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Empowering the Female Offender: Barriers And Perceptions of Inmate Success

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EMPOWERING THE FEMALE OFFENDER:
BARRIERS AND PERCEPTIONS OF INMATE SUCCESS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Joanna Delgado
Karina Barragan

June 2019

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Approved by:

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ABSTRACT

The study explored current organizational barriers and gaps in service delivery to incarcerated women to examine whether current services are meeting the needs of this population. The study is relevant to the social work profession due to a high likelihood of social service needs found amongst this population and their families within the community. Barriers to success were identified through the perspective of service providers (BSW, MSW, LCSW, LMFT's) with current and/or past experience working with this population. Current service provisions in correctional facilities were examined to determine barriers or gaps in services in four key areas: communication, parenting services, mental health services and employment services.

A non-probability sampling technique (snowball sampling) was used to target professional service providers in California. Qualitative data analysis from in-depth semi-structured interviews with 9 service providers who had contact with the population during the last 10 years provided relevant information in representation of the data. Content analysis was employed to identify themes and evidence to support the four key areas in question. The following themes were derived: mental health, transition, employment, familial support and provider perceptions of success.

The research provided detailed information suggesting significant barriers and gaps in services within the female prison system during and post incarceration. Specifically, it points to needed improvements within mental health

(i.e., trauma-informed practices, increased accessibility, and appropriate treatment measures) and reintegration services (i.e., employment preparation, linkage to community resources post-release and housing services) for an increase possibility of inmate success

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CHAPTER ONE

PROBLEM FORMULATION

It is known that men make up the larger prison population, but there is still a growth in female offenders that should not be ignored. Incarcerated women are an emerging subgroup within the correctional system with the number of women entering correctional facilities steadily increasing. The Sentencing Project reported an increase of 700 % within the year 2015 to 2016, rising from a total of 26,278 in 1980 to 213,722 in 2016 (The Sentencing Project, 2018). Women entering the correctional systems in larger numbers presents unique challenges and gender-specific needs that are largely ignored within this population. It is important to acknowledge, both incarcerated men and women experience the correctional systems differently with issues that pertain specifically to their genders. Interrelated barriers constantly encountered by incarcerated women include problems with mental health, victimization, poverty, and roles as primary caretakers. Disparities between men and women found in these areas hinder positive outcomes within this population if not addressed through appropriate services.

Historically, incarcerated women have been a vulnerable population with higher rates of mental health concerns and instances of repeat victimization. Research on the association of mental health and victimization among

incarcerated women supports the idea that this population has greater instances of victimization, intimate partner violence, childhood trauma, and often meet criteria for psychiatric disorders such as: Posttraumatic Stress Disorder, Major Depressive Disorder, or Bipolar Disorder (Karlsson & Zielinski, 2018). In addition, women entering the correctional system face the disadvantages of social injustices that impact their quality of life. For instance, pay disparities and social expectations cause women to undergo longer instances of poverty coupled with responsibilities as sole caretakers within the family unit. According to the San Bernardino County Community Indicator Report of 2017, single mother households have the highest poverty rate at 31.5%, with an even higher poverty rate for households with children less than 18 years of age having an increased rate of 44.0% (San Bernardino County Government Center, 2017).

Consequently, the stressors that follow incarceration become exacerbated among this population and their children. Without adequate programs in place within correctional facilities, the population experiences added familial strains that trickle down to unintended victims including their children and extended family. Nichols and Loper (2012) claim that female offenders face limited support from multiple systems when children are involved causing an increased risk for their children to experiencing economic strain, adversity, and negative outcomes throughout key developmental periods. Risks associated with children of incarcerated mothers include: disadvantages in meeting basic needs before and after maternal incarceration, higher risk of poor health, lack of positive

interpersonal relationships, higher risk of trauma related to loss of mother, sadness, detachment and future risky behaviors (Nichols & Loper, 2012).

The Center on Juvenile and Criminal Justice, provides statistics featuring California correctional populations of adult and juvenile incarcerations. They reported an increasing number of females entering correctional facilities through the years 2009-2016 from 643,200 to 712,350 (Center on Juvenile and Criminal Justice, 2018). As a growing number of incarcerated women continues to emerge at the state and federal level, it is critical to analyze the interrelated barriers associated with prison service provisions within the social work practice in order to understand this marginalized group holistically and within the community pre and post incarceration. Heidemann, Cederbaum, and Martinez (2016) conducted a qualitative analysis in which Formerly Incarcerated Women (FIW) operationalized success. According to their findings, success was defined by FIW as; living on their own or paying for their own place, having the ability to help or be supportive to others including family or formerly incarcerated individuals, the ability to make their own choices without government official involvement (i.e., probation/parole officers), the ability to face challenges related to mental health, substance abuse, trauma or violence in a way that is empowering modeling resiliency and finally, the ability to live a “normal life” similar to community members who have not been imprisoned (Heidemann et al., 2016). Based on these findings, we now have a better understanding for desired outcomes within

this population and therefore need to ensure proper programming is in place to meet such needs.

Currently, correctional facilities provide basic inmate educational programming to improve custody compliant behavior and reduce inmate violence in the general prison population (Hellman, Oganessian & Gutierrez, 2016). Programs provided by California Department of Corrections and Rehabilitation for female inmates include basic academic and vocational trainings, self-help groups and community betterment projects, mental health services, and products and service trainings (CDCR Female Offender Programs and Services, 2017). While programs are in place among this population, there is limited knowledge related to the population's ability to access services or detailed program efficacy. As we continue to see an increased number of women entering the corrections system, we can only assume that more can be done for this population, specifically for those who are reoffending. There is a high need to advocate for this population for the purpose of gender-specific services, mental health treatment, and reintegration services tailored for incarcerated women. Understanding gender differences within policy and practice, as well as, the impact reform has on this population is crucial in order to identify organizational barriers and implement necessary services. In doing this, it is possible to enhance the reduction of this population by providing a foundation for stability and opportunity to reach "success" both from an institutional perspective and that of the inmates.

Purpose of Study

The purpose of this study was to add to existing literature related to service efficacy of incarcerated women, identify organizational barriers, and asses' institutional needs in services for this population. Our research surveyed professional service providers (i.e., BSW, MSW, LCSW and LMFT's) who have worked with incarcerated women in attempts to reach success. This study sought to identify organizational barriers and assessed institutional needs in service provision for this population. The study evaluated gender responsiveness of programs currently in place in correctional facilities to determine if there are barriers or gaps in services in 4 key areas: communication, parenting services, mental health services, and employment services. The areas of importance were assessed through the perspective of service providers who have had current and/or past experience with this population. As specified earlier, there is a gradual increase of women entering the correctional system, so it is important to assess the current programs being implemented. In doing this, we can determine if gender-specific needs are being met within the services provided, if the material reflects an understanding of the female population, and the strengths/ challenges programs face in order to improve and modify current services.

The research method employed a qualitative research design. The study utilized an in-depth semi structured interview guide to address the topics in

question. The data for this study sought to explore organizational barriers in service provision as it relates to inmate attainment of “success” as perceived by service providers.

Through semi structured interviews with service providers, the researchers were able to review and interpret transcribed data. Researchers employed content analysis for the purpose of identifying major themes related to service provision in correctional institutions. Through this method, the researchers were able to capture significant data to adequately support the findings of this study and gain insight as to current service barriers and gaps that would otherwise go unnoticed. This process also assisted in creating a clearer perspective of how well current institutions are actually meeting the needs of incarcerated women..

Significance of the Project to Social Work.

There is a growing need to study incarcerated women to create awareness and expansion of services in order to adequately ensure this population's needs are being met, and to provide a foundation for stability and more opportunities for “success.” There is a high need to advocate for this population for the purpose of gender-specific services, mental health treatment, and reintegration services tailored for incarcerated women. Knowledge of the interrelated barriers women endure within the prison system can improve program designs. The findings of this research may contribute to the profession of social work by capturing how current programs are performing in addressing client satisfaction with services and how well inmate needs are being met. The

discoveries may assist in modifying gender-specific programs and expanding social work practice within the field of corrections. The data collected from this study is significant to San Bernardino County given the progressing rate of females entering the correctional systems within the county and the service area the program addresses. The study sought to identify existing organizational barriers and service gaps among this population, limitations to “success,” and areas in need of improvement in order for this population to progress in society. The data gathered on current organizational barriers and gaps in service delivery, may further create awareness of the need for gender-specific services. It may also reveal areas in need of policy and practice reform concerning this subgroup; making it necessary to advocate for this population from a social work perspective due to a high likelihood of working amongst this population and their families within the community. The study featured the assessment phase of the generalist intervention process for the purpose of comprehending current organizational barriers and service gaps in “success” amongst this population.

Furthermore, this research is necessary in order to acknowledge the importance of family connections with children, address mental health and victimization issues through comprehensive integrated services, and provide opportunities during and after incarceration within the community. For this reason, we seek to understand the current organizational barriers and identify gaps in services within the female prison population.

The following research questions were explored in this study:

1. Are the current systems that are in place making efforts to meet the needs of female offenders in four key areas: communication, parenting services, mental health services and employment services?
2. What institutional barriers are preventing success in meeting the needs of this population?
3. What current services within the institutions are working to assist this population?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter provides a critical analysis of current research as it pertains to the theme of incarcerated women and the barriers encountered by this population. The subsections include prevalence of mental health disorders and history of trauma as it relates to female offenders, current mental health programs and services put into action in correctional facilities and the many barriers faced by incarcerated mothers. The final subsection will examine Systems Theory, which is pertinent to this population.

Prevalence of Mental Illness and Trauma

Gender Differences in Trauma and Victimization

Past research has found that women experience high levels of abuse beginning in childhood that carries over well into adulthood (De Vogel et al., 2015). Acts of abuse include sexual, emotional, physical or a combination of any of these as defined by the authors (De Vogel et al., 2015). The study was based on a comparison of male and female offense history, mental health history, and treatment procedures (De Vogel et al., 2015). The authors noted a significant difference in crimes committed between men and women, possibly pointing to a

gender difference in criminology (De Vogel et al., 2015). This knowledge informs us that we must consider these differences when establishing treatment plans for either gender. The authors also discovered that women are at a higher risk of suffering from mental health issues related to depression and posttraumatic stress disorder believed to be caused by repeat victimization (De Vogel et al., 2015). Currently, correctional facilities are providing gender-specific group interventions that have proved to be promising in the reduction of repeat offenses. The reason for this is that women who otherwise lack the skills to identify and control violent behaviors displayed during intimate partner violence are learning these skills through prison programs (Walker, 2013). Positive outcomes have also been noted in group interventions geared towards female perpetrators who engaged in intimate partner violence. Treatment groups aim to help violent women identify triggers leading to violent outbursts in order to develop self-awareness and coping skills to minimize violent behavior (Walker, 2013). Often times, most women who are identified as perpetrators of intimate partner violence are also identified as victims of domestic violence, a reminder of the high levels of victimization experienced by women (Walker, 2013). Consequently, there is a need for a continuum of gender-specific services that address past and current trauma to reduce the overall incarceration rate of women.

Gender Social Outcomes.

It is worth mentioning that female inmates are more likely to have a diagnosis of borderline personality disorder while males are often prescribed a diagnosis of antisocial personality disorder (De Vogel et al., 2015). This disorder makes it difficult for women to sustain healthy relationships and significantly impacts everyday personal interactions due to impulse control and emotional deregulation (González et al., 2016). Knowing this helps us understand specific challenges faced by women and how to best serve them in closed facilities. Incarcerated women also often have a history of substance abuse, low socioeconomic standing, and low levels of education. Considering these many barriers pre-incarceration, one can gather that the need for services is significantly high and multifaceted for this population. During incarceration, women can be greatly impacted by the inability to be present in their child's life and this can deter personal progress for both the mother and the child. Poehlmann (2005) found that children of incarcerated women have increased risk factors associated with well-being and development. Once a mother is incarcerated, children are likely to continue in poor living conditions that further increase negative future outcomes. Children are often placed in homes that struggle to successfully adapt to the addition of the child in multiple areas and usually do not support a relationship with the mother (Poehlmann, 2005). Maternal incarceration causes added strains to single parent homes (Poehlmann, 2005). Reliance on public assistance increases and extended family members

experience the dramatic effects of role reversal (Poehlmann, 2005). It is sufficient to say that children of incarcerated women and those who care for them will experience great hardships and an increased need for social services (Poehlmann, 2005).

Research Concentrated on Female Detention Centers

There is much research targeting the current needs of incarcerated women and the many barriers to the provision of such services. Many women have and continue to be placed in correctional facilities as a result of violent crimes at alarming rates. Since the early 1980's, female incarceration rates have increase and in many states throughout the nation have even exceeded that of men with more than 200, 000 women behind bars (Sawyer, 2018). Often times, statistical analysis of prison populations fail to clearly represent the numerical value of women within the corrections system. The lack of adequate information prevents the establishment of programs geared toward the reduction of female recidivism rates (Sawyer, 2018). Consequently, women are more likely than men to remain housed within a correctional facility for a longer period of time (Sawyer, 2018). With this in mind, according to the Federal Register the average cost for housing an inmate in a federal prison was approximately \$34,704.12 during the 2016 and 2017 fiscal year (Hyle, 2018). Nevertheless, the funds appropriated for women correctional facilities are namely to address basic needs, often failing to provide appropriate reintegration programs tailored to the unique needs of women (Sawyer, 2018).

The current systems that are in place are making minimal efforts to meet the needs of female offenders. Funds are being allocated to assist male inmates in vocational training, academic achievements, housing and family reunification, cognitive behavioral treatment, and life skills training in preparation for reintegration into the community (CDCR Female Offender Programs and Services, 2017). However, women are required to serve their sentence with minimal reintegration services that have strict regulations on who can qualify for services based on family size and offense history (CDCR Female Offender Programs and Services, 2017). The research exhibits limited information in regards to female participation in rehabilitation and reintegration programs, and a lack of program details provided to women. Limited services provided to female inmates coupled with the fact that women are punished more harshly than men (i.e., solitary confinement or losing phone privileges for minor violations such as rude behavior) only increase the likelihood of inmate violence and a lower rate of recovery for women, specifically, those who suffer from mental health or substance abuse related disorders (Meraji, 2018).

On the other hand, there are significant differences in the needs between male and female inmate populations. A major difference is the biological ability for women to bare children. A recent study, found that women who have adequate support and reasonable access to bond with their infants have better mental health outcomes than those who are not offered these privileges (Kotler et al., 2015). According to attachment theory, a secure bond with a caregiver is

essential for healthy infant development as well (Zastrow & Kirst-Ashman, 2016). That being said, these researchers found that only nine U.S. prisons provide some form of maternal program for expectant mothers who are incarcerated (Kotler et al., 2015). Often, these programs are limited in services and do not allow sufficient time for mother- infant bonding to occur (Kotler et al., 2015). The researchers noted significant effects resulting from a lack of resources for both the mother and infant who are housed in a prison with limited support or education about parenting (Kotler et al., 2015).

Kotler et al. (2015) found that 25% of female inmates entering prison are pregnant or gave birth within a year prior to incarceration. Mothers often experience the removal of a child as a traumatic event leading to an increase risk for depression and a desire for less involvement with their child due to feelings of sadness and disconnect (Wilson, 2010). Smyth (2012) emphasizes the immense impact of mother- child separation in regards to attachment theory. Prolonged separation between children and their mothers causes an inability in children to develop healthy relationships (Smyth, 2012). Children tend to experience difficulty retaining trust due to insecure attachments (Smyth, 2012). The loss of the mother negatively impacts the child's sense of self and they experience continual emotional hardships throughout their lives due to the traumatic nature of the loss (Smyth, 2012). Mothers too, suffer immensely due to trauma related to separation. Powell, Marzano and Ciclitira (2017) argued that female inmates can become overwhelmed by the mental torture that follows the loss of a child and

are at greater risk for self-harm and direct effects to their mental health, often increasing symptoms related to depression and anxiety. The mother's inability to cope with these stressors significantly impairs progress in family relationships and children may isolate from peers even at an early age, fall behind academically, and are more susceptible to emotional deregulation, substance abuse and criminal activity in adolescence (Best et al., 2013).

Frye and Dawe (2008) conducted research on women offenders and their children through the provision of an intensive individual parenting intervention post release to improve family functioning. The study concluded a positive effect and improvement in mental health, quality of life, and parenting skills among female offenders (Frye & Dawe, 2008). Researchers found that women who participated in parenting programs improved in mother's wellbeing and child behaviors (Frye & Dawe, 2008). As we can see, an increased awareness is required to address the lack of services afforded to female offenders. Federal and local government must acknowledge the different levels of care required in housing female and male inmates. Female inmates should have access to social services that assist with mental health treatment and reintegration services need to consider pay inequalities and social stigmas related to female incarceration. More family services must be set into place to maintain the mother-child relationships and women must be offered the right to overcome instances of past trauma and victimization. For this reason, funding should be allocated to providing appropriate services for incarcerated mothers that extend into the

community upon the completion of a prison sentence. The continuity of care will lower instances of recidivism and decrease the likelihood of delinquent behavior from the family system as a whole in the future.

Theories Guiding Conceptualization

Systems Theory is used to guide the conceptualization of this paper.

Systems theory addresses the perspective of human behavior as being influenced by multiple interrelated systems, in this case, viewing incarcerated mothers' experiences and systems holistically in order to understand the individual and provide appropriate services for re-entry into society. Systems theory considers interactions between individuals and their external environment. Within the focus of the research topic, systems theory is applicable to several aspects of incarcerated women and the services received within correctional facilities during and post incarceration. By observing service provision amongst this population from the perspective of systems theory, we can gain insight in service effectiveness and efficiency across multiple levels. The perspective of service providers helps us gain a better understanding of the role of family members, correctional institution, community members and outside service providers in the attainment of inmate "success".

Summary

The study explored current service barriers and gaps within correctional institutions in meeting the needs of the female offender. There are many reasons why women find themselves in the corrections system. We sought to identify characteristics associated with communication, relationships, service provision, mental health services, employment preparedness, and the major social service needs of female inmates. We hope this study will assist in the development of effective services for incarcerated women to rehabilitate and to reintegrate into the community and achieve inmate “success”. Systems theory can help professionals better understand this populations experiences, interrelated barriers, and service needs in order to assist this population and all those involved.

CHAPTER THREE

METHODS

Introduction

The study explored current organizational programming within correctional institutions in California, for the purpose of identifying gaps in service delivery to incarcerated women, which prevent the attainment of success as defined by FIW from the perspective of professional service providers. Specifically, it sought to determine if gender-specific needs are being met within the institutions, if the material reflected the understanding of this unique population, and the strengths and challenges programs faced in order to improve and modify current services. The following sections addressed the topics of: research design, sampling, data collection and instruments, procedures, protection of human subjects and data analysis.

Study Design

The study evaluated current organizational barriers and gaps in service delivery to incarcerated women and evaluated the attainment of “success” through the perspective of professionals delivering direct services in 4 key areas: communication, parenting services, mental health services, and employment services. A descriptive study was employed to evaluate current organizational

barriers and gaps in service delivery in attempts to explain the barriers of a specific group of people through a semi-structural interviewing approach. We sought to understand if correctional institutions are meeting the needs of incarcerated women in attaining “success” during or post incarceration. Since the study utilized the perspective of professional service providers through snowball sampling and semi-structured recorded interviews, this is a qualitative study.

A major benefit in using a descriptive, qualitative approach is that subjects were able to provide responses that allowed the researchers to uncover emerging themes, patterns and insights of service barriers and gaps that would otherwise go unnoticed. A sample size of 8-10 participants assisted in providing an accurate account of events, personal narratives, comments, and opinions from past and current service providers who have worked with this population. The design of the study also allowed for feasibility in terms of collecting data through the semi-structured recorded interviews with professional service providers within an achievable time frame.

A limitation of using a qualitative study was the shortcoming of limited number of respondents or respondents subject to socially desirable responses. Identifying participants who have current or past experience working with incarcerated women within the last 10 years also may have resulted in limited feasibility and/ or relevant data. The loss of participants by either dropping out, a phenomenon known as experimental mortality, may have affected our final results.

Sampling

The study utilized a non-probability sampling technique (i.e., snowball sampling) to target professional service providers (BSW, MSW, LCSW and LMFT's) in California. The sampling technique allowed the study to obtain a sample size of 8-10 professional service providers who have had current and/or past experience with the population under study. A cutoff date being within the last 10 years of the date the data was collected, was utilized in order to provide relevance of representation of the data. A snowball sampling technique permitted interviews of existing subjects and increased the number of potential respondents who participated in the study. This approach enabled the interview process to be feasible and administered in a timely manner

Data Collection and Instruments

Qualitative data was collected by interviewing 8-10 professional contacts that had experience working with incarcerated women within the last 10 years in California. The researchers conducted in-person or telephone audio recorded one-on-one interviews among professional service providers to collect data on their personal experience working with incarcerated women. Each interview began with an introduction and description of the study and its purpose. Informed

consent (see Appendix A) and demographic information (see Appendix B) were collected prior to the start of each interview. Demographic information consisted of: age, race, gender, education, geographic location, employment status, and type of service provision.

The researchers conducted one-on-one semi-structured interviews as outlined in the interview guide (see Appendix C). The interview guide was an adapted tool developed specifically for this study, to evaluate gender responsiveness of programs currently in place in correctional facilities to determine if there are barriers or gaps in service in 4 key areas: communication, parenting services, mental health services and employment services from the perspective of service providers. The tool was modified from Covington and Bloom's (2017) Gender- Responsive Assessment tool and the procedures were developed with the assistance from a faculty advisor. The interview guide was adapted to elicit responses from service providers who have had direct experience with institutional programs and have personal knowledge of services through working with imprisoned females.

The Gender-Responsive Assessment tool developed by Covington and Bloom (2017) was selected to inform this study due to instrument accuracy in measuring the population under study. The instrument was created in attempts to develop a more effective way to respond to the behaviors, circumstances and barriers of female offenders (Bloom, Owen & Covington, 2003). The instrument utilized holds validity in terms of being used in other research and has also

provided a framework to developments of other gender-responsive tools, such as, the Gender Responsive Policy & Practice Assessment in incarcerated populations (GRPPA) (National Institute of Corrections, 2018). In regards to reliability a report by Bloom, Owen and Covington (2003) states that this scale was developed in consideration of previous existing screening and assessment tools due to the lack of examining women's risk and needs separately from men. Existing instruments were primarily designed to measure the behavior of men and attempts were made to exclude specific variables that affect women offenders, such as parental responsibilities, abuse and victimization (Bloom et al., 2003). The instrument developed was informed by the Gender- Responsive Program Assessment Tool and modified to accurately assess the population under study (Bloom & Covington, 2017) .

The adapted interview guide analyzed current service provision, gaps in services, and potential barriers in: communication, parenting services, mental health services, and employment services. Each category contained a list of 3-4 open-ended questions. Respondents were prompted to longer conversation and were required to answer in more than one or two words. The researchers also engaged in probing questions for the purpose of extending responses depending on the responses given by participants.

Procedures

The study was approved by the California State University, San Bernardino Social Work Institutional Review Board Sub-Committee (IRB# SW1935). The data were gathered through an adapted semi structured interview guide. Researchers conducted in-person or telephone audio recordings for the duration of 30-45-minute, one-on-one interviews among professional service providers to collect data on their experience working with incarcerated women. Data collection took place in a secured private room within the university library or other enclosed settings.

Professional colleagues who have had current and/or past experience with the population under study within the last 10 years were first solicited. A secured email was sent to professional networks or potential subjects who met inclusion criteria for participation in the study. Information detailing the purpose of the study, time required to complete the interview along with the consent form and demographics page were provided via email (see appendix A and B). No incentives were given. Once the interview was completed by participants the researchers requested that subjects pass along the information sheet detailing the purpose of the study, the required time frame, attached consent and demographics form and researchers contact information to potential subjects for participation in this study.

All data from the interviews were stored and secured through a password-protected computer and password protected external hard drive. Once the sample size was reached within the study time frame, the data was then inputted into a password encrypted Temi account for transcribing purposes. Data were then analyzed and coded individually and jointly by the researchers to determine emerging themes in service gaps, identify barriers in service provisions, and gather insight on provider perspectives on inmate success.

Protection of Human Subjects

The confidentiality of participants was protected through securing the information collected online through a password protect external hard drive and Temi account. Prior to completing the interviews, participants were provided a consent form to read, sign and consent to voluntary participation in this study. Pseudo names were applied to participants in order to conceal identity. All documentation will be properly disposed of a year after completion of this study.

Data Analysis

All data collected was inserted into Temi to be transcribed. Once transcribed, content analysis was employed to identify themes and evidence to support each theme in the 4 key areas: communication, parenting services,

mental health services and employment services from the perspective of service providers. The other identifying variables used for descriptive analyses were listed within the demographic portion of the survey. Demographic variables consisted of age, race, gender, education, geographic location, employment status and type of service provision.

Summary

The study examined correctional institution service efficacy in incarcerated women, identified organizational barriers, and assessed institutional needs in service provision for incarcerated women. By evaluating the degree of gender-responsive services from the perspective of professional service providers who have been involved in the collaborative care of female inmates within these programs, we were able to identify barriers and needs for achieving “success” post release in preparation for reintegration into society. Data collected provided insight regarding current services, areas of improvement, and acknowledge the importance of gender-specific services. Qualitative methods were most suitable for completion of this study

CHAPTER FOUR

RESULTS

Data for this study were drawn from currently and formerly employed services providers who have had contact with the female population within the last 10 years. As indicated in Table 1 below, most participants were women between the ages of 30-39 with the highest level of education being that of a Master's degree. Most participants identified as White American (44%) and Latino American (33%). Six out of nine of the participants are currently working with the population of study or have worked with this population in the last 10 years. Geographic location varied among all participants, ranging from 33% in San Bernardino County, 22% in Los Angeles County and 33% from Riverside County. In terms of face to face contact with the population of study, 4 out of the 9 participants are in current contact with the population, 1 out of the 9 were in contact with the population in the past year and 3 out of the 9 were in contact with the population in the past 1-2 years. In terms of face to face contact with the population in terms of providing services, 55% of the participants met with the population more than once a day, 11% met with the population once a day and 33% met with the population weekly.

Table 1. Sample Demographics (N=9)

Variable	Frequency (n)	Percentage
Gender		
Female	8	89%
Male	1	11%
Age		
21-29	2	22%
30-39	4	44%
40-49	1	11%
50-59	1	11%
60+	1	11%
Race/Ethnicity		
White American	4	44%
African American	1	11%
Latino American	3	33%
Other	1	11%
Highest Level of Education		
Bachelor Degree	2	22%
Master's Degree	7	78%
Employment		
0-12 months	1	11%
1-2 years	3	33%
3-4 years	0	0
5-10 years	2	22%
11-19 years	2	22%
20 or more years	1	11%
Geographic Locations		
San Bernardino	3	33%
Los Angeles	2	22%
Riverside County	3	33%
Orange County	0	0
Other	1	11%

Last Contact		
Currently in contact	4	44%
In the past year	1	11%
1-2 years ago	3	33%
3-4 years ago	0	0
5-10 years ago	1	11%
Face-to-Face Contact		
Never	0	0
Weekly	3	33%
Once a day	1	11%
More than once a day	5	56%

After the interviews were transcribed, content analysis was used to analyze provider responses to identify emerging themes related to meeting the needs of female offenders in 4 key areas: communication, parenting services, mental health services and employment services. Service provider responses to questions regarding current institutional programs to identify service gaps and barriers were classified into 4 emerging themes including: mental health, transition, employment, family support and perceptions of success are reported below. Direct quotes from participants are included to facilitate reader analysis and interpretation of findings. Participants included in this study will be distinguished by pseudo names of numerical form. The themes are summarized in Table 2 below and then presented in order with supporting quotes.

Table 2: Themes Related to Barriers and Gaps in Services

Theme	Description and subthemes

<p>Mental Health Treatment</p>	<p>Barriers are noted in the provision of mental health services of incarcerated women consisting of: lack of treatment areas, a need to treat trauma resulting from incarceration and a need to address mental health disorders.</p>
<p>Transition</p>	<p>Transitioning from the pre- to -post incarceration periods are examined based on barriers that arise throughout this process leading to set backs in success.</p>
<p>Employment</p>	<p>This theme describes lack of opportunities for this population post incarceration, which creates barriers of stability and to succeed after incarceration.</p>
<p>Family Support</p>	<p>This theme describes how the lack of familial support & services can affect this population to succeed</p>
<p>Perceptions of Success</p>	<p>This theme describes service providers view of success within this population</p>

Findings

Mental Health

Participant responses indicated major barriers to mental health service provisions for the purpose of attaining inmate success in regards to treatment areas, a lack of trauma informed care and insufficient treatment for addressing mental health disorders.

Lack of designated areas for treatment of mental health services for female inmates was a common response from participants. Participant 3 described a shortage in locations to meet with female inmates for the purpose of providing treatment services while maintaining confidentiality.

The bigger barriers was that we couldn't sometimes see individuals without seeing them behind the bars. So, there were times where we were able to have the deputy pull out the client and we could go to the nurse's station, but if the nurses were using that, we couldn't use it. So, I have to see them at the bar door and if they're in an area where there are other people who could hear, there goes their confidentiality (Participant 3).

Participant 4 also provides insight on the lack of designated areas, "I needed to interview and talk with people through the big bar doors, which I never liked. That was a big barrier in the beginning". Participant 5 added support to this claim

stating, “On occasion you have to talk with them through the cell door or through a modular, so they’re kind of essential. For lack of a better term, they’re [female inmates] in a cage essentially, sometimes it’s hard to communicate.”

Participant 3 further explained the effectiveness of meeting with a client face to face in a designated treatment area and the impact this has on progressive treatment:

It was more conducive and kept their privacy and they were more willing to reveal things and talk about things instead of at the bar door where other people could hear. It was more effective only because they would be more willing to talk about their mental health issues (Participant 3).

Another common response regarding the lack of areas for treatment, was the occurrence of lack of space and designated staff to provide services to female inmates. Participant 3 stated:

Smart recovery groups have been limited because of space inside the institution, [the provider] cannot reach the amount of people that she has on her caseload, so [inmates] are only getting the medication part and now they're missing out on the group therapy part”, “When I first started there was myself and three staff to provide services at three detention centers and they have expanded to a fourth (Participant 3).

The need for trauma informed care was another recurring topic amongst participants. Participant 2 explained how trauma informed care is a relatively needed service as it was not present 10 years ago when practicing, “the mental health component wasn't really privy to... how correctional facilities are run”, “trauma-informed care wasn't a term so [not many providers were offering these types of services].”The lack of recognition for ongoing trauma and victimization within the institutions was also brought up by participant 5. Participant 5 expressed the need to:

Get custody on board with trauma informed [services]... and [establish] services [to address] the trauma that has occurred inside the institution. Often they [female inmates] get in relationships and 90% of the time they become toxic or domestically violent and really there's no place for them to turn when it happens inside the institution (Participant 5).

Insufficient efforts in addressing mental health disorders was another common response of participants. Participant 1 noted:

One of my challenges is that people that come to our program might only have four months left and the program is really designed for someone that has one to two years left. I think people don't get a great benefit out of it if they're just there for a few months (Participant 1).

The disparities in mental health is also recognized by participant 5 as it relates to implementation of services due to “limited space inside the institution so, [inmates] are only getting medications and they’re missing out on the group therapy part.”

Coupled with an insufficiency in addressing mental health needs, participants pointed to a lack of knowledge and understanding from other prison staff. Participant 1 discussed a number of prison staff are not sensitive to the needs of inmates, “society looks at inmates as too far gone or evil.” Participant 3 backs this statement, detailing how prison staff can create barriers in acquiring mental health services. Participant 3 stated prison guards made statement such as “I don’t know what the hell you guys are doing this for,” and “since you’re talking back to me you can’t [go] to group [towards inmates].” Noted also, was the idea that prison guards were tasked with identifying prisoners with mental health needs, Participant 2 stated “[only] people who are designated to have mental health issues [by prison guards] would get an assessment.”

Transition

Participants indicated barriers that arise throughout the transitioning period from pre- to post- incarceration. Limitations among practitioner’s processes, reduction in services within the prison and lack of referrals and linkages were elements within this period that posed barriers for this population. Several participants indicated that resource linkages were often handled by parole officers and/or outside programs. Participant 8 stated:

Inside the prison first hand, we don't really do that [resource linkages]. It's very limited on what we offer in the institution. We provide them linkages to outside programs to work on their reentry [CCTRP]. But when it comes to us first hand working on it, we provide them with therapy and we provide them with kind of the skills and insight as to why they did commit their crime. However, when it comes to following up I don't think we do that aside from our reentry programs [CCTRP]. We don't really give them a solid skill to prevent them from coming in. We kind of just like work on, 'what's your release plan' and then we just let them go. I believe who follows up on the referrals are either they're parole or probation officer, so it's not really us that follows up (Participant 8).

Participant 5 supported this claim:

So that's something that's lacking [referrals and linkages]. The reason why I know this is because they often try to refer them to us but we don't handle it. Parole Planning helps them with the program and kind of come up with a treatment plan. They don't do a bio psychosocial, they only assess their needs and refer them to drug treatment program, NA or AA. If they're leaving AB109 and on probation, now they're relying on the probation officer to do that. They can serve the remainder of their sentence at CCTRP. They do help them transition from that program out into the community and

follow up with them. But if they don't go that way, I would say it's very limited (Participant 5).

Participant 9 also stated a lack of involvement of resource linkage within their program:

In terms of community referrals or linkages to housing, a lot of that is handled in parole planning. So, parole planning is when they see their probation office but within CCTRP there's someone directly there to help them with those linkages (Participant 9).

A lack of resources within housing after prison has created the additional barrier of homelessness. Participant 2 discussed:

For the most part they're released, they get \$200 at the gate and their clothes and that's it. So hopefully they have some form of transportation but if they're getting release into homelessness that again is another barrier for them (Participant 2).

Participant 3 confirmed the reductions of housing placements for this populations after serving their time specifically in San Bernardino, "I know that when we had individuals that were leaving the jail, we had our homeless program, Red Carnation, which is now no longer." Participant 6 also provided insight on the lack of resources for this population that puts them at risk of not continuing services or to succeed after incarceration:

One of the main things that is missing is they give them substance use counseling, but they don't give them housing or like

employment resources. And that is a key aspect too, you can't really do therapy if you're homeless. You have to have some sense of security (Participant 6).

Employment

Another factor considered by participants was the community response to incarcerated women. Participant 8 stated, "I don't believe community providers want to work with [female inmates] ... they don't want to offer services because they feel it's a waste of time." Participants explained the lack of community partnerships and difficulties of trying to collaborate with outside providers while working with this population. This is significant because as Participant 2 stated, "it's so hard to find work [for felons unless]... they happen to know somebody... who was willing to give them a job." Variations were noted between counties in terms of employment. Participant 8 stated, "LA county is pretty inmate friendly, Orange county is getting a little better, Riverside county is iffy, but [there are] frequent issues with northern counties and San Bernardino." A lack of employment post incarceration posed a significant barrier to success. Participant 2 stated:

Really the biggest one we referred was to truck driving, because often times those companies would allow people to have the record, but there really wasn't a lot. Other than that, I didn't have another resource for them in terms of jobs because nobody will hire you when you have a felony (Participant 2).

A reduction in services was the source for additional employment barriers within the transitioning phase. The data revealed that most institutions provided job skills, such as culinary, sewing, as well as educational or vocational training. Even though these services were provided, Participant 2 revealed that educational and vocational opportunities were often removed when budgeting was considered:

They have jobs there, people worked in various places doing laundry or in food services. But back then they had really gotten rid of most education and training for the inmates. When it came time to cut services that was one of the things that they cut (Participant 2).

Family

Lack of familial support created a barrier in success for this population. Participant 6 stated, “sometimes their families have kind of cut them off, or maybe this is their second or third...prison term and they’re...done and just waiting for them to change.” Participant 1 added to this claim, stating that without family involvement it is impossible for inmates to “mend relationships with family members.”

Participants also pointed to outside services providers as barriers to family preservation among female inmates. Participant 8 discussed how child and family service workers have made statements such as, “well, moms incarcerated, why should we have them have a relationship with their child.” Appropriate

visitation areas were amongst other concerns. Child and family visitation areas were described by participants as lacking in fostering family relationships. Participant 5 described visitation locations as, “an office that looks like a monitored visiting area.” Participant 2 presented the limitation of child and family preservation:

I would encourage them [female inmates] to keep in contact with people, but in general, the climate of the facility did not necessarily facilitate that [child visitation]. The particular facility where I worked at, I didn't necessarily see anything that was particularly child friendly. It was a big room where people met their families and it was limited. Limited in duration and limited in number of visits. From my perspective, clinically speaking children should probably have more access to their parents (Participant 2).

Data revealed only two sites that provided designated areas for child and family preservation: CIW FSP (California Institution for Women, Family Service Program) and CCTRP (Custody to Community Transitional Reentry Program).

Participant 9 explained CIW FSP enhanced visitation features, as a different approach in preserving child and family connections:

[At CIW] the women are allowed to nurse their child during visits. They have a little separate section in the visiting area for kids, they have the puzzles, coloring books, crayons. Within our department for family services, we have what's called enhanced visiting. The

space provided for that program has specifically been designed for fostering bonding with mother and child. After the visits over we'll meet with mom and go through the whole visit and go over the five core parenting skills. Family services are only at the women institutions, so it's only at CIW, CCWF, CIS, Folsom and McFarland but enhanced family visitation service is only at CIW (Participant 9).

Participant 6 who has experience working within this program provided insight about facilities moving toward fostering family relationships:

It's definitely a direction [the facility] is leaning more towards.

Visiting is setup much differently than it used to be, there are murals on the wall, at CIW they have a nursery. They're doing everything they can to make it look less like a prison setting when the families come in...to try to encourage them to come in more (Participant 6).

CCTRP is another institution that is innovated in preserving family bonds. This is further described by Participant 1:

There are parenting classes they can take and they work closely with Department of Child and Family Services (DCFS) or other people who have been through DCFS cases. When kids come to visit there's a little playground so they can come and play. There's some toys to kind of help normalize the visit. It's pretty child friendly (Participant 1).

Participant 9 provided support, in regards to the benefits the women gain when participating in the family program with their children while incarcerated, “you can really see a difference from the very first visit that was done compared to the last visit that they’ve had.”

Success

Participants had similar response in the perspective of what ‘success’ looks like and how it is defined for this population. A common response from participants in defining what success looks like was self-awareness among the population of study. Participant 1 stated:

I would define success by them [female inmates] being more self-aware [of] their mental health issues, their trauma and their triggers. When they start to implement some of their coping strategies, or get a job or mend relationship with other family members. I think that's very successful because that's pretty brave and difficult to do
(Participant 1).

Participant 9 stated:

I define success for this population by seeing them empowered to address, heal and make the changes that they need to make within their life. I think success is when those ‘A-Ha’ moments happen. When they sit back and they're able to say ‘oh okay, I get it now’
(Participant 9).

Another commonality found among participants with regard to inmate 'success' was meeting basic needs. Participant 3 provided their response, "the foundation, those basic needs that Maslow talks about, they need those first or they're not going to be able to [succeed]." Participant 2 further stated:

I would define success with this population as perhaps someone who was release and would be able to obtain a job. I think people need to feel they are a contributing member to society...[and] everybody who got release would have access to mental healthcare (Participant 2).

The final response to 'success' dealt with the recidivism rate. Participant 6 explained:

I think the recidivism rate is really what defines success for them [female inmates]. Because if we can reduce, if they can stay out of prison, we know they're doing it because they have housing and they're stable. If we can address [trauma and poverty], it'll lower the recidivism rate, so I think that's really how we should be measuring the success (Participant 6).

Participant 7 provided support in terms of viewing recidivism rates a way of success for this population:

When you talk to them about their lived experiences, you see why they're here. The main thing with this population is making sure that we're giving them the best services so that they don't come back

because for a lot of them they are transitioning out, coming back to juvenile hall and/or going back as an adult. We have to start looking at their stories. We need to see why they're there because they're not just there because of no reason (Participant 7).

Participant 8 stated, "I think success to me is watching them actually be released and not come back. And having them understand what was their past behavior and why they did the things they did."

CHAPTER FIVE

DISCUSSION

The findings of this study answered the following concerns regarding barriers and gaps in services within the incarcerated female population, suggesting a need in reform for the purpose of service efficacy within the criminal justice system. These findings revealed five themes related to gaps in services and barriers to service provision for incarcerated women: mental health, transition, employment, family support, and provider perceptions of success.

In regards to mental health the findings support past literature regarding gender differences in trauma and victimization i.e. the findings that female inmates experience longer instances of trauma prior to entering the correctional facilities and during the prison term. Trauma is more likely to result from intimate partner violence, mental health triggers and victimization during incarceration. The findings also support literature related to positive outcomes in treatment groups aimed at identifying triggers, the development of self-awareness and coping skills. A positive impact on the progressive treatment of female inmates when service providers were able to meet with the population face to face.

A theme in transitions was noted as the findings support literature about interrelated barriers specific to this population. For example, incarcerated mothers are faced with many more challenges associated with parenting such as

meeting social expectations of the role as a mother, the reliance of public assistance and dissociation as female inmates are no longer present in their child's life during imprisonment. The findings further revealed a lack of linkages and resources such as housing, extended mental health services, and employment opportunities. This gap in services often leads to failure in this population when reintegrating back into society and their families. The findings also displayed a lack of employment training or reductions in vocational opportunities leaving female inmates with an inability to secure employment after release. This in turn places the incarcerated population at higher risk for low socioeconomic standing, specifically, they are at greater risk for poverty.

Employment needs were discussed by participants which aligned with the literature in terms of facilities failing to provide appropriate reintegration programs tailored to the unique needs of women. The findings suggested (through 5 participants), CCTRP is the only innovative program that provides linkages for this population in terms of employment opportunities, community connections, direct follow ups in services and linkages, as well as, preparing the population to transition out of prison. As described by participants; the program is an effective way to reduce recidivism as female inmates are able to serve the remainder of their sentence while employed within the community, wearing civilian clothing, attending college, addressing complexities of mental health, trauma, substance abuse and are provided direct services and linkages with outside providers during the transition of the discharge phase into the community.

The theme related to children and families aligned with the literature revealing a need to provide adequate support and reasonable access for family bonding with children and preservation of family relationships. Participants of this study revealed that many outside providers stigmatize this population when children are involved, and can create barriers for female inmates and their children hindering parent and child progress. In regards to family preservation, CIW is noted by participants as the only correctional facility that implements enhanced family visitation features which includes an infant nursing program, parental programming and designated family preservation areas. CCTRP has also established parental programs, child visitations and designated family preservation areas. Participants revealed positive effects for inmates who participated in the children and family programs, such as, implementation of parenting skills and progress in individual treatment.

Provider perspectives regarding 'success' mirrors that of formally incarcerated women. 'Success' is, as described by service providers, an inmate's ability to identify personal triggers in order to move forward within the treatment process for the purpose of functional reintegration. The findings of this study revealed disparities in mental health treatment within correctional facilities and supported the need for increase social service providers within the prison system. This is evidenced by major gaps in services for incarcerated women. Noted was a shortage of service locations for the provision of adequate mental health services, a lack of trauma focused treatment and ambiguous methods for

identifying inmates with mental health needs. Thus, the shortage of social service providers makes it difficult to provide treatment services in this setting hindering the treatment process and reducing the likelihood of “success.”

The findings support the need for increased social service providers and resources within the prison system. Support is offered for an increase in trauma-informed practices aimed to address gender-specific needs in mental health and repeat victimization of female prisoners. The creation of gender-specific programs to reduce recidivism is also needed in order to effectively assist female prisoners in achieving goals of “success” post incarceration.

Unanticipated results in provider perspectives were noted in this study. Many service providers expressed hopes of having had a positive and lasting impression on inmates. Possible explanations for this can be ambiguity about provider roles within the prison system and a lack of follow up with prisoners upon release. Unanticipated results revealed a fair amount of basic programs offered during incarceration but a disparity in reintegration programs with the exception of CCTRP. An expansion in reintegration programming is presenting as a preferable method for reducing recidivism coupled with the provision of direct services with inmates and outside linkages.

Future research should explore the success of current programs within the prison system. Specifically, researchers can explore the CCTRP program for the purpose of tracking inmate recidivism rates and program goal attainments. Based on the findings of this study, it is recommended that social workers advocate on

behalf of this vulnerable population for the purpose of establishing more gender-specific programs to meet the needs of incarcerated women to include mothers. Social workers must seek to increase the number of social service providers within the prison walls to facilitate program implementation and goal attainment as it relates to inmate “success.” In doing this, social workers can reduce the number of children placed in the foster care system, lower rates of homelessness and decrease the amount of offenses committed by women who have had contact with the prison system

Limitations

Limitations of this study include restrictions in geographic regions and small sample size. The reason for this, is that our findings cannot be generalized toward the broader population of incarcerated women or conclude similar perceptions of professional service providers in California. However, we were successful in recruiting a group of professional service providers who were diverse in-service locations, which include; San Bernardino County, Los Angeles County, Riverside County and Kern County. The diversity in service providers from different counties allowed the researchers to capture a wide scope of perspectives reflected in the findings. The sample size was difficult to obtain. While we were able to collect data from 9 participants, a larger sample size

would be more suitable in future studies to ensure representation of groups of people and generalizability.

Another limitation within the study was time constraints for investigation. While we were able to complete our study and discover a wide range of the themes in terms of barriers for success in this population, a need for future longitudinal research is needed to gain a larger sample size and insight about the needs of female prisoners. Finally, a differentiation of correctional facilities (i.e., jails, prisons, detention centers) should be added to the demographic page for data accuracy. While we were able to inquire with participants during the interview as to the type of correctional facility they provided services in, adding the question within our demographic section would assist in populating the data set in our table. Given that participants served in distinct areas of correction facilities, we were able to capture similarities in regards to service provider's perspectives and corresponding themes regardless of correctional facility type

Conclusion

Success for incarcerated women during and post incarceration is not easily attainable to increase barriers, lack of supportive services, and invisibility due to confinement. Neither correctional departments nor the courts are inclined to prioritize family reunification if an individual is sentenced for a period of more than 6 months. However, this does not mean that an individual who commits an

offense, is arrested and is required to serve a sentence should give up. Success in our business is personal growth, the ability to overcome and learn from the mistakes that led to incarceration. There are opportunities within the system such as mental health programs, substance use programs, education and job trainings that can make a person independent again. Incarceration itself can be viewed as a barrier, however, it can lead to opportunities for individuals to return to their baseline level of functioning by providing a means to keeping sober, supplying need mental health treatment and making attempts to give people the services they desperately need at a time of real hardship. Nevertheless, if services are not aligned with the population's status (i.e., gender, income, parental status) putting the population at higher risk for failure within the corrections systems.

In order for female inmates to succeed, dialogue needs to be improved between institutions, community partners, and outside providers in efforts to become competent within the population of study. The interrelated barriers endured by incarcerated women must be acknowledged and opportunities must be afforded to this population for the purpose of succeed within correctional facilities and throughout the reentry process.

This study aimed to identify barriers to inmate success and gaps in service delivery to incarcerated women for the purpose of social work service delivery within the corrections system. Our findings revealed a fairly new reform to inmate treatment and services. Still, data demonstrated many barriers and gaps in services pertaining to prisoner treatment within detention centers, multisystem

resistance to working with this population and highly limited services. Therefore, the study found many barriers and gaps in services needing to be addressed by social work professionals at both a macro and micro level before inmates can achieve the desired goals of success. Adequate advocacy on behalf of this population can influence services within the prison system to reduce rates of recidivism and lower contact with other social service agencies (i.e. e., CFS, welfare, low-income housing) in this population.

APPENDIX A
INFORMED CONSENT

Informed Consent

The study in which you are asked to participate is designed to examine current services being offered to female inmates. The study is being conducted by Karina Barragan and Joanna Delgado, graduate students, under the supervision of Dr. James Simon, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board Social Work Sub-committee at CSUSB.

PURPOSE: The purpose of this study is to add to existing literature related to service efficacy of incarcerated women, identify organizational barriers, and asses institutional needs in service provision for this population.

DESCRIPTION: Participants will be asked in-person or via telephone questions related to "demographic information" and current barriers, or gaps in services in 4 key areas: communication, parenting services, mental health services, and employment services for incarcerated women.

PARTICIPATION: Your participation in this study is completely voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: Your responses will remain confidential and all data from the survey will be stored and maintained secured through password-encrypted files.

DURATION: It will take approximately 30 to 45 minutes to complete the interview.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation at any time.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to contact Dr. James Simon at (909) 537-7224.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2019.

I agree to be audio recorded: Yes___ No___

This is to certify that I have read the above and I am 18 years or older.

Place an X mark here

Date

California State University, San Bernardino
Social Work Institutional Review Board Sub-Comm
APPROVED 2/18/19 VOID AFTER 2/14/12
IRB# SW1935 CHAIR James Simon

APPENDIX B
DEMOGRAPHICS

Demographics

Age: Which category below best describes your age?

18-20

21-29

30-39

40-49

50-59

60 or older

Race: Which race and/or ethnicity best describes you? (please choose only one)

American Indian or Alaskan Native

Asian/Pacific Islander

Black / African American

Hispanic / Latino

White / Caucasian

Multiple ethnicity/other (please specify)

Gender: What is your gender?

Female

Male

Other (specify)

Education: What is the highest level of education you have received?

High school

Bachelor degree

Graduate degree

Doctorate degree

Geographic location: What county do you currently serve?

Los Angeles County

San Bernardino County

Riverside County

Orange County

Other (specify)

I prefer not to respond

Employment status: Indicate the total number of years you have been employed as a social worker or marriage and family therapist?

0-12 months

1-2 years

3-4 years

5-10 years

11-19 years

20 or more years

Service Provision

1. When was the last time you had contact with the incarcerated population?

Currently in contact

In the past year.

1-2 years ago

3-4 years ago

5-10 years ago

11-19 years

20 or more years

2. While providing services to incarcerated women, currently or in the past, how often did you attempt to have face to face contact with this population?

Never

Annually

Monthly

Weekly

Once a day

More than once a day

APPENDIX C
INTERVIEW GUIDE

Interview Guide

Organizational Barriers: Communication

1. Did you ever encounter difficulties while trying to communicate with inmates? If yes, please elaborate.
2. How often were you able to communicate in person with the inmates for the purpose of providing services? Please elaborate.
3. While working with female inmates how often did you work with outside service providers in regards to prisoner treatment?
4. While providing services to incarcerated women, did you ever encounter barriers having face to face contact with inmates? Please elaborate.

Parenting Services:

1. How often are outside/family supports (i.e., child visitation, spousal visitation or phone calls) encouraged? Were there any barriers?
2. How do correctional facilities seek to foster family relationships?
3. How do Correctional Facilities address parenting roles (i.e., do they provide a nursing area for infants, are child friendly areas for visitation with children available or appropriate times given for mothers to visit with children)?

Mental Health Services

1. Are services being administered by qualified/licensed individuals (i.e. BSW, MSW, LCSW, MFT)? Please elaborate.
2. How are Correctional Facilities integrating mental health/substance abuse services in regards to reaching rehabilitation goals?
3. What efforts are being made to provide trauma-informed care for victims of domestic violence, rape, or victimization of other forms? Please elaborate.

Employment services

1. What training skills are offered to inmates that are transferable for obtaining employment (i.e., computer skills, clerical skills, telephone etiquette)? Are other forms of work training offered (i.e., sewing, folding, and packaging clothing)? Please elaborate.
2. How often are community referrals and linkages (i.e., employment assistance or vocational training) offered during or post release? Does anybody follow up on these referrals?
3. What steps are taken by Correctional Facilities to reduce the likelihood of recidivism when inmates are preparing for release? Based on your experience, are there some services that work better than others for preventing recidivism?

Provider Perspectives

1. How do you define success for this population?
2. Are there any additional barriers that you have experienced when assisting this population?
3. What successes have you had helping this population?

4. Are there any other comments you would like to make regarding your work with inmates?

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ASSIGNED RESPONSIBILITIES

Students worked collaboratively throughout the research study, in terms of communication, attending advisor meetings and take part of producing research on the topic of study. In order to complete the research successfully, both students divided the workload in writing the research study and made revisions throughout the study. The written portions were split, Joanna was assigned to the Abstract and Chapter 1, and Karina was assigned Chapter 2. As for Chapter 3 both partners were to work together, Joanna was assigned to the Introduction – Data Collection and Instruments, Karina was assigned to Procedures – Summary. The soliciting of participants for the study were split between both students. In turn, both students made attempts to solicit 4-5 participants each to reach the target sample size. Transcription of data was done by Joanna. Findings were worked collaboratively between both partners due to the sophisticate data analysis. Development of themes and discourse of Findings in Chapter 4 were developed by both partners, as tables were produced by Joanna. Partners worked collaboratively in delivering discussion, limitations and conclusion of the topic of study.