotions may be perceived as problematic behavior for the female inmate. Therefore, staff training should focus on communicating effectively with female offenders to avoid unnecessary disciplinary action (DeBell, 2001).

In a study of NYS (New York State) correctional workers (Pollack, 1984), correctional staff stated that female inmates were more emotional than male inmates, whether they were expressing good or bad emotions. These expressions of emotions were perceived as emotional outbursts that could lead to a ticket (inmates are given tickets for violating prison rules) for verbal assault on an officer. What may be perceived as a normal expression of emotion by the inmate, is now perceived as a disciplinary infraction by correctional staff. Staff believed that they had to be more sensitive in dealing with female inmates in order to avoid such outbursts. They felt that this same type of sensitivity was not necessary in dealing with the male inmate.

The way one adapts to the subculture can have a significant impact on one's disciplinary record, even though there may be better ways of dealing with problematic behaviors other than writing inmates up for infractions (Toch & Grant, 1989). Writing an inmate up for an infraction tells the inmate that his/her behavior was unacceptable, but it does not help him/her to correct or modify that behavior. There are many factors associated with high rates of maladjustment, and subsequently, high rates of disciplinary infractions. In a study of 883 Ohio-based inmates, Cao et. al. (1997) found more support for the importation model over the deprivation hypothesis in explaining the rate of disciplinary infractions. The behaviors that inmates bring into the prison environment appear to be related to increased misconduct, rather than the oppressive conditions of the prison being blamed for begetting such misconduct.

Age appears to be a factor that is significantly correlated with the rate of infractions. Wolfgang (1961) found that those over the age of 35 were more adjusted to prison than those under the age of 35. As one increases in age, one will decrease in problematic behavior and decrease in the severity of infractions (Jensen, 1977; Jensen & Jones, 1976; Mackenzie, 1987; Wolf et. al., 1966). Others have found that there appears to be more violations in the first year of prison, with the rate of violations decreasing after the first year, but the seriousness of violations increasing after the first year (Lindquist, 1980). However, it was also found that at a certain point (age 27), the rate of infractions will begin to increase once more, negating the inverse relationship between age and rate of disciplinary infractions.

The relationship between race and rate of infractions is not fully understood. Inmates of color are more likely to receive disciplinary infractions than their white

counterparts (Cao et. al., 1997; Lindquist, 1980; Poole and Regoli, 1980), although this result has not been consistent (Hewitt et. al., 1984; Stephan, 1989). This appears to be true of female offenders as well. Casey-Acevedo and Bakken (2003) found that African-American female inmates were more likely to receive a disciplinary infraction for violent misconduct (i.e., assault) than Caucasian women. In their study, females cited for violent behavior received a higher rate of infractions during the year (6.6) than those with minor infractions (2.0). For those that have found a relationship between the rate of disciplinary infractions and racial factors, race does not appear to affect the punishment one received (Ramirez, 1983). Likewise, there also does not appear to be a relationship between one's intelligence level and one's rate of institutional misconduct (Wolf et. al., 1966).

Sentence length has been another factor associated with the rate of disciplinary infractions, illustrating that long-termers are involved in less infractions than short-termers (Flanagan, 1980). Others have found that those with shorter sentences appear to have an easier adjustment than those with longer sentences (Mackenzie & Goodstein, 1985). Those with longer sentences appear to experience more stress and more difficulty in adjustment at the beginning of their sentence than those long-termers that have already served a significant portion of their time (Mackenzie & Goodstein, 1985). Some researchers have not found a difference in stress levels between long term and short offenders, with both groups perceiving similar issues and problems (Richards, 1978) and experiencing the same modes of adjustment (Wolfgang, 1961). While Wheeler (1961) found a correlation between sentence length and prisonization, Atchley and McCabe (1968) found that conformity to prison rules was higher after six months of incarceration.

The authors state that the differences in results may be due to the study of different inmate populations (i.e., state verses federal inmates).

In a study of female offenders in Louisiana (Mackenzie et. al., 1989), women with shorter sentences often had fears of personal safety, while those with longer sentences were more likely to engage in “play families.” Concomitantly, there is a connection between adjustment and prior incarcerations and adjustment and marriage. Those who have never been married and those who have never been to prison before are more likely to have adjustment problems when compared to those inmates that are married and have served prior prisons sentences (Wolfgang, 1961). For women offenders, shorter-termers and long-termers have similar psychological make-ups (Long et. al, 1984), yet still engage in varying patterns of rule breaking behavior. For female offenders, short-termers (serving less than 18 months) commit mostly minor infractions which tend to increase during incarceration, while long-termers, both minor and serious rule breakers, engage in most of their misconduct during the early part of their sentence, with rates of misconduct decreasing as time in prison increases (Casey-Acevedo, 2001).

How the inmate perceives his/her environment may affect disciplinary behavior. The less control they feel that they have over their environment, the more maladjusted they appear to be (Wright, 1999). If they are involved in programs and other activities, and feel that their safety is not in jeopardy, the less stress they will experience and the less likely they will engage in problematic behaviors (Wright, 1999). The presence of a mental illness can complicate such matters. Those with a mental illness tend to violate more prison rules and the greater the illness, the greater the number of violations (Toch & Adams, 1986). An inmate’s mental illness can hinder their ability to adhere to prison

rules. However, many inmates, if left undiagnosed, will be punished for violating such rules. Their misconduct is a manifestation of their mental illness but perceived by staff as a blatant disregard for rules and authority.

In a report compiled by the Bureau of Justice Statistics (Stephan, 1989), over half of all inmates have been found guilty of violating prison rules. The average rate of inmate infractions was 1.5 per year. Those who were younger, incarcerated in larger institutions or maximum security institutions, unmarried, serving time for a property offense or a robbery, having a past history of incarceration, having been arrested for the first time as a juvenile, having less than a high school diploma or GED, and having a history of drug misuse, were more likely to receive infractions than other types of inmates. Others have found that age at commitment, drug use history, and serving time for a homicide were related to rates of misconduct among inmates (Flanagan, 1983).

Research has shown that female inmates are more likely to receive disciplinary infractions than male inmates (Cao et. al., 1997; Stephan, 1989), even though the levels of violence in female institutions are significantly lower than levels of violence in male institutions (Kruttschnitt & Krmpotich, 1980; Lindquist, 1980). Women commit less serious violations than men, even though they are cited for infractions more often (Casey-Acevedo & Bakken, 2003). In New Zealand, from 1880-1920, contrary to the current literature, it was found that males were punished more frequently than females for misconduct, and when punished, they were punished more severely (Dalley, 1993). This trend has apparently changed. Female inmates are often written up for minor infractions. Both male and female inmates are cited most often for disobeying a direct order (Tischler & Marquart, 1989). It has been estimated, though, that females are twice as likely as

males to be written up for such minor infractions (Eaton, 1993). Women incurred approximately 2 infractions per year, while their male counterparts incurred 1.4 per year (Stephan, 1989). Behavior that is often ignored in male facilities is severely enforced and punished in female institutions (Dobash et. al., 1986). In a study of Texas female inmates conducted by McClellan (1994), she found that the most frequent infraction for male and female inmates was insubordination. The women in this study, however, received written reprimands, which is a form of punishment only found in female institutions, subjecting them to an additional form of institutional control and punishment. She found that while 87% of the women in her sample received written reprimands, none of the men received any written reprimands. She found that although women commit less serious infractions, they were punished more severely than the male inmates. This higher form of scrutiny will obviously lead to a higher rate of infractions on the female inmate's record, which may affect her ability to obtain early release.

Leger (1987) found that gay women were more likely to receive disciplinary infractions than straight women and they were more likely to follow the inmate code. The inmate aggressor may be penalized more often for perceived problematic behaviors because she comes to the attention of correctional staff more easily. Inadvertently, she could be penalized for continuously violating gender norms, which may be viewed as a threat to correctional staff, consisting mostly of male workers. Overall, it is really difficult to know the true rate of infractions among inmates, considering that the writing of an infraction is based entirely upon the discretion of the correctional officer or civilian staff member (Casey-Acevedo & Bakken, 2003). Inmates commit more infractions than recorded by official data and it appears that correctional officers do not officially report a

majority of the infractions (Hewitt et. al., 1984). Correctional officers decide which behavior constitutes a rule infraction and which inmate will be punished for which behavior (Poole & Regoli, 1980).

In comparing disciplinary infractions across institutions, Brown and Spevacek (1971) found that correctional officers in different facilities write approximately the same number of tickets but the reasons for writing them may differ by institution. Therefore, it is quite plausible that younger inmates, inmates of color, those serving shorter sentences, etc., are not committing more infractions than other types of inmates. It could simply be that these inmates are more visible to correctional staff, thereby receiving a higher level of scrutiny, and having a higher chance of getting caught and punished for such behavior. This specifically applies to female offenders, where their behavior is no worse than that of their male counterparts, but their behavior comes to the attention of correctional staff more easily. “When staff expect women to be more troublesome than men, and expend more energy in the detection and punishment of their misbehaviors, it is little wonder that women have high disciplinary rates (Humphrey, 1987. 5).

Programs such as ACE and CARE may provide a conventional inmate culture and conventional code for female offenders to follow. If ACE/CARE serves as an extended family unit for female inmates, it can help ameliorate some of the pains of imprisonment, but it can do so in a positive manner. These women may find the family that they are seeking in a supportive and nurturing environment, which will not only help to give them a higher purpose in life, but also provide accolades for the establishment of their newfound conventional identity. Since one’s associates in prison can affect adjustment, being associated with programs like ACE/CARE can prevent periods of maladjustment at

the beginning and end of one's sentence, where disciplinary infractions appear to be their highest. The women in these programs provide leadership, support, and guidance for one another, and if the women are viewed as role models by other inmates and correctional staff, they are less likely to jeopardize their position by engaging in unlawful or deviant behaviors. A study conducted by Fox (1984) at Bedford Hills Correctional Facility found that the decrease in "play families" was correlated with an increase in vocational and educational programming. If prison administrators and researchers are concerned about the problems associated with prisonization, providing inmates with purposeful employment while incarcerated may combat this issue.

### **THE HISTORY OF FEMALE OFFENDERS**

Women offenders have been the most neglected population throughout the history of the criminal justice system. In many areas of the United States, at least until the end of the 19<sup>th</sup> century, females did not have their own correctional institutions and were often placed in separate wings of male facilities (Rafter, 1989). Due to their smaller numbers and the fact that they were isolated in attics and separate areas of men's prisons, these women were neglected, physically abused, sexually abused, given minimal food, minimal medical care, minimal programming, and forced to live in deplorable and overcrowded conditions (Dobash et. al., 1986; Feinman, 1983; Pollack-Byrne, 1990; Rafter, 1989). It was after the Civil War that reformatories for women emerged due to increased concern surrounding the female offenders' conditions of imprisonment (Dobash et. al., 1986), however, race played a role in the use of such facilities considering these reformatories were utilized mainly for white women (Rafter, 1989). Black women were still confined

to prisons and often subjected to the same rules and treatment as their male counterparts (Chesney-Lind, 1991).

According to Schulz, (1995) women's careers in criminal justice started in corrections, approximately 60 years before the first police matrons appeared in the 1880s. Female Quakers led the way by entering penal institutions to provide services for female inmates. They also served as role models for acceptable female behavior. Sex scandals and harsh prison conditions allowed women of high social standing to successfully lobby for the creation of a female prison matron position, and by the 1880s, states were establishing female only prisons. This opened a new career for women in which social services could be provided to women by women.

Early female pioneers of law enforcement were not interested in replacing men or in adopting traditional male models of law enforcement. By taking the concept of a "women's sphere" (i.e., just as they could clean houses, they could clean-up the department of corrections) to a new level, they were able to obtain gendered positions that were separate from men, and therefore did not threaten men professionally. Through the reformatory, it was believed that if women supervised other women, they would serve as role models and teach them how to be "good" and virtuous women (Moyer, 1984; Rafter 1989). This often meant learning how to become good wives and good mothers, and it meant being treated like children by the female reformists (Moyer, 1984). These domesticity skills that were provided to women in prison ignored their economic backgrounds and the fact that they needed to obtain employment upon release to support their families (Feinman, 1983). Female criminals were labeled as "fallen women" and considered to be morally degenerate (Dobash et. al., 1986). "Many Americans believed

that women offenders were born pure but had fallen, and thus were more depraved than male offenders. Because they deemed fallen women, unlike men, to be totally vile, lost and socially unredeemable, Americans treated female offenders more harshly than men” (Feinman, 1983, 14).

By the 1930s, both the reformatory and the other correctional institutions for women merged to form the women’s prison system (Rafter, 1989). These institutions changed dramatically and were no longer an institution that was run by women for women. “Rather, they supported the male-dominated prison system and adopted its values of isolation as well as traditional methods of prison discipline and inmate control” (Moyer, 1984, 48). Today, there are many states that still do not have female-only correctional facilities. Other states may have only one female prison (Pollock-Byrne, 1990). Therefore, there are no specialized security classifications among female inmates (Rafter, 1989). All of the women, regardless of their security level, live together and must follow all of the same rules. Unlike male inmates, if they experience problems while incarcerated (i.e., problems with another inmate or staff person), or would like to be closer to their family in order to have visits, they either have limited options for a transfer, or in states that only have one female facility, they have no options at all.

Female incarceration rates have soared within the last decade and the increase in rates has been blamed on the war on drugs and subsequent sentencing reforms that have been primarily based on the characteristics of male offenders (Chesney-Lind, 1991). Although female rates of incarceration have changed, the types of crimes that women commit have not. Most of the crime committed by female offenders consists of minor property crime, public order offenses, and drug offenses, most of which are economically

motivated (Pollock-Byrne, 1990). About one-third of females are serving time for a drug-related offense (Gondles, 1998). Unlike male offenders, many of these women are the sole supporters of their children, and they suffer from a history of sexual and physical abuse, drug addiction, and prostitution (Chesney-Lind & Rodriguez, 1983). Female offenders differ from their male counterparts in many other ways upon being admitted to prison. They are less likely than men to have a prior criminal record, to have committed a violent crime, and to have returned to prison on a new charge or on a parole violation (Pollack-Byrne, 1990). These differences among female and male offenders appear to emerge in adolescence. When looking toward young offenders, juvenile girls are more likely than boys to be arrested for status offenses, hence, the juvenile justice system has been accused of criminalizing the survival strategies of many young girls that often runaway to escape abuse, and once on the streets, are forced to engage in criminal and/or deviant behavior in order to survive (Chesney-Lind, 1989). Young white girls have historically been subjected to formal mechanisms of control when their sexual behavior violated conventional female norms (even as victims of sexual abuse), subjecting them to harsh and humiliating punishments inside of the courtroom and inside of the reformatory, while the sexual exploitation of young African American girls continued to be ignored (Odem, 1995). The fact that these young girls were often victims of sexual abuse by their own family members went unnoticed, and in an attempt to maintain their daughters' purity, parents willingly turned their daughters over to the state (Odem, 1995). These girls were treated and labeled as criminally deviant in a system that blatantly ignored issues of class, race, gender, and victimization. These formal systems of social control

play a large part “in labeling and shaping the crime problem” and their role in this process “is frequently underestimated” (Chesney-Lind, 1968, 78).

### **A PROFILE OF FEMALE OFFENDERS IN NEW YORK STATE**

In a report on female offenders compiled by the New York State Department of Correctional Services (NYSDOCS) (Staley, 2003), women offenders accounted for four percent (2,996) of New York’s inmate population. Most of these inmates resided in the New York City area prior to their arrest (61%), and on average, they tended to be thirty-six years old. Most female inmates in New York State (NYS) are African-American (52%), followed by Latina inmates (25%), and white inmates (22%). Over one-half (51%) reported being of the Protestant religion, seventy-one percent reported never having been married, and seventy-five percent reported that they were mothers. Most female inmates in NYS also reported having a substance abuse problem prior to their arrest (80%).

Most female inmates in NYS have educational levels far below the national average. The average reading level reported was 7.3, while the average math level reported was 6.1. NYSDOCS offers thirty types of vocational programs for NYS inmates, albeit, only eight vocational programs are open to females. However, they found that many women (37%) took advantage of these opportunities by participating in vocational or academic programming.

In regard to classification status, five percent of women were diagnosed as having a serious mental illness, and 54% of all female inmates were classified as medium security status. Most of these women were serving time for a drug-related offense (42%),

while 34% had committed a violent felony. Overall, their rates of class A felony crimes decreased, while their rates of Class C and Class D felonies increased (Staley, 2002).

Moreover, there are other apparent differences between female and male inmates in NYS. Female inmates are less likely than their male counterparts to have a history of criminal behavior (as 27% are first-time offenders), they are less likely to be serving time for multiple offenses (26% compared to 40% respectively), they tend to have shorter aggregate minimum sentences (5 years and two months, compared to 8 years and 4 months respectively), and they tend to have shorter aggregate maximum sentences (9 years and 5 months, compared to 12 years and 8 months respectively) (Staley, 2003). Although female inmates in NYS have a higher rate of suicide (Bernstein, 2004), they pose less problems for security considering they have lower rates of inmate escapes (Lyons, 2004a) and lower rates of other incidences that disrupt daily facility operations (i.e., fighting, assaults on staff, etc.) (Lyons, 2004b), when compared to NYS male inmates.

On average, women have a lower rate of recidivism than males. In a Bureau of Justice Statistics report, it was found that out of all offenders released from prison, 29.9% recidivated within the first six months, with that number increasing to 44.1% in the first year (Langan & Levin, 2002). Nationally, males are more likely than females to face additional prison time after release for either committing a new crime or for committing a parole violation (53% compared to 39.4% respectively) (Langan & Levin, 2002).

Concomitantly, it appears that female inmates in NYS are more successful than male inmates after their release. In 2003, 28,501 inmates were released from the NYS prison system; only 6% were women (NYSDOCS, 2003). Fifty-seven percent of NYS

inmates were released by the NYS Division of Parole (56% male and 69% female), 27% of inmates were conditionally released (28% male and 18% female), and 10% were released after serving their maximum sentence (10% male and 8% female) (NYSDOCS, 2003). Most of the inmates released were African-American (48% males and 50% females) and most were approximately 33.6 years old (33.4 years old for males and 36.1 years for women) (NYSDOCS, 2003). In 2002, 31% of women were returned to prison for parole violations, while 34% of males were returned (Staley, 2003). Similar rates were also found in 1999 after a three year follow-up study of NYS inmates. Female releasees returned to prison at a rate of 30%, compared to a 41% rate among males releasees (Kellam, 1999). Women were also more likely to be released early via the parole board (68% compared to 56%), and the average time they served in a state correctional facility was less than the time served by male offenders (2 years and 7 months, compared to 3 years and 8 months). These patterns may reflect lower criminality rates in general for women as compared to men, which can account for earlier releases, shorter sentences, and lower recidivism rates.

As discussed earlier, one of the best ways to combat institutional infractions and recidivism is to provide offenders with educational and vocational skills during their incarceration. Even though programs like ACE and CARE were initially created to deal with the AIDS epidemic behind bars by providing inmates with increased levels of knowledge and helping to provide them with accurate risk perceptions, the benefits of these programs may exceed its original goals. Just as punishments may have unintended consequences, HIV prison-based peer programs may have unintended benefits. In an attempt to provide a more in-depth understanding of how prison programs effect the

processes of criminal desistance and behavioral changes for female inmates, while adding to the knowledge base on female patterns of criminality in general, this study will examine two peer programs in the New York State Prison System – The ACE (AIDS, Counseling, & Education) Program at Bedford Hills Correctional Facility, the only maximum security prison for women in New York State, and the CARE (Counseling, AIDS, Resource, & Education) Program at Taconic Correctional Facility, a medium security facility for women in New York State, to determine the extent of these unintended benefits. It is the author’s premise that working in one of these HIV peer programs will serve as a life transition for some inmate peers, subsequently altering their criminal trajectory and leading to greater success both in and out of the penitentiary.

#### **THE ACE PROGRAM AT BEDFORD HILLS CORRECTIONAL FACILITY**

Bedford Hills Correctional Facility (BHCF) houses approximately 792 female inmates, serving as a reception center for all female inmates entering state prison (NYSDOCS, 2003). According to former Superintendent Elaine Lord (1995), each year there are 3,000 women who pass through Bedford’s reception area. They will either remain at Bedford or they will be “drafted” (sent) to another facility. Most of the women incarcerated at Bedford have “six or more years to serve on their minimum sentences before they can even appear before the parole board for release consideration (257).” The average time of incarceration is approximately eight and one-third years, and one out of every five women entering the NYS system of corrections is HIV positive. Programs are an important facet of the facility but they will always take second place to security. “Security takes precedence over all other functions and absorbs the majority of the

funding (263).” With so many issues to account for, the ACE program continues to strive to educate female inmates about HIV/AIDS.

Since its inception in 1985, ACE has become one of the most widely recognized peer-led inmate programs. ACE is contracted by the AIDS Institute/New York State Department of Health to provide HIV related services for female inmates. Yearly, ACE renders HIV/AIDS education to approximately 3,000 women. In addition, the program provides individual counseling, HIV testing, outreach services, support groups, annual events, professional trainings, discharge planning/case management, and so forth.

ACE was created in response to the devastating effects of the AIDS epidemic on female inmates (ACE, 1998). In the mid 1980s, a handful of inmates were extremely concerned about the effect that AIDS was having on women prisoners, a disease that they knew very little about. After holding meetings in the yard or on the walkways, the women of BHCF decided that they wanted to start a formal HIV program. Initially the program began through the efforts of five female inmates who submitted a proposal to the superintendent (Act Up/NY, 1990). After many trials and tribulations, and with the support and guidance of Superintendent Lord, the women were allowed to enact ACE. This was the first program of its kind and created concerns among prison officials; allowing inmates to manage their own program might create a disproportionate amount of power in the hands of those that the prison staff was trying to manage and control. In the beginning, volunteers came up to the facility to train the women to provide education to their peers. This continued until the services were eventually contracted to an outside agency through the AIDS Institute. Once the contract was finalized, the women of ACE were concerned about having civilians involved in their program. They were afraid that

civilians might take all the programmatic decisions away from them, leaving them little power in the program they had created. Thankfully, incorporating civilian staff was a blessing in disguise. Civilians had the power to do things that the inmates could not (i.e., make phone calls, order materials, meet with prison officials, etc.), which made the program run more smoothly. It also had the added benefit of having someone oversee inmate activities, a factor that pleased prison staff. Although Women's Prison Association, a community-based organization in Brooklyn and Manhattan, was not the first agency to hold this contract, they have maintained it for over the last 13 years.

The women responsible for the creation of this nationally modeled program wrote their story in a book entitled, Breaking the Walls of Silence (ACE, 1998). The first part of their book outlines why the women wanted to start the ACE program, the problems they faced in its early inception, the impact of this program on inmate population, and the impact of this program on the peers themselves. Stories are provided by the peers and their clients to help outsiders understand the unique conditions inherent in dealing with a major health epidemic inside of a female correctional facility. These inmate pioneers began a brave journey to help HIV infected female inmates and to help others become more tolerant, compassionate, and understanding about issues surrounding HIV/AIDS. With a paucity of knowledge on the subject matter, these women educated themselves so that they were able to educate others. With the assistance of former Superintendent Elaine Lord, a small group of women were successful in creating a nationally recognized program that set the standards for all other prison-based peer programs. The second part of their book provides an HIV peer education curriculum for other prisons that are interested in creating an HIV prison program of their own. Since the program began,

many have commented on its uniqueness and beneficial results.

*“It is fitting that this program instead [of research] grew out of the experience of its members and participants. When a program has so many positive elements as ACE does, it would be especially worthwhile to conduct a formal evaluation” (Morrill et al, 1998, p234).”*

*“ACE is concerned with prevention. For most of the women, the challenge will come when they leave prison and go home and are faced with day-to-day issues of relationships with men and access to drugs. Yet, prison provides the time for women to reflect on their lives and learn, and it is critical to use this time for prevention work (Boudin et al, 1999, p95).”*

The women are trained to provide a ten session workshop, entitled “Community Prep”, which is delivered over the course of two weeks, three hours per day during the first few weeks that a woman is at BHCF. Topics include: a) stigma, b) what is HIV/AIDS, c) transmission, d) testing & treatments, e) nutrition and drug/alcohol awareness, f) holistic and alternative treatments, g) women’s health issues, h) video viewing and discussion, i) self-esteem, and j) review. Similar programming is also provided to women in ASAT (Alcohol, Substance Abuse, and Treatment Programming), IPC (in-patient care) (i.e., those with physical illness and ailments), ICP (Intermediary Care Program) (i.e., inmates who are segregated from general population as a result of a mental illness), and the nursery mothers living on the grounds of BHCF with their babies. ACE also has an ACE organization, which provides inmates from general population with membership privileges to the ACE Program. Although these women do not work for ACE as peers, they are invited to participate in an intensive workshop series, annual events, and some of them volunteer to provide HIV related services to the rest of population. The organization also consists of former ACE peers, who have moved on to other employment positions in the facility, but who do not wish to sever all ties with the program.

In addition to education, the ACE program provides support groups (an HIV infected group, an HIV affected group, and a cancer support group), outreach, counseling services, an annual barbecue for ACE organizational members, an AIDS quilt project, an annual AIDS Walk-a-thon (which raises money for an outside HIV/AIDS service provider) and an annual world AIDS Day (money raised from the walk-a-thon is given to a chosen HIV agency). Although no longer in existence, ACE used to employ a buddy system, which allowed ACE peers to escort women to Bedford's hospital and help them understand the medical information being given to them by the doctors and nurses. Moreover, outside speakers are invited to the facility during the year to provide the women with health related information or updated information on HIV and other vital health issues.

#### **THE CARE PROGRAM AT TACONIC CORRECTIONAL FACILITY**

The CARE (Counseling, AIDS, Resource and Education) Program at TCF (Taconic Correctional Facility), educating approximately 600 women annually, is located directly across the street from BHCF. Since TCF is a medium security facility, holding approximately 400 inmates, many women at BHCF will pass through TCF before they are eventually released back into the community. This allows many women who worked at ACE to continue providing the same HIV services when drafted to TCF. Albion Correctional Facility, located near the Canadian border, approximately 10 hours north of TCF and BHCF, is also a medium security facility for women. Albion has a HIV peer program called Reach, but unlike CARE and ACE, this program is sponsored by another community-based organization, Rural Opportunities. Although women employed by ACE or CARE may work for Reach if drafted up to Albion and vice versa, the Reach

Program was not included in this study. Due to financial and time constraints, it was not feasible for the author to travel to Albion Correctional Facility to interview these women.

According to DOCS Today (2003), TCF started as a reformatory for women in 1913 and was a satellite of BHCF. In 1973, TCF became a separate facility and was initially used to house male offenders. In 1989, the facility returned to housing female inmates and became the only CASAT (Comprehensive, Alcohol, Substance, Abuse and Treatment Program) facility for women in NYS. CASAT is a six-month, presumptive work release program. After the women complete their CASAT Program, they will be drafted to either Phoenix House in Brooklyn, Bayview Correctional Facility in Manhattan, or Albion Correctional Facility in Albion, to begin a work release program. Slightly less than one-half of TCF's population is CASAT eligible, the rest are slated as general population.

CARE did not begin as an inmate initiative as it did in the prison across the street. Based on a growing concern from some female prisoners about the AIDS epidemic, the head of chaplain services, Sister Antonia McGuire (who provided HIV supportive services for male inmates at Taconic and male inmates at Sing Sing Correctional Facility), wanted to start a program similar to ACE. She was approached by several inmates in the facility who asked her to help them create a program to help other women who were dying of AIDS related complications. With problems of their own, ACE staff was unable or unwilling to help Sister Antonia begin a program at TCF. With Superintendent Charles Hernandez's permission (Former Superintendent of Taconic), she decided to start a program by herself in the beginning of 1989 and call it CARE. The Superintendent told her that if no one wanted to help them, they would do it themselves

and call it “CARE” because they cared about what happened to the women in their facility. The support of his administration allowed the CARE Program to flourish at Taconic. Along with the help of outside volunteers, one group of inmates were trained to provide HIV counseling on the housing units in English and another group was trained to provide HIV counseling on the housing units in Spanish. CARE also implemented the buddy system. Buddies would help the women that were ill by cleaning their rooms, cooking for them, feeding them, playing games with them or just keeping them company. Most importantly, they were allowed to accompany the women to the clinic. They would help the clients to understand the information that was being given to them by the doctors, and for the Spanish-speaking women, they had someone they could trust who would translate the doctor’s information. Sister Antonia, still currently employed at TCF, managed the CARE Program until the end of 1989. It was during this year that the ACE and CARE Programs finally merged under one contract from the NYS AIDS Institute. An alliance that she had sought months earlier finally became a reality. This contract, which remains at \$130,000 per year for both programs, was held by at least two different agencies until WPA won the contract in 1992.

The women in CARE provide a 14-session workshop to inmates in CASAT, ASAT, the nursery, and Transitional Services (a reentry training program for mostly women in general population that will be returning home shortly or are slated to appear in front of the parole board for release consideration). Transitional Services Programming is provided in the school building for a period of two weeks, three hours per day, and offered to women shortly before release, while the other programs are provided biweekly directly on the housing units for a period of six consecutive months. The topics are as

follows: a) what is HIV/AIDS & the immune system, b) stigma and blame, c) transmission, risky behaviors, and risk reduction, d) methods of contraception, e) self-esteem, f) nutrition, g) women's issues, h) medications, i) HIV testing and partner notification, j) opportunistic infections, k) reproductive anatomy and physiology, l) sexually transmissible diseases, m) living with HIV/AIDS, and n) video viewing and discussion.

In addition to education, inmate peers provide counseling, outreach services, and facilitate a women's issues support group. The CARE Office offers many other valuable programs such as the New York State Department of Health TOT (train the trainer) courses, which trains the women as HIV community educators or HIV pre and posttest counselors (this program is offered three times per year). There are bimonthly Health Education Days (a representative from an outside agency presents a workshop on a health-related topic besides HIV such as lupus, reproductive health, cancer, domestic violence, contraception, hepatitis, rape, transgender issues, etc.), an AIDS Quilt Project, an Annual Health and Resource Fair (approximately 25 agencies from the community staff information tables and establish connections with those that will be released), an Annual AIDS Dance-a-thon (money is raised by the women to donate to an outside HIV service provider), and an Annual World AIDS Day (money raised by the women from the dance-a-thon is donated to an agency of their choice). For the last six years, CARE has donated the proceeds from the AIDS dance-a-thon to the Birch Camp, a camp that takes HIV infected/affected children from New York City and their family to an upstate New York camp for one week during the summer . Birch is a program that is often praised by the female inmates and some women, after release, have worked as volunteers for Camp

Birch. In addition to the facility events, both CARE and ACE have a bilingual educator on staff and offer free information to inmate population in both English and Spanish.

## **THE STAFF**

### *Civilians*

CARE and ACE currently employ five civilians through WPA. Unlike many other peer programs across the country, these civilians are based in the facility on a full-time basis. The supervisor of prison-based services oversees both the ACE and CARE programs, but her main office is located at BHCF. There is a CARE Coordinator and an ACE Coordinator; both are responsible for supervising and training the women in their respective facilities, as well as coordinating annual events, training programs, etc. The other two civilians, a test counselor and a discharge planner, provide services at both facilities. The HIV pre and posttest counselor offers both anonymous and confidential testing in accordance with the New York State Department of Health, and the discharge planner provides discharge planning services to women that are HIV positive. Because of ACE's and CARE's connection to Women's Prison Association, an agency that has been servicing the needs of ex-offenders since 1844, important follow-up services are provided when the women are released.

WPA offers women case management, education, counseling, a transitional residence for women who want to reunite with their minor children (Sarah Powell Hunnington House), an alternative to incarceration program (Hopper Home), legal assistance for women who may have lost custody of their children (Incarcerated Mother's Law Project), housing placement, employment skills, parenting classes, supportive services, peer escorts, peer mentors, prison and jail-based services, etc. (Conly, 1998).

These services will help to ease a woman's transition back into the community. Unlike many other agencies in the NYC area that service the formerly incarcerated, WPA is gender specific and works exclusively with women who have had criminal justice involvement.

It should be noted that the author was employed by WPA as the Coordinator of the CARE Program from 1999-2004. Although the author was primarily based at TCF, she did provide services at BHCF through the ACE Program. Hence, much of the information reported in this work has been gained through the author's experience of working in both facilities and both programs. The author's past experience with these programs does not damage the integrity of the research, however, the author is well known among this population and most of the study participants were very comfortable speaking with her.

### *Inmate Staff*

Currently, the CARE Office and the ACE Office each employ five peer workers. In order to be eligible for employment, inmates must have a high school diploma or GED, a good disciplinary history, and have participated in the TOTs. Both programs have been allocated one slot for women who do not currently possess their GED or high school diploma, as long as they are making progress toward their degree. For both offices, interested inmates must submit a resume to the program coordinator. If deemed suitable, the inmate will have their first interview with the coordinator. If the coordinator believes that the inmate would make a good candidate for employment, a second interview will be scheduled. During the second interview, the prospective worker will be interviewed by the entire peer staff, and they will also be required to present a five to ten

minute teaching demonstration. After the applicant leaves, the inmate staff and the coordinator will make a joint decision on whether or not to hire the individual. Since the inmates are very involved in the hiring of new peer staff persons, this makes both ACE/CARE extremely unique; it is doubtful that many prisons would be comfortable allowing inmates to be part of such a process. New staff is reviewed after three months. If they successfully complete their probationary period (most are successful), they become permanent peers. New peers will be given a policy and procedure manual, they are required to sign a confidentiality clause, and they are trained and mentored by both the coordinator and inmate peers. Hiring for CARE and ACE can be a very lengthy process but it is supposed to help prepare the women for the “real world’s” interviewing process upon release. Since many of the peers have never had legitimate employment before their incarceration, this is the only interview experience they may have ever had. The ACE Office and CARE Office are open during regular business hours but the inmate staff are on call twenty-four hours a day, seven days a week.

Inmates in both programs serve as role models for the rest of inmate population. Continuous disciplinary infractions (i.e., being out of place, fighting, insubordination to security staff, etc.) can result in job termination and program reassignment. Although this job can provide the peers with important skills, it can also lead to high levels of stress. The peers are called upon at all hours of the day to counsel and provide information, even when they are in the shower, taking a nap, or trying to exercise or eat. However, if they have the ability to provide services in this highly restrictive and highly stressful environment, they should be able to successfully provide these same services in the community.

## CONCLUSION

Unique programming like ACE and CARE provides a multitude of benefits to correctional administrators. Besides the obvious benefit of education, these peer programs allow the women offenders who work for them to obtain marketable job skills, obtain a higher purpose in life, cultivate conventional networks of support, limit the effects of prisonization and maladjustment, and increase levels of institutional success (i.e., decreased disciplinary infractions) and postrelease success (i.e., reduced recidivism). If ACE and CARE can become an inmate's extended family while in the prison system, women will be able to adopt a new conventional role while incarcerated and have the system of support necessary to maintain that role when released. If the nature of the female inmate subculture is changing, (i.e., "play families" are decreasing and friendships have become strained and superficial), ACE/CARE can provide these women with genuine friendships that will support their new conventional identities both inside and outside of the prison walls. Within this supportive network, women can express their emotions in a healthy manner without fear of receiving punishment for emotional outbursts. Older women in the program can mentor the younger women, helping them to adjust to their newfound identity, and therefore decreasing the rate of maladjustment. The pains of imprisonment for women can be improved by revolutionizing the way we view non-traditional programming in prison. A systematic research project has yet to be completed focusing on whether or not there is more to gain than knowledge and behavior change from these programs. In lieu of the limited programming available to female offenders, the evaluation of existing programs should be a foremost concern among correctional researchers, advocates and administrators. Drawing from life course theory,

the evidence cited about the rehabilitative effects of prison programming, and the need for HIV programming in prison, this present study will attempt to show that peer programs can lead to successful outcomes for peers both inside and outside of the penitentiary. The next chapter will focus on the data and methods necessary to shed light on this neglected issue.

**Chapter 5 – ACE & CARE:  
How Will We Know if Peer Programs Have Unintended Benefits for the Peers?  
Research Methodology**

**PURPOSE**

The purpose of this research was to investigate the benefits for inmates who work in an HIV prison-based peer program, while adding to the criminology literature on female patterns of criminality. It will provide a more in-depth understanding of how prison programs affect the processes of criminal desistance and behavioral changes for female inmates. It is hypothesized that women who have worked in ACE/CARE will have obtained stronger social bonds and higher levels of self-esteem than those female inmates who have not worked for ACE/CARE, subsequently reducing levels of recidivism and institutional disciplinary infractions. Research within the prison environment, particularly with female offenders, is conducted infrequently, considering it is not easy to gain access or permission to such protected populations (Patenaude, 2004). To the author's knowledge, this particular issue pertaining to HIV prison-based peer programming has yet to be researched. Hence, this study will shed light on an issue that has been neglected by others in the field. This descriptive and comparative study, which scholars have not yet examined, served to investigate the effects of working in an HIV prison-based peer program on the peers themselves. Based on social control theory and life course theory, it was hypothesized that women who worked in these programs will have developed high levels of self-esteem, attachments to conventional others, involvement and commitment to conventional activities, and have beliefs in accordance with conventional rules when compared to those inmates who have not worked for such programs. The strength of these social bonds (an important component of life course

theory) will determine levels of success both in and out of the correctional facility. The social bonds that develop from working as a peer educator will serve as a life transition that can alter the criminal trajectory.

### **SUBJECT SELECTION, RECRUITMENT, & PROCEDURES**

Women who have worked in the ACE (AIDS, Counseling & Education) Program at Bedford Hills Correctional Facility, The CARE (Counseling, AIDS, Resource & Education) Program at Taconic Correctional Facility, or those who have worked for both programs during the course of their incarceration, were asked to voluntarily participate in this study which sought to examine the effects of working in a prison-based HIV peer education program. Both programs are sponsored by a community-based organization (Women's Prison Association) and funded by the AIDS Institute/New York State Department of Health. These programs provide a wide variety of services such as counseling, education, professional trainings, discharge planning, HIV testing, annual events, support groups, etc. It is important to note that both prisons are located directly across the street from each other, allowing civilian staff to work easily in both facilities. As an inmate's security status drops from maximum-security to medium-security status, it is not uncommon to have inmates that have worked for ACE to be drafted (sent) to Taconic to work for CARE. Permission to conduct this study was obtained by John Jay College's Institutional Review Board (IRB) and the New York State Department of Correctional Services' Program Planning, Research & Evaluation Office.

The sample consisted of the following: (a) women incarcerated in Bedford Hills and Taconic who were currently working as peer educators for the ACE or CARE program, (b) women incarcerated in one of New York State's five female facilities

(Albion, Bayview, Beacon, Bedford Hills, or Taconic) who had previously worked as peer educators for ACE/CARE or both programs, and (c) formerly incarcerated women living in the community who, during their incarceration, had worked for ACE, CARE, or both programs.

### **DATA COLLECTION**

The author collected data for the peers over a seven month period, from February 2005 to March 2005, yielding a sample of 49 women. Forty-nine percent of the women were formerly incarcerated (n=24) and 51% of the women were currently incarcerated (n=25). Based upon interviews with these subjects, the author utilized a snowball or chain referral sample to obtain additional subjects. This method of non-probability sample selection is often used in fieldwork. It is particularly helpful in identifying members of hidden or hard-to-reach populations, or in which sensitive areas are being studied, when there is no master list or sampling frame to randomly select subjects from (Biernacki & Waldorf, 1981; Decker & VanWinkle, 1996; Faugier & Sargeant, 1997).

This method of sample selection can yield extensive results that are rich with detail and it is particularly well suited for studies that are qualitative, descriptive, or exploratory in nature (Atkinson & Flint, 2001). The sample is formed by locating one, or a few key people, who fit the study's criteria and asking them to refer others. Watters and Biernacki (1989) have also referred to snowball sampling as targeted sampling. When targeted sampling is utilized, study participants are selected because they possess particular characteristics that earlier research has discovered (426). They state that, "targeted samples are not convenience samples. They entail, rather, a strategy to obtain systematic information when true random sampling is not feasible and when convenience

sampling is not rigorous enough to meet the assumptions of the research design (420).” As the referral process begins, the sample will “snowball” into a larger pool of subjects who share the same social networks as earlier respondents (Berg, 1988; Decker & VanWinkle, 1996; Faugier & Sargeant, 1997). This process continued until the author was able to locate as many women as possible who fit the study’s criteria (i.e., those women who have worked for ACE, CARE, or both programs during the course of their incarceration). Out of 57 women that were identified and located by the author as matching the study’s eligibility requirements, seven women declined to participate, and one woman was unable to be interviewed because she was incarcerated at Albion (a substantial distance from the author’s home), yielding a response rate of 86%. Five of the women who declined to participate were incarcerated (four inmates were located at Bedford and one inmate was located at Taconic), and two of these women were living in the community. Both of the women living in the community were contacted by the author and after a lengthy telephone conversation, both agreed to participate in the study, however, neither kept their appointment for the interview. One woman, who lived in Long Island, stated that she would meet with the author near her home and the other woman, who lived in North Carolina, agreed to conduct the interview via telephone. The author contacted each woman several times and left messages but her calls were never returned.

As mentioned previously, the author was unable to travel up to Albion Correctional Facility, a medium security facility for women. Albion is approximately eight hours away from the author’s home and she would have needed at least three days in order to interview subjects (i.e., one day to drive there, one day to conduct the

interviews, and one day to drive back). When the author began collecting data, two study participants were housed at Albion. During the course of the study, one inmate was drafted to Bayview Correctional Facility and one was drafted to Beacon Correctional Facility. Hence, the author was able to interview both subjects. One inmate at Bedford Correctional, however, was drafted to Albion three days before the author was scheduled to meet with her. The author was unable to interview this inmate and although a request for a phone interview was made, Albion Correctional was only able to permit a thirty minute phone call, which would not have been enough time to complete the interview. A request was also made to mail the survey to the woman at Albion but the DOCS' Office of Research felt that confidentiality might be breached since inmates' mail can be searched and read. In regard to the security levels of the four institutions visited by the researcher, Bedford is maximum security, Taconic and Bayview are medium security, and Beacon is a minimum security work camp.

Unfortunately, it was not feasible to obtain a comparison or control group. Since the demographics of the peers were so widely varied in terms of age, race, gender, offense, length of sentence, etc., it was too costly and too time consuming for the purposes of this study to find other women who were able to match the study samples' particular attributes. Moreover, it was not feasibly obtainable to have another set of inmates taken from their regularly scheduled programs to act as a comparison group. This would have proven to be disruptive to both the inmates' and the facilities' daily operations. Instead, comparisons were made between the women to determine who was most likely to benefit from working as a peer educator. For the women who have been

released, their rates of recidivism were compared to that of the national average and the state average for women offenders in general.

## **PROCEDURES & METHODS**

Life course theory and social control theory were applied to women who work/worked in ACE/CARE. The author hypothesized the following:

1. Inmates working in a peer education program, particularly those women who worked in ACE/CARE for over a period of one year or until they were released will:
  - a. have stronger attachments inside and outside of the prison system to individuals also engaging in conventional activities
  - b. have a deeper commitment to conventional activities
  - c. have acquired a deeper involvement in conventional activities
  - d. hold more conventional beliefs
  - e. have higher levels of self-esteem
  - f. be more successful both in and out of prison

than those peer workers who have not worked for ACE/CARE until their release or who have worked for ACE/CARE less than one-year (i.e., left voluntarily, were drafted to another facility, or were terminated from the program).

2. Those women who were instrumental in the creation and implementation of the ACE/CARE will:
  - a. have stronger attachments inside and outside of the prison system to individuals also engaging in conventional activities
  - b. have a deeper commitment to conventional activities,
  - c. have acquired a deeper involvement in conventional activities
  - d. hold more conventional beliefs,
  - e. have higher levels of self-esteem
  - f. be more successful both in and out of prison

than those peers who were not initially responsible for the creation of the program.

In addition to these propositions, the author hypothesized the following:

3. Those inmates employed in ACE/CARE will have a lower recidivism rate than most female inmates in the United States in general, and in New York State in particular.
4. Although peer programs are successful, most facilities are not utilizing them for educational or rehabilitative purposes.

All variables for the first two propositions were measured through a survey instrument administered by the author (see Appendix A). Questionnaires for those women who were incarcerated at the time of the study and those women who were living in the community at the time of the study differed slightly to reflect their current living situations. However, if an ex-offender was residing north of Orange County New York or south of Bergen County New Jersey, the author administered the survey over the telephone. These women were contacted by telephone to gain consent for participation in the study and they were provided with a detailed explanation of the study. All questions and concerns regarding the study were answered by the author at that time. In these cases, the author mailed, e-mailed, or faxed the consent form to the prospective subject. When the consent form was mailed, the packet included a self-addressed, stamped envelope for the participant to return the signed consent form. Once she signed the consent form and returned it to the author, the author would contact her by telephone or e-mail to set up an appointment for the phone interview. On average (of all 49 subjects), interviews took approximately one hour and fifteen minutes to complete (mean=76 minutes, medium=75 minutes & mode=65 minutes, with a range of 105 and a standard deviation of 25.15). The shortest interview lasted 35 minutes, while the longest interview lasted 140 minutes.

For women that were incarcerated, recruitment and testing took place within the inmate's respective facility. The author initially identified several key women in the community and in the New York State Prison system as meeting the study's eligibility criteria. For women that were still incarcerated, the author would contact the NYSDOCS' Program Planning, Research and Evaluation Office with a list of potential

subjects. The DOCS research office would then contact a staff person at the respective facility. In Bedford Hills, the volunteer services coordinator served as the contact person. At Beacon, Bayview, and Taconic Correctional Facilities, either the Deputy Superintendent of Programs or the Senior Counselor served as the contact person. The selected DOCS staff person in each facility would contact each woman on the list and speak with her approximately one week prior to the research interview. The purpose of the research study would be explained to her and she would be asked to sign a DOCS' consent form. If the woman consented to participating in the research, an appointment was scheduled for her to meet with the author and once she met with the author, she was required to sign an additional consent form. The facility's Superintendent determined the exact location of the interview. Most of the interviews took place in a private room in the visiting area or in a private office. Out of the 25 incarcerated female subjects, all interviews at Bedford (68%; n=17) were conducted in a private room in the visiting area which was typically reserved for legal visits. Of the five interviews conducted at Taconic (2%), three were conducted in the visiting room and two interviews were conducted in a private office in an annex program trailer. Two women were interviewed at Bayview (1%); one interview was conducted in a private conference room and one interview was conducted in the guidance office. Only one woman was interviewed at Beacon, and her interview was conducted in a private room in the security trailer.

For ex-offenders residing in the community, testing occurred in an area that was convenient to the subject. Recruitment of ex-offenders took place via telephone, and the author asked potential subjects if they were interested in participating in the study. If the subject agreed to be interviewed, the subject determined a time, date, and place for the

interview. Since the author knew many of the women from her previous work in corrections, she felt comfortable contacting most of the women herself. However, there were several women who worked for both programs that the author was not familiar with, and she felt it would not be appropriate to contact these women herself. Initially, these women were contacted first by a previous study participant to see if it would be acceptable to provide the author with her phone number. Once consent was given, the author would call these women, explain the purpose of the research, and schedule an appropriate time to meet with them.

Out of the 24 interviews, 25% (n=6) took place in the subject's home, 21% in a restaurant (n=5), 21% in the subject's office (n=5), 17% via telephone (n=4), 8% (n=2) in the researcher's office, 4% (n=1) in a community park, and 4% (n=1) in a parked car outside of a community park. Most of the interviews were conducted in the greater New York Metropolitan area. Thirty-seven percent (n=9) of the interviews were conducted in Manhattan, 21% (n=5) in Brooklyn, 17% (n=4) in the Bronx, and 8% (n=2) in Westchester County, a northern suburb of NYC. In terms of the 4 women (17%) that were interviewed via telephone, two women were calling from Georgia, one from Florida, and one from Schenectady, an upstate New York county. In half of the cases (n=12), the researcher bought lunch for the female subjects living in the community who agreed to participate in the study either before or after the completion of the interview. The women were not given any other incentives to participate and no incentives were provided to the women that were still incarcerated. Inmates were not allowed to receive any compensation for their participation.

Before the closure of the interview, participants were asked to provide the author with additional names of those who had worked for ACE/CARE. New York State offers Internet users the opportunity to view inmate information on their website ([www.DOCS.State.NY.US](http://www.DOCS.State.NY.US)). Information such as name, birth date, aliases, former state prison sentences, current facility, parole dates, offense, etc., can be found by accessing this site. This information is provided for both current and former inmates. Hence, when additional names of incarcerated females were provided to the author, the author was able to locate them. Concomitantly, some of the basic information asked of all study participants was verified through the NYS Internet site. In addition to interviewing ACE/CARE peer workers, the author interviewed three former civilian ACE/CARE staff members (see Appendix B). Interviews with civilian staff were conducted to obtain a different perspective on the benefits of such programs, and to determine the difficulties and challenges involved with the implementation and maintenance of HIV prison-based peer programming.

The third hypothesis (those inmates employed in ACE/CARE will have a lower recidivism rate than most female inmates in the United States in general, and in New York State in particular) was tested by comparing the participants' rate of recidivism with statistics compiled by the Bureau of Justice Statistics on the state and national average of recidivism for all female offenders. Recidivism was measured through both conventional (i.e., female participants will be asked if they have been officially violated on work release or parole, or if they have been arrested on a new charge) and unconventional measures (i.e., female participants will be asked if they have committed any violations or new crimes since their release which have gone undetected by legal agents).

The fourth hypothesis (i.e., although peer programs are successful, most facilities are not utilizing them for educational or rehabilitative purposes) was measured by conducting a national survey of all state facilities and the Federal Bureau of Prisons (see Appendix C). The author identified the central office for each state's Department of Correctional Services. A simple questionnaire was mailed to each state to determine the extent of peer programs in other facilities across the nation, along with a letter explaining the purpose of the questionnaire. In order to increase the response rate, only ten questions were asked on the survey. This survey allowed the author to gain insight on the extent of the implementation of such programs in other facilities. Moreover, since the questionnaire was brief, it was not necessary for the author to formally apply to each DOCS' IRB for approval. The author collected data from the facilities over a period of eight months, from January 2005 to September 2005. Surveys were sent to all 50 state department of corrections and one survey was sent to the Federal Bureau of Prisons (n=51). The first mailing, which was sent in January 2005, yielded a response rate of 59% (n=30). A second survey was mailed 2 months later, with a total response rate of 90% (n=45). One month later, a third survey was mailed yielding a total response rate of 98% (n=50). There was only one state that had not returned their survey by the third month of data collection. After a fourth mailing (June 2005), a fifth mailing (July 2005), an e-mail (August 2005), and two phone calls (both September 2005), the last state responded after 8 months of data collection, yielding a response rate of 100%.

The survey for peer participants in this study was a revised version of Hirschi's questionnaire in his book, Causes of Delinquency (1969). Many of the questions were modified and are now applicable to prisoners. Life course theory, a theory which expands

Hirschi's original concept, measured the strength of these bonds. For this part of the survey, questions were borrowed from Sampson & Laub's study (1990) in which they measured job stability, commitment, and attachment to spouse. Others were revised questions from research conducted by Alarid, Burton, & Cullen (2000), Canter (1982), Friedman and Rosenbaum (1988), Rankin, 1976, Shover et. al. (1979), and Rosenbaum (1987) measuring attachment, involvement, and belief, and Lasley (1998) measuring the four bonds and their relationship to employment. Questions measuring levels of self-esteem were from the ten-item Guttman self-esteem scale "which has satisfactory reproducibility and scalability (Rosenberg, 1965)," and can predict varying ranges of self-esteem levels (O'Brien, 1985). The author devised additional questions to measure social bonding, as well as questions that tapped into specific demographic information and specific information about the women's experiences working in ACE/CARE. In addition, questions were asked to determine whether working in a program like ACE/CARE decreases one's chances of engaging in risky sexual practices or risky drug using behaviors. It was the author's premise that since the peers teach about harm reduction, most of them would utilize safer sex methods in their own personal relationships.

## **MEASURING VARIABLES**

### **a. Attachment**

In the literature, attachment is often measured in terms of the bonds one has to family, friends, school, and co-workers. Hirschi's famous 1969 study measured attachment to school with the following questions: "In general, do you like or dislike school?," "How important is getting good grades to you personally?," "How many of

your teachers seem to care about how well you do in school?,” “What kind of work do most of your teachers seem to expect from you?,” and “Do you care what teachers think of you?” (250-251). Attachment to parents was measured by asking respondents if they shared their thoughts and feelings with their parents, if they would like to be the kind of person their mother/father was, and if their mother/father would stick by them if they should find themselves in a legally troubling situation (284-285). Hirschi measured attachment to friends by asking participants the following questions: “Would you like to be the kind of person your best-friends are?,” “Do you respect your best-friends’ opinions about the important things in life?,” “Would your best-friends stick by you if you got into really bad trouble?,” and “Do the people you think of as your best friends also think of you as their best-friend?”(258-259).

Sampson and Laub (1993; 1990) were more concerned with measuring the quality of bonds. They measured attachment to one’s spouse by examining the strength of marital relationships (if they were separated or divorced, if they were neglectful of emotional and financial responsibilities, etc.). Friedman and Rosenbaum (1998) measured attachment to parents by asking participants how often they were able to get along with their parents (responses ranging from usually to never). Shover et. al., (1979) has measured attachment by asking the following questions of adolescents: “Do you care what teachers think of you,” “My relationship with my mother is very close,” and “Would you like to be the kind of person your mother is? (167-168).” Rankin (1976) has measured attachment to school by asking adolescents “How much do you like school? (474).”

In a study of inmates from a Texas boot camp, Alarid et. al. (2000) measured the bond of attachment to one’s partner by inquiring whether respondents were married or

single. They measured attachment to one's parents by asking inmates if they had a lot of respect for their mother and father, if they had gotten along with their parents, and if they agreed with the statement that their family was the most important thing in their life. In order to measure attachment to one's friends, participants were asked if it was important for them to spend time with their friends and if they felt that their friends were an important part of their life.

In Rosenbaum's study (1987), attachment to parents was measured by asking the following questions: "As far as my mother/father is concerned, I'm free to come and go," "Would you like to be the kind of person your mother/father is?," "I have lots of respect for my mother/father?," and "Do you share your thoughts and feelings with your mother/father? (122)." Attachment to peers was measured by asking the following questions: "Would you like to be the kind of person your best friend is?," "Do you share your thoughts and feelings with your best friend?," "My best friends can be trusted to tell the truth?," and "I have lots of respect for my friends (122)." They measured attachment to school by asking respondents if they liked or disliked their teachers, if they cared about how their teachers perceived them, if they had a lot of respect for their teachers, and how important obtaining good grades was to them.

In a study of white collar offending, Lasley measured attachment to co-workers and supervisors with the following items: "Would you like to be the kind of person your immediate manager is?," "Would you like to be the kind of person your friends are at work are?," and "Do you like this corporation? (252-253)."

In the present study, these questions were borrowed from the aforementioned authors and modified to measure attachment levels for current and former female offenders. For

both sets of women, specific questions were asked measuring their levels of attachment to their ACE/CARE co-workers, the ACE/CARE civilian staff, the ACE/CARE program, their intimate partner, their children, their family members, and their friends.

To measure attachment to their co-workers, questions were asked regarding the nature of their relationships, how they viewed their co-workers, and how they thought their co-workers viewed them. Questions included: “How would you describe your relationship with your other peer workers?,” “How many of your co-workers seemed to care about how successful you were while in prison?,” “How many of your co-workers seemed to care about how successful you would be after you were released from prison?,” “What kind of work did your co-workers expect from you?,” “Did you care about what your co-workers thought of you?,” “Did you find your co-workers to be helpful to you during stressful times?,” “Were your co-workers some of your best friends?,” “Would your co-workers have stuck by you if you got in trouble?,” “Did you feel that working in ACE/CARE was like having an extended family?,” “Would your co-workers in ACE/CARE be upset with you if you committed a disciplinary infraction?,” “Would it bother you if your co-workers were upset with you?,” “Do you respect your co-workers opinions about the important things in life?,” “Would you say that you had a lot of respect for your co-workers?,” and “Do/did you share your thoughts and feelings with your ACE/CARE co-workers?.”

Attachment to ACE/CARE civilian staff was measured by asking the following questions: “How would you describe your relationship with the civilian ACE/CARE staff?,” “How many of the ACE/CARE civilians seemed to care about how successful you were while in prison?,” “How many of the ACE/CARE civilian staff members

seemed to care about how successful you would be after you were released from prison?,” “What kind of work did the ACE/CARE civilians expect from you?,” “Did you care a lot about what your ACE/CARE supervisor thought of you?,” “Did you find the ACE/CARE civilian workers to be helpful to you during stressful times?,” “Would your ACE/CARE supervisor have stuck by you if you got in trouble?,” “Would your ACE/CARE Supervisor be upset with you if you committed a disciplinary infraction?,” “Would it bother you if your supervisor was upset with you?,” “Do you respect the ACE/CARE civilian workers’ opinions about the important things in life?,” “Do you feel that the ACE/CARE civilian staff were able to serve as role models for you?,” “Would you say that you had a lot of respect for the ACE/CARE civilian staff?,” “Do/did you share your thoughts and feelings with the ACE/CARE civilian staff?,” and “Do you think the ACE/CARE program is better or worse with civilian staff involvement?”.

Attachment to work was measured by asking respondents why they decided to work for ACE/CARE, if they were one of the women responsible for implementing the program, if their job responsibilities exceeded the main requirement of providing peer education, if they felt working for ACE/CARE was a positive experience for them, if they thought their time in prison would have been different if they had not worked for ACE/CARE, what was the best and most difficult part of working for ACE/CARE, if they believed they were perceived differently by inmate population and prison staff than other inmates because they worked in ACE/CARE, if they would recommend ACE/CARE to other inmates interested in working in the field of HIV, if they worked or planned to work for ACE/CARE until release, how they and their supervisor would evaluate their work within the program, if they worked for ACE/CARE only because they

needed a job or did not want to work as a porter, if they felt the skills they obtained in ACE/CARE would help/have helped them to find employment upon release, if they put a lot of effort into their work, if they enjoyed their work, and if they thought the work they accomplished was good and important. Continued attachment to the program after being released was also measured by asking incarcerated respondents if they planned on working in the field of HIV upon release and by asking formerly incarcerated respondents if they have worked in the field of HIV since release. Respondents were asked if they planned on keeping in contact with their coworkers and ACE/CARE civilian staff, and if they felt they could contact the civilian staff for support upon release.

Attachment to one's partner, one's children, one's family, and one's friends were measured using similar questions. Attachment to partner was measured by first asking respondents if they were currently in a relationship. If respondents answered yes to this question, the strength of the bond was measured by asking them if they lived/or planned to live with their partner, how long they had been in this relationship, if they believed they were going to stay in this relationship, and if they agreed that their partner was a very important part of their life.

Attachment to children was measured by asking respondents if they had children. If respondents answered yes to this question, subsequent questions were asked measuring the strength of this bond (i.e., if their children were living with them or if they planned on having their children live with them, and if they believed that their children were a very important part of their life). Attachment to family members was measured by first asking respondents if they had family that acted as a source of support for them. If respondents

answered yes to this question, they were also asked if they believed that their family was an important part of their life.

To measure attachment to friends, respondents were first asked if they had friends that acted as a source of support for them. If they answered yes to this question, they were asked if any of these individuals had ever been incarcerated, if any of these individuals were currently engaged in illegal conduct, and if they believed that their friends were an important part of their life.

### **b. Commitment**

In the literature, commitment has been measured by asking individuals about the importance of conventional aspirations. Hirschi (1969) measured commitment by asking: “How much schooling do you actually expect to get eventually?,” and “Have you decided on a particular job that you would like to aim for when you finished your schooling? (277-278).” Sampson and Laub (1993; 1990) measured commitment by asking respondents about their economic and educational aspirations (i.e., if they wanted to go back to school, if they had taken training courses, civil service exams, etc.).

In his study on delinquency, Rankin (1976) asked “what kind of education do you expect to get after high school? (474).” Rosenbaum (1987) measured commitment with the following three statements: “How much schooling would you like to get eventually?,” “How much schooling do you actually expect to get eventually?,” and “Such things as books, school, and education don’t interest me much? (122).” Lasley measured commitment to work with the following items: “The only reason to have a job is for the money,” and “Whatever I do at work, I try hard (352-353).”

The current study measured commitment to conventional activities by asking respondents how much school they eventually hoped to obtain, and what type of career they aspired to have. Questions regarding commitment to conventional activities were measured on a likert-type scale from strongly agree to strongly disagree. (i.e., “The only reason I worked for ACE/CARE was because I needed a job,” “The only reason I worked for ACE/CARE was because I didn’t want to work in a low-level prison job like a porter,” I feel the skills I obtained in ACE/CARE have helped/will help me obtain a job upon release,” “Whatever I did at ACE/CARE, I tried hard,” “I really enjoyed the work I was doing in ACE/CARE,” and “I thought the work I did in ACE/CARE was important”). Open-ended questions were asked to determine if current and former ACE/CARE peers would like anything about the program changed, if they felt that working in ACE/CARE would help them or has helped them successfully transition from prison to the community, what factors they feel have/or would have contributed to or hindered their success, what were their long-term goals, and if anyone has served as a role-model to them and why.

### ***c. Involvement***

Researchers have measured involvement by asking respondents how much of their time they spend engaging in conventional activities. Hirschi (1969) has measured involvement by asking respondents the extent that they were involved in conventional activities (i.e., “Do you always finish your homework?” and “Are you active in any school connected activities?”) (251 & 253). Sampson and Laub (1993; 1990) have measured involvement by examining levels of one’s job stability. They focused on the participants’ job status (if they were employed or unemployed), the stability of their

current position (if it was a permanent position), and their work habits (how they would be evaluated by their supervisors and if they had frequent absences from work.).

Friedman and Rosenbaum (1988) have measured involvement among adolescents by asking them how often they completed their homework and how often they attended religious services. Alarid et. al. (2000) have measured involvement by asking Texas boot camp inmates the following two questions which were borrowed from Burton's 1991 study on social control: "Between work, family and community activities, I don't have much free time," and "before coming here, I had a lot of free time on my hands (180)." Rankin (1976) measured involvement in conventional activities by asking adolescents the following questions: "Do you have a job during the school year?," "How many times have you worked for the school paper or some other club apart from sports in the past year?," "How many times in the past year have you been elected a class officer in school, or officer in a club at school or outside of school?," and "How many times in the past year have you played on a school athletic team? (474)." Rosenbaum (1987) measured involvement with the following five statements: "How much time do you spend playing team or individual sports," "How much time do you spend going to special events like movies, games, concerts, etc.?", "How much time do you spend doing homework?," "How many school teams, clubs, or organizations do you belong to?," and "how many teams, clubs, or organizations outside of school do you belong to? (122-123)."

Canter's study (1982) of male and female delinquency measured family involvement by asking participants how much time they spent on a weekly basis with their family members, as well as how important their family was to them. Lasley (1988) measured participants' involvement in work with the following items: "Do you ever feel that there

is nothing to do at work?,” and “In a typical work day, how much time do you spend on work-related projects? (352-353).”

This study determined the level of involvement that each woman had to conventional activities both in and out of the penitentiary. Most questions pertaining to commitment and attachment were followed by asking how much time they spent with each person that they had a strong attachment to (i.e., family, friends, ACE/CARE co-workers, ACE/CARE civilian staff, etc.), and how much time per week they spent involved in conventional activities (i.e., work, school, illegal activities, free time, other programs, religious services, etc.).

To measure involvement in school, participants were asked if they were attending school while in prison. If they answered yes to this question, they were also asked how many hours per week were spent in school, how many additional hours per week were spent on homework, and if they were able to complete their degree. The formerly incarcerated were also asked if they were presently in school, how many hours per week they spent in school, and how many hours per week they spent on their schoolwork.

To determine respondents’ levels of involvement with the ACE/CARE program, participants were asked how many hours per week they spent with their coworkers in the ACE/CARE Office, how many hours per week they spent with their coworkers outside of work, and how many hours per week they spent with the ACE/CARE civilian staff.

To determine respondents’ levels of involvement in other types of conventional activity while incarcerated, participants were asked what other prison programs they had completed, how much time they spent participating in other prison programs, what other jobs they held during the course of their incarceration, who they spent most of their free

time with, if they were involved in any religious organizations, if they spent a lot of time with friends, if their friends were considered disciplinary problems, and if they felt that they often had a lot of free time on their hands.

Respondents who have been released from prison will be asked if they keep in contact with any of their former ACE/CARE peers or any of the ACE/CARE civilian staff. If they answered yes to either of these questions, they were also asked how often they speak to or spend time with them. Released participants were also asked if they were currently employed. For respondents that were currently employed, they were asked if they liked their job, if they liked their supervisor, how long they have held this position, if they planned on staying in this position, how many times per month they are late to work or absent from work, if their last evaluation was favorable or unfavorable, and how many hours per week they were currently working. If respondents were unemployed, they were asked if they were actively looking for work.

To measure levels of involvement in conventional activity while incarcerated, both sets of respondents were asked how much time they spent with their friends, if their friends were considered to be a disciplinary problem, and if they were involved in religious services. Released respondents were asked if they currently participated in any outside organizations and how much time is devoted to them. Incarcerated respondents were asked if they planned on joining any outside organizations upon release and how much time they thought they will be able to devote to them.

#### **d. Belief**

In the literature, belief has typically been measured by asking respondents how they feel about law violating behavior and how they perceive law enforcement officials.

Hirschi (1969) has measured belief by asking participants whether they agree with the following statements: “The man who leaves the keys in his car is about as much to blame for its theft as the man who steals it,” “Most things that people call delinquency don’t really hurt anyone,” “It’s alright to get around the law if you can get away with it,” “Most criminals really shouldn’t be blamed for the things they have done,” and “I have a lot of respect for the Richmond police (258).” Alarid et. al. (2000) measured belief through the following two statements which were borrowed from a previous study by Hindelang (1973) and Hirschi (1969): “I have a lot of respect for the police,” and “It is all right to get around the law if you can get away with it (180).” Shover et. al., (1979) measured the bond of belief in their study of adolescents and delinquency by asking the following questions: “I think it is important to obey all rules, no matter how unimportant they might seem,” the man who leaves the keys in his car is as much to blame for its theft as the person who steals it,” and it is all right to get around the law if you can get away with it (167).”

Rankin (1976) asked adolescents to respond to the following two statements about conventional beliefs: “What if someone steals from a store just for the thrill of it?,” and “Some people say there are too many unnecessary laws and regulations, and they lie to get around them. (474).” Rosenbaum (1987) measured belief with the following three items: “To get ahead you have to do some things which are not right,” “Most things people call delinquency don’t really hurt anyone,” and “I have lots of respect for the Seattle police (123).” In regard to one’s work environment, Lasley (1988) measured belief in the following way: “It is alright to violate corporate rules if you get away with

it” and “Most things that are called white-collar crimes don’t really hurt anyone (352-353).”

In this study, questions were asked to determine how strong each woman’s beliefs were to conventional rules. The aforementioned measures were modified to relate to the prison experience. These statements were also asked on a Likert-type scale from strongly agree to strongly disagree. Belief was measured by the following statements: “I abided by prison rules and regulations,” “I thought it was O:K to break prison rules if I could get away with it,” “I would have violated more prison rules if I didn’t work for ACE/CARE,” “I couldn’t stay out of trouble in prison no matter how hard I tried,” “Most inmates should not be blamed for the crimes they committed,” “Most crimes really do no hurt anyone,” “Most inmates should not be blamed for the prison rules they have broken,” “Most of the rules that inmates break while in prison are not that serious,” “An inmate who leaves her locker unlocked and is stolen from is just as much to blame as the inmate who steals from their locker,” “I have a lot of respect for correctional officers,” “I have a lot of respect for the New York Police,” and “To get ahead you have to do some things which are not right.”

**e. Self Esteem**

As stated earlier, self-esteem was measured by utilizing a ten-item Guttman scale. The ten items were recorded on a likert-type scale from strongly agree to strongly disagree and are as follows: (1) “On the whole, I am satisfied with myself,” (2) “At times I think I am no good at all,” (3) “I feel that I have a number of good qualities,” (4) “I am able to do things as well as most other people,” (5) “I feel I do not have much to be proud of,” (6) “I certainly feel useless at times,” (7) “I feel that I am a person of worth, at least

on an equal plane with others,” (8) “I wish I could have more respect for myself,” (9) “All in all, I am inclined to feel that I am a failure,” and (10) “I take a positive attitude toward myself.” Each answer was scored according to the subject’s response. This allowed the researcher the opportunity to see a range of self-esteem levels and make suitable comparisons between the female offenders in this study.

#### **f. Success**

Levels of success were measured differently for the two groups of women (i.e., those incarcerated vs. those living in the community). For those women living in the community, rates of recidivism (either re-arrest or a parole violation) were compared to the rates of recidivism for all women living in New York State. An additional measure of success was assessed by current job stability (i.e., if they were employed, how long they had been in their current position, if their work was regarded highly by their employer, etc.).

For both groups of women, success was measured by educational aspirations (i.e., if they were currently attending school or if they planned on going back to school). Success in relationship to the ACE/CARE program was measured by each woman’s prison disciplinary history before, during, (and if she did not work for ACE/CARE until her release date) and after working for ACE/CARE. Degrees of disciplinary infractions were also measured by asking respondents how many disciplinary tickets they received and the severity of the disciplinary infraction (i.e., Tier I tickets are the least severe, while Tier III tickets are the most severe), and if the disciplinary infraction resulted in “keep-lock” status (being confined to their cell 23 out of 24 hours a day) or SHU (Special Housing Unit) status (being confined to segregative housing 23 out of 24 hours per day).

Before the conclusion of the survey, all women had the opportunity to provide the author with any additional information that they may have wanted to share. They were also asked if they knew of any additional women who had worked for ACE/CARE that might be interested in participating in the study.

### **DATA ANALYSIS & DATA MANAGEMENT**

All study participants received a unique participant identification number that was recorded on the questionnaire. This study contained both qualitative and quantitative measures, and provided a descriptive and comparative analysis of the women who work/have worked for the ACE/CARE program(s). All variables for the first two hypotheses were measured through a survey instrument administered by the author. The tables below provide a brief depiction of the independent and dependent variables (see Tables Three and Four respectively), and of the survey items represented in the questionnaire (Table Five).

Table Three
<b><u>Independent Variables</u></b>
1. Working in ACE/CARE for A Period of One Year or Until One's Release
2. Being Responsible for the Creation of the ACE/CARE Program

Table Four
<b><u>Dependent Variables</u></b>
1. Conventional Attachments
2. Commitment to Conventional Activities
3. Involvement in Conventional Activities
4. Conventional Beliefs
5. High Levels of Self-Esteem
6. Low Institutional Disciplinary History
7. Low Rates of Recidivism

Section A	Section B	Section C	Section D	Section E	Section F	Section G	Section H
Background Characteristics	Disciplinary History	Prison Employment and Family Information	Commitment	Involvement	Belief	Self-Esteem	Closing Questions and Recruitment
Incarceration Status	Offense Type	Stress	School Aspirations	Institutional Schooling	Prison Rules	Feelings of Self-Worth	Other Comments
Socio-demographic Information	Years Served	Perceptions and Work Within ACE/CARE	Work Aspirations	Institutional Programs	Feelings About Crime	Feelings of Abilities	Names of Other ACE/CARE Workers
Living Arrangements	Release Information	Attachment to Civilian Staff and Peer Workers	Work Effort in ACE/CARE	Time Spent on Activities	Feelings About COs		
Drug Use	Arrest History				Feelings About the Police		
Sexual Behaviors	Disciplinary History			Employment Since Released			
Attitude Toward PLWHA*		Attachment to Partner, Children, Family, & Friends		Education Attainments			

\* Persons Living With HIV/AIDS

### *Hypotheses 1 & 2*

**H<sub>10</sub>:** Working for the ACE/CARE peer education program(s) will have no effect on the bonds of attachment, commitment, involvement or belief, and have no effect on levels of self-esteem or rates of institutional and postrelease success for female inmates.

**H<sub>1</sub>:**

Inmates working in a peer education program, particularly those women who worked in ACE/CARE for over a period of one year or until they were released will:

- a. have stronger attachments inside and outside of the prison system to individuals also engaging in conventional activities
- b. have a deeper commitment to conventional activities

- c. have acquired a deeper involvement in conventional activities
- d. hold more conventional beliefs
- e. have higher levels of self-esteem
- f. be more successful both in and out of prison

than those peer workers who have not worked for ACE/CARE until their release or who have worked for ACE/CARE less than one-year (i.e., left voluntarily, were drafted to another facility, or were terminated from the program).

**H2o:** Being responsible for the creation and implementation of ACE/CARE, will have no effect on the bonds of attachment, commitment, involvement or belief, and have no effect on levels of self-esteem or rates of institutional and postrelease success for female inmates

**H2:** Those women who were instrumental in the creation and implementation of the ACE/CARE program(s) will:

- a. have stronger attachments inside and outside of the prison system to individuals also engaging in conventional activities
- b. have a deeper commitment to conventional activities,
- c. have acquired a deeper involvement in conventional activities
- d. hold more conventional beliefs,
- e. have higher levels of self-esteem
- f. be more successful both in and out of prison

than those peers who were not initially responsible for the creation of the program.

The author determined if working in the ACE/CARE program(s) increased the strength and quality of Hirschi's four bonds, in addition to lowering prison disciplinary infractions and increasing prosocial behavior. A bivariate analysis was used to compare relationships among different variables: 1) time spent working in ACE/CARE and the strength of Hirschi's four bonds and 2) being responsible for the creation of ACE/CARE, and the strength of Hirschi's four bonds. Answers to questions on the survey instrument measuring these bonds were analyzed in terms of statistical analyses (i.e., frequency distributions, non-parametric tests, etc.) and qualitative analyses. It was hypothesized that women who work/have worked for ACE/CARE for longer than a period of one year

or until their release, would report a greater number of conventional attachments, a larger involvement in conventional activities, a larger commitment to conventional activities, and a higher number of conventionally held beliefs, than women who have not worked for ACE/CARE for longer than a period of one year or until their release.

In addition, it was hypothesized that women who were instrumental in the creation and implementation of ACE/CARE, would report a greater number of conventional attachments, a larger involvement in conventional activities, a larger commitment to conventional activities, and a higher number of conventionally held beliefs, than women who were not responsible for the creation and implementation of ACE/CARE.

The statistical analysis for this study was conducted using SPSS version 9.0. However, the small sample size and the inability to assume that the population was normally distributed (non-randomized sample) made the use of parametric tests impracticable (Bachman & Paternoster, 1997). Through descriptive statistics, such as measures of central tendency, percentages, frequency distributions, etc., non-parametric analysis, and a strong reliance on qualitative data, the author determined which type of inmate (i.e., those who continued their employment with ACE/CARE until their release versus those who left the program prior to release, and those responsible for creating the program versus those who were not involved with the creation of the program) was most likely to benefit (i.e., by maintaining low levels of institutional infractions, high levels of educational aspirations, low rates of recidivism, etc.) from working in a peer program. It was predicted that inmates who worked for the program for more than one year, who stayed with the program until their release, or who were responsible for the creation of the program, would tend to have lower rates of institutional behavior problems and lower

rates of recidivism than those who were employed less than one year, left the program prior to release, or those who were not responsible for the creation of the program. From this finding it may be inferred that working in ACE/CARE can serve as a life transition that modifies the criminal trajectory.

Levels of self-esteem were measured by utilizing the Rosenberg Self-Esteem Scale. The ten items which measured levels of self-esteem were recorded on a Likert-type scale from strongly agree to strongly disagree. A value was assigned to each of the possible responses. The author assigned three points to each favorable item the subject strongly agreed with, two points to each favorable item the subject agreed with, one point for each favorable item the subject disagreed with, and zero points for each favorable item the subject strongly disagreed with. Accordingly, the author also assigned three points to each unfavorable item that the respondent strongly disagreed with, two points to each unfavorable item that the subject disagreed with, one point to each unfavorable item that the subject agreed with and zero points for each unfavorable item that the respondent strongly agreed with. The scale ranged from zero points to thirty points, with thirty points being the highest possible score. Those scoring between zero and ten points received a rating of low self-esteem, those scoring between 11 and 20 points received a rating for moderate levels of self-esteem, and those scoring between 21 and 30 points received a rating for high levels of self-esteem.

Levels of institutional success were tested by comparing the number of disciplinary infractions each woman received before, during, and if applicable, after employment with the ACE/CARE program. Levels of postrelease success were measured by asking respondents to report on the number of parole violations and/or

subsequent new arrests since their release. It was hypothesized that a high percentage of women who have worked in ACE/CARE would report a low number of disciplinary infractions while working for the program and report few parole violations after release.

In addition, there were many questions in the survey instrument which were analyzed qualitatively. It is believed that many questions asked of the respondents required open-ended responses (i.e., what factors contributed to their success, how will they cope with stress once released, if they felt that they could contact the ACE/CARE staff for support after release, etc.) and yielded in-depth answers that could not easily be reduced to numerical format. The author examined common themes in the answers generated by respondents (Wolcott, 2001) and reported on them accordingly. Although many quantitative researchers have pondered over the validity of qualitative research studies, “an increasing number of researchers are using multimethod approaches to achieve broader and often better results. This is referred to as triangulation (Fontana & Frey, 1994, 373).” It was believed that the use of both quantitative and qualitative measures would increase the validity of subjects’ responses and provide a fuller understanding of subjects’ experiences.

To gain increased knowledge about both programs, including a historical account of both programs, and to obtain a civilian perspective, the researcher conducted semi-structured interviews with three civilian ACE/CARE staff members who were previously affiliated with either one or both programs. Questions focused on the history of both programs, their experiences in working for these programs, their feelings on the importance of HIV prison-based peer programming, the difficulties in implementing and maintaining such programs, the biggest challenges faced in working with inmate peers,

etc. These questions were open-ended and analyzed for themes and content.

***Hypothesis 3***

**H<sub>03</sub>:** Those inmates employed in ACE/CARE will have the same recidivism rates as female inmates in the United States in general, and in New York State in particular.

**H<sub>3</sub>:** Those inmates employed in ACE/CARE will have a lower recidivism rate than most female inmates in the United States in general, and in New York State in particular.

The third hypothesis was measured by comparing the rates of recidivism for women who worked in ACE/CARE to the national and state statistics on rates of recidivism for all offenders. Furthermore, rates of recidivism for ACE/CARE peers was compared to national recidivism rates for female offenders and to recidivism rates for female offenders in NYS.

***Hypothesis 4***

**H<sub>04</sub>:** Most prison facilities are utilizing HIV peer education programs.

**H<sub>4</sub>:** Although peer programs are successful, most facilities are not utilizing them for educational or rehabilitative purposes.

The fourth hypothesis was measured through a national survey mailed to all fifty states and the federal government. Each department was asked a series of questions to determine the extent of HIV prison-based peer programs in the United States at the state and federal level. Descriptive statistics (i.e., frequency distributions, measures of central tendency, etc.) are provided on the number of such programs and the types of services each program provides.

**POTENTIAL HARMS**

The harm to participants was minimal. This study did not involve deception; all participants were made fully aware of the author's research goals. Few participants had

emotional responses or difficulty in answering personal questions about themselves. Given the nature of the questions, emotional outbursts seemed highly unlikely. If this did occur, the author, who had worked in corrections for the past five years coordinating an HIV peer program, is experienced in counseling female inmates. If the author had determined that the inmate was very upset during or at the closure of the interview, a referral to the mental health department within the respective facility would have been made. Moreover, since the author has been based inside a female correctional facility for the past five years on a full-time basis, she was very cognizant and sensitive to security issues, as well as inmate issues and problems. If women in the community appeared to be upset at the closure of the session, a referral would have been made for the woman to speak to a supportive services counselor. Since the author has over eight years of experience in this field, she had a range of resources and connections to various community agencies. Considering the nature of the questions being asked, it was doubtful at the onset of the study that any of the questions would have caused participants to become upset, anxious, or distressed. Out of 49 interviews, only one woman began crying when she spoke of her children. The researcher continued her conversation with the woman about her children until she was ready to continue with the rest of the survey. By the end of the interview, the woman was laughing and did not appear to be in any type of emotional distress, hence it was not necessary to make a mental health referral at that time.

### **POTENTIAL BENEFITS**

This study will benefit all inmates that have or ever will work in a peer program. Considering the economic deficit that many states are facing, particularly New York

State after the September 11<sup>th</sup> attacks, many agencies have lost funding for HIV programming and programs are being scrutinized much more closely. An earlier study conducted by the author (discussed in Chapter 3) illustrated the benefits of HIV peer programs in terms of increasing levels of knowledge and creating accurate risk perceptions among inmate program participants, but this may not be enough to convince state and city agencies to continue funding these types of programs. Since this study will illustrate that there are unintended benefits derived from these programs (i.e. better institutional and community adjustment for the peers themselves), it will help provide additional support for the continuation of such programs, which will benefit all current and future inmates.

#### **PROCEDURES FOR CONFIDENTIALITY & ANONIMITY**

All survey data collected was kept strictly confidential and was placed in a locked file cabinet separate from the consent forms; only the author had access to the information. Participants' names did not appear on any of the forms and were only identifiable with a code name. Participants were asked to choose their own code names and were told to pick names that would not be associated with their identity. In rare cases, when a participant was unable to choose a name, the author chose and assigned a code name for her. The master list containing the subjects' real names and their code names were kept in a separate locked file cabinet in the author's home office. This list was destroyed upon completion of the study. Identifying information did not appear in any electronic files. The information provided was only utilized for research purposes and participants were assured that this information was not going to be given to anyone else. All information left the correctional facility with the author and was not viewed by

any prison officials. The final report was made available for any inmate or any ex-offender who wished to see the conclusions derived from the study. Moreover, a final report was submitted to the New York State Department of Correctional Services and John Jay College's Institutional Review Board.

### **INFORMED CONSENT**

All participants were asked to sign a consent form (please see Appendix D). The author reviewed the consent form with each participant and questions regarding the study were answered at this time. If participants had additional questions, the author provided answers for them during and after the interview was completed. All subjects were told that their participation was entirely voluntary and that they had the right to withdraw from the study at anytime. Their participation, or their refusal to participate, would not have had any bearing on obtaining benefits or in receiving any punishments from prison or parole officials, or from other outside service providers. Their participation only aided in providing information on their experience working within the ACE/CARE program. Dealing with minor participants was not an issue because there were no subjects under the age of eighteen. The youngest subject identified was 20 years old. Concomitantly, none of the information had to be translated into Spanish as all subjects were fluent in written and spoken English.

### **CONCLUSION**

It was believed that those women who worked for ACE/CARE for over a period of one-year or until their release would have obtained higher success while in prison and higher levels of success after release. These women would have more attachments to people involved in conventional activities, they would have a deeper commitment to

various conventional activities, they would be more involved in conventional activities, they would hold more conventional beliefs, they would have higher levels of self-esteem, and have fewer disciplinary infractions and parole violations than women who did not work for ACE/CARE for over one-year or until their release date. It was also believed that women who were responsible for the implementation of these programs would fair better in all of these areas than women who were not initially involved with the onset of the programs. The next chapter will explore the findings and results from this study that show that peer programs can lead to successful outcomes for peers both inside and outside of the penitentiary.

## **Chapter 6 – Research Findings – The Effects of HIV Prison Based Peer Programming**

### **INTRODUCTION**

This chapter provides a quantitative and qualitative analysis of the author's research. Demographic information and results for the study's four hypotheses are presented in detail. The variables of attachment, commitment, involvement, belief, self-esteem, institutional success, postrelease success, and recidivism rates are examined. Results were obtained through one-on-one interviews with 49 ACE/CARE peer workers and three civilian staff members. Results from the national survey of state and federal correctional facilities, to determine the extent of HIV prison-based peer programs in American prisons, are included in the final analysis and were obtained through a mail distribution survey.

### **SAMPLE DEMOGRAPHICS**

The final sample consisted of 49 women; 24 of the women were living in the community and 25 of the women were incarcerated in a NYS prison at the time of their interview. Of the 24 releasees, half of the subjects (n=12) were still required to report to a parole officer. Interviews took approximately 75 minutes to complete, with the shortest interview lasting 35 minutes and the longest interview lasting 140 minutes. Out of the 57 women that were identified and located by the author as matching the study's eligibility requirements, seven women declined to participate, and one woman was unable to be interviewed because she was incarcerated at Albion (a substantial distance from the author's home), yielding a response rate of 86%. In addition, several women who were involved with the programs had passed away. In total, 12% (n=6) of the subjects had

worked for both programs, 59% (n=29) had worked for only the ACE Program, and 29% (n=14) had worked solely for the CARE program. It is important to note that four of these women also worked for the REACH Program at Albion Correctional Facility.

Demographics of the sample (see Table Six) differed slightly from the study population. In this sample, whites tend to be overrepresented (33% compared to a 22% rate among the study population), and the age of participants tended to be four years older (40 years old compared to an average of 36 years old among the study population) than the average NYS female inmate. The average age of the participants was 40 years old (mode=40; median=40), ranging from 20 years old as the youngest subject and 64 years old as the oldest subject. In terms of ethnicity, 31% were African American (n=15), 24% Latina (n=12), 33% white (n=16), 6% West Indian (n=3), 4% bi-racial (n=2), and 2% other (n=1). The women identified with diverse religious affiliations. Most women classified themselves as Catholic (27%), no religious affiliation (19%), Muslim (16%), Protestant (14%), followed by Christian (4%), Jewish (4%), other (4%), Episcopalian (2%), Pentecostal (2%), and Wican (2%).

In regard to educational attainment prior to incarceration, 45% (n=22) of subjects had less than a high school education, 31% (n=15) had a minimum of a high school diploma or GED, 16% (n=8) had achieved some college credits toward an associates degree, 4% (n=2) had an associates degree, and 4% (n=2) had a bachelors degree. While incarcerated, most women, with the exception of six (12%), had participated in some type of educational programming. Only two women (4%) were still making progress toward their GED. Fourteen percent (n=7) earned their GED, eight percent (n=4) had achieved college credits toward an associates degree, 14% (n=7) had achieved their GED in

addition to college credits toward an associates degree, 10% (n=5) earned their associates degree, 29% (n=14) completed a bachelors degree, and 10% (n=5) completed a masters degree. For those women who were living in the community (n=24), 50% (n=12) had not returned to school since leaving prison, 8% (n=2) were working toward an associates degree, 8% (n=2) were working toward a bachelors degree, 4% (n=1) were working on a MSW (masters of social work) degree, 4% (n=1) were working on a doctorate degree, 4% (n=1) completed a CASAC (Credentialed Alcoholism & Substance Abuse Counselor) degree, 8% (n=2) completed a masters degree, and 13% (n=3) completed a MSW degree.

Almost one-half of the women (43%) were unemployed prior to their incarceration. For those that were working, many maintained menial jobs in the fast food industry, or worked in entry level office positions such as clerks or secretaries. Few of the subjects worked in a more professional capacity. One woman was employed as a case manager, while another was employed as a vocational counselor. Three of the women had positions as a store manager, one was a former correctional officer, and one woman had owned her own business. Two of the women worked as strippers, one as a prostitute, one as a street hustler, and three of the women claimed they received all of their money from drug sales. When asked about their yearly legal income, over half (65%) of the sample stated that they earned less than \$10,000 per year, while 18% earned between \$10,001 and \$20,000 per year, 6% earned between \$20,001 and \$30,000 per year, and 10% earned over \$30,001 per year. The average income prior to incarceration was \$12,770, with the lowest yearly earning reported at \$0 and the highest yearly earning reported at \$60,000.

In terms of family status, 59% (n=29) stated that they had children, while 41% (n=20) reported not having any children. For those that had children (n=29), 41% (n=12) had one child, 38% (n=11) had two children, 7% (n=2) had three children, 7% (n=2) had four children, 3% (n=1) had 5 children, and 3% (n=1) had 7 children. Moreover, four of these women (14%) reported having one child that was deceased. The children of these women ranged in age from the youngest being two weeks old, while the oldest was 39 years old. Out of these 58 children, 36% were 18 years old or younger. Most of the sample participants were unmarried. Forty-nine percent (n=24) of the women reported that they were single, 8% (n=4) stated they were married, 4% (n=2) were widowed, 6% (n=3) were legally separated from their spouse, 10% (n=5) were divorced, 10% had a domestic partner (n=5), 8% (n=4) were living with someone, and 4% (n=2) claimed they were in a seriously committed relationship.

Prior to incarceration, most women (73%) resided with a family member (i.e., parents, aunts, children, etc.) or their significant other, while 16% lived on their own, 6% lived with a friend, and 4% were homeless. Most women (65%) resided in the New York City area prior to their incarceration. Nineteen percent were from the Manhattan area, 20% were from Brooklyn, 16% were from Queens, and 10% were from the Bronx. For the remainder of the sample, 22% of the women were from upstate New York, while 6% were from Long Island and the other 6% were from out-of-state. Three of the women were not citizens and will be facing deportation upon serving the completion of their sentence.

For those participants that were released (n=24), 38% were currently living in Brooklyn (n=9), 21% were living in Manhattan (n=5), 13% were in the Bronx (n=3), 13%

were living out-of-state (n=3), 8% were living in Westchester County (n=2), 4% were living in Queens (n=1), and 4% were living in an upstate NY county (n=1). Sixty-six percent were living with an intimate partner or family member, and 33% were residing on their own. Participants that were incarcerated (n=25) were asked where they planned on residing, and who they planned on residing with, upon release. Thirty two percent said Brooklyn (n=8), 20% said an upstate NY county (n=5), 12% said they did not know where they would live (n=3), 8% said Westchester County (n=2), 8% said out of state (n=2), 8% said out of the country (n=2), 4% said Queens (n=1), 4% said Long Island, and 4% said Manhattan (n=1). In terms of who they would be living with upon release, 48% would be living with an intimate partner or family member, 24% planned to live in transitional housing, 16% wanted to live by themselves, and 12% did not know who they would live with upon their release.

In comparison to the study population, this sample had similar rates of sexual and physical abuse, as well as drug use and drug misuse. Forty-nine percent of the women reported that they have experienced sexual abuse and 45% reported a history of physical abuse. Seventy-one percent of the women claimed to have had a history of drug use/misuse and 41% have exchanged sex in order to obtain drugs. For those women with a past substance use problem, most claimed that they had had a problem with heroin (n=12), followed by marijuana (n=5), crack/cocaine (n=5) and alcohol (n=4). Other drugs such as LSD, acid, PCP, etc., were reported, but appeared to be used more recreationally. Nonetheless, poly drug use appeared to be problematic for some of the women. In one interview, Nicolette stated:

*“What haven’t I done? The list would be shorter if you asked me that. I’ve used alcohol, uppers, downers, acid, cocaine, heroin, dust, marijuana, and free basing. I had a couple*

*of drugs of choice, depending on what time period you are talking about. The last was free basing.”*

For women who used their drugs intravenously, intramuscularly or subcutaneously, 10 subjects reported sharing their works with others. One HIV positive woman, Freckle, stated the following:

*“I used heroin, cocaine, I liked to speedball, and I used crack. Heroin was my drug of choice. I shot up and I did share works before the time I worked for REACH. After working in REACH, even though I relapsed after I left Albion, I learned not to share my works and my cottons. I didn’t want to infect anyone and I didn’t want to expose myself to re-infection.”*

Shyone, who reported using marijuana, alcohol, and cocaine, stated that she only used heroin one time because of the physical effects she experienced. *“I shot up with some friends and I threw up the whole way home, which was a blessing because I never used it again.”* Air stated that her fear of needles was what saved her from heroin addiction but she overcame this fear in order to obtain a job as an HIV test counselor upon release.

*“I used cocaine and acid but cocaine was my drug of choice. I used to sniff it. I never used needles. I was needle phobic which saved me from being an IV drug user. If I shot up, I don’t know what I would have been. I can draw others’ blood but I can’t draw mine. I learned to draw other people’s blood because I wanted the job doing HIV testing. Even when I was pregnant, I wouldn’t have a blood test. Needles scare me but because, when I came home, a counselor at AI (AIDS Institute) offered me a job at Rikers doing testing, I took the classes to become a phlebotomist.”*

Only one woman admitted to still using heroin quite frequently and had been locked in solitary confinement on several occasions for receiving dirty urines. This woman had been removed from ACE by the supervisor for excessive disciplinary infractions. Two of the parolees in the sample admitted to smoking marijuana recreationally but did not feel that they were addicted, as they smoked less than once per month.

Many of these women suffered from an array of health issues. Subjects were asked about past and current health issues. Almost one-half (43%) reported that they

have had health issues that were of concern to them. In terms of sexually transmissible infections, 16% have had trichomoniasis, 20% have had gonorrhea, 14% have had Chlamydia, 6% have had syphilis, 2% have had crabs, and 2% have had hepatitis B. As a result of untreated gonorrhea or chlamydia, 6% of the women were diagnosed with PID.

In one case, Enigma believed it led to a fertility problem.

*“I had untreated Chlamydia and never knew. It developed into PID. I went months without symptoms. I was in the hospital for two weeks on IV fluids. When I came home, I went to see a fertility doctor and they ran all sorts of tests. There was no fluid running through my left fallopian tube. It was badly scarred and had shut down completely. My right tube seems to be O:K, but I don’t know if I will be able to have children.”*

In terms of chronic infections, 22% have hepatitis C, 6% have herpes, 8% have HPV, and 14% were HIV infected. Other illnesses included heart disease (4%), asthma (27%), hypertension (12%), diabetes (10%), and other (47%). One HIV positive releasee recounted a horrible medical ordeal during the past year:

*“I have many health problems. I have had problems with my leg. I had an operation and they had to put silicone in my leg. After the operation, the doctor said that I shouldn’t have the bandage changed for two weeks. I kept telling him that because I was positive, it should be changed every day because I was going to get an infection. He kept insisting and then it got infected, just like I said it would. The bacteria has eaten away the skin on my leg and with this bandage, in this heat, it’s like a roast in the oven. I am supposed to have a skin graft but they can’t do it until this clears up a little more. It’s not going to happen until it gets cooler. It’s hard for me because I can’t work and I can’t get around like I used to. I have a beautiful car outside and all I do is move it from one side of the street to the other. I hate having the home aide in my house. She’s nice. The other ones (health aides) would take advantage of me. But I like my privacy and I don’t like people being in my house. It’s so hard.”*

Jada, an incarcerated woman, talked about the possibility of having to undergo brain surgery:

*“I have a small amorism. It’s about 6 inches, so they are keeping an eye on it. They are not sure if I had it from birth. If I did, that means it is growing very slowly and I will not have to worry about it. But if it developed recently, I may have to have surgery. Right now it is too small to operate on.”*

When asked about being treated for mental health issues, only ten of the women stated that they had been formally diagnosed with depression. Only one was taking an anti-depressant at the time of the study. This same woman was also being treated for bi-polar disorder.

Many of the subjects (33%) were charged with multiple crimes. In terms of their most serious charge, 49% (n=24) were serving time for murder or manslaughter, 31% (n=15) were serving time for a drug related offense, 12% (n=6) were serving time for assault, and 2% were serving time for robbery (n=1), burglary (n=1), kidnapping (n=1), or forgery (n=1). For subjects that were incarcerated (n=25), the average time served was 11.5 years. Most of these women expected to be released by the parole board (44%), by their conditional release date (24%), by winning their appeal (20%), or through clemency (12%).

*“I am serving time for manslaughter in the 1<sup>st</sup> and attempted murder. I was sentenced to 10 ½ to 31 ½. In January it will make 16 years that I have served. I go to the board again next May and everyone keeps saying that it looks for me this time. If they hit me (deny parole) again, they can only hit for 24 months and then I sign-out. I was denied work release again. Libby Pataki (Governor’s wife) and Hilary Clinton (NY senator) never answered my letters but it may have never gotten to them. You know how that is.” (Free/CARE)*

*I’m here for sale of a controlled substance in the 3<sup>rd</sup>. I was sentenced to 7 ½ to 15 under Rockefeller (mandatory minimum sentencing laws for drug offenders in NYS). I was in prison once before. I relapsed and was using drugs. I got busted for a \$40 sale. If it was in NYC, it probably would have been a 2-4 but because I am from a small town upstate, I received the maximum. Since Pataki (NY’s governor) cut down the Rockefeller sentences, my sentence was reduced 2 ½ years, so my minimum is 5 years now and I already have 1 ½ in. I have an appeal in for harsh and excessive sentencing. I think I will win that appeal.” (Freckle/ACE).*

*My charge is assault and robbery. I was sentenced to 5 flat. My CR (conditional release) date is next May but if Pataki passes that new law for violent offenders, I would get immediate release because I already served four years. The law is supposed to take 4 months off of the sentence for every year that is served. I am hoping it goes through so I can go home.” (Waiting/CARE)*

For subjects that were residing in the community (n=24), the average time served in prison was 8 years and 8 months. Most of the women had been released by the parole board (46%), followed by their conditional release date (21%), work release (17%), and clemency (17%). For most of the women (84%), this was their first prison sentence. For the other 16% (n=8), four of the women had served one prior prison sentence, two served two prior state bids, one served three prior state bids, and one served four prior state bids. Three served prior sentences for robbery, three for drug related offenses, one for forgery, and one for larceny.

*“I served three prison bids all together. The first one was for forgery and I served two years. The second one was for forgery and I served 1 ½ years and the third one, also for forgery, was 2 years. On the third time, I also violated my parole in New York and New Jersey. So after serving the two years in NY, I had to serve 4 months for NJ.”*  
(Shak/CARE)

*“I have served four state bids. The 1st bid was for armed robbery and I was sentenced to 3 years but served 18 months. The second bid was for a drug sale and I got a 3-6 and served 3. The third state bid, which is when I worked for ACE, I got a 1 ½ to 3 and served 18 months. Then on the 4<sup>th</sup> state bid I was sentenced to a 4-8 for drugs but I owed a year for a violation. I was arrested in 96 or 97 for sales, so I owed them 5 years. That was the last one. I have been out since 1998. (Georgia/ACE).*

*“This is my second state bid. The first one was also a robbery charge and I served 7 years. This state bid I was sentenced to armed robbery in the 1<sup>st</sup>. It was my third felony, so the judge slapped me with 16 to life. I had four indictments and if I hadn’t pled guilty, I could have been facing 3 consecutive sentences of 25 years.”* (Rafeequa/ACE)

Nonetheless, over one-half of the women (57%) reported that this was not their first arrest. Six had been arrested at least once prior to the current charge, five were arrested three times prior, four were arrested two times prior, four were arrested four times prior, three were arrested 10 times prior, and one each was arrested five times, six times, 11 times, 12 times, and 20 times prior to the current charge. One was unsure of how many

times she had been arrested. Prior arrests consisted of larceny (36%), drug related charges (32%), assault (11%), civil disobedience (11%), prostitution (3%), robbery (3%), and one woman was previously arrested for having an abortion before it was legalized.

*“I have been arrested about 10 or 11 times and I spent 6 months here and 90 days there on Rikers. I was arrested 4 times in which I didn’t serve any jail time. It started off with prostitution and escalated from there to pick pocketing.” (Rafeequa/ACE)*

*“I was arrested one time for shoplifting. I always used to shoplift but not that day. It was my girlfriend that was shoplifting and I got arrested for it. Then I received 45 days in the county for giving a false name to the police when I got arrested.” (Mary/ACE)*

*“I was arrested three times. One time it was for stabbing my brother in the hand with a little steak knife. It was an accident and he was freaking out and so was I. I was coming off dust. I called the ambulance and when they got there and said who did this, I was crying saying it was me. Then they slapped the cuffs on me. The second time was for a DUI. I got a fine but I wasn’t even in the car. I was driving and my wheels locked and I skidded off the side of the road. I called a tow truck and while I was waiting, I went up the street to have a few drinks at the bar. When I came back to the car, the police were there, saw I had been drinking, and arrested me for DUI. The third time I spent a month in jail for an attempted robbery charge and I had 5 years probation. I relapsed and then got arrested on the drug charge which is why I had two concurrent sentences.” (Nicolette/ACE & CARE)*

*“I used to be in a very abusive relationship. My neighbors would call the police on us all the time but every time they came, I didn’t want to press charges. They told me if I didn’t press charges, they would arrest me and that’s exactly what they did. I was arrested about 20 times for assault. I served about 2-3 days in the county each time but when I would get in front of the judge, he would always say time served and release me.” (Rose/ACE)*

*“I was arrested at least 10 or 12 times but I never served jail time. When I got the robbery charge, that’s when the judge said that my cute little face was not going to get me out of this one. A few times I received probation and a few times they just let it go. It was mostly for stuff like drug possession, drug sale, steering, grand larceny, or boosting.” (No Excuses/CARE)*

*“When I was 16years old I was raped and I became pregnant. I was such a naïve 16 because I didn’t even understand how girls became pregnant. Years ago it was not like it is today, we didn’t talk about sex and we didn’t know a lot about it. I was suicidal; I would have rather died then have this baby and once my mother realized that, she decided to help me. She took me to this woman who performed abortions illegally and*

**Table Six - Demographics**

Variable	Number	Percentage	Total N
<b>Ethnicity</b>			n=49
African American	15	31%	
Latina	12	24%	
White	16	33%	
West Indian	3	6%	
Bi-Racial	2	4%	
Other	1	2%	
<b>Age</b>			n=49
20-29	7	14%	
30-39	13	27%	
40-49	21	43%	
50-59	6	12%	
60-69	2	4%	
<b>Religion</b>			n=49
Catholic	13	27%	
None	10	19%	
Muslim	8	16%	
Protestant	7	14%	
Christian	2	4%	
Jewish	2	4%	
Other	2	4%	
Episcopalian	1	2%	
Pentecostal	1	2%	
Wican	1	2%	
<b>Educational Level Prior to Prison</b>			n=49
Less than HS/GED	22	45%	
HS/GED	15	31%	
AA/AS Credits	8	16%	
AA/AS Degree	2	4%	
BA/BS Degree	2	4%	
Note* Percentages	may be more or less	Than 100% due to	rounding

	<b>Table Six</b>	<b>Continued</b>	
<b>Highest Educational Attainment in Prison</b>			n=49
None	6	12%	
GED Enrolled	2	4%	
GED	7	14%	
AA Credits	4	8%	
GED/AA Credits	7	14%	
AA Degree	5	10%	
BA Degree	14	29%	
MA Degree	5	10%	
<b>Highest Educational Attainment/ Releasees</b>			n=24
No Schooling	12	50%	
AA/AS Credits	2	8%	
BA/BS Credits	2	8%	
MSW Credits	1	4%	
Ph.D. Credits	1	4%	
CASAC	1	4%	
MA/MS Degree	2	8%	
MSW Degree	3	13%	
<b>Employment Prior To Prison</b>			n=49
Unemployed	21	43%	
Employed	28	57%	
<b>Yearly Legal Income Prior To Prison</b>			n=49
Less than \$10,000	32	65%	
\$10,001-\$20,000	9	18%	
\$20,001-\$30,000	3	6%	
Over \$30,000	5	10%	
<b>Children</b>			n=49
Yes	29	59%	
No	20	41%	
Note* Percentages	may be more or less	than 100% due to	rounding

	<b>Table Six</b>	<b>Continued</b>	
<b># of Children</b>			n=29
1 child	12	41%	
2 Children	11	38%	
3 Children	2	7%	
4 Children	2	7%	
5 Children	1	3%	
6 Children	0	0%	
7 Children	1	3%	
<b>Age of Children</b>			n=58 children
18 years & Younger	21	36%	
Over 18 years	37	64%	
<b>Marital Status</b>			n=49
Single	24	49%	
Married	4	8%	
Widowed	2	4%	
Separated	3	6%	
Divorced	5	10%	
Domestic Partner	5	10%	
Live Together	4	8%	
Committed	2	4%	
<b>Residence Prior To Prison</b>			n=49
Manhattan	9	19%	
Brooklyn	10	20%	
Queens	8	16%	
Bronx	5	10%	
Upstate NY	11	22%	
Long Island	3	6%	
Out of State	3	6%	
<b>Prior Abuse</b>			n=49
Sexual Abuse	24	49%	
Physical Abuse	22	45%	
<b>Drug History</b>			n=49
Yes	35	71%	
No	14	29%	
Note* Percentages	may be more or less	than 100% due to	rounding

	<b>Table Six</b>	<b>Continued</b>	
<b>Exchange of Sex for Drugs</b>			n=49
Yes	20	41%	
No	29	59%	
<b>Chronic Infections</b>			n=49
HIV	7	14%	note*Most women reported more than one illness
HPV	4	8%	
Herpes	3	6%	
Hepatitis C	11	22%	
Heart Disease	2	4%	
Asthma	13	27%	
Hypertension	6	12%	
Diabetes	5	10%	
Other	23	47%	
<b>Most serious Crime Charged</b>			n=49
Murder/Manslaughter	24	49%	
Drug Related	15	31%	
Assault	6	12%	
Robbery	1	2%	
Burglary	1	2%	
Kidnapping	1	2%	
Forgery	1	2%	
<b>First Prison Sentence</b>			n=49
Yes	41	84%	
No	8	16%	
<b>First Arrest</b>			n=49
Yes	21	43%	
No	28	57%	
<b>Sexual Orientation</b>			n=49
Male	17	35%	
Female	15	31%	
Both	16	33%	
Abstinence	1	2%	
Note* Percentages	may be more or less	than 100% due to	rounding

*although I could not get arrested for having one, she could get arrested for doing one. I had to place my hand on a bible and swear that I would never say a word. Back then that meant something too. It was a coat hanger abortion and afterwards I had to go home with the hanger still inside of me. I started to hemorrhage and my mother took to me to the hospital. I was asked all sorts of questions but I refused to tell them what they wanted to know. I kept saying that I was playing handball and all of a sudden I started to bleed. I was arrested and put on probation in a nun's reformatory. The nuns abused us all of the time and I ran away, a few blocks away. It was a violation of my probation. I was caught and sent back to the same judge. This time, though, I wasn't the same naïve girl. He was going to send me back to that same place so I threw a chair, not to hit him, but I wanted to go to the girls' reformatory, which is now BHCF. I was there about three years." (Shyone/ACE)*

One woman reported that this was her first arrest and spoke about her experience in the police station during interrogation:

*"I had never been arrested before. It is actually funny thinking back on it now but when I was arrested for this crime, I can remember sitting in front of the detective. I was so scared and so nervous. He asked me if I had ever been in trouble before and he was acting like he had my papers in front of him, so I better not lie. So I told him that I had been in trouble once before. He seemed to be excited to get this information and he took out his pen and was ready to write down everything that I said. I told him I had detention one time in high school. He thought I was being sarcastic but I was just trying to be truthful." (Purposed/ACE)*

Demographic questions were also asked regarding sexual orientation. For many of the women, sexuality was a fluid concept, as they would partner with both men and women, depending on the circumstances. Thirty-three percent of the sample stated that they partnered with both men and women, 35% partnered only with men, 31% partnered only with women, and one woman, who had only partnered with women, was taking a vow of abstinence.

*"Before I went to prison, I was partnered with men but in prison I had affairs with two women. I don't have time for a partner right now." (Air/ACE)*

*"Before prison I partnered with men. In prison I partnered with women and now that I am home, I am back to men. So I guess I'll say my preference is men." (Ice/ACE).*

Participants were also asked questions regarding safer sex practices. It was believed that most participants would practice safer sex, considering their work with HIV. Out of the 49 women interviewed, 35% (n=17) said that they practiced safer sex with their partner, 14% said they did not practice safer sex with their partner (n=7), 4% (n=2) said they practiced safer sex most of the time, while 47% (n=23) did not have a current sexual partner. For those that did not have a sexual partner (n=23), they were asked if they planned on practicing safer sex with future partners. Seventy-eight percent (n=18) stated they would, while 22% (n=5) stated that they would not.

*“Yes, especially because I am positive.” (Rose/ACE)*

*“I doubt it.” (Sad/ACE)*

*“It depends on who it is. I have a friend upstate that I see occasionally. I don’t claim her as my partner because we see each other very rarely. I don’t have safer sex with her but if it was somebody new, I would, but with her, I don’t.” (Marie/ACE & CARE)*

*“I doubt it. I use monogamy and testing. Dental dams are too complicated. That’s why you need to make sure who your partner is. Know your people.” (Georgia/ACE)*

Participants were also asked to provide their definition of “safer sex.” In response, 82% (n=40) stated safer sex meant using a barrier method like a male condom, a female condom, or a dental dam, while 18% (n=9) believed in monogamy and HIV testing.

*“Trusting your partner and being fully committed, and she is fully committed to me. Neither of us step outside of the relationship.” (Power/ACE & CARE)*

*“As safe as you can get in here. I saw her papers and she saw mine. Before having sex we went to the doctor together to get blood tests, tested for Chlamydia, and all sorts of stuff. We went back and got our papers together. I wanted to see them directly after she received them from the doctor to make sure that there was no copying of papers or editing of papers.” (Autumn/ACE)*

*“Taking precautions. For men, using condoms, and for women, using dental dams. Safe sex really is no sex. Abstinence is the safest. I am celibate because it’s safest.” (Compassionate/ACE)*

*“Using proper latex and having regular checkups with the GYN. It also involves open conversation and trust. Trust is a big thing!” (Jada/ACE)*

*“It means the way I live my life. It means commitment to me and being truthful to somebody and being aware. Life is funny, things happen but it’s about being respectful to each other and committed to each other. It’s about trust.” (W21/ACE)*

*“Using protection, using condoms. I want to protect myself and my partner and all of my partners have been HIV positive. I am concerned about the multi-drug resistance strain. If a medication is working for me and not for my partner, I would not be able to use that medication anymore. If a drug is not working for him, I didn’t want to be resistant to that drug. I wouldn’t want to expose them or myself and have the meds stop working for me. I have been on medications since 1989. I have been on them over 16 years and they are still working for me.” (Freckle/ACE)*

To determine if working in ACE/CARE had an effect on safer sex practices and drug using practices, interviewees were asked if they engaged in risky behavior prior to working for ACE/ACE, during the time they worked for ACE/CARE, and after they left ACE/CARE. All interviewees (100%) admitted to engaging in risky sexual practices prior to working for either program. Twenty-six percent (n=13) engaged in risky drug using behavior by sharing needles with someone before working for ACE/CARE and 4% (n=2) shared needles for tattooing prior to working for ACE/CARE. During the time they were employed with ACE/CARE, 51% engaged in unprotected sex and 49% engaged in either protected sex or no sex. The number one reason cited for engaging in unprotected sex was the inability to always obtain barrier methods inside the prison environment. None of the women engaged in needle sharing for drug activity during the time they worked for ACE/CARE but one woman did share a needle for tattooing. As for engaging in risky behavior after working for ACE/CARE (four women were excluded from the analysis since they were still employed with either program, hence n=45), 40% (n=18) engaged in unprotected sex, but none of the women engaged in risky needle practices, either for drug activity or for tattooing.

*“I first started with ACE in 1992 and after that, I didn’t have unprotected sex. I worked mostly in IPC and within my first year, 22 women died. It was a wake-up call for me because I never thought it could happen to me.” (Volcano/ACE)*

*“I had unprotected sex with someone that I was seeing and I recently found out that he may have been with a prostitute. I am having testing done next week. He had brought me papers when he was here a few weeks ago showing me he was negative. I should have known something was up.” (Shak/CARE)*

*“I didn’t have unprotected sex when I was working in ACE but I did with my partner when I was drafted to Albion. That was 10 years after ACE. Since her, I haven’t had sex with anyone.” (Hopeful/ACE&CARE)*

*“I do have a lot of jail tattoos but I never shared dirty needles. I used new needles all of the time. I used to get ink in but I wouldn’t share the ink either. If somebody had an empty bottle, I would fill their bottle with ink with an eye dropper but there wasn’t any sharing.” (Marie/ACE & CARE)*

*“Oh no. I was trained by the founding members and there were too many mothers in that group. They always wanted to know who you were with, where you were going, and what you were doing. Back then I thought I knew everything but now I am glad that they watched me so closely.” (Purposed/ACE)*

Working in ACE/CARE made most of the women (93%) more comfortable discussing their past sexual and/or drug using history with an intimate partner, and it made them more comfortable asking their partners about their own past sexual and drug using history.

*“There is no negotiation with the condom. You better put that shit on.” (Enigma/CARE)*

*“It is mandatory to ask for my behavior and for theirs.” (Compassionate/ACE)*

*“Yes, it has freed me a great deal. I can talk about things that will make other people blush. They get embarrassed and don’t want to talk about it but I’ll talk about everything: oral sex, anal sex, sex toys, everything. And they will have to handle it until I am done.” (Face/ACE)*

*“Yes, there is no shame to my game. I have a wealth of knowledge from my experiences of living in prison. I saw women dying and suffering everyday and it really made an impression on me. I have no problem talking about these issues. Even though I am in a monogamous relationship, we still talk about it. We remind each other every so often*

*that our lives are in the other's hands. Every so often we will sit and talk about it.”*  
(W21/ACE)

*“Yes, ACE really gave me the opportunity to become empowered, knowing my voice had value, knowing I had value. Listening to [Ace peer's name] and looking at her and her comfort level in discussing her status allowed me to let go of the walls I built around me. She was open and brutally honest and ACE allowed me to be the same.”*  
(Sarabanda/ACE)

*“I have HPV and telling her (former partner) was the hardest thing that I ever had to do. I had to tell her about the HPV because I loved her. She was fine with it.”*  
(Hopeful/ACE & CARE)

*“It helped me to ask questions more easily. I shared my background with my partners prior to ACE. I was straightforward but I didn't always know how to ask them questions about them or what questions to ask.”* (Ice/ACE)

*“I talk about it with everybody. It's like I still work for CARE. When I went to Albion I showed the women how to make dental dams out of latex gloves so they could protect themselves. The gloves are on the units for us to use for cleaning but I was showing everybody.”* (Waiting/CARE)

## **HYPOTHESIS ONE & HYPOTHESIS TWO**

*(1) Inmates working in a peer education program, particularly those women who worked in ACE/CARE for over a period of one or until they were released will:*

- a. Have strong attachments inside and outside of the prison system to individuals also engaging in conventional activities
- b. Have a deep commitment to conventional activities
- c. Have acquired a deep involvement in conventional activities
- d. Hold conventional beliefs
- e. Have high levels of self-esteem
- f. Be successful both in and out of prison

*(2) Those women who were instrumental in the creation and implementation of the ACE/CARE Programs will:*

- a. Have stronger attachments inside and outside of the prison system to individuals also engaging in conventional activities
- b. Have a deep commitment to conventional activities
- c. Have acquired a deeper involvement in conventional activities
- d. Hold more conventional beliefs
- e. Have higher levels of self-esteem
- f. Be more successful both in and out of prison

*Than those women who were not initially responsible for the creation of the program.*

## ATTACHMENT

### *Attachment to ACE /CARE Coworkers & ACE/CARE Civilian Staff*

In order to measure attachment to ACE/CARE, subjects were asked a series of questions regarding their feelings toward their co-workers, the ACE/CARE civilian staff, and their feelings toward the program in general. When subjects were asked how they perceived their relationship with their other peer workers, all respondents answered positively regardless of their time with either program. Many participants spoke about their ACE/CARE coworkers as being a source of support for them, and some referred to their coworkers as “family.” They recognized the fact they would have arguments and disagreements but that they were still very close with one another. In a few circumstances, some of the women appeared to have a particular problem with at least one of their coworkers, which made working for these programs very stressful at times. Regardless of struggles within the program, the women stated they were always focused on their professional goals. In general, the women who worked for ACE/CARE appeared to share a very strong connection with one another. The older members would often act as mentors for the younger members, recreating a family-like structure.

*“We mostly got along but there were times that we would argue and disagree. We ended up agreeing to disagree but we moved on. We all had strong opinions but we didn’t stay mad for long.” (Smarty/ACE)*

*“Many of us are still great friends today. My closest and dearest friends are the women I had worked with in ACE. The younger members often came to me for guidance but I would not say that we were close friends because although they shared personal issues with me, I only shared with the older members.” (Shyone/ACE)*

*“We were very close, tight knit. I looked upon many of them as an extended family. Early on, most of us were long termers and we were at the beginning of our sentences. ACE was a safe place to go to share our struggles together.” (Power/ACE & CARE)*

*“It was beautiful. We really had a family and some of us were closer than others but we all had each other’s back. There was no other place in prison with that type of unity.” (Volcano/ACE)*

*“I had a good relationship with all of them. Some of them didn’t always want to do the work, which was sometimes understandable, but I got upset with the lack of, I don’t know how to say it, I guess with the lack of effort, with the fact that they would act like they didn’t care. When that would happen, it affected everybody else because we would have to pick up where they left off. There was one peer who cared a little too much and she was kind of psychotic.” (Enigma/CARE)*

*“We had a bond. We were like a body. One person was the head, one a leg, and one a foot. We came together like a body, like a family. There was a spiritual bonding between us of love and caring and working toward the same goal.” (Compassionate/ACE)*

*“We had a good relationship. We would argue, disagree, but everything was in terms of work to make things better. It was good and when you walked through the door, you checked your ego. We were focused on the work that needed to be done and if I needed it, they would put me in check. We always helped each other out.” (W21/ACE)*

*“It was a good relationship. We didn’t always agree. There were great battles and stimulating discussions because we all had our own perspectives on this monster. There were a lot of heated discussions, especially in the beginning when we didn’t have all of the information. We all blossomed in CARE. We had a mission and it actually took us out of the prison system. It allowed us to use our mind and inner feelings and discover other ways of looking at things. We all had a common goal which was helping our sisters that were dying and providing education.” (No Excuses/CARE)*

*“It was great, awesome. It was a great group of women. We communicated well. I have a really great team where I work now and it was the same type of team in ACE. We were all on the same page, we all got along, and if we didn’t see eye to eye, we would put it on the table and deal with it. [Our supervisor] allowed us to look at things and we always felt safe doing so. We would express our ideas and were always looking to make ACE better.” (Blissful/ACE)*

*“We were like sisters. Everybody was like family. Just like every family, in the program, if there were issues or problems, we would talk about it and work around it. We would figure out how to handle it instead of breaking and going wild. We would bring the issue to the table and talk about it. We were on the same page.” (Air/ACE)*

*“It was good. I was the baby. They were my mothers, my big sisters, and my aunts. Everybody had a lot of patience with me.” (Waiting/CARE)*

When subjects were asked about how they would describe their relationship with the ACE/CARE civilian staff, only four women were not completely positive in their

responses. Positive and negative responses were related to which supervisor was in charge of the program. In its early inception, both programs underwent several changes in administration. Some of the supervisors appeared to bond with the women better than others. For many of the early members, there was a feeling that they were also supervising the civilians and would fight to rid themselves of civilians who they did not believe were truly dedicated to their work within the program.

*“It was really good. With the exception of three civilians over the years who were either really slimy or just thought they were better than us and had their head stuck up their asses and basically felt they were coming in to run our program, it was cool. They didn’t last long, as we were always good at getting rid of the ones we didn’t want. They always quit eventually.” (Big Sis/ACE & CARE).*

*“There were some good ones and some bad ones. There were those that were only there to work 9-5 and then adios. Then there were some that you could tell your problem to and they would go all out of their way to help you.” (Air/ACE)*

A couple of the women expressed concern about the fact that supervisors were often required to perform multiple jobs when they were understaffed.

*“[The supervisor] was a piece of work. She was very intelligent, so she was great in that sense. You could go to her with any question and she always knew the answer. But she was never there because they made her wear too many hats. She was all over the place. When you would finally get her, she had a lot of attitude. She was not focused as much on the program as she should have been. It was too much on one person. I tried to be understanding but I needed more input. That’s why we depended on each other (the peers) a lot more.” (Ice/ACE)*

*“It was fine until [name of supervisor] got there. She ruined the program. She let it go to her head and acted like she ran it, but it was our program.” (Sad/ACE)*

The remainder of the women had a tremendous amount of respect for the civilian staff and felt that they were extremely dependable and supportive. The civilians treated them like actual people, not just as inmates and not just as numbers. The civilians were some of the few staff members inside of the prison that the women felt that they could trust.

These were individuals that would always listen to them and never judge them. It was

important for the women to be treated and recognized as more than just “some inmate” who committed a crime.

*“It was cool, crazy cool. It was just like that. There was never a time that you couldn’t talk to them, share with them, or shed a tear with them. I felt that love, which was hard to find in prison.” (Blondie/CARE)*

*“It was good. They were compassionate, always willing to listen, and always gave us support. They never judged us, we could tell them anything.” (Volcano/ACE)*

*“It was great. They treated us like human beings and not like a number. Some of the COs made things difficult but if you can’t beat em, join em. I just did what I was supposed to do. The civilian staff in CARE treated us with dignity and respect and were willing to teach us. They were committed to their work, and their commitment made an impact on how seriously we took our work. They were always professional and never talked badly about the clients. This impacted us because if they would have been less than professional, I think we would have too.” (Shak/CARE)*

*“They were also part of our family. It was such a good cause and everyone was so sure of it and believed in it. We were determined and never gave up.” (Freedom/ACE)*

*“They have always been supportive. Their goal was the same goal as ours. They believed in the education and care for the patients.” (Compassionate/ACE)*

*“It was great. They gave me the inspiration to want to do more with my life. They made me see the good in myself, the good I didn’t know I had.” (Sky/CARE)*

*“[name of supervisor] and I would battle all of the time. I don’t think it was negative. We were two individuals that had very strong feelings about the issues. We would close the office door and scream. There are not many civilians in Bedford Hills that I have respect for, but she is one of them.” (Marie/ACE & CARE)*

When asked how many of their coworkers seemed to care about how successful they would be while in prison, 39% answered that “all” of them cared, 24% answered that “almost all” of them cared, and 20% answered that “most” of them cared. Only 14% stated that a “few” cared and 2% stated that “no one” cared. Although these questions were closed-ended questions (answers were based on a likert scale), many of the women spoke openly about each question. They spoke about the positive encouragement given

to them by their coworkers and this positive reinforcement enabled them to succeed and excel in the prison environment.

*“Since my high school diploma was not accepted in this country, the women in ACE were always bugging me to go to back to school so I could have a GED.” (Volcano/ACE)*

*“[name of peer worker] and I got hired at the same time and we lived on the unit. We spent all of our time together. We were so fascinated by the information, we discussed it all the time.” (Shak/CARE)*

*“There was mad love, mad love. We all watched each other grow up. If they saw you doing something you weren’t supposed to be doing or something that could lead to trouble, they would pull your coat and say, what the hell are you doing?” (Rafeequa/ACE)*

Similar responses were given when respondents were asked how many of the ACE/CARE civilian staff seemed to care about how successful they would be on inside. Thirty-three percent said “all,” 9% said “almost all,” 2% said that they “didn’t know,” 2% said “many,” and 8% said “few.” None of the women stated that “none” of the civilians cared about their success on the inside.

*“They always gave us positive energy, even if they didn’t feel that way” (Jada/ACE)*

*“They wanted us to succeed. They had a vision of continuity, especially at the time when we had ACE ut. They wanted us to continue the work on the outside and they wanted us to be successful. I received letters of support from them. [supervisor’s name] hooked me up with the only letter. They were proud of what we were doing.” (W21/ACE)*

*“We had unlimited support from them. We had unlimited support from the superintendent and unlimited access.” (Marie/ACE & CARE)*

When asked if their coworkers would care about how successful they would be once they left prison, 20% said “all,” 12% said “almost all,” 6% said “many,” 9% said “few,” and 2% said “none.” When asked if the ACE/CARE civilian staff would care about how successful they would be on the outside, 33% said “all” , 7% said “almost all,” 3% said “many,” 4% said “few,” 2% said they “didn’t know,” and 2% said “none.” In

general, the women spoke very positively about the civilian staff and the encouragement they received after leaving the facility.

*“We all cared about each other. We all want the other to succeed and go home. Regardless of what we are going through, we all want the best for one another. It is obvious that the civilian staff is very proud of those that left and are succeeding. We all cheer for each other. We would even cheer on for the civilian staff that was in school. We always want everyone to do well.” (Rose/ACE)*

*“There were no problems with the civilian staff. They never discouraged us and I never ran into one that wasn’t supportive. They had an open door policy and if we needed to talk, they were available.” (Face/ACE)*

*“I think they [civilian staff] wanted us to remain in this line of work and it was my first two jobs when I came home. I was working with those that were HIV positive and those with AIDS diagnoses.” (Marie/ACE)*

*“We all worried about each other. They worried about every one of us when we went home. It was scary to go home because a lot of us were doing a lot of time.” (Air/ACE)*

*“All of them. They called me a lot when I came home and that was important to me.” (69/ACE & CARE)*

Peer workers were asked about the type of work that was expected from them by both coworkers and civilian staff. In regard to the expectations by their coworkers, 76% said “excellent,” 16% said “good,” 2% said “fair,” 2% said “no one cared,” and 2% said there were “no expectations.” In regard to the civilian staff, 84% said “excellent,” 12% said “good,” 2% said they “didn’t know,” and 2% said there were “no expectations.”

*“There were different expectations from different people. There were high expectations of both the staff and the members.” (Power/ACE & CARE)*

*“They always wanted us to give our best.” (Volcano/ACE)*

*“They took their work seriously and expected us to do the same. They took the time and the effort to train us and we had a responsibility to live up to their expectations.” (Shak/CARE)*

*“We were looked at as role models to others, to everybody.” (Mary/ACE)*

*“Everyone expected us to give it our all.” (Compassionate/ACE)*

*“We were there to do what we were supposed to do. The core group had high standards of work ethics. The core group actually ran like a board of directors.”*  
(Sarabanda/ACE)

Even though the women relied on one another for support and encouragement, almost 40% expressed that they did “not really care” about what their coworkers thought about them. Thirty-nine percent said that they cared “a lot,” 22% said they “somewhat” cared, 30% said they “didn’t care that much,” and 10% said they “didn’t care at all.” Those that stated that they cared “a lot” (39%) expressed very strong opinions on the subject matter.

*“I cared a lot about what they thought of my work. You are only as strong as your weakest link and my work reflects on everyone.”* (Hopeful/ACE & CARE)

*“I carried myself in a particular way. As an individual they knew I was outspoken and strong minded within reason. I expected them to know that and I expected them to respect me. They didn’t have to agree with me and they didn’t have to like me. I didn’t have to agree with them and I didn’t have to like them but we all had to respect one another.”* (Marie/ACE)

*“I cared a lot. I may not have portrayed that because I tried to act like it didn’t, but it did. I really cared.”* (Waiting/CARE)

More of the women were more concerned about their supervisor’s opinion of them.

When asked if they cared a lot about what their ACE/CARE supervisor thought of them, 67% said “a lot,” 22% said they “somewhat cared,” while only 4% said “not much” and 2% said “not at all.” However, these feelings varied with different supervisors.

*“She kept me looking ahead and grounded.”* (Blondie/CARE)

*“The first supervisor I cared a lot [about what she thought of me] and we are still very good friends today. She visits me all the time. The second one I cared about and she was great but a little schizophrenic. There were other supervisors that I was not particularly enchanted with. It really depended on the supervisor.”* (Ruby/ACE)

*“The opinion of your supervisor means a lot in your work.”* (Mary/ACE)

*“It was a collegial relationship.” (Annie/ACE)*

*“A lot because it dictated my continuity in the program. I was more concerned about what she thought than what my coworkers thought.” (Marie/ACE & CARE)*

*“A lot because whatever we did, it reflected on them.” (Maria/ACE)*

*“Some because there were some that came and looked at us like inmates and others looked beyond that and looked at why we came there. They tried to understand our circumstances. There were some good ones and some messed up ones. Only 2 or 3 were really obnoxious. (Air/ACE)*

Incarceration can be extremely stressful, particularly for female inmates, many whom suffer emotionally because of the separation from their family and children. In order to gain a greater understanding of the types of stress these women experienced during their incarceration, they were asked to describe the most stressful part about being in prison. Fifty-three percent of the sample stated that the separation from family was the most difficult, particularly being separated from their children and the constant worrying about their well being. Many of these subjects also had to deal with the loss of a family member while in prison. Other subjects stated that they felt powerless. They hated being locked-in, having no freedom, and little privacy. Others expressed concern over the inconsistencies in the rules, being dehumanized, having to take orders all of the time, and going in front of the parole board.

*“It was the parole board hearings. You have to just keep attending them even though you always knew what the outcome would be. You knew that they were not going to let you go home, yet, they make you relive the experience. You always have the hope that they will let you out but they never do.” (Smarty/ACE)*

*“The most stressful part is having no control over your life. When they say jump, you jump. When you are an honor inmate, you are a role-model and if someone thinks that you did something wrong, even if you didn’t, you’re automatically dehumanized. In general, you are never treated as you have feelings or that you are allowed to have feelings, and if you do, too bad.” (Kate/ACE)*

*“Having to deal with COs yelling at you, belittling you, and you can’t say anything. You could write them up but nothing happens to them.” (Scarlet/ACE)*

*“Not being with my children and worrying about where they were and what they were doing. My three younger sons ended up in foster care and for the first three years they were with a really nice woman who took really great care of them. I always knew she was using those checks for my kids because they always looked nice when they came to see me. But then her man cheated on her and she left him and couldn’t keep my kids. They ended up with these horrible people, because they hardly do a background check and most of these people are in it for the check, and she never spent any of that money on my kids. Now that I have them back, I know something must have happened to them but they don’t talk about it. My youngest one eats away all of his depression. He told me that when he used to visit me, he would pray for the gates to get stuck so that he could stay with me.” (Blondie/CARE)*

*“Not being with my family. My sister was a teenager when this happened, now she is 35, married and has a child. I helped raise her and we were very close but now when she comes to visit, it’s like I don’t even know her. I’ve had family pass away since I have been here and I just feel like I have lost the connection with them. My stepfather died a few months ago from brain cancer and I was fortunate to get both a death bed visit and a funeral visit. Before coming here I was in a battered relationship and I wasn’t able to live my life. I didn’t have any friends, I wasn’t allowed to go anywhere – I couldn’t even pick out my own clothes. He controlled everything I did and now I am here. I have never had the chance to live independently and it eats at me. I am 40 years old and I have no idea if I could make it on my own. I am still in the childlike role because I never had the opportunity to live as an adult, to make my own decisions. There is no growth in that area. One of the most important things after coming out of a battering relationship is to take control of your life, but I was sent here, where I still had no control. I was 24 when I came in here, I never had children and now I am pre-menopausal. My life didn’t have purpose and I think about what I will do to create purpose, to create a dream and be able to fulfill it. Thinking about these things makes time hard.” (Purposed/ACE)*

*“The inconsistency within the prison. Five minutes ago you could do something and five minutes later you can’t.” (Yasmeen, ACE)*

*“The administration and having to deal with them. There is always so much inconsistency. Things are changing with the new superintendent. She is cleaning house and a lot of staff have been walked out of here. A lot of people may not like her but I like her style. She’s straight up with inmates and staff and she lets us know what her expectations are of us. She said to us that we should never mistake her kindness for weaknesses.” (Naomi/ACE)*

*“Loosing my mother while I was in there.” (Marie/ACE & CARE)*

*“Being locked in at night and not being able to be out especially on the holidays and nice days like this. I find the summer to be very stressful because I want to be out there.” (Kitten/CARE)*

*“Not being able to see my daughter. She was out there with my mom. My mom has mental illness and she is an alcoholic and she really couldn’t take care of her the way that I wanted her to. I had no choice because I didn’t want to put her in the system. It was stressful not having control over her life.” (Blissful/ACE)*

*“The most stressful part was not communicating with my family, not having any contact with them. I didn’t talk to them for four years. Holidays would come and go and you wish that you had a card or a package but I think that it made me stronger.” (Tyler/ACE)*

*“Not being able to do what I want to do and need to do. You are stagnated in here. You have no life. You’re just existing.” (Free/CARE)*

Coping with this stress and being able to talk about it with others distinguishes one’s prison sentence from being “hard time” or “harder time”. The most common answer to how they coped with stress while in prison was by keeping busy (26%), followed by religious faith (14%), and talking to others 16%. Other women stated that they exercised, wrote, listened to music, or exercised as a way to reduce their stress levels. Some stated that they just tried to put it behind them because it was something that they did not have control over.

*“I kept very busy. I was involved with the college program, I volunteered my time tutoring, and I was involved with ACE, which required planning the events like the walk-a-thons. Time goes by much faster when you’re busy.” (Smarty/ACE)*

*“I try not to stress. I put everything behind me. I have no control over it in here so I try not to think about it.” (Ten/ACE)*

*“God, prayer, church, and keeping busy in the ministry.” (Jada/ACE)*

*“By getting an understanding that I had no power over many decisions that were made. I only had power over myself and what I was going to do while I was in there. I decided to continue my education and prepare myself better so I knew how to deal with this. Whatever I did, I worked hard and I was good at it. It didn’t matter whether I was teaching a class, mopping the floor or cleaning the toilet.” (W21/ACE)*

*“I was involved with serious therapy. I was involved with the family violence program, I had one-on-ones with counselors, I was involved in support groups and I shared in ACE. I had a family in ACE and even today I miss those family dynamics. It’s different in prison because you choose the people in your family. People think you don’t have a choice but you do and you choose to be around them because you really care about the family you created. On the outside, you don’t have a choice about who is in your family. In prison it was a choice and ACE was my family.” (Sarabanda/ACE)*

*“I don’t cope with stress. I stress for a couple of days until it is old and then it finally subsides. Then I usually find something new to stress about.” (Trixie/CARE)*

*“I kept myself busy. I was lucky enough to have my own cell. I would lock in my cell and I didn’t have to deal with people, I didn’t have to talk to people. It was better than just lashing out.” (Tyler/ACE)*

*“I try to keep myself occupied. I’ll throw on my headphones and listen to music. My walkman is my sanity. If they ever took it away from me I would go crazy.” (Waiting/CARE)*

*“I play racquet ball and relieve my stress on the court. I vent and talk to my peers whether it has to do with family relationships or not. We get together and we rap. I also write.” (Pandora/CARE)*

The women relied on various modes of support. When asked who they were able to speak to in prison when they were feeling stressed, the most common response was their friends (51%), followed by ACE/CARE staff (18%). However, for many of the earlier members, ACE/CARE does not have the same significance that it had previously. Many women felt that the changes in administration have led to changes in the program, and most women felt that these changes were very negative.

*“I was very fortunate because I had a good support system of friends. ACE was always a place you could go to get support. There was always somebody there that you could talk to, but things have changed and that feeling is not there anymore. I still volunteer to do orientation on the weekend but I just go in the ACE office to hand in my stats. Everyone just sort of looks at you like, what are you doing in here? The environment was changing when [Ace supervisor’s name] left and the program has since gone through drastic changes. Now you have to be on a call-out to go the ACE office, when before it was a place that you could just drop in when you needed information or someone to talk to.” (Volcano/ACE)*

*“Not really anyone now. When I was in ACE I would talk to [supervisor’s name] because she kept things real with me. I would also talk to [coworker’s name]. There is really no one now that I feel comfortable talking to, not even in church. Since [supervisor’s name] left, things have not been the same. Even though she is still here, she is in a different program and with this new administration, there is no just popping into people’s offices. I don’t want to get in trouble for being out of place.”*  
(Naomi/ACE)

*“My peers. It was mostly the long termers. I had an invitation from them. They told me that I could do this time and that they were here to help me but they also said not to bother them if I wasn’t going to do the right thing. They nurtured me and guided me. They were the group that took me under their wing. (W21/ACE)*

*“My peers in ACE. We were our own little support group. Who else are you going to speak to? You can’t speak to the COs and it’s not like there were any social workers there to talk to.” (Blissful/ACE)*

For the time that the women worked in the program(s), they did feel that the ACE/CARE peers and civilian staff were very helpful during stressful times in their lives.

When asked if they found their coworkers to be helpful during stressful times, 30% said “all” of them were helpful, 43% said “most”, 25% said “some,” and only 2% said “none.”

When asked if they found the ACE/CARE civilian staff to be supportive during stressful times, 59% said “all,” 22% said “most,” 12% said “some,” and only 6% said “none.”

*“They were my biggest support system when my daughter died. ... The ACE women were really there for me because it was my most difficult time.” (Volcano/ACE)*

*“My last two years at Bedford were horrible and ACE said that they would always take me back if I wanted to come back. They were loyal to me and I really appreciated that.” (Annie/ACE)*

*“Everyday we received accolades, support and encouragement. They were the go between for us and administration. They had to toe the line and keep the boundaries clear but they supported us in our ideas. It’s a different experience for them than it is for us. At 5:00 we can’t say that we are going home. You learn how to live within the walls and many times you have to bite your tongue. You have to learn how to pick your battles.” (Sarabanda/ACE)*

*“All of them, the civilians and the peers. How many times would I bust in the office and be like oh my god this happened or oh my god that happened?” (Waiting/CARE)*

Many of the women had at least one peer in ACE/CARE that they considered to be a best friend. When asked if they considered their coworkers to be some of their best friends, 8% said “all,” 20% said “most,” 57% said “some,” and 14% said “none.”

*“All of them. Every time I see them or [supervisor’s name], it’s like going home.”  
(Blondie/CARE)*

*“Most were good. There were one or two that I couldn’t stand but they were short termers and usually just passing through. Strong relationships developed with those serving more than five years.” (Volcano/ACE)*

*“We were close friends and we were always there for each other. We spent a lot of time outside of work together. If one of us was having a stressful day, we would meet in the yard to talk about it. If one of us lost a patient, we had a sit down to talk about it.”  
(Hopeful/ACE & CARE)*

When asked if they felt like working for ACE/CARE was like having an extended family, an overwhelming majority of women (94%) said yes. This feeling of “family” is very important and something that appeared to help them through very difficult periods.

*“Yes, because of the way that I felt about them.” (No Excuses/CARE)*

*“Yes, these same people were my sisters and friends.” (Marie/ACE & CARE)*

*“Yes, ACE was a family. All our family was ACE.” (Air/ACE)*

*“Yes, we were a core group of people.” (Georgia/ACE)*

When asked if their coworkers would have stuck by them if they had gotten into any type of trouble, 35% said “all” of them, 27% said “most” of them, 29% said “some” of them, 8% said “none” of them, and 2% said they “did not know.” Having staff support was something the women expected, however, this support was conditional. There was the feeling that if they engaged in behavior that would jeopardize the program, they would not be entitled to staff support.

*“There was one crazy situation but they stuck by me. Only a few hesitated. People would stick by me in however capable they were able to do so.” (Annie/ACE)*

*“There was a very special bond between us. If anyone went to lock or was removed from the program, we gave them support. It was like a family.” (W21/ACE)*

*“We would keep each other on the up and up. If someone was straying, we would say what’s up, what’s going on? If we had to, we would kick them out of the program. Everything about you reflected upon the program. You could not just leave the room and said that you weren’t in ACE so you could do whatever you wanted. ACE followed us everywhere at every time and we had to be mindful of our behavior.” (Sarabanda/ACE)*

*“All of them. They stuck by me and would beat me if I got in trouble (laughing). I couldn’t do nothing, especially when [coworker’s name] was around.” (Waiting/CARE)*

The same support was expected from their civilian supervisor as well, with 94% of respondents stating that their supervisor would have stuck by them if they got in trouble. Nonetheless, the support of the supervisor, like with the peers, was conditional. If the women believed that they had behaved unprofessionally, they did not expect the supervisor to “stick by them” and they did not expect the supervisor to jeopardize her own position. It was understood that that if they were a disciplinary problem, they would be removed from the program in order to protect the program.

*“We knew that we were not supposed to get into trouble. If we had, she would have stuck by us but if the administration said that she had to fire us, she would have no choice but to let us go.” (Shak/CARE)*

*“Yes, I would think so as long as what I did, did not jeopardize the program.” (Autumn/ACE)*

*“It would depend on what kind of trouble.” (Maria/CARE)*

*“As much as she could without compromising her position.” (Georgia/ACE)*

The women had a lot of respect for the opinions of their coworkers and the civilian staff, illustrating a certain level of attachment. When asked if they respected their coworker’s opinions about the important things in life, 55% said “all,” 25% said

“most,” and 20% said “some.” Even if the women did not agree with what was being said, they respected a peer’s right to express themselves.

*“You reserve the right to be who you are. Even if I don’t like what you are saying, I respect your right to say it and I won’t interfere.” (Face/ACE)*

*“I respect every opinion but it doesn’t mean I have to agree with it.” (Sad/ACE)*

*“Everybody had a point or issue that deserved to be recognized.” (Marie/ACE & CARE)*

*“We respected each other’s opinions.” (Air/ACE)*

The same was true regarding their feelings about the opinions of the civilian staff. When asked if they respected the ACE/CARE civilian staff’s opinions about the important things in life, 67% said “all,” 20% said “most,” 10% said “few,” and 2% said “none.”

*“I have value for what they say.” (W21/ACE)*

*“All of them, especially about me. If they told me something, I would look at myself and say hold up, let me check that out. I wouldn’t do that if somebody else said it to me.” (Waiting/CARE)*

*“[supervisor’s name] supports us 100%.” (Freckle/ACE)*

Since the women were very aware that their behavior reflected upon the program, their peers, and the civilian staff, questions were asked to determine if they thought the civilians and peers would be upset with them if they committed a disciplinary infraction. In regard to their peers, 69% said their peers would be upset with them, 14% said it would depend on what they received the ticket for, and 16% said they would not be troubled if their peers were upset with them. Many of the women believed that inmates would often receive tickets in prison, even if the disciplinary infraction was not justified. Their peers would be upset with them if it was a situation that could have been avoided.

Whether they were right or wrong, the women believed that even if their peers were upset with their behavior, they would not relinquish their support.

*“Not really, it would depend on the situation. If it was something that affected the program, then yes, but they would still try to help me.” (Mary/ACE)*

*“We all had our share. It is easy to get a disciplinary infraction in here. You can get one for breathing wrong. You can get one because you are the victim of an officer having a bad day.” (Compassionate/ACE)*

*“We would talk each other out of doing crazy things but it would depend on what it was for. If it was something stupid that I did, than yes, they would be upset with me but if I couldn’t avoid it, than no. (Rose/ACE)*

*“Probably. I don’t think they would be upset as much as they would be shocked. How could she? What happened? They would be more shocked than upset.” (Blissful/ACE)*

*“I don’t think so. Being we are all in here, we all understand that things happen.” (Maria/CARE)*

*“It depended on what it was. We made a promise to keep each other out of problems. We knew the consequences if one of us was out of line. We all made a pact not to be in trouble and stay away from it. If we were stressed, we would meet in the yard and figure out what happened. It was a new program and everyone was looking at it and we didn’t want to be shut down.” (Air/ACE)*

*“It depends on what it was for. No matter what it was for, I am sure that it could have been handled in a better way.” (Pandora/CARE)*

When asked if it would bother them if their coworkers were upset with them, 59% said “yes,” 8% said “somewhat,” and 33% said “no.” Those women that stated “yes” perceived the peers to be a family unit, and they would not want them to be upset or disappointed. The notion of being a role model was echoed several times and appeared to have a tremendous impact on decision making. For those women that stated “no,” there was a feeling that they were responsible for their own decisions and they hoped that the peers would be understanding.

*“Yes because we had agreed as a staff that we didn’t always need civilians there in the program. We would often discuss our role in the facility with one another and we knew that we had to maintain a clean disciplinary in order to keep our image. We had to be an example to others and that meant not having a disciplinary record.” (Scarlet/ACE)*

*“Yes because it was a reflection on the program and there was a lot at stake.” (Shyone/ACE)*

*“Yes because I cared about what they thought of me.” (Ruby/ACE)*

*“Not really because when you are inside things come up and you have to do your time for you, not for anyone else. Whatever decisions I made, I had to live by them. Who could disapprove more of my decisions than myself?” (Power/ACE & CARE)*

*“I don’t know if they would be upset as much as disappointed. I would not really be upset because I would get what the hand called for. There were unwritten expectations placed on us. The women who didn’t work for CARE looked up to us and the correctional staff placed expectations on us – we had privileges.” (Shak/CARE)*

*“Yes. It would have bothered me more if they weren’t upset with me. I would have been disappointed.” (Purposed/ACE)*

*“Somewhat. It would bother me if the peers that were my friends were upset with me. I cared about what they thought.” (Poison/CARE)*

*“No, I would have to deal with it. It was my choice, my decision, my consequence. Most of them knew that if I got a ticket it would have either been because I chose to get the ticket or it was due to a situation that I had no control over.” (Autumn/ACE)*

*“It depends on what it was for. If I stood up for myself and was right about it, they didn’t mind but if I did something stupid, they would say it. What the hell is wrong with you? Why would you do that? Then I would hear it. It would bother me sometimes because I didn’t want them to be upset with me.” (Enigma/CARE)*

*“Yes, because we were seen as someone to look up to, a role model.” (Sky/CARE)*

*“Yes because I respected the people I worked with and some of them were my best friends. I would feel like shit. They placed a lot of trust in me and knew the importance of what I was doing. All of us came from a dysfunctional place and there was an expectation of consistency. If I would have gotten in trouble, it would have stopped the work that I was doing. I needed to keep my shit clean. They respected the work I was doing and they had trust and faith in me that I would excel.” (W21/ACE)*

*“Yes because we got to know each other and they were like family to me.” (Kitten/CARE)*

*“No. I would say excuse me and sorry. I would apologize but then it would be time to get over it and get back to basics. It would bother me a little but not to the extreme that I would lose sleep over it.” (Ice/ACE)*

More of the women expressed a higher level of concern when these same questions were related to their ACE/CARE supervisor. When asked if their supervisor would be upset with them if they committed a disciplinary infraction, 92% stated “yes,” 2% stated that they “did not know,” 2% stated that it “depended” on the situation, and only 4% stated “no.” When asked if it would bother them if their supervisor was upset with them, 78% said “yes,” while 22% said “no.” Those who stated “yes” were concerned that they would disappoint their supervisor and lose her respect, something which was very important to them. It was important for them to be viewed in a certain way by their supervisor. Those that stated “no” did not believe that the civilians, no matter how dedicated, could truly understand the inner workings of the prison system and the issues inmates had to endure on a daily basis, since they were allowed to go home everyday.

*“Yes because she was someone I wanted respect from and someone that I respected.” (DM/CARE)*

*“My supervisor and I built a relationship based on mutual respect and I value her opinion of what she thinks of me.” (Big Sis/ACE & CARE)*

*“Yes because when I took this job I took it with the understanding that I would not have a disciplinary record and if I received one, she would have lost an educator.” (Kate/ACE)*

*“She wouldn’t tolerate it because she felt that she gave us enough lead way and we shouldn’t take advantage of that. She would never want us to embarrass the program. An ACE staff member was supposed to conduct herself in a positive way. It would bother me, it would have bothered all of us because we would have felt like we were letting her down, letting ourselves down and letting the program down.” (Scarlet/ACE)*

*“No because even though they were there all the time, they could never really understand all of the barriers we faced. Infractions were not always our fault, there were always underlying issues and things were not always what they seemed.” (Power/ACE & CARE)*

*“Yes, I knew they expected better. They expected more from us and I wouldn’t have wanted to disappoint them. They have expectations of you, they trust you, and trust that you will put other things over stupidity. We were supposed to remain focused on the program and its goals”. (Purposed/ACE)*

*“Yes because I was there to do a job and then failed.” (Poison/CARE)*

*“Yes but she can’t understand. She doesn’t understand what it’s like living in jail. She doesn’t understand the symmetrics that go on in here. She lives on the street and they can’t understand that sometimes we have no choice. It’s a different world in here.” (Rafeequa/ACE)*

*“Yes, all their opinions and input meant a lot to me. No one ever judged me or treated me like I was convicted felon. There were already 12 people who didn’t know me who judged me as guilty and a judge that couldn’t stand me, that made up her mind before the trial even began that I was guilty. It meant a lot to me that I was not judged here.” (Autumn/ACE)*

*“Yes because I don’t like to feel that I have let people down. We are all under the same umbrella and our behavior also reflects upon them. It looks bad and brings heat on the program.” (Hopeful/ACE & CARE)*

*“Yes because she was my supervisor and I wanted her to feel like she could depend on me and getting a ticket would not be very dependable.” (Kitten/CARE)*

To understand how positively the women viewed the civilian staff, subjects were asked if the civilian staff were able to serve as role models for them. Eighty-six percent stated “yes,” 12% stated “no,” and 2% stated that they had not really thought about the issue. Most of the women respected the dedication of the civilian staff and admired their goals, strength, and passion. This admiration and respect, however, only applied to certain civilian staff; it was not universally applied. Those that stated “no” believed that they, the peers, were role models for the civilians or stated that even though they admired them, they would not necessarily consider them to be role models.

*“They are free and doing things with their life. They are going to school and their job wasn’t 9 to 5. They put in the time that was necessary to get the job done and they showed me that hard work pays off.” (Big Sis/ACE & CARE)*

*“No, I would like to believe that I served as a role model for some of them.”  
(Shyone/ACE)*

*“I learned from all of them, even the ones I didn’t like, but I am not sure that I would say that they were role models. I learned from them in terms of community building and their experience. Some brought in great experience. I enjoyed [supervisor’s name]. She gave me gay sensibility. It was nice to have someone to talk with who was also gay from the street.” (Ruby/ACE)*

*“Yes because they didn’t come into the prison for the money, that’s for sure. They were a staff that cared about what they did and they often went over and beyond their job duties.” (Shak/CARE)*

*“Yes, their dedication and their willingness to go out of their way for a lot of things.”  
(Yasmeen/ACE)*

*“Some of them. I looked up to [supervisor’s name]. She is intelligent, young, and doing a lot with herself. She works hard. I didn’t really look up to the rest of them.  
(Enigma/CARE)*

*“Yes, because of their care and concern about the team and their patience in general. [supervisor’s name] gave hours and hours of herself and didn’t even get paid for all of that extra time.” (Compassionate/ACE)*

*“Yes, I looked up to them and I always wanted to be as knowledgeable about HIV and AIDS as they were.” (Sky/ACE)*

*“Yes, as a teacher she was role model. What I liked about her was her gentleness. I felt it in her and I saw it in her and that’s what attracted me to her. I wanted some of that gentleness in myself.” (No Excuses/CARE)*

*“Yes because it is more than a job to them. They cared about what they did and they cared about who they worked with. If they approach the work like that, it makes me want to approach the work in the same way.” (Hopeful/ACE & CARE)*

*“Yes. I took [supervisor’s name] goals into consideration, everything [supervisor’s name] is doing. When I grow up, I want to be just like [supervisor’s name].”  
(Determined/CARE)*

*“Yes because she was a single parent and overcame things in her life. She was going to school and was always coming out on top, especially working in a place that is so hostile. She always kept her head up and was always moving and ducking. That’s what I learned from her, how to duck the bull shit.” (Free/CARE)*

The variable of attachment to civilian staff and peers was also measured by asking subjects if they had a lot of respect for the peers and civilians, and if they shared their thoughts and feelings with them often. Ninety-two percent stated that they had “a lot” of respect for the civilian staff, only 8% said that had respect for only “some” of the civilian staff. In regard to their coworkers, 65% of respondents stated that they had “a lot” of respect for their peers, 31% stated they only had respect for “some” of their peers, while 4% said they did not have any respect for their peers. Most of the women stated that even if they did not like a particular peer, they still possessed the ability to respect her and the work that she was trying to accomplish within the program.

*“I respected them a lot even if I didn’t like them because they could reach someone that I possibly couldn’t. They were all assets to the program.” (Scarlet/ACE)*

*“I respected some of the women I worked with as people and for those that I didn’t respect as people, I did respect the work that they did.” (Face/ACE)*

In terms of sharing their thoughts and feelings with their coworkers, 63% said they shared “a lot,” 31% said they shared “some” of the time, 4% said that they shared very little, and 2% did not share anything at all. In terms of sharing their thoughts and feelings with the civilian staff, 59% stated that they shared “a lot,” 27% shared “some” of the time, 8% shared very little, and 6% did not share at all.

*“We would always have an excuse to get together.” (Yasmeen/ACE)*

*“I don’t bite my tongue. It is one of my traits. Some love that about me and some hate that about me, but I will tell you what I have to say and then it’s over.” (W21/ACE)*

The last way that the variable of attachment was measured to civilian staff was by asking participants if they thought the ACE/CARE program was better or worse with civilian staff involvement. Ninety-four percent of participants stated that the program

was better with civilian staff involvement, while four percent stated that it was somewhere in between (i.e., depended on the situation and/or particular staff person), and 2% stated that they were not sure. Most women commented on the fact that civilian staff members were necessary in order to keep the program “running smoothly.” They did not feel that the civilian staff was there to usurp their power or positioning within the program. They served as a complement to the inmate staff. Most respondents claimed that the civilian staff were necessary in order to provide leadership, guidance, support, and provide services that the inmates were unable to provide (i.e., meet with administration, schedule events, make phone calls, etc.).

*“Inmates are limited and civilians have more access to administration. Civilians were able to intercede when there was a problem before the program would get shut down. They would act as a buffer between us and administration. They would take the brunt of the bullshit and try to divert it away from us.” (Big Sis/ACE & CARE)*

*“It depends on who was available at the time. Some took it down hill and there were others, like [supervisor’s name], who did a good job.” (Shyone/ACE)*

*“It is better because we get all of our information from them. They bring the outside world to an otherwise lonely place.” (Blondie/CARE)*

*“It is better – you have to have it. The stronger the civilian staff, the stronger the inmate participation can be. They allow this type of institution to feel comfortable giving inmates a high degree of latitude. Their involvement is crucial.” (Ruby/ACE)*

*“It is better because they could make phone calls and send faxes and we couldn’t. They could bring materials in. I wanted to have someone there that supported us. We were not trusted by the facility and they were able to act as a liaison between the peers and the prison administration. They were able to make the calls to connect women who were being discharged with social services and without that, we couldn’t have prepared women for release.” (Power/ACE & CARE)*

*“It is better because we were behind the walls. How would we get the things we needed? Who would order the magazines? Who would bring in the information? Who would bring in the volunteers? Who would plan the events? We needed someone to get this stuff for us.” (Shak/CARE)*

*“It is better because the civilians give some type of structure to the program. Without structure, who will the inmates answer to? Without civilians, we can only do so much. We only have but so much power. We can’t answer the phones or make outside contacts. We need civilians.” (Enigma/CARE)*

*“It is better. It is important because as inmates we can only do so much. Civilians have access to updated information, outside speakers and the free world. They are here to talk to and to bring in more knowledge. Our hands are tied. We can’t bring in videos, we can’t invite outside guests, and even if we could, we can’t put in their gate clearances.” (Compassionate/ACE)*

To determine if some peers were more likely than other types of peers to have strong attachments to their coworkers or to the ACE/CARE civilian staff, their answers to questions measuring the variable of attachment were either given a score of one or zero. A score of one signified that there was a high to moderate level of attachment, while a score of zero signified that there was a low to no level of attachment. There were 14 questions to measure levels of attachment to coworkers. The first question, “How would you describe your relationship with your peer workers ”, was an open-ended question. Answers were given a score of one if they were positive in tone. Answers such as “great”, “good”, “we were like family”, etc., would be considered positive responses, while negative responses would be given a score of zero. The next two questions, “How many of your coworkers seemed to care about how successful you were while in prison” and “How many of your coworkers seemed to care about how successful you would be after being released from prison”, were recorded on a likert-type scale from “all” to “none.” Answers such as “all”, “almost all”, or “many” would generate a score of one, while answers such as “few” or “none” would generate a score a zero. The fourth question asked, “What kind of work did your coworkers expect from you.” Answers such as “excellent,” or “good” received a score of one, while answers such as “fair,”

“poor,” or “no one cared,” received a score of zero. The fifth through seventh questions, “Did you care about what your coworkers thought of you,” “Would you say that you had a lot of respect for your coworkers,” and “Did you share your thoughts and feelings with your ACE/CARE coworkers,” included answers of “a lot” and “some” which scored a rating of one, while answers like “not much” or “not at all” received a rating of zero. The eighth to the eleventh questions were measured on a likert scale from “a lot” to “not at all.” These questions included, “Did you find your coworkers to be helpful to you during stressful times,” “Were your coworkers some of your best friends,” “Would your coworkers have stuck by you if you got in trouble,” and “Do you respect your coworkers opinions about the important things in life.” Respondents who answered “all” or “most” received a rating of one, while those who answered “some” or “none” received a rating of zero. The last three questions included only two answers. If respondents answered “yes” they received a score of one, if they answered “no” they received a score of zero. These questions included, “Did you feel that working for ACE/CARE was like having an extended family,” “Would your coworkers in ACE/CARE be upset with you if you committed a disciplinary infraction,” and “Would it bother you if your coworkers were upset with you.”

The highest score a respondent could obtain was 14 points, while the lowest score was a zero. Overall, the score for attachment to coworkers for both groups (i.e., those that stayed with the program until their release verses those that left the program prior to their release and those that created the program verses those that did not create the program) was fairly high (mean=10.6; median=11; mode=11) (see figure Two). Those who stayed with the program until their release had slightly higher levels of attachment to

their coworkers than those that did not stay with the program until their release (average scores of 11 verses 10 respectively) (see figure Three), however, these differences, when utilizing the Mann-Whitney test, a nonparametric test to compare the means of two independent samples, where the population is not assumed to be normally distributed, did not prove to be statistically significant (*Mann-Whitney U statistic*=202; *Wilcoxon W statistic*=608). The associated *p* value of .059 was not statistically significant at the <0.0005 level.

When comparing those that created the program to those that were not responsible for creating the program, levels of attachment were higher for the first group of peers (average attachment score of 12 verses 10) when compared to the latter group (see figure Four). These differences, when utilizing the Mann-Whitney Test, did not prove to be statistically significant (*Mann-Whitney U statistic*=182.5; *Wilcoxon W statistic*=777.5). The associated *p* value of .110 was not statistically significant at the <0.0005 level.

The second part of the first hypothesis (i.e., inmates working in a peer education program, particularly those women who worked in ACE/CARE for over a period of one year will have stronger bonds than those that worked for the program(s) less than one year) was unable to be tested. Only two participants worked for the programs for less than one year (6 months and 8 months respectively); all other participants worked for the program for over one year. The longest time a peer worked in the program was thirteen years. The average length of time a peer worked in either program was four years and five months (mode = one year and two years; median = two years).

Figure Two

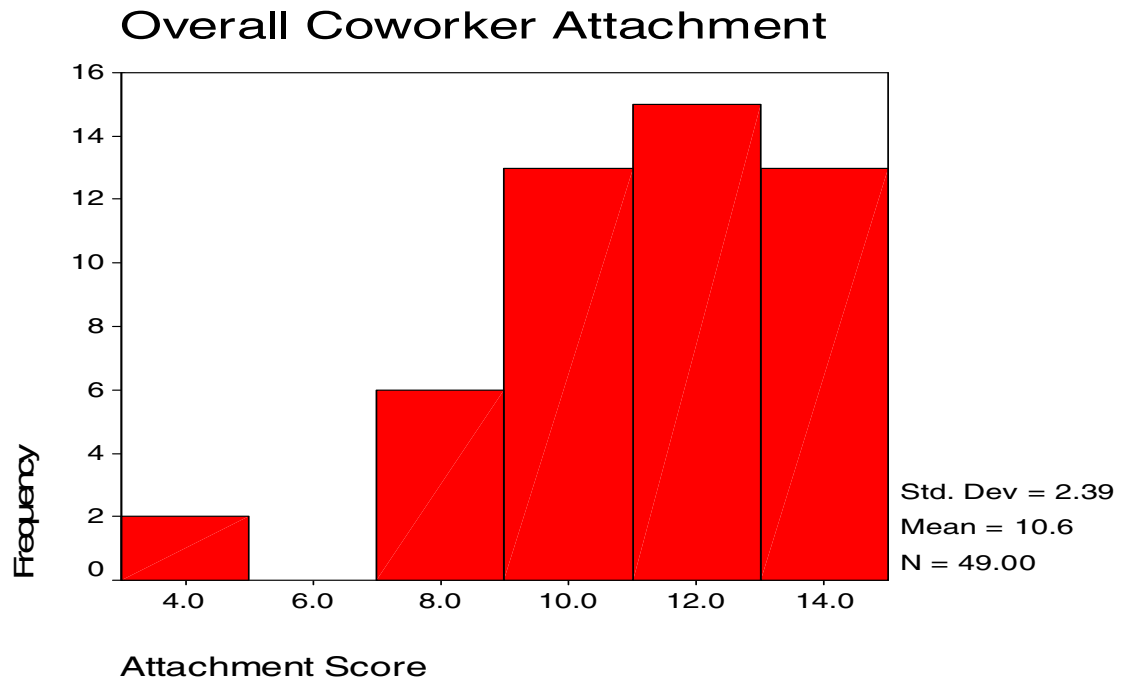


Figure Three

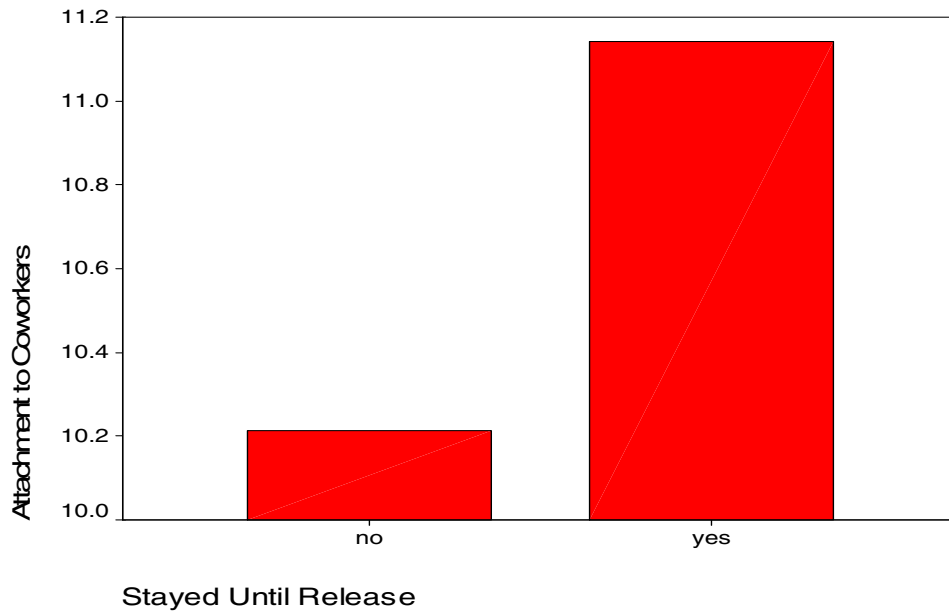
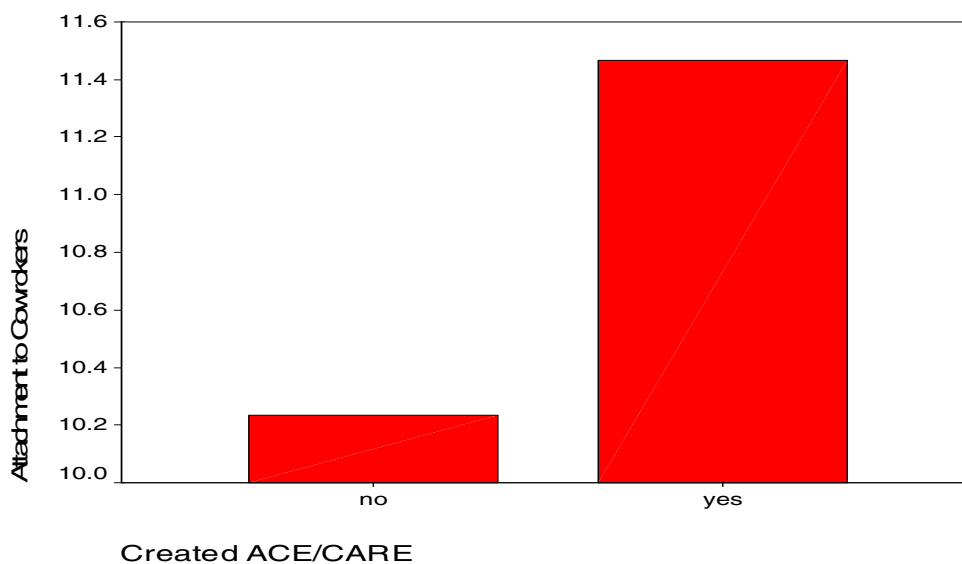


Figure Four



To determine if some peers were more likely than other types of peers to have strong attachments to the ACE/CARE civilian staff, answers were also given a score of one or zero. A score of one signified that there was a high to moderate level of attachment, while a score of zero signified that there was a low to no level of attachment. There were 14 questions to measure levels of attachment to the ACE/CARE civilian staff. The first question asked, “How would you describe your relationship with the civilian ACE/CARE staff.” Positive responses were given a score of one, while negative responses were given a score of zero. All participants, except for two, responded positively providing answers such as, “wonderful,” “caring,” “they were like family,” “great,” etc. The next two questions asked, “How many of the ACE/CARE civilians seemed to care about how successful you were while in prison” and “How many of the ACE/CARE civilians seemed to care about how successful you would be after you were

released from prison.” Answers such as “all,” “almost all,” and “many,” were given a score of one, while answers like “few” or “none” were given a score of zero. The fourth question asked, “What kind of work did the ACE/CARE civilians expect from you.” Answers such as “excellent” and “good” received a rating of one, while answers such as “fair,” “poor,” and “no one cared” received a rating of zero. The next three questions asked, “Did you care about what your ACE/CARE supervisor thought of you,” “Would you say that you had a lot of respect for the ACE/CARE civilian staff,” and “Do/did you share your thoughts and feelings with the ACE/CARE civilian staff.” Those that answered “a lot” or “some” received one point; those that answered “not much” or “not at all” received zero points. The eighth and ninth questions gave respondents one point for answers like “all” and “most,” while zero points were given for answers like “some” and “none”. These two questions included, “Did you find the ACE/CARE civilian workers to be helpful to you during stressful times” and “Do you respect the ACE/CARE civilian’s opinions about the important things in life.” The next four questions that measured attachment to civilian staff were based on “yes” or “no” responses, where a response of “yes” received a rating of one point and a response of “no” received a rating of zero points. Questions included, “Would your ACE/CARE supervisor have stuck by you if you got in trouble,” “Would your ACE/CARE supervisor be upset with you if you committed a disciplinary infraction,” “Would it bother you if your supervisor was upset with you,” and “Do you feel that the ACE/CARE civilian staff were able to serve as role models for you.” The last question asked if the peers felt the program was better or worse with civilian staff involvement. Those that stated “better” received one point for

their answer, while those that answered “worse,” “don’t know,” or “depends,” received zero points for their answer.

The highest score a respondent could obtain was 14 points, while the lowest score was a zero. Overall, the score for attachment to ACE/CARE civilian staff for both groups (i.e., those that stayed with the program until their release verses those that left the program prior to their release and those that created the program verses those that did not create the program) was fairly high (mean=13; median=13; mode=14) (see figure five). Those who stayed with the program until their release had slightly higher levels of attachment to the civilian staff than those that did not stay with the program until their release (average scores of 13 verses 12 respectively) (see figure Six), however, these differences, when utilizing the Mann-Whitney test, did not prove to be statistically significant (*Mann-Whitney U statistic*=260.5; *Wilcoxon W*=666.5 ). The associated *p* value of .480 was not statistically significant at the <0.0005 level .

When comparing those that created the program to those that were not responsible for creating the program, levels of attachment to civilian staff were slightly lower for the first group of peers (average attachment score of 12 verses 13) when compared to the latter group (see figure seven). These differences, when utilizing the Mann-Whitney test, did not prove to be statistically significant (*Mann-Whitney U statistic*=205.5; *Wilcoxon W*=325.5). The associated *p* value of .262 was not statistically significant at the <0.0005 level.

Figure Five

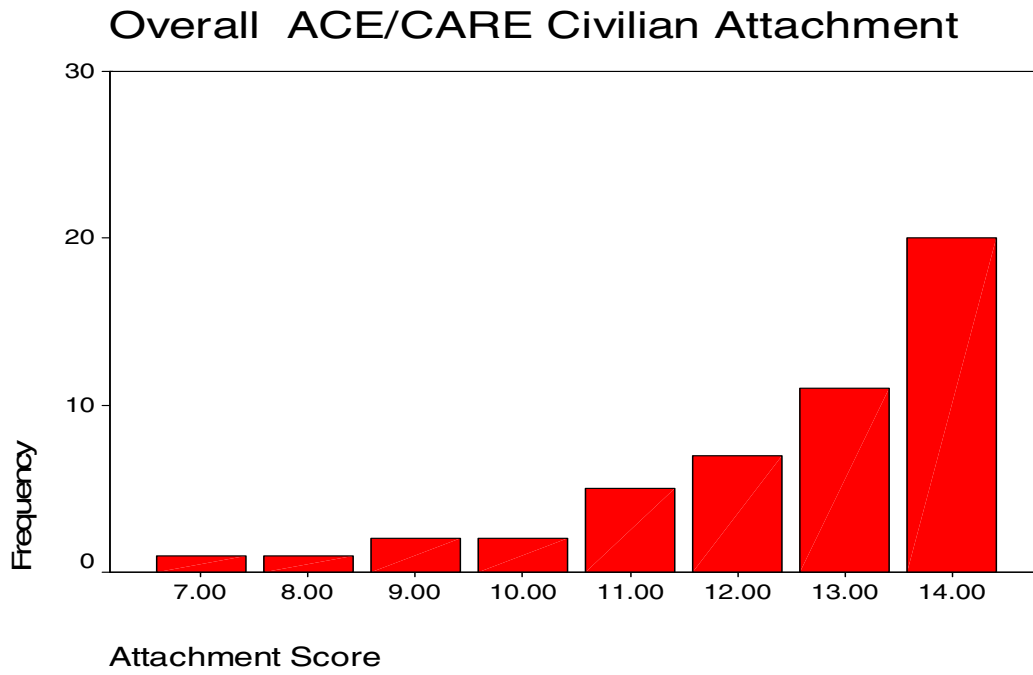


Figure Six

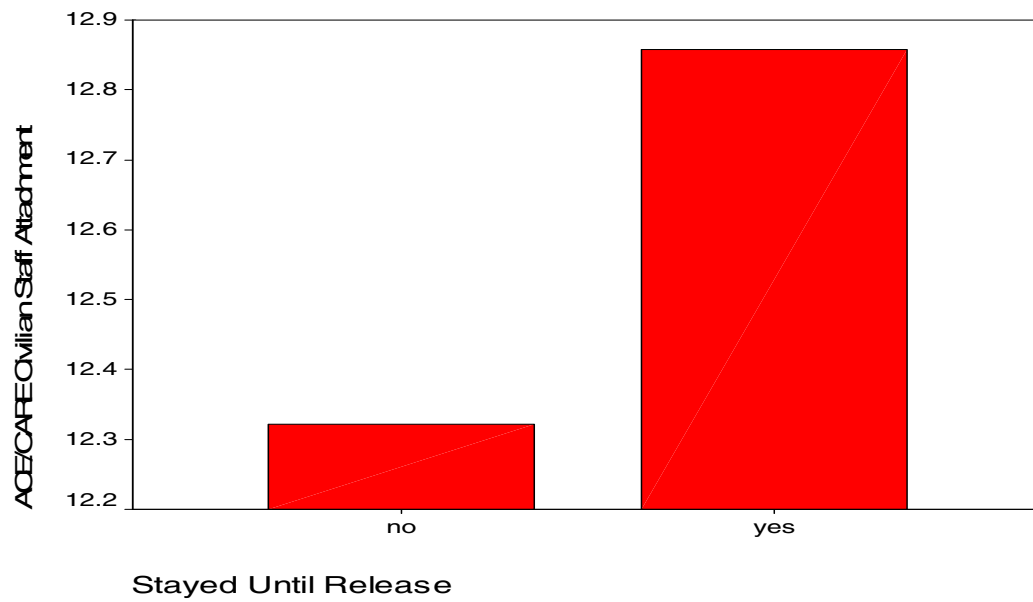
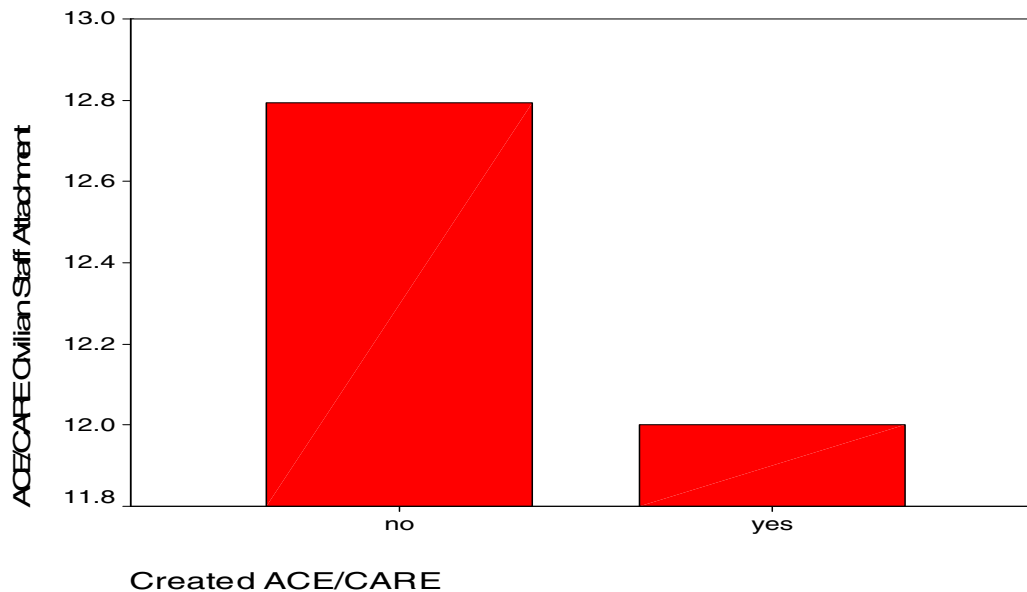


Figure Seven



### ***Attachment to ACE/CARE Program***

Specific questions were asked to measure levels of attachment to the ACE/CARE Program (s). When asked about their job responsibilities within the program, most respondents stated that their main job responsibility was education and counseling (90%), eight percent worked exclusively in IPC (in-patient care) taking care of other women that were too ill to leave the facility hospital, and one woman (4%) stated that she worked exclusively as an administrative assistant to the ACE supervisor. Nonetheless, most of women performed multiple job tasks as a peer and faced many struggles in their new position.

*“I did everything. We were always doing ACE work even before the organization was formed, even before we ever met with the superintendent. We didn’t know what we were doing but if someone needed their hand held, we held it. I worked in IPC, I provided counseling, and they forced me to teach an educational workshop. I took the one with the least speaking because I have a terrible fear of public speaking. I really didn’t want to teach but the ACE members said that everybody had to do it. I tried to get out of it but I couldn’t. (Shyone/ACE)*

*“I worked mostly with the women in IPC. My first dearest and best friend became my best friend because of her status and the fact that she was dying. We were so close. No one else wanted to go in there to help these women. No one wanted to breathe the same air. I was young and I didn’t take shit from anyone. I couldn’t believe that people could be so cruel and so mean. It was all based on ignorance. What were they going to do? Just leave her in there? The medical staff didn’t want to be bothered. They came in dressed up in all sorts of crazy gear like masks and gloves which scared us more. I put myself at risk a lot of times by helping people who were positive. I didn’t think about it. If I saw someone hurting and bleeding, I would pick them up and worry about the consequences later.” (Yasmeen/ACE)*

*“Education and doing the workshops. I was a translator (Spanish speaking) and I would do interviews for women before they would go home. This was before they had a civilian case manager. I would provide the agency and ACE- out (an organization that formed on the outside as a supplement to the ACE Program at BHCF. ACE-Out was finally terminated due to fiscal problems) with all of the woman’s information so they knew what her needs were before she left. I had my own caseload. Many of us did at that time. I was also the official barber for the women in the hospital and SHU (special housing unit where women were locked down 23 out of 24 hours per day due to disciplinary reasons). Before I started with ACE, I worked in the beauty parlor for seven years. I saw that there were a lot of women working in there who didn’t want to cut the hair of those women who were assumed to be HIV positive. I put them all in my chair. I asked one of teachers to bring me information on how to clean all of the tools properly. She brought me in magazines with information about how to clean the tools. I did the training for everybody else that worked in the beauty parlor.” (W21/ACE)*

*“I did IPC, education, plays, skits. I developed the puppet show with mothers in the summer program with [peer’s name] and I helped moms talk to their kids about HIV. I also did counseling and the support groups.” (Sarabanda/ACE)*

*“I was a peer counselor. I worked with the women in IPC. We worked in shifts and I would be on call. I would bathe them, feed them, change their pampers, and their linens. After awhile it got to be too much. Everybody I became close to died. I had to take a leave of absence even though I still did one-on-one sessions. In CARE I do education for phase III (transitional services), CASAT units and orientation. I also run support groups. I stopped doing the nursery because there is only one woman up there now and she groups on one of the CASAT units.” (Hopeful/ACE & CARE)*

*“I educated. I did a lot of the organization, quilt painting and we divided the responsibilities of the workshops. I did volunteer work in IPC, I worked with the mental health population and I was a medical advocate.” (Marie/ACE & CARE)*

The women that were responsible for the creation of the program (31%) detailed many of the barriers they faced while trying to establish a continuity of health related

services. As also detailed in their book, Breaking the Walls of Silence (1998), the women who comprised the first core group of ACE members faced the most difficult task of trying to establish the first HIV prison-based peer program in the nation. Their program was closed multiple times and faced a tremendous amount of scrutiny within the Department of Correctional Services, from both staff and inmates alike. There was the belief that if it had not been for the support of Superintendent Lord (BHCF's former superintendent), the proposal to create an HIV peer program would have been denied. The same feeling was uttered at Taconic by the women of CARE who felt that if it was not for the devotion of Sister Antonia (the woman who created CARE) and the support of Superintendent Hernandez (former superintendent of TCF), the proposal for CARE would have been denied as well.

*“Yes, there were numerous difficulties. Early on, we were all labeled and ostracized as being HIV positive. I went from being popular to being unpopular overnight. There was a large sense of frustration because we just didn't know anything. There was a feeling of helplessness. We wanted to help but we didn't know how to help.” (Shyone/ACE)*

*“I was one of the initial people to write the proposal for the ACE program and we all met as a group. After we submitted the proposal and it was accepted, I was sent to [another facility]. They were doing construction at BHCF and felt I was an escape risk. I fought hard to get back and I did but I missed an entire year of the planning process. I wasn't there for the initial training. When I got back, everything was shut down, there were no meetings, and we went back and forth with administration. We still got together informally and tried to do the work. It finally gained momentum after several months. We needed a high level of cooperation from administration and sometimes it was there and sometimes it wasn't. The administration was taking a risk letting us do the AIDS work. We were talking about sex and drugs, and we were in and out of the hospital and the housing units. They had to give a lot of latitude to us but it was complicated in a prison setting. The COs tried to control us but we were more educated and more active than they were and it challenged their status.” (Ruby/ACE)*

*“There was a lot of support. The superintendent was supportive and the medical department was supportive. It was an epidemic and people were so afraid since no one understood how HIV was contracted. The nurses were even quitting. No one knew if you got it from drinking behind someone, smoking behind them, or sharing their hair brush. It was very scary. If someone was diagnosed as being positive, their cell door was sealed*

*with red tape and they would spray the cell down with all of these chemicals. People were afraid to live in the next cell. The superintendent wanted us to teach others. We had the buddy system and would go with women to the doctor or to get tested and we stayed with the women in IPC. They would never have to die alone. I thought it was great. You could forget about having something like that now (the buddy system), they would never allow it.” (Compassionate/ACE)*

*“Yes, not intimidating the staff, both security and medical and having to secure cooperation. Getting them on our side without feeling threatened so that we could meet, give out materials, and help women in crisis. Also, forcing women to listen to what we saying. You can move around great ideas and pontificate but when are you going to put it into action? In the meetings there were thinkers, venters and doers. You need a balance between all three. You have to figure out in the meetings a resolution and what we were going to do about it so that the next time we met, we could evaluate what we had done. It was my biggest frustration – too much meeting and not enough doing. They would want to have a meeting about how hard it was for us to meet as a team and while they were doing that, I was meeting with women in the yard. While you talk about it, I’ll be doing it.” (Face/ACE)*

*“Yes, the fears of the superintendent about allowing this to happen were the key difficulties. What would it mean to have inmates educate others about medical situations, and could the administration and the medical department handle that? What would it mean to talk about sex and drugs since these activities were forbidden? It would depend on how you talked about it. There was a fear of our mobilization, of being empowered. This is a contradiction built into the prison system where you are not supposed to have any power. I think the superintendent often struggled with that.” (Annie/ACE)*

*“Yes, the most difficult part was being shut down at any given moment. When I was inside I could only hear the NOs and get pissed off. Now that I am on the outside and I reflect back, I can understand why the superintendent would have to shut us down at times. I have great admiration for her. She took on a male dominated department of corrections and did wonderful work. And she realized that as women we can give to and support one another.” (Sarabanda/ACE)*

*“Yes, Sister Antonia was a great part of the advocacy for CARE and she knew that we needed this program. It would benefit all of the women and it was a tool for women to empower themselves and to be able to help others once they learned the information. Without the education, women were getting isolated, which only adds to the illness. You can only blossom when you are loved and cared for. We wrote up the proposal and she reached out to people on the outside to come in and do the trainings for us. It really impacted how women treated other women. There was a lot of fear but it was a silent fear. When women would talk about it, it was always hush, hush. We wanted women to talk about it openly.” (No Excuses/CARE)*

The women who were responsible for co-authoring the ACE book (31%), Breaking the Walls of Silence (1998), expressed great pride in their accomplishment. Although the writing of the book was frustrating and stressful, the rewards upon completion were priceless for many of the peers. They were happy to see their story and their pictures in print, and they believed that their book would help other facilities establish a similar program. Problem arose when they attempted to have the book published and the final editing process was a time consuming and wearisome endeavor. Many of the writers were particularly cognizant of each word that was chosen and were upset that many of their thoughts and ideas had to be censored.

*“I never did anything like that before. There were individuals coming to the facility and taking pictures and asking us questions. I was worried at first, like could this be used against me? Is honesty going to be used against me? But then it got exciting, especially with the editing and the re-editing, selecting the pictures and the original writings. This was also during a time that the contractors changed. We wondered would the superintendent let this happen? It was fun because we were able to put into writing what we had done and document the good work we did. We were always told that we were the worst of society and it was nice to hear that we were doing something good to show people on the outside. The proceeds of the book went to AIDS organizations, so we were still helping even after it was written.” (Big Sis/ACE & CARE)*

*“Writing the book was frustrating. It took an enormous amount of effort to produce the book but it was great and it was fun. That changed once the book was published. We did not have a period of support and there was no ability to promote the book on the outside. It was not utilized as the tool it should have been. We were also given some terrible agencies to work with. They ripped off the money and didn’t provide anything in terms of service. The transition to becoming a funded program was not an easy transition.” (Ruby/ACE)*

*“It was so beautiful, especially to see our pictures and seeing pictures of the women in IPC. It was a great experience. It was a lot to get it published but it was worth it. They sent me a copy of the book when I was in Albion.” (Volcano/ACE)*

*“I joined ACE in January of 1991. I was not an original member but I was trained by the original members and I did get to write for the book. It was both incredible and frustrating. We were told to be honest, yet so much of our stuff was censored. The superintendent took out sections. Her goal was different than ours as a DOCS employee and then there was editing which was very stressful. We were writing about very*

*stressful, very sensitive and very emotional issues and a lot of what we wrote was pulled out. We worked hard to say something about everything and it was torn apart. It's hard to watch that. Many of us pulled away from it but we tried to keep our eye on the long distance goal.” (Purposed/ACE)*

*“When writing a book it's odd because after you are done, you have no relationship to what's going to happen to it. There was a gap between the writing of the book and the reality that it was finished. I saw it and it was beautiful and it was a culmination of a collective process that summed up our history with the program. We struggled from the inside to develop a plan to take it and use it as a tool for other facilities to create their own programs. I don't think it would have been easy though if we were trying to do it from the outside either. WPA helped us to distribute it to most of the facilities. We received good reviews. There was a sense of pride but also a sense of disappointment because it was not a bigger thing. The publishing company did a beautiful job in putting it altogether. There was just something about having our history summarized and knowing that the information we provided could be used again and again and duplicated.” (Annie/ACE)*

*“Yes, I was one of the coauthors. It was a wonderful experience but it was also very stressful because we were trying to do something good and every time we turned around, we were in fear of losing everything if we wrote one wrong word. There were no egos involved and we all helped out in different areas. In ACE I learned the value of teamwork and I learned it by working on this book. We always left our differences behind and we were focused on one goal. You would not find that type of teamwork anywhere.” (W21/ACE)*

*“The book was a wonderful experience as long as it gets utilized. The writing of the book and being a co-author was wonderful but our book had a mission. The mission was for others to utilize it and to develop a curriculum that meets their needs. That was the goal and I would like to know if that happened. The book was written on the lives of others. I am happy about the book but I am not happy that it had to be written. There were too many lives that were lost.” (Sarabanda/ACE).*

During the time that the book was being written, the women were focused on establishing a program in the community called “ACE-Out”, which would serve as a supplement to their prison-based program and offer formerly incarcerated women a strong level of support when they returned home. This program, which started with good intentions, was eventually terminated when those that sat on the board of directors were accused of misappropriating funds. All of the ACE women were very saddened by this

turn of events, but were still hopeful that another program could be established. One woman described her experiences with ACE-Out after she was released from prison:

*“I went to a conference in California with high powered officials at the federal level and I challenged them to do something about HIV in the community. They told me to fax them a proposal and I faxed them my proposal on ACE-Out. I received \$50,000 in grants and it seemed that things were coming into place. Sadly, for some of the other people that were involved in the program, they only saw dollars and cents and were focused on how they could get their hands on that money. I didn’t want to be a part of that because my freedom was more important. I left everything because they tried to blame me. They said I was misappropriating funds and stealing money. It was ridiculous because when I worked there, I would take at least half of my check and invest it back into the agency. My parents were going to get me a lawyer to sue but I decided to just walk away. [ACE-Out member’s name] destroyed a work in progress. I was so hurt and so betrayed but it didn’t mean that I stopped caring. I just couldn’t understand how any of them could have questioned my integrity, especially when I lived with these women. I broke bread with them everyday. Why now? It wasn’t worth it. Thankfully a lot of people were pulling for me out here and I am still doing the work I love. When does an inmate-run program come to the outside? ACE-Out did a lot of good things. I thought I had autonomy but it was their autonomy. I had empowerment but it was their empowerment. They said I was misappropriating funds but I took half of my check to pay for stipends. [ACE peer’s name] and I and a core group of women got this program up and running. When she died, I wanted to stop but I knew I needed to keep this organization going. I had a vision and my vision was the same as the women’s vision, to make ACE-Out a continuation of ACE-In. I was able to secure space on 125<sup>th</sup> street. I developed an outreach team, a case management team, and support groups. We set up a food pantry. We were going to be a comprehensive program. We put in a proposal to the Division of AIDS Services and we received \$150,000. The board got crazy with all of this money. My salary as an Executive Director was only \$32,000 and again, half of it was going back. I could not instill in them the importance of what we were doing. I think [ACE-Out member’s name] did it because she wanted to get out of prison and not because she was committed. It was not about us, it was about us coming out and being successful.”*

Working in ACE/CARE helped to change many of the peer’s perspectives on factors like HIV testing and HIV positive people in general. When asked if working in ACE/CARE affected their decision to have an HIV test, almost half of the sample (45%) said that it did affect their decision to be tested. A little over one-half of the sample (53%) said that they already knew their HIV status before working in the program, and surprisingly, one woman stated that she had never been tested. For those that knew their

status prior to working for the program, most stated that working in ACE/CARE caused them to test annually for HIV infection, particularly if they had engaged in risky behaviors.

*“I never got tested until I came home. I was scared. I had unprotected sex with a woman who was HIV positive (in prison) and I didn’t find out until afterwards. The mind plays a lot of tricks on you. I had all of the symptoms. I even had KS (Kaposi Sarcoma, an opportunistic infection) at one time. When I came home I got tested and it was negative. All that worry for nothing. (Power/ACE & CARE)*

*“I already knew my status but before I worked for ACE, I was in denial (about being HIV positive). By working in ACE, I came out of denial.” (Ten/ACE)*

*“When I worked for ACE, I took my first HIV test ever. I was incarcerated for 9 years before I started working with the ACE program and I decided it was crucial with all of my past risky and ridiculous behaviors to get tested.” (Marie/ACE & CARE)*

*“Yes. At one point I thought I was HIV positive. My partner before jail, my youngest daughter’s father, was an IV drug user and he died a few months ago. We had unprotected sex and I was scared. ACE had a big impact on me getting tested.” (Air/ACE)*

*“I knew my status but because of CARE, I continued to keep getting tested.” (Pandora/CARE)*

*“I never got tested. I guess I am the first person to tell you that. I might get tested now that I am out. The life I was living before my arrest did not give me a reason to feel that I had a chance of getting it. I was arrested in 81 and it wasn’t an epidemic at that time. As a long termer, I really didn’t want to know. I didn’t want to have anything to do with the medical department. I did have my T-cells tested, which were fine. There was no reason for doing it and I guess there was no real reason for not doing it. Before I went to Bedford, I was with the same person for 4 years and the virus had not spread at that point.” (Annie/ACE)*

Most of the women interviewed (76%) believed that working in ACE/CARE affected the way they felt about HIV people. These women stated that they had become more knowledgeable about HIV infection, hence, more compassionate toward those infected with the virus. For others, working in the program helped to ameliorate many of the judgments and misconceptions they had about HIV infection and HIV positive people.

*“No, I just focus on whoever the person is inside. Someone’s status is not something I would judge a person on at all. If someone is an ass, then they are an ass, but it has nothing to do with whether they are HIV positive.” (Smarty/ACE)*

*“Yes, it has made me more compassionate and more understanding toward those that have this illness. I have also become more knowledgeable, especially about his new drug resistant strain of HIV.” (DM/CARE)*

*“Yes, it has made me more compassionate. I want to do all in my power to help those that are HIV positive and I feel the need to educate those who are not positive to help stop the spread of infection.” (Big Sis/ACE & CARE)*

*“Yes, I came in the system in 1991 and I was scared to death of HIV in general. I used to look at them differently, I wouldn’t go near them. No hugging, smoking behind them, drinking behind them, and I would speak to them at a distance. Then I ended up losing a lot of friends to HIV. Before I joined ACE, I educated myself through ACE about the disease because when people you love are sick, you don’t care anymore. I wasn’t as scared to get close to them but I still would not smoke or drink behind them. That all changed when I joined ACE because I knew you couldn’t get infected that way.” (Kate/ACE)*

*“Yes, before ACE, everyone was very nervous, I felt the same way. I didn’t know enough about HIV. Before you came, I was reading through what I wrote in the book (she reads from her passage in the book) - ‘Could I catch this from her? Was it a safe distance? The questions were numerous. Then, suddenly, I was jolted to my senses by the reality that if I’m reacting like this, how will others treat her? Women were already being ostracized by the stigma of AIDS. No one wanted to shower or eat with those that might have it. It was at that exact moment when I knew I had to find out more about this deadly disease. I could not bring myself to treat her any differently than I had been.’ - My compassion for others overshadowed my fears. The best way I can explain it is like being on train tracks. If you see someone on the tracks, you may want to push them off, even at the risk of getting killed. There are two types of people; those that will run forward to help regardless of the risk to themselves, and those that let fear stop them in their own tracks. We would not let fear stop us in our own tracks.” (Shyone/ACE)*

*“No because it was my feeling about HIV positive people that effected my decision to work for ACE. Working in ACE did help me to relate better to people. My experience there made me trustworthy which helped me to develop trustworthy relationships in other programs I’ve worked for.” (Ruby/ACE)*

*“Yes because before coming to prison I lived in an upstate community and there was no information on HIV. People were so afraid, I was so afraid because there was so little information. The lack of information alienates you because there were certain people you were scared to be next to. Learning about transmission helps them because learning you are HIV positive is such an overwhelming experience. Without the information, you wouldn’t know how to approach an HIV positive person. What would you say to them?”*

*What could say to them without having the proper information? Being in ACE taught me the information I needed to help others, and the environment was so nurturing and supportive. I watched other women doing such a fabulous job supporting others, so it was easy for me because I learned from them. Being in ACE wasn't just about being reactive, but about being proactive. We would not only provide support for those that came into the office, we went out into population to find individuals to be supportive of. ACE taught us to be proactive.” (Purposed/ACE)*

*“Yes, I have more empathy for them because it could have happened to anyone. You don't have to be promiscuous. You could get it from laying in bed with your own husband. It has given me a different outlook on things.” (Naomi/ACE)*

*“Yes, I love them and its made me love them more. They need someone to love them regardless of their illness and they need someone to let them know that it is not a stigma. When I started ACE, in the beginning, I would take care of patients before they knew how HIV could be contracted. I actually had to sign a consent form, a waiver, before I went in there stating that the facility would not be responsible if I got infected. The staff would wear these crazy moon suits and most of the nurses were afraid to take care of them. You would open the door and there would be such a stench coming from their room. They would be laying in their own vomit and feces and no one wanted to come in to clean them or bathe them. When I saw this, I asked to leave the mental hygiene unit so I could take care of these women. I would go in their rooms, take care of them, and scrub and clean everything.” (Compassionate/ACE)*

*“Yes because it is where my passion and commitment come from. There were so many women that died alone in there without ever seeing their family and without ever receiving any type of support. The system was very ignorant to the disease. When I left prison, I never turned my back on AIDS. ACE made me more committed to what I do today and to the services I provide for PWAs (persons with AIDS). I realized that it could have been me and that these women were being rejected like they were some sort of animal. They should not have been punished again because they had an illness.” (W21/ACE)*

*“Yes, in a positive way. ACE educated me and I didn't look at people who were HIV positive the way that I looked at them years ago. I knew I was HIV positive but I was quiet about it and I made fun of other people who had it and were open about their status. I joined in with others as they made fun of people's medical status. I was a closet case. ACE helped me to realize that this was wrong and whether you have HIV or not, you are still a human being. I also became more comfortable with my own medical status.” (Tyler/ACE)*

When asked why they decided to work for ACE/CARE, many of the women maintained that they “wanted to help others” (43%), they wanted to educate others and learn more about HIV infection (39%), they had a loved one who had died of AIDS

related complications (14%), or they wanted to lessen the stigma associated with being HIV positive (4%).

*“I watched the stigma around people who were HIV positive and I used to be afraid of them too. After I was educated, I felt that if I didn’t know about HIV, then others didn’t know either. I saw so many women dying. One week a woman would be 200 pounds, the next week she would be 100 pounds, until she would finally pass away. After seeing so many of these cases, I had a desire to be a caretaker and to go into the infirmary and help take care of the women. In CARE, it was [CARE supervisor’s name] who snagged me when I was drafted down from Albion. She convinced me to come back to the program for awhile. I thought I was burnt out, but as soon as I started, I feel in love with it all over again. It was like I never left.” (Big Sis/ACE & CARE)*

*“I needed to learn about me, what I was up against, and to help others not feel what I felt when I was diagnosed as being HIV positive. I was told about my status in a methadone program, when I had my son, who was a baby at the time, strapped to my chest. She told me my status like it was nothing and then she put me out the door. The clinic closed and I was left wondering the street with all my feelings and no one to talk to. There was no sensitivity at all in 1990. Two days later when I returned to the clinic, no one even asked me how I was feeling, all they cared about was my dirty urine, not my feelings. It is not a death sentence anymore and I thank the CARE office because they taught me things I would not have known. Prison time allowed me to take a look at the people that were reaching out. It’s a beautiful thing when you are in greens and you have civilians that care so much about you and will even cry with you – that’s what I loved the most. I was never judged. They always laughed with me, shared with me, listened to me, and wow, it meant the world to me that that could happen in prison.” (Blondie/CARE)*

*“To give me an opportunity to learn a lot about HIV. Most importantly, in spite of the fact that I had a college degree and work experience, working for CARE helped me in terms of my marketability. It was something that I could add to my resume, something I did not have before. I really wanted the information.” (Shak/CARE)*

*“Because I think it is important for a person who is positive to have another positive person try to reach them. Other positive people will hear you better. Others need to hear my story because it will give them strength. There was a girl in RCOG (orientation) who could never say that she was positive. After I spoke in RCOG and I said that people can stigmatize me because I am HIV positive, but words do not validate who I am, she came up to me afterwards and said that my story gave her strength and she was able to disclose her status and state that she was positive. People are so afraid of being stigmatized and they feel shame and guilt. Getting infected for many of us was by chance, it was a roll of the dice. Some of us probably had sex with the same guy but not all of us got infected. We have all engaged in risky behaviors when we were using drugs but it doesn’t always lead to HIV. It’s a roll of the dice and not because one person is better than the other.” (Rose/ACE)*

*“I worked for ACE because after I went through the course and I learned that the educator, one of the founders, was HIV positive, I wanted to know more. Once I started, I never left. I have been in the field for 15 years. I went to CARE because this is what I do. It’s fulfilling for me. It gives me the chance to be there for somebody else. I can give them a shoulder to cry on. Some people just can’t accept their status but I can be there with them to help them cope.” (Hopeful/ACE & CARE)*

*“I wanted to further my education in HIV and STIs (sexually transmissible infections) and I enjoyed teaching others about what I know.” (Kitten/CARE)*

*“I was trying to make a difference.” (Determined/CARE)*

*“In 91, my son’s father was diagnosed with AIDS, not even HIV, it was already AIDS. From then on I had a desire to know more, a desire to educate myself and help others. People need to know this information, especially young people but old people seem to think that this will just pass by their asses as well. I don’t know why they think that. I know of so many women who get involved in relationships and they think their guy is Mr. Right. They love him so much, they even love his dirty draws. They are with him and then they become infected. It happened to a friend of mine. There was also this officer in Albion who was having sex with a lot of the inmates and passing HIV to them because he was infected. When they finally caught him, they asked him why he did it, and he said because some inmate gave it to him.” (Pandora/CARE)*

All participants stated that ACE was a positive experience for them (100%), but the reasons they cited varied. Sixty-one percent of the women declared that the most positive aspect of the ACE/CARE program was learning a tremendous amount of information and acquiring skills which they felt would help them to obtain employment upon release, while 28% percent believed that the work gave their lives meaning because they enjoyed helping others. The rest of the participants believed that the most positive aspect of the program was that it changed the negative views of others (6%), it kept them out of trouble (2%), and they liked working with the other peers (2%).

*“The majority of women were looking for a place where they would not be judged. I did not want to be judged either, so it went hand-in-hand. It was a place that we could all gather without having to worry that others were judging us. I was very welcomed by the ACE staff and we were very connected to one another. When one hurt, we all hurt.” (Smarty/ACE)*

*“When I became involved with ACE, I began to understand what a community is all about. Before coming to prison, I worked with animals and I didn’t have great social skills. I developed social skills, a sense of community, and I began to understand we could all make a difference, each one of us.” (Shyone/ACE)*

*“For the first couple of years it was a great community, it wasn’t just a job. It was not just an office setting, it was a grass roots organization. It gave me a feeling of community because we had this program in prison and had the experience of people really pulling together. We saw that many of us had two sides – the person who often pissed you off would also be the same person who carries a sick woman to the shower, who washes her, who takes care of her. This program brought out extraordinary things in people and gave us a hopeful feeling, not only about AIDS, but about prison. I grew as a person through many of these differences.” (Ruby/ACE)*

*“ACE was really my first job and it provided me with many of the skills I use today, like counseling, mentoring, and making presentations. It gave me a sense of community and how a group of women, working together, can make a difference.” (Power/ACE & CARE)*

*“Because of the way it makes you feel about yourself. It gives your life meaning in here. There are people who live on the outside who have never touched as many lives as we did through ACE.” (Purposed/ACE)*

*“It was a gift you gave and a gift they gave to you. It was an exchange. They share and you share. There were great experiences, good times, sad times, and learning that there is more about someone than what meets the eye. It is all in the way people perceive it.” (Yasmeen/ACE)*

*“It taught me a lot. I became very educated about HIV and AIDS and STDs. I learned how to teach, how to make presentations, how to talk to people, and I learned great communication skills. It helped me with coming home. It gave me a lot of confidence. A lot of people are scared to come home because they lack confidence and self-esteem. I had the confidence and when I came home I was able to tell people what I wanted and how I felt. I knew what I wanted and what I needed to do.” (Enigma/CARE)*

*“It prepared me for employment and made me employable upon release. It prepared me to get a job. When I walked out of prison, I walked into a job making \$30,000 a year and six months later I received a promotion and was making \$40,000. Not many people leaving prison can say that. Without it, I couldn’t have paid for my car, my house and I wouldn’t have been able to get my kids back. (Nicolette/ACE & CARE)*

*“It was great to feel that we were part of solving a major social problem that was bigger than prison. We developed a community because of it. I was able to get together with other women and do something positive using all of my skills while developing new strengths. It was rewarding to share this experience with other women and collectively make a difference.” (Annie/ACE)*

*“It helped me learn about political movements and how people with AIDS are viewed. It gave me the desire to know more, to understand the dynamics and the environment and how politics play a role in that. It helped to create a political consciousness and it made me more aware. The ACE program gave me working skills. I was trained as a pre and posttest counselor and I gained knowledge about the human body and STDs. I had the opportunity to learn counseling skills and when I came home I used those skills to get a job. It was an empowering experience.” (W21/ACE)*

*“It was an excellent experience. If it were not for ACE and family violence, I would not be where I am at today. I would not be as successful as I am. I learned how to deal with barriers and I apply those skills out here every single day. I learned listening, caring, and how to think out of the box. We had to think out of the box in order to create a program like this in prison. We were the first and only NYS prison program to get funding. We were the first one.” (Sarabanda/ACE)*

*“It gives me a chance to give something back, just knowing that I am making a difference, just being there for someone so they are not alone. It doesn’t matter whether they need to cry or to vent, they know that they don’t have to do it alone.” (Hopeful/ACE & CARE)*

*“It has gotten me to interact with a wide range of people. I have the ability to teach those who do not know or do not understand anything about HIV or STIs. Working in CARE has helped me advance in the field that I want to work in.” (Trixie/CARE)*

*“It changed my life around in terms of the education and knowledge I received, also in terms of coming out here and working and being able to get a job in that area. It was something I could put on my resume.” (Blissful/ACE)*

*“It educated me and made me more aware of my life. I did not feel alone and I did not feel ashamed of my medical status. I learned that I was not the only one going through this. I was able to reach out to others and get the help that I needed as well.” (Tyler/ACE)*

*“The two jobs I had out here were in HIV. ACE was a stepping stone to something real, something concrete out here.” (Ice/ACE)*

*“It heightened my level of awareness and it changed how I dealt with and interacted with people. It was also an outlet for escape. You could forget about prison for awhile. There was also the camaraderie. We were a big support group. You would find out that friends were HIV positive and it was nice to be able to be there for them, especially the long termers who never made it out. There was one woman who would grill me with my math all the time. If it wasn’t for her, I wouldn’t have my BA.” (Georgia/ACE)*

When respondents were asked if they thought their time in prison would have been different if they had not worked for ACE/CARE, 78% said “yes,” 12% said “no,” and 10% said that they were not sure. If they were not involved with ACE/CARE, the women believed that their time would have passed more slowly, they would have been in more trouble in the prison setting, they would not have learned cardinal health information, they would have not been able to help others, and they would not have experienced a strong sense of community.

*“I wouldn’t have felt needed, like I was making a difference. I would have had too much extra time on my hands and my time would have went much slower.” (DM/CARE)*

*“Yes, it gave me a sense of being here, of not just being in prison but building a sense of community. The prison’s normative structure is so alienating and ACE allowed us to create great warmth and support, and create a dynamic culture that was not drug oriented or violence oriented, like most prison programs, but caring oriented. It was enormously helpful for me as a long termer to help me build a life here.” (Ruby/ACE)*

*“It was definitely a positive environment. There was such a sense of community. It allowed us to educate ourselves and our entire community, both staff and inmates. It provided a place for all types of support, not just HIV, even things like not getting a visit. It was a central location for us to get together in a place that offered us support and I think ACE was more welcoming than other prison programs.” (Power/ACE & CARE)*

*“Yes, I don’t think I would have changed as much as a person, I wouldn’t have grown as much. I would still be in the same place as when I came in. Through my work with ACE I was able to see other people’s sides and I had experiences that changed my mind. I became much more open minded and willing to listen even if I didn’t agree or understand.” (Volcano/ACE)*

*“Yes, I felt that I was being accountable, responsible, just as I would be if I had a job on the outside. I took my job very seriously. I was refining the skills I already had, adding to the skills I already had, and CARE helped me to deal with the things I needed to deal with.” (Shak/CARE)*

*“Yes because it would have taken me a longer period of time to do the growing that I needed to do. I did a lot of growing in ACE. The women who worked there were positive role models and their input and their dedication impacted me. I came here with a victim mentality and when you give back, it helps to empower you, it helps you to heal and to not feel so weak and powerless. By helping someone else, you are not only affecting their life, you are affecting your own as well. The program has changed, it is different. The*

*facility is not only different, the women are different as well and I guess every program is suffering from that, that lack of emotion. Now it is like there are hundreds of children and very few mothers, when it used to be hundreds of mothers and few children. There were a lot of older women here who could help you and help get you to the place that you needed to get to. They were there to help you but now the balance is off and there are not enough mothers for all of the children. Now those coming in from the street come from a criminal lifestyle, it's a different mentality. Most of the long termers have left prison or have been sent to a new facility. They started drafting everyone which is what threw off the balance here. All my old friends are gone and it is hard to have conversations with people in here now. It is hard to find anyone who can share in my memories of what this place used to be. It also makes it hard for program development because no one has been here or will be here long enough to get a program off the ground. You have to feel a sense of belonging to a program. You have to adopt it and identify with it and that comes with time. Most of them are here for only a minute and it leads to instability. Even the officers are different. When I first got here, there were officers who took their time to speak with us and to guide us. We don't have that anymore and most of those officers have retired.” (Purposed/ACE)*

*“Yes because it would have just been doing time. Everyday there was a reason to get up and go and stay out of trouble. I felt useful. ACE gave me that. The college program was able to give me that purpose later on but ACE did it when a college program didn't even exist.” (Nicolette/ACE & CARE)*

*“Yes because I wouldn't be able to reach out and help people. It helps make your time go by better and you feel good and worthy about yourself.” (Rose/ACE)*

*“Yes, I probably would have gotten into more trouble. CARE kept me busy. It caught my interest. I loved to learn and I loved to teach. Every week I would learn something new and I looked forward to doing it. It really enriched my life.” (No Excuses/CARE)*

*“Yes, I think I would have got in more trouble. I had a lot of issues that I was unable to express. I just held them in and if I wasn't working for CARE, I think I would still be in denial about a lot of things.” (Waiting/CARE)*

Respondents were asked to give accounts of their most positive experiences working in ACE/CARE and their most difficult experiences working in ACE/CARE. When asked about the most positive aspect of the program, 67% of the women stated that it was the sense of community, trust, and support of the ACE/CARE staff.

*“It was the camaraderie. It was not civilians verses inmates, it was ‘us.’ We were all a part of the program together. We were even allowed to interview our first ACE Coordinator. We were always a team. However, when shit got ruff, we all banded together. (Big Sis/ACE & CARE)*

*“It was because of the environment I was in. I was treated like a human being instead of a number (referring to the CARE civilians). I was not judged on what I did. The civilian staff treated us like real people.” (Shak/CARE)*

*“There was a strong sense of community of staff and patients. We were an extended family and it was an incredible bond.” (Freedom/ACE)*

*“Having the women give you a hug and thanking you for listening to them. Seeing somebody in a wheelchair one day but walking around the next day.” (Rafeequa/ACE)*

*“Being able to train other women to be out there to educate others. I liked educating about HIV and giving a helping hand to those that were positive, just knowing we could be there for them.” (Mary/ACE)*

*“My supervisor. She was honest and I feel comfortable being around her. She never made me feel insignificant. It is important for you to feel comfortable in your job environment. It makes a big difference.” (Naomi/ACE)*

*“The confidence and trust that we were given and the freedom to develop new workshops and new ideas. It was really a confidence builder.” (Nicolette/ACE & CARE)*

*“The best part was working with other women and knowing that you were with a group of women who were looking at the same vision and who were on the same page. I was always learning. We were able to start the AIDS quilt, and we were always making changes, making things better. ACE was like another world. The prison didn’t matter because when we closed the door to the office, ACE was ours. It was the inmates’ program and we could forget about the prison that was outside of that door for a short while.” (Blissful/ACE)*

When asked about the most difficult aspect of working for ACE/CARE, 49% of respondents stated that it was dealing with issues of death, dying, sickness, and the newly diagnosed. Other difficulties included the inconsistency of the prison staff, the limitations placed upon them as inmates by prison officials, and the feeling of overall powerlessness.

*“It was hard when the women would get very sick and we had no control over that situation. I could never do hospital visits, it was too hard for me. There was one time when we were working on eight quilts all at the same time. Eight quilts were laid out in the office. We tried to get through it by pretending that we were just painting. The memorial services were also very hard, very emotional.” (Smarty/ACE)*

*“Dealing with the issues that surfaced during the one-to-one counseling sessions. It was also a 24 hour job which could be very stressful, particularly during dance-a-thon time when I could not even take a shower in peace.” (DM/CARE)*

*“When the program would be shut down. The civilians would get penalized for treating us like human beings. It was also hard being limited all the time. We wanted to pick up a phone, or do more, or get updated information from the internet, but we couldn’t. We were also limited in the information we could receive. Many outsiders did not want to come to the prison because of the pat frisks and the production you would go through just to get inside.” (Big Sis/ACE & CARE)*

*“Losing people I cared about and getting close to people who died.” (Kate/ACE)*

*“Death always knocking on the door. I couldn’t deal with the dying anymore. When I left ACE, I had just lost my brother. Death was all around us. A woman would attend a meeting one week and be absent the next and you didn’t want to ask what happened to her because you already knew. Even though I left, I continued to do workshops and I went to ICP until I left BHCF. And they knew they could call me anytime they needed me.” (Shyone/ACE)*

*“People dying, the memorials, and making the quilt. It was part of our job but attending the memorial was one thing, but the planning was something else. It was very difficult and very stressful and by the time we had the memorial, we had already been in the planning stages for weeks. I can remember seven deaths in two or three months and I was emotionally depleted. Then I had to go to group and be upbeat. It was life and death all at the same time and it was hard to do.” (Purposed/ACE)*

*“Dealing with someone who just found out their status.” (Sky/CARE)*

*“The limitations that were placed on us because of the environment we were in, like with discharge planning for instance. I was helping to do the intakes when we were in between discharge planners but I couldn’t do any of the follow-up calls for housing, meds, or doctor appointments. Then there’s on ‘the count.’ You could have someone sobbing to you but then it’s count time and back to your cell. The hardest part is the cruel and harsh reality that you are in prison. Another frustration was the inadequate medical care. There were no second opinions. This is what you have, this is what they are telling you to do about it, so deal with it.” (Nicolette/ACE & CARE)*

*“The inconsistency of the staff and the schedule. It was all of administration, not the people we worked with. The CO didn’t have the memo that said where we were supposed to be or what we were supposed to be doing or they didn’t call movement line. It had less to do with ACE as a program.” (Face/ACE)*

*“The memorial services. In the beginning, we would do one or two a month. I remember one December when we were preparing for a memorial for about three or four women.*

*When we were finished with the two weeks of preparation, we were up to 12 women. The day we had the service, it was so consuming. There were quilts hanging up all over the place. You couldn't look up without seeing a quilt and you would see this name and that name. We were so emotional. I don't know how we didn't flood 114 lobby. It was unbelievable." (Marie/ACE & CARE)*

*"Having time limits. We would try to run workshops but they were always on a strict time schedule. ACE staff could stay in the office during count but the other women could not. You would see people who were positive and you would counsel them and when it was time for them to leave, you knew they were going back to their cell. It was difficult to know they were alone in there and that they had to deal with it. It was hard because they wouldn't be allowed to stay with us longer." (Blissful/ACE)*

*"The CO who worked in the area where our office was. She was crazy." (Free/CARE)*

*"The emotions and having to control yours when somebody else was opening up to you. That was really difficult." (Waiting/CARE)*

It appeared that the perceptions of both inmate population and prison staff had an effect on how the women perceived themselves. These positive perceptions gave the women confidence and made them feel as if they were making a positive difference in the lives of others. When asked if they believed if they were perceived differently than other inmates by prison staff because of their work in ACE/CARE, 74% stated "yes," 14% said that they were not sure if they were perceived differently, and 10% stated that they did not think that they were perceived differently than other inmates. Over one-half of the sample (53%) thought that they were perceived as more dependable, more educated, more respected or more trustworthy than other inmates. They also felt they were perceived as role models and held to a higher standard than other inmates.

*"Yes, we had a reputation that we maintained confidentiality and we had the respect of the superintendent. I won't say that the majority of the staff had respect for us, some threw their digs, but many respected the work we did." (Smarty/ACE)*

*"I was treated with more respect. The COs looked at me more like I was on their level rather than just some inmate." (DM/CARE)*

*“Yes because we are allowed to work and go to certain areas that were not open to all of population. We were looked at as role-models for others.” (Scarlet/ACE)*

*“Yes, I was able to give a higher level of service to the women, a lot of caring and concern. I not only had a job to do but I lived my job everyday. I think the staff gave me more respect because of my position. I remember one CO saying, I don’t know how you do it, I couldn’t do it, I wouldn’t know what to say. That’s when I told her that’s why you wear blue and I wear green and I am the one that’s breaking it down.” (Blondie/CARE)*

*“Yes, I was perceived as someone who was serious and doing something meaningful. I was always respected. Except for one officer, I had no problems. I carried myself well and when I entered the units, they knew I was there to do my job. If I said I was going up there to counsel someone, they knew I was up there to counsel and that’s it. They knew I wouldn’t cause a problem.” (Shak/CARE)*

*“Yes, we had a lot of freedom. It was not a big deal to go on all of the housing units, to do the plays, or to carry all of our equipment around. There was a sense of being trusted. Think about just being on IPC at midnight. The COs completely trusted you and they would make positive comments about that. There was a great deal of respect. The superintendent even respected and admired us. Organizations on the outside were impressed with the work we were doing. In many instances, we had more services going on in ACE than most outside agencies had. It was a good feeling.” (Purposed/ACE)*

*“Yes, we were respected because we were doing something good for population. We gave them the information on how to take care of themselves. We were doing something positive for the community and dealing with really sensitive issues and I think that brought us a little more respect.” (Mary/ACE)*

*“Yes because they would go to you for answers to their questions. They know that you are educated and they trust you, which makes it easier for them to talk to you.” (Jada/ACE)*

*“Yes because they know who does what in there, who is serious and who is engaging in the same behavior they had when they were on the streets. We had more respect and more trust from the staff. It opened other areas in the prison for me as well in terms of working for disciplinary, outside clearance, and because we were once considered a facility need, we could get holds on us so we would not be drafted. That allowed me to finish college as well.” (Nicolette/ACE & CARE)*

*“Yes, I was respected and my work in ACE contributed to that sense of respect. ACE was a good factor. Even working for the children’s center brought me respect. At the height of the epidemic, we were taking care of sick and dying women and we were committed. I think that was acknowledged and respected by staff.” (Annie/ACE)*

*“Yes because our accountability was higher and in the beginning, it was like, who do you think you are, especially when we had to do trainings for the COs. After awhile it*

*changed and the COs would actually seek us out for help or for information.”*  
(Sarabanda/ACE)

*“Yes but not in a bad way, in a positive way. If they were ignorant about something they knew that they could come and ask me for the information that they needed.”*  
(Kitten/CARE)

*“Yes, they looked at us differently. They knew we didn’t play around and that we were trying to get a message across. We were educating others. We were role model inmates and a lot of this stuff was included in my clemency package.”* (Blissful/ACE)

*“Yes, I was perceived as a role model.”* (Tyler/ACE)

*“Yes, they depended on me and thought I was doing a wonderful job.”*  
(Determined/CARE)

*“Yes, I think they respected us more. We got a lot more lead way in prison. We could just go to IPC or the other units without being bothered. They would be like, just go. We got a lot of respect.”* (Ice/ACE)

*“Yes because it was a privilege to work for the CARE Program and they expected more from you because you worked for CARE. You were supposed to act in a certain way at all times. You were supposed to be a role model at all times.”* (Free/CARE)

*“Yes, they saw us as a role model.”* (Ace/ACE)

When asked if they thought they were perceived differently by other inmates because of their work in ACE/CARE, 94% said “yes,” four percent said they did not know if they were perceived differently, and two percent said that they were not perceived differently. Seventy-one percent of subjects believed they were viewed as more knowledgeable, more trustworthy, and more supportive, than other inmates. They also felt that they were viewed as role models by other inmates. However, some felt that they were stigmatized as being HIV positive because they worked for these programs, even though most of the women who worked for these programs were HIV negative. This stigma, however, did not prevent them from taking pride in their work or continuing their employment in the field of HIV.

*“Yes, right after I started working for CARE, the women came to me for information they knew they couldn’t get from anyone else. They swore me to secrecy about all kinds of things they didn’t want anyone to know, but they told me. I remember one woman was walking around telling everyone she had ovarian cancer, even though she was taking viracept (HIV medication). She came to me trying to talk about her cancer, which she didn’t have, and I said, you have AIDS, let’s talk about that. She still calls me today and has been clean for four years. CARE meant something to everyone. Whenever I see someone on the streets in the city that I knew from upstate, they may not remember my name but they remember that I was one of those CARE ladies.” (Blondie/CARE)*

*“Yes, I was perceived as accessible because of my work with ACE. The women would seek me out on my floor. We represented something important by building something and by working together.” (Ruby/ACE)*

*“Yes, there was a sense of respect. I ran groups with at least 40 women and I never had a problem. They were always respectful and interested in learning. I was looked at differently but in a good way. In the beginning there was also the notion that all ACE/CARE workers were HIV positive. I didn’t know if I was positive or not. This was the feeling in the beginning but as time went on, this view changed.” (Power/ACE & CARE)*

*“Yes, the peers saw me as someone who was knowledgeable and someone they could get clarity from. For the most part, I was well respected and they always called me Ms. [her last name], never by my first name. A few thought that I felt I was better than them but for the most part, I was someone who had information that could help them.” (Shak/CARE)*

*“Yes, it comes from the way our peers would treat us. It was common to get phone calls on the unit for someone who was having an emotional crisis. We would even get phone calls for women that weren’t HIV positive. The officers would call for us to counsel other women before they would even make that call to OMH (Office of Mental health). The women asked for us, they respected us and they knew that we would keep everything confidential.” (Purposed/ACE)*

*“Yes, they felt that we were doing something that they couldn’t do. They made us feel that it was important for us to run support groups and to go to the units to give them information.” (Poison/CARE)*

*“Yes, they drove us crazy. Every medical problem they had, they thought you were an encyclopedia of medicine. They would knock on your door at anytime and everything was a crisis, even a missed period. It was like having a living hands-on medical expert and advocate at your disposal. They didn’t always understand what the doctor was telling them, so they came to us.” (Face/ACE)*

*“Yes, they respected me a lot. I treated people the way I wanted to be treated. They respected me more because they saw me in another light. They were proud of me and I*

*felt proud of me. I keep in contact with many of the women. When I came in there, I hardly spoke any English. I grew up in there and I am proud of all I accomplished.” (W21/ACE)*

*“Yes, when they saw me, they would say she works for ACE. She does the workshops. You can talk to her, you can trust her. Many of the women have trust issues but they felt safe talking to us. I was also able to reach the Spanish population as a Spanish woman and they are a very difficult population to reach.” (Blissful/ACE)*

*“Yes, they looked up to us because of the program and what we were doing. We were doing something that they were scared to do.” (Air/ACE)*

*“Yes, they saw me as a role model. They could turn to me in confidence if they needed information or if they were going through something without worrying that I would tell everyone in the facility.” (Tyler/ACE)*

*“Yes, they thought I was approachable to them and they thought I knew a lot more. Some thought I was sick too. Otherwise why else would you work for the CARE Program?” (Free/CARE)*

*“Yes, they asked me a lot of questions and because of the years of experience I had with REACH, and when I was out I worked for a needle exchange program, I stay updated with the latest medications and news. I’ll hear them say there goes the girl that works for ACE, ask her. I’ll answer it and tell them to come and see me. It is a very high standard job.” (Freckle/ACE)*

*“Yes, I really believe that, but in a good way. They knew they could turn to us and we would put the information out there. They felt comfortable coming to the peers when they couldn’t talk to a civilian.” (Waiting/CARE)*

When inmates and releasees were asked if they would recommend ACE/CARE to other inmates interested in working in the field of HIV, 90% said “yes,” 8% said it depended on what type of person was inquiring, and 2% said “no.” The most common reason stated as to why respondents would recommend ACE/CARE to other inmates was due to the tremendous amount of knowledge and marketable job skills that could be gained (55%). Some participants did express concern about the type of person they would recommend to seek employment with ACE/CARE. It was maintained that the only inmates that should apply for employment were those that were really serious and

passionate about the work, and those that could hold confidentiality to the highest of standards. A few participants stated that although they would have recommended inmates to seek a position with ACE/CARE in the past, they were concerned that both programs have undergone a dramatic transformation due to the changes in both prison administration and ACE/CARE civilian staff. These women felt that the programs were not as powerful as they once were and they would not currently be comfortable telling anyone to apply for a position with either office.

*“Yes, if someone is willing to be open-minded, non-judgmental, in a supportive environment, they will be fine. Considering the way the program is going now, I would not recommend working there until there is a review of the priorities of the program. What does the program actually mean to the inmate and civilian staff? You have to have your heart in it or it is not going to work and this program has saved a lot of women’s lives.” (Smarty/ACE)*

*“Yes but only if they are serious about the work because it takes a lot of responsibility to do what is expected of you. Even though you’re an inmate and not making much money, you must realize that the program is a priority and your behavior ultimately affects the program. You have to be selfless or the program could be lost.” (Big Sis/ACE & CARE)*

*“Yes because they can begin to develop skills and get educated about the HIV epidemic. They can begin to educate themselves and make decisions about what they want to do. If they want to become educators or counselors, it’s a great place to learn those skills. You might as well do something while you’re there.” (Power/ACE & CARE)*

*“Yes because it trains you well. The resources are there and there are tons of videos. If you want to work in the field, you need to look at this community. You can make a difference in people’s lives.” (Purposed/ACE)*

*“Yes, doors will open for them to get a job and to prepare them for an outside field. They will get the experience.” (Mary/ACE)*

*“Yes, if they were sincerely interested in it. They can learn, teach and become more open minded. I would recommend everything. You give all and you get all.” (Autumn/ACE)*

*“Yes, but if they want to work there, they have to have some passion. You can get drained quickly in that job. Don’t do it because you want a job. Do it because you want to do it and you want to educate yourself and others.” (Enigma/CARE)*

*“Yes because you will get a lot out of it by helping people. You will feel good about yourself and make a difference.” (Sky/CARE)*

*“Yes because it will give them experience to make them marketable. There are few things that one can do in prison to make a difference and being productive is very important. You’re helping other human beings and it’s going to matter.” (Nicolette/ACE & CARE)*

*“Yes but it depends on who it is. Only if I felt that they would be an asset and not break confidentiality, which is very important. Some people just overhear conversations and then just spread it around. Some just want to come here to hang out with their friends. We just hired someone new about a month ago and we turned down a lot of people before we decided on her.” (Rose/ACE)*

*“Yes but it depends on what their attitude is all about. They have to have a positive attitude and it has to be something that they really want to do. I would advise her that it also looks good at the parole board. Many women who worked in ACE were released early by the parole board and some have even received clemency. The work you do in ACE reflects positively on your record.” (Sad/ACE)*

*“Yes but they would have to be a compassionate person. They would really have to want to do the work and I would have to see if I got that feeling from them. I would recommend both programs but they would have to be dedicated, real, and have a spirit of compassion, not because they just want a job. This job requires a lot of patience and tolerance and it is not for everyone.” (Hopeful/ACE & CARE)*

*“Yes but not right off hand. Who are you? I have to see where she is coming from. She needs to be dedicated.” (Trixie/CARE)*

*“No, not now. The face of ACE and CARE over the years has changed. Back then, when people really cared about what we were doing, I would absolutely recommend it. Now, I would not recommend it unless it was a long termer who had the ability to turn the program back around.” (Marie/ACE & CARE)*

*“Yes because if you are serious about learning about HIV and really want to help people, this is a great place to start but you have to be serious about the work we do.” (Air/ACE)*

*“It depends on who they are and what I know about them. If you can’t hold water, meaning you are a gossip, you can’t work there because you will know everybody’s business. I think that having to maintain confidentiality makes you a better friend too. I have been in the medical department and I have seen charts laying around and because I knew which meds were HIV meds, I knew if the person was HIV positive. I saw the status of one girl who went to great lengths to hide it. She even took the labels off her pill bottles. Finally I said to the nurse that she should be mindful of leaving records around like that. If the wrong person saw it, everyone in the prison would know about it.” (Free/CARE)*

*“It depends on who it is. I would have to see where her head and heart is. I would have to see if she was sincere. I wouldn’t just refer anyone.” (Pandora/CARE)*

Respondents were asked if they worked for either program until their release. If they currently worked for either program, they were asked whether they planned on working for ACE/CARE until they were released. In response to this question, 43% (n=21) stayed or planned to stay until their release, while 57% (n=28) left the program before their release. The reasons cited for leaving the program prior to release included being stressed or “burnt out” (46%), needing another program, being drafted or reassigned to another program (43%), or experiencing a problem with another peer, the ACE/CARE supervisor, or a correctional officer (11%). Many of these women, however, still volunteered in ACE, even though they were no longer officially programmed as a peer. Those that stayed maintained that their decision to remain with the program until their release was based on the fact that they loved what they were doing and believed that they were making a difference.

*“I stayed because I felt that the work I was doing was beneficial to myself and to the women. All of us who worked there shared a special bond and we were committed to the work that we were doing.” (Smarty/ACE)*

*“I left a couple of months before I was ready to go home. I was feeling burnt out and just needed to focus on myself for awhile.” (DM/CARE)*

*“I couldn’t deal with the death anymore and when my brother died, I felt that I had to leave. Even though I wasn’t an official ACE person anymore, I still continued to do some of the work and they knew they could call on me if they needed me for anything at all – it was understood.” (Shyone/ACE)*

*“The superintendent had me removed for being upset with me about other issues. Taking away ACE was also the first punishment. I did not return as staff but I stayed and continue to stay as a volunteer.” (Ruby/ACE)*

*“I left because I was drafted to Albion. When I came back, the program had changed too much. I still volunteered for orientation but ACE wasn’t permitted to be in the hospital anymore, which is what I loved to do. So I got a job working in the hospital.” (Volcano/ACE)*

*“I left because I was going through a personal crisis, going to school, and there was a lot of stress at work. I also got a job offer somewhere else. I was spending a lot of hours in IPC and we didn’t have as many staff members doing the work. The staff was the same size but not enough of them were involved. I should have backed off a bit because I was burnt out. I also got into an argument with my supervisor – we were both under a considerable amount of stress. I forgot what the fight was about or even what we said. We made up but it’s funny how you don’t remember something which seemed so significant at the time. The original people started to leave and I went to the chaplain’s office. I was talking care of the babies and I was working on my print shop apprenticeship. I had planned to go back when I left but after I finished everything I had to do, three years had past and there was nothing to come back to.” (Purposed/ACE)*

*“No because you don’t have to stay on staff to be in ACE. I am an active member.” (Yasmeen/ACE)*

*“I left because me and one of the facilitators kept butting heads and my supervisor did not help. She was trying to be diplomatic but she really pissed me off with that. It was like, never mind what I say.” (Autumn/ACE)*

*“I stayed because I liked what I did and I enjoyed the people I worked with.” (Enigma/CARE)*

*“I left as a staff person to pursue other things but I stayed as a member. I still do orientation and participate in all of the events. I stay because I love what ACE is all about.” (Jada/ACE)*

*“I stayed because I loved what I did. I loved what I was doing. Where was I going? The field is always changing and I was always learning something new.” (W21/ACE)*

*“I stayed because they were my family. We knew what we were doing, we did it well and we were creating change. ACE was a small group of women who changed the dynamics of prison. It was a powerful thing. Some of us were trained to be suicide watchers. We went into the mental health units and worked with the women there. We were teachers and advocates. We were doing the work on the inside as professionals, we were just not getting paid for it.” (Sarabanda/ACE)*

*“I left because I was stressed out. I had my own problems and I didn’t want to take it out on others and I didn’t want it to distract me from teaching.” (Kitten/CARE)*

*I stayed because it was a great place to work. I had a real job. I enjoyed going to a program where people were really listening to me. I felt important. I felt needed.” (Blissful/ACE)*

*“No because I was drafted. I put on my resume that I was relocated.” (Waiting/CARE)*

All of the women had very high perceptions of how their work was evaluated in ACE/CARE by themselves and by their supervisor (see Figure Eight & Figure Nine). In terms of evaluating their own work within the ACE/CARE program, 69% stated that it was “excellent,” while 31% stated that it was “good.” In terms of how their supervisor evaluated their work in ACE/CARE, 80% said they were given an excellent evaluation, while 20% said they were given a good evaluation.

Different questions were asked of subjects that were incarcerated and subjects that were released to measure levels of attachment to the program once they have/had left prison. For incarcerated subjects (n=25), most (72%) planned on working in the field of HIV upon release, while 16% were unsure if they would work in the HIV field, and 12% stated that they would not want to work in this field upon release. Those who did not want to work in this field stated that they wished to pursue other interests or that they found the work to be too stressful.

Figure Eight

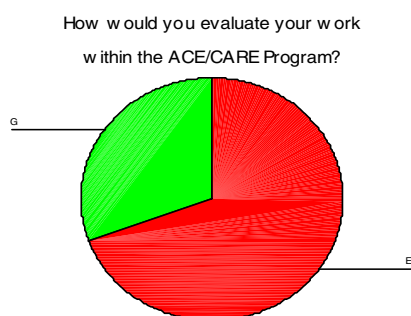
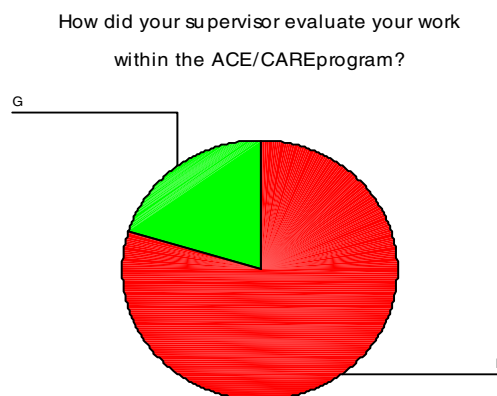


Figure Nine



\*Note – G=Good, E=Excellent

*“No, the field of HIV interests me but I am more interested in female sexuality, but I am not sure if I want to work in it. I do feel passionate about female issues and I think I could find myself dealing in reproductive rights issues.” (Ruby/ACE)*

*“Not anymore. I have spent a lot of years providing care to sick people and although I originally wanted to do this work when I came home, I just want something that is not physically or mentally challenging. I just want to relax.” (Volcano/ACE)*

Those that wanted to pursue a career in this field gave reasons like, they “loved” the work, it was where their “heart” was, or they “enjoyed” what they were doing in the facility and wanted the opportunity to continue the same type of work on the outside.

*“Yes, I want to be an HIV counselor. Working in Ace, being in groups, and meeting other people has made me want to help other people who are in denial like I was. I also want to work with the youth.” (Ten/ACE)*

*“Yes, I want to volunteer at hospice centers or with the food pantry. I want to go to the schools to talk to the young people.” (Rose/ACE)*

*“Yes because it’s what I love to do.” (Hopeful/ACE & CARE)*

*“Yes because I want to continue to learn and teach what I learned to others.” (Trixie/CARE)*

*“Yes because I want to educate other people and I have been very affected by it.” (Kitten/CARE)*

*“Yes because I want to stop the virus from spreading.” (Determined/CARE)*

*“Yes, it where my heart is.” (Compassionate/ACE)*

*“Yes, I could. Honestly, I would take whatever was available when I get out. I would flip burgers for a minute if that’s all there was. I’m not picky. I would like the HIV work because it’s something I love to do, it’s something I am comfortable with and I know about it.” (Free/CARE)*

*“Yes because it is something that I really enjoy doing and I believe that God has a purpose for me. I have lived for over 20 years with the virus and I am still considered healthy. God has put me in the path of certain people so I can help them.” (Freckle/ACE)*

Incarcerated respondents strongly desired to maintain some contact with their ACE/CARE coworkers (84%) and the ACE/CARE civilians (96%) upon being released. When asked if they planned on keeping in contact with their ACE/CARE coworkers, 4%

said they would keep in contact with “all” of them, 12% said “most” of them, 68% said “some” of them, 12% said “none” of them, and 4% said they “did not know” if they would maintain contact. Two respondents expressed concern that although they would like to maintain contact with their coworkers after release, they did not want to violate one of the conditions of their parole by associating with “another known felon.” When asked if they planned on keeping in contact with the ACE/CARE civilian staff, 12% said they would keep in contact with “all” of them, 4% said “most” of them, 80% said “some” of them, and 4% said “none” of them. Most respondents (88%) felt they could contact the ACE/CARE civilian staff for support upon release because they were “caring,” “supportive”, “nonjudgmental,” and they were told by the civilians that they could be contacted for support.

*“Yes because there was someone who was on staff that I know I could rely on.”  
(Rudy/ACE)*

*“Yes because being here and working with them, they always helped me with certain problems. When I am overwhelmed I can talk to them. They will be the first person I call.” (Ten/ACE)*

*“Yes because I think they all left it that way. They led us to believe that they cared and I am going to call them on it.” (Purposed/ACE)*

*“Yes because we just have that rapport with one another. It’s that family thing.”  
(Yasmeen/ACE)*

*“Yes, they have always given me a security blanket. If you need help, you can always go and talk to them. They always made the time.” (Naomi/ACE)*

*“Yes because they were supportive in here and I think I just can contact them if I need to.” (Autumn/ACE)*

*“Yes because they are a helpful support system to me.” (Compassionate/ACE)*

*“Yes because they made themselves available. They would tell us that if we have a problem, call them.” (Face/ACE)*

*“Yes because they told me so.” (Trixie/CARE)*

*“Yes because with [supervisor’s name], she made you feel comfortable with whatever was going on. She was never judgmental. She was real with you.” (Maria/CARE)*

*“Yes because he is really caring and tries to help you 100%. [Supervisor’s name] helps me the most with staying clean and doing the right thing. He is very friendly and concerned about what happens to the peers when they leave.” (Freckle/ACE)*

*“Yes because I have their information and they gave me permission.” (Waiting/CARE)*

For releasees (n=24), 88% (n=21) have worked in an HIV-related position, particularly within the first six months of release. At the time of the interview, 75% of releasees were still employed in an HIV-related position.

*“I was an intern at [name of organization], a drug program. Now I am a facilitator at [name of organization], working on being a case manager. I went from being a client to being staff. I stayed in HIV because it is very rewarding. It doesn’t get any better.” (Blondie/CARE)*

*“When I came home I worked in a work release center for men for about a year until I went to [name of organization]. I started as an HIV counselor, then program coordinator, manager of reentry services, and now I am the director of reentry services.” (Power/ACE & CARE)*

*“Yes, when I first came home I worked for [name of organization] as a recruitment specialist for the vocational training program for HIV positive people. I was in that position for 6 months and I was promoted to a specialist/case manager and I was in that position for 1 ½ years. Since I moved to Florida, I am working with people who have mental illness as a clinical specialist. The job is O:K. The people are O:K and my supervisor is great, but I would rather be working with the formerly incarcerated like I was doing at [name of organization].” (Nicolette/ACE & CARE)*

*“I am an HIV group facilitator and I work developing a peer education group and I am in the process of designing a program for people who are coming home from prison.” (Annie/ACE)*

*“In 94, two months after I got of prison, I worked at [name of organization] as a case manager for 4 years. I organized a tenant’s association for a year in which I also worked with HIV positive people and the formerly incarcerated. I went to school full-time for my masters degree. I worked at [name of organization] for one year coordinating the reentry program. Now I work at an agency that deals with triple diagnoses; HIV, mental illness, and substance abuse.” (W21/ACE)*

*“I worked as a case manager tech for project [name of organization] AIDS Services. I left after 6 months because I needed more money. From there I went to [name of organization] as a case manager for HIV positive people coming out of prison. I was there for 15 months and laid off when they lost some of their funding. Now I am working for [name of organization] as a policy associate.” (Marie/ACE)*

*“When I got out, I worked as a case manager for 9 months at [name of organization]. Then I went to work for [name of organization]. I started on a stipend position and from there I worked from the bottom up. I was a phlebotomist, I started their needle exchange program, and from there I was the night supervisor. I worked for them for 8 years. I left because of my health but I can’t wait to go back to work. I miss it so much.” (69/ACE & CARE)*

Ninety-two percent (n=22) of releasees have kept in contact with their former ACE/CARE peer workers since their release. Only two peers (8%) have not maintained contact with any of their former coworkers, and they said it was not intentional, they just “lost track” of everyone. One of these women gave me her business card and asked me to distribute it to other former ACE members that I might be interviewing. She was anxious to reconnect with many of her peers. For the other 22 women, eight percent stated they maintained contact with “most” of their peers and 83% said they maintained contact with “some” of their peers. None of the women had managed to stay in contact with all of their peers. In regard to the number of peers they maintained contact with over the years, 17% maintained contact with one coworker, 29% with two coworkers, 13% with three coworkers, 13% with four coworkers, 4% with five coworkers, 4% with six coworkers, and three women (13%) maintained contact with ten former coworkers. On average, the women spoke to their former coworkers approximately ten times per year, ranging from two women who spoke to their former coworkers weekly and five women who spoke to their coworkers only twice per year. Seventy-nine percent of releasees stated that their coworkers were still a continued source of support for them.

Most releasees (75%) maintained contact with the ACE/CARE civilian staff. Sixty-seven percent (n=16) said they maintained contact with “some” of the civilians, 4% (n=1) stated “most”, while 25% (n=6) said they had not maintained any contact with civilian staff. Those that did not maintain contact stated it was because they “lost their phone numbers”, “too much time had passed since their release”, and one woman did not believe former inmates had the right to contact civilian staff after being released from prison. In terms of the number of civilians they maintained contact with since their release, 46% stated one civilian, 17% said two civilians, 4% said three civilians, and 8% said four civilians. On average, those women who maintained contact with the ACE/CARE civilians spoke to them eleven times per year, ranging from one woman who spoke to them four times per month and five women who only spoke to them one time per year. Seventy-nine percent (n=19) believed they could still contact the ACE/CARE civilian staff for support.

*“They supported me on the inside, so why wouldn’t they support me on the outside?”  
(DM/CARE)*

*“Yes because I have and they have been there and they are very supportive.”  
(Power/ACE & CARE)*

*“Yes, they knew me then and they know me now, so they can relate to what I’m going through. They know pretty much everything.” (Poison/CARE)*

*“Yes, if I had to, I would. They left it like that and I always know they’re out there.”  
(Mary/ACE)*

*“Yes because it says C-A-R-E. Because of the bond we created.” (Enigma/CARE)*

*“Yes because I have a good rapport with them.” (Sky/CARE)*

*“Yes, I will just call them if I need them. Sometime we loose touch but we always manage to find one another again.” (Nicolette/ACE & CARE)*

*“Yes because I can always call [supervisor’s name]. She has given me job referrals and job references when I needed them.” (Air/ACE)*

*“Yes because they know me. I feel comfortable enough to talk them about anything and I know I won’t be judged and I won’t be looked down upon.” (Tyler/ACE)*

*“Yes, I have confidence with [supervisor’s name]. She is kind hearted and a humanitarian. She is the type of person that I know would be there for me. That’s just her MO.” (69/ACE)*

*“Yes because she would always rise to the occasion for any of us. We have a special bond.” (Georgia/ACE)*

In order to determine respondents’ overall attachment to the program, 13 questions, measuring attachment, were scored accordingly. The highest score one could obtain was 13 points, while the lowest score one could obtain was zero points. The first question, “Why did you decide to work for ACE/CARE,” was an open-ended question and coded for content. Those that replied with positive answers, such as they wanted to help others, they wanted to make a difference, they wanted to gain more knowledge, etc, were given a score of one, while those with negative responses were given a score of zero. The next eight questions, “Do you feel that working for ACE/CARE has been a positive experience for you,” “Do you think your time in prison would have been different if you had not worked for ACE/CARE,” “While working in these programs, do you feel that you were perceived differently than other inmates by prison staff,” “While working in these programs, do you feel that you were perceived differently by your peers than other inmates,” “Would you recommend ACE/CARE to other inmates interested in working in the field of HIV,” “Did you/Do you plan to work for ACE/CARE until your release,” “Do you plan on working within the field of HIV upon your release/ Since your release have you worked in any positions in the field of HIV,” and “Do you feel you can

contact the ACE/CARE civilian staff for support upon release/on the outside,” were based on “yes” or “no” answers. Respondents were given one point for “yes” answers and zero points for “no” answers.

Questions ten and eleven asked, “How would you evaluate your work within the ACE/CARE program” and “How did your supervisor evaluate your work within the ACE/CARE program.” Subjects were given a rating of one point for answers such as “excellent” and “good, while those who answered “fair” or “poor” were given zero points. The last two questions measuring attachment to the program asked, “Do you plan on keeping in contact with your ACE/CARE coworkers/Do you keep in contact with any of your former ACE/CARE coworkers” and “Do you plan on keeping in contact with any of the ACE/CARE civilian staff/Do you keep in contact with any of the former ACE/CARE civilians.” Respondents were given one point for answering “all,” “most,” and “some,” and zero points for answering “none.”

Overall, the score for attachment to coworkers for both groups (i.e., those that stayed with the program until their release verses those that left the program prior to their release, and those that created the program verses those that did not create the program) was significantly high (mean=11; median=12; mode=12) (see Figure Ten). Those who stayed with the program until their release had slightly higher levels of attachment to their coworkers than those that did not stay with the program until their release (average scores of 12.38 verses 10.67 respectively) (see Figure Eleven). These differences, when utilizing the Mann-Whitney test, did prove to be statistically significant (*Mann-Whitney U statistic=74; Wilcoxon W statistic=480*). The associated *p* value of .000 was statistically significant at the <0.0005 level.

When comparing those that created the program to those that were not responsible for creating the program, levels of attachment to ACE/CARE were higher for the first group of peers (average attachment score of 18.60 versus 17.17) when compared to the latter group (see Figure Twelve). These differences, when utilizing the Mann-Whitney Test, did not prove to be statistically significant (*Mann-Whitney U statistic*=237.0; *Wilcoxon W statistic*=832.0). The associated *p* value of .686 was not statistically significant at the <0.0005 level.

Figure Ten

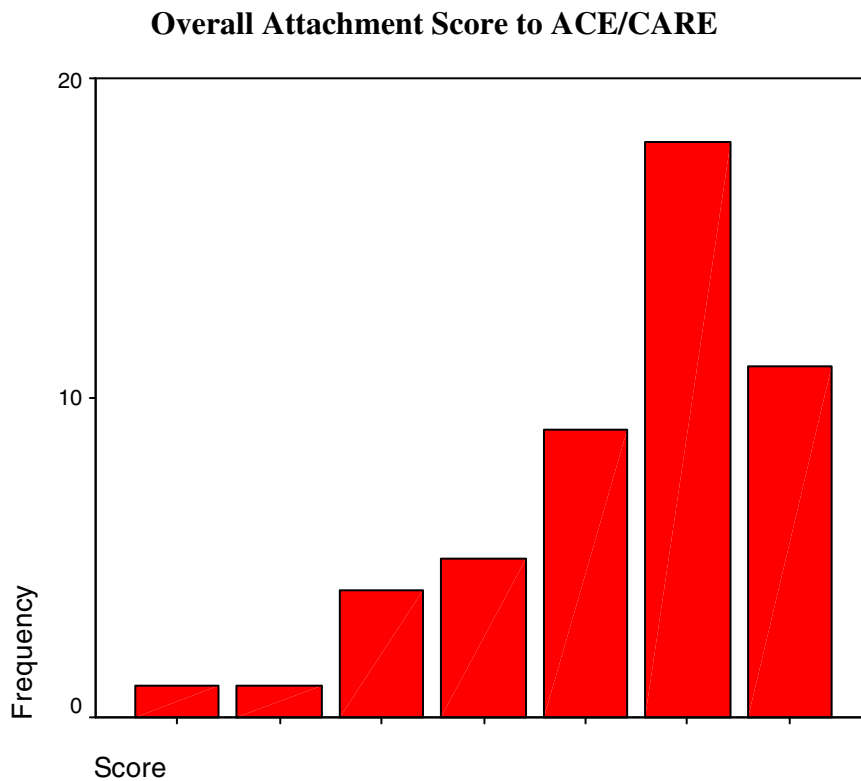


Figure Eleven

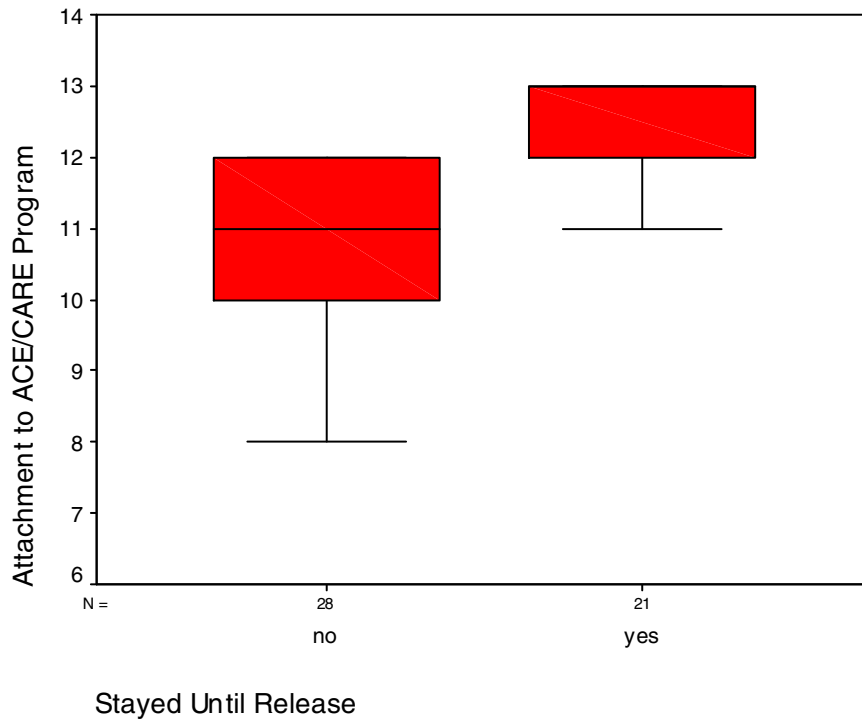
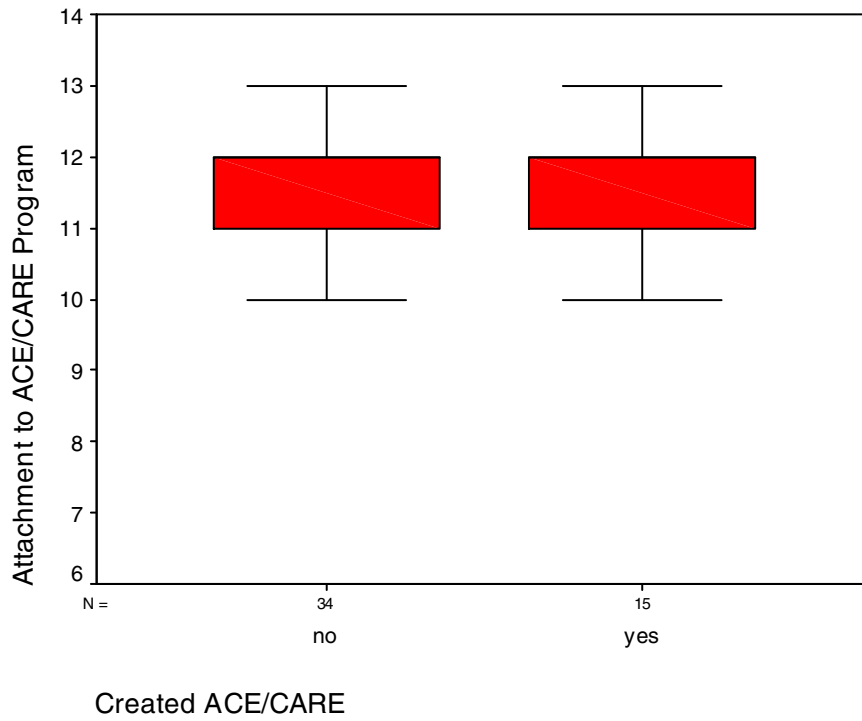


Figure Twelve



### *Attachment to Children, Family, Partner, and Friends*

Other measures of attachment were included in the present study, such as attachment to children, family, intimate partner, and friends. Overall, bonds to these four variables appeared to be strong for many of the women. Thirty respondents stated that they had children; 13 of the respondents were releasees and 16 of the respondents were incarcerated. For the releasees (n=13), 15% of them lived with their children, 54% of their children lived on their own, and 31% had children that lived with another family member. For those that were incarcerated, 44% planned on living with their children after release. Forty-four percent of these respondents stated that their children were currently living on their own, 44% had children residing with a family member or friend, 6% did not know the whereabouts of their children, and 6% had a child that was formally adopted by another family. The woman whose son was adopted recounted the ordeal:

*“I have one son who was adopted, so I never see him. My mom took him when I came back to prison but someone called ACS on her. She’s a hoarder and they said although everything looked good, her apartment was a safety hazard. They said she could have my son back if she cleaned up the apartment but she couldn’t. My mother’s friend took him and finally adopted him. They kept telling ACS that they didn’t know where I was and I didn’t have any knowledge about temporary custody. I thought this would be the best thing because at least I would still be able to be a part of my son’s life and there was no way I could be a mother from prison. In the beginning she sent me pictures but that has stopped. I think I have seen him twice in seven years. I wrote her a letter. My mom is taking her side. All I want is some pictures.”*

Regardless of the children’s living arrangements, most of the women maintained contact with their children. Twelve out of the 13 releasees (92%) maintained contact with their children, and 12 out of the 16 incarcerated women (75%) maintained contact with their children. All respondents stated that their children were a very important part of their life.

In regard to family members, 84% of all respondents stated that they had family that acted as a source of support for them (88% of releasees and 80% of the incarcerated respectively). All of the respondents with family support maintained contact with their family members and stated that their family was a very important part of their life. One woman explained to the author why she lacked family support:

*“I have no family. I was adopted and brought here from Jamaica. I was alone since they brought me here. I was molested by my father and my mother was a psychologist and no one believed me. I had no life as a kid. I was a prisoner in my own home. I was locked in the house, I didn’t have a key, no friends, no phone calls allowed. It was horrible.”*

One respondent discussed the difficulty of maintaining contact with her family while in prison:

*“I have my father, brother, cousin and sister. I can call my father anytime. Usually I call once per week. I keep in contact with my cousin and brothers through letters. It’s hard to call my sister because there is a block on the phone. My mother has a pre-paid phone and my other brother is in prison and uses it all up. By the time I call, there’s no minutes left. It’s been a mess.”*

In regard to intimate partners, over one-half of respondents (51%) stated that they had an intimate partner; 29% of these respondents were releasees (n=14) and 22% of these respondents were incarcerated (n=11). For releasees with relationships (n=14), 71% lived with their intimate partner. On average, these women have been with their current partner for 2.8 years, with the shortest relationship lasting one month and the longest relationship lasting 8 years. Seventy-nine percent stated that they planned on staying in their current relationship, 14% were unsure if they would stay, while 7% said they planned on leaving the relationship. Only two respondents did not feel that their partner was a very important part of their life. For the incarcerated (n=11), 55% planned on living with their intimate partner upon release. On average, these women have been

with their partner for 3.3 years, with the shortest relationship lasting 4 months and the longest relationship lasting 7 years. Seventy-three percent stated that they planned on staying in their current relationship, 18% were unsure if they would stay, while 9% said they planned on leaving the relationship. Only one respondent did not feel that her partner was a very important part of her life. It should be noted that 5 out of the 11 respondents had female partners who were currently incarcerated or recently released from prison. Two of these women did not plan on living with their partner upon release.

*“I don’t know if this is a jail thing or not because we are here and we are limited in who we can be with. Although we have talked about being together on the outside, I think I want to be on my own for awhile. I don’t want to be obligated to ask someone about going out with friends, going out to the movies, or just going out period. I want to be free without having to check in with anyone.” (Volcano/ACE)*

*“My partner has been home now for 8 months. I would like to live with her eventually but when I go home I don’t want to live in nobody’s house. I met her in 2000 and I am very close with her family. She hasn’t forgot about me since she left but I don’t think her mom would let her forget about me.” (Ten/ACE)*

One women was not very optimistic about her ability to maintain her relationship with her jail partner once they were released:

*“I don’t know if we will live together. She likes dick. I am the first women she has been with so it’s hard to say. She’ll probably get a man when she leaves.” (Rafeequa/ACE)*

In regard to friendships, 84% of all respondents stated that they had friends that acted as a source of support for them (92% of releasees and 76% of those incarcerated). Respondents were asked if their friends were formerly incarcerated and if any of their friends engaged in any illegal conduct. Seventy-five percent of releasees had friends who were currently/formerly incarcerated, but only 17% had friends that still engaged in illegal activities. Two of the women had friends that smoked marijuana, one had a friend that sold drugs, and one had a friend who engaged in credit card theft. All releasees

stated that their friends were a very important part of their life. One releasee discussed the difficulty she had in leaving her friends behind when she left prison:

*“They are all college grads and they all went through ACE. They are my family, my sisters. It isn’t necessary to be blood related to feel this way. I cried when I came home from prison. I was the first one to leave and I didn’t have them to help me to use a phone or cross the street. I was so lonely.”*

Ninety-six percent of incarcerated respondents had friends that were currently/formerly incarcerated, but only one respondent had a friend who engaged in criminal behavior (i.e., drug use). All respondents stated that their friends were an important part of their life. One incarcerated respondent discussed the difficulty she has in being left behind:

*“It is hard for me to have friends. I pull away from a lot of people because there is so much pain, so much hurt and so much disappointment. As a result of the pain, I am very selective about who I speak to. Females are so jealous for nothing and can be petty. My partner is going home in two weeks and it is rough. The hardest part is that people you care about in here have to leave you and you don’t want to stay here and be left behind.”*

## COMMITMENT

In order to measure the variable of commitment, participants were asked questions to determine their level of commitment to the ACE/CARE program and their level of commitment to achieving higher educational and vocational aspirations. The first seven questions, which measured commitment to ACE/CARE, were based on a likert scale, from strongly agree to strongly disagree (see Table Seven). Respondents were asked to choose the best response to the statement that was being read to them by the author. In response to the statement, “The only reason I worked for ACE/CARE was because I needed a job,” all subjects (100%) disagreed with this statement, with 88%

Table Seven

Statement	Frequency				Percent				N
	<i>SA</i>	<i>A</i>	<i>D</i>	<i>SD</i>	<i>SA</i>	<i>A</i>	<i>D</i>	<i>SD</i>	
<i>The only reason I worked for ACE/CARE was because I needed a job</i>	0	0	6	43	0	0	2	88	49 (100%)
<i>The only reason I worked for ACE/CARE was because I didn't want to work in a low level prison job like a porter</i>	0	0	0	49	0	0	0	100	49 (100%)
<i>I feel the skills that I obtained in ACE/CARE have helped/will help me to obtain a good job upon release</i>	32	16	1	0	65	33	2	0	49 (100%)
<i>Whatever I did at ACE/CARE, I tried hard</i>	42	7	0	0	86	14	0	0	49 (100%)
<i>I really enjoyed the work I was doing in ACE/CARE</i>	44	5	0	0	90	10	0	0	49 (100%)
<i>I thought I did really good work in ACE/CARE</i>	39	10	0	0	80	20	0	0	49 (100%)
<i>I thought the work I did in ACE/CARE was important</i>	47	2	0	0	96	4	0	0	49 (100%)

\*SA=strongly agree, A=agree, D=disagree, SD=strongly disagree

\*\*Percentages may be more or less than 100% due to rounding

strongly disagreeing with the statement. The next statement read, “The only reason I worked for ACE/CARE was because I didn’t want to work in a low-level prison job like

a porter”. All subjects (100%) strongly disagreed with this assertion. In regard to the third statement, “I feel the skills that I obtained in ACE/CARE have helped/will help me obtain a good job upon release,” 65% of subjects strongly agreed, 33% agreed, while only 2% disagreed. For the fourth statement, “Whatever I did at ACE/CARE, I tried hard,” all respondents (100%) agreed with this statement, with 86% strongly agreeing with this statement. In response to the next question, “I really enjoyed the work I was doing in ACE/CARE,” all respondents agreed with this statement, with 90% strongly agreeing with this statement. In regard to the sixth question, “I thought I did really good work in ACE/CARE,” all respondents (100%) agreed, with 80% strongly agreeing with this statement. For the seventh question, “I thought the work I did in ACE/CARE was important,” all subjects agreed (100%), with 96% strongly agreeing with this statement.

When asked if there was anything about the program that they would like changed, only 10 participants (20%) stated that they would not want anything about the program changed, while 31 women (63%) wanted the programs’ existing services expanded, 7 women (14%) stated they would focus on current staffing issues, and one woman (2%) said she would like to see increased funding. Those that expressed concern around staffing issues wanted new staff (civilians and inmates) that were interested and invested in rebuilding the program. Those that were concerned about expanding services believed that both programs should increase services such as education, medical support, advocacy, outside speakers, etc., in addition to rebuilding the program as it was at its inception. According to many of these women, services in the program had decreased in recent years and ACE/CARE was not focused on its original goals. They felt as if the program had lost its prestige, as well as the trust of inmate population and the

administrative support of the correctional department. Still, others wanted the programs expanded to other facilities.

*“The lack of groups and lack of programs dealing with health issues besides HIV. There is also a lack of importance that the program gives the facility. It is not just another program, it is a very important program and its importance to inmates and staff should be recognized. The facility needs to upgrade ACE in importance.” (Kate/ACE)*

*“The program needs a transfusion. They need better support by the institution and a closer relationship to the medical staff and more of a relationship to the AIDS community. It needs what it had in the past.” (Ruby/ACE)*

*“More outreach because there is not a lot of that now, especially in the back buildings. There should be an ACE-Out that is more active and the buddy system needs to be reinstated so that we can go with women to the doctor when they are on a call-out [for sick call].” (Volcano/ACE)*

*“Pick new civilians who are not so concerned with outreach to the HIV community but are more concerned with rebuilding the program. It needs healing and work. It can't just be outreach because then the program is always working against itself. You have to rebuild it and everyday that you wake up, you need to think about rebuilding every day that you work there. There should also be more slots for long term people. Without long termers, there is not a connection with the program, with the community, and they could do something with ACE once again.” (Purposed/ACE)*

*“Make it bigger by extending the program. They always try to do so much stuff and it is always cancelled by the administration at the last minute. (Freedom/ACE)*

*“The facility should give CARE more opportunities to run more programs. They were not very supportive.” (Poison/CARE)*

*“I would try to get more civilians in here to bring in more knowledge. Inmates like hearing other inmates talk but outsiders bring a little something extra. It makes a difference when someone is coming in from the outside, even if we are giving them the same information. It's special.” (Compassionate/ACE)*

*“I would expand it to all facilities and even the outside for therapeutic communities, Providence House (a transitional house for women leaving prison), halfway houses, and shelters. Those in the street are really the ones that need to know [the information] because they are out there doing God knows what. CARE also helps to teach you about self-esteem and for many of these people, their self-esteem is low. Instead of reaching out, they just act out. I've noticed that people often behave in the same way that they did as kids when something bad happened to them. It's like everything just stopped for them and they are stuck in that moment. Like if you were 12 and something bad happened to you, you would react in a certain way but it seems like they will still act the same even*

*when they are 45. I observe them and this is how I feel about their behavior. CARE is perfect because it helps you to feel better about yourself. It worked for me and helped me with my confidence and self-esteem.” (Waiting/CARE)*

*“For new civilian staff to not think that the program is about them. They need to acknowledge the history of the program and everything that came before them.” (Smarty/ACE)*

*“Corrections involvement. They [COs] were not supposed to know people’s status but some how they would find out about people’s HIV status, and when they knew this information, they shared it with others. It took away from the CARE program and prevented a lot of women from coming forward and seeking help. They [the inmates] would be more scared about what the COs would say, than if the other inmates found out. A lot of COs would make the assumption that if you wanted to go to the CARE office you must have been HIV positive. It’s not like the women could just come to CARE. If they had a problem, they would have to ask the unit officer to call the CARE Office. I wish there was a way to get around having that officer involvement.” (Shak/CARE)*

Most of the women (90%) believed that working in ACE/CARE helped them or would help them to successfully make the transition from the prison environment to the community. Sixty-three percent of participants stated that the transition was or would be easier because of the knowledge they gained and the skills they acquired. Many believed it would help them or has helped them to obtain employment positions that they would not have otherwise been able to attain. Some stated that the skills they learned would be useful in all employment and personal settings.

*“It helped me to learn how to deal with all types of people. It gave me more confidence in myself to obtain a job with a prospective employer.” (DM/CARE)*

*“It taught me the social skills I needed and helped me to be a more tolerant person. It gave me many of the skills that I will need for the outside that I lacked beforehand.” (Scarlet/ACE)*

*“It helped me to develop social skills and it gave me a sense of community.” (Shyone/ACE)*

*“Yes because I am now employed in the HIV field. My whole resume says HIV. I am now a facilitator working on being a case manager.” (Blondie/CARE)*

*“Yes because it helped me to put job skills on my resume. I am grateful for the skills I developed, which is what helped me to get a good job. It is always interesting to say that you were part of this program.” (Power/ACE & CARE)*

*“Yes, it would help anyone like myself feel confident about our job marketability. I saw those who left prison with only a high school diploma but because they had their certificate from the CARE office, they were able to get a good job when they went home. CARE also gave us a lot of freedoms and it helped us escape some of the confinement. Unlike the other women, because we worked for CARE, we were allowed to go on all of the galleries (housing units). Officers would open a room for us during quiet hour to counsel some of the women. We weren’t as locked up as the rest of the women. Because of that, we left without feeling so angry and rebellious. The freedom, I believe, helped to alleviate the stress.” (Shak/CARE)*

*“Yes because it taught me how to be a counselor. Most likely when I get home, this will be the first job I get.” (Ten/ACE)*

*“Yes, it helped me to get a job so I could stay in the field.” (Mary/ACE)*

*“Yes because it enhanced my communication skills. I was able to talk to people more and it helped to boost my confidence. I didn’t feel that I had to be afraid when I stepped out onto the streets. I had a place where I could go and get a job.” (Enigma/CARE)*

*“Yes because I want to continue my work with patient care. The ACE program gave me wisdom and increased knowledge that I will use on the outside.” (Compassionate/ACE)*

*“Yes because being a certified ACE counselor can help me get a job. I was already interviewed for a position through someone my mother knows and she offered me a position in the Bronx for when I leave.” (Jada/ACE)*

*“Yes it gave me the outside support I needed and I was able to access resources that I otherwise wouldn’t have had. I also had experience and that experience made me marketable.” (Nicolette/ACE & CARE)*

*“Yes because most of the women that have worked for ACE have a better understanding of life. I don’t know anyone from ACE that left and came back. They learn how to make better decisions, to take the time to think and not jump into things. It provides better sense. There is no stagnation. We all go forward.” (Rose/ACE)*

*“Yes. I made a lot of connections with people on the outside. People on the outside knew about me from my ACE work. I came out with an identity as someone who did good work while in prison. I came out with respect because of what I did. I was known for my work with other programs but my work with ACE was best known.” (Annie/ACE)*

*“Yes, it gave me a sense of responsibility for myself and for others. The skills I achieved gave me the opportunity to apply for jobs, make a living, and be financially independent.” (W21/ACE)*

*“Yes, it gave me direction in terms of finding jobs.” (No Excuses/CARE)*

*“Yes. The hands-on work in here has exposed me to many different personalities which will prepare me to deal with all the different personalities and attitudes on the outside. Sometimes it is worse out there than in here in terms of the things that you have to deal with, but I feel that working in ACE and CARE has prepared me.” (Hopeful/ACE & CARE)*

*“Yes, it played a part. It helped me to be sensitive to the needs of this particular population. In three months after I came home I had a job dealing with people who were HIV positive and had AIDS diagnoses. ACE gave me a foundation for the tools that were necessary to deal with this population.” (Marie/ACE & CARE)*

*“Yes because it will be helpful in finding jobs that I am searching for.” (Kitten/CARE)*

*“Yes, I was able to get my first job. I was able to use the skills I learned in ACE on my resume. It helped me to transition to the workforce because I had experience working with clients that were HIV positive. I got a job as soon as I came out and I never had a job in my life.” (Blissful/ACE)*

*“Yes because without it, I wouldn’t have been to get a job as an HIV counselor when I came home.” (Air/ACE)*

*“Yes, it gave me a few more titles and it helped me to get a good job when I came home. I am making fairly decent pay. It is not the best but it will go up. There are other positions I hope to move up into. I started out with \$25,000 and now I am making \$27,000.” (Ice/ACE)*

*“Yes because the skills I learned in there were life skills, not just skills related to HIV. I learned that if you get one person to open up and talk to you, you can do anything. Those are skills that can work anywhere I go.” (Free/CARE)*

*“Yes. I am planning on working as an HIV/AIDS educator and I am getting more experience with Community Prep and with the questions they [the inmates] ask me. I will have more experience for when I do get employed.” (Freckle/ACE)*

The women were also questioned about other significant factors that have led to or would lead to their success upon release. Thirty-nine percent (n=19) stated it was the support of friends and family, 35% (n=17) stated it was their education and/or skills they

acquired while incarcerated, and 27% (n=13) stated it was their own personal characteristics, like their motivation and determination.

*“My education. I am so happy that I was able to get an education in here and I wish all inmates had access. Women leave prison with few assets and you need an education to get a decent job. College forces you to think for yourself, which most of us didn’t do before we came here, otherwise we wouldn’t be here.” (Purposed/ACE)*

*“The support I received from the civilians and the other peers [in ACE]. Knowing when I came out that I had that support, helped a lot.” (Mary/ACE)*

*“Being around positive people and getting a support system would be helpful.” (Naomi/ACE)*

*“The CARE support, other colleagues, other coworkers, supportive people, friends and family. Also a lot of praying but really it was the supportive network and my willingness not to give up.” (Enigma/CARE)*

*“The support I received from my friends and loved ones.” (Sky/CARE)*

*“Skills, both academic and vocational, computer skills, interpersonal skills, my general knowledge about people, my cultural sensitivity, and having up-to-date information. Resourcefulness is a skill that I have and one that pays no matter where I am.” (Face/ACE)*

*“My determination and my honesty to make myself keep it real in both my professional and personal life and not getting besides myself. I learned so much but I don’t think that I am better than anybody and I don’t look down on nobody. No matter how many degrees I have or how many awards I received, I still have the same attitude on the outside that I had on the inside and I continue to reach out to people.” (W21/ACE)*

*“My perseverance, my determination, the fact that I am goal oriented and that I am not willing to give the department of corrections another day.” (Marie/ACE & CARE)*

*“My determination and my will power to make it on my own, and I am not willing to go back. I made the transition from a jail cell to an apartment.” (Tyler/ACE)*

*“My motivation. I am determined to be successful.” (Determined/CARE)*

*“My determination to come out here and make a difference. I wanted to make a difference for the women that stayed behind.” (69/ACE)*

*“The stuff I got from CARE like self-esteem. My confidence was built up, and I learned a lot of life skills, also my motivation and determination. These were all things that I*

*acquired because I didn't have any of them. It makes me look forward to using these things when I get out.* (Waiting/CARE)

*"My determination, my drive, my willingness to sacrifice and have patience to know that things will happen for me. I have to keep the faith."* (Pandora/ACE)

Most of the women (41%) believed that their crime and the amount of time that they spent in prison would serve as a hindrance to their success. Other women expressed concern about relapse, negative influences such as family or intimate relationships, or illness.

*"The fact that I sat so long in prison and didn't have access to certain things like the internet, faxes, cell phones, etc. I had to learn all of these things when I came home. I had to learn how to pay bills and other basic life skills that most people would learn in their early 20s."* (Big Sis/ACE & CARE)

*"Having HIV and periodic illnesses."* (Blondie/CARE)

*"Being on parole because it limited the jobs you could have. Also, the conviction itself and having to put it on every job application. The fact that it is always over you is a hindrance."* (Power/ACE & CARE)

*"Being incarcerated so long and adjusting to change. I haven't seen a DVD player yet. Otherwise I will be pretty much ok."* (Freedom/ACE)

*"My mother and her negativity and the lack of support from her. Had she been more in my life, things would be different."* (Poison/CARE)

*"The last 30 years in prison. Being in prison is a stigma and it will be hard to get a job unless you know someone that knows someone else that will help you get your foot in the door. If you just apply to a job like everyone else, I think people are turned off by the fact that you have been in prison."* (Compassionate/ACE)

*"The fact that I was in prison and people don't want to hire you."* (Jada/ACE)

*"Being in prison and being alone for so long made it hard for me to embrace my family again. I hadn't been a mother my whole life and it was an adjustment. Just being a mom and having to pay bills. It was all very overwhelming and I couldn't have done it without support."* (Nicolette/ACE & CARE)

*"Having a criminal record. I don't let it be a barrier but everything is harder because of it. I couldn't just get my MSW license, I had to go in front of a board first. I constantly have to prove that I am not the same young girl who committed a crime."* (W21/ACE)

*“A fear of relapsing and not successfully achieving what I really want to achieve. It’s been so long since I have been out there.” (Kitten/CARE)*

*“My prison sentence, being an ex-con. It is hard to get a job and even though they say that they don’t discriminate, once it’s on the application and they do a background check, it’s done. Even if the job involves cleaning houses, it doesn’t matter. You may have changed but the only thing they look at is your record.” (Tyler/ACE)*

*“Continuing relationships with women I met behind the walls. I was vulnerable and let my guard down with someone I met in prison. This one woman I met was so self-centered. She worked for a real estate agency and when I moved down here [Atlanta], she could have gotten me a house for a lot less. She was just up to no good. I stuck things out to the bitter end because I was trying to be loyal. This was all for an investment property and every week she would say that we going for closing and every week it was the same thing. It was a horrible nightmare. She wanted to open a non-for-profit agency and I guess she thought I was coming down here to do all the work. It was horrible. When we try to continue these relationships from prison, we need to realize that although they have put the drug down, many still have a lot of the addictive behaviors like the manipulation and the sense of entitlement. I got my job down here through [name of former ACE peer]. I see things that have happened to other people. People tell us that as much as we want to maintain these relationships, we really shouldn’t. The face we see in prison is different than the face that the civilians see and the face we see on the outside is different from the face we saw on the inside.” (Shak/CARE)*

All of the women, when asked about their long term goals, gave very positive responses in terms of educational, professional, and personal aspirations. Many of the women were determined to complete their college education, others wanted to open their own businesses, own their own homes, or live a peaceful and fulfilling life with their families.

*“To finish my MA, be off parole, buy a house, have my own agency, have a child, have a comfortable bank account, and a car.” (Big Sis/ACE & CARE)*

*“Running my own agency. I want my job to be helpful to both men and women and I want to work with adolescents, a population in which HIV infection is so scary.” (Blondie/CARE)*

*“Becoming a certified social worker and buying a home with my partner.” (Power/ACE & CARE)*

*“Live to a healthy 120 years old. I have a lot of years to make up for. I want to travel, own a house in the south, get married, if he fits into my plan. I don’t want a couch potato. I want to leave this earth knowing I did something of significance. I would like to*

*build a shelter that makes a difference by providing every possible service one would need, a one-stop-shopping for all social services.” (Power/ACE)*

*“Finish college, get a degree, get my kids back, get my own place, and remove all of the negative people out of my life.” (Poison/CARE)*

*“To open up an animal shelter and give the handicapped jobs.” (Rafeequa/ACE)*

*“To get out of prison, to be a mother to my daughter and help her through all she’s been through. To make enough money to be comfortable, not rich, but comfortable so I can get everything that I need and some of what I want. I want to achieve at least 90% of the things I want to do. I want to get my degrees and have my hand in everything. I also want to help my mom and my aunt and get them situated so they don’t have to worry about paying bills.” (Autumn/ACE)*

*“To help the youth, to educate as many people as I can about HIV, and to have a relationship with my grandchildren. I would like to reach back and help the women at Bedford Hills, especially those that have no packages and no family. If I hit the lotto I would like to buy an apartment complex and just house ex-offenders. That’s what I would like to do.” (Rose/ACE)*

*“To own a home or a condo and to continue the work [in HIV]. I like the fact that I am a program manager and I won’t hesitate to work with all people. My dream is for families to realize that empowerment is a birth right. We all have freedom of choice and a voice and we all need the information to make good choices.” (Sarabanda/ACE)*

*“To open up a house for people being released out of prison.” (Trixie/CARE)*

*“I try not to think long term because of my disease (hepatitis C). I eventually hope to get better but it is an endless battle, one step at a time. I want to get my social work license and my CASAC. I want to get connected with a transplant unit so I can get a new liver. When I think about my long term goals, I think about my health. Without that, I won’t have any goals to look forward to.” (Blissful/ACE)*

*“To have an established career and to be stable with my family.” (Maria/CARE)*

*“To start my own business, which is my main one, but just to put the past in the past and leave it there and live, just live successfully.” (Waiting/CARE)*

When asked if they had a role model, someone they admired, 90% percent of the women stated that they did have a role model. Fourteen women said it was a family member, 11 said it was an ACE/CARE civilian and/or peer staff person, 8 stated it was another inmate or formerly incarcerated female, 4 stated it was their intimate partner, 2

stated it was a famous person, and 2 stated it was one of the facility's nuns. They admired qualities in these individuals such as compassion, motivation, determination, and the ability to overcome adversity.

*"[Former CARE supervisor's name] is my role model. She is 30, with a child that she had young, and working, and in a doctoral program. She is my yard stick in measuring how I am doing. Also, [former ACE peer's name] because after 22 years she is not bitter and still trying to help people." (Big Sis/ACE & CARE)*

*"My mom because she has been through so much and stays optimistic about the future. She is almost 50 and is going to back to school to fulfill her dream of having a college education, while also working full time and taking care of her kids. She is so amazing to me." (Scarlet/ACE)*

*"My better half because of his overachieving attitude, his zest for life, his ability to push me, and his care and concern for my needs and for the needs of others." (Blondie/CARE)*

*"Sister [name of former nun at BHCF] has been a huge role model because of her persistency. She is totally devoted to helping women in prison and their families. She never changes, she is very honest." (Power/ACE & CARE)*

*"My brother. My mother died in childbirth and my father couldn't handle it and killed himself. My brother was 15 when this happened and he always took care of me. He braided my hair, went to mother and daughter functions with me, and went to the PTA meetings. He was my mother and father and he did everything with me. He died of a heart attack when I got indicted. We were very close." (Volcano/ACE)*

*"[Name of BHCF inmate]. She has such strength, even with all that time. She is so jolly and happy. I don't think I could do it. She gives me inspiration and she is a good friend." (Ten/ACE)*

*"[Name of former inmate] because she is so strong and she just drew everyone to her." (Yasmeen/ACE)*

*[Name of former ACE peer] because she has an amazing ability to create unity with people. She's an inspiration and always has been. She's like an older sister. She is wise, she gives advice, and moral support." (Freedom/ACE)*

*"My mom because she raised four children on her own and she never abused us or took out her own issues on us. She taught me to be independent and taught me that I didn't need a man and after awhile I didn't need her to survive, I only needed her for support. My daughter too because she is 15 years old and she was 8 when I was incarcerated. She is so strong and she has never been rebellious. She has an idea of what she wants out of life and does things for herself. She is beautiful inside and so giving. I don't know*

*many people my own age who are like that. She really is something special.”*  
(Autumn/ACE)

*“My boyfriend because he is so goal oriented and so determined. He knows what he wants. He encourages me to keep going when I am tired and I want to give up. He always tells me that I can do it.”* (Enigma/CARE)

*“The CARE staff and my partner. She has been there, done that, and came a long way. She was incarcerated, but is now successfully employed, educated, and she receives promotions and awards. She even fought to get her kids back. She’s done a lot.”*  
(Sky/CARE)

*“My mom because she is just so powerful. There is an inner being about her and it makes you just want to thrive off of it. There is something about her.”* (Jada/ACE)

*“The ACE/CARE civilian staff, the college professors and my peers. They all looked at me for who I was and not for what I did. They trusted me and treated me like a human being. For my peers, they kept going and doing the right thing. I don’t want to loose my relationship with them.”* (Nicolette/ACE & CARE)

*“When I first went to prison, it was the long term inmates. There were certain people that had survived doing a long time and still remained in tact. They were really important role models for me. It was critical because I knew I could make it. I knew some inside that were doing fine and some that left after a long period of time that were doing fine, and it gave me strength.”* (Annie/ACE)

*“The women at ACE because they were so determined in what they were doing. If they didn’t give up, why should I? Those with HIV continued to fight for what was right and if they could do it, so could I.”* (W21/ACE)

*“[Name of former ACE peer]. She has been a role model to me since prison. When she was in cosmetology, I went to cosmetology. When she was in ACE, I went to ACE. When she was cutting hair in SHU, when no one was allowed up there, I wanted to cut hair in SHU. She was the mother I had always yearned to have. ACE was really my family. You need to have that family you didn’t have before. You have to get support from somewhere.”* (Blissful/ACE)

*“All of the women I worked with in ACE. They are a great group of women.”* (Air/ACE)

*“Princess Diana. She was the very first person to open her heart and arms to people who were infected. She was a princess of the world. She showed a great deal of compassion and empathy. She was the first to hold an AIDS baby where others would just shun them.”* (Tyler/ACE)

*“My grandmother. She was everything. She was a beautiful person and I could talk to her about anything. Her love was unconditional and no matter what the problem was, she knew how to fix it.” (Ice/ACE)*

*“[Name of former ACE peer], who was involved with ACE. She left prison and came back as a civilian and stayed clean. It was a turning point for me.” (Georgia/ACE)*

*“I believe, especially in the prison system, most of the older women have served as role models, whether they were negative or positive. I learned a lot of things either by them telling me or just watching them.” (Waiting/CARE)*

In terms of educational aspirations, 15 participants (31%) were in school at the time of the interview. Three were working toward an AA degree, 7 toward a BA/BS, 2 toward a MA, 2 toward a GED, and 1 toward a Ph.D. On average, the women believed they had one more year left to complete their degree. For those that were not in school at the time of the interview, 10 women stated that they had finished their degree, 9 stated they were too busy with other issues, 6 of the incarcerated women stated that college was not available, 6 were planning to go back within the next semester, and 2 stated they had too many health problems.

*“I completed my MA in rehabilitative counseling. I may want to get a doctorate in counseling.” (Shak/CARE)*

*“I am trying to get everything together. I don’t know what’s going on with my kids. I don’t want to start and then have to back out. I need to get everything on schedule first.” (Poison/CARE)*

*“I have just been trying to get settled and I have been focusing on getting a new job because I don’t like where I am. I am looking into the CASAC certification and I also want to go back to get my BA.” (Sky/CARE)*

*“I am going to go back in September. I finally got the issues straightened out with my school loan since before I was incarcerated.” (Sarabanda/ACE)*

*“Taconic only recently brought back some of their college classes but I have been busy fighting this appeal. I can’t do both. I can’t fight this appeal plus focus on school. It would be too much.” (Hopeful/ACE & CARE)*

*“They just brought back some college classes and I am leaving in 9 days. You need 6 months or a year left on your sentence in order to be eligible.” (Trixie/CARE)*

*“They weren’t offering any classes. I took one college class for 3 credits but that was all that was available. They are supposed to start offering 2 classes in September.” (Determined/CARE)*

*“I just finished my MSW. I am studying for the licensing exam and I plan to go back for CASAC.” (Blissful/ACE)*

*“I didn’t go back when I came home because I had my kids and my grandkids and I was involved with them. A lot of us who worked for a living and came home to kids found it rough to go back to school. I wanted to make time with my kids and my grandkids. They were more important and after 12 and ½ years, I had a lot of time to make up for.” (Air/ACE)*

*“I was in the Hunter school of social work. I had like 9 credits towards my masters but I became paralyzed for awhile because of my cellulites. I never know when it is going to act up. I think I am just going to go back for my CASAC license since I have all the training.” (Georgia/ACE)*

*“I have 20 college credits but most of the facilities have gotten rid of college. I am taking classes here at Bayview but they don’t have a college to sponsor the program, so I am taking college level classes but I am not receiving any credit for it. I am going to go back for my BA in either criminal justice or human resources. I’m not sure yet. I would like to finish my core classes to get the basics and then decide.” (Free/CARE)*

*“I am on a waiting list to get in.” (Freckle/ACE)*

*“No because they don’t have college in Beacon and they didn’t have it in Taconic.” (Pandora/CARE)*

Nonetheless, when asked how much schooling they eventually hoped to obtain, only 29% said they had no desire to return to school, but 71% were hopeful that they would continue their education in the near future. In terms of ultimate educational goals, 15 wanted a MA/MS/MSW, 10 of the women wanted a BA, 4 wanted CASAC certification, 5 wanted a Ph.D., and 1 wanted certification as a nurse’s assistant. In regard to vocational aspirations, 61% stated that they wanted to work in some form of social service work. Most of the women chose a position in which they could spend their lives helping disadvantaged populations.

*“I would like to work with kids from dysfunctional families, like those in foster care, those that are HIV positive, etc. I want to be their counselor.” (Kate/ACE)*

*“The director of a program for female ex-offenders.” (Blondie/CARE)*

*“I would like to be a therapist for women coming home from prison.” (Power/ACE & CARE)*

*“I want to be a registered nurse working with AIDS patients. I know as a nurse I can’t be picky or choosy about who I will work with, but that is where my heart is.” (Compassionate/ACE)*

*“I want to be a substance abuse counselor.” (Sky/CARE)*

*“I want to work in the ministry as either a deacon or a pastor but I don’t need a title, I just want to do the work.” (Jada/ACE)*

*“I’m doing it (program manager for HIV people persons).” (Sarabanda/ACE)*

*“A supervisory position working with HIV or in a shelter. I want to be in a position to help others.” (Hopeful/ACE & CARE)*

*“A drug and HIV counselor.” (Trixie/CARE)*

*“I want to be a therapist, someone who listens to people, who can get to the root of their problems, not someone who spends their time filling out paperwork.” (Blissful/ACE)*

*“Something in the HIV/AIDS field.” (Ace/ACE)*

In order to measure levels of commitment to conventionality, 12 questions asked of participants were scored and compared accordingly. The first seven questions were based on a likert scale from strongly agree to strongly disagree and included statements such as, “The only reason I worked for ACE/CARE was because I needed a job,” “The only reason I worked for ACE/CARE was because I didn’t want to work in a low low-level prison job like a porter,” “I feel the skills I obtained in ACE/CARE have helped/will help me obtain a good job upon release”, “Whatever I did at ACE/CARE, I tried hard,” “I really enjoyed the work I was doing in ACE/CARE,” “I thought I did really good work in

ACE/CARE,” and “I thought the work I did in ACE/CARE was important”. For the first two statements, respondents were given a score of one point if they answered “strongly disagree” or “disagree”, but were given zero points if they answered “strongly agree”, “agree”, or “don’t know.” For the last five statements, respondents were given a score of one point if they answered “strongly agree,” or “agree,” and zero points for answers like “don’t know”, “disagree” and “strongly disagree.”

Respondents were also asked, “How much schooling do you eventually hope to obtain?,” “What type of career do you aspire to eventually have?,” “What are your long term goals?,” and “Who, if anyone, serves as a role model to you and why?” Respondents were given one point if they stated that they had educational/vocational aspirations, if they established long term goals for themselves, and if they had someone that served as a role model for them. Respondents who stated they did not plan to go back to school, did not plan to go back to work, or did not have any planned goals, received a score of zero. Lastly, if respondents answered “yes” to the following question, “Do you feel that working in ACE/CARE has helped you/or will help you successfully transition from prison to the community?”, they received one point, if they answered “no,” they receive zero points.

The overall score for commitment for all respondents was extremely high (mean=11; mode=12; median=12, with a standard deviation of .7922) (see figure Thirteen). When comparing between groups, those that stayed in the program until release had approximately the same commitment score as those that left the program prior to release (11.47 compared to 11.42) (See Figure Fourteen). This difference was

miniscule and not statistically significant (*Mann-Whitney U Test*=293.50; *Wilcoxon W*

Figure Thirteen

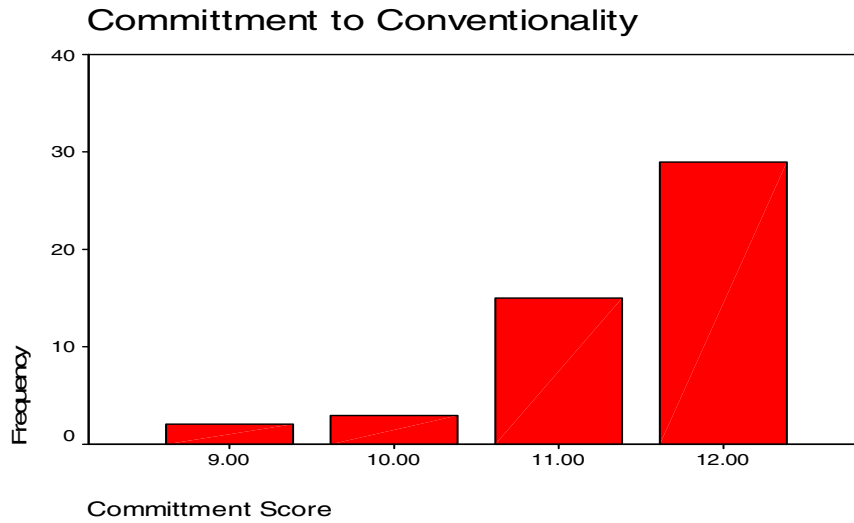
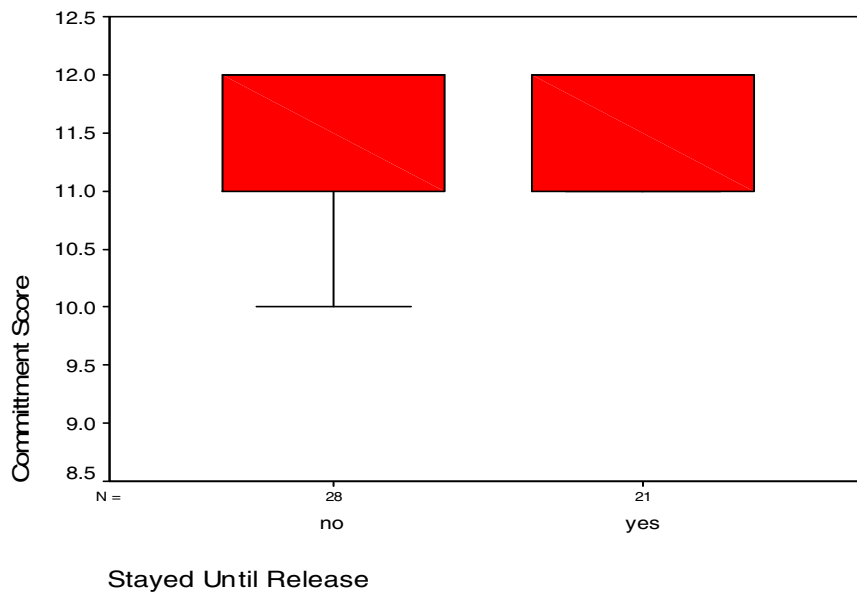


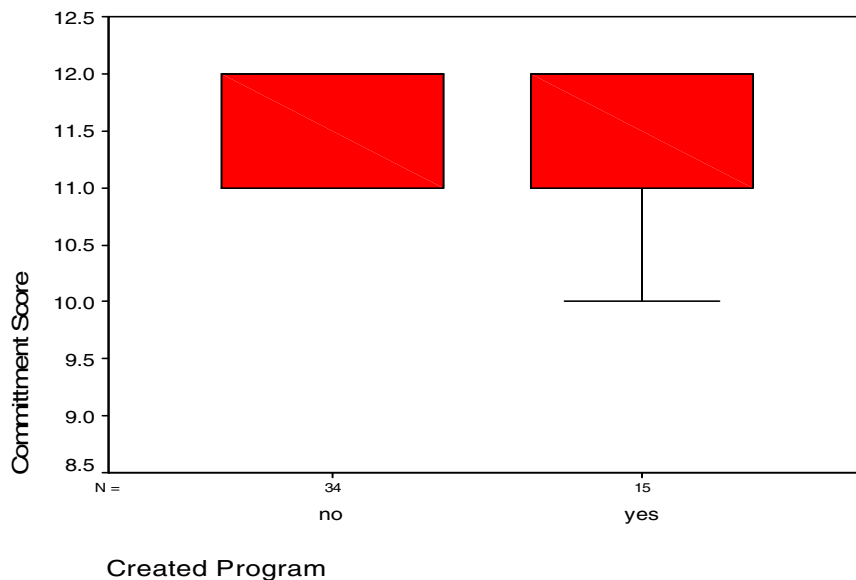
Figure Fourteen



*Test*=525.50) at the <0.0005 level (*p value*=.991). When comparing those that were responsible for creating the program to those that were not responsible for the creation of

the program, the former group had approximately the same commitment score as the latter group (11.33 verses 11.50) (See Figure Fifteen), and these results were not statistically significant (*Mann-Whitney U Test*=224.00; *Wilcoxon W Test*=344.00) at the <0.0005 level (*p value*=.442).

Figure Fifteen

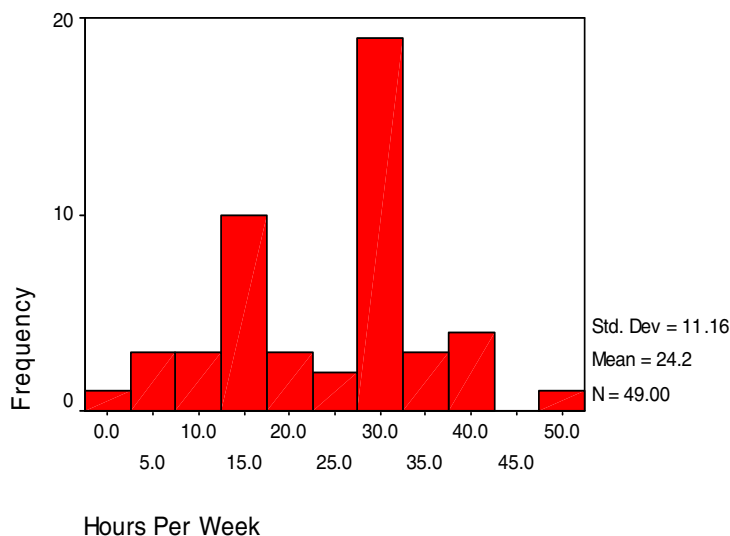


## INVOLVMENT

Participants were asked questions to determine the level of involvement each woman had to conventional activities inside and outside of the penitentiary. In regard to prison life, most of the women had a very high level of involvement in prosocial activities while incarcerated. When employed in ACE/CARE, respondents spent a large quantity of their time with their peer coworkers and the ACE/CARE civilian staff. The average number of hours per week that respondents spent with their coworkers while working for ACE/CARE was 24 hours (median=30 hours; mode=30 hours; standard

deviation=11) (see figure Sixteen). The average number of hours spent outside of the ACE/CARE Office with peer coworkers was 14 hours per week (median=15 hours; mode=20 hours; standard deviation=12.32) (see Figure Seventeen). The average number of hours per week spent with the ACE/CARE civilian staff was 17 hours (median=15 hours; mode=20 hours; standard deviation= 11.44) (See Figure Eighteen).

Figure Sixteen  
Hours Spent With ACE/CARE Peers  
at Work



Some of the women spent more time with their coworkers if they were living on the same unit. For those that did not live on the same unit, the women would meet each other outside of work at school, in the yard, or in other programs.

*“We spent all of our time together when I worked for ACE. We were together a couple of nights a week in IPC. On the weekends we were in the children’s center, and many of us also lived together. We could never get away from one another. You have to parole to get away.” (Purposed/ACE)*

*“I spent a double module with them and I was with them on the weekends. I Spent about 40 hours a week outside of work with them. They were not just my coworkers, they were*

*my sisters, my friends, my family. If one of them had an issue and it went beyond work hours, well then we went beyond work hours.” (Marie/ACE & CARE)*

Figure Seventeen  
Hours Spent With ACE/CARE Peers  
Outside of Work

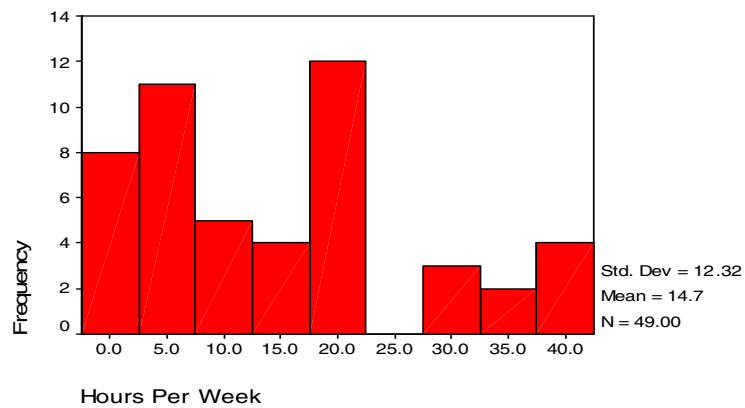
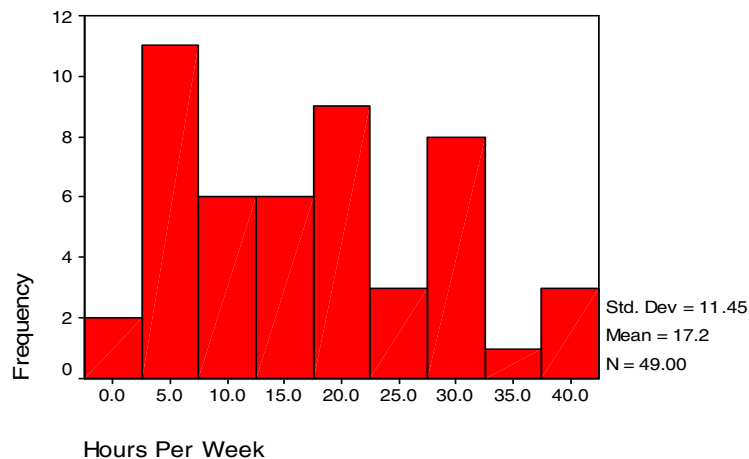


Figure Eighteen  
Hours Spent With ACE/CARE  
Civilian Staff



*“It was about 40 hours a week or more. If we weren’t in school together, we were rushing to the office.” (Air/ACE)*

*“We would meet in the gym and during rec hours just to talk or to support someone that was going through something.” (69/ACE)*

*“We saw each other all the time, at school, work, the unit and in the yard.”  
(Georgia/ACE)*

*“We all lived on the same unit. We were never apart.” (Waiting/CARE)*

The most common conventional program that respondents were involved with while in prison was school. Eighty-six percent of respondents attended an academic program while incarcerated. Of the 42 women that were enrolled in school, the average number of hours per week spent in school was 13 hours (median=15; mode=15), while the average number of additional hours per week spent on school work was 10 hours (median=10; mode=10). Only 11 of these women had not completed their degree while in prison because they were transferred to another facility that did not offer college programming. At the time of the interview, 31% of respondents (n=15) (5 releasees and 10 inmates) were enrolled in school and spent an average of 10 hours per week between class work and homework.

Respondents also spent a large quantity of time involved in other types of programming while in prison, such as drug programs, parenting programs, anger management programs, the puppy program, family violence programming, etc. All of the women interviewed were involved in other prison programs, however, three of the women could not remember how many programs they participated in or how many hours they spent per week in these other programs. Hence, these women were excluded from the analysis. On average, the women were involved in at least 7 different prison programs while incarcerated (median=6; mode=5; standard deviation=4.28) and devoted, on average, 10 hours per week to such programs (median=5; mode=1; standard deviation=12.69). Most of the women also worked in other positions besides

ACE/CARE during their incarceration. Two women did not work in any other positions besides ACE/CARE and two women could not remember what other positions they were employed in while in prison. On average, the women held at least 4 different positions during the course of their incarceration, with 37% of respondents working in other administrative positions, such as a clerk or a teacher's aide. Over one-half of all respondents (59%) were involved with a religious organization while incarcerated and spent approximately 6 hours per week devoted to religious study.

While in prison, respondents spent most of their time by themselves (39%), or with their friends (33%), or with the ACE/CARE staff (29%). On average, respondents spent 13 hours per week with friends. Only 7 women stated that they had friends that were considered to be disciplinary problems. All of the women were also asked to respond to the following statement to determine if they felt their time was well spent while in prison: "In prison, I had/have a lot of free time on my hands." Most interviewees disagreed with this statement with 63% who strongly disagreed, 10% who disagreed, 16% who agreed, and 10% who strongly agreed.

Respondents were asked how much time per week they devote to spending time with their children, their intimate partner, and their family. For releasees (n=24), 13 women had children and stated that they spent an average of 15 hours per week with them. For incarcerated respondents (n=25), 16 women had children and on average spent approximately 1 hour per week either talking to them over the phone and/or visiting with them. For releasees, 14 stated that they were involved in an intimate relationship and spent, on average, 29 hours per week with their partner. For the incarcerated, 11 stated that they were involved in an intimate relationship and spent, on average, 15 hours per

week talking to them on the phone and/or visiting with them. For releasees, 21 out of 24 women stated that they had family members that acted as a source of support for them and on average spent 9 hours per week either talking to them on the telephone and/or visiting with them. For the incarcerated, 21 out of 25 respondents said they had family members that acted as a source of support for them and spent approximately 1 hour per week either talking to them on the telephone or visiting with them.

Releasees were asked additional questions to measure their level of involvement in the community. First, releasees were asked questions pertaining to their current employment status. Twenty-one respondents (84%) were employed at the time of the interview. For the three women that were unemployed, one woman stated she was too ill to work, and the other two women had recently moved to another area and were still unable to find employment. Eighteen of the women worked for community-based organizations providing social services, two worked for colleges, and one worked as a waitress. Twenty of the women were happy with their current position and had been in their current position for an average of 18 months. Eighteen of the women stated that they liked their current supervisor, seventeen of the women planned on staying at their current job for at least one more year, and all employed releasees worked an average of 34 hours per week. When asked about their last evaluation, 15 received a favorable evaluation from their supervisor, while 6 women had not worked at their agency long enough to receive a work evaluation. Employed respondents reported that they were late to work or called in sick for work very infrequently. Eighteen of the women stated they were never later to work, while one said she was late once per month, one stated twice per month, and one stated she was late usually three times per month. Eighteen of the

women never called in sick, one calls in sick one time per month, and one calls in sick once every three months.

Levels of involvement with ACE/CARE were difficult to measure after release. Twenty-three out of the 24 releasees maintained contact with a former peer worker and eighteen maintained contact with a former ACE/CARE civilian staff member, however, contact was not always maintained on a monthly basis. On average, 13 hours a year were spent talking to former ACE/CARE peers and 14 hours a year were spent talking to former ACE/CARE civilian staff members.

In terms of religious organizations, only 6 respondents stated that they were involved with a religious organization and devoted approximately one hour per week for religious study. Eight respondents volunteered their time at other organizations and devoted ten hours a month to such volunteer work. When incarcerated respondents were asked if they planned on being involved with a religious organization upon release or volunteering their time with a community-based agency, 17 planned on attending religious services and 10 planned on becoming involved with an outside organization. None of the women were able to state, however, how much time they felt they would be able to devote to such matters.

In order to measure levels of involvement in conventional activity, hours were computed weekly for how the women spent their time in prison. There are 168 hours in a week but inmates are only allowed out of their cells or off of their housing units for approximately 84 hours per week, including the time allotted for meals. Respondents were seen to have a very high level of involvement in conventionality if they spent at least 75% of those hours (63 hours) involved in conventional behavior. The hours

included in this analysis were hours spent in ACE/CARE, hours spent with ACE/CARE peers outside of work, hours spent in school, additional hours spent on schoolwork, hours spent in other prison programs, and hours spent in religious services.

Overall, all respondents spent a very high number of hours per week involved in conventional activities while in prison (mean=69; median=67; mode=86; standard deviation=28.66) (see Figure Nineteen). There were no differences in the amount of time spent in conventional activity when comparing those that stayed in ACE/CARE until their release to those that left the program before their release (average of 69.6 verses 69.1 respectively) (*Mann-Whitney U Test*=294; *Wilcoxon W*=525; *p value of 1.00*) (see Figure Twenty). Nonetheless, there were differences in the amount of time spent engaging in conventional activity when comparing those that created ACE/CARE to those that were not responsible for the creation of the program (mean=80.33 verses 63.6 respectively). These results proved to be statistically significant (*Mann-Whitney U Test*=155.00; *Wilcoxon W Test*=750.00) at the <0.0005 level (*p value*=.030) (see Figure Twenty-One).

Overall releasees had a very high number of hours involved in weekly conventional activity (mean=60; median=61; mode=38). Conventional hours included work hours, school hours, additional hours spent on school work, hours devoted to volunteer work, and hours spent with their partner, their children, and their family members. Out of 24 releasees, 16 stayed with the program until their release and had an average number of 63 hours spent per week involved in conventional activity, compared to an average number of 59 hours spent per week by those that did not stay in the program until their release. Ten of these women were responsible for creating the

Figure Nineteen

Hours Involved in Conventional Activity While Incarcerated

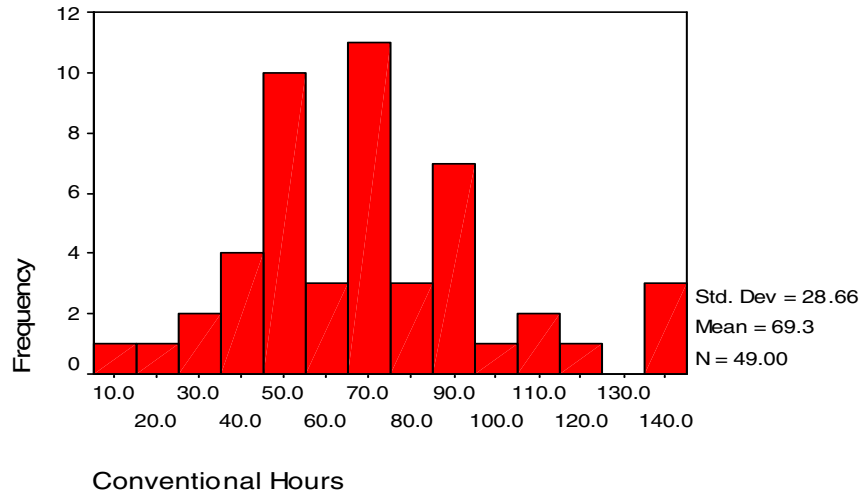


Figure Twenty

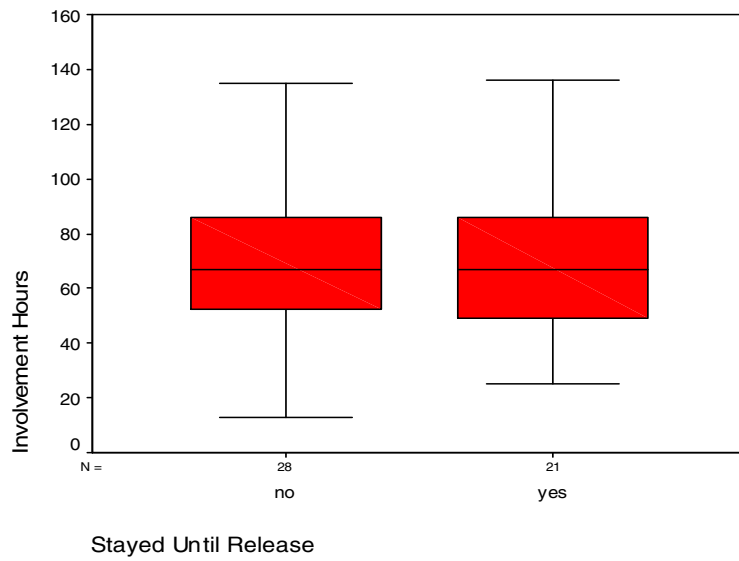
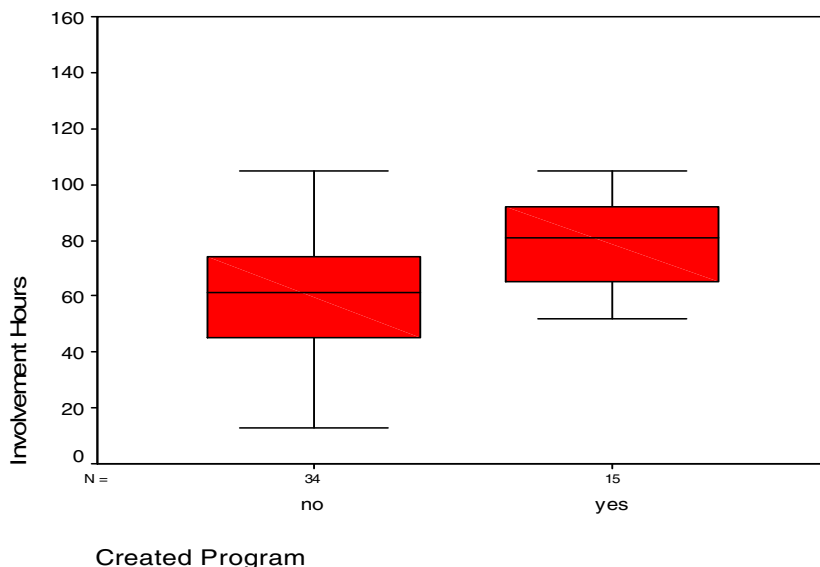


Figure Twenty-One



ACE/CARE Program and had an average number of 50 hours per week involved in conventional activity, compared to an average of 67 hours spent per week by those that were not responsible for creating the program. These numbers are too small to conduct any comparable statistical analysis.

### **BELIEF**

The variable of belief was measured by reading 11 different statements (see Table Eight). Answers were based on a likert-scale from strongly to strongly disagree. One additional question was asked to determine if working in ACE/CARE had an effect in modifying their belief system. Most of the women agreed with the following statement, “I abided by prison rules and regulations,” with 47% who strongly agreed, 31% who agreed, 16% who disagreed, and 6% who strongly disagreed. Some women felt that the rules could be broken in certain circumstances, but the object was not to do something too outrageous which would raise the suspicion of the officer and cause one to receive a disciplinary infraction.

*“[I followed them] if they made sense because some made no sense. I didn’t think it was O:K to break them but sometimes I did.” (Shyone/ACE)*

*“I would give lip service.” (Volcano/ACE)*

*“It is about not getting caught and being respectful of the officer. If you are doing something you really shouldn’t be doing, don’t put it in their face.” (Sarabanda/ACE)*

*“I did except for the writing rule (she wrote a releasee while she was incarcerated). It was a ridiculous rule because that woman was my support system and as I stated before, I would do it again.” (Ice/ACE)*

In response to the second statement, “I thought it was O:K to break prison rules if I could get away with it,” 31% strongly disagreed, 20% disagreed, while 33% agreed, and 16% strongly agreed. Some respondents felt that certain rules could be broken, while others felt that rules should not be broken under any circumstances.

*“There are some rules that are good to have but not the smoking rule. I would smoke anyway, regardless, but there are some things I would never do, even if I could get away with it.” (Free/CARE)*

*“I strongly disagree because you will probably get caught and end up with a \$5 fine and a ticket and lock. That’s not for me.” (Freckle/ACE)*

Most respondents disagreed with the third statement, “I couldn’t stay out of trouble in prison no matter how hard I tried.” Sixty-five percent of the women strongly disagreed with this statement, 27% disagreed, 2% agreed, and 6% strongly agreed. In the fourth statement, “Most inmates should not be blamed for the crimes they committed,” 29% strongly disagreed, 37% disagreed, 16% agreed, 8% strongly agreed, and 10% were not sure. Most of the women felt that people have to take responsibility for their actions. A few of the interviewees believed that there were some inmates that were innocent and did not belong in prison, while a handful of other women had a problem with the word “blame.”

*“Most are guilty, with a few exceptions and they need to deal with what they did and work on it.” (Scarlet/ACE)*

*“I have a problem with the word blame. They should be held responsible but blame is a very harsh word.” (Ruby/ACE)*

*“I don’t like the word blame. I think they should take responsibility but we also need to understand the factors that led up to their arrest.” (Power/ACE & CARE)*

*“You are responsible for what you did.” (Volcano/ACE)*

*“It depends on the consistency of their story. There are a lot of people there who are there for no reason, just like what happened to me. I am not the only one that this sort of thing happened to.” (Poison/CARE)*

*“Ninety-nine percent of them are guilty. It depends. Some are in here for killing their spouse but others are in here for killing their babies.” (Rafeequa/ACE)*

*“A lot of women in here didn’t commit the crimes they are convicted are. It was their husbands or their boyfriends and they are the ones doing the time. As soon as they come in here, the husbands and the boyfriends forget about them. They are nowhere to be found.” (Compassionate/ACE)*

*“You have to take responsibility to make changes. You have to own it and then you can change yourself. Once you own it, you can start the healing process. You can’t heal if you are in denial.” (Sarabanda/ACE)*

*“I disagree. They have to take responsibility for the things they know they were involved with. Some people are innocent but the majority aren’t. They did what the people say that they did and they need to take responsibility for it.” (Marie/ACE & CARE)*

*“It depends. Every case is different, every individual is different. You have to be held accountable for your actions but some of the laws are so harsh. They fail to look at individuals and just put us all into one category.” (Blissful/ACE)*

*“You have to pay for what you do.” (Ice/ACE)*

*“I don’t know because I know a few girls in here that got fucked for being in the wrong place at the wrong time. (Freckle/ACE)*

*“I don’t know. A lot of them are here because of their addictions or domestic relationships, but there is time when we need to take responsibility for our actions.” (Pandora/CARE)*

In response to the fifth statement, “Most crimes really do not hurt anyone,” 57% strongly disagreed, 29% disagreed, 10% agreed, 2% strongly agreed, and 2% were not sure.

Participants stated that crime hurts everyone, including their own families.

*“Everyone is hurt when a crime is committed - you, your family, the victim and the victim’s family. Everyone is affected.” (Compassionate/ACE)*

*“Everyone’s family is hurt.” (Blissful/ACE)*

*“Crimes hurt everybody. It hurts their family and your family. It has a trickle down effect.” (Ice/ACE)*

*“It hurts the women herself and her kids, not really society. Most females don’t commit a crime against society, not the way most people think that it is. If they are arrested for drugs, most of the time it was because they were in the wrong place at the wrong time and not because they were some big time dealer. Those that are here for violent crimes are here because they were trying to protect themselves. They are not a threat to society.” (Free/CARE)*

*“They hurt the community and families, especially the children because of the separation from the mothers and they hurt the inmate too.” (Freckle/ACE)*

*“They hurt your family and yourself.” (Waiting/CARE)*

When asked about their feelings toward the sixth statement, “Most inmates should not be blamed for the prison rules they have broken,” 27% strongly disagreed, 49% disagreed, 18% agreed, and 6% were not sure. Although they generally felt that the rules should be followed, most believed that many of the rules were ridiculous and not deserving of punishment.

*“It depends on the rule, you can’t make a generalization. Some are serious and some are not, however, it seems as if the more serious violations tend to go unpunished more often than the less serious ones.” (Ruby/ACE)*

*“It is your job to break them but you should not get caught.” (Volcano/ACE)*

*“I agree because you could have belt loops yesterday but not today. It’s ridiculous [and inconsistent].” (Yasmeen/ACE)*

*“Some are guilty and know what they are supposed to do but the system is also dirty.”  
(Poison/CARE)*

*“They are accountable for what they do but most of the rule infractions are for dumb shit.” (Rafeequa/ACE)*

*“Some of the rules are not that serious.” (Enigma/CARE)*

*“Some rules are just adversarial to human nature. We are sexual beings and we all need love and affection. The rules are about power and control and so many women in prison have been so badly abused in their lives because of power and control issues. Then they are abused by the system and even some of the COs. Sometimes things were just so harsh and it was unnecessary.” (Sarabanda/ACE)*

*“Sometimes because they can turn the littlest thing into the biggest thing.”  
(Kitten/CARE)*

*“I agree with that because some of them get tickets for minor things like getting extra food from the mess hall or having a pair of scissors because you want to cut your hair. It’s petty stuff.” (Blissful/ACE)*

*“I disagree but a lot of the rules are stupid.” (Maria/CARE)*

*“Some of the rules are ridiculous. You know you are in prison, and we obviously need rules but there were a lot that were just ridiculous, like the no sex in prison rule. We could teach about education and prevention but we couldn’t provide the materials to support prevention or harm reduction.” (Ice/ACE)*

*“I agree. Some of the rules are stupid and I think they make them up as they go along. The officers don’t even follow their own rules.” (Waiting/CARE)*

*“I disagree. If you can’t follow the rules in here, how can you follow them on the outside? There are rules and regulations in society that need to be followed.”  
(Pandora/CARE)*

*“I agree. Most of them are for things like smoking.” (Freckle/ACE)*

In response to the seventh statement, “Most of the rules that inmates break while in prison are not that serious,” 4% strongly disagreed, 22% disagreed, 51% agreed, 16% strongly agreed, and 6% were not sure. Like the previous question, the women felt the majority of rule infractions were for minor behavior. “Waiting” described how she

received one ticket for throwing away her messhall food and another ticket for trying to report to work:

*“Most get tickets for things like being out of place or throwing messhall food away, or for a movement violation. I got a ticket in Taconic for throwing away my messhall food. There is actually a rule in the rule book which states that it is a disciplinary infraction to waste food. The ticket was thrown out because one of the women came down and testified on my behalf at the hearing. I told her all I wanted was the bread but she gave me the other stuff too. So it wasn’t my fault because I didn’t want it in the first place. I also got a ticket from a lieutenant that had it in for me. He tried to have the officer write me up for being out of place when I was on my way to the [CARE] office on A gallery. I told him there was a memo which stated that I was allowed to be there and he said he wanted to see the memo. I found the memo and showed it to him and he still had the officer write me up. Because it was submitted a day late, it changed from a tier two to a tier one and the officer doing the hearing dismissed it.”*

One-half of respondents disagreed with the statement, “An inmate who leaves her locker unlocked and is stolen from is just as much to blame as the inmate who steals from their locker,” with 25% who strongly disagreed, 25% who disagreed, 39% who agreed, and 10% who strongly agreed. Most of the women believed that stealing from a locker, even if it was left unlocked, was inherently wrong. Nonetheless, a few women believed that this type of behavior was expected, considering the environment they were in and the type of people that were around them.

*“You should know better in prison.” (Scarlet/ACE)*

*“I strongly disagree because no one should be entering your room or violating you. Just because it is open does not mean that you should be able to go in it.” (Kitten/CARE)*

*“In prison you have to close your locker. You’re in there with all walks of life and you have to learn.” (Blissful/ACE)*

*“I agree because you know where you are.” (Maria/CARE)*

*“You have to be cautious and protect yourself.” (Ice/ACE)*

*“I strongly disagree. It’s not yours and just because someone leaves their locker open does not give you the right to go into their room and go into it. If it’s not yours, you shouldn’t touch it. What happened to that rule?” (Free/CARE)*

*“I agree but it’s messed up that you have to lock your shit up every three minutes, even if you are just running to the bathroom.” (Pandora/CARE)*

Most respondents stated they had respect for correctional officers and the police. In response to the ninth statement, “I have a lot of respect for correctional officers,” 8% agreed, 51% strongly agreed, 25% disagreed, 8% strongly disagreed, and 6% were not sure. Reactions were mixed, however, because the women stated that they had respect for many of the officers, but certainly not for all of the officers.

*“I have respect for some of them but I give respect to all of them.” (Ruby/ACE)*

*“Some because some of them have power and control issues. They abuse their power and take things to the extreme. I get along with most of the officers but it upsets me the way I see how some of them treat some of the other women. Some of them will set up a scenario for the inmate to break the rules, they know how to push her buttons. Then when she reacts, they write her up. The rules are never evenly applied and it is not fair. There is favoritism in prison. A couple of weeks ago I had four scoops of ice from the messhall and the CO didn’t say anything to me. Two minutes later, another woman had two scoops of ice, and he wrote her up. I spoke up for her but he told me to mind my business. I often feel badly that I can get away with things that many of the other women cannot. I feel guilty so I speak up for them.” (Volcano/ACE)*

*“It’s not the same. Again if you would have asked me this years ago, I would have had a different response. The new officers are not the same as the old timers, who are mostly gone. The COs used to be role models and they were like mothers to many of us. Now they write you a ticket just to stop the behavior but they don’t try to change the behavior. They used to look out for the young ones coming in.” (Purposed/ACE)*

*“To an extent, yes. I have respect for the uniform but not necessarily the person that is wearing it. I believe in karma and you get back what you put out.” (Yasmeen/ACE)*

*“The whole time I have been here I have given respect and I have received it. I never had a problem with them.” (Compassionate/ACE)*

*“I respect some but there are some that I don’t. However, I respect all authority.” (Rose/ACE)*

*“I have respect for some of them and for some of them I don’t. If they have no respect for me, than I have no respect for them.” (Kitten/CARE)*

*“I have a certain respect for some of them. They are doing a job. Some are wonderful and some are not.” (Blissful/ACE)*

*“They are human beings. They are just doing a job.” (69/ACE)*

When asked if they had a lot of respect for the police, 8% strongly agreed, 49% agreed, 25% disagreed, 10% strongly disagreed, and 8% were unsure. Some of the women also had mixed feelings on this issue. They stated that they respected the officers who were “just doing their job” but not those that they felt were corrupt.

*“I agree. They protect me and I like to have them around, the more the better. I used to hate them but it’s different now.” (Enigma/CARE)*

*“They are just doing their job. I got caught what can I say?” (Rafeequa/ACE)*

*“Someone has to do it. They put their lives out there, so yes, I do respect them.” (Blissful/ACE)*

*“I agree. They’re just doing their job.” (Determined/CARE)*

*“I disagree. I don’t really respect them, I just accept them.” (Maria/CARE)*

*“I respect what they do when they do it right. Sometimes they can be ugly because of someone’s color or nationality. It’s not cool if that’s what they are doing.” (Ice/ACE)*

*“I agree. I am not trying to get on their bad side. They carry a gun you know.” (Free/CARE)*

*“I disagree. Some of them do their job but when I needed them, they weren’t there.” (Waiting/CARE)*

*“I agree. I respect them. There is good and bad in all fields. If I get caught for doing something I shouldn’t be doing, it’s my stupidity and it’s not for me to be mad at the authorities. A few years ago I didn’t think that way, but I take responsibility for my actions today.” (Pandora/CARE)*

For the last statement, “To get ahead, you have to do some things which are not right,” 29% strongly disagreed, 35% disagreed, 29% agreed, 2% strongly agreed, and 6% were unsure. A few of the women believed that if you did something wrong, it would come back to haunt you later on in life. Yet, others felt it was a necessary evil and the only way one could survive.

*“It will come back to bite you in the ass later.” (Scarlet/ACE)*

*“It is a survival mechanism in prison.” (Volcano/ACE)*

*“If it is not right, I am not going to do it. Other people may not feel that way but that’s the way I feel.” (Hopeful/ACE)*

*“Sometimes you may have to but not if it means that someone else will get hurt in the process.” (Ice/ACE)*

*“I agree. You have to lie and cut corners, even in your job for your clients. You are faced with ethical decisions but the means justify the ends. If someone needs help, would I lie and say that they have been with us for a week, when they have only just come in?; of course. I want to get services for that client. What are they supposed to do? Remain homeless? They need help. That’s why there is such a high burnout rate in non-for-profit. You are so much involved with your clients. It’s so emotional. You have to get involved and care. It can’t be an impersonal relationship.” (Georgia/ACE)*

*“I disagree. You may have to do things that you don’t agree with, but not if it is going to hurt someone else or step on someone else. It is messed up to hurt Peter to get to Paul. That stuff will jam you up.” (Free/CARE)*

*“I don’t know because I am in jail for doing the wrong thing and it never helped me to get ahead.” (Freckle/ACE)*

One additional question was asked to determine if working in ACE/CARE had an effect on the amount of rules they would have broken if they had not worked for such programs. More than one-half of the respondents believed that working in ACE/CARE did not change their rule violating behavior. In response to the statement, “I would have violated more prison rule if I didn’t work for ACE/CARE,” 16% strongly agreed, 27% agreed, 37% disagreed, and 18% strongly disagreed. Less than one-half of the women believed

Table Eight

Statement	Frequency					Percent					N
	SA	A	D	SD	DK	SA	A	D	SD	DK	
<i>I abided by prison rules and regulations</i>	23	15	8	3	0	47	31	16	6	0	49 (100%)
<i>I thought it was O:K to break prison rules if I could get away with it</i>	8	16	10	15	0	16	33	20	31	0	49 (100%)
<i>I couldn't stay out of trouble in prison no matter how hard I tried</i>	3	1	13	32	0	6	2	27	65		49 (100%)
<i>Most inmates should not be blamed for the crimes they committed</i>	4	8	18	14	5	8	16	37	29	10	49 (100%)
<i>Most crimes really do not hurt anyone</i>	1	5	14	28	1	2	10	29	57	2	49 (100%)
<i>Most inmates should not be blamed for the prison rules they have broken</i>	0	9	24	13	3	0	18	49	27	6	49 (100%)
<i>Most of the rules that inmates break while in prison are not that serious</i>	8	25	11	2	3	16	51	22	4	6	49 (100%)
<i>An inmate who leaves her locker unlocked and is stolen from is just as much to blame as the inmate that steals from her locker</i>	6	19	12	12	0	12	39	25	25	0	49 (100%)
<i>I have a lot of respect for correction officers</i>	5	25	12	4	3	10	51	25	8	6	49 (100%)
<i>I have a lot of respect for the police</i>	5	23	12	5	4	10	47	25	10	8	49 (100%)

	Table Eight					Continued					
<i>To get ahead you have to do some things which are not right</i>	<b>SA</b>	<b>A</b>	<b>D</b>	<b>SD</b>	<b>DK</b>	<b>SA</b>	<b>A</b>	<b>D</b>	<b>SD</b>	<b>DK</b>	49 (100%)
	1	14	17	14	3	2	29	35	29	6	
<i>I would have violated more prison rules if I didn't work for ACE/CARE</i>	<b>SA</b>	<b>A</b>	<b>D</b>	<b>SD</b>	<b>DK</b>	<b>SA</b>	<b>A</b>	<b>D</b>	<b>SD</b>	<b>DK</b>	49 (100)%
	8	14	18	9	0	16	29	37	18	0	

\*SA=strongly agree, A=agree, D=disagree, SD=strongly disagree, DK=don't know

\*\*Percentages may be more or less than 100% due to rounding

that ACE/CARE prevented them from violating prison rules, while others believed they would still obey or still break the same amount of rules no matter where they were working.

*"I strongly agree, especially in the beginning. I was extremely careful to obey all the rules. Our behavior was a reflection on the program and it wouldn't take much to have the program shut down. We also made sure that the other peers were not breaking the rules." (Shyone/ACE)*

*"It was important to follow the rules and not blow things up." (Ruby/ACE)*

*"Yes because it was the people there that served as a positive influence for me." (Freedom/ACE)*

*"I was not one to break the rules. I wanted to go home but if you worked there, you couldn't have too many tickets so I guess it was an incentive to keep out of trouble." (Mary/ACE)*

*"I wanted to stay in my programs so I stayed out of trouble." (Compassionate/ACE)*

*"I agree but I went through spells with my disciplinary. I consciously knew when I was disobeying the rules. Sometimes I was justified and sometimes I just said oh fuck it, and did it anyway." (Marie/ACE & CARE)*

*"I strongly disagree. I was never a disciplinary problem. I don't have any tickets." (Freckle/ACE)*

Respondents' belief scores were given a score of either one or zero depending on their answers. If respondents answered "strongly disagree," or "disagree" to the

following statements: “I thought it was O:K to break prison rules if I could get away with it”, “I couldn’t stay out of trouble in prison no matter how hard I tried”, “Most inmates should not be blamed for the crimes they committed”, “Most crimes really do not hurt anyone”, “Most inmates should not be blamed for the prison rules they have broken”, “Most of the rules that inmates break while in prison are not that serious”, “An inmate who leaves her locker unlocked and is stolen from is just as much to blame as the inmate who steals from their locker”, and “To get ahead you have to do some things which are not right,” they received a score of one. If they strongly disagreed, disagreed, or they stated that they did not know, they received a score of zero. Concomitantly, if they strongly agreed or agreed with the following statements: I abided by prison rules and regulations”, “I have a lot of respect for correctional officers”, and “I have a lot of respect for the Police,” they received a score of one. If they strongly disagreed, disagreed, or stated that they did not know, they received a score of zero. The highest score a participant could obtain was 11 points.

Overall, participants obtained a moderate score on the belief scale (mean=7; median=7; mode=8; standard deviation=2.05) (See Figure Twenty-Two). When comparing those that stayed in the program until release to those that did not stay in the program until release, levels of conventional belief were slightly higher for the first group of peers (average belief score of 8 verses 7) when compared to the latter group (see Figure Twenty-Three). However, these differences did not prove to be statistically significant (*Mann-Whitney U statistic=241.0; Wilcoxon W statistic=647.0; p*

Figure Twenty-Two

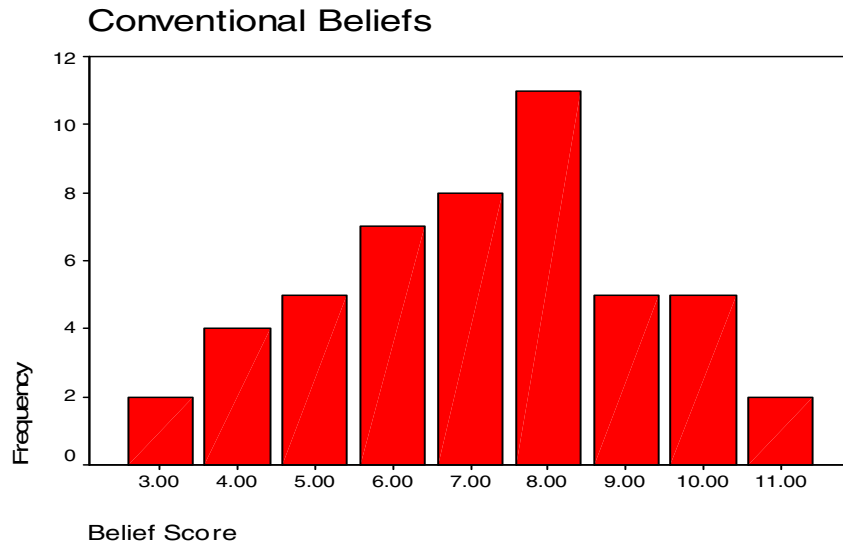
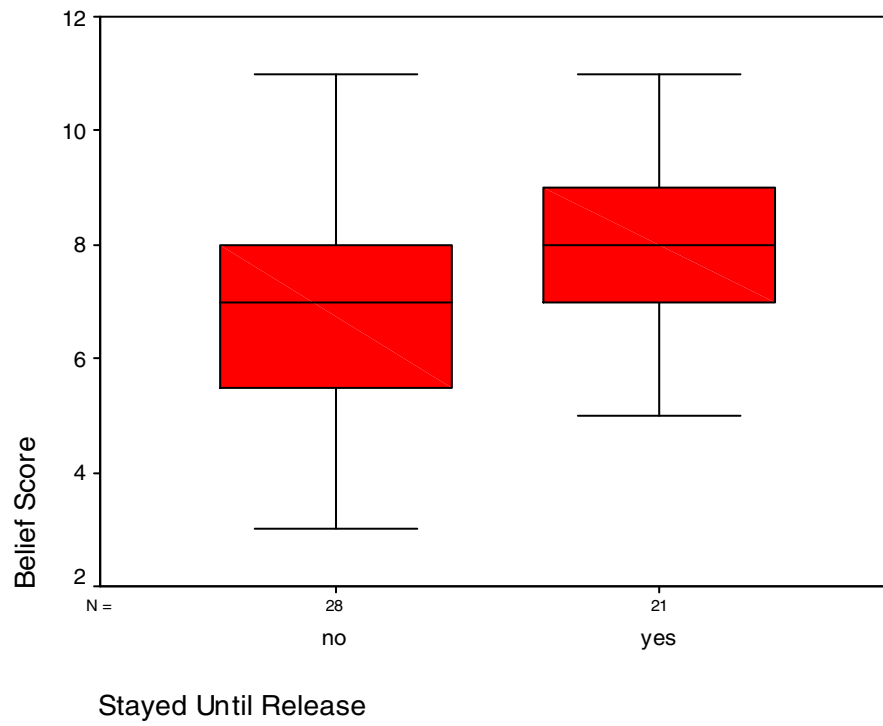
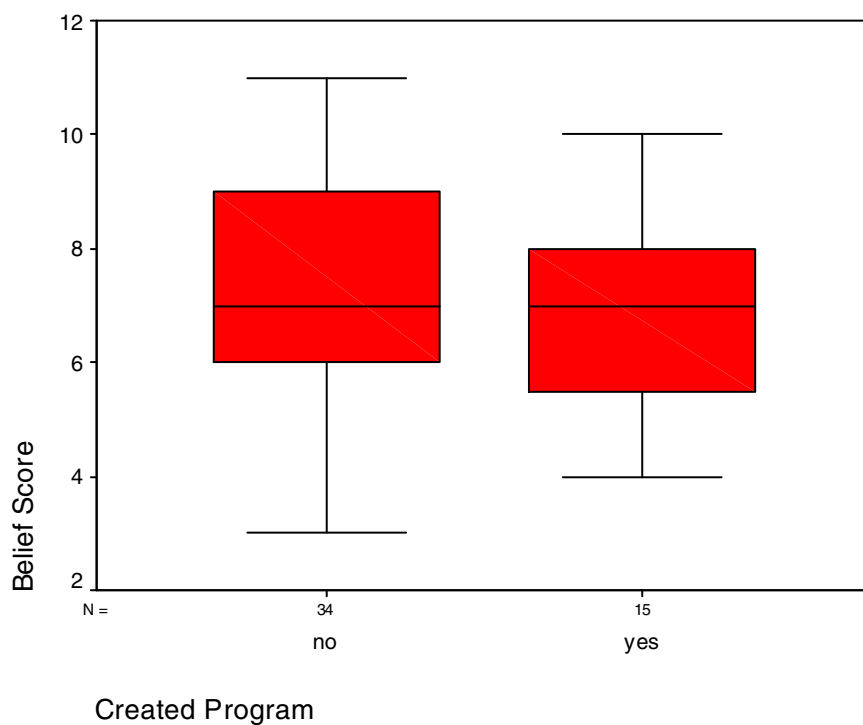


Figure Twenty-Three



*value=.279*). When comparing those that created the program to those that were not responsible for creating the program, levels of conventional belief were the same for both groups of peers (average attachment score of 7 verses 7) (see Figure Twenty-Four) and were not statistically significant (*Mann-Whitney U statistic=235.0; Wilcoxon W statistic=355.0; p value=.661*).

Figure Twenty-Four



### SELF-ESTEEM

All respondents were asked ten questions to measure levels of self-esteem (see Table Eight). In response to the first statement, “On the whole, I am satisfied with my life,” 37% strongly agreed, 47% agreed, while only 12% disagreed and 4% strongly disagreed. Two women stated that were satisfied with all the parts of their life, while one

woman said that she would not be satisfied with her life until she was permitted to leave prison.

*“Even with the bad.” (Ice/ACE)*

*“I agree. God has been good to me. I am alive and healthier everyday and I am blessed with new grandchildren and the fact that my mother is still alive.” (Freckle/ACE)*

*“I disagree. I will not be satisfied until I get home.” (Waiting/CARE)*

Most respondents disagreed with the second statement, “At times I think I am no good at all”, with 61% who strongly disagreed and 18% who disagreed. Only 16% agreed and 4% strongly agreed with this item. Two women discussed why they did not feel “good enough.”

*“I never feel that I am good enough. I struggle with it all the time.” (W21/ACE)*

*“I have no children. I can’t have them. There are things I am not in control of and there are times that I still go through the loneliness. There are still personal issues that I struggle with. I have been in a relationship for awhile but I still can’t see myself committing on the next level (marriage).” (Sarabanda/ACE)*

All respondents agreed with the third item, “I feel that I have a number of good qualities,” with 92% who strongly agreed and 8% who agreed. In regard to the fourth item, “I am able to do things as well as most other people,” 78% strongly agreed, 18% agreed, 2% disagreed, and 2% strongly disagreed. The next statement, “I feel I do not have much to be proud of,” yielded a high response of disagreement from the women. Eighty percent strongly disagreed with this item, 14% disagreed, while only 2% strongly agreed and 2% agreed. For the sixth statement, “I certainly feel useless at times,” 47% of respondents strongly disagreed, 31% disagreed, 20% agreed, and 2% strongly agreed. Even though they felt that they were contributing to something positive by having

worked for ACE/CARE, many felt that prison or the fight against AIDS made them feel useless at times.

*“I think we always feel that we could be more useful, especially in the fight against HIV and AIDS. We would pull the cure out of our pockets if we could. We struggle with not being able to do everything we can do in terms of this disease and at some points we do feel useless.” (Marie/ACE & CARE)*

*“There are moments that I feel useless. Sometimes you can’t fix everything and you feel useless but I think that is part of human nature.” (Ice/ACE)*

*“I disagree but I do feel like that at times in here. You can’t do in here the things you would normally be able to do on the streets. Your hands are tied and you have that useless feeling. For example, I would like to be able to be there for my mom when she undergoes her chemotherapy but I can’t.” (Free/CARE)*

*“I agree. If something goes wrong, it becomes a spiral effect and I feel like giving up.” (Waiting/CARE)*

*“I agree. I am wasting a lot of time in here.” (Pandora/CARE)*

All of the women agreed with the following item, “I feel that I am a person of worth, at least on an equal plane with others,” with 88% who strongly agreed and 12% who agreed. Most of the women felt that they had enough respect for themselves. When asked, “I wish I could have more respect for myself,” 57% strongly disagreed, 31% disagreed, while only 10% agreed and 2% strongly agreed. Some of the women did not always have respect for themselves, but have learned to accomplish this task over time.

*“I respect me because I am lovable, capable, and worth it.” (Sarabanda/ACE)*

*“I am at the level I need to be. Anymore and that would be considered narcissism.” (Georgia/ACE)*

*“I strongly disagree. I have enough respect for myself. I don’t want to be big headed.” (Free/CARE)*

*“I strongly disagree. I have a lot more respect for myself now than I did when I was younger.” (Waiting/CARE)*

Statement	Table Nine Frequency				Percent				N
	SA	A	D	SD	SA	A	D	SD	
<i>On the whole, I am satisfied with my life</i>	18	23	6	2	37	47	12	4	49 (100%)
<i>At times I think I am no good at all</i>	2	8	9	30	4	16	18	61	49 (100%)
<i>I feel I have a number of good qualities</i>	45	4	0	0	9	2	8	0	49 (100%)
<i>I am able to do things as well as most other people</i>	38	9	1	1	78	18	2	2	49 (100%)
<i>I feel I do not have much to be proud of</i>	1	2	7	3	2	4	14	80	49 (100%)
<i>I certainly feel useless at times</i>	1	10	15	23	2	20	31	47	49 (100%)
<i>I feel that I am a person of worth, at least on an equal plane with others</i>	43	6	0	0	88	12	0	0	49 (100%)
<i>I wish I could have more respect for myself</i>	1	5	15	28	2	10	31	57	49 (100%)
<i>All in all I am inclined to feel that I am a failure</i>	0	3	10	36	0	6	20	74	49 (100%)
<i>I take a positive attitude toward myself</i>	37	11	0	1	76	22	0	2	49 (100%)

Note: percentages may be more or less than 100% due to rounding

Key: SA=strongly agree; A=Agree; D=disagree; SD=strongly disagree

*“I strongly disagree. There was a time when I wish I would have more respect for myself but I respect myself today.” (Pandora/CARE)*

Only three women (6%) agreed with the following item, “All in all I am inclined to feel that I am a failure.” Seventy-four percent strongly disagreed and 20% disagreed with this statement. For the last item, “I take a positive attitude toward myself,” only one woman (2%) strongly disagreed with this statement. An overwhelming majority agreed with the item, with 76% who strongly agreed and 22% who agreed.

In order to measure levels of self-esteem and make comparisons accordingly, a value was assigned to each of the possible responses. The author assigned three points to each favorable item the subject strongly agreed with, two points to each favorable item the subject agreed with, one point for each favorable item the subject disagreed with, and zero points for each favorable item the subject strongly disagreed with. These items included the following: “On the whole, I am satisfied with my life,” “I feel I have a number of good qualities,” “I am able to do things as well as most other people,” “I feel that I am a person of worth, at least on an equal plane with others, and “I take a positive attitude toward myself.” Accordingly, the author also assigned three points to each unfavorable item that the respondent strongly disagreed with, two points to each unfavorable item that the subject disagreed with, one point to each unfavorable item that the subject agreed with, and zero points for each unfavorable item that the respondent strongly agreed with. These items included: “At times I think I am no good at all,” “I feel I do not have much to be proud of,” “I certainly feel useless at times,” “I wish I could have more respect for myself,” and “All in all I am inclined to feel that I am a failure.”

The scale ranged from zero points to thirty points, with thirty points being the

highest possible score. Those scoring between 0 and 10 points received a low self-esteem rating, those scoring between 11 and 20 points received a moderate self-esteem rating, and those scoring between 21 and 30 points received a high self-esteem rating. Overall, the study participants had very high levels of self-esteem (mean=26; median=26; mode=28; standard deviation=4.01) (see figure Twenty-Five). In terms of their self-esteem rating, 94% received a rating of “high” self-esteem, 6% received a rating of “moderate” self esteem, and 0% received a rating of “low” self-esteem (see Figure Twenty-Six).

Figure Twenty-Five

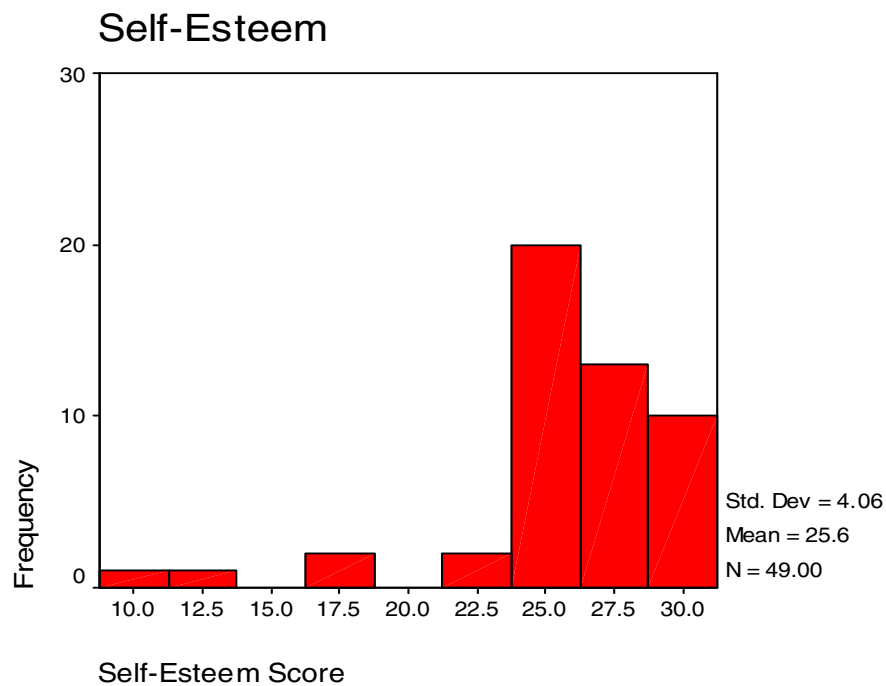
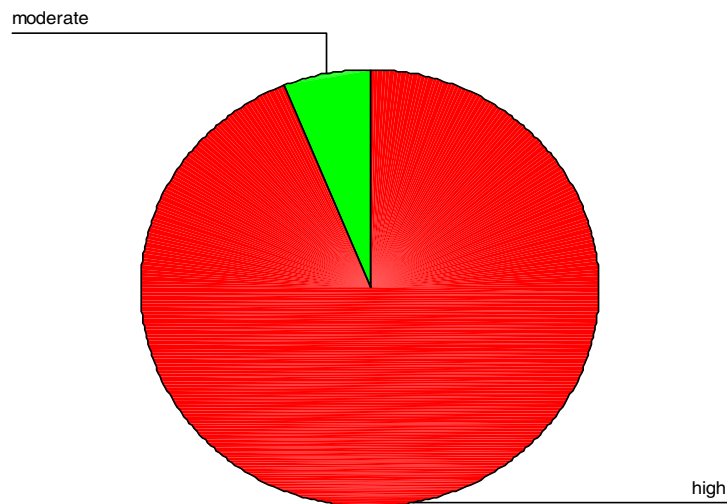


Figure Twenty-Six

## Self-Esteem Rating



When comparing those that stayed in the program until release to those that did not stay in the program until release, self-esteem levels were slightly higher for the first group of peers (average self-esteem score of 26 verses 25) when compared to the latter group (see Figure Twenty-Seven). However, these differences did not prove to be statistically significant (*Mann-Whitney U statistic*=249.5; *Wilcoxon W statistic*=655.5; *p value*=.363). When comparing those that created the program to those that were not responsible for creating the program, levels of self-esteem were higher for the first group of peers (average attachment score of 27 verses 23) when compared to the latter group (see Figure Twenty-Eight) but these differences were not statistically significant (*Mann-Whitney U statistic*=176.5; *Wilcoxon W statistic*≠71 .5; *p value*=.085).

Figure Twenty-Seven

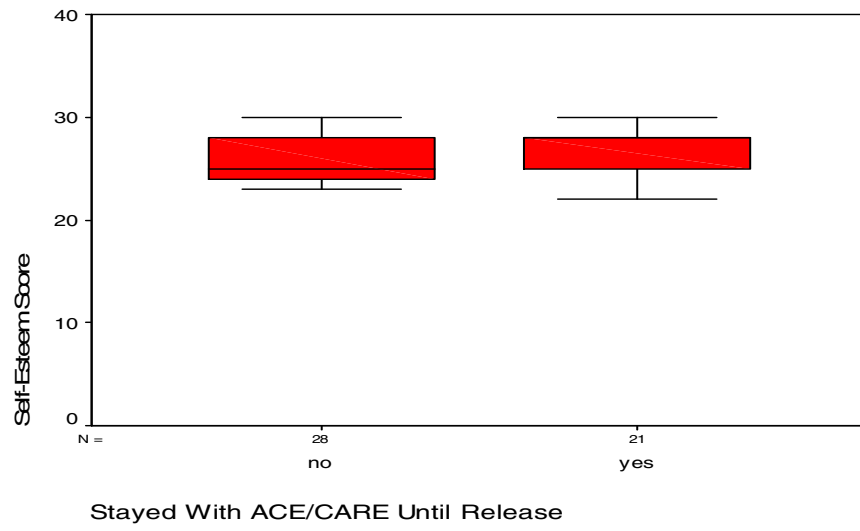
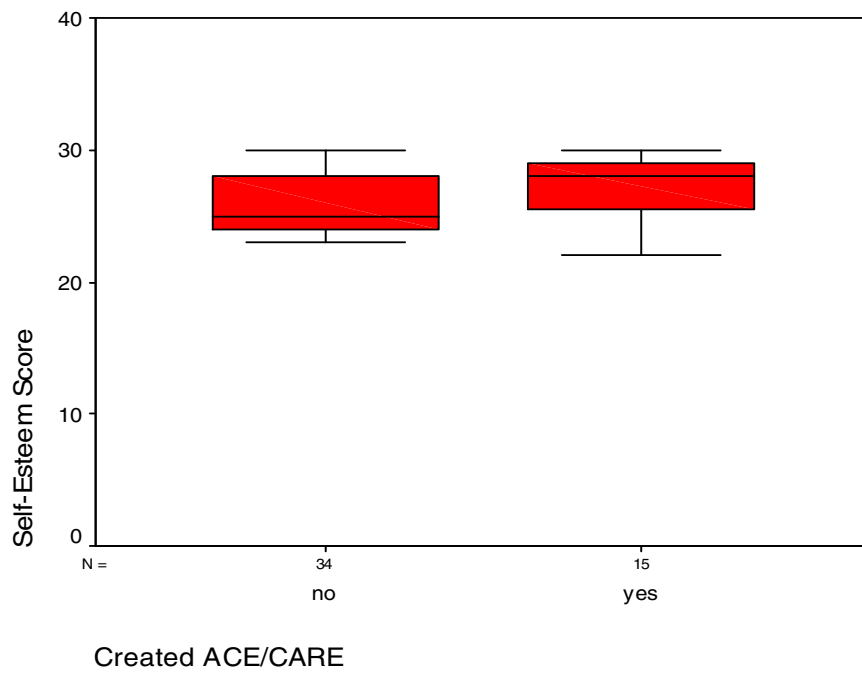


Figure Twenty-Eight



## LEVELS OF SUCCESS

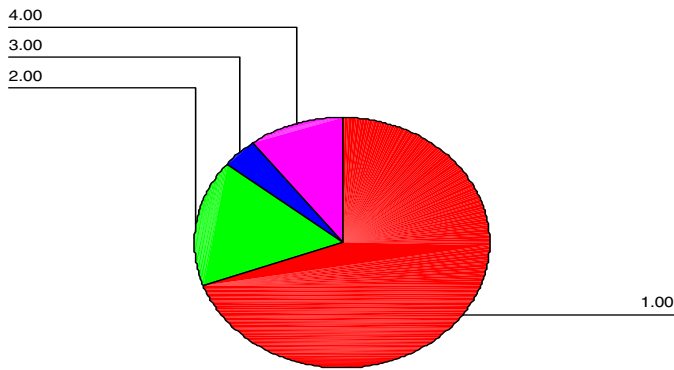
### *Institutional Success*

Institutional success was measured in terms of disciplinary infractions and the number of tickets an inmate received during the course of their incarceration. To determine if working in ACE/CARE had an effect on the rate of tickets incurred, respondents were asked to report on the total number of tickets they received prior to and during the time they were employed with ACE/CARE. Inmates were asked how they would describe their own disciplinary history, if they perceived themselves as a disciplinary problem, and if they felt that others perceived them as a disciplinary problem.

When asked if they would rate their disciplinary history as excellent, good, fair, or poor, 69% said “excellent,” 16% said “good,” 4% said “fair,” and 10% said “poor” (See Figure Twenty-Nine). When asked if they perceived themselves as a disciplinary problem, 92% said they did not see themselves as a disciplinary problem, and 8% said that they did see themselves as a disciplinary problem (see Figure Thirty). When asked if they believed others viewed them as disciplinary problem, 86% said “no” and 14% said “yes” (see Figure Thirty One). One woman described her disciplinary history as being poor the first time she was in prison, but her disciplinary record has since improved. She believed that she was able to create a certain image of herself the first time she was in prison and because of that, she has been able to stay out of trouble the second time around.

*“The first time I was here my disciplinary was bad but this time it has been really good. In this atmosphere there are times that you can’t walk away, otherwise you don’t get respect and they will always be fucking with you. They know to leave me alone. Don’t*

Figure Twenty-Nine  
How Would You Describe Your Prison  
Disciplinary History?



Key: 1=excellent, 2=good, 3=fair, 4=poor

Figure Thirty  
Did You Perceive Yourself as  
a Disciplinary Problem?

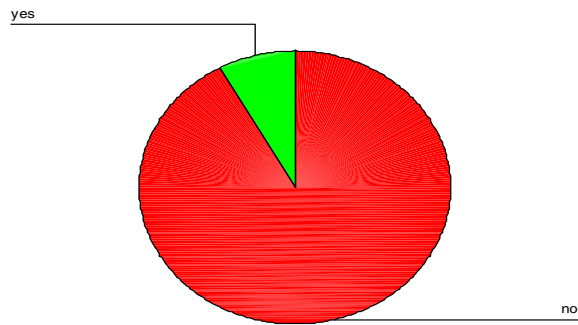
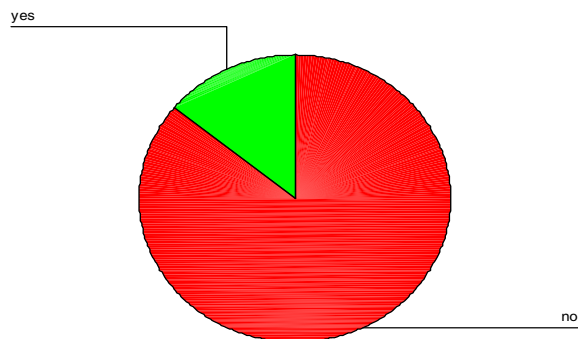


Figure Thirty-One

Do You Think Others Perceived You  
as a Disciplinary Problem?



*fuck with me. I'll never back down from somebody. It's important to have that image, especially in a place like this, or people will always fuck with you." (Rafeequa/ACE)*

Another woman described an experience when she almost had an altercation with another inmate but it did not result in disciplinary action:

*"No, but I think it is because I am older and I just want to do my time and go home. In my last fight, I took a life. I just try to side step and avoid conflict. I only had one problem in here when I was attacked by a 300 pound woman. I was coming back from Bible study and I was waiting by the bubble for the officer to let me through. This woman, who was in keep lock, was being escorted by an officer to get her meds. As soon as she got up to me, she just started to punch on me. She left me, ran down to rec, and attacked someone else, and then went to the kitchen and attacked someone else, and then ran up the corridor and attacked two more women before the officers got her under control. I found out that she had been without her mental meds for five days. I just couldn't swing on her because I just came from church and she was just a kid. I swear, I'll never forget that." (Rose/ACE)*

One woman from ACE recounted the reasons which led to her arrest and how this incident impacted her disciplinary behavior in the beginning of her sentence.

*"At the beginning, when I was on Rikers Island, yes, but my disciplinary was excellent in prison. When I started my time in jail I was a very violent person. I had a lot of anger inside of me. My mother was an abused woman and the only memories I have of her is trying to defend her when I was a child. I remember when I was three years old having a knife in my hand trying to help her. She died so young at 32 by the hands of her abuser. I was also abused at a young age. My family said that I was lying. I come from a large Hispanic family and the message was that we don't talk about things like that. When I tried to tell them, they accused me of lying and of being a troublemaker. I tried to get a grip on myself and I came to this country and I was raped. I had finished my associates and was going to [name of a NY college] and working at a law department. During the day I would work and at night I would go to school. One night I was coming out of school and a man grabbed me, took me into an alley, raped me and left me for dead. The school never noticed that I wasn't coming to class. My English at that time was not very good either. I couldn't call home and tell them what happened because I knew that they would blame me. They would say that it was my fault. I was so lost and so angry. My case (a drug related case) had to do with a dirty cop and when I went to court, they didn't take any of my background information into consideration. For the first nine months at Rikers, I was fighting all the time. I was little and short and other women tried to take advantage of me. It really hit me when I got to Bedford and I had two COs in receiving that tried to play good cop/bad cop with me and I knew there had to be another way to do this. I changed my behavior. I was lucky to have a good foundation from my*

*grandmother and I sought help when I came to Bedford. My disciplinary was excellent at Bedford. I developed great coping skills and I learned how to deal with my anger.”*  
(W21/ACE)

When asked if they received any tickets during the course of their incarceration, 80% of the women said they had received one or more tickets, while only 20% stated they never received any tickets. One inmate, “Blissful (ACE)” said she was too scared to commit any disciplinary infractions, which is why she never received any tickets:

*“I was too scared to get any tickets. I didn’t get any tickets at all. I was a role model inmate. I was 19 when I was arrested and 21 when I was convicted and sentenced and I was really scared. I needed to make my time as easy as possible and I was petrified when I got to Bedford. It was bad enough being in prison, I didn’t need to make things worse for myself while I was there. Then I met some of the women in ACE and they were the ones that told me that I would be O:K.”*

In terms of the number of tier one tickets, 71% stated that they did not receive any tier one tickets, 14% received two tier one tickets, 2% received three tier one tickets, 2% received three tier one tickets, 4% received ten tier one tickets, 4% could not remember, and one woman (2%) received 40 tier one tickets. In terms of the number of tier two tickets received, 25% did not receive any tier two tickets, 39% received between one and three tier two tickets, 14% received between four and six tier two tickets, 6% received between seven and nine tier two tickets, 14% received ten tier two tickets or more, and one woman (2%) was unable to recall how many tickets she received. Many of the women recalled the incidences that led up to their tickets. Most of their infractions were minor to moderate in nature.

*“The three tier one tickets were for no radio permit, no fan permit, and passing cigarettes to a keeplock. The two tier two tickets were for interfering with staff duties, there was ice on my cell wall and I refused to lock in until the heat was turned on, and contraband. I had spiral notebooks, rulers, hair beads, bleach, and a photo album binder in my cell. Both tier twos were dismissed because I had my papers (permits) from*

*BHCF when I was drafted to Albion. Also, the tier twos were dismissed because a civilian stated that she had given me the items as part of my job responsibilities and another officer stated that he gave me the bleach to hold in my room.” (Big Sis/ACE)*

*“Oh yes. I received 3 tickets.... For the first ticket, I received a tier one for talking at a keep lock’s door. The funny thing about it was that I was not even on that end of the unit. There was another woman on the unit and I guess we looked similar from behind because when I returned back to my unit after program, I had a ticket waiting for me. I got a counselor reprimand for that one. The second ticket I got was because my cross [on my necklace] was 1/2 of an inch longer than it was supposed to be. It was an authorized piece of jewelry because I had my permit for when it was given to me but I was found guilty and received a counselor reprimand. Those were both during ACE and I was scared to death trying to explain them to ACE. When I was told I was getting a ticket, I think all the color ran out of my face. After ACE, I got a ticket for being in the school building after it was closed. The clock had the wrong time on it and I thought it was earlier than it was. The officer found me 20 minutes later when my unit called looking for me. He tried to state that he did his rounds and didn’t see me. That was impossible because the room I was working in was so tiny, there was no way he could have missed me. Also, they are supposed to lock all of the doors after they do their rounds and the door was obviously not locked or I would have been locked in there. The ticket was dismissed because obviously he did not do his rounds. I almost got another ticket one time for wearing a brown sweater to an assembly when we were supposed to be stated down (wearing state-issued clothing). The sweater was a state sweater but they didn’t give them out at the state shop anymore. I had been there so long that I had clothes that were no longer being used and I couldn’t find anyone else, in terms of staff, that had been there that long to remember that it was a state sweater. I threw it out. I didn’t even return it to the state shop because they wouldn’t want it. They would have said that it wasn’t state issued. I was found guilty only of the first two tickets, talking at the keep-lock’s door and for the jewelry, but the other tickets were dismissed.” (Purposed/ACE)*

*“I had one tier two ticket for having three pieces of gum in my cell. It cost me \$5 (the fine an inmate must pay when they are found guilty of an infraction) and I had to clean the lobby. They searched my cell and what was funny was that I was about to go in the showe and my friend came in my room and she left her radio under my pillow. When we got back, I told her I got a ticket and she said oh shit I left my radio in your room. Then we find out that it wasn’t even for the radio, they never found it.” (Mary/ACE)*

*“I had four tickets, two tier ones and two tier twos. One tier one was before ACE for having a teddy bear and one tier two, which was during ACE, was for altering my skirt. After ACE, I had two tier twos for refusing a pat frisk by a male officer.” (Jada/ACE)*

*“I received about four tickets. I think two were tier ones and two were tier twos and I think they were all before ACE & CARE. One was for giving someone a cigarette. One was for showing somebody a picture. One was for having someone else’s food in my locker when I was living in the nursery and one was for disobeying a direct order.” (Nicolette/ACE & CARE)*

*“I received one ticket. I disobeyed a direct order but it was a long time ago. The officer wrote me up for talking to somebody behind the grill (the gate). I didn’t know that the grill was the gate. The only grill I know is for hamburgers and hotdogs. I was new and didn’t know. This was in 84 when I first got there. So because I didn’t understand him, I didn’t move, and he wrote me the ticket. He should have said gate.” (Air/ACE)*

*“I had four tickets, two tier twos and two tier threes. The tier twos were before ACE, when I first got to prison. One was for using the bathroom during count and I have no idea what the other one was for. It was all stupid. I received one ticket during ACE for a fight which was thrown out and I was in keep-lock for a day. Then I received two tier threes after ACE. The first one was in Albion for kiting mail (having mail sent to a third party). I was writing to my friend in Bedford who ended up dying there. I would do it again if I had to do over. She was my friend, my family. The second tier three was at Beacon. I had outside clearance and I got in trouble for accepting a pack of cigarettes from a civilian. I lost my clearance but I got it back.” (Ice/ACE)*

In terms of tier three tickets (the most serious infractions), 71% did not incur any tier three tickets, 10% incurred one tier three ticket, 4% incurred two tier three tickets, 4% incurred three tier three tickets, 8% incurred over three tier three tickets, and one woman (2%) could not remember how many infractions she incurred.

In looking at the effect that ACE/CARE had on rates of disciplinary infractions among participants, more than one-half of participants (51%) had a decrease in the number of tickets they received after joining ACE/CARE. Forty-seven percent did not experience any changes, as the rate of infractions among this group was low before working for ACE/CARE, and only one woman, who was a severe disciplinary problem and fired from her position, experienced an increase in tickets incurred. Two of the women stated that they did not believe that their decrease in infractions was related to their work in ACE/CARE.

*“I had about 5 tickets, probably three before and two during. Working in CARE really didn’t affect my disciplinary behavior. The first two were for fighting and the last three were for DGs (degenerative acts/sexual contact). I had 30 days in keep-lock for each charge.” (No Excuses/CARE)*

*“From 1990 to 1992, I probably received over 30 tickets. In the beginning, my disciplinary was very poor because I had such a long sentence. I felt like this my home and I didn’t have to listen to anyone – I could do whatever I wanted. After 1992, when I won my appeal, I probably only received about ten tickets after that. I was able to see the light at the end of the tunnel. I had two fights during the time I worked for ACE and one fight when I was up in Albion, which is why I was sent back to Bedford. For the first fight, I only served 11 days in SHU, even though they had sentenced me to six months. The second fight, I stayed in SHU for three days, even though I was sentenced for six months. When I was up in Albion, I was sent back to Bedford for a fight and I received six months of keep-lock, loss of packages and one year loss of good time. In 2002, I received a counselor reprimand for having a dildo in my room. I was allowed to have all of the materials which I made it out of, but the hearing officer said that I was not allowed to put the materials together in that way. I really think that my disciplinary improvement was due to winning my appeal, not so much working for ACE.” (Volcano/ACE)*

“Sad,” who was removed from the ACE program for disciplinary behavior, had an extremely high rate of tickets. She had incurred ten times the amount of infractions incurred by the other women and had the highest rate of infractions when compared to all of the other study participants.

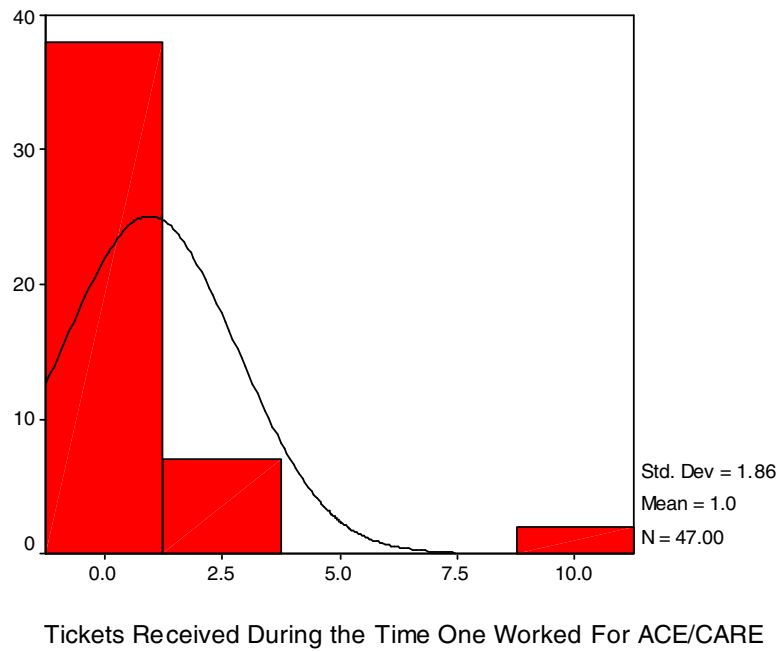
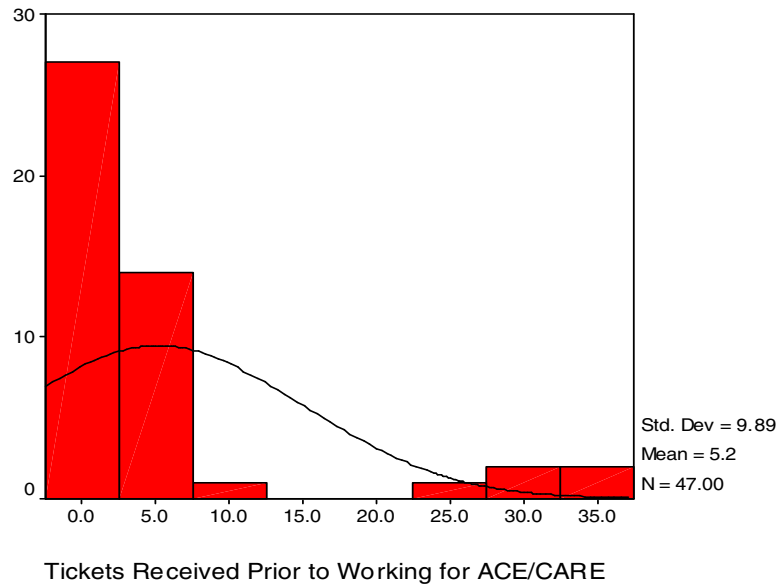
*“I have over 100 tickets. I can’t remember what most of them were for but most of them were tier twos, because they never gave me a chance in giving me a tier one. I think I have had only two of those. I don’t know how many I had before, during, or after ACE. I know I had more before working for ACE. Actually most of them were before working for ACE. I was in SHU three times for a dirty urine, once before, once during and once after ACE for 30 days each. I don’t know how many times I have been keep-locked - a lot. It was usually for verbal harassment and disobeying a direct order. Most of them were before ACE.” (Sad/ACE)*

On average, the women had received 5.17 tickets prior to working for ACE/CARE (.59 tier ones, 4.10 tier twos, .52 tier three) and they only received, on average, 1 ticket (.95 during the time they worked for ACE/CARE (.19 tier ones, .70 tier twos, .10 tier threes). This shows a substantial decrease in the rate of infractions after joining the ACE/CARE staff. Overall, when utilizing a paired samples *t* test, the decrease in the rate of disciplinary infractions proved to be statistically significant ( $t=2.918$ ,  $df=46$ , two-tailed

*significance*  $p=.005$ , 95% confidence interval=1.30 to 7.11), illustrating a correlation between working for an HIV prison-based peer education program and better institutional conduct (See Figure Thirty-Two). For those women that received tickets (80% of the sample), most of the infractions (53%) were for minor rule violating behaviors, such as smoking, illegal exchange (i.e., giving something or receiving something from another inmate), contraband (i.e., mostly hygiene items or food items that they were not allowed to have), disobeying a direct order, or being out of place. Twenty-four percent were for assault and/or fighting or a “DG” (i.e., degenerative act, meaning having physical contact with another inmate), and one woman, who had the highest rate of disciplinary infractions, received most of her tickets for dirty urines. In comparison to national rates of disciplinary infractions among all inmates, the rate of infractions among ACE/CARE inmates (1 per year) was lower than the national average (1.5 per year) (Stephan, 1989). In comparison to all female offenders, the rate of infractions among ACE/CARE peers (1 per year) was also lower than the national average for female inmates (2 per year) (Stephan, 1989).

For many tier two and tier three infractions, inmates can be punished by being “keep-locked.” When an inmate is on keep-lock status, they are locked in their cell for 23 out of 24 hours per day. Forty-seven percent of the sample population reported being on keep-lock status, however, most were locked prior to working for ACE/CARE. Out of the 23 women that reported being placed on keep-lock status, three could not remember how many times they had been keep-locked, hence they were not included in the following analysis. For the remaining twenty women, the rate of keep-lock decreased substantially after an inmate began working for ACE/CARE and these results proved to

Figure Thirty-Two



be statistically significant ( $t=2.289$ ,  $df=19$ , two-tailed significance  $p=.034$ , 95% confidence interval .1627 to 3.6373). Some of the women spoke about their experiences with serving time in keep-lock:

*“I received one tier two ticket before ACE for a DG, which I was guilty of. After ACE, I received one tier two ticket for smuggling cosmetics. I was found guilty of both infractions, but I received the second tier two for smuggling cosmetics because the CO and I didn’t get along. I got out of keep-lock early but the ticket is still on my record.” (Scarlet/ACE)*

*“I had seven tickets, all tier twos. Two tier twos were for fighting and I was keep-locked seven days for each fight. I was keep-locked on another tier two for 20 days for disobeying a direct order and I received three other tier twos for disobeying a direct order. Those were all before CARE. I received one tier two during CARE for smuggling a ham and I got 30 days keep-lock.” (Sky/CARE)*

*“I had three or four tickets, all tier twos. Two were for DGs and two were for out of place. Most of the tickets were before ACE. I was keep-locked once for three days but the ticket was reversed.” (Annie/ACE)*

*“I didn’t receive any tickets that I was found guilty of. I had one ticket for kissing my lover in the visiting room. The rules stated that there were to be no sexual acts between visitors and inmates. How is kissing defined as a sexual act? It is a form of affection, a way to embrace another. I appealed it. They wanted to give me 45 days in lock. I spent 15 days in lock and I won at my hearing.” (Sarabanda/ACE)*

*“I had four tier twos. One for fighting, one for refusing a direct order, one for boisterous conduct, I was waving my hands around when I was talking to the officer, and one for out of place. All of them were before CARE except for the out of place, which I received 20 days keep-lock. I was never locked for the other ones. I was visiting my girlfriend on her unit and they were looking for me and couldn’t find me for 45 minutes. Finally they paged me and I was rushing up front, my clothes were all ruffled, I had buttons open, and I saw the sergeant and he said, you, get over here. I told him that I was talking to someone because I had a problem. He said maybe a few days in lock will help you to sort out your issues. They almost locked the jail down because they couldn’t find me.” (Trixie/CARE)*

*“I received 14 tickets during my incarceration. There were about 7 before ACE, one during, and the rest were afterwards. I was keep-locked about 10 or 11 times, usually anywhere from 7 to 20 days. The majority were for disobeying a direct order. I knew how far to go and what buttons I could push. I never did more than 20 days in lock and in 17 years I never served one day in SHU. During ACE my record was exceptional. It was during that time that I was moved to the honor floor.” (Marie/ACE & CARE)*

*“I have had two tier twos. One was when I worked in CARE for the click click program (the program that allows inmates to purchase Polaroid pictures taken of them or their family members on visits). The ticket was for illegal exchange. We used to be able to trade our free pictures that we got from click click and an officer wrote me up for it. The second ticket was after I was sent to Albion for missing a call-out.” (Waiting/CARE)*

Twenty-two percent (n=11) of the women reported serving SHU (Special Housing Unit) time during their incarceration. SHU, which is strict solitary confinement, is located in a separate part of the facility at BHCF, and inmates are locked in a cell for 23 out of 24 hours a day and receive minimal to no privileges. Eight of these women served their SHU sentence(s) prior to working for ACE/CARE, one served a SHU sentence during the time she worked for ACE for having a fight with another inmate, and one inmate served a SHU sentence both before and during the time she was employed with ACE, which was also for fighting. Two women reported being placed in administrative segregation, but this was after they had left the ACE Program.

*I had a bad disciplinary, but it was mostly in the beginning of my sentence. I probably had about 34 tickets, it's really hard to remember but most were before I started working for ACE. I had two assaults on staff, both were tier threes. For the first assault, I served four months in SHU and for the second one, I served 60 days in keep-lock. The third tier three was for getting a package in another inmate's name and I don't remember what the fourth one was for. I received one ticket during the time I worked for ACE. This girl was dying and her mother was sent on the draft up to Bedford. I took her mom to see her in IPC and I got a ticket for that. Most of the other tier ones and tier twos were for being out of place or disobeying a direct order.” (Power/ACE & CARE)*

*“I received about 12 tickets. I had three tier threes before ACE. The first was for assault. I was sentenced to three years in SHU but served nine months. The second was for assault and I received eight months in SHU. The third was for an assault on staff and I stayed seven months in SHU. The rest of the nine were tier twos. I guess I received about one ticket per year. These were during ACE, from about 95-98. I was being stalked by a sergeant and because I didn't want to be with him, he would find any reason to write me a ticket. During that period my daughter also got raped and I was back and forth to court. It was a horrible time and I had two nervous break downs because of it. I was even keep-locked about four times for being out of place and disobeying a direct order. At one time my disciplinary record was poor for about 11 years but then turned fair and now it is excellent. I was young when I came in here, only 20 years old. I think staff still perceives me as a disciplinary problem because it is hard to loose the reputation people give to you. Most of the time I was in ACE, I was working behind the scenes because the superintendent didn't want me to work there because of my disciplinary. But we were having an epidemic and my sisters were dying and I was going to do whatever I could.” (Yasmeen/ACE)*

*“I haven’t had a ticket in 10 years. I was mad and angry when I came in here at 19 years old and I had a pretty bad disciplinary. I have had about 27 tier twos and tier threes. All the tier threes were before ACE and for things like assault, fighting, smuggling, I gave food to someone in the box (SHU), and disobeying direct orders. I have been in SHU three times. Once for four months, 101 days for the second one and 90 days for the third one. I was keep-locked once before ACE for 15 days. After ACE, I was in administrative segregation for assault, four times for the same charge, 30 days each time, but I beat the ticket.” (Freedom/ACE)*

*“I had about 28 tickets in 16 years. About 27 tier twos and one tier three. Tier ones don’t stay on your record. The tier twos were mostly for disobeying direct orders, harassment, and smoking in my room. Twenty-five of them were before CARE, two were during CARE, and I haven’t received any tickets since leaving Taconic. The two during CARE were for bullshit and nobody could believe that I got locked for them. One was for telling the doctor that she was fucking wasting my time and she wrote me up. The second was for calling the sergeant a matron. I was locked both times for ten days each. Before CARE, I’d been locked 16 times for about 30 days each. I was in SHU one time before CARE, in 1999, for 180 days, for fighting.”*

*“I was in administrative segregation for two weeks. A counselor made a phone call for me to my stepson and I didn’t know that she wasn’t allowed to do it. She was locked-out of the facility and they placed me in administrative segregation for two weeks and removed me from the program. I was put in Fisk (honor housing) when I came out as a sort of apology, but they still will not let me return to ACE.” (Kate/ACE)*

### ***Postrelease Success***

In terms of postrelease success, all 25 releasees had high rates of success. Almost all of the releasees (n=21) were employed full-time at the time of their interview. Only three of the releasees were not working. One woman was not working due to illness, and the other two women had recently moved. Although they were both employed full-time prior to moving, after relocating, they had been unable to find work. However, they were both actively looking for employment at the time of the interview. Eighteen of the women worked for community-based organizations providing social services such as HIV related services, mental health services, substance abuse services, etc., two worked for colleges, and one worked as a waitress. Twenty of the women were happy with their current position and had been in their current position for an average of 18 months.

Moreover, six of the women were employed in supervisory positions (i.e., program coordinators, program managers, and program directors).

On average, releasees had been living in the community for 5 years (median=4 years; mode=10 years) since their release from prison, ranging from the shortest time out of prison at one year and the longest time out of prison at 15 years (see Figure Thirty-Three). Only one of the releasees had been arrested since leaving prison. Nonetheless, her transgression was quite minor and she was not violated by her

Figure Thirty Three



parole officer. *Tyler* (ACE) explained what happened:

*“I was arrested over Christmas time on a trespassing charge. The whole thing was ridiculous. I went to the projects to see my friend but she wasn’t there. As I was leaving, the police stopped me and said that because my friend wasn’t there, no one could verify that I was actually visiting her, so they arrested me on a trespassing charge. I couldn’t fucking believe it. They just wanted the overtime and they didn’t want to be out*

*patrolling the projects in the snow. I had a shitty public defender so I plead guilty to a misdemeanor and received three days community service.”*

The women were also asked to report any law violating or parole violating behavior that escaped the attention of the authorities or their parole officer. Nine of the women reported committing parole violations and/or engaging in illegal behaviors. Two of the women admitted to drinking alcohol occasionally, two admitted to drinking alcohol occasionally in addition to missing curfew, two admitted to having smoked marijuana on one or two occasions, one admitted to missing her curfew, one admitted to leaving the jurisdiction, and one admitted to stealing when she was first released. None of the releasees, however, were ever sent back to prison on a violation or a new arrest. They had an official recidivism rate of zero, but, technically, nine of them could have been violated, even though their violating behavior, for the most part, was minor in nature. Two of the incarcerated participants, who had worked for CARE and were released, had returned to prison on a technical violation. Both women were violated for leaving the jurisdiction. *Pandora* was violated for absconding from her work release program. She stated that she had become involved in a very unhealthy relationship with a man that she later married. She believed that this failed relationship contributed to her leaving her program. The second woman, *Determined*, was violated by her parole officer when she went to Pennsylvania to visit her ill father. She explained her predicament:

*“When I got out, I was working as a house manager for a drug and alcohol recovery center making about \$250 every two weeks. I am back here on a violation for leaving the state and going to Pennsylvania. My dad lives there and he was really sick. I was going back and forth to help take care of him, feed him and change him. She (the parole officer) originally said I could go but then changed her mind. I guess I was gone the last time for too long. I came back to NY, went to her office, but she never showed. So, I called the police and told them to pick me up. I turned myself in and they gave me 8 months but I go the board in two months. If that doesn’t work my CR date is shortly after that. I am not glad to be back but I am so proud of myself that it wasn’t for a dirty urine.*

*I managed to stay clean. This violation was stupid and necessary but I love my dad and did what I thought was right. I was out a year and I was doing really well.”*

In most cases, the majority of the women in the sample population had managed to maintain a law abiding lifestyle and had achieved a high level of postrelease success.

The releasees (n= 24) were also asked to describe the most stressful situations they faced upon being released. Most of the women stated that the readjustment period was the most difficult (50%), followed by family issues (29%), housing and/or finding employment (8%), difficulty with a relationship (4%), and difficulty with a parole officer (4%). One woman stated that she did not experience any stress when she returned home because she had a job and an apartment waiting for her. Many of the women were overwhelmed when they returned home and found the routine of daily life on the outside to be quite stressful.

*“It was just adjusting to all the changes like cell phones, the train schedules, the change in the way money looked, the increase in the prices of things, etc. It was the little things that made it the most difficult but I appreciate it.” (Smarty/ACE)*

*“I was so overwhelmed by everything, just walking around and familiarizing myself with everything that had changed. When I left the facility they gave me a check and I didn’t know what to do with it. It was difficult to do everyday things. I remember the first time I ordered a cappuccino and I waited to drink it until I got home. By the time I got there, the foam had disappeared – I didn’t know that could happen. The hardest part was the reintegration and getting used to everyday things like walking around or even just ordering food at a restaurant.” (Power/ACE & CARE)*

*“Dealing with my mother and finding a place to live because she wouldn’t let me live with her. It is hard mentally. I don’t feel like the same person. I’m paranoid and I don’t trust a lot of people. I don’t feel like me. I have changed a lot, which is good and bad. It is good because I learned that I want more out of life, but it is bad because the time there [in prison] has mentally fucked me up some how.” (Poison/CARE)*

*“Learning how to get around and starting over in a new city, a new place. Going to school when I came home to finish those three classes was also very stressful. It’s a different situation than the inside where you had a learning center and a place for us to support one another.” (Mary/ACE)*

*“My family was the biggest stress, just readapting to them. Other than that, God has blessed me. I am not going back to prison and I will do whatever I have to do to stay out of there. Well, not whatever - it has to be legal.” (Enigma/CARE)*

*“I had so much support when I was released, more than most. I guess being on parole was stressful, being free but not being free. The most stressful was my struggle to get my family back. I wanted my family back now, but I had to wait until I was ready. It was hard to be a mother again. (Nicolette/ACE & CARE)*

*“Being out here. After being institutionalized, it is so hard to make the transition. You have parole on your back telling you to get a job and to get your kids back. It’s a lot. In prison, there was no therapy and I had no support from my family. It was really hard.” (Blissful/ACE)*

*“It was all stressful, all overwhelming. The transition itself was easy for me but it was overwhelming. Just getting on a block that you used to live on or work on and the whole damn block has changed. I didn’t even know how to use a Metrocard (payment method for the NYC subway system). I went to the clerk and she was asking me if I wanted a daily, a monthly, or an unlimited. I didn’t know what she was talking about. I just wanted one ride. She told me I could get it from the machine. I didn’t even know how to use that thing. Also, going home to my grandfather was stressful, especially because my grandmother was not there (she had died while Ice was in prison). I was sleeping in her bed and all of her stuff and all of her clothes are still there. I haven’t been able to get rid of it. I still miss the people in prison. I don’t want to go back, but I didn’t want to leave them behind.” (Ice/ACE)*

*“Just getting adjusted, getting an ID, getting money in your pocket. Then they came out with Metrocards in between the time I went in and the time I came out. What happened to the tokens?” (Georgia/ACE)*

Ninety-two percent of the women stated that they coped with this stress by talking about it with others. Most relied on the support of friends, but some spoke to family members, their intimate partner, or to a counselor.

*“I have a very good support network. I also make meetings (NA) and I have a wonderful sponsor.” (Blondie/CARE)*

*“I was in therapy for about eight months because I developed panic attacks after I came out. It was three years after I was home. Now, I try to self-meditate, I think positive thoughts and I talk to my sister, my friends and my partner.” (Power/ACE & CARE)*

*“I go to church. The stress I feel is due to my job and my finances. I call my parents, talk to my mom and sister, and they offer me some relief. I discuss my problems with*

*them. I also have my cousin who only lives five minutes away from me. He works for immigration so he is not around as much as I would like him to be. I don't have friends here and it's lonely. You couldn't have told me that at 48 I wouldn't have a partner."* (Shak/CARE)

*"I yell, I scream, I voice my opinion about how I feel, and I talk about it. It also depends on the stress. If it is my own stress, I deal with it and try to find a solution. If it is stress because of my family, I try to talk them about it."* (Enigma/CARE)

*"I don't eat. I shop but I can't afford to do it. I just deal with it. There is no picking up for me because I know where it will take me. I talk to my mother. If it gets really, really bad, I talk to [name of former ACE peer], my mom, and I scream like a banchi. Prison actually helped me to handle stress better. Being there is very stressful and if you can handle that, you can handle almost anything."* (Nicolette/ACE & CARE)

*"I talk to my friends. I sit in quietness and re-evaluate what's going on in my life. Do I have control over it or is it something I can't control?"* (Tyler/ACE)

*"I just get through it. After being in prison, you learn how to get through things. Before prison, if something happened, I would fall apart and get high. After being in prison, I never want to sell drugs again. I will deal with whatever comes."* (Ice/ACE)

*"I pray a lot. Spiritually I have developed more and I have a good support system. I don't hold anything back like I used to. I say what I have to say. God has really given me blessings so I can't complain. I try not to stress about anything because I know he will make his way for me. You can't have stress and faith at the same time. I have faith and he works miracles every day."* (Georgia/ACE)

Participants that were incarcerated were asked comparable questions to those asked of the releasees, except they were asked to predict what they felt would be the most stressful situations faced upon released. Surprisingly, the answers were quite similar. Out of the 25 incarcerated women, most of them believed that the adjustment period would be the hardest (40%), followed by family issues (16%), difficulty in finding housing and/or employment (16%), and other (28%).

*"Readjusting to society like being in large crowds, which I really don't like, crossing the street or even driving a car."* (Kate/ACE)

*"Going out there. It's so different, it's a new world. I want to excel and I want to live a normal life and do things I never did before."* (Ten/ACE)

*“My family. I have changed a lot but they haven’t. They are in the same place but I am not, and I have to try to keep reminding myself of that.” (Purposed/ACE)*

*“Finding a job that’s going somewhere, which means something that pays enough to support my daughter, my mom, and my aunt.” (Autumn/ACE)*

*“My head is happy but my heart is sorrowful because I am leaving a lot of people behind. Prison is like a big spider web and once you get caught in it, you can’t get out. I wish that when I leave I could open the gates and have them come with me. I grew up in here and I hate to leave them here.” (Compassionate/ACE)*

*“Just leaving after 17 years.” (Hopeful/ACE & CARE)*

*“Adjusting to all this technology. It seems like everything now has a computer chip.” (Trixie/CARE)*

*“Being out in society after so long and the change of everything. I don’t think finding a job will be stressful because there are many positions in the field of HIV that will hire ex-cons in a heartbeat.” (Kitten/CARE)*

*“Housing and employment. I think it will be hard to adjust to everything, even just taking the train again. The two most important things are finding a place to live and a job to support myself. I think I can do it.” (Free/CARE)*

*“Going back into my house. Before all of this [my incarceration] my son was living with me. Because of what has happened, there are a lot of unresolved matters. My mom took ill when I was in here and my oldest son had to leave school to go home and help take care of her. I think it will be hard finding my role in the household. We have to heal the relationship. I can’t change what has been done. I know that now and I have been on that guilt trip before. I can’t do it again because it will kill me. I have to start from today and try to build new relationships with them.” (Pandora/CARE)*

*“Adapting back out there. I told my sister this and she said, how could that be the most difficult? You’ve been down four years but you’ve had 15 years on the outside. I guess she’s right but I still feel that way. There is so much that has changed. When I came in here there were no cell phones that took pictures. There are even phones that can record. There is so much new technology and I will have to adjust. I will have to learn how to take care of myself, speak up for myself, budget, pay bills and make sacrifices. I have to learn a lot of things.” (Waiting/CARE)*

When asked how they believed they would cope with stress on the outside, most of the women (48%) stated that they would find someone to talk to about their problems. Other women stated that they would use prayer, they would try to keep busy, or they would try

to live their life within the confines of a structured environment. Others were still unsure of how they would cop with stress once released.

*“By living in a structured environment. It is safe there. I will go to the chapel a lot and spend a lot of time at mass. I’ll also have my friends. It still seems like a dream. It won’t become a reality until I put my clothes on.” (Compassionate/ACE)*

*“Having a support system in place and when things get rough, I’ll get in contact with them, [former ACE supervisor’s name], my pastor, friends, and joining groups.” (Jada/ACE)*

*“Same thing as in here. I will talk to god and pray. No matter where I am, he keeps me grounded and relieves my stress.” (Rose/ACE)*

*“I will do the best that I can. I will find a mentor and give them a call when I am stressed and need to talk.” (Kitten/CARE)*

*“With a tool that was taught to me called PTA. It stands for Pause, Think and Act. When something happens I have to stop, think about it, and then act. I can’t just react and if I need help, I will seek help.” (Waiting/CARE)*

*“I am trying to find out about networking. I want somewhere to go to get feedback when I need it. I plan on joining a women’s group and NA and I am going to go to counseling with my sons.” (Pandora/CARE)*

### ***Last Thoughts***

All participants were asked at the conclusion of the interview if there was anything that they wanted to share with the author about the programs. All of the women spoke about the great contributions that ACE/CARE has made in their lives and in the lives of other women in the prison system. Nonetheless, many were disheartened by the fact that the programs were no longer as strong as they once were. Some placed the blame on WPA, the prison administration, the community, and/or the changes in civilian staff.

*“My experience in ACE gave me the stepping stones I need to utilize in my life and utilize forever.” (Smarty/ACE)*

*“CARE is a great program and it helped me out a lot. I probably wouldn’t be as stable as I am now because the coordinator was not only my supervisor, she was my therapist. I really liked helping other people because I believe it has helped me to learn how to help myself.” (DM/CARE)*

*“In the beginning, every moment was frustrating but every tense and anxiety ridden moment spent getting the program off the ground was well worth it, and I would not hesitate to do it all again. We built a community. We were not just neighbors, we became lifelong friends and I’d like to think that ACE is a ray of sunshine. It is sad that WPA has misused and abused the program and the women who have worked there.” (Shyone/ACE)*

*“I wish we could go back to how it was in the old days, when it was more like a family unit and even population felt that support, which is not there now. There is also the education piece. You used to be able to go to ACE to get information about anything, not just HIV. Now it is really hard to get information. Most of the books are old and outdated and there isn’t any new information coming in. They need to work on that.” (Volcano/ACE)*

*“Read the book. ACE was like a phenomenon. It’s like something great that happens and you talk about it for years. It’s almost like a phenomenon, like the Beatles. They were great but when they tried to get back together, it was never the same. ACE had its moment in the sun but I don’t think you can recreate that phenomenon with ACE either, but there a million more phenomenons waiting to happen. Maybe we need a whole new program. Maybe we should even change the name. We need to figure out what the needs are and create a new phenomenon. You can’t recreate a feeling that once was. You have to create new moments. I think ACE outlived what it was intended to do.” (Purposed/ACE)*

*“It is a program that is needed but the interest has diminished. It is not where it used to be and I think that the program has to look at other things like hepatitis or cancer. At one time it was a safe haven and it still can be, but it’s not now. We are judged as a society by the way we run our prisons and how the prisons treat those inside of them. I wish something could be done to get it back on track. People from all over would come into the facility to see our program and it made us feel important. It helped a lot with self-esteem. ACE helped with self-esteem, it really did, and I don’t know if the other women realize it.” (Yasmeen/ACE)*

*“CARE should be given more opportunity to do more things for the women. The majority of the women are sick. From my experience of teaching, most of them are not really educated. They don’t know about their bodies and just go with the flow. They take medications and they don’t even know what they are taking. They [prison administration] should give the [CARE] program more time to get the word out, so that the women will know what’s going on with themselves, and they will have a chance to talk about it. The correctional staff should have less hostility. They need education too because they act like it’s not going on on the outside. There is a lot of discrimination by*

*the staff. They should consider giving the program more time to give out more information. They should work with them and I don't think they are doing that. The women can learn a lesson to better themselves. If it's the prison's job to help people better themselves, then they should recognize that this program should play a part in their rehabilitation.” (Poison/CARE)*

*“It is sad that the program has been mostly dismantled. They are leaving a lot of women in the lurch. They have no one to talk to express their frustrations, they have no place to go. It is sad because many women have hepatitis and other diseases and they have no one to talk to. Now if the civilians are not in the office, the inmates can't be there either. It never used to be like that. We were allowed to be there until count and on the weekends. The office was always open. I am surprised that some of the women said no to this interview. Why keep it such a secret? It's such a big thing and something that should be known. If more people on the outside knew about the program, they might give more money and more support. Other jails might consider implementing the same type of program. As I said before, many may seem sincere but a lot of them are just full of shit. If they were concerned about the program, they would be here talking to you.” (Rafeequa/ACE)*

*“I wish we could have been able to do more for the positive population and devote more time to them but the prison administration put a lot of restraints on us and we couldn't do everything we wanted to do.” (Sky/CARE)*

*“ACE is a great program for educating women and I think the women do an excellent job. There are so many women that have no idea about the simplest things like personal hygiene. The peer educators do an excellent job educating their peers. The program could be enhanced if the new civilian staff took a more active role. They should take the initiative to speak to the people over them to see what we can and cannot do. It would make a big difference in the program. The RMU and the back buildings are at standstill. We are in stagnate water.” (Rose/ACE)*

*“The concept of Ace and the fact that it came out of prison is a statement about the indifference and apathy of people in the outside community. We are supposed to be the ones that are abhorrent, the ones with sociopathic behavior, miscreedants, in need of some direction. And something as basic as taking care of people and educating them is an indictment against the community. They should have tried to come in here and do this. Communities will start neighborhood watches when they are afraid of crime but when people go to the hospital and no one cares, who is the miscreedant?” (Face/ACE)*

*“I wish someone would come in here and help change the program back to the way it used to be. There are people in the world and in here with HIV. HIV still exists, it's still happening. People are acting as if it is not a big deal anymore. It's a boring issue. They think they know everything about HIV because they know about using condoms and not sharing works, but that's not everything. We shouldn't ignore it because people are living longer. If we keep ignoring it, more people will get infected and the epidemic will hit us again. It will hit us hard and we will see the statistics go up.” (Sad/ACE)*

*“ACE was so great. It had a spirit to it. There was such a sense of inmate energy that just fueled it and there was nothing else in prison like that. The program was a role model to inmates. It stood for us training, talking, caring, and helping one another to grow. It was a great thing.” (Annie/ACE)*

*“I always felt that ACE was not respected in the way it should have been and it is not as important in other facilities as it should be. It is an empowering program and it brings knowledge and change in people doing the work. It gives them the opportunity to be financially independent and gives them skills. I thought that the system would be smarter. There is no reason why a program like ACE is not in every correctional facility in America. The NYSDOCS did not even give ACE the respect it deserves. You would try everyday to make as much of a difference as possible but because of their silly rules, you were always limited.” (W21/ACE)*

*“ACE is a place where it is not just about HIV education. It is a place where women can go to talk about their lifestyle without being judged. It doesn’t matter if they are gay, straight, or bisexual. Whatever issues they have, they will be accepted. We help in the process of healing. We really do. At one point we had done an assessment to see why the women could come back to prison after they had left. Most of them said it was because they could not find support on the outside like they had on the inside with ACE. ACE is a wonderful place to be. It is a wonderful program to have. We talked about HIV in the most simplest way. We taught women how to put a condom on without even the man knowing that she was doing it. We were talking it to streets. It was real. We were shooting from the hip. We were trying to save your life. We challenged the stigma of having HIV, of having HIV and being in prison, of having HIV, being in prison and dealing with officers. We tried to prepare you for the negativity you would face when you got out. There are so many pressures from family, your PO, your medical issues. Sometimes it feels easier just to be inside.” (Sarabanda/ACE)*

*“The CARE program is a life line for many of the women and without it, there would be no other means of survival in the prison system.” (No Excuses/CARE)*

*“Programs like ACE and CARE are really needed in the correctional system and if they weren’t in place, there would be a whole lot of people out there alone.” (Hopeful/ACE & CARE)*

*“CARE has helped me to become a better person. I had to take on a certain role in order to be able to teach people. I had to be doing the right thing. It gave me a sense of belonging to something positive while in the penitentiary.” (Trixie/CARE)*

*“ACE and CARE have to be recognized as something that was ground breaking. It was an attempt to educate about an atrocity in the world that society thought wasn’t happening in prison. Women were dropping dead, left and right, and during these times all we had were each other to console one another, to educate one another, and just to be*

*there for each other. The origins of that program should not be lost or denied and the originators of that program should never be lost or denied.” (Marie/ACE & CARE)*

*“ACE turned my life around. Being in prison and knowing that a program could help me succeed, to educate me, to be able to come home and put those skills in place, was a positive thing in my life.” (Blissful/ACE)*

*“ACE was a great program and it involved an unbelievable group of women. Everyone of us had a reason for being there. It was more than a program, it was a family. We changed the face of AIDS through ACE, and through ACE, we changed our lives.” (Air/ACE)*

*“When I was there, ACE helped me to come to terms with my medical status. It gave me a new outlook on life. Just because you are diagnosed with an illness, it doesn’t mean it’s a death sentence. If you maintain a positive outlook and have determination, anything can be conquered.” (Tyler/ACE)*

*“ACE was a great tool in order to learn how to deal with people in a positive way. We had no understanding of this crazy shit in the beginning. It was like it was a sea pod that came out of the sky, like invasion of the body snatchers. We were the first group to lead this epidemic. It was an opportunity to be creative, exercise our ideas, and be supportive to people. It taught us humility. There was nothing that could have been a more humbling experience. It was so important and we were so close. We were all that we had. If we didn’t volunteer and wash each other and help each other, and put on those gloves and get involved, our friends would have died without quality of care. They were supposed to be an educated medical staff, but even with their education, they were still afraid about how they would get it. Without us, they would have been locked behind closed doors and forgotten.” (Georgia/ACE)*

*“I think we could write a whole book about CARE. It’s an excellent program but they need to have the same people who were running it, keep running it. It was the people that worked there that made the program. Anyone can teach or counsel but it depends on what you give of yourself. That’s what makes the program what it is. It is what you put into it. I wouldn’t mind starting my own program like CARE to help to expand it.” (Waiting/CARE)*

### **CIVILIAN STAFF INTERVIEWS**

The author interviewed three former ACE/CARE civilian supervisors/coordinators to obtain a different perspective about HIV prison-based peer programs. Four other people were identified by the author as being former supervisors/coordinators of ACE/CARE. Three of the civilian staff members stated that they wanted to do an interview but they did not return the author’s subsequent phone

calls. The fourth civilian did not want to be interviewed. The answers generated by the civilian staff were very similar to many of the answers given by the ACE/CARE peers.

All three civilians had worked with ACE/CARE extensively. The first civilian (FC) worked with CARE for three years, the second civilian (SC) worked with ACE/CARE for five years, and the third civilian (TC) worked with ACE/CARE for 12 years. When asked about their experiences with supervising such programs, all three civilians listed it as one of the most positive experiences in their lives. “FC” recounted her work in the programs:

*“Working in CARE & ACE was one of the greatest experiences I will probably ever have. I loved working with the women. Our program was so much more than HIV. We provided health information on every disease imaginable and we provided counseling on issues ranging from problems with staff to loss of a loved one. We tried to help the women in whatever way we could. Working with the staff, however, was my favorite part. I have worked with some of the best women I have ever known. Although they have committed crimes, you learn that there is so much more to a person than just their crime. You are allowed to watch them grow and flourish into the women that they were supposed to be, before everything seemed to go wrong in their lives. Most of these women have such horrible histories. Everything from sexual and physical abuse, to living on the street, prostitution, illnesses, domestic violence, you name it. It does not excuse what they have done, but it can help us to understand why they are here and that is the first part to any successful prison program. Although CARE is not typically viewed as a rehabilitation program, it is rehabilitative for the women who work as peers. For many of them, this is the first job that they have ever had. It gives them a purpose. It is something that they are good at and sadly, for most of their lives, they have been told that they are failures and not good at anything. Here they can learn valuable skills which can help them to gain meaningful employment upon release. ACE and CARE bring the women a special type of status. They are respected by the staff and their peers. Women are now coming to them for help, for answers, and for support. I think that makes them feel good about themselves and it helps them to understand that are providing a valuable and positive service to the other women that are here. It is a very stressful job for them because they are on-call all of the time. Even when they are not working, they will be approached on their housing units, in the shower, the Mess Hall and the yard. It is a 24 hour position and a position that most of them take very seriously. Although it is stressful, most of the women from ACE and CARE will leave prison knowing that they made a difference in many lives. They have probably touched more lives in here than most people on the outside will do in a lifetime.”*

The civilians stated that ACE and CARE are important programs, not only because of the education it provides, but because of the humanity it provides in an inhumane environment. These programs provide cardinal health-related information, they provide support, and they help provide the peers with marketable job skills.

*“It is important because it brings a sense of humanity to an inhumane place. Prison is a place for punishment. It is a place where you go and you are only known by a number and you’re known for your crime. You are not allowed to have individuality, nor are you really allowed to make any decisions for yourself. ACE and CARE allow the women to be themselves. They are treated as people, as individuals, not as numbers. They are allowed to make decisions for themselves regarding programming, safer behaviors, and where they want to go upon leaving here. We provide them with the information so that they can make an informed decision, but the choices are theirs to make. It is my feeling that prison tends to fail as a rehabilitative outlet because people are told what to do and when to do it. Then, when it’s time for them to leave, we give them \$40 in gate money and a train ticket and we expect them, after years of being unable to make their own decisions, to go out in the world and make the right choices. It just can’t work like that. At least CARE and ACE are programs that provide support to women on the inside and the outside. It’s a place where the women can talk through their issues without being judged. Even after many of them leave, they continue to call us and stay in contact with us. They let us know what’s going on with them in terms of housing, employment, parole and family issues. Many will still look to us for guidance and we will still continue to help them after they are long gone. I get call after call for letters of reference. Since they never had a job on the outside, without our letters of reference, who would be able to attest to the great work that they are capable of doing? Even though I am no longer with CARE, many of the women who are released will call me at my new job for advice, for counseling, for help, or just to say hello. These connections are important and they don’t dissipate just because they are no longer behind the walls. This is a program that provides humanity, a sense of community, and a sense of identity. The HIV component of education, testing and discharge planning is extremely important, especially in lieu of the high numbers of incarcerated females in NYS with HIV, but HIV is not the most important piece. If CARE and ACE were only about HIV, as their names would imply, I do not believe these programs would be as successful as they are.” (FC)*

*“There is a need for such a program. AIDS is still here and it is something we need to deal with. It hasn’t gone away and there are so many women here that need these services. People in prison listen more to their peers than someone from the outside. They have more of an influence. They live with them, they know what they are doing, they understand, and they know what’s happening with the clients all the time, as opposed to someone from the outside who comes in and just sits in an office. I would rely on the inmates to tell me what was going on and who was in need of help.” (SC)*

*“ACE provided information and crisis intervention twenty-four seven, since the bulk of its staff are inmates and live in the facility. It is cost effective in the least, since facilities pay nothing to have ACE or CARE. In terms of ‘each one teach one’, the impact of inmates being volunteers for ACE/CARE, learning to teach information, and being recognized as a teacher, gave so many women a sense of self-esteem which led many of them to go onto to ABE, GED, and to college. If you are an advocate, then the sense of building self-esteem and encouraging self growth promote questioning, and acknowledging education is power. These are a few of the reasons why this program is so important.”*

When asked about the difficulties in managing such programs, the civilians cited problems working effectively within the rules and regulations of the prison system. It was difficult to provide innovative programming in a place where security issues override all other areas.

*“Most of the difficulties had to do with working within the confines of DOCS and never forgetting where you were. Most people would be afraid to work in a prison but really, you go in there day after day and you almost forget that it is a prison, but you have to keep that up front otherwise it can lead you into trouble. Security is always very important and is the first priority. Even though we may have had great ideas for new programs, they were often shot down in the name of security. It could be quite frustrating. We provided such great events which took months and months to plan. It was a constant back and forth with administration. Can we please do this? Well what if we did it this way? What if it was at this time and not at this time? What if I cut my arm off? Sometimes the effort was futile and other times, amazingly enough, it actually worked. It was all about the art of negotiation and knowing their questions before they knew their questions. You could not be unprepared and you had to anticipate everything.” (FC)*

*“Directives are developed to maintain security. Some of the rules and regulations seem trite and simplistic. Trying to bring programs into facilities is inundated with rules, regulations, directives, and whims of the superintendent of each facility. Scissors are considered weapons and have to be engraved and stored in a specific place. Certain colors are forbidden since they are the colors of the uniforms of the security staff or gang colors. Areas which you would provide services have to have the civilian present or no program, etc. You are under as much suspicion as the inmates and can be locked out of the facility at any time for an accusation of bringing food to an inmate. Anything ordered to make the program run needs to be processed by the storehouse and approved. Most of your day is spent negotiating and redoing one sentence of a program request. It is the tedious part of the program which exhausts the civilian.” (TC)*

The civilians stated that their best experience in these programs was the work that they did with the peer educators. It brought them a tremendous amount of joy to watch the

women transform their lives and to see the women excel at something that they loved doing. For many of the women, it was the first time they had ever had a job and it was something that brought them an incredible amount of self-respect and recognition.

*“Watching the women grow and mature and really come into their own identities.” (FC)*

*“The women, who were performing in such a way, that they had the attention of the whole facility. They were role models and you could see the sense of pride in them. They were caring and they went out of their way to help those that were sick.” (SC)*

In terms of their worst experience with the program, the civilians cited issues like loosing a client who succumbed to illness, the apathy of prison administration and WPA administrators, and making the decision to finally leave the program.

*“I would have to say the constant demands of trying to maintain a successful program inside of a prison environment. Towards the end, I became very paranoid and felt completely unsupported in my efforts. I didn’t feel like my agency had my back and we had a new administration. It just seemed like if you sneezed wrong you would be in trouble. Most of the staff, like the COs, were absolutely wonderful, and so supportive, but you always had a few, that for whatever reason, wanted to make your life a living hell. You would call for an inmate and they would never come or you would get those with such a nasty attitude and disposition. They wouldn’t even say good morning to you, it’s like you were invisible. I guess the worst part was always having to hold my tongue when these situations arose because like it or not, we were only one step up from being an inmate ourselves. We had little power and some people abused that by treating us like crap. There was nothing we could do about it. It was also disheartening when you would see clients come back, especially those that you worked with for a long period of time. It was like nothing we could do was enough and you get discouraged and frustrated.... It was worse when we lost track of one of the peers. That happened to two or three of them. You hope for the best but know that things are bad. The absolute worst was when one of our peers died. It was always hard when the women got sick and passed, but this particular woman worked for us. She was HIV positive and was not home more than 3 months before she got hospitalized. She was so out of it she didn’t even know that September 11<sup>th</sup> had occurred. She died shortly after. I went to her funeral. It was the last one I went to.” (FC)*

*“When I was forced to separate myself from the program. The first outside group to have the contract here was ARCS (AIDS Related Community Services). I had already established a bond with them because before the contract, they were coming into the facility to train the women about HIV. They hired a girl coordinator who was lovely and we worked very closely together. Then ARCS lost the contract to WPA. I was mistaken*

*when I thought I could have the same type of relationship with them that I had with ARCS. I was told that CARE was no longer my program and I had to distance myself from it. That was the most painful part.” (SC)*

*“Death, dying, and trying to go beyond the limitations of corrections.” (TC)*

In regard to the most challenging part of maintaining a peer education program, the civilians stated that finding responsible women to work as peers was difficult, in addition to trying to provide comprehensive services in a highly regimented environment.

*“Really, it was dealing with administration and just being on your toes all of the time. My supervisor had told me that we were only as good as the last thing we did and no matter what, if something bad happened, if someone made a mistake, it wiped out all of the good, and you will only be judged on that last act. Her words could not have been more true.” (FC)*

*“Trying to find women who are capable of doing the job the right way and for the right motives. You don’t know this until after you get them in the program and you see them do the work. I always said if you can do it, then do it, but if you can’t, then move on. I would rather see someone who was caring and not so knowledgeable, than someone who was very knowledgeable and not very caring.” (SC)*

For the civilians, the best part of working with the inmate staff was watching them develop, mature, and grow into responsible people. The most challenging issues stemmed from having an inmate staff member that was using ACE/CARE as a way to further their own needs, needs which would not always be in the best interest of the programs.

*“Watching the women develop into who they were supposed to become was the best part for me. Watching them leave and watching them become a success made me very proud. I felt like a mother watching my children go out into the world, which is funny considering most of the women were much older than me. It was challenging dealing with many of their issues, especially when it came to dealing with their feelings of guilt and anger from being away from their children. For those that had kids, I think that was the hardest part for them and I think many of them compensated by taking some of the younger inmates under their wing. At least it was someone to parent. It was also difficult when you had a staff member that would never do the right thing. This was rare*

*but extremely difficult. These women were supposed to be role models and knew they would have to be fired if they committed an infraction. We had one woman that was always in trouble. No matter what we did, she just couldn't get along with anyone. It caused a lot of chaos in the office.” (FC)*

*“The women listening to their peers and seeing the growth that takes place in women who didn't know that they were leaders. There were so many women that left here and continued doing the work out there.” (SC)*

*“What almost seems contradictory is that many of the inmate staff may not always have the program's interest at heart or as they stayed in the program, their needs changed and sometimes sacrificed the program for personal needs. The challenge is how to deal with the inmate and the person at the same time. The inmate is perceived as a criminal who will at any moment turn on you and the program to get what they want. Sadly, this does happen. What is positive is that in spite of this you can create change by being fair, firm and consistent. Part of their development in preparation for going home or changing behaviors is how you deal with them and their issues.....Honest exchanges and developing alternative ways of dealing with issues are lessons of value. Many of our women had to deal with being identified as high profile within the facility due to their status as peer educators. They had no down time. Some of our peer educators were assumed to be HIV positive, though they were not. Some were chided for becoming like 'whitey' due to having to be a role model inmate to stay in the programs. Attempting to present why you might not be able to present a program is difficult since the 'them and us' mentality is alive and well and sometimes correct in such settings. What is positive is remaining focused or regaining focus and doing the work. Knowing that there are many sides to any human and identifying, developing and exploring the more positive nature of someone society has expunged. What is positive is knowing that in such a dreary places there is a chance for change.” (TC)*

When asked if the programs have changed, all three civilians stated that they have changed but none of these changes were deemed to be positive. The civilians were concerned that the programs have lost their importance and that they are no longer making a positive impact on the lives of women in prison.

*“When I was working there, we were doing so many things. We were running educational groups, support groups, video and discussion groups, professional trainings, annual events, counseling, and so much more. Now it seems like there is not much going on in the CARE office. They do not have a coordinator right now or a discharge planner. Although the women are still providing education on the units and in transitional services, that is all that is going on. It is very sad because CARE was such a beautiful program, and I feel that the agency has allowed it to dwindle by not providing the program with the support it needs. It is work to keep a program moving and to keep it in line with*

*the changing needs of population but it is very easy to let the program die. There is not the same sort of buzz in the facility about the CARE Program as there once was. The women tell me that they don't even know what's going on with the program because you never hear about it anymore.” (FC)*

*“I feel extremely sad and disheartened because there is still such a tremendous need. I have distanced myself from them. I don't like what has happened. If you are going to run a program, whether it is a DOCS program or a program from an outside agency, there needs to be oversight. There is no one checking on the program. These agencies are getting money to provide services and the services are not being provided. The buddy system, which we would probably never be allowed to have again, was such a valuable part of the program, especially for non-English speaking women. The medical staff used to welcome them because they were so helpful and so respected.” (SC)*

*“It has lost considerable funding, lost its inmate staff, lost its passion, and lost its direction. WPA was a program which initially and throughout dealt with women incarcerated who wanted to reunite with their children. Despite the fact that a majority of their funding came from ACE/CARE programs and referrals for discharge planning, they were not wedded to the cause. New administration is not the fall guy for a program's demise. You just have to try harder and more creatively. There isn't one new thought. The civilians just reinvent what was left by the last two passionate creative coordinators, humbly myself as one of them. I am tired of people making their future on the backs of the inmates. Programs need to do what they say and say what they do.” (TC)*

### **HYPOTHESIS THREE: RECIDIVISM**

**H3:** Those inmates employed in ACE/CARE will have a lower recidivism rate than most female inmates in the United States in general, and in New York State in Particular.

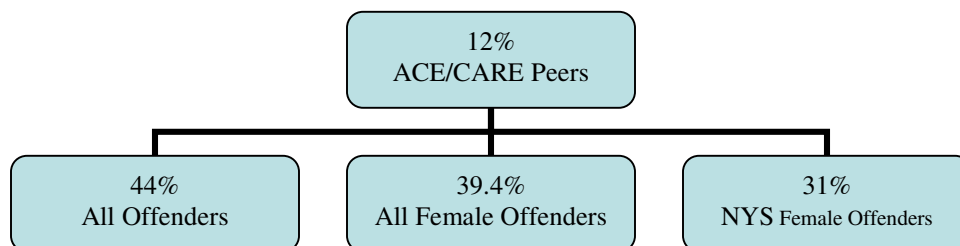
In general, out of the 26 women that been released from prison after working for ACE/CARE, two returned to prison for a technical violation and were awaiting release at the time of the interview (“Determined” is now home) and one was rearrested for trespassing but was not sent back to prison. Therefore, the official recidivism rate for this population is at 12% (n=3) (See Figure Thirty-Four). To lend further credibility to these results, the author conducted a follow-up interview with releasees one year later and none of the releasees had returned to prison. In addition, three of the incarcerated subjects

were released in the past year. Since release, they have not committed any technical or legal violations and all three have gained purposeful employment. On average, the ACE/CARE releasees had been living in the community for 5 years. The unofficial recidivism rate for this population, including the nine women who admitted to committing violations but were not caught for their behavior, is at 46%.

When compared to official rates of recidivism nationally (Langan & Levin, 2002), ACE/CARE peers had a much lower rate of recidivism when compared to all offenders released from American prison facilities (12% verses 44%). They were also less likely than other American female inmates to face additional prison time after release for either committing a new crime or for committing a parole violation (12% compared to 39.4% respectively) (Langan & Levin, 2002).

Figure Thirty-Four

Recidivism Rates



ACE/CARE peers also seem to have lower rates of recidivism than other female releasees in NYS. In 2002, 31% of women in NYS were returned to prison for parole violations (Staley, 2003), while only 8% of ACE/CARE peers were returned. The same

rates were also found in 1999 after a three year follow-up study of NYS inmates. Female releasees returned to prison at a rate of 30% (Kellam, 1999), compared to an 8% rate among ACE/CARE peers. There are no national statistics or state statistics on unofficial rates of recidivism, hence, a comparable analysis could not be conducted.

When rates of recidivism are further divided between re-arrest rates and re-imprisonment rates due to parole violations or the commission of new crimes, the disparities in the numbers are even more impressive. In a report compiled by the Bureau of Justice Statistics (Langan & Levin, 2002), national rates of recidivism for all offenders were operationalized through four different means: rearrested for a new criminal offense, reconvicted for a new criminal offense, re-sentenced to prison for a new criminal offense, and re-imprisoned for a new criminal offense and/or parole violation. Within three years of release, 67.5% of releasees were rearrested compared to a 4% rate among ACE/CARE peers; 46.9% were reconvicted compared to a 4% rate among ACE/CARE peers; 25.4% were re-sentenced to prison for a new offense compared to a 0% rate among ACE/CARE peers; and 51.8% were re-sentenced to prison for a new crime and/or parole violation compared to an 8% rate among ACE/CARE peers.

In comparison to national female rates of recidivism (Langan & Levin, 2002), 57.6% of female releasees were rearrested compared to a 4% rate among ACE/CARE peers; 39.9% were reconvicted compared to a 4% rate among ACE/CARE peers; 17.3% were re-sentenced to prison for a new crime compared to a 0% rate among ACE/CARE peers; and 39.4% were re-sentenced to prison for a new crime and/or parole violation compared to an 8% rate among ACE/CARE peers.

In comparison to figures compared by the New York State Department of Correctional Services (Kellam, 1999), within three years, 7% of female releasees and 13% of male releasees were re-sentenced to prison for the commission of a new crime compared to a 0% rate among ACE/CARE peers, and 23% of female releasees and 28% of male releasees were returned to prison for a parole violation compared to a rate of 8% among ACE/CARE peers. Although the ACE/CARE releasee sample is quite small, it is evident that these peers have a substantially lower rate of recidivism than all other offenders, irrespective of the way in which recidivism is measured.

#### **HYPOTHESIS FOUR: THE NATIONAL SURVEY**

**H4:** Although peer programs are successful, most facilities are not utilizing them for educational or rehabilitative purposes.

The fourth hypothesis was measured through a national survey, which was mailed to all 50 states' Department of Correctional Services main administrative headquarters and the Federal Bureau of Prisons. This enabled the author to obtain information on the extent of such programs in the United States (See Table Ten). All 50 states and the federal government responded to the survey, yielding a response rate of 100%. Data was collected over an eight month period from January of 2005 to September of 2005. Reports only included state-managed prisons, not prisons contracted out to private agencies. Seven states reported having private contractors in addition to their state managed system: Colorado (6), Mississippi (6), Montana (8), New Mexico (5),

Table Ten

Department	# of Prisons	# of Inmates	# of Female Inmates	Rate of HIV Infection	Mandatory Testing	HIV Peer Program
Alabama	32	27,487	1,857	1%	YES	YES
Alaska	13	3,299	330	1%	NO	NO
Arizona	10	32,570	2,786	.5%	NO	NO
Arkansas	18	12,547	758	1%	YES	YES
California	89	163,939	11,476	Unknown	NO	NO
Colorado	23	20,144	1,915	1%	YES	NO
Connecticut	18	17,933	1,312	Unknown	NO	NO
Delaware	10	6,787	514	2%	NO	YES
Florida	59	81,975	5,299	4%	YES	YES
Georgia	42	49,551	3,196	2%	YES	NO
Hawaii	8	3,918	528	.4%	NO	NO
Idaho	15	6,284,	696	.4%	YES	NO
Illinois	27	43,012	1,439	1%	NO	YES
Indiana	34	22,544	1,977	.5%	YES	NO
Iowa	9	8,580	767	.4%	NO	YES
Kansas	8	8,966	646	.4%	NO	YES
Kentucky	13	12,285	730	Unknown	NO	NO
Louisiana	11	19,400	900	Unknown	NO	YES
Maine	6	2,004	117	.5%	NO	YES
Maryland	26	24,000	900	4%	NO	NO
Massachusetts	18	9,749	760	3%	NO	YES
Michigan	42	50,123	2,165	1%	YES	YES
Minnesota	8	8,333	490	.6%	NO	NO
Mississippi	35	19,266	1,646	1%	YES	NO
Missouri	21	30,768	2,516	1%	YES	NO
Montana	3	3,599	419	.2%	NO	NO
New Hampshire	4	2,500	150	.5%	YES	NO
Nebraska	11	4,075	367	.4%	YES	NO
Nevada	9	11,372	878	1%	YES	NO
New Jersey	14	25,499	1,397	5%	NO	YES
New Mexico	5	6,172	572	.5%	NO	NO
New York	70	66,000	3,000	5%	NO	YES
North Carolina	76	35,756	2,466	2%	NO	NO
North Dakota	4	1,200	Under Private Contract	.3%	YES	NO
Ohio	33	44,040	2,948	1%	YES	NO
Oklahoma	17	23,670	2,422	.5%	YES	YES
Oregon	12	12,780	948	.4%	NO	NO
Pennsylvania	27	40,185	1,805	2%	NO	YES
Rhode Island	8	3,243	263	3%	YES	NO

		<b>Table</b>	<b>Ten</b>	<b>Continued</b>		
South Carolina	29	22,807	1,555	2%	YES	NO
South Dakota	7	3,075	290	1%	NO	NO
Tennessee	12	19,394	1,157	1%	YES	NO
Texas	96	15,0777	12,022	2%	YES	YES
Utah	2	6,004	515	.6%	NO	NO
Vermont	9	1,544	144	Unknown	NO	YES
Virginia	52	31,983	1,983	1%	NO	NO
Washington	16	17,000	1,000	1%	NO	NO
West Virginia	11	3,838	320	.3%	NO	NO
Wisconsin	40	21,825	1,329	1%	NO	NO
Wyoming	4	1,222	133	.5%	YES	NO
Feder BOP	114	182,255	12,358	1%	YES	NO

Note\* Rate of infection percentages were rounded to the nearest hundredth

\*\* Numbers for Private Facilities were not reported

Oklahoma (6), Tennessee (3), North Dakota (1) and Texas (12). North Dakota contracts all of their female inmates to a private agency, hence, there are no statistics available on their female inmate population in this study.

In total, the results of the national survey included 1,280 facilities and 1,427,279 inmates, of which 1,331,118 were male inmates, and 96,161 were female inmates. In terms of overall rates of HIV infection, 1.4% of the study's prison population was HIV infected (five states were unable to report on total HIV rates: California, Connecticut, Kentucky, Louisiana, and Vermont), with 1% of the malesample population being HIV infected, and with 2% of the female sample population being HIV infected. Ten states and the Federal BOP did not report their male and female inmate HIV infection rates separately: California, Connecticut, Hawaii, Kentucky, Louisiana, Maryland, Washington, Oregon, South Dakota, & Vermont. Since North Dakota's female inmate population was under private correctional supervision, they could not report HIV infection rates for women prisoners. Moreover, New Hampshire, New Mexico, and Montana stated that they did not have any HIV positive female inmates.

In terms of HIV testing, 17 states (34%) and the BOP had mandatory HIV testing for their inmate population. Likewise, only 18 states (36%) stated that they had an HIV prison-based peer program. Thirty-two states (64%) and the BOP did not have an HIV prison-based peer program in place for their inmate population. However, only 16 of the 32 states gave a reason as to why they had not implemented an HIV peer program. Three departments expressed concern about issues surrounding confidentiality, two had a bad experience and dismantled the program, two lost funding for such programming, two stated that their HIV infection rates were quite low, four stated there really was no reason for not having such a program, and three stated that they had other ways of providing education. A spokesperson from the Indiana Department of Correction stated:

*“We evaluated the possibility some time ago and found that our offenders were moving between facilities too frequently to make the program work well, and that HIV infected offenders did not want to meet in groups that would identify them to others. We utilize nursing staff as educators and provide written material to flesh out the program. Infected offenders receive education from doctors and nurses.”*

A spokesperson from The Colorado Department of Correction was concerned about issues surrounding confidentiality. *It is Difficult to maintain confidentiality in our mixed populations.”* A representative from the Idaho Department of Correction had concerns about placing inmates in such a high profile position and stated, *“We would not put offenders in this type of position.”* Mississippi expressed similar concerns, *“We do not have such a program in order to foster strict medical confidentiality for those infected. This further lessens the chance of the inmate becoming a target of other inmates who thinks that the disease renders the affected powerless to fight back.”* The Washington Department of Corrections uttered other concerns after a representative stated that they eliminated their previous peer programs, not because of confidentiality issues, but

because of erroneous information being given by the inmate peers. *“We had a bad experience with this a few years ago with inappropriate and inaccurate information being disseminated.”*

Conversely, Minnesota lost their peer program because their funding was eliminated. They would like their funding reinstated in order to restore their peer education programs.

*“Currently there is no formal peer education program in our prisons. The department lost a grant in 2003 that had funded this activity. Funding has not been replaced. We would like to see more dollars, federal and state, earmarked for HIV programming because this is such a high-risk population.”*

Even though New Jersey provides peer education programming for HIV, they have also lost funding sources in recent years.

*“Testing, pre and posttest counseling, clinical treatment, release planning, etc., are all provided at each facility via health care staff. Supplemental services from CBOs (community based organizations) are welcomed when the agencies are independently funded for such services. However, such resources have diminished in recent years, due to federal funding reductions.”*

Other states, like Nebraska, have not considered the issue. *“HIV peer education is not currently an option that we have explored.”* North Carolina was in the early stages of trying to establish a peer education program at the time of the survey. *“[We are] currently in the process of developing a task force to determine educational needs, training requirements, and staff needs to set up such a program within the system.”* The Ohio Department of Rehabilitation and Correction did not feel a peer program was necessary, considering they worked in partnership with the Ohio Department of Health to offer comprehensive educational services.

*“Education is through a number of venues. Inmates receive education upon reception. They receive education again at their institution during chronic clinic care. We also hold health fairs, provide brochures, pamphlets and show videos on closed circuit TV. On some occasions, the local health department comes in and provides services for both staff and inmates. The Ohio Department of Rehabilitation and Correction collaborates with the Ohio Department of Health with providing community linkages to those offenders returning to the community. It has been a very successful program that has brought in other agencies into the picture like the local AIDS task force.”*

When asked how education was provided to their inmate population, most stated that the medical staff provided such services (75%; n=24), followed by civilian staff (16%; n=5), the Department of Health (6%; n=2), and one state (3%; n=1) distributed literature on HIV for inmates to read.

For those states that provided HIV prison-based peer programming, 6 states had between 1 and 5 programs, 6 states had between 6 to 11 programs, 1 state had between 11 and 15 programs, 1 state had between 16 and 20 programs, 2 states had between 26 and 30 programs, and 2 states had over 30 programs. Texas had the most programs, with 43 HIV peer programs for their inmates.

The inmates that provided HIV peer education programs were trained by an outside agency (39%), prison staff (50%), or through a combination of outside agency staff members and prison staff (18%). For those facilities that utilized outside agency members to train their inmate peers, only New York State had outside representatives based in the facility on a full-time basis.

In regard to other services that these peer programs provide (see Table Eleven), 15 (83%) provided discharge planning services, 14 (78%) provided confidential HIV testing, 4 provided anonymous testing (22%), 8 provided professional trainings (44%), 13 provided educational workshops (72%), 6 provided resource/health fairs (33%), 5 provided other

**Table Eleven**  
**HIV Peer Programs and their Services**

State	# of Peer Programs (# of Prisons)	Discharge Planning (# of Prisons)	Confidential Testing (# of Prisons)	Anonymous Testing (# of Prisons)	Professional Trainings (# of Prisons)	Educational Workshops (# of Prisons)	Health or Resource Fair (# of Prisons)	Annual Events (# of Prisons)	HIV Counseling (# of Prisons)	Other (# of Prisons)
Alabama	19	X(19)			X(19)				X(19)	
Arkansas	6	X(1)	X(6)			X(4)		X(6)	X(6)	
California	28	X(28)	X(28)						X(28)	
Delaware	10	X(10)	X(10)			X(10)			X(10)	
Florida	6	X(6)	X(6)			X(6)			X(6)	
Illinois	26	X(26)	X(26)			X(26)	X(26)	X(26)		
Iowa	5	X(5)	X(5)			X(5)			X(5)	
Kansas	8	X(8)	X(8)	X(8)	X(8)	X(8)	X(8)	X(8)	X(8)	
Louisiana	11	X(11)	X(11)		X(11)	X(11)	X(11)		X(11)	
Maine	1	X(1)	X(1)	X(1)	X(1)	X(1)	X(1)		X(1)	
Massachusetts	7	X(7)	X(7)						X(7)	
Michigan	2	X(2)	X(2)						X(2)	
New Jersey	4	X(4)				X(4)			X(4)	
New York	45	X(45)	X(45)	X(45)	X(45)	X(45)	X(2)	X(2)	X(45)	Support Groups; HIV Hotline
Oklahoma	3									
Pennsylvania	10					X(10)		X(10)		
Texas	57	X(57)	X(57)	X(57)	X(57)	X(57)	X(57)		X(57)	
Vermont	3		X(3)	X(3)					X(3)	

special events (28%), and 15 (83%) provided HIV counseling. Not all of the facilities provided the same services and not all of the states that have implemented HIV peer programming, have implemented it in all of their facilities. For those facilities that do not have HIV peer programs, inmates received HIV education through the medical staff.

The last question of the prison survey asked the facilities if there was anything else about their HIV prison-based peer programs that they wanted to share. A spokesperson from the Florida Department of Corrections (FDC) stated:

*“The FDC is proud of its HIV peer program and the results it is yielding. Due to the inmate peers’ effort, the department has over 1,200 inmates who have voluntarily consented to monthly HIV testing. Inmates who test positive are provided additional one-on-one counseling that meets the criteria for the Center for Disease Control’s initiative on prevention for positives.”*

A representative from the Illinois Department of Correction explained the Department’s mission in combating HIV infection amongst inmate population.

*“The Illinois Department of Corrections, in an effort to control and contain the spread of the Human Immunodeficiency virus (HIV) disease, provides education, training and counseling to all offenders who are at risk for contracting the disease or who have the disease. Education and training on HIV/AIDS disease is also made available to all correctional staff. Every offender upon entry into the department receives education regarding transmission of HIV, precautions, and recommendations for prevention. HIV education is also offered monthly to all offenders. The department also has a peer education program funded by the Illinois Department of Public Health. The program, which is a collaboration between IDOC and IDPH, has two full time HIV specialists that oversee more than 100 inmate peer educators state wide. The peer educators provide HIV and STD information during intake, during the incarceration period and prior to release. Prerelease HIV/STD prevention education is also offered in each juvenile facility and all adult transitional centers on a monthly basis.”*

The Texas Department of Criminal Justice, which had the most HIV peer programs of all of the states, spoke very highly of their HIV peer program and wanted it expanded into all of their facilities.

*“We have 57 peer education programs and add new ones frequently. The goal is to have all of our units using this proven modality. The Texas Department of Criminal Justice peer education programs has educated over 11,000 offenders across the state. We have trained over 400 inmates to be educators. We have had three conferences. One year at two locations in 2002. The next year we had four (conferences) and last year, six. We continue to grow and provide updated information. Texas’ program is a great success.”*

## CONCLUSION

This chapter presented the results for this study’s four hypotheses. The study illustrated that levels of attachment, commitment, involvement, belief, self-esteem, institutional success, and postrelease success were high for ACE/CARE peers. However, comparisons between groups (i.e., those that stayed in ACE/CARE until their release verses those that left the program prior to release and those that created ACE/CARE verses those that were not involved in the creation of ACE/CARE), did not yield statistically significant differences. Upon the examination of recidivism rates, it was shown that ACE/CARE peers have a lower chance of being returned to prison after release than other types of offenders. Results from the national survey of state and federal correctional facilities demonstrated that most American prisons have not utilized inmate peers to provide HIV education, nor have they provided comprehensive HIV programming in general. The next chapter will discuss the implications of these findings, practically, methodologically, and theoretically, in addition to examining the limitations of this work and how future research on this topic should proceed.

## **Chapter 7 – Discussion: The Success of HIV Prison-Based Peer Programs**

### **INTRODUCTION**

This study, based on quantitative and qualitative analyses, was able to show that working in an HIV prison-based peer program was correlated with high rates of institutional and postrelease success. Peers received reduced rates of prison disciplinary infractions while working for ACE/CARE, and releases, who previously worked for ACE/CARE, maintained a low rate of recidivism. In total, the ACE/CARE female peers had high levels of attachment to conventionality, high levels of commitment to conventionality, high levels of involvement in conventionality, moderate levels of belief in conventionality, and high levels of self-esteem. However, upon conducting group comparisons (i.e., those peers that stayed with ACE/CARE until they were released verses those peers that left that program prior to release, and those peers responsible for the creation of ACE/CARE verses those peers that were not responsible for the creation of ACE/CARE), minimal differences were found between the groups, showing that one's status or one's time within such programs does not have an appreciative effect on benefits derived; these programs can prove to be successful for all peers. Moreover, for most peers, ACE/CARE was utilized as a transitional factor which enabled them to modify their criminal trajectory.

### **ATTACHMENT**

It was found that ACE/CARE members had very high levels of attachment to both ACE/CARE coworkers and ACE/CARE civilian staff. These peers maintained that being in ACE/CARE was like being part of a family (94%). Older members acted as mentors for younger members and the majority of the peers found civilian and inmate

staff to be a strong source of support for them. While incarcerated, the peers expressed that separation from family was the most stressful aspect of incarceration and being a part of ACE/CARE assisted in ameliorating these stress inducing factors. The women were able to speak openly in ACE/CARE, with 94% of peers who reported sharing their thoughts and feelings with their coworkers, and 85% who reported sharing their thoughts and feelings with the ACE/CARE civilian staff. Civilian and inmate staff acted as a source of encouragement for the peers and would express concern about their success inside of the institution, in addition to expressing concern about their success after their release from prison.

The peers had great respect for one another and for the civilian staff members. Most peers wanted the respect of their ACE/CARE supervisor and would be concerned if their ACE/CARE supervisor was disappointed or upset with them for committing a prison disciplinary infraction (92%). For a majority of the peers (86%), the civilians were able to serve as role models for them and most believed (94%) that the programs were enhanced by civilian staff involvement. Overall, respondents had very high levels of attachment to coworkers (average score of 10.6 out of 14 points) and to civilian staff (average score of 13 out of 14 points). Upon conducting group comparisons, slight differences were found between the groups, but none of the differences proved to be statistically significant.

Peers had very high levels of attachment to the ACE/CARE Program in general, and all peers (100%) stated that working in these programs proved to be a positive experience for them. Working as a peer increased their levels of knowledge pertaining to vital health issues, encouraged them to test annually for HIV, helped them to become

more sensitive to the needs of PWAs (Persons With AIDS), provided them with increased levels of confidence, enabled them to develop marketable job skills, and afforded them with an opportunity to make a positive difference inside of the prison environment. A majority of the women (78%) believed that their time in prison would have been much different had they not worked for ACE/CARE. They felt that prison staff (74%) and inmates (94%) perceived them differently than other female inmates because of the work they accomplished in these programs and because of their reputation as an ACE/CARE peer. The women believed that they were highly respected for their work as a peer, and they were perceived to be more trustworthy, more educated, and more dependable than other female inmates. Moreover, most of the women placed great importance on their position in ACE/CARE and believed that they were viewed as role models by prison staff and inmate population.

A greater part of the incarcerated respondents (72%) wanted to work in the field of HIV upon release, wanted to maintain contact with their coworkers (84%), and wanted to maintain contact with the ACE/CARE civilian staff (96%). A greater part of the formerly incarcerated respondents were employed in the field of HIV upon release (88%), had maintained contact with their coworkers (92%), and had maintained contact with the civilian staff (75%). This showed that attachment to the program began inside of the prison walls but continued outside of them, providing the peers with a continually strong network of support. Even after release, these women still desired to maintain a connection with the ACE/CARE Program. Overall, participants had very high levels of attachment to the ACE/CARE Program (mean score of 11 out of 13 points). Upon conducting group comparisons, those that stayed with the program until release had

statistically higher levels of attachment to the program than those that did not stay with ACE/CARE until release. Upon conducting comparisons between those that created the program to those peers that were not responsible for the creation of the program, minimal differences in levels of attachment to ACE/CARE were found, but the differences between the groups were not statistically significant. Similar to this study, evidence for Hirschi's bond of attachment in promoting conventional behavior has been previously supported by other researchers in the field (Agnew, 1985; Hirschi, 1969; Torstensson, 1990).

### **COMMITMENT**

This study found that ACE/CARE participants had very high levels of commitment to conventional goals and aspirations, and a very high level of commitment to the ACE/CARE Program. A majority of the women (98%) felt that the skills they obtained from working in ACE/CARE have helped or would help them to obtain a job upon release. A majority also believed (90%) that their work in ACE/CARE would help them or has helped them to successfully transition from prison to the community. None of the women worked as a peer for ACE/CARE because it was the only prison position available; it was a position that they sought and worked very hard to maintain. All of the women stated that they enjoyed the work in ACE/CARE, they thought that the work they did in ACE/CARE was important, and they thought that they did "really good work" while employed for ACE/CARE. These results illustrate a strong bond of commitment to the ACE/CARE Program.

In terms of educational and vocational aspirations, 71% of interviewees planned on returning to school to obtain a higher degree, and 61% planned on working or were

working in a “helping” discipline, such as working with PWAs, the mentally ill, substance abusers, etc. Overall, participants had very high levels of commitment (average score of 11 out of 12 points), nonetheless, upon conducting group comparisons, the differences found between groups were not statistically significant. Similar to this study, evidence for Hirschi’s bond of commitment in promoting conventional behavior has been supported by other researchers in the field (Agnew, 1985; Hirschi, 1969; Torstensson, 1990).

### **INVOLVEMENT**

This study found that ACE/CARE peers had very high levels of involvement in conventional activity while in prison. On average, they spent 30 hours per week with their ACE/CARE coworkers in the program office, they spent 15 hours per week outside of work with their ACE/CARE coworkers, and they spent 15 hours per week with the ACE/CARE civilian staff. The ACE/CARE peers could not engage in behaviors deemed to be deviant or criminal inside of the prison, otherwise they would have been terminated from their position. Hence, by spending a large part of their week with their coworkers inside and outside of work, it can be assumed that these women were not engaging in behavior that could have resulted in prison disciplinary action. Moreover, another 15 hours per week were spent involved in academic programming, while 10 hours per week were devoted to participating in other types of prison programs (i.e., the puppy program, ASAT, religious studies, Click Click, anger management, parenting, etc.). Since a large part of their day was spent involved in conventional programs, most respondents (73%) did not believe that they “had a lot of free time” on their hands while in prison. These

women were able to keep extremely busy by being involved in prosocial activity while incarcerated.

The formerly incarcerated continued to spend a large amount of time involved in conventional activities upon release. On average they spent 15 hours per week with their children, 29 hours per week with their intimate partner, and 9 hours per week with family members. Twenty-one out of the 24 releasees (84%) were employed at the time of the interview, working an average of 34 hours per week. Hours of involvement with the ACE/CARE Program after release varied substantially among the releasees. Ninety-six percent of the peers maintained contact with former ACE/CARE coworkers (an average of 13 hours per year) and 75% maintained contact with ACE/CARE civilian staff members (an average of 14 hours per year), but contact was not maintained on a weekly basis

Overall, while in prison, all respondents spent a majority of their time involved in conventional activity (average of 69 hours per week). Upon conducting group comparisons, there were no differences between those that stayed in the program until release and those that left the program prior to release when examining the number of hours spent involved in prosocial activity per week. However, the differences between those that created the program and those that were not responsible for creating the program were statistically significant (80 hours versus 64 hours per week respectively). Likewise, the formerly incarcerated continued to spend a large amount of time involved in conventional activity upon release (mean=60 hours per week), but the numbers were too small to construct group comparisons or formulate any comparable statistical analyses. This finding differs from Hirschi's original study and the subsequent research

of other academics who did not find strong evidence to support the bond of involvement in promoting conventional behavior (Agnew, 1985; Burton, 1991; Hirschi, 1969; Torstensson, 1990). With the exception of a few researchers, such as Hindelang (1973), who did find that strong involvement in conventional activities was correlated with reduced rates of delinquency, involvement has typically been the least supported of all the bonds.

### **BELIEF**

In general, the peers had moderate levels of belief in conventional norms. In this study, the variable of belief was the least supported of all of the bonds in social control theory. Most of the women stated that they abided by prison rules and regulations (78%), most agreed that inmates should be held responsible for the crimes they committed (66%) and the prison rules they had broken (76%), most agreed that you should not be dishonest, manipulative, or corrupt in order “to get ahead in life” (64%), and most stated that they had respect for correctional officers (59%) and the police (57%). These percentages, though, were not extraordinarily high. In contrast, most felt that the prison rules that inmates broke during their incarceration were not very serious (67%), and almost one-half (49%) believed that an inmate who left her locker unlocked and was stolen from, was just as much to blame as the inmate who stole from her locker (51%). Again, these percentages were not very high. Overall, participants obtained a moderate score on the belief scale (average score of 7 out of 11 points), and there were no statistically significant differences found between the different groups of ACE/CARE peers. This finding differs from Hirschi’s original study and the findings of other

academics, where strong evidence for the bond of belief was essential for promoting conventional behavior (Agnew, 1985; Burton, 1991; Hirschi, 1969; Torstenson, 1990).

### **SELF-ESTEEM**

In general, respondents scored very high on the self-esteem scale. Most were satisfied with their life (84%), most believed that they were “good” people (79%), all peers felt that they had a number of good qualities (100%), nearly all believed that they were able to do things as well as other people (96%), a majority stated that they had a lot to be proud of (94%), most did not feel that they were useless (78%), all agreed that they were a person of worth who was on an equal plane with others (100%), nearly all believed they had enough respect for themselves (88%), a large amount did not feel that they were a failure (94%), and most stated that they took a positive attitude toward themselves (98%). Overall, respondents had high levels of self-esteem (average score of 26 out of 30 points) but upon conducting group comparisons, there were minimal differences found between the groups of peers.

### **SUCCESS**

Success was measured by examining rates of institutional success for all peers and postrelease success for the formerly incarcerated. In regard to institutional success, the rate of disciplinary infractions incurred during incarceration was analyzed. In the literature, institutional success or maladjustment has been correlated with rates of prison disciplinary infractions (Cao et. al., 1997; Casey-Acevedo, 2001; Flanagan, 1980; Lindquist, 1980; Mackenzie & Goldstein, 1985; Wolfgang, 1961; Wright, 1999). In general, this sample achieved high rates of institutional success. Most stated that their disciplinary record was excellent (69%), most did not perceive themselves to be a

disciplinary problem (92%), and most did not think others perceived them as a disciplinary problem (86%). In regard to their rate of prison infractions, more than one-half (51%) had a decrease in the number of the tickets they received after joining ACE/CARE, while 47% experienced no change in rates of disciplinary infractions. It should be noted that all of the women who did not experience a change in rates of problematic behavior were not disciplinary problems prior to seeking employment with ACE/CARE.

Overall, the peers received 5.17 tickets prior to working for ACE/CARE and .95 tickets during the time they worked for ACE/CARE; most of these tickets were for minor to moderate rule violating behavior. A substantial decrease in tickets was incurred by this sample after employment with ACE/CARE and these differences proved to be statistically significant. On average, these women received less infractions than most other inmates in the United States (1 per year compared to 1.5 per year respectively) (Stephan, 1989), and less infractions than other female inmates in the United States (1 per year compared to two per year respectively). This finding illustrates that there are correlating effects between working for an HIV prison-based peer education program and better institutional conduct.

In regard to postrelease success, employment status and rates of recidivism were examined. In general, the formerly incarcerated in this sample achieved high levels of postrelease success. At the time of the interview, 88% of the women were employed. Previous researchers have found support for the inverse relationship between employment and recidivism for older (Uggen, 2000) and younger (Farrington et. al., 1986) offenders; as rates of employment increase, rates of recidivism decrease. Only

three women were unemployed at the time of their interview but all three had been employed after their release from prison. One of these women had to quit her job because of illness and the other two women quit their jobs because they relocated. Both women were actively seeking employment at the time of the interview. The first woman moved to an upstate NY community and was having difficulty finding employment in the field of HIV, since HIV related services were limited in the area she was residing. The other woman experienced periodic episodes of illness and was having difficulty finding a position that would allow her to work only a few hours per day. Of the women that were employed (n=21), 95% were content with their current position and had been working in their position for an average of 18 months.

Generally, releasees were living in the community for five years since their discharge from prison and only one of the peers had been arrested since her release. This peer received a few days of community service for a trespassing charge; her transgression was quite minor and she was not returned to prison. Two of the incarcerated interviewees had been violated by their parole officer after their discharge from prison and subsequent employment with the ACE/CARE Office; both were violated for leaving the NYC jurisdiction without permission. One woman was violated after she absconded from her drug treatment program and the other woman was violated after she left the state and went to Pennsylvania to care for her ill father. Again, these were not major transgressions. Since most of these women were able to maintain and obtain employment upon return to the community, particularly in the field of HIV, in addition to having extremely low rates of recidivism, it can be concluded that there is a correlation between working for an HIV prison-based peer program and high rates of postrelease success.

## **OVERALL FEELINGS REGARDING ACE/CARE**

Inmate staff and civilian staff were asked questions regarding their overall feelings about the ACE/CARE program. For the inmate peers, this was the last question asked of them on the interview schedule. The author inquired as to whether there was anything else about the program that they would like to share. All respondents answered this question and spoke in detail about the great contributions that ACE/CARE has made in their lives and the lives of so many others. The majority of the women spoke about ACE/CARE as providing a sense of family and a sense of community. A large number of the peers credited ACE/CARE with providing them with marketable job skills and a strong network of support, both which eased the reintegrative process and ameliorated many of the stressors one experienced during incarceration. A majority expressed delight in the way ACE/CARE made them feel about themselves in terms of increased confidence and increased self-esteem, and the fact that they loved being able to help other people. These programs made them feel needed and made them feel as if they were able to “give back” to the community in a very positive manner. In spite of these positive feelings regarding the program, most of the women were disheartened by the fact that the programs were no longer as powerful as they were a few years prior. Blame for the decline in the program’s importance and dwindling services was placed equally upon WPA, the prison administration, and the changes in ACE/CARE civilian staff members.

Since the conclusion of this study, the author has learned that both programs lost considerable funding and have undergone even more changes in civilian staff composition. Due to diminished funding, the number of civilian staff members has decreased. Previously, there were 5 civilian staff members, which consisted of 1

supervisor, 2 coordinators (1 for each program), 1 HIV test counselor, and 1 discharge planner. Currently, there are only three openings for civilian staff members. The supervisor of ACE/CARE is also the coordinator of CARE; the discharge planner at Taconic also serves as the HIV test counselor for ACE and CARE; and the coordinator of ACE also serves as the discharge planner for ACE. By the time this study was completed, only two civilian staff positions had been filled and the supervisor was attempting to provide discharge planning services at Taconic, educational program coordination at Taconic, and HIV testing in both facilities. It is no wonder why the women feel that these programs have decreased their services and have lost their status as vital prison programs. If this trend continues, there is concern that both programs may be dismantled.

In interviews with three former civilian staff members, the author learned that the concerns about the diminished importance of ACE/CARE expressed by the peers, was an additional concern of theirs as well. They were troubled by the fact that the programs may no longer be making a positive impact in the lives of women in prison, and although both programs had maintained some of their previous funding, they were providing very little in terms of services to inmate population. They all stated that the importance of these programs lied in their ability to provide cardinal health information, to provide a strong network of support, and to help provide the peers with increased confidence and marketable job skills. According to the civilians, the most difficult aspect of maintaining a successful peer program was working effectively within the strict regimentation of the prison environment. The rules, regulations, and various directives made it extremely difficult to provide innovative programming in a place where

programming must always take a backseat to security issues. According to them, the only way a program can survive in prison, in lieu of these difficulties, was to have strong, passionate, and innovative civilian staff members that were not only dedicated to the work, but were also masterful in the art of negotiation. It takes great patience and great diligence on the part of civilian staff to be able to present new program ideas to DOCS without appearing to threaten the social order of the facility. When new initiatives are censored and past services are in jeopardy of being eliminated, the civilian needs to know how to modify the initiative so that it can be implemented in such a way that it is beneficial to both prison administration and inmate population. These principal skills were components that the former civilian staff believed were currently lacking in both programs.

### **RECIDIVISM**

Overall, peers had a very low rate of recidivism, particularly when compared to national rates on recidivism for other types of offenders. Out of the 26 women that had been released following their employment with ACE/CARE, two were returned to prison on a technical violation for leaving the jurisdiction and were awaiting release at the time of the interview. One releasee had been arrested since leaving prison and received a few days of community service for a trespassing charge, but was not returned to prison. Therefore, the official recidivism rate for this population was 12%. This is substantially lower than the official recidivism rate for all offenders nationally which is 44% (Langan & Levin, 2002), the official recidivism rate for female offenders nationally which is 39.4% (Langan & Levin, 2002), and the official recidivism rate for female offenders in NYS which is 31% (Staley, 2003). On average, releasees had been living in the

community for 5 years. Studies have found that after 5 years of release, the possibility of recidivating is extremely improbable (Human Rights Watch, 2002), therefore, the possibility of any of these women getting rearrested in the future seems highly unlikely. This finding clearly demonstrates that working in an HIV prison-based peer program is correlated with reduced rates of recidivism.

### **THE NATIONAL SURVEY**

Overall, even though most prison-based peer programs are successful, most facilities are not utilizing them for educational or rehabilitative purposes. These results were obtained via survey data from all 50 State Department of Correctional Services and the Federal Bureau of Prisons, which included 1,280 prisons and 1,427,279 inmates. In 1999, Hammet et. al. found that only 10% of state/federal prisons offered what he termed “comprehensive programming,” which was defined as “instructor-led education, peer-led programs, pre and posttest counseling and multi-session prevention counseling (27),” and only 3% of state/federal prison systems offered inmate-led peer education. In the current national survey, 18% of state/federal prisons claimed to have an HIV peer education program, a slight increase from the 1999 study, but these numbers are still incredibly small and such programs are not represented in most of our American facilities. Even for those states that had HIV peer education programs, these programs were not available in all of their facilities. Since private prisons were not included in the survey, it is unknown how inmates contracted to privately managed facilities are receiving HIV education.

States that did not have HIV peer programs appeared apprehensive about placing inmates in such a high status position and they were afraid that inmates would break confidentiality. Other facilities stated they did not have the money to fund such

programs, they did not have an HIV peer education program because their rates of HIV infection were extremely low, or they had implemented alternative ways of educating their inmate population.

For those states that did have HIV peer programming, none of the programs, except for ACE/CARE in NYS, had outside civilian staff members based in the facility on a full-time basis. This may be why ACE/CARE has enjoyed so much success over the last 21 years. It is much easier for staff to gain the trust of the inmates when they are in the facility all of the time. It also has the added benefit of becoming more familiar with the prison administration. This will prove to be especially beneficial when HIV programs propose new program initiatives. If civilian staff are deemed trustworthy by prison administration, and trust only comes with time, they might be given more lead way in terms of managing the program. Staff members that are “in and out” of the facility are less likely to be trusted by both inmates and prison officials and they are less likely to gain a complete understanding of the prison environment, the inmates that they are working with, and the prison administrators that they are technically working for. Having a program office and a full-time program staff offers the program a greater degree of stability.

For those states like Florida and Texas, who have implemented many HIV peer programs throughout their prison system, peer programs were spoken about with tremendous pride and they were deemed to be very successful. Prior research has shown that HIV prison-based peer programs are successful and extremely cost effective (Collica, 2002), hence it is unfortunate that more states have not taken advantage of this great opportunity.

## IMPLICATIONS

The implications of this research are considerable. This research has helped to provide evidence that shows that HIV prison-based peer programming has numerous beneficial effects. First, in terms of its impact on theory and the criminological literature, the author has studied a particular aspect of corrections that has yet to be examined. Previous research has shown that HIV prison-based peer programs provide increased levels of knowledge surrounding HIV and help to create accurate risk perceptions among participants (See Collica, 2002), but researchers have ignored the unintended benefits of these programs, which are the benefits derived for the peers themselves. A few researchers have pointed to the beneficial effects of peer programs on the peers themselves, but the evidence was anecdotal at best. Neglecting this important area led to a gap in the knowledge base surrounding peer education programs in prison. This study helped to bridge the gap between prior research and anecdotal evidence by shedding light on a neglected issue.

Second, this study adds to our understanding of social control theory and life course theory, and its impact in explaining paths of desistance for the female offender. Most of the literature focusing on recidivism has focused on male offenders (Harms & Phillips, 2001), and the desistance process for female offenders still remains a mystery (Katz, 2000). It is evident from this study that HIV prison-based peer programs is one way to provide female peers with strong social bonds, even while incarcerated. The quality and strength of the bonds that developed from working for ACE/CARE helped to direct the female criminal's pathway, aided in altering her criminal trajectory, and assisted in the process of criminal desistance.

Third, this research complements penology literature which has focused on the beneficial effects of educational and vocational programs as tools in the rehabilitative process for criminal offenders. Traditional prison programming, which is academically or vocationally based, has been found to assist in the reintegrative process (Correctional educational bulletin, 2002) by reducing recidivism (Canestrini, 1993; Clark, 1991; Gerber & Fritsch, 1995; Harer, 1995; MacDonald, 1995; Taylor, 1992), by increasing levels of self-esteem (Roundtree et. al., 1982; Tewksbury & Vito, 1994), and by promoting communication with positive civilian staff members that will help to reinforce law-abiding norms and values (Gaes et. al., 1999; Harer, 1995; Taylor, 1992). Little research has been conducted on less traditional vocational programs like ACE/CARE and the research that was previously conducted did not focus on the benefits achieved by the peers who worked for such programs. This research shows that inmates who have worked in an HIV prison-based peer program can achieve the same effects derived from traditional prison programs. ACE/CARE helped to develop essential employment skills, increased levels of self-esteem, opened up lines of communication with positive civilian staff members, and has aided in the reintegrative process. All of these factors have subsequently reduced disciplinary infractions by promoting prosocial behavior in prison, and by allowing the peers to obtain meaningful and purposeful employment upon release, it has also led to reduced rates of recidivism.

In lieu of the harsh restrictions placed upon felons in our country (i.e., disenfranchisement, limitations on access to employment opportunities, public housing, public assistance, or federal/state aid for college programming, termination of parental rights, etc.) (see Travis, 2002), ACE/CARE provides a way for female offenders to be

successful after release. One of the fields that appear to be wide open to ex-offenders is the field of HIV/AIDS. Many community-based organizations that provide HIV related services, particularly in the New York City area, have hired ex-offenders to provide outreach, case management, and educational and supportive services to their clients, most of whom are also recently released from prison or jail. ACE/CARE provided the women with a great opportunity to acquire the skills they needed in prison to attain entry-level positions upon release in the field of public health. For many of the releasees, this was the beginning of a successful career or at least an initial way for them to support themselves financially when they first returned home.

ACE/CARE provided these women with a higher purpose in life and it enabled them to adopt the role of the “wounded healer” or “professional ex” (Maruna,2001), which helped them in maintaining a conventional lifestyle. They were able to use their work in ACE/CARE to bring together their two identities; the old criminal identity and the new law abiding identity (Lofland, 1969; Nouwen, 1972). These women did not have to be ashamed of their past because they were able to utilize it as a tool to help others. This new way of looking at themselves provided new insight into their past and allowed them to turn something ‘bad’ into something ‘good,’ thereby aiding the process of criminal desistance.

Fourth, this research adds to the literature on prisonization and rates of maladjustment among female inmates. The way an inmate adapts to the prison environment and the role they adopt while incarcerated to ameliorate the pains of imprisonment (Heffernan, 1972; Schrag, 1944; Sykes & Messinger, 1960) can have a direct effect on rates of disciplinary infractions and recidivism. As a survival

mechanism, female inmates have been known to recreate family inside of the prison (Giallombardo, 1966), but recent evidence shows that the nature of the play family is evolving and has decreased in recent years (Genders & Player, 1990; Propper, 1982). If the way that females tend to adapt to the prison environment is under transformation, then this may change rates of maladjustment inside of the prison environment.

ACE/CARE has been shown to provide the peers with new roles. ACE/CARE is not only their family, it enables them to cultivate strong conventional relationships while in prison. ACE/CARE is a new prison subculture, albeit, a positive one and one that encourages conventional change. Considering that ACE CARE became an inmate's extended family while in the prison system, the women were able to adopt new conventional roles while incarcerated and have the system of support necessary to maintain those roles when released. This network of support protects them from adhering to many of the norms inherent in the inmate subculture, it decreases the chances of prisonization, and it prevents maladjustment, which can effect prison infractions and rates of recidivism. These women are viewed as role models and their new identities are supported and encouraged by their coworkers and the ACE/CARE civilian staff. These women were very cognizant of the effect that their behavior would have the overall success of the program and for the most part, they were not willing to engage in behavior that could result in prison disciplinary action; most were unwilling to jeopardize their position or jeopardize the overall success of the program.

Fifth, in regard to research methodology, this study has implications for conducting research with female offenders. The author found the use of open-ended questions particularly helpful in eliciting in-depth and detailed responses from the female

participants. Since many questions on the interview schedule were open-ended, it encouraged the women to answer in their own words. The author was surprised to see that this “openness” set the tone for the entire interview and had a bearing on the closed-ended responses as well. The women became comfortable talking to the researcher and even when a participant was asked to choose a specific response to a close-ended question or statement, they almost always provided additional information. This was very helpful upon analysis when attempting to gain a fuller understand of these women, their experiences, and their feelings.

Sixth, the use of snowball sampling as a data collection method worked very well with this population. Since inmates often have a distrust of staff, this enabled the author to speak to women who normally would not have spoken to her. The women were happy to refer the author to other peers and many releasees spent considerable time making phone calls and sending e-mails to these other peers on the author’s behalf. Several of the women stated that they would not have spoken to the author if they were not referred by one of their peers. Another factor, which appeared to help in the interviewing process, was that many of the peers were familiar with the author and the work she has performed in the prisons. This certainly lent credibility to her study and increased the bond of trust between researcher and interviewee. It is also believed that gender played a significant role in the interviewing process. The women would probably not have been as open with a male researcher. The author received several responses from the respondents prefaced with things like, “you’re a woman, you know,” or “As a woman I am sure you can understand.”

Seventh, in regard to policy implications, the success of such programs should prove that there is not only a need to maintain funding for existing programs, but there is a need to expand funding to implement and enhance HIV prison programs in all facilities, particularly for female inmates. Female facilities suffer from a paucity of prison programming, and since their needs tend to be more diverse and more substantial than the needs of their male counterparts, increasing and expanding such programming are essential. If female inmates continue to be trained in pink collar employment, they will be unable to support themselves or their children upon release. Female inmates trained in HIV peer education can and will be able to obtain substantial employment opportunities in major metropolitan cities upon release.

These benefits not only affect inmates, but there are benefits for the prison administration, the Division of Parole, the community, and various CBOs. Correction officials have an incentive to implement or maintain current peer education programs since inmates can obtain higher success levels while in prison by having reduced rates of disciplinary infractions. Given that the programs are subsidized by CBOs, they are completely cost-effective for DOCS and they provide invaluable services. Until a cure is found, HIV continues to be a chronic illness plaguing inmates in our correctional institutions. If education can serve as a means for prevention, our prisons will undoubtedly save tremendous costs in medical care and related services. Moreover, for those individuals that contract a multi-drug resistant strain of HIV, the costs of treating subsequent opportunistic infections will be substantial. Inmates engage in risky behaviors behind bars and without adequate knowledge about safer sex and drug using practices, they could become infected with HIV or Hepatitis, and for those that are

already HIV infected, they could be exposed to other drug resistant strains of the virus. Prisons have the opportunity to prevent further transmission of the virus and the opportunity is found within the services of peer education programs.

The community and the Division of parole will benefit from such programs because the inmate's transition from the prison to the community leads to lower rates of recidivism. This is a positive impact on parole supervision and community safety, and if we can prevent women from returning to prison, we stand to save a tremendous amount of money on recommitment fees. Women, who leave prison and are educated about HIV transmission, may be less likely to place themselves or others at risk for infection, and they may be more likely to spread this information to friends and family, reinforcing the message of HIV prevention in the community.

Last, CBOs that support such programs will have initial empirical data that prison-based peer programs are correlated with degrees of success, which may enable them to attain or sustain funding from state, local, and federal funding sources. Many states are facing a budget crisis, and in lieu of 9/11, we can only expect further cutbacks, particularly in regard to correctional programming and AIDS related services. Many CBOs in the NYC area have already lost contractual AIDS funding, including WPA that lost some of its funding from the AIDS Institute for ACE and CARE. Without adequate funding, services will dwindle and everyone will inevitably pay the costs.

### **LIMITATIONS**

There are several limitations to the current study. First, the sample was not a random sample, which posed problems for external validity (Campbell & Stanley, 1963). In an attempt to generalize findings to the population, demographics from the sample

were compared to demographics for the entire incarcerated female population in New York State. It is not known, however, if these findings are generalizable to other populations outside of this sample.

Second, there was the issue of selection-bias, particularly when using snowball sampling. Only women who were involved in the same social networks were included in the sample. For instance, the author did not receive the names of anyone who had lost all contact with the ACE/CARE women. This can decrease the validity and credibility of the findings (Berg, 1988), and the final sample may not have been representative of the entire ACE/CARE population. In addition, it is difficult to correlate success inside and outside of prison with working solely in ACE/CARE. The ACE/CARE program was one out of several other contributing variables which led to successful outcomes. These women may also possess certain characteristics that already make them a more likely candidate for success than other types of female inmates. It is not known if working in an HIV prison-based peer program would have the same benefits for all female offenders in NYS.

Third, there was no true comparison or true control group in this study. Since the women in the sample were so diverse in terms of age, race, sentence length, crime, etc., it was not feasibly obtainable to find another set of inmates or formerly incarcerated women that matched the sample groups' diverse attributes. It was also not feasible to have another group of inmates taken from their regularly scheduled programs to participate in a comparison group, as this would have disrupted the daily schedule of the prison facility. Without a control or comparison group, it is difficult to determine whether results can be linked directly to working in the ACE/CARE program.

Fourth, self-reported data may not be the most reliable source of information. Participants have been known to falsify information (see Maxfield and Babbie, 1998) due to forgetfulness, the need to generate pleasing responses, and/or the need to embellish or omit certain information. It is believed that the author was able to gain the trust of the respondents because she was well known among female inmates in this field, hence, it is unlikely that they lied to her. Furthermore, to ensure confidentiality, respondents were only reported through code names.

Fifth, the results generated from the statistical tests employed within this research design should be interpreted with prudence. Critical values can be affected by sample size (Bachman & Paternoster, 1997). “With any statistical test, we are more likely to reject the null hypothesis with large samples than we are with small samples” (Bachman & Paternoster, 1997, 310). Since the sample is small ( $n=49$ ) and the female participants were not able to be randomly assigned to groups, it is important to proceed with caution when making any inferences about the study’s results.

### **FUTURE RESEARCH**

Future research should focus on expanding the knowledge base surrounding peer education programs, particularly as it relates to female peers. There is also information lacking on whether these programs provide benefits for male peers. Studies should be conducted with other peers in different states to determine if there are ecological or geographical differences between groups of offenders. More studies should be conducted that differentiate between security classifications (i.e., minimum, medium, and maximum security offenders), that differentiate between state and federal inmates, and that differentiate between inmates housed in public and private institutions. Moreover,

studies should be conducted on peer programs that offer less comprehensive services than ACE/CARE to determine if there are the same appreciable benefits for the peers and for other inmates residing in general population. We will only have this information once a comparable analysis has been conducted.

Future researchers should give attention to peers leaving facilities and returning to non-urban areas where the job opportunities for HIV positions may be limited. If there are no jobs available in this field, will the programs have the same effect on rates of recidivism and postrelease success? Will these skills be applicable to other fields? Programs need to be examined in terms of ecological “contextualism.” Follow-up studies could also be conducted with ACE/CARE to determine if the current changes in the program’s administration have affected the beneficial outcomes derived from such programs. In light of the paucity of research in this area, it is essential that subsequent studies are conducted to shed more light on this neglected population.

## Appendix A – Peer Survey

Code Name \_\_\_\_\_

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

**Instructions:** This is a questionnaire designed to determine the effects of working in a prison-based peer program like ACE and/or CARE. Please answer the following questions to the best of your ability.

**Part A (Demographic Information)** *First I would like to ask you some questions about yourself, including information on past risky behaviors.*

1. Are you currently:
 

a. on active parole	b. on inactive parole	c. on work release
d. have maxed out	e. currently incarcerated	
  
2. What category best describes your ethnicity?
 

a. White/non-Latina	b. African-American	c. Latina, please specify _____
d. Pacific-Islander	e. Asian	f. Native-American
g. bi-racial	h. other _____	
  
3. How old are you? \_\_\_\_\_ years old.
  
4. What religion are you?  
\_\_\_\_\_
  
5. What is the highest level of education that you completed before your incarceration?  
\_\_\_\_\_
  
6. What is the highest level of education that you completed during your incarceration?  
\_\_\_\_\_
  
7. If released, what is the highest level of education that you have obtained since your release?  
\_\_\_\_\_
  
8. Directly before your incarceration, were you:
 

a. unemployed	b. employed (state your job title) _____
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9. What was your estimated yearly legal income directly before your incarceration?  
\_\_\_\_\_

10. What is your marital status?  
 a. single                      b. married    c. separated    d. divorced    e. widowed  
 f. domestic partner        g. committed relationship    h. living with someone  
 i. other \_\_\_\_\_
11. Do you have children?  
 a. Yes, How many \_\_\_\_\_                      b. no
12. Without giving me names, before your incarceration, who did you live with?  
 \_\_\_\_\_
13. Before your incarceration, what county did you live in? \_\_\_\_\_
14. Released - Presently, without giving me names, who do you live with? \_\_\_\_\_  
 Incarcerated – Without giving me names, who do you plan to live with after your release? \_\_\_\_\_
15. Released – What county do you currently live in? \_\_\_\_\_  
 Incarcerated – What county do you plan on living in after release? \_\_\_\_\_
16. Are you a survivor of physical/sexual abuse?  
 a. yes                      b. no
17. Have you ever exchanged sex for money or for drugs?  
 a. yes                      b. no
18. Do you have a history of drug/alcohol misuse?  
 a. yes                      b. no
- if yes, what drugs have you misused? \_\_\_\_\_
- if yes, what was your drug of choice? \_\_\_\_\_
- if yes, have you ever shared works? \_\_\_\_\_
- if yes, are you currently using? a. yes    b. no
- if yes, are you currently misusing? a. yes    b. no

19. Do you or have you had any of the following health problems?
- |                                  |                            |       |
|----------------------------------|----------------------------|-------|
| sexually transmissible infection | a. yes (which one(s) _____ | b. no |
| HIV                              | a. yes                     | b. no |
| Lupus                            | a. yes                     | b. no |
| Asthma                           | a. yes                     | b. no |
| high blood pressure              | a. yes                     | b. no |
| diabetes                         | a. yes                     | b. no |
| other, please state _____        |                            |       |

20. In regard to your sexual activity, do you?:
- a. partner with men                      b. partner with women                      c. partner with both

21. Do you currently practice safer sex with your partner?
- a. Yes                      b. No                      c. I don't have a partner

22. If you don't have a partner, do you plan on practicing safer sex with future partners?
- a. yes                      b. no

a1. What does safer sex mean to you?

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22. Did you engage in any of the following risky behaviors prior to working for ACE/CARE? (circle all that apply)
- Unprotected sex    needle sharing (for drugs)    needle sharing (for tattoos)    none

23. Did you engage in any of the following risky behaviors during the time you worked for ACE/CARE? (circle all that apply)
- Unprotected sex    needle sharing (for drugs)    needle sharing (for tattoos)    none

24. If you are no longer working for ACE/CARE, do you engage in any of the following risky behaviors? (circle all that apply)
- Unprotected sex    needle sharing (for drugs)    needle sharing (for tattoos)    none

25. Has working in ACE/CARE made you more comfortable discussing past sexual partners and/or drug history with intimate partners?
- a. yes                      b. no

26. Did working in CARE/ACE effect your decision to test for HIV?
- a. yes                      b. no                      c. I already knew my status    d. I was never tested

27. Has working in CARE/ACE affected the way you feel about HIV positive persons?

- a. Yes                      b. no?

How so?

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**Part B\*\*\*Now, I would like to ask you some questions about your sentence and your disciplinary history while you were incarcerated\*\*\***

1. What was the criminal offense that you are/were serving time for? \_\_\_\_\_

2. How many years did the judge sentence you to? \_\_\_\_\_

3. How many years of your sentence did you/have you served? \_\_\_\_\_

4. If released, how were you released from prison (via parole board, CR date, work release, etc.)? \_\_\_\_\_

If incarcerated, how do you expect to be released? \_\_\_\_\_

5. Was this the first time that you have ever served a prison sentence?

- a. yes                      b. no, how many times have you been to prison? \_\_\_\_\_  
What crime(s) were you charged with? \_\_\_\_\_

6. Was this the first time that you were ever arrested?

- a. yes                      b. no, how many times were you arrested previously? \_\_\_\_\_  
What crime(s) were you arrested for? \_\_\_\_\_

7. How would you describe your prison disciplinary history?

- a. excellent              b. good              c. fair              d. poor

8. Did you perceive yourself as a disciplinary problem?

- a. Yes                      b. No                      c. Not Sure

9. Do you think others perceived you as a disciplinary problem?

- a. yes                      b. No                      c. Not Sure

10. Did you receive any tickets during your incarceration?

- a. yes                      b. no

If yes, how many? Tier 1 \_\_\_\_\_ Tier 2 \_\_\_\_\_ Tier 3 \_\_\_\_\_

If yes, do you remember what they were for?

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c. If yes, were you guilty of the disciplinary infraction? Yes no

d. If no, why do you think that you were found guilty?

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11. After joining ACE/CARE, did the number of tickets you received:

- a. increase      b. decrease      c. remain the same

12. How many tickets did you receive before working for ACE/CARE?

\_\_\_ Tier 1              \_\_\_ Tier 2              \_\_\_ Tier 3              \_\_\_ None

13. How many tickets did you receive during the time that you worked for ACE/CARE?

\_\_\_ Tier 1              \_\_\_ Tier 2              \_\_\_ Tier 3              \_\_\_ None

14. If you stopped working for ACE/CARE before your release, how many tickets did you receive after leaving the program?

\_\_\_ Tier 1              \_\_\_ Tier 2              \_\_\_ Tier 3              \_\_\_ None      \_\_\_ NA

15. Have you ever served SHU time?

- a. Yes              b. No

b1. If yes, how long was your SHU sentence? \_\_\_\_\_

b2. If yes, was this before, during, or after working for ACE/CARE? \_\_\_\_\_

b3. If yes, what was the charge you received? \_\_\_\_\_

16. Have you ever been keep-locked for disciplinary reasons?

- a. Yes              b. No

b1. If yes, how long was your keep-lock sentence? \_\_\_\_\_

b2. If yes, was this before, during, or after working for ACE/CARE? \_\_\_\_\_

b3. If yes, what was the charge you received? \_\_\_\_\_

**Part C** *Now I would like to ask you some questions about the programs and jobs that you participated in while in prison. I would also like to ask you some questions about your friends and family.*

1. What was the most stressful part about being incarcerated?

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2. How did you cope with stress while you were incarcerated?

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3. Who were you able to speak with in prison when you were feeling stressed?

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(Attachment to work)

4. Why did you decide to work for ACE/CARE?

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5. Were you one of the women responsible for implementing the program?

a. yes      b. no

a1. If yes, can you tell me a little about the difficulties that you experienced?

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6. What were your job responsibilities as a peer for ACE/CARE?

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7. Were you one of the coauthors of the book, Breaking the Walls of Silence?  
a. yes                      b. no

a1. If yes, can you tell me a little bit about your experiences with writing this book, and some of the difficulties you incurred?

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8. Do you feel that working for ACE/CARE has been a positive experience for you?  
a. yes                      b. no  
How so?

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9. Do you think that your time in prison would have been different if you had not worked for ACE/CARE?  
a. yes                      b. no  
Why or why not?

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10. What was the best part of working for ACE/CARE?

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11. What was the most difficult part of working for ACE/CARE?

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21. How many of your co-workers seemed to care about how successful you would be after you were released from prison?  
a. all                      b. almost all                      c. many                      d. few                      e. none
22. How many of the ACE/CARE civilians seemed to care about how successful you would be after you were released from prison?  
a. all                      b. almost all                      c. many                      d. few                      e. none
23. What kind of work did your co-workers expect from you?  
a. excellent                      b. good                      c. fair                      d. poor                      e. no one cared
24. What kind of work did the ACE/CARE civilians expect from you?  
a. excellent                      b. good                      c. fair                      d. poor                      e. no one cared
25. Did you care about what your co-workers thought of you?  
a. a lot                      b. some                      c. not much                      d. not at all
26. Did you care about what your ACE/CARE supervisor thought of you?  
a. a lot                      b. some                      c. not much                      d. not at all
27. Did you find your co-workers to be helpful to you during stressful times?  
a. all                      b. most                      c. some                      d. none
28. Did you find the ACE/CARE civilian workers to be helpful to you during stressful times?  
a. all                      b. most                      c. some                      d. none
29. Were your co-workers some of your best friends?  
a. all                      b. most                      c. some                      d. none
30. Would your co-workers have stuck by you if you got in trouble?  
a. all                      b. most                      c. some                      d. none
31. Would your ACE/CARE supervisor have stuck by you if you got in trouble?  
a. all                      b. most                      c. some                      d. none
32. Do you respect your co-workers opinions about the important things in life?  
a. all                      b. most                      c. some                      d. none
33. Do you respect the ACE/CARE civilian's opinions about the important things in life?  
a. all                      b. most                      c. some                      d. none
34. Did you feel that working for ACE/CARE was like having an extended family?  
a. yes                      b. no

35. Would your co-workers in ACE/CARE be upset with you if you committed a disciplinary infraction?  
a. yes    b. no
36. Would it bother you if your co-workers were upset with you?  
a. yes    b. no  
Why or why not?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
37. Would your ACE/CARE supervisor be upset with you if you committed a disciplinary infraction?  
a. yes    b. no
38. Would it bother you if your supervisor was upset with you?  
a. yes    b. no  
Why or why not?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
39. Do you feel that the ACE/CARE civilian staff were able to serve as role models for you?  
a. yes    b. no  
Why or why not?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
40. Would you say that you had a lot of respect for the ACE/CARE civilian staff?  
a. a lot            b. some            c. not much            d. not at all
41. Would you say that you had a lot of respect for your co-workers?  
a. a lot            b. some            c. not much            d. not at all
42. Do/did you share your thoughts and feelings with your ACE/CARE co-workers?  
a. a lot            b. some            c. not much            d. not at all
43. Do/did you share your thoughts and feelings with the ACE/CARE civilian staff?  
a. a lot            b. some            c. not much            d. not at all

(attachment to partner)

44. Are you currently in a relationship? a. Yes b. No
- a1. If yes, do you live or plan on living with this individual? \_\_\_\_\_
- a2. If yes, how many hours per week do you spend with them? \_\_\_\_\_
- a3. If yes, how long have you been in this relationship? \_\_\_\_\_
- a4. If yes, do you plan on staying in this relationship? \_\_\_\_\_
- A5. If yes, would you say that your partner is a very important part of your life?
- \_\_\_\_\_

(attachment to children)

45. Do you have children? a. yes b. no
- a1. If yes, how many? \_\_\_\_\_
- a2. If yes, who do your children live with at this time? \_\_\_\_\_
- aa2. If incarcerated, do you plan on living with your children after release? \_\_\_\_\_
- a3. If yes, how many hours per week would you say that you spend with your children? \_\_\_\_\_
- a4. If yes, would you say that your children are a very important part of your life?
- \_\_\_\_\_

(attachment to family)

46. Do you have family members that act as a source of support for you? a. yes b. no
- a1. If yes, how many hours per week would you say that you speak to or spend time with family members? \_\_\_\_\_
- a2. Would you say that your family is an important part of your life? \_\_\_\_\_

(attachment to friends)

47. Do you have friends that act as a source of social support for you? a. yes b. no
- a1. If yes, How many hours per week do you speak to or spend time with your friends? \_\_\_\_\_
- a2. If yes, how many of these individuals have ever been incarcerated? \_\_\_\_\_
- a3. Do any of these individuals still engage in illegal behavior? \_\_\_\_\_
- a4. Would you say that your friends are an important part of your life? \_\_\_\_\_

**PART D (Commitment) *Now I would like to ask you some questions about your personal goals and expectations.***

1. How much schooling do you eventually hope to obtain?
- \_\_\_\_\_

2. What type of career do you aspire to eventually have?
- \_\_\_\_\_

***I am going to read you a list of statements. After I read the statement, tell me which answer most closely relates to how you feel about the statement being read to you.***

(Where SA = strongly agree, A = agree, DK = don't know, D = disagree, SD = strongly disagree, and NA = not applicable)

3. The only reason I worked for ACE/CARE was because I needed a job  
SA      A              DK              D              SD              NA
4. The only reason I worked for ACE/CARE was because I didn't want to work in a low-level prison job like a porter.  
SA      A              DK              D              SD              NA
5. I feel the skills that I obtained in ACE/CARE have helped/will help me obtain a good job upon release  
SA      A              DK              D              SD              NA
6. Whatever I did at ACE/CARE, I tried hard  
SA      A              DK              D              SD              NA
7. I really enjoyed the work I was doing in ACE/CARE  
SA      A              DK              D              SD              NA
8. I thought I did really good work in ACE/CARE  
SA      A              DK              D              SD              NA
9. I thought the work I did in ACE/CARE was important  
SA      A              DK              D              SD              NA
10. Do you think the ACE/CARE program is better or worse with civilian staff involvement? Why?  
a. better              b. worse

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11. If there was one thing that you could change about the program, what would it be?

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12. Do you feel that working in ACE/CARE has helped you/or will help you successfully transition from prison to the community?

- a. yes
- b. no

Why or why not?

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13. What others factors do you feel have contributed/or will contribute to your success?

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14. What factors do you feel have hindered or will hinder your success?

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15. Would you recommend ACE/CARE to other inmates interested in working in the field of HIV?

- a. yes
- b. no

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16. What are your long-terms goals?

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17. Who, if anyone, serves as a role-model to you and why?

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**PART E (involvement)** *Now I would like to ask you some questions about the types of programs and organizations that you have participated in.*

1. Were you in school while in prison? (for released only)
  - a. yes      b. no
  - 1a. If yes, what were you studying? \_\_\_\_\_
  - 1b. If yes, how many hours per week did you spend in school? \_\_\_\_\_
  - 1c. How many additional hours per week did you spend on school work? \_\_\_\_\_
  - 1d. Did you complete your degree? \_\_\_\_\_
  - 1e. If no, why not? \_\_\_\_\_
  
  - b1. If no, why were you not in school? \_\_\_\_\_
  
2. Are you in school at this time?
  - a. yes      b. no
  
  - 1a. If yes, what degree will you obtain upon completion? \_\_\_\_\_
  - 1b. If yes, what is your major? \_\_\_\_\_
  - 1c. If yes, when do you anticipate completing your studies? \_\_\_\_\_
  - 1d. If yes, how many hours per week are you in school? \_\_\_\_\_
  - 1e. If yes, how many additional hours per week do you spend on school work? \_\_\_\_\_
  
  - b1. If no, why are you not in school at this time? \_\_\_\_\_
  
  - b2. If no, do you want to go back to school? \_\_\_\_\_
  - b3. If you want to go back to school, what do you want to study? \_\_\_\_\_
  
3. How long did you work for ACE \_\_\_\_\_? CARE \_\_\_\_\_? Reach \_\_\_\_\_?
  
4. Did you/do you plan to/ work for ACE/CARE until your release?
  - a. yes      b. no
  - a1. Why did you stay or why did you leave?

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5. Who was/is your ACE/CARE supervisor? \_\_\_\_\_

6. How would you evaluate your work within the ACE/CARE program?  
 a. excellent      b. good      c. fair      d. poor

7. How did your supervisor evaluate your work within the ACE/CARE Program?  
 a. excellent      b. good      c. fair      d. poor

8. What prison programs have you participated in or completed?

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9. While in prison, how much time per week did you spend participating in other programs? \_\_\_\_\_

10. What other jobs did you have during the course of your incarceration?

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11. While in prison, who did you spend most of your time with?

- a. yourself      b. ACE/CARE staff      c. other prison staff      d. friends

12. How do you feel about the following statement: In prison, I had a lot of free time on my hands.

- SA      A      DK      D      SD      NA

For incarcerated only (questions 13-17)

13. Do you plan on working within the field of HIV upon your release?

- a. Yes      b. no

Why or why not?

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14. Do you plan on keeping in contact with your ACE/CARE co-workers?

- a. all      b. most      c. some      d. none

15. Do you plan on keeping in contact with any of the ACE/CARE civilian staff?

- a. all      b. most      c. some      d. none

16. What do you think will be the most stressful situations that you will face upon release?

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17. How will you cope with stress on the outside?

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18. Do you feel that you can contact ACE/CARE civilian staff for support upon release?

a. yes      b. no

Why or why not?

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For released only (questions 18-27)

19. Since your release, have you worked in any positions in the field of HIV?

a. yes                      b. no

20. What jobs have you had since your release?

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21. Are you currently employed?                      a. yes                      b. no

a1. If yes, where do you work? \_\_\_\_\_

a2. If yes, what is your position? \_\_\_\_\_

a3. If yes, do you like your job?                      a. yes                      b. no

a4. If yes, do you like your supervisor?                      a. yes                      b. no

a5. If yes, how long have you worked there? \_\_\_\_\_

a6. If yes, do you plan on staying in this job at least another year?    a. yes                      b. no

a7. How many times per month are you late to work? \_\_\_\_\_

a8. How often do you call in sick? \_\_\_\_\_

a9. Was your last evaluation favorable or unfavorable? \_\_\_\_\_

a10. How many hours per week do you work? \_\_\_\_\_

b1. If no, why are you currently unemployed? \_\_\_\_\_

b2. If no, are you looking for work?            a. yes            b. no

17. How long have you been out prison? \_\_\_\_\_

22. Have you ever violated your parole/workrelease?            a. yes            b. no

21. Have you ever been sent back to prison on a violation?

a. yes            b. no

a1. If yes, what was the charge? \_\_\_\_\_

22. Have you been re-arrested for a new charge since you worked for ACE/CARE?

a. yes            b. no

a1. If yes, what was the charge? \_\_\_\_\_

25. Have you committed any illegal behavior since your release that you were not violated or re-arrested for?

a. yes            b. no

26. Do you keep in contact with any of your former CARE/ACE co-workers?

a. all    b. most    c. some    d. none

If none, why not?

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a1. If yes, how many? \_\_\_\_\_

a2. If yes, how many times per year would you say that you see or speak to them?

\_\_\_\_\_

a3. If yes, are they able to act as a source of support for you on the outside?

a. yes

b. no

27. Do you keep in contact with any of the former CARE/ACE civilians?

a. all    b. most    c. some    d. none

If none, why not?

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a1. If yes, how many? \_\_\_\_\_

a2. If yes, how many times per year would you say that you see or speak to them?

\_\_\_\_\_

a3. If yes, are they able to act as a source of support for you on the outside?

a. yes

b. no

28. What were the most stressful situations that you faced upon release?

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29. How do you cope with stress on the outside?

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30. Do you feel that you can contact the ACE/CARE civilians for support on the outside?

- a. yes      b. no  
Why or why not?

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31. In prison, how much time did you spend with friends? \_\_\_\_\_

a1. Were most of your friends considered to be disciplinary problems? \_\_\_\_\_

32. In prison, were you involved in any religious organizations? \_\_\_\_\_

a1. If yes, how many hours per week did you devote to this? \_\_\_\_\_

33. If released, are you currently involved with any religious organizations? \_\_\_\_\_

If incarcerated, do you plan on being involved with any religious organizations upon release? \_\_\_\_\_

34. If released, what other organizations are you a part of? \_\_\_\_\_

A1. How many hours per week do you devote to these organizations? \_\_\_\_\_

If incarcerated, what organizations do you plan on being a part of once released?

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How many hours per week will you devote to them? \_\_\_\_\_

**Part F (belief)** *Now I would like to ask your opinion on the following statements. I will read each statement and you tell me which answer most closely relates to how you feel about the statement being read you.*

(Where SA = strongly agree, A = agree, DK = don't know, D = disagree, SD = strongly disagree, and NA = not applicable).

1. I abided by prison rules and regulations  
SA      A              DK              D              SD              NA
2. I thought it was O:K to break prison rules if I could get away with it  
SA      A              DK              D              SD              NA
3. I would have violated more prison rules if I didn't work for ACE/CARE  
SA      A              DK              D              SD              NA
4. I couldn't stay out of trouble in prison no matter how hard I tried  
SA      A              DK              D              SD              NA
5. Most inmates should not be blamed for the crimes that they committed  
SA      A              DK              D              SD              NA
6. Most crimes really do not hurt anyone  
SA      A              DK              D              SD              NA
7. Most inmates should be not blamed for the prison rules that they have broken  
SA      A              DK              D              SD              NA
8. Most of the rules that inmates break while in prison are not that serious  
SA      A              DK              D              SD              NA
9. An inmate who leaves her locker unlocked and is stolen from is just as much to blame as the inmate who steals from her locker  
SA      A              DK              D              SD              NA
10. I have a lot of respect for correction officers  
SA      A              DK              D              SD              NA
11. I have a lot of respect for the police  
SA      A              DK              D              SD              NA
12. To get ahead, you have to do some things which are not right  
SA      A              DK              D              SD              NA

**Part G (self-esteem)** *Again, I will read each statement and you tell me which answer most closely relates to how you feel about the statement being read to you.*

(Where SA = strongly agree, A = agree, D = disagree, and SD = strongly disagree).

1. On the whole, I am satisfied with my life  
SA          A                  D                  SD
2. At times I think I am no good at all  
SA          A                  D                  SD
3. I feel that I have a number of good qualities  
SA          A                  D                  SD
4. I am able to do things as well as most other people  
SA          A                  D                  SD
5. I feel I do not have much to be proud of  
SA          A                  D                  SD
6. I certainly feel useless at times  
SA          A                  D                  SD
7. I feel that I am a person of worth, at least on an equal plane with others  
SA          A                  D                  SD
8. I wish I could have more respect for myself  
SA          A                  D                  SD
9. All in all I am inclined to feel that I am a failure  
SA          A                  D                  SD
10. I take a positive attitude toward myself  
SA          A                  D                  SD

### Part H - Final Questions

1. **Is there anything else that you would like to share with me at this time?**

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**2. Are there any other people who have worked for ACE/CARE, who you know of, that would be interested in speaking with me?**    a. yes        b. no

Please be advised that I will not share personal information with other participants in the study.

If yes, can I have their names and contact information?

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**Address**

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**Phone Number**

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THANK YOU SO VERY MUCH FOR YOUR TIME!

### **Appendix B – Civilian Interview**

1. How long did you work for ACE/CARE?  
Years -
2. What was your position and job responsibilities?
3. Can you tell me about your experiences working in this program?
4. Why is this an important program?
5. What were some of the difficulties in implementing and maintaining such a program?
6. What were some of your best experiences in this program?
7. What were some of your worst experiences with this program?
8. What is the most challenging part of running a peer education program?
9. Why did you leave?
10. Tell me a little bit about working with the inmate staff? What has been positive?  
What did you find challenging?
11. How has the program changed?
12. Is there anything else that you would like me to know?

### Appendix C – National Facility Survey

Department: \_\_\_\_\_

1. How many correctional facilities do you have in your entire department? \_\_\_\_\_

2. How many inmates are housed in your correctional facilities?

Total: \_\_\_\_\_

Male: \_\_\_\_\_

Female: \_\_\_\_\_

3. What is your inmate rate of HIV infection?

Total: \_\_\_\_\_

Male: \_\_\_\_\_

Female: \_\_\_\_\_

4. Do your facilities have mandatory HIV testing?

Yes     No

5. Are there any facilities in your department that offer HIV prison-based peer programming (i.e., the inmates are trained to provide HIV education to other inmates)?

Yes                       No

if you **answered yes**, please proceed to **question #6**.

**If no**, is there a reason why you do not have this type of programming?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**If no**, how do your inmates receive HIV education? \_\_\_\_\_

**If you answered no to question #5, you may stop here.**

6. If you answered **yes to question #5**, how many facilities provide this type of programming? \_\_\_\_\_.

7. Are the inmates that provide HIV peer education trained by prison staff or by civilians from an outside community-based organization?

prison staff     Outside agency                       combination of both

- 7a. If the inmates are trained by an outside agency, are these representatives based in the facility on a full-time basis?  
 Yes             No
8. What other HIV-related services do these programs provide? Please check all that apply and state how many of your facilities provide such services.
- |  |                 |
|--|-----------------|
| <input type="checkbox"/> Discharge Planning                  | How many? _____ |
| <input type="checkbox"/> Confidential HIV testing            | How many? _____ |
| <input type="checkbox"/> Anonymous HIV Testing               | How many? _____ |
| <input type="checkbox"/> Professional HIV Trainings          | How many? _____ |
| <input type="checkbox"/> HIV Educational Workshops           | How many? _____ |
| <input type="checkbox"/> Resource and Health fairs           | How many? _____ |
| <input type="checkbox"/> Annual Events, please specify _____ | How many? _____ |
| <input type="checkbox"/> HIV Counseling                      | How many? _____ |
| <input type="checkbox"/> Other, please specify _____         | How many? _____ |
9. How do the facilities that do not provide HIV peer-education programs provide HIV information to your inmate population?
- \_\_\_\_\_
- \_\_\_\_\_
10. Please indicate any other comments that you may have about HIV prison programs:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Thank you very much for your time.**

## APPENDIX D – Consent Form

### ACE/CARE Research Study

**I am asking you to take part in a research study on your employment with the ACE/CARE Programs.**

As a student at The Graduate School and University Center and John Jay College of CUNY, I am investigating whether there are benefits for inmates who work in an HIV prison-based peer program. The study will involve answering questions about yourself, some of your experiences in prison, and your experiences working as a peer educator for ACE/CARE.

All participation is **voluntary** and all information is completely **confidential**. No one from the Department of Corrections, the Division of Parole, or any other social service agency will have access to this information. You will not be putting your names on the forms. All of the surveys will leave with me and they will be locked up in my office. All of the information will only be used for research. It will be used to help us improve the ACE/CARE Program for other inmates. It may even help other facilities that want to implement similar programming for their inmates. However, I am not able to offer you any type of compensation (i.e., money, food, etc.), for your participation in this study.

Please be advised that I will also be interviewing several ACE and CARE former and current staff members. I will be asking them questions about these programs. None of your personal information, or the fact that I have spoken to you, will be shared with any of the current/former ACE/CARE staff members.

**You have rights as a volunteer. Taking part in this study is completely voluntary. If**

you do not want to participate, there will be no penalty or loss of benefits. Neither participation or non-participation will affect you or your ability to obtain benefits in any way. You may stop participating in this study at any time, with no penalty or loss of benefits. If you become upset during the study, you can speak to me or a counselor. You can ask me any questions that you have.

If you have questions about your rights as a volunteer, you can write to: John Jay College, Institutional Review Board, Prof. Wallenstein, 899 Tenth Avenue, Room 336-13, New York, NY 10019 or you can contact my advisor, Dr. Barry Spunt at John Jay College 212-237-8677 or bspunt@jjay.cuny.edu.

***Consent Statement: I have read and understood all of the information above. You have answered all of my questions. I consent to take part in the ACE/CARE study by signing this form. I understand that all information will be kept strictly confidential.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

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## Biographical Statement

The author has over ten years of experience as a teacher and a trainer in the field of HIV/AIDS. She coordinated the CARE Program at Taconic Correctional Facility from May of 1999 until May of 2004. Prior to working in the prison system, she coordinated an education and outreach program for a national women's health organization, where she taught and trained college, high school, middle school and elementary school students, professionals, male inmates at Sing Sing Correctional Facility and the Westchester County Jail and Penitentiary, juveniles confined to detention facilities, survivors of domestic violence, substance users, and the homeless. She is also an HIV training consultant and previously worked as a research assistant on a heroin grant study at John Jay College.

In regard to her education, the author obtained a Bachelor of Arts in Criminology at John Jay College of Criminal Justice (1997). She has a Master of Arts Degree in Criminal Justice from John Jay College (2003) and a Master of Philosophy Degree in Criminal Justice from the Graduate School and University Center/CUNY (2005).

The author has presented papers at several criminal justice conferences, in addition to having a paper published in The Prison Journal, and articles published in The Encyclopedia of Prisons and Correctional Facilities and The Encyclopedia of Law Enforcement. She has also been the recipient of several awards, some of which include: the John Jay College Provost's Doctoral Scholarship Award for Outstanding Scholarship, the Arthur Niederhoffer Memorial Fellowship, the ASC (American Society of Criminology) Division on Corrections and Sentencing Student Paper Competition, an Inmate Volunteer Appreciation Award at Taconic Correctional Facility, an Inmate Volunteer Appreciation Award at Sing Sing Correctional Facility, the Alex Smith Award for excellence in Criminology, and the Ida B. Wells-Barnett Women's History Essay Writing Contest Award.

The author currently teaches at Monroe College in the Bronx, as well as serving as the Deputy Chairperson of their Criminal Justice Department. She was born and raised in New York State and still resides in the State of New York with her daughter. Her research will continue to focus on the needs of female offenders.