

Women's Needs After Release From Prison to a Rural Community

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Abstract: Women being released from prison often lack the multidisciplinary support needed in the transition from prison to an independent life in the community. Factors contributing to the lack of services after release are, in some states, the denial of Medicaid to women with felony convictions related to drug crimes and the lack of social services and treatment programs readily available for women upon release. Information about which health care and social services are most needed by this population after discharge is limited. The purpose of this study was to identify specific discharge needs of women upon prison release and to describe services most important to this population. The sample consisted of women probationers, parolees, and those being released from a women's correctional center. A survey instrument was developed to complete the needs assessment. Data were analyzed using both quantitative and qualitative methods. Specific needs identified were employment, staying drug free, reuniting with family, and medical/counseling treatment. Services deemed most important were counseling, legal assistance, abuse therapy, financial help with schooling, and discharge planning. This project hopes to build upon existing

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university/community resources and develop new ones depending upon the needs of the population.

Introduction

Women newly released from prison often lack the multidisciplinary support they vitally need for their transition from prison to an independent life within the community (Torrey, 1995; Singer, Bussey, Song, & Lunghofer, 1995; Hammett, Gaiter, & Crawford, 1998; Leh, 1999). In many states, two factors are recognized as contributing to this lack of professional aftercare for women: (a) the denial of Medicaid or other state-funded insurance to women with felony convictions related to drug crimes, and (b) the lack of social support systems.

Between 1990 and 2000 the number of adult females in jail increased at a faster rate than males (Bureau of Justice Statistics, 2001a). By June 2001, 94,336 women were under the jurisdiction of state or federal prison authorities. This was an increase of 0.7% from the previous year.

Women's health problems at the time of incarceration have been well documented. Conditions upon prison entry include communicable diseases such as human immunodeficiency virus (HIV) infection, other sexually transmitted diseases (STDs), hepatitis and tuberculosis (TB), as well as pregnancy, gynecological problems, obesity, chronic diseases (hypertension, diabetes, epilepsy, respiratory illnesses), and dental disease. These conditions often relate to past violence and abuse as well as alcohol/drug abuse and addiction. Psychosocial issues also have been documented and often coexist with complex health problems (Henderson, Schaeffer, & Brown, 1998).

Public health literature documents the "revolving door" nature of correctional facilities by which men, women, and adolescent inmates with high rates of infectious diseases such as HIV/AIDS, other STDs, and TB circulate in and out of correctional institutions and the community. While in the community, they may resume high-risk behaviors that make them a vector for transmitting infections and other health problems (Leh, 1999). Without Medicaid or other health insurance, women with felony drug

convictions may not receive the necessary health care when they return to community life that would mitigate this risk to others.

Greenfeld and Snell (1999) report that the majority of women involved with the justice system are high school graduates, and 30% to 40% attended some college, but only 40% of women in state prisons reported that they had been employed full time prior to their arrest. They also found that 37% of female inmates had incomes of less than \$600 per month prior to incarceration and 30% of female inmates reported receiving welfare assistance just before the arrest that brought them to prison. With such low incomes, these women find it very difficult to pay for living expenses upon release from prison, let alone child care. This problem is exacerbated by ineligibility for cash assistance or food stamps. Upon release from prison, many female offenders have difficulty locating affordable housing for their families. There is a need for a greater number of supervised, supported housing alternatives, such as halfway houses and supervised apartments (Wilson & Anderson, 1997). Women have tended not to see their friends as providing support and may view their families as only "slightly" more helpful (Henderson et al., 1998).

Seventy-eight percent of women in state prisons have children, most of whom are minors (Mergenhagen, 1996). Children of women in prison are at increased risk of abuse and neglect, and overwhelming evidence demonstrates that they often face numerous other challenges that also put them at risk (Katz & Kreuter, 1997). According to the Virginia Commission on Youth (1993), children of incarcerated mothers often display low self-esteem, anxiety, low achievement motivation, poor conscience development, poor peer relations and social adjustment, and depression, juvenile delinquency, aggression, drug abuse, and other problems (Katz & Kreuter). Ultimately, one in ten will be incarcerated themselves by the time they reach adulthood (Johnston, 1994).

Unmet needs for housing and social support as well as low-paying jobs and ineligibility for cash assistance or food stamps may increase recidivism. Currently, recidivism rates are extreme. According to the Bureau of Justice Statistics (2001b), in 1999 the recidivism rate for state parole discharges was 43%. Ultimately, successful reintegration into the community relies on strong

collaborative efforts of professional services within the community (Wilson & Anderson, 1997).

Information about women's needs upon discharge is limited. The literature on female offenders and community-based programs illustrates that little is being reported nationally about designing and evaluating reintegration models to determine which programs work, and for what types of women (Wilson & Anderson, 1997). A study completed in an urban area by Singer et al. (1995) questioned female inmates about what type of help or services they anticipated needing after leaving prison. In order of stated importance, the list included: housing, drug counseling, mental health counseling, financial aid, alcohol counseling, education and training, medical care, family support, specific items (food, clothes, etc.), assistance getting children back, child care, parenting classes, church support, and legal help. In addition, Singer et al. found that scores measuring social support for the women were low and that most were in the clinical range for mental health problems and in the substance abuse range.

Needs in existing reentry programs have been identified in several states (Office of Justice Programs, 2000). They include the need for increased education of the public about working with offenders, increased funding for case managers and increased funding for vocational rehabilitation training. Pre-discharge planning, use of faith-based programs, and community outreach programs were some of the suggestions made to help meet the needs of reentry. The literature on female offenders and community-based programs illustrates that little is being reported nationally about designing and evaluating reintegration models to determine which programs work, and for what types of women (Wilson & Anderson, 1997).

Methods

Purpose of Study

The purposes of this study were to (a) identify specific discharge needs of women prior to prison release, and (b) make

recommendations for services that are most needed by this population in a rural community.

Description of Research Setting

The study took place at a state women's prison in the western part of the United States. Prison capacity is approximately 270 women. The prison is within easy access (three miles) of a university with a college of health professions. The college's department of nursing has a long-standing working relationship with the prison, using it as one of the clinical sites for senior students enrolled in the community nursing class. The prison is also a clinical site for other college departments such as health education and public health. This study was approved by the university's human subjects committee, and permission to conduct the study was granted from the prison warden.

Participant Selection

Participants included inmates who were being granted a release date from prison during the 12 months of the study time frame. Prior to data collection, the prison warden provided a list of female inmates who were eligible for probation (short sentences), those who qualified for early release (parolees), or those who had served a full sentence and were to be released within 12 months. One hundred such women were eligible to participate in the study. Each woman was mailed a letter explaining the study and asking for her participation. No incentives were offered. Inmates choosing to participate returned the participant agreement form to the prison medical clinic and the health care administrator scheduled the interviews. Interviews were conducted in a private room in the medical clinic.

Informed consent was obtained from each participant. Participants were informed of their rights (such as confidentiality), risks and/or benefits, and their right to ask questions and to withdraw at any time. The participants received a copy of the informed consent for their records.

Training of Research Team

The research team consisted of four researchers, who were trained in interview techniques to ensure consistency in questioning. This training was intended to provide inter-interviewer reliability. Each researcher underwent a security background check and attended a two-hour orientation to ensure familiarity with the prison facility before data collection began.

Instrument

The instrument used was a survey consisting of 26 questions ranging from categorical to open-ended and checklist formats. This instrument was developed by the research team based upon a literature review. The survey collected information in five content areas: demographics, concerns upon prison release, economics, women's and children's issues, and health care.

A member of the research team read the instrument questions to each participant and tape-recorded the given answers. Interviews took approximately 15 to 45 minutes to complete. A qualified individual later transcribed open-ended questions.

Results

Data Analysis

Data were analyzed with frequency statistics and measures of central tendency.

Demographics

A total of 100 letters were sent to potential eligible participants who would be released from the prison within 12 months. A follow-up letter was sent two weeks later to the nonrespondents. Twenty-three women agreed to participate in the study. The mean age was 32, with a range of 20 to 47 years. Race/ethnicity of the participants was Caucasian (65.2%, 15), Native American (21.7%, 5), African American (8.7%, 2), and Hispanic (4.3%, 1). The mean education level was 11.9 years, with

a range of 8 to 16 years. Ten (43.5%) of the inmates had been in prison previously. The majority (56.5%, 13) were in prison for drug-related crimes (e.g., drug possession, delivery, and driving under the influence [DUI]). Forgery and embezzlement made up 26.1% (6) of the reasons for imprisonment, and "other" crimes (including armed robbery, insufficient funds, and shoplifting) made up 17.4% (4) of the reasons in this group. The mean sentence length for all inmates in the study was 4.0 years, with a range of 4 months to 15 years.

Concerns Upon Release

Women inmates were asked first: "What are your major concerns upon release from prison?" As shown in Figure 1 (page 278), the majority of the inmates had concerns related to employment, staying drug free, reuniting with family, and medical/counseling treatment. Second, the inmates indicated from a checklist what programs or services they could benefit from upon prison release.

As indicated in Figure 2, most (90%, 18) of the participants said they could benefit from counseling. It also should be noted that many (30.4%, 7) of the participants indicated that other programs or services would be beneficial to them. These included marriage and family counseling, legal assistance, abuse therapy, loans and grants for schooling, discharge planning (qualifications or criteria for program assistance), cognitive self-change, alcoholics anonymous and narcotics anonymous.

Figure 1: Needs of Inmates Upon Release From Prison

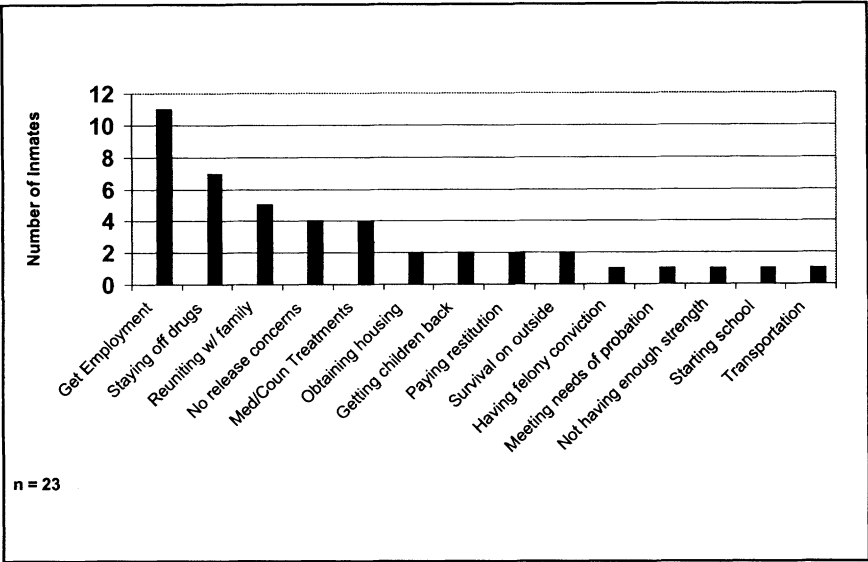
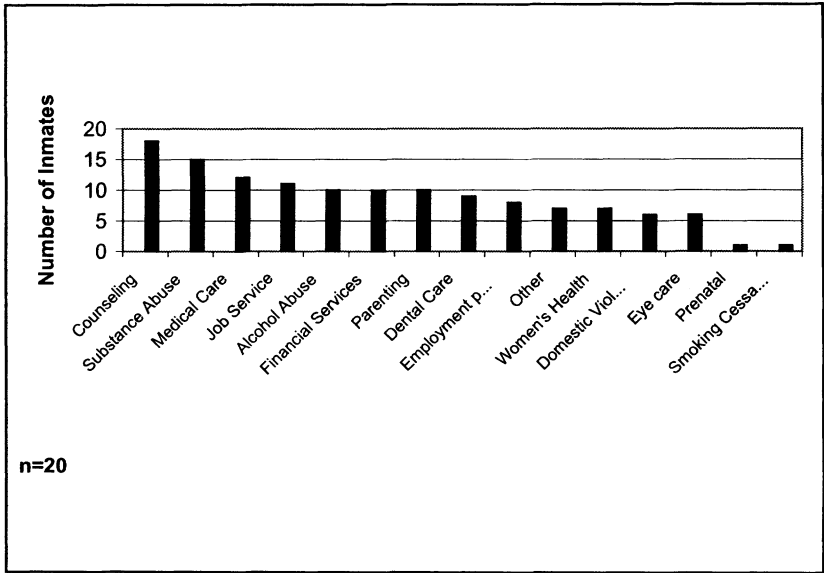


Figure 2: Programs/Services Inmates Could Benefit From Upon Release From Prison



Economics

When the women were asked what type of job they had prior to their incarceration, most indicated they had low-income employment. These jobs included cashier, clerical work, food handling, housekeeping, and child care.

When participants discussed their release, 39.1% (9) planned to pay living expenses (food, housing, child care, and health care) by working, 39.1% (9) were going to rely on family members, 4.3% (1) mentioned welfare, 4.3% (1) a psychiatric facility, 4.3% (1) inheritance money, and 8.7% (2) were not sure how they were going to pay for living expenses upon release from prison. When the women were asked if they had a place to live after release, 21 (91.3%) indicated that they did. Two of the participants said they did not have a place to live and reported they were going to seek assistance in finding housing.

Women's and Children's Issues

Twenty-one of the participants indicated that they had children. The mean number of children was 2.17, with a range of 0 to 4 children. The ages ranged from 6 months to 25 years.

While the women were in prison the majority of their children lived with relatives: 30.4% (7) with grandparents, 30.4% (7) with their fathers, and 4.3% (1) with an aunt or uncle. Other living arrangements included foster care 13% (3) and living independently 8.7% (2). One woman stated that her child had been adopted. Fifteen (71.4%) of the participants who had children indicated that their children would live with them upon their release. Seven (46.7%) stated that they would have one child living with them, 33.3% (5) would have two children living with them, 6.7% (1) would have four children living with them, and 13.3% (2) were not sure how many of their children would live with them.

When the women were asked if their children had health insurance, 73.9% (17) indicated that their children did have health insurance and 17.5% (4) indicated that their children either had no insurance or the women were not sure what kind of health insurance. Types of insurance included Medicaid (39%, 9) and some form of private insurance (17.4%, 4).

Health Care

Participants were asked to describe their health status. Most, (78.2%, 18) reported that their health was either good or excellent. Four of the participants (17.4%) said they had fair health and only one participant (4.3%) said she had poor health. However, many of them, 60.9% (14), reported that they had a health problem. The most common health problems reported were dental problems, visual problems, asthma, depression, obesity, obsessive compulsive disorder, and panic attacks.

Medications were another topic covered. Thirteen (56.5%) of the women were currently taking medications. At least 77% (10) were taking one to two medications while 23% (3) were taking three or more medications. Seven (30.4%) stated they would need some form of contraception after prison release and would utilize a doctor's office (42.9%, 3), a health department (28.6%, 2), or Planned Parenthood (14.3%, 1) to acquire birth control. It should be noted that two of the participants indicated they previously had tubal ligations performed. Therefore, they would not need contraception but they might still need these services for safe sex.

When the participants were asked how they were going to access medical care, 39.1% (9) said they would see a private physician or a hospital setting, 30.4% (7) indicated they would go to a free clinic, 21.7% (5) to an emergency room, 8.7% (2) to a hospital/clinic, 4.3% (1) to a university clinic, and 4.3% (1) to Indian Reservation Tribal Services.

Discussion

A weakness of this study is the small sample size. A strength of the study is that it provided information about needs of women about to be released from prison into a rural community.

The women inmates identified many needs upon release but were unrealistic about meeting them. For example, only 39% planned to work after prison, while the majority either did not know how they would pay for living expenses or were going to rely on family, government, or psychiatric facilities. Many of the women prior to incarceration had low-paying jobs such as

housekeepers, cashiers, or food handlers; this is similar to the findings of Greenfeld and Snell (1999). Upon release, finding employment that would pay for living expenses and include health care benefits would seem to be very difficult. Indeed, many employers will not consider hiring a felon. Furthermore, the majority of the women would have to pay for their children's living expenses as well as their own. Information about job availability and job placement before release from prison would benefit these women.

The women's concerns over reuniting with family and remaining drug free could have a positive outcome if counseling services (for drug, alcohol addiction, parenting, etc.) were available in the community. For those convicted of drug-related felonies, drug rehabilitation programs are normally a condition of parole. These programs are readily available in urban areas but are not always available in rural areas, especially in the more remote areas. Arrangements could be made, at a cost, to have facilitators from programs in urban areas travel to rural areas to provide them and/or help develop such programs. In addition, the women could be referred to parenting programs already established in the community, such as those provided by the county extension service. Transitional programs designed for the women could also provide parenting programs.

Finding housing did not seem to be a priority for the women in this study, as 93% indicated that they had a place to live after prison, usually with family. This finding differs from Singer et al.'s (1995) study where, in an urban setting, housing was a primary concern for women being released from jail.

How women parolees will access health care after prison is another important issue. As reported, many of the participants indicated that they would access needed medical attention by going to a private physician, hospital or clinic setting, or an emergency room. All of these options are expensive, payment is usually required, and therefore they are unrealistic. Without health insurance or Medicaid, it is not clear how most of the women would pay for health care services. They might not know about services in their communities that provide indigent health care. Health care information could be provided through transitional programs in the community.

Communities, including the correctional system, could be very instrumental in referring inmates to programs to meet their needs. Correctional facilities, in partnership with community agencies, could provide discharge planning information about available resources, (i.e., jobs, housing, educational opportunities, etc.) prior to inmate release. This might include a community resource manual with information on the availability, location, cost, and eligibility requirements of existing programs. At some prisons this is already being accomplished for some inmates, especially in community custody units, but all inmates about to be released could benefit from similar information. Communities also need to develop programs that provide drug treatment, counseling, job assistance, health care, and transitional support for these women. Finally, supporting legislation that provides Medicaid or other health insurance to recently released felons convicted of drug crimes would be important.

Since the recidivism rate of this sample was 43.4%, mirroring that reported by the Bureau of Justice *Probation and Parole Statistics* in 2001, the cost of these community/correctional initiatives would probably be less than the cost of returning so many of these people to prison, not to mention the cost to their families and the community. Further research on transitional programs or other community programs that help to reintegrate women and reduce recidivism is recommended.

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Appendix

Needs Assessment Of Women Probationers, Parolees, and Those Being Discharged From Prison

The following questions ask about your needs following release from prison. Your responses to these questions are completely confidential. Please answer honestly, as we will not share this information with anyone.

1. What are your major concerns upon release from prison? (probe)
2. Have you been in prison before?
 - a. No
 - b. Yes

If yes, what programs would have helped prevent you from returning to prison?
3. Why are you in prison and what was the length of your sentence?
4. What are the conditions of your Probation/Parole (classes/counseling etc.)?
5. Do you feel you have benefited in any way from your time in prison? (please explain)
6. Which of these prison programs have you participated in as an inmate? (please check all classes you have taken)

- | | |
|--|---|
| <input type="checkbox"/> 12 Step | <input type="checkbox"/> Substance Abuse Therapy |
| <input type="checkbox"/> Expanded Food Nutrition | <input type="checkbox"/> Expanded Parenting Program |
| <input type="checkbox"/> Education | <input type="checkbox"/> Substance Abuse Education |
| <input type="checkbox"/> 12 X 12 | <input type="checkbox"/> Alcoholics anonymous |
| <input type="checkbox"/> Franklin Reality Model | <input type="checkbox"/> Prenatal |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Women's Issues |
| <input type="checkbox"/> Adults Molested as Children | <input type="checkbox"/> Co-Dependency |
| <input type="checkbox"/> Bound For Success | <input type="checkbox"/> Cognitive Self-Change |
| <input type="checkbox"/> Narcotics anonymous | <input type="checkbox"/> White Bison |
| <input type="checkbox"/> Monthly Health Issues | <input type="checkbox"/> ABE/GED |
| <input type="checkbox"/> Parenting | <input type="checkbox"/> Business |
| <input type="checkbox"/> Big Book | <input type="checkbox"/> High School Equivalency |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Construction Technology |
| <input type="checkbox"/> Life Skills | <input type="checkbox"/> Breaking Barriers |
| <input type="checkbox"/> Pre-Employment Preparation | <input type="checkbox"/> Effective Communications |
| <input type="checkbox"/> Pre-Release Seminar | <input type="checkbox"/> Health Education |
| <input type="checkbox"/> Camp Share | <input type="checkbox"/> Clay Art Therapy |
| <input type="checkbox"/> Serendipity | <input type="checkbox"/> Bible Study |
| <input type="checkbox"/> Creative Writing | <input type="checkbox"/> Seven Religion Services |

___ Goals and Employment
Objectives

7. What was the last job you had? (please check the kind of work you did)
- A. Office work (clerical)
 - B. Construction
 - C. Food handling/preparation
 - D. Cashier/sales
 - E. Housekeeping/janitorial
 - F. Childcare
 - G. Unemployed
 - H. Other (list and briefly describe):
-

8. What kind of work do you plan to do after your release?
9. How do you plan to pay for your living expenses (food, housing, child and health care) after your release?

10. Do you have a place to live after your release?
- A. Yes
 - B. No
 - A. If no, what is your plan to find a place after your release? (please describe)
 - B. What will your living situation be after your release? (circle one)
 - a. Living alone
 - b. Living with friends
 - c. Living with children
 - d. Living with partner only
 - e. Living with partner and children
 - f. Living with parents
 - g. Other (please describe):
-

11. What do you think your living situation will be a year from now?

12. If you have children, how many do you have ___? (number)
What are the ages of your children? (please list)
-

13. If you have children, who are their current caretakers?

- A. Parent(s)
- B. Spouse or significant other
- C. Brother/sister
- D. Friend
- E. Foster care
- F. Other: _____

14. Will your children be living with you after your release?

- A. No
- B. Yes

If yes, how many children will be living with you ____? (number).

15. Do your children have a medical card or private insurance?

- A. No
- B. Yes

If yes, what kind of insurance?

16. How do you describe your health? (circle one)

- a. Poor
- b. Fair
- c. Good
- d. Excellent

17. Please list your current health problems: (include any problems with teeth or eyes.)

18. Please list all medications you are currently taking:

Will you need birth control after your release?

- a) No
- b) Yes

A. If yes, how will you receive it or pay for it?

19. What services or programs could you benefit from after your release? (please check all that are needed)

- | | |
|--|--|
| <input type="checkbox"/> Parenting programs | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Substance abuse therapy | <input type="checkbox"/> Eye care |
| <input type="checkbox"/> Financial services | <input type="checkbox"/> Dental care |
| <input type="checkbox"/> Job services | <input type="checkbox"/> Alcohol abuse therapy |
| <input type="checkbox"/> Employment preparation | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Women's health services | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Prenatal services | <input type="checkbox"/> Other (Please list): |
| <input type="checkbox"/> Smoking cessation | _____ |

A. Please circle the three most important to you.

20. What person(s) would you call in time of need?
- a) Spouse/significant other
 - b) Parent(s)
 - c) Friend
 - d) Brother/Sister
 - e) Other: _____
21. How do you usually get to the place you receive medical care?
- a) Own Car
 - b) Friend or Family
 - c) Public Transportation
 - d) Ambulance
 - e) Taxi
 - f) Walk
 - g) Other: _____
22. If you need medical attention after your release, how will you access it?
- a) Private physician
 - b) Hospital/clinic
 - c) Emergency room
 - d) Free clinic
 - e) Will not access it
 - f) Other: _____
23. What is your current age ____? (years)
24. What do you consider to be your main cultural background? (circle one)
- a) Mexican American
 - b) Native American
 - c) Caucasian/White
 - d) African American
 - e) Asian/Asian American
 - f) Other _____
25. What was the last grade in school you completed ____?
26. Where are you going to live after you are released from prison?

Thank you for participating!