

'Moving On' to A New Life: An Exploration of a Reentry Program's Influence on Self-Efficacy in Incarcerated Women

By

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A dissertation submitted to the Graduate Faculty of
Auburn University
In partial fulfillment of the
requirements for the Degree of
Doctor of Philosophy

Auburn, Alabama
August 6, 2022

Keywords: coping, meaning in life, post-traumatic growth, gender-responsive, incarcerated women, trauma

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Abstract

The purpose of this study was to examine treatment results for incarcerated women in a southern-US women's prison system who have participated in *Moving On: A Program for At-Risk Women* (MO). Research indicates that coping skills, supportive relationships, and job-search skills are the three most important skillsets for reentry into society (LaCourse et al., 2019; Mancini et al., 2016; Van Dieten, 2010; Varghese et al., 2018). As correctional systems continue to adopt programming focused on gender responsive care, such evidence suggests a need to more closely examine the effectiveness of these programs on building coping skills, social support skills, and job-search skills among incarcerated women. Further, research suggests that having the confidence in one's ability to utilize certain skillsets may be even more important than the gaining of the skillsets themselves (Varghese et al., 2018). This study focuses on the implementation of MO and its effectiveness in building confidence in coping skills, social support skills, and job-search skills. This study adds and extends literature pertaining to the acquisition of coping skills, social support skills, and job-search skills, as well as self-efficacy in using these skills. Results have implications for correctional systems and supportive programs that prepare mental health and rehabilitation counseling professionals working in correctional facilities or with inmates.

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CHAPTER I: INTRODUCTION

According to the Bureau of Justice Statistics (Carson, 2019), there were 419 sentenced prisoners per 100,000 U.S. residents in 2019. This translates to around 1.4 million incarcerated individuals, both men and women, populating the state and federal prison system in the United States (Carson, 2019; Kang-Brown et al., 2020), and 2.3 million individuals when those who are in probation and on parole are taken into account (Sawyer & Wagner, 2020). The United States remains the leader in the world in incarceration rates, with the largest prison population in the world and the highest per-capita incarceration rate (Haymes, De Haymes, & Miller, 2014). In fact, although only five percent of the world's population lives in the United States, it is home to 25% of the world's prison population (Pfaff, 2016).

Further complicating the high incarceration rates, mental illness is highly prevalent in both jails and prisons, with inmates reporting higher rates of depression, life dissatisfaction, heavy drinking, and illicit drug use than the general population (Yi et al., 2017). It is estimated that mental illness among incarcerated individuals in the United States is two to four times higher than the general population (Al-Rousan et al., 2017; Collier, 2014; Mautz, 2019). Less is known about the mental health needs of women in the prison system, as this is an understudied and underserved population (Drapalski et al., 2009). However, more than two-thirds of incarcerated women report having mental health concerns, which is far more than their male counterparts (Drapalski et al., 2009). Comparatively to men, women are more likely to report clinically significant borderline personality features, somatic concerns and trauma-related symptoms (Drapalski et al., 2009).

The prison system has often been called the “revolving door” of the mental health world (Pew Center on the States, 2011). This is for two main reasons: a) it is quite difficult to escape the system once an individual becomes trapped in it, and b) because those who cannot afford mental health treatment often wind up becoming incarcerated due to the lack of state and federally funded mental health institutions (Pew Center on the States, 2011). Many individuals become trapped within the system due to the lack of job opportunities afforded to those with a record and/or a lack of education on what opportunities might be available to them as an ex-offender (Grommon et al., 2012). This relates to the second reason, as without the income associated with a job, those with mental health issues seem destined to go without treatment (Grommon et al., 2012).

Although these barriers exist for both genders, they may be especially present in post-incarcerated women, although less is known about the struggles of this group. Sered and Norton-Hawk (2019) followed a cohort of formerly incarcerated women for 10 years and found that not a single woman maintained steady employment due to obstacles related to gender, law, economics, and health. A study by Theresa Severance (2004) interviewed 40 incarcerated women and found that housing, family, and substance abuse issues were primary concerns for employment in the future.

Further, recidivism rates for female offenders are high. Between 22% and 48% of female offenders are reconvicted of a crime within 2-5 years after being released (Folsom & Atkinson, 2007). A few studies have indicated that programs designed for women that teach relaxation skills, stress and time management skills, relational skills, therapy-related skills, and/or skills related to the job market are beneficial in reducing recidivism for female offenders (Jonson &

Cullen, 2015; Ndrecka, 2014; Snodgrass et al., 2017; Spieldnes & Goodkind, 2009). However, more is needed to understand the possible future implications of such programs.

Statement of the Problem

To date, 9.8% of the prison population consists of women (Carson, 2019). Women who are reentering society tend to experience unique needs regarding adjustment to society, including lack of coping skills, lack of social support, and the need to locate adequate sources of income (Jonson & Cullen, 2015; Ndrecka, 2014; Snodgrass et al., 2017). However, there is a gap in the literature regarding the unique mental health needs of the women who are in the prison system, or the needs that the women have in looking towards reentering the general population (Ndrecka, 2014). Programs for ex-offenders and offenders on the brink of reentering society are often normed on men and therefore might not be suitable to the needs of women (Covington & Bloom, 2007). Gender-responsive programs, or programs that aim to meet the individual needs of each gender, are relatively new, and look to meet the specific needs of the gender in ways that all-inclusive programming might fail to do (Covington & Bloom, 2007). Although gender-responsive programs are becoming increasingly popular, there is a lack of information on all of the impacts that these programs have on the specified problem areas. These programs are unique due to the fact that they have been normed on women, whereas most other transition and reentry programs were normed on men (Covington & Bloom, 2007; Messina et al., 2010). Therefore, gender responsive programs are better suited to the reentry needs of women, because the needs of women are different than those of men.

Research Questions

1. What effect does the gender-responsive program “Moving On: A Program for At-Risk Women” have on female inmates’ reported self-efficacy in using coping skills?
(Consider: Is there a difference in the reported self-efficacy in using coping skills among female inmates who participate in the program “Moving On: A Program for At-Risk Women” and those who do not?)
2. What effect does the gender-responsive program “Moving On: A Program for At-Risk Women” have on female inmates’ reported self-efficacy in developing and maintaining supportive relationships?
3. What effect does the gender-responsive program “Moving On: A Program for At-Risk Women” have on female inmates’ reported job-search self-efficacy?
4. What is the relationship of reported self-efficacy in using coping skills, self-efficacy in developing and maintaining relationships, and job-search self-efficacy to participant reports of times being incarcerated, nature of current offense, and years incarcerated this time?

Definition of Terms

Self-Efficacy: a person’s confidence in his or her ability to complete particular tasks (Bandura, 1997); a person’s ability to cope with a situation based on the skills they possess (Bandura, 2010); determines the initial decision to perform a behavior, the effort expended, the motivation to pursue a course of action, and persistence in the face of adversity (Bandura, 1977).

Gender-Responsive Program: a program that takes into account gender differences in treatment needs as related to mental health concerns, environment, safety concerns, relationship and connection needs, and post-treatment services (Covington & Bloom, 2007).

Coping Skills: in this context, “coping skills” relates to healthy, adaptive interventions or activities that one may choose to engage in to replace criminal activity (such as violent reaction or drug use) (Covington & Bloom, 2007; Spieldnes & Goodkind, 2009).

Job-Search Self-Efficacy: one’s beliefs about his or her abilities to engage in job search-related activities (Saks & Ashforth, 2000). For the purposes of this study, job-search self-efficacy will be measured by the Offender Job Search Self-Efficacy Scale (JSSE; Varghese et al., 2018).

Supportive Relationships: in this context, supportive relationships refer to relationships that the inmate considers to be close and safe, as well as relationships that do not influence the inmate into criminal activity, such as drug use (Covington & Bloom, 2007).

CHAPTER II: LITERATURE REVIEW

Offenders in the United States

There are 2.3 million individuals who are incarcerated in the US as of 2020, including people in prisons, jails, and in probation or on parole (Sawyer & Wagner, 2020), and each year, around two million people are incarcerated in jails or prisons (“Mass Incarceration: The Whole Pie 2016”). This is exemplified in the large turnover in the jail system as well; every year, people go to jail 10.6 million times, with many of these individuals not being convicted and making bail hours or days later (Sawyer & Wagner, 2020). Around 1 in 4 people who are released from prison or jail are re-arrested again within the same year, making the revolving door phenomenon in jails and prisons seem even more salient in recent history than in the past (Sawyer & Wagner, 2020).

There are several types of crimes normally seen in the prison system; the most common of these are violent offenses and drug-related offenses (Carson & Golinelli, 2012; West & Sabol, 2010). Violent crimes make up half of the arrests that occur on a year-to-year basis (West & Sabol, 2010). At year end in 2008, 52.4% of those incarcerated were arrested due to violent crimes, and in 2011, 55.6% of arrested prisoners were being held due to violent crimes (Carson & Golinelli, 2012). Since 1980, the amount of drug-related offenses has increased twelvefold, marking a rapid rise in misdemeanor and felony-related cases (West & Sabol, 2010). In 2011,

3.7% of prisoners held by the state were convicted of drug-related offenses, excluding those on probation or parole (Carson & Golinelli, 2012).

The range of ages of those who are incarcerated has widened considerably over the past few decades. Youth in residential placements have decreased by half since 1997, and over 40% of youth who are incarcerated are held in private facilities due to a decrease in public facilities (Sickmund et al., 2016). Girls account for 15% of youth who are incarcerated (Sickmund et al., 2016). Unlike youth in the prison system, the elderly population in the system increased by 145% between 1997 and 2007 (Chettiar, Bunting, & Schotter, 2012). One report by Chettiar, Bunting, and Schotter (2012) asserts that the elderly population in US prisons is likely to have increased by 4,400% between the 1980's and 2030. In 2013, the lowest population of women in prison in the US was from ages 18-19 at 500 individuals (Carson & Sabol, 2016). The highest population was 17,300 women in the 30-34 age group (Carson & Sabol, 2016). The elderly population (65+) contained 1,000 individuals (Carson & Sabol, 2016).

Although persons ascribing to any and all sexual orientations are vulnerable to mistreatment behind bars, those identifying as LGBTQ+ are especially at risk (Markshammer & Tobin, 2014). Mistreatment can include solitary confinement, physical and verbal abuse and bullying, sexual assault, and denial of medical services (Markshammer & Tobin, 2014). In the 2011-2012 National Inmate Survey, 40% of those identifying as transgender reported having experienced sexual assault or victimization, as opposed to 4% of those identifying as cisgender (Beck et al., 2013).

Problems Specific to Female Offenders

Between 1980 and 2019, the female rate of incarceration increased more than 700% (Sentencing Project, 2019). There are 1.2 million women in total currently incarcerated in the

United States as of 2019, including those on parole or probation (Sentencing Project, 2019).

Further, the rate of women being arrested has been increasing at twice the rate of men in the past few decades, with nearly half of these women being held in jails (Sentencing Project, 2019).

Incarcerated women differ from the incarcerated male population in several ways. Firstly, female offenders are far less likely to have committed a violent offense, and are more likely to be convicted of crimes involving alcohol, other drugs, or property (Covington, 1998). Even when convicted of similar crimes to men, such as drug crimes, women's roles are often different; women tend to be the ones delivering the drugs or are passengers in a drug run, rather than drug "dealers," (Wright et al., 2012). Women tend to commit crimes for different reasons than men, as well, such as because they are running away from abusive and violent homes or due to poverty and economic marginalization (Wright et al., 2012). Additionally, most female prisoners have been found to be poor, undereducated, unskilled, single mothers, and disproportionately are women of color (Covington, 1998). These demographics add another layer: having a lower SES class, having a poorer education, and being a person of color are all additional minority statuses and barriers to successful re-entry (Wright et al., 2012). Due to the specific issues that female offenders face when reentering the outside world, one can expect to see several variables suffer when examining this population on reentry and recidivism.

Reentry for Ex-Offenders in the United States

In recent years, reentry programs and models have shifted to more hands-off approaches in many states in the US, primarily because of the increasingly large number of prisoners being released at any given time (Seiter & Kadela, 2003). Of all prisoners and inmates in the US, only 7% serve life sentences, which mean that 93% end up returning home ("Mass Incarceration: The Whole Pie 2016"). The number of individuals that transition back into society each year varies

per year and state; it is estimated that around 650,000 prisoners and inmates are released each year, which translates to 160 per day (Grommon et al., 2012). For the transition of this vast number of people, the US is woefully underprepared, which can be seen by the rising rates of offenders returning to prison within a two-year period (Grommon et al., 2012).

There are several reports of inmates adjusting to life inside prisons and ultimately preferring that to whatever may lie outside (Kneeland, 1975; Malcolm, 1975). This can be described as the prisoners' world shrinking, and a growing fear of the uncertainty of the world outside of their confines (Goodstein, 1979). Therefore, although most would be unwilling to be imprisoned and might see the state of US prisons as abysmal, they are often preferred to the vague, abstract notion of the "outside world" by individuals who have been incarcerated for long periods (Goodstein, 1979). This makes reentry particularly challenging, and a phenomenon that creates unfortunately high recidivism rates; many individuals who experience this way of thinking see themselves as the "Other" in terms of society as a whole, and view recidivism as inescapable, or even desirable (Goodstein, 1979). Combined with the normal concerns of reentry, such as housing, stable income, and transportation, this fear of society and the "outside" as a whole makes reentry a seemingly impossible process (Goodstein, 1979).

Reentry Concerns for Women

Women face unique challenges when attempting to reenter society after long stays in federal and state institutions. Some of these challenges start in childhood; many offenders historically lack positive role models for how to be law-abiding citizens and lack healthy social support growing up (Spieldnes & Goodkind, 2009). Further, offenders often have had problematic coping mechanisms and behavior, such as substance use and selling of drugs, modeled for them (Spieldnes & Goodkind, 2009). Although this is true of both men and women,

female offenders are more likely to report victimization from childhood abuse and/or intimate partner abuse (Spieldnes & Goodkind, 2009). This sort of experience often leads to substance use in adulthood, prostitution, limited job opportunities, and criminal involvement (Spieldnes & Goodkind, 2009).

Mental Health Issues

Research suggests that female inmates are more likely to experience mental illness than male inmates, although this finding is not supported in every study (Houser & Welsh, 2014). It is estimated that 73% of female inmates have mental health disorders, as compared to only 55% of male inmates (Houser & Welsh, 2014). In a study by Drapalski et al. (2009), women were found to be more likely to report clinically significant symptoms of anxiety, borderline personality features, somatic concerns, and trauma-related symptoms. Overall, women in prisons report higher rates of mental illness than their male counterparts (James & Glaze, 2006).

Further, trauma and victimization are abnormally present in the female offender population. According to the NIC project, over 60% of women in a Minnesota prison reported being victimized either as adults or as children, and many times both (Wright et al., 2012). Another study found that 54% of sampled incarcerated women had been raped and over 70% had been forcibly coerced to engage in sexual experiences prior to their incarceration (McDaniels & Belknap, 2008). These types of experiences can correlate with higher amounts of trauma and PTSD (McDaniels & Belknap, 2008).

Addiction is high in female offenders. Over 60% of women are serving sentences for drug offences (Covington, 1998). Houser and Welsh (2014) reported that almost 60.2% of incarcerated women suffer from dependence to drugs, 31.1% of incarcerated women suffer from comorbid major mental health disorders and substance use disorders, and 43% of incarcerated

women suffer from comorbid “other” mental health disorders and substance use disorders. Further, research suggests that comorbidity between substance use disorders and other psychiatric disorders is more common among incarcerated women than incarcerated men (Abram et al., 2003). Women in prisons also report higher rates of substance use than men (Craig, Dixon, & Gannon, 2013).

Once out of prison, both the external and internal ramifications of these traumas do not disappear; mental illness is often the leading cause of recidivism (Spieldnes & Goodkind, 2009). About 75% of female offenders with mental health diagnoses also have substance use disorders (Bloom et al., 2003; Spieldnes & Goodkind, 2009). Substance use is the most common offense for women in prison (Messina et al., 2010). It makes sense, then, that in looking at reentry and the success that women have in reentering society, how mental illness is addressed should be one of the targeted areas of concern. It has longstanding been the focus of reentry programs to teach coping skills to offenders reentering society; research shows that reentry programs that have a focus of cognitive-behavioral therapy (CBT) produce lower recidivism rates overall among female offenders (Zarling et al., 2021). In delving into reentry and success, arming reentry programs created for female offenders with adaptive coping skills related to substance use and mental health is important to reduce recidivism (Covington & Bloom, 2007).

Job and Career

Practical concerns often appear when women are reentering society after being in jail or prison as well. Offending, more often than not, causes the loss of one’s job and stable source of income (Spieldnes & Goodkind, 2009). With a misdemeanor or felony on one’s record, it can also be difficult to acquire a new source of income (Spieldnes & Goodkind, 2009). Forty-four states currently bar offenders from gaining or retaining professional licenses that are required for

some lines of work, many of these jobs that women predominately gravitate towards, such as hair stylists (Spieldnes & Goodkind, 2009). Further, a history of incarceration can diminish earning potential by up to 30%, which is devastating to most women, as research shows female offenders are not high earners even prior to the first offense (Spieldnes & Goodkind, 2009). Thirty-seven percent of women inmates reported earning less than \$600 per month prior to their arrest, and 30% of female inmates reported receiving welfare assistance (Spieldnes & Goodkind, 2009).

Housing and Transportation

Having access to stable and affordable housing reduces women's recidivism rates (Scroggins & Malley, 2010). Finding stable housing can often be a concern for inmates reentering society, particularly women (Fields & Abrams, 2010). There are likely several reasons for this. Firstly, having a stable place to live reduces the chance of having to rely on negative influences for a place to stay (Fields & Abrams, 2010). Secondly, it reduces the chance of turning to criminal behavior in order to secure a place to live for self or for children, if children are involved (Fields & Abrams, 2010). Adequate transportation is also an issue for similar reasons; if women do not have reliable transportation to fulfill all of their obligations post-incarceration, recidivism is much more likely (Scroggins & Malley, 2010). This is because women may not feel safe to take public transportation or walk at certain times or through certain areas, or may miss the bus due to childcare concerns at the time that it needed to be taken in order to reach an obligation (Scroggins & Malley, 2010).

Concerns Related to Single-Parenthood

Concerns related to housing, transportation, and finding a source of income often weigh more heavily on women than on men due to the fact that many women who have offended are

single moms (Cobbina & Bender, 2012). Eighty percent of incarcerated women identify as the primary caregiver for children, as opposed to 26% of incarcerated fathers (Scroggins & Malley, 2010). Therefore, there is additional pressure to find a suitable source of income because women must provide for their children as well as themselves when they reenter society in many cases (Cobbina & Bender, 2012). Further, women who are being released from jail or prison are more often to have to deal with custody battles; this process requires additional time and money that takes away from securing housing, employment, and social support (Cobbina & Bender, 2012). Reconnecting with children and other family members is also often a priority for women reentering society, and usually an indicator of the success of reentry (Visher & Bakken, 2014). Women who are able to care for children whom they have primary custody of are shown to have lower recidivism rates and are less likely to engage in criminal activity (Scroggins & Malley, 2010).

Although two million women are released from prisons and jails every year, few post-release programs are available to meet their needs (Jonson & Cullen, 2015; Ndrecka, 2014). Perhaps in part due to the lack of these resources, women are more likely to be homeless when attempting to re-enter society than men, which makes successful re-entry and compliance with probation or parole a challenge (Bahr et al., 2005; Cobbina & Bender, 2012).

Reentry Success

Adjustment and reintegration back into society tends to be forced onto ex-offenders at a rapid pace. Many inmates live in highly structured environments for years or even decades, only to be sent out and immediately expected to be once again ready and able to make their own monetary, housing, and relational decisions again (Scroggins & Malley, 2010). The unfortunate reality is that many ex-offenders reenter society with little to no savings, inadequate housing, and

no social support other than those who might influence them to reengage in criminal activity (Bahr et al., 2005). There are a few variables that seem to influence reentry success; these include supportive relationships (Mancini et al., 2016), adequate adaptive coping skills (LaCourse et al., 2019), and factors such as having a stable source of income and living situation (Scroggins & Malley, 2010). Research also shows that the confidence inmates have, or the self-efficacy, surrounding these variables and their ability to reintegrate into society impacts reentry success and recidivism (Varghese et al., 2018). The current study will expand upon this literature base that self-efficacy regarding building and maintaining supportive relationships, using coping skills, and finding a job influences reentry success.

Supportive Relationships

Research has shown that adjustment back into society and lowered recidivism rates are often most successfully facilitated by strong social bonds. Laub, Nagin, and Sampson (1998) found that the development of quality marital bonds had a preventative effect on crime and correlated with desistance from crime after release from prison. Another study by Mancini et al. (2016) found that experiencing multiple types of social support reduced reentry concerns among incarcerated women, with visits from family and others in the social support system being the most influential. It would appear that having adequate social support that is free from the influence of criminal activity is important to the success of reentry for women.

Coping Skills for Reentry

Coping can be defined as the way that people manage responsibilities, problems, or situations (LaCourse et al., 2019). Although often measured as a behavior or response to some stimulus, coping can be more adequately seen as a combination of cognitive and behavioral efforts to manage stress (LaCourse et al., 2019). The importance of having adaptive coping skills

cannot be understated. In the incarcerated population, many individuals do not have well-formed coping skills, or have maladaptive ones that might have contributed to their arrest (LaCourse et al., 2019). Many theorists believe that it is the way that an event is perceived and responded to, rather than the event in and of itself, that causes some types of mental disorders and cognitive disturbances (LaCourse et al., 2019). Similarly, this can lead to negative emotions, and the negative perceptions of the event and negative emotions together can then play a role in an overall maladaptive response. As an example, Huck, Lee, Bowen, Spraitz, and Bowers (2012) found that individuals who responded to stressful events with negative emotions and cognitions tended to utilize negative coping strategies to deal with those situations, including criminal activity. Thus, having a negative outlook on one's chances of success for reentry as an inmate might lead to poor choices in coping upon release, and perhaps further criminal activity in an effort to cope with the negative feelings and thoughts surrounding success.

Research shows that individuals who come from a lower SES tend to have less positive coping skills in general, and female offenders are often of this demographic (LaCourse et al., 2019). Several coping strategies are often introduced to help incarcerated women overcome the obstacles that are commonly faced when reentering society. One of these has been identified to be education (Severance, 2004). Only one third of incarcerated women have completed high school or a GED program, which makes acquiring employment post-incarceration even more difficult (Scroggins & Malley, 2010). Learning a skill or being able to complete some level of education are reported to be protective factors for adjustment in women (Scroggins & Malley, 2010).

The most promising strategies for adjustment to society and desistance from crime have been found to be developing behaviors and values that conform to societal norms, learning

problem-solving skills and conflict management skills, gaining a worldview that is more positive than negative, gaining support, and addressing patterns of addiction (Spieldnes & Goodkind, 2009). These sorts of coping skills are often developed through programs or in therapeutic settings.

Self-Efficacy

Self-efficacy, a term coined by Albert Bandura in 1977, is a measure of how well an individual judges they are able to cope with a situation given their abilities (Bandura, 2010). Self-efficacy affects nearly every aspect of human behavior. Because it influences one's ideas and beliefs regarding how well they might be able to execute a plan or exert control over a situation, self-efficacy impacts both the power a person actually has over any given situation as well as the choices they choose to make (Bandura, 1977, 1982). Research shows that people generally avoid any task where self-efficacy is low, as there is no belief that the task can be adequately accomplished (Schunk, 1990). Conversely, if self-efficacy is high related to a task, the task is generally undertaken. When self-efficacy significantly extends beyond actual ability, it often leads to an overestimation of ability to complete the task, whereas when self-efficacy is significantly lower than actual ability, growth is discouraged (Porter et al., 2003; Schunk, 1990). This affects motivation: those with higher self-efficacy around a certain task are more likely to start the task and persist longer in the task than those with lower self-efficacy around the task (Schunk, 1990).

Self-efficacy also has a strong effect on thought patterns. For example, low self-efficacy can be correlated with the belief that a task is harder than it actually is, while the reverse is true with high self-efficacy (Bandura, 1977, 1982). Someone with lower self-efficacy often attributes failure to low ability, which leads to quicker burnout, whereas high self-efficacy acts as a buffer

and allows the individual to look at external causes for the failure (Seifert, 2011). Also, those with lower self-efficacy are often unpredictable about how and when they might complete the task in question (Seifert, 2011; Bandura, 1982).

All of these are important to note when working with offenders and work-related opportunities; self-efficacy regarding ability to find a job might be what keeps the ex-offender persistent in their adjustment to society, whereas an ex-offender with low self-efficacy in this area might give up quickly and re-engage in criminal activity. Similarly, self-efficacy can affect ability to change in individuals; those with low self-efficacy may view lifelong change as impossible, whereas those with higher self-efficacy may view change as a challenge, or difficult but not impossible (Bandura, 1982).

Job-Search Self-Efficacy

Being able to find stable employment is one of the best predictors of reentry success in the formerly incarcerated population (Varghese et al., 2018). However, career and work performance are impacted by self-efficacy as well. Self-efficacy is crucial in career development and influences career expectations, interests, and goals, especially among the incarcerated population (Varghese et al., 2018). For example, those with lower self-efficacy may not have lofty career aspirations, or any at all, whereas those with higher career-related self-efficacy have been found to have higher career aspirations (Varghese et al., 2018). Further, in the work setting, self-efficacy relates to work performance regarding task complexity; when tasks are more complex, there is a weaker relationship between self-efficacy and work performance than for less complex tasks (Varghese et al., 2018). Considering the importance in obtaining a job in recidivism and desistance from criminal activity, job-search self-efficacy is an important variable to explore in the incarcerated population (Varghese et al., 2018).

Programs for Reentry

Overall, some of the identified variables linked to recidivism are mental illness, adjustment issues regarding practical concerns, lack of social support, and lack of a source of income (Cobbina & Bender, 2012; Jonson & Cullen, 2015; Mancini et al., 2016; Ndrecka, 2014; Spieldnes & Goodkind, 2009). In the past decade, a movement to implement reentry programs for offenders transitioning back into the community has been instigated, partially due to the increasing numbers of inmates being released each year (Jonson & Cullen, 2015). Overall, research has shown that these reentry programs tend to reduce recidivism rates among ex-offenders, but the most effective programs are often consistent with the risk-needs-responsivity model (Jonson & Cullen, 2015).

Further, in order to be most effective, empirical evidence has shown that correctional programs should focus on changing the cognitions and attitudes of offenders towards living a pro-social lifestyle (Ndrecka, 2014). Reentry programs that implement CBT, or some form of cognitive-behavioral treatment, have also been found to be among the most effective for reducing recidivism among ex-offenders as a whole (Duwe & Clark, 2015). For female offenders specifically, cognitive-behavioral, strengths-based programs are the most effective at reducing recidivism (Zarling et al., 2021).

Reentry programs come in various lengths and foci and can be attended either before or after an inmate has been released from incarceration (Ndrecka, 2014). In some cases, reentry programs are offered prior to release; in other instances, the programs are offered in the community while the parolee is under the supervision of parole boards or probation agencies (Ndrecka, 2014). Some reentry programs are offered partially while the offender is still incarcerated and partially after release. Under the umbrella of reentry programs, work-release

programs can also be counted. These programs allow inmates to work in the community while they are still incarcerated, and this work experience makes it easier for job acquisition once the imprisonment period ends (Ndrecka, 2014). Halfway houses can also be considered reentry programs, as their aim is to help the transition of ex-offenders back into the community; many halfway houses also offer treatment programs in order to further facilitate transition back into society (Ndrecka, 2014).

Many reentry programs focus on career success. These programs are vast and varied. One example is implemented by the Pennsylvania Department of Corrections (DOC), and is a 60-hour course that allows inmates to take vocational classes as well as create a unique career plan (Hamilton et al., 2019). Several of these programs incorporate spirituality; a study by Snodgrass, Jenkins, and Tate (2017) delineated a program in which the focus for the incarcerated women in the reentry program was “God gave me a second chance,” which seemed to motivate the women to push forward in career aspirations. Like other job-focused reentry programs, this program focuses on building up existing skills and uncovering vocational values as well as attempting to bridge any gaps between the identified goals and possible barriers (Snodgrass et al., 2017).

However, there is a lack of reentry programs that utilize the conditions that research has shown must be met for a program to be effective (Jonson & Cullen, 2015; Petersilia, 2004). Some of these include that treatment must be behavioral and/or cognitive-behavioral in nature, with reinforcements being positive rather than negative (Petersilia, 2004). Further, the program must be intensive, consuming a large amount of offenders’ time and lasting 3-12 weeks. The ability to identify pro-social solutions to the problems that led inmates into conflict with the law is crucial (Petersilia, 2004).

Gender-Responsive Programs

Historically, female ex-offenders have not had their treatment needs met in terms of reentry, due to most reentry programs having been based on a male model (Moloney et al., 2009; Mautz, 2019). Gender-responsive treatment takes into account four different theories: pathways theory, relational theory, trauma theory, and addiction theory (Covington & Bloom, 2007). A gender-responsive treatment program may work from just one of these theoretical standpoints, from multiple of them, or from all of them. The pathways theory posits that women's pathway into crime normally is influenced by environment, drug use, and survival of abuse and poverty (Covington & Bloom, 2007). The relational theory suggests that a primary motivator for women is relationship and connection with others, and women are more likely to turn to drugs than men when they are with partners or friends who are abusing drugs (Covington & Bloom, 2007). This theory supports research that relationships and connection are important for the success of reentry in this population (Laub et al., 1998; Mancini et al., 2016). Both the trauma theory and the addiction theory suggest that appropriate and preventative services and skills are needed in order to help female offenders remain free from crime (Covington & Bloom, 2007). These theories support prior research that adequate coping skills are imperative to desist from crime (Scroggins & Malley, 2010; Spieldnes & Goodkind, 2009).

Covington and Bloom (2007) list six guiding principles for gender responsive treatment programs that should be observed. Table 1 below contains a brief summary of these principles. The first is simply acknowledging that gender makes a difference in the correctional setting. This relates to the fact that women are often incarcerated for different crimes than men, as well as often are diagnosed with different mental disorders (Covington & Bloom, 2007). These factors mean that the treatment and program needs for incarcerated women are not the same as those for incarcerated men. The second guiding principle is that an environment of safety, respect, and

dignity must be created, so that the criminal justice setting does not recreate abusive or toxic environments that the incarcerated women may have experienced throughout their lives. This is important because beginning the process of healing trauma and addiction—two problems often found within this population—is very difficult when the environment is triggering.

The third guiding principle is to incorporate relationship and relational practices into policies and procedures. This is important because relationships play a role in every facet of the female offenders’ lives, both in and out of incarceration (Covington & Bloom, 2007). The fourth principle is to address substance use issues, trauma, and other mental health issues appropriately in order to give the women the best chance at successful reintegration (Covington & Bloom, 2007). The fifth principle is to provide women education and training in order to improve their socioeconomic condition (Covington & Bloom, 2007). Finally, the sixth principle is to establish community supervision and support with collaborative services; this can include mental health services, faith-based services, public transportation services, educational agencies, and more (Covington & Bloom, 2007). Adhering to these principles has been found to tackle the specific problems that incarcerated women have reported dealing with before and after the reentry process.

Table 1.

Principle 1	Gender makes a difference in the correctional setting
Principle 2	An environment of safety, trust, and respect must be created
Principle 3	Incorporate relationship/relational practices into policies and procedures
Principle 4	Address substance use issues, trauma, and other mental health issues appropriately

Principle 5 Provide women education and training in order to improve socioeconomic condition

Principle 6 Establish community supervision and support with collaborative services

Gender-responsive programs, although relatively new innovations, have had success in several areas regarding reentry, including recidivism and sobriety among female ex-offenders. A study by Messina et al. (2010) found that gender-responsive programming was correlated with less drug use and lower recidivism rates after a 12-month period of parole. This finding is relevant to the current study, as it might be extrapolated that after taking part in the gender-responsive program, women felt higher self-efficacy when reentering society and in their ability to use coping skills, thus recidivism rates decreased and coping via drug use decreased. Lowered recidivism rates after a 12-month period could also be dependent on one's ability to find a stable source of income, which is another factor that the present study seeks to examine.

Moving On: A Program for At-Risk Women

Moving On: A Program for At-Risk Women (MO) (Van Dieten, 2010) is a gender-responsive program that focuses on teaching incarcerated women how to access community resources and adequately use specific types of coping skills, such as cognitive restructuring, time management skills, and stress management skills. Furthermore, this program is meant to encourage women who are on the brink of reentry into society to take responsibility for themselves and their actions, and endeavors to give the women the skills in which to take this responsibility (Van Dieten, 2010). Building and maintaining healthy and supportive relationships is also a focus of the program, as this has been identified by the author as a key element of reentry and adjustment into society (Van Dieten, 2010).

MO draws on relationally-based therapy, motivational interviewing, and CBT to teach these skills and implement the aforementioned goals (Van Dieten, 2010).

This program contains six modules and is taught over 26 sessions that last around 1.5 to 2 hours each (Gehring et al., 2010). Throughout the modules, the underlying issues surrounding awareness around criminal behavior and negative thoughts and emotions that might have led the participating women to offend are addressed. Several strategies are implemented throughout the program, including group discussions, self-assessments, writing exercises, and role-playing and modeling activities (Duwe & Clark, 2015). In the last module, career goals and methods of accomplishing these goals are discussed, because the ability to find a job and stable source of income is crucial to recidivism (Van Dieten, 2010).

There is a paucity of research on the efficacy of MO and how it impacts recidivism rates among female offenders (Duwe & Clark, 2015). There are only two studies to date that examine the efficacy of the program and how it impacts recidivism among female ex-offenders (Duwe & Clark, 2015; Gehring et al., 2010). Duwe & Clark (2015) found that MO significantly reduced recidivism on two of four measures when implemented with fidelity. Although these studies investigate how MO impacts recidivism rates, there are no studies to date that look at how this program effects other variables. The current study seeks to bridge that gap by exploring how MO effects the reported self-efficacy of incarcerated women as related to reentry coping skills, the ability to develop and maintain supportive relationships, and the ability to search for a job.

The Relationship of MO to Self-Efficacy in Coping, Relationships, and the Job-Search

MO is a reentry and transition-focused program that is designed to help women develop the coping skills and knowledge base that they need in order to reenter society successfully (Van Dieten, 2010). Further, Van Dieten (2010) delineates that in order for women to transition

successfully, emphasis must be placed on their support base and ability to develop and maintain supportive relationships. Although not as much emphasis is placed on the need to be able to engage in job-search activities, Van Dieten (2010) also focuses a module on women's ability to be able to be comfortable in these endeavors due to the importance of job-search activities in reentry. Perceived self-efficacy in ability to perform tasks relates to one's actual ability to perform the tasks; therefore, the self-efficacy that these women feel they have in ability to use coping skills, develop supportive relationships, and perform job-searching activities would impact their actual abilities to do the actual activities (Bandura, 1987, 1999; Varghese et al., 2018).

Coping Skills and MO

Coping skills in the MO program are taught in several different areas, including stress management techniques, emotional regulation techniques, and strengths-based techniques (Gehring et al., 2010; Van Dieten, 2010). The relationship of self-efficacy in using coping skills to reentry and ability to transition is important to MO and other reentry-based program for offenders; many of these programs focus on teaching various coping skills to inmates, and it is important to gauge how meaningful that endeavor is, as well as how important perceived self-efficacy of use of the coping skills is. MO facilitates development of coping skills by helping women understand their problem areas in the domains of career, family, peer relationships, and personal life, identify strategies that they already use to cope, teaching women how to identify and express emotions in healthy ways, and teaching women stress management skills (Van Dieten, 2010). MO attempts to help participants move from using negative coping mechanisms, like substance use, to more positive and healthy coping mechanisms, and gives participants the agency to develop these for themselves.

Supportive Relationships and MO

The MO program focuses modules 2-4 heavily on the key aspects of developing and maintaining supportive relationships (Van Dieten, 2010). Some aspects that MO identifies as being relevant to the development and maintenance of supportive relationships include communication skills, education on boundaries, assertiveness training, and identifying supportive people in the participant's life (Van Dieten, 2010). Importantly, MO also focuses a component of the program on helping participants to develop self-awareness surrounding their own actions and patterns within relationships, and how they might be contributing to negative relational cycles (Gehring et al., 2010). Both the development of relationships and the maintenance of relationships are discussed in the MO program; supportive relationships as a whole are a crucial element to reentry success, and the skills to access this resource provide one of the main backbones of the program. Self-efficacy in the development and maintenance of supportive relationships is important because supportive relationships have been found to be a huge factor in whether reentry and transition back into the community is successful, so whether or not women feel they will have the necessary support to set them up for this success will be telling for recidivism rates (Varghese et al., 2018).

Job-Search Self-Efficacy and MO

MO discusses skills pertaining to the job search and career success in modules 1 and 5 (Van Dieten, 2010). Skills related to finding a career that matches with participants' skillsets, understanding which careers might be available, creating a resume, and interviewing with prospective employers are covered in the program (Van Dieten, 2010). Of the three variables, job-searching and career success is the one least addressed by the MO program, so it will be interesting to see how participants' self-efficacy as related to job-search activities changes after

completing this program. It is important to address self-efficacy in this area because the ability to perform job-search activities has been linked to successful reentry and transition (Varghese et al., 2018).

Purpose of the Study

This study examines the gender responsive program “Moving On: A Program for At-Risk Women” (Van Dieten, 2010) for its impact on variables that have not previously been studied in relation to gender responsive programming: self-efficacy in ability to use coping skills, self-efficacy in perceived ability to form and maintain relationships, and self-efficacy in ability to job search. This program was chosen because it is a reentry program that focuses on teaching women relational skills and stress management techniques, as well as on enhancing the motivation for change (Van Dieten, 2010). By gaining a better understanding of the impacts that gender responsive programs have on these variables, practitioners in the mental health, vocational and correctional fields will be better positioned to support the women after the programs are completed.

CHAPTER III: METHODOLOGY

This study explores the effect of the gender responsive treatment program *Moving On: A Program for At-Risk Women* (MO) on the self-efficacy of women reentering society, measured by coping skills, job-search skills, and perceived social support, by how these variables change after the program is implemented. This study utilizes a quasi-experimental cross-sectional design. Cross-sectional studies are often used when the purpose of the study itself is to describe a population or a subgroup within the population with respect to an outcome and a set of risk factors; this often occurs in the form of a survey (Levin, 2006; Setia, 2016). There are several advantages to conducting cross-sectional studies, such as that they are inexpensive, take a shorter time on average to complete, can easily estimate prevalence of outcome of interest due to the sample generally being taken from the whole population, and can assess multiple outcomes and risk factors (Levin, 2006; Setia, 2016). Limitations to cross-sectional studies include that it is difficult to make causal inferences with this study design, and that different results may have occurred within the study if another time-frame had been chosen (Levin, 2006; Setia, 2016).

This study involves giving a battery of surveys to two groups of female inmates: a group of women about to undergo the twelve-week MO program, and a group of women who have already completed the MO program. The study seeks to determine self-efficacy before the program and after the program in order to determine what effect the MO program has on self-efficacy across the three variables in question. This type of research design is amenable to the current study because it

The treatment in this study is the MO program. This purpose of this study was to determine whether the MO program differentiates by grouped demographic variables. The groupings of variables became the independent variables. The dependent variables in this study

included self-efficacy in coping skills, self-efficacy in job-search activities, and self-efficacy in building and maintaining relationships, which will be yielded from the three given surveys. The demographic data that were collected included whether the participant was a repeat or non-repeat offender, whether the participant had been diagnosed with any mental health disorders, the age of the participant, the ethnicity of the participant, and annual household income for the participant. The groupings of demographic variables were determined after data was collected.

This study was based on the effect of the MO program as assessed by a battery of surveys given to participants who either had or had not completed the MO program. A difference in self-efficacy in the mentioned variables before and after the program were established by giving the battery of surveys to women who both had and had not completed the program. This is a valid procedure because the MO program manual has already identified that the program is meant to impart to participants the variables being explored in the current study: coping skills, the ability to develop and maintain supportive relationships, and increased knowledge and ability to handle career and job searches. The factors that determined the impact of the program include self-efficacy in coping strategy utilization, self-efficacy in considering job search activities, and self-efficacy in considering the building and maintaining of relationships. These factors were assessed using surveys that will measure each of these variables. Results were compared against demographic variables such as race/ethnicity, annual income, and times being incarcerated, as these factors could affect the variables of the study and reentry to society as a whole.

Research Questions

1. What effect does the gender-responsive program “Moving On: A Program for At-Risk Women” have on female inmates’ reported self-efficacy in using coping skills?

2. What effect does the gender-responsive program “Moving On: A Program for At-Risk Women” have on female inmates’ reported self-efficacy in developing and maintaining supportive relationships?
3. What effect does the gender-responsive program “Moving On: A Program for At-Risk Women” have on female inmates’ reported job-search self-efficacy?
4. What is the relationship of reported self-efficacy in using coping skills, self-efficacy in developing and maintaining relationships, and job-search self-efficacy to participant reports of times being incarcerated, income prior to incarceration, and years incarcerated at this time?

Statement of Hypotheses

1. There is a significant difference between participants of MO and those who have not participated in MO in self-efficacy in using coping skills.
2. There is a significant difference between participants of MO and those who have not participated in MO in self-efficacy in developing and maintaining supportive relationships.
3. There is a significant difference between participants of MO and those who have not participated in MO in self-efficacy in job-search skills.
4. There is a significant correlation between self-efficacy in use of coping skills, developing and maintaining relationships, and job-search skills to participant reports of times being incarcerated, income prior to incarceration, and years incarcerated at this time.

Participants

The participants of this study included 45 women at three different prisons in the southeastern US who voluntarily decided to participate in the program of interest: *Moving On: A Program for At-Risk Women*. In order to participate in the study, women had to be 19 years of age or older; there was no upper-end limit on age in order to participate. The women who choose to participate did so of their own volition and received no compensation or direct benefit for participation. The MO program takes, on average, 12 weeks to complete, and occurs once per year. For this study, to ensure maximum validity, a sample size of at least 45 participants was needed; this is because there are three different dependent variables, and Cohen (1988) estimates that 15 participants per dependent variable ensures power.

Additionally, those considered for participation in this study were divided into two subgroups: 1) participants who had already completed the MO program, and 2) participants who had yet to complete the MO program, otherwise known as the general population. Having two subgroups aimed to enhance data analysis by allowing a closer look at the differences between those who have and have not taken the program; this gave insight into how effective the program is at fulfilling the goals that it purports.

All three facilities that were selected for this study offer the MO program at least once per year. One of the facilities is a minimum custody facility for female inmates who perform jobs in the community. The second facility is a medium custody facility that is focused on preparing female inmates for work in the community. Finally, the third facility is considered a close custody facility and houses all female inmates coming into the state prison system.

Participants were considered as long as they had completed the MO program within the last 2 years, or met the requirements to complete the MO program in the future. Recruitment was conducted at each facility via a short informational session about the purpose of the study; four

to eight inmates were asked to listen to this session at a time. This informational section was structured as follows: 1) introduction of the researchers, 2) discussion of the purpose of the study, 3) outline what participants would be asked to do if they agreed to participate, 4) relay any risks associated with participation, 5) share information about the potential benefits, and 6) provide a guide for how to withdraw from the study, as well as assure that it is voluntary.

Procedures

Upon approval from Auburn University IRB (Appendix E) and leadership from the correctional system (Appendices C and D), study participants were recruited via a brief informational session that aimed to describe the study components. For those who chose to participate, the informed consent paperwork (Appendix A) was thoroughly discussed and read aloud to the participants, and participants were asked to sign the informed consent before continuing. This document included the same information given during the brief informational session, notably containing information about the surveys that were given, the potential risks or benefits, and assurance that the study is completely voluntary and can be stopped at any time. All participants were given a copy of this informed consent document to keep at their request.

Once participants agreed to be part of the study and signed the informed consent, they were given a unique identifier to be associated with all of their files and documentation. This unique identifier served in place of their name on all surveys and coding materials. Informed consent documentation were scanned and uploaded to a password-protected electronic folder, and hard copies are being kept in a locked file cabinet for three years, after which they will be destroyed; the electronic copies of these documents will also be destroyed after three years post-study completion. All surveys and survey results have been stored according to unique identifiers in either a locked file cabinet in Ramsey Hall at Auburn University for the hard copies, or a

password-protected electronic folder, and will be destroyed three years after the study was completed.

Survey packets were administered one time to each participant, and all packets included approved copies of the validated survey instruments being used in addition to a demographic questionnaire that aimed to gain information about participants' gender identity, income level, ethnicity, years incarcerated at this time, and times being incarcerated. Participants were informed that they might expect to spend around 30 minutes for the completion of all survey instruments if they chose to participate.

In order to control for reading deficits among participants, the questions on the given measures were read aloud. Any questions about wording or how to use the measures were explained to participants and the directions for each survey were explained thoroughly and repeated as needed throughout the survey process. It took participants between 15 and 30 minutes to complete the entire battery of surveys.

After all survey instruments were collected by participating women, data were analyzed using R-Studio software. Surveys were examined for completeness as they were transferred to electronic format. All electronic data was secured using a password-encrypted BOX folder.

Measures

Several instruments will be used in order to survey the participants, including a brief demographic questionnaire, the Offender Job Search Self-Efficacy Scale (Varghese et al., 2018), the Coping Self-Efficacy Scale (Chesney et al., 2006), and the Perceived Empathic Self-Efficacy Scale & Perceived Social Self-Efficacy Scale (Di Giunta et al., 2010).

Brief Demographic Questionnaire

A brief demographic questionnaire will be included in order to assess for variables such as age, racial/ethnic identity, and annual income, if known. This is to determine what contextual and cultural factors might be at play when considering reentry factors. Also, questions regarding the length of incarceration and number of times of incarceration will be asked, because these variables could affect self-efficacy regarding reentering society.

Offender Job-Search Self-Efficacy Scale (OFJSSE)

The Offender Job-Search Self-Efficacy Scale (OFJSSE) measures the participant's belief on whether they can achieve their goals as related to career and job search opportunities (Varghese et al., 2018). This scale was created with the Job Search Self-Efficacy Scale (Saks & Ashforth, 2000) in mind, and adapted many parts of this scale for use in the offender population. The OFJSSE contains 31 items and initial research shows excellent internal consistency reliability ($\alpha = .95$) and strong convergent and discriminant validity (Varghese et al., 2018). High reliability scores were also found for the four factors of the scale: General Job Search Behaviors ($\alpha = .95$), Socially Appropriate Job Search Behaviors ($\alpha = .84$), Disseminating Information ($\alpha = .83$), and Explaining Negative History ($\alpha = .88$).

This scale uses the 7-point Likert response format to ask participants to rate how strongly they agree or disagree with the provided statements (e.g., "How sure are you that you can explain your criminal history on a job application"). "0" on this scale correlates to "Not at All," whereas a "7" on this scale correlates with "Totally." To score the survey, a sum of the total score is taken; a higher score denotes higher offender job-search self-efficacy.

Coping Self-Efficacy Scale (CSES)

The CSES scale provides a measure of a person's perceived ability to cope effectively with life challenges (Chesney et al., 2006). This scale, formulated by Chesney et al. (2006) and based on cognitive-behavioral therapy, consists of 26 questions on an 11-point scale. At the beginning of the scale, participants are asked how well they might be able to complete the following tasks if things were not going so well for them, with the checkpoints being listed at “0” for “cannot do at all,” “5” for “moderately can do,” and “11” for “certain can do.” The scale is broken down into three factors: the ability to use problem-focused coping (e.g., “Break an upsetting problem down into smaller parts”), the ability to stop unpleasant emotions and thoughts (e.g., “Look for something good in a negative situation”), and support from friends and family (e.g., “Get friends to help you with the things you need”). Cronbach’s alpha for the overall scale is high ($\alpha = .95$), demonstrating high internal consistency reliability. To score the scale, simply sum the participant’s overall score; a higher score demonstrates higher self-efficacy in coping.

Perceived Empathic and Social Self-Efficacy Scale (PESE)

The Perceived Empathic and Social Self-Efficacy Scale is a combined 11-item survey that measures perceived ability to respond empathically to others and to develop and manage interpersonal relationships (Di Giunta et al., 2010). This scale consists of two factors: (a) perceived empathic self-efficacy (the first six items; e.g., ‘how well can you read your friends’ needs?’), and (b) perceived social self-efficacy (the last five items; e.g., ‘how well can you express your opinion to people who are talking about something of interest to you?’).

The first factor of the scale has been shown to be positively correlated with empathy, sympathy, perspective taking and prosociality, as well as negatively related to delinquency (Di Giunta et al., 2010). The second factor of the scale consists of the last five survey items and has been found to

be positively related to self-esteem, life satisfaction, and optimism (Di Giunta et al., 2010). This measure uses a 5-point Likert scale in terms of how well participants feel they can do the given questions (1 = not well at all to 5 = very well). Cronbach's alpha for the items in the PESE and PSSE for participants in the US is high ($\alpha = .66$ or above). This scale also shows high construct validity and incremental validity (Di Giunta et al., 2010).

Data Analysis

To analyze my data, a MANOVA was performed using R-Studio on all demographic variables and the three dependent variables. The independent grouping variables in this study included all of the demographic questions, i.e. repeat offender vs. non-repeat offender. The dependent variables were the variables included within the primary research questions (coping self-efficacy, job search skills, and self-efficacy in building and maintaining relationships). A MANOVA will be performed using each grouping of independent variables and the three dependent variables, or the three overall scales. Sub-scales will not be analyzed in this study due to lack of participants.

MANOVA's are used when wanting to determine whether multiple levels of independent variables, together or on their own, have influence over the dependent variables (Keselman et al., 1998; Warne, 2014). It is commonly used for one or more independent variables and two or more dependent variables (Keselman et al., 1998). The MANOVA allows for multiple dependent variables to be assessed at the same time, which made it an appropriate choice for this study (Keselman et al., 1998; Warne, 2014). The MANOVA is a superior analysis method because it has greater statistical power than the ANOVA and can find effects that are smaller than the ANOVA can (Keselman et al., 1998). Research shows that there are several advantages of using

a MANOVA; firstly, by measuring several dependent variables in a single experiment, there is a better chance of discovering which factor is truly important, and secondly, it can protect against Type I errors that might occur if multiple ANOVA's were conducted independently. In MANOVA's, the multivariate F value is analyzed for significance, which is based on a comparison of the error variance/covariance matrix and the effect variance/covariance matrix (Warne, 2014). For this study, the Pillai's criterion is used as the multivariate F test.

Summary

This chapter contains an overview of the methodology for this study, the related research questions, a description of study participants, procedures, instruments that were used, and a description of the data analysis procedure. Selection criteria for study participants and procedures were developed with particular attention to the vulnerable position of the study population and the perceived risk of coercion. Thus, study participants represented a sample of the overall population within a given facility who have volunteered to participate in the MO program. Once consented, participants were divided into two subgroups: 1) those who had already taken the MO program, and 2) those who have yet to take the MO program. Each treatment group completed the survey battery one time. No identifying information was stored; instead, participants' surveys were given unique identifiers upon data entry. Participants were informed that they can withdraw from the study at any time.

The instruments used included a brief demographic survey, the OFSE, the CSES, and the PSE. Data analysis involved a performing a MANOVA in R-Studio to assess multivariate differences and patterns between the dependent variables and the independent variables. IRB protocol was readily shared upon approval of this study.

CHAPTER IV: RESULTS

The purpose of this quantitative study was to investigate treatment results for incarcerated women in a southern-US women's prison system who participated in MO. More specifically, this study explores the effect of the gender responsive treatment program *Moving On: A Program for At-Risk Women* (MO) on the self-efficacy of women reentering society, measured by coping skills, job-search skills, and perceived social support, by how these variables changed after the program is implemented. Additionally, this study seeks to provide implications about how confident in these three areas female inmates feel, on average; this is accomplished by the answers of the percentage of women who did not complete the MO program.

To meet these aims, this study utilized a brief demographic questionnaire, the Offender Job Search Self-Efficacy Scale (OFJSSE), Coping Self-Efficacy Scale (CSES), and the Perceived Empathic Social Self-Efficacy Scale (PESE). A MANOVA was used to assess research questions one, two, and three by assessing if the MO program had an effect on the women's perceived self-efficacy in job search skills, coping skills, and social skills, and assessing if there were group differences between the demographic variables (number of times being incarcerated, income prior to being incarcerated, and years incarcerated for this offense). Each demographic question's results were split into two categories (i.e., repeat vs. non-repeat offender). For income prior to incarceration, participant responses were split between less than \$32,000 per year, and greater than \$32,000 per year, as the Prison Policy Initiative (2015) found that the majority of inmates report making between \$9,000 and \$32,000 per year. For number of times having been incarcerated, responses were split between one time, and more than one time. For years incarcerated, responses were split between less than six, and greater than six.

A general MANOVA was run on the dependent variables and the two groups (taken the MO program vs. not taken the MO program), and then separate MANOVA's were conducted on the dependent variables and each grouping of demographic variables (repeat vs. non-repeat offender, income greater or less than \$32,000, and six years or less of current incarceration vs. more than six years of current incarceration). This was done to determine if there were significant differences between the women who had and had not taken the program and the dependent variables, and if there was a significant difference between each of the demographic questions and the dependent variables. After this, separate ANOVAs were run on each of the dependent variables and each demographic grouping to further see if there was any significant difference between the demographic variables and the participant survey responses. Finally, a Pearson Correlation Coefficient was calculated between each of the dependent variables and each of the demographic groupings to answer research question four.

Demographic Information

For this study, 45 women across three facilities in the southeast provided informed consent and completed the battery of surveys. Of these participants, 45 (100%) reported their gender as female. Twenty-four participants (53.3%) reported their race/ethnicity as being White/Caucasian, and 15 participants (33.3%) reported their race/ethnicity as being Black/African American. One participant (2.2%) identified themselves as Biracial/Mixed Race, and one participant (2.2%) identified as Native American/Alaskan Native.

Over half of the participants (60%; $n = 27$) indicated that they have been incarcerated one time. Four participants (8.9%) reported that they have been incarcerated two times, followed by two participants (4.4%) indicating they have been incarcerated three times. Five participants (11.1%) reported they have been incarcerated more than three times.

Six participants (13.3%) indicated that they have been incarcerated for less than one year, and three participants (6.7%) indicated they have been incarcerated for one to three years. No participants (0%) reported having been incarcerated between three and six years. Four participants (8.9%) indicated they have been incarcerated for six to twelve years, followed by the majority of participants (53.3%; n = 24) indicating that they have been incarcerated for twelve or more years.

Sixteen participants (35.6%) indicated that their income prior to incarceration had been less than \$20,000, followed by ten participants (22.2%) reporting that their income prior to incarceration was between \$20,000 and \$40,000. Five participants (11.1%) indicated they made \$40,000 to \$60,000 prior to incarceration, followed by two participants (4.4%) reporting they made between \$60,000 and \$80,000 and two participants (4.4%) reporting they made \$80,000 or more prior to incarceration. Table 2 indicates select demographic characterizations of participants.

Table 2.

Demographics of Participants

	Characteristics	N	%
Gender	Female	45	100.0%
Race/Ethnicity	White/Caucasian	24	53.3%
	Black/African American	15	33.3%
	Biracial/Mixed Race	1	2.2%
	Native American/Alaskan Native	1	2.2%
Times Incarcerated	One time	27	60.0%
	Two times	4	8.9%

Length of Current Incarceration	Three times	2	4.4%
	More than three times	5	11.1%
	<1 year	6	13.3%
	1-3 years	3	6.7%
	3-6 years	0	0.00%
	6-12 years	4	8.9%
	12+ years	24	53.3%
Income Prior to Incarceration	<\$20,000	16	35.6%
	\$20,000 - \$40,000	10	22.2%
	\$40,000 – \$60,000	5	11.1%
	\$60,000 - \$80,000	2	4.4%
	\$80,000+	2	4.4%

Note: Percent is computed based on the number of participants who completed a given item.

Prior to conducting analysis of the specific research questions, a general MANOVA was performed to see if the treatment groups differed significantly from each other when measuring the dependent variables. Results for this MANOVA can be found below in Table 3. The intercept for the overall MANOVA is statistically significant, which means that the effect of the dependent variables on the treatment groups is significantly different from 0. Results indicated that the treatment groups are not significantly different from each other in the effects of all the dependent variables, $F(1, 43) = 1.31, p > 0.05$.

Table 3.

	Df	Pillai	F	<i>p-value</i>
Intercept	1	0.98797	1122.74	<2e-16
Group (Overall)	1	0.08733	1.31	0.28
Residuals	43			

Research Question 1: What effect does the gender-responsive program “Moving On: A Program for At-Risk Women” have on female inmates’ reported self-efficacy in using coping skills?

To assess participants’ self-efficacy with using healthy coping skills, the researcher collected results from the Coping Self-Efficacy Scale (CSES). This instrument was completed by both groups of participants to determine if participation in the program had an overall effect in self-efficacy in using coping skills. Individual item scores range from 0 (not confident at all) to 10 (completely confident). To score the CSES, the answers to all 26 questions are totaled ($\alpha = .95$; scale mean = 137.4, SD = 45.6) (Chesney et al., 2006). For this study, the sub-scales were not analyzed.

For the group that has yet to participate in the MO program (n = 17), scores on the CSES ranged from 38 (N = 1, 5.9%) to 250 (N = 1, 5.9%). Eighty-eight percent of participants in this group scored above the average scale mean (n = 15).

For the group that had already taken the MO program (n = 28), scores on the CSES ranged from 145 (N = 1, 3.6%) to 250 (N = 3, 10.7%). One-hundred percent of participants in this group scored themselves above the average scale mean.

To analyze the overall effect of the two treatment groups on the CSES responses, a MANOVA was performed on the data using R-Studio. Results indicated that coping skill self-

efficacy did not significantly increase for those who had already taken the MO program, $F(1, 44) = 0.6423, p > 0.05$. Separate 1 x 3 ANOVAs similarly showed no significance between the demographic grouping variables and CSES responses. The results of the MANOVA analysis can be found below in Table 4.

Table 4.

	Df	Sum Sq	Mean Sq	F	<i>p-value</i>
Group (CSES)	1	1095	1095.5	0.6423	0.4273
Residuals	44	73281	1704.2		

Note. N = 45. Scores on a scale in which 1 = Not well at all and 10 = Extremely well

Research Question 2: What effect does the gender-responsive program “Moving On: A Program for At-Risk Women” have on female inmates’ reported self-efficacy in building and maintaining relationships?

To assess participants’ self-efficacy with building and maintaining relationships, the researcher collected results from the Perceived Social Self-Efficacy Scale (PESE). This instrument was completed by both groups of participants to determine if participation in the program had an overall effect in self-efficacy in building and maintaining relationships. Individual item scores range from 1 (not well at all) to 5 (very well). To score the PESE, the answers to all 11 questions are totaled. The mean rating for PESE is 3.67 per item and 40.37 overall (SD = 1.10) (Di Giunta et al., 2010). For this study, the sub-scales were not analyzed.

For the group that has yet to participate in the MO program (N = 17), scores on the PESE ranged from 20 (N = 1, 5.9%) to 54 (N = 1, 5.9%). Eighty-eight percent of participants in this group scored above the average scale mean (N = 15). The total mean for this group was 44.58 (SD = 6.24).

For the group that had already taken the MO program (n = 28), scores on the PESE ranged from 39 (N = 1, 3.6%) to 57 (N = 1, 3.6%). One-hundred percent of participants in this group scored themselves above the average scale mean. The total mean for this group was 50.14 (SD = 6.24).

To analyze the overall effect of the two treatment groups on the PESE responses, both descriptive statistics analysis and a MANOVA was performed on the data using R-Studio. Initial descriptive analysis results indicated that the mean score for the total PESE scales prior to the MO program (M = 44.58) was less than the mean score for those who had completed the MO program (M = 50.14). However, results indicated that the relationship skills self-efficacy did not significantly differ for those who had already taken the MO program, $F(1, 44) = 2.17, p > 0.05$. Separate 1 x 3 ANOVA results also suggested that there was no significant correlation between PESE and any of the demographic grouping variables. The results of the MANOVA analysis can be found below in Table 5.

Table 5.

	Df	Sum Sq	Mean Sq	F	<i>p-value</i>
Group (PESE)	1	82.33	82.334	2.1702	0.148
Residuals	44	1631.31	37.937		

Note. N = 45. Scores on a scale in which 1 = Not confident at all and 5 = Totally confident

Research Question 3: What effect does the gender-responsive program “Moving On: A Program for At-Risk Women” have on female inmates’ reported self-efficacy in job searching skills?

To assess participants’ self-efficacy with finding and getting a job, results were collected from the Offender Job Search Self-Efficacy Scale (OFJSSE). This instrument was completed by both groups of participants to determine if participation in the program had an overall effect in

self-efficacy in job search skills. Individual item scores range from 0 (not at all) to 7 (totally). To score the OFJSSE, the answers to all 31 questions are totaled. The higher the scores are, the greater the job-search self-efficacy (Varghese et al., 2018). Scores on this scale can range from 0 to 217.

For the group that has yet to participate in the MO program ($N = 17$), scores on the OFJSSE ranged from 110 ($N = 1, 5.9\%$) to 212 ($N = 1, 5.9\%$). Two participants (11.76%) scored below the average scale mean found for this group in this study ($M = 176.64, SD = 24.23$).

For the group that had already taken the MO program ($n = 28$), scores on the OFJSSE ranged from 107 ($N = 1, 3.6\%$) to 208 ($N = 1, 3.6\%$). Eleven participants (39.28%) scored themselves above the average scale mean found for this group in this study ($M = 186.14, SD = 24.23$).

To analyze the overall effect of the two treatment groups on the OFJSSE responses, both descriptive statistics analysis, a MANOVA, and separate ANOVAs were performed on the data using R-Studio. The descriptive analysis results indicated that the mean score for the total scales for those who had yet to take the MO intervention ($M = 176.64$) was slightly less than the mean score for those who had already taken the MO intervention ($M = 186.14$). MANOVA results indicated that overall, the MO program had no significant effect on the job-search self-efficacy of the women.

Separate 1 x 3 ANOVA results indicated that job-search self-efficacy significantly differed for those who were repeat offenders, $F(1, 44) = 0.02, p < 0.05$. There was no significant difference for repeat offenders and the CSES and PESE surveys, nor for any of the dependent variables, time incarcerated, and income prior to incarceration. The results of the significant ANOVA can be found below in Table 6.

Table 6.

Repeat Offenders	Df	Sum Sq	Mean Sq	F	<i>p-value</i>
Group (OFJSSE)	1	2889	2889.03	4.977	0.031*
Residuals	44	21478	580.48		

Note. N = 45. Scores on a scale in which 1 = Not confident at all and 7 = Totally confident.

Research Question 4: What is the relationship of reported self-efficacy in using coping skills, self-efficacy in developing and maintaining relationships, and job-search self-efficacy to participant reports of times being incarcerated, income prior to incarceration, and years incarcerated at this time?

To assess the relationship of changes in reported self-efficacy in using coping skills, developing and maintaining relationships, and job-searching to times being incarcerated, income prior to incarceration, and years incarcerated at this time, a Pearson Correlation coefficient was computed. All correlations were made using the survey data from the given survey battery. The questions in the demographic questionnaire served as the independent variables and were divided into two groups (i.e., repeat vs. non-repeat offenders). The dependent variables remained the results of the three surveys: the OFJSSE, the CSES, and the PESE.

The correlation between the results of the OFJSSE and the demographic variables indicated a positive correlation between job-search self-efficacy and reports of times being incarcerated ($r = 0.34$, $N = 45$, $p < .05$). This suggests that the more times a participant has been incarcerated, the higher their job-search self-efficacy is. There was a weak, positive correlation between the results of the OFJSSE and income prior to being incarcerated ($r = 0.2$, $N = 45$) but the relationship was not significant ($p > .05$). Similarly, there was a weak, positive correlation

between the results of the OFJSSE and time being incarcerated ($r = .05$, $N = 45$) but the relationship was not significant ($p > .05$).

The Pearson Correlation with the CSES scale and the constructs identified in research question 4 indicated no significant relationships between the variables ($p > .05$). Results indicated a slight positive relationship between CSES results and repeat offenders ($r = .078$, $N = 45$), a slight positive relationship between CSES results and income prior to being incarcerated ($r = .06$, $N = 45$), and a negative relationship between CSES results and time being incarcerated ($r = -0.1$, $N = 45$). The results suggest that there is no significant relationship between coping self-efficacy and times being incarcerated, length of incarceration, or income prior to incarceration.

Finally, the Pearson Correlation using the PESE scale and the constructs identified in research question 4 indicated no significant relationship between the results of the scale and the identified constructs ($p > .05$). Results indicated a weak, negative, nonsignificant correlation between income prior to incarceration and PESE responses ($r = -0.05$, $N = 45$). There were weak, positive, nonsignificant relationships between PESE responses and time incarcerated ($r = .07$, $N = 45$) and PESE responses and repeat incarceration ($r = .09$, $N = 45$). These results suggest that there is not a significant relationship between social support self-efficacy and times incarcerated, length of incarceration, or income prior to incarceration. Correlation results for the correlational analyses of the constructs in research question 4 as well as that for OFJSSE, CSES, and PESE, are provided in Table 7.

Table 7.

Correlations among coping, social support, and job-search self-efficacy scales (N = 45)

	Number of times incarcerated	Length of current incarceration	Income prior to incarceration

OFJSSE	0.34*	0.06	0.21
CSES	0.08	-0.1	0.06
PESE	0.09	0.08	-0.06

*Correlation is significant at the .05 level (two-tailed).

Summary

This study was conducted to investigate treatment results for incarcerated women who participated in MO based on changes in self-efficacy in coping skills, relationship skills, and job-search skills from the period prior to beginning the intervention and following its completion. To answer the research questions, a brief demographic questionnaire, the Offender Job Search Self-Efficacy Scale (OFJSSE), the Coping Self-Efficacy Scale (CSES), and the Perceived Social Support Self-Efficacy Scale (PESE) were used. MANOVAs and ANOVAs between the variables were analyzed to determine the effect of the scales on the self-efficacy in the given areas, and results indicated that there is a significant difference in number of times incarcerated and job-search self-efficacy. Lastly, correlational analyses to determine if a relationship existed between the constructs measured by the OFJSSE, CSES, and PESE. Results indicated there was a significant positive correlation between job-search self-efficacy and number of times incarcerated.

CHAPTER IV: DISCUSSION

The purpose of this study was to determine the effectiveness of a reentry intervention program titled Moving On: A Reentry Program for Women (MO) in addressing self-efficacy in coping skills, building and maintaining relationships, and job-search skills among incarcerated women. This study intended to extend the study by Mautz, E.K. (2018) which performed similar analyses on a different program used in prisons in the southeastern US. Additionally, this study aimed to develop implications for correctional systems regarding what factors contribute to effective reentry into society for incarcerated women, and how current programming is meeting reentry needs. Results from a brief demographic questionnaire, the Coping Self-Efficacy Scale (CSES), the Offender Job-Search Self-Efficacy Scale (OFJSSE), and the Perceived Social Self-Efficacy Scale (PSE) will be discussed in this chapter. Finally, limitations of the current study and recommendations for future research will be reviewed.

Overview

Reentry needs among incarcerated women have been found to be varied and rarely met in full by prison systems in the US (Snodgrass et al., 2017; Spieldnes & Goodkind, 2009). Research suggests that the main factors that need to be addressed in reentry programs include job-search skills, coping skills, and relationship skills (Jonson & Cullen, 2015; Ndrecka, 2014). Job-search skills are important for many reasons: 1) inmates need to understand how to apply for jobs post-incarceration, how to talk about their incarceration, and which jobs they can apply for; 2) the average income of a person in the US pre-incarceration is \$19,185 which is poverty level in many US areas and 41% less than non-incarcerated peers; and 3) many incarcerated women

become the sole caregivers of young children, which increases the need for steady income and housing (Cobbina & Bender, 2012). Coping skills are defined as the culmination of resources a person might use to combat stressors (LaCourse et al., 2019; Spieldnes & Goodkind, 2009); with so many women in the prison system reporting mental health issues and trauma as well as addiction, it is imperative they have healthy coping mechanisms when given more freedom (Spieldnes & Goodkind, 2009). Finally, research shows that the most important factor in reentry success for incarcerated individuals is the presence of healthy, supportive relationships, so it is important to teach women how to identify, find, and maintain these (Mancini et al., 2016).

The present study was designed to develop an understanding of participants' confidence in using coping skills, job-search skills, and in building and maintaining supportive relationships prior to and at the completion of the MO intervention. By doing so, this study attempted to generate information that could be useful in the understanding of effective interventions and evaluation tools for use in correctional settings. This study also sought to determine if the MO program significantly increased incarcerated women's confidence in the three key skill areas of coping skills, relationship skills, and job-search skills.

Findings

The first research question explored whether there was a significant difference in confidence in using coping skills in women after taking the MO program. Findings showed that there is no significant difference between those who had taken the MO program and those who had not in their confidence with using coping skills. This finding is important because the main purpose of the MO study is said to be to help teach healthy coping skills to participants (Van Dieten, 2010); these results suggest that the MO program does not significantly increase confidence in using healthy coping skills. This finding could have resulted for several reasons,

the most prevalent of which is the confounding variable of other reentry-based programs teaching coping skills that the women may have taken before having taken the MO program. If women took alternative reentry courses teaching the same skills, it would make sense that their confidence in using coping skills was identified as being high even without taking the MO program. Nonetheless, these findings differ and extend present literature; Gehring et al. (2010) determined that reentry programs utilizing CBT, such as the MO program, were effective in reducing recidivism and in giving the women helpful coping skills. While the present study does not look at recidivism of the women who have taken the MO program, the findings suggest that, for whatever reason, there is no difference for women who have and have not taken the MO program in their confidence in using coping skills.

The second research question explored whether the MO program had a significant impact on confidence in building and maintaining relationships. Findings suggest there is no significant difference between those who had taken the MO program and those who had not in their confidence in these relationship skills. This finding is important because one of the main purposes of the MO study is said to be to help participants with building and maintaining healthy relationships (Van Dielen, 2010); these results indicate that the program does not significantly increase confidence in these skills. This could be the result of several reasons, namely that the women who did not take the MO program may have already gained confidence in building and maintaining healthy relationships through other reentry programs. This finding is still important to note, because in that case, the MO program does not add anything different from other reentry programs that might increase confidence further in social support skills. No present literature exists on whether the MO program achieves its goal of adequately building social support skills in incarcerated women, so this finding is novel. Further research should endeavor to isolate the

MO program from other reentry-based programs in order to get an accurate determination on whether the MO program helps women build social support skills.

The third research question in this study explored whether the MO program had a significant impact on job-search self-efficacy of incarcerated women. There was no significant finding related to the MO program's overall effect on job-search self-efficacy, meaning that both the group who had already taken the MO program and the group that had yet to take the MO program reported similar confidence in their job-search skills. This finding could have resulted from the confounding variable of additional reentry programs offered that focus on job-search skills; women who had not taken the MO program may have increased their confidence in their job-search skills via other reentry programs. Nonetheless, the finding is important because even if that is the case, the MO program does not significantly increase confidence in job-search skills above and beyond the confidence given by other reentry programs. The MO program has job-search skills as a secondary, rather than a primary, goal, so this finding makes sense in context.

The fourth research question explored whether there was a correlation between coping skills self-efficacy, job-search self-efficacy, perceived social self-efficacy, and the demographic variables. Results indicated that there is a significant, positive correlation between repeat offenders and job-search self-efficacy, which suggests that the more times a person has been incarcerated, the more confident they feel about their ability to find a job. This could be the case for several reasons; one main reason could be that the longer a person is incarcerated, the more classes and workshops they are able to take on the job-search process. This finding is important because it suggests that reentry programs in general help with job-search confidence, which could help to lower recidivism rates. There was no significant relationship between coping skills self-efficacy and the demographic variables, perceived social self-efficacy and the demographic

variables, or job-search self-efficacy and the remaining demographic variables. This suggests that income prior to incarceration and length of time incarcerated do not have a significant relationship with confidence in job-search skills, coping skills, or relationship skills, and that number of times incarcerated does not have a significant relationship with confidence in coping skills and relationship skills.

Performance Among Participants

Due to the nature of this study, there are several factors which may have affected performance of participants and, therefore, should be noted. One such factor is the desire of the incarcerated population to give socially acceptable responses in order to maintain a record of good conduct, and because anyone from the outside is inherently in a place of authority (Stapulonis & Kovac, 2004). While performing data analysis, the researcher noticed that several of the surveys contained all of the highest possible answers, indicating that confidence in all three skill sets were the highest they could be. Although participants were informed that participation in and answers to this study would have no bearing on incarceration time or parole decisions, the power imbalance between a researcher entering the prison system and the incarcerated individuals may still have elicited responses deemed as positive and acceptable by the inmates.

It should also be noted that while the majority of participants indicated that they had only been incarcerated one time, the length of the majority of the reported incarceration time exceeded 12 years. Participants who have been in the corrections system for this extensive amount of time may naturally have taken more reentry-based programs than other inmates, thereby increasing confidence in the three skill areas. Alternatively, such a long detachment from

society might increase anxiety in some inmates to reenter because they no longer remember how to function outside of prison (MacKenzie & Goodstein, 1985).

Limitations

One limitation to this study is the sample size. Although 45 participants is the exact number needed for three dependent variables according to Cohen (1985), a larger sample might have elucidated further any effects or correlations of the MO program on the dependent variables. Such a small N necessitated the use of analyses that minimized power and restricted the exploration of factors that may have contributed to the results, particularly those contrary to related studies. A larger sample would have allowed for specification on what changes, if any, could be attributed to the intervention. Generalizability would also increase with a larger sample size.

Another limitation was the short-term nature of this study. Given that this study was a cross-sectional analysis, it focused on only one point in time, and surveyed each participant only once. A longitudinal study may have allowed for more participation and more in-depth analyses to determine the basis of the resulting outcome, as well as analysis of other dependent variables, such as recidivism. By limiting the study to a point in time, results perhaps did not reflect most accurately the skills gained by those who had completed the MO program. Several participants completed the program multiple months prior to this study, which might have allowed them to forget some of what they had learned; similarly, some participants had just completed the program, which may not have allowed the necessary time for integration of the new knowledge and skills.

Implications For Corrections Departments and Professionals

The results of this study provide information to consider for rehabilitation coordinators, counselors in the jail or prison setting, and the Department of Corrections (DOC). The findings in the current study suggest that the more times a person is incarcerated, the more confident they feel about finding a job; this could be due to a myriad of factors with a compelling theory being that offenders are able to take more reentry-based classes and learn more about how to find a job the more times they are incarcerated. Because research shows that finding a job is crucial to reducing recidivism for offenders (Harrison & Schehr, 2004), it is important for those involved with incarcerated persons to ensure they have proper access to resources on job-search skills. Further, research shows that offenders who believe in their skill-base in finding a job desist from crime more than those who do not believe in their skills but receive the same programming (Varghese et al., 2018). This suggests that those involved in reentry programming and counseling for offenders must aim to increase confidence in job-search skills as well as the skills themselves. Although the MO program was not found by this study to significantly increase job-search self-efficacy, survey results from both those who had and had not completed the MO program were high, indicating that women overall felt confident in their job-search skills. Programming related to attainment of these skills as well as counseling on the utilization of these skills should continue to be a focus of reentry programs.

Results also indicated that the MO program did not create a significant difference in coping self-efficacy for incarcerated women. Research shows that having proper coping skills helps to facilitate reentry into society as well as desistance from crime in offenders (LaCourse et al., 2019). Further, if one believes that they have the ability to do something, such as use coping skills properly, they are far more likely to attempt the skill (Schunk, 1990). While there was not a significant difference between those who had and had not taken the MO program in coping self-

efficacy, overwhelmingly the survey responses were high, indicating that women in both groups felt confident in their coping skills. This suggests that reentry programming, as a whole, has been successful in helping to build confidence in healthy coping skills. Those involved with the reentry process for inmates should endeavor to continue practice and repetition of healthy skills so as to continue building confidence.

Overall, results from this study further indicated that the MO program did not create a significant difference in confidence in building and maintaining healthy relationships. However, as is the case with the former two variables, survey responses were high for both groups, suggesting that women felt confident about their social support skills whether or not they had taken the MO program. Positive relationships are one of the most powerful factors for reducing recidivism and negative relationships have been found to increase the risk of further criminal activity (Mancini et al., 2016). Therefore, support professionals should continue to reinforce relationship skills as well as how important healthy relationships are to one's overall mental health and well-being.

Recommendations For Future Research

Expansions on this study could be numerous and might provide important information and clarification of the results discussed above. Additional studies might endeavor to isolate the MO program from other programs to see if, without confounding variables, the MO program might improve self-efficacy in the aforementioned areas. Researchers could, for example, give the surveys to offenders who had already taken the program with the directive to answer the questions based on how the MO program affected them in the given areas; the current study simply asked about self-efficacy in the given areas in a general sense.

Additionally, future research might focus on other possible benefits of the MO program apart from gaining self-efficacy in coping skills, social support skills, and job-search skills. Currently, the only research about the efficacy of the intervention aside from the current study focuses on recidivism (Gehring et al., 2009), so additional research might choose to focus on quality of life post-incarceration, jobs attained post-incarceration, or relationship satisfaction post-incarceration. A qualitative study addressing the experiences of incarcerated women with the MO program could offer additional insights and understanding. Other factors that may be contributing to or detracting from change might be better explored using the qualitative lens.

Finally, a study that aims to compare specific individual factors to MO treatment results may provide a better understanding of what exactly contributes to self-efficacy in coping skills, relationship support skills, and job-search skills. Future studies might control for factors such as the type of facility (i.e. minimum, medium, or closed), additional reentry programs taken, one's religiosity, or other attributes a participant may possess that could have an impact on results. Such a study might help determine whether the MO program contributes significantly to change on its own, or if the significant change determined by the current study was due to extraneous factors.

Summary

The current study advanced the understanding of reentry programs as a whole and their ability to encourage self-efficacy in using coping skills, job-search skills, and to gain social support. This study also identified an aspect of the MO program that correlated with changes in job-search self-efficacy. Study participants who were repeat offenders experienced a positive increase in job-search self-efficacy following the intervention. Additional studies with larger samples of participants are needed to determine the generalizability and validity of results.

CHAPTER V: MANUSCRIPT

Abstract

The purpose of this study was to examine treatment results for incarcerated women in a southern-US women's prison system who have participated in *Moving On: A Program for At-Risk Women* (MO). Research indicates that coping skills, supportive relationships, and job-search skills are the three most important skillsets for reentry into society (LaCourse et al., 2019; Mancini et al., 2016; Van Dieten, 2010; Varghese et al., 2018). As correctional systems continue to adopt programming focused on gender responsive care, such evidence suggests a need to more closely examine the effectiveness of these programs on building coping skills, social support skills, and job-search skills among incarcerated women. Further, research suggests that having the confidence in one's ability to utilize certain skillsets may be even more important than the gaining of the skillsets themselves (Varghese et al., 2018). This study focuses on the implementation of MO and its effectiveness in building confidence in coping skills, social support skills, and job-search skills. This study adds and extends literature pertaining to the acquisition of coping skills, social support skills, and job-search skills, as well as self-efficacy in using these skills. Results have implications for correctional systems and supportive programs that prepare mental health and rehabilitation counseling professionals working in correctional facilities or with inmates.

Introduction

According to the Bureau of Justice Statistics (Carson, 2019), there were 419 sentenced prisoners per 100,000 U.S. residents in 2019. This translates to around 1.4 million incarcerated individuals, both men and women, populating the state and federal prison system in the United States (Carson, 2019; Kang-Brown et al., 2020), and 2.3 million individuals when those who are in probation and on parole are taken into account (Sawyer & Wagner, 2020). The United States remains the leader in the world in incarceration rates, with the largest prison population in the world and the highest per-capita incarceration rate (Haymes, De Haymes, & Miller, 2014). In fact, although only five percent of the world's population lives in the United States, it is home to 25% of the world's prison population (Pfaff, 2016).

The prison system has often been called the “revolving door” of the mental health world (Pew Center on the States, 2011). This is for two main reasons: a) it is quite difficult to escape the system once an individual becomes trapped in it, and b) because those who cannot afford mental health treatment often wind up becoming incarcerated due to the lack of state and federally funded mental health institutions (Pew Center on the States, 2011). Many individuals become trapped within the system due to the lack of job opportunities afforded to those with a record and/or a lack of education on what opportunities might be available to them as an ex-offender (Grommon et al., 2012). This relates to the second reason, as without the income associated with a job, those with mental health issues seem destined to go without treatment (Grommon et al., 2012).

Although these barriers exist for both genders, they may be especially present in post-incarcerated women, although less is known about the struggles of this group. Sered and Norton-Hawk (2019) followed a cohort of formerly incarcerated women for 10 years and found that not

a single woman maintained steady employment due to obstacles related to gender, law, economics, and health. A study by Theresa Severance (2004) interviewed 40 incarcerated women and found that housing, family, and substance abuse issues were primary concerns for employment in the future. Further, recidivism rates for female offenders are high. Between 22% and 48% of female offenders are reconvicted of a crime within 2-5 years after being released (Folsom & Atkinson, 2007).

Statement of the Problem

To date, 9.8% of the prison population consists of women (Carson, 2019). Women who are reentering society tend to experience unique needs regarding adjustment to society, including lack of coping skills, lack of social support, and the need to locate adequate sources of income (Jonson & Cullen, 2015; Ndrecka, 2014; Snodgrass et al., 2017). However, there is a gap in the literature regarding the unique mental health needs of the women who are in the prison system, or the needs that the women have in looking towards reentering the general population (Ndrecka, 2014). Programs for ex-offenders and offenders on the brink of reentering society are often normed on men and therefore might not be suitable to the needs of women (Covington & Bloom, 2007). Gender-responsive programs, or programs that aim to meet the individual needs of each gender, are relatively new, and look to meet the specific needs of the gender in ways that all-inclusive programming might fail to do (Covington & Bloom, 2007). Although gender-responsive programs are becoming increasingly popular, there is a lack of information on all of the impacts that these programs have on the specified problem areas. These programs are unique due to the fact that they have been normed on women, whereas most other transition and reentry programs were normed on men (Covington & Bloom, 2007; Messina et al., 2010). Therefore,

gender responsive programs are better suited to the reentry needs of women, because the needs of women are different than those of men.

Research Questions

1. What effect does the gender-responsive program “Moving On: A Program for At-Risk Women” have on female inmates’ reported self-efficacy in using coping skills?
(Consider: Is there a difference in the reported self-efficacy in using coping skills among female inmates who participate in the program “Moving On: A Program for At-Risk Women” and those who do not?)
2. What effect does the gender-responsive program “Moving On: A Program for At-Risk Women” have on female inmates’ reported self-efficacy in developing and maintaining supportive relationships?
3. What effect does the gender-responsive program “Moving On: A Program for At-Risk Women” have on female inmates’ reported job-search self-efficacy?
4. What is the relationship of reported self-efficacy in using coping skills, self-efficacy in developing and maintaining relationships, and job-search self-efficacy to participant reports of times being incarcerated, nature of current offense, and years incarcerated this time?

Problems Specific to Female Offenders

Between 1980 and 2019, the female rate of incarceration increased more than 700% (Sentencing Project, 2019). There are 1.2 million women in total currently incarcerated in the United States as of 2019, including those on parole or probation (Sentencing Project, 2019).

Further, the rate of women being arrested has been increasing at twice the rate of men in the past few decades, with nearly half of these women being held in jails (Sentencing Project, 2019).

Incarcerated women differ from the incarcerated male population in several ways. Firstly, female offenders are far less likely to have committed a violent offense, and are more likely to be convicted of crimes involving alcohol, other drugs, or property (Covington, 1998). Even when convicted of similar crimes to men, such as drug crimes, women's roles are often different; women tend to be the ones delivering the drugs or are passengers in a drug run, rather than drug "dealers," (Wright et al., 2012). Women tend to commit crimes for different reasons than men, as well, such as because they are running away from abusive and violent homes or due to poverty and economic marginalization (Wright et al., 2012). Additionally, most female prisoners have been found to be poor, undereducated, unskilled, single mothers, and disproportionately are women of color (Covington, 1998). These demographics add another layer: having a lower SES class, having a poorer education, and being a person of color are all additional minority statuses and barriers to successful re-entry (Wright et al., 2012). Due to the specific issues that female offenders face when reentering the outside world, one can expect to see several variables suffer when examining this population on reentry and recidivism.

Reentry Concerns for Women

Women face unique challenges when attempting to reenter society after long stays in federal and state institutions. Some of these challenges start in childhood; many offenders historically lack positive role models for how to be law-abiding citizens and lack healthy social support growing up (Spieldnes & Goodkind, 2009). Further, offenders often have had problematic coping mechanisms and behavior, such as substance use and selling of drugs, modeled for them (Spieldnes & Goodkind, 2009). Although this is true of both men and women,

female offenders are more likely to report victimization from childhood abuse and/or intimate partner abuse (Spieldnes & Goodkind, 2009). This sort of experience often leads to substance use in adulthood, prostitution, limited job opportunities, and criminal involvement (Spieldnes & Goodkind, 2009).

Gender-Responsive Programs

Historically, female ex-offenders have not had their treatment needs met in terms of reentry, due to most reentry programs having been based on a male model (Moloney et al., 2009; Mautz, 2019). Covington and Bloom (2007) list six guiding principles for gender responsive treatment programs that should be observed. Table 1 below contains a brief summary of these principles.

Table 1.

Principle 1	Gender makes a difference in the correctional setting
Principle 2	An environment of safety, trust, and respect must be created
Principle 3	Incorporate relationship/relational practices into policies and procedures
Principle 4	Address substance use issues, trauma, and other mental health issues appropriately
Principle 5	Provide women education and training in order to improve socioeconomic condition
Principle 6	Establish community supervision and support with collaborative services

Gender-responsive programs, although relatively new innovations, have had success in several areas regarding reentry, including recidivism and sobriety among female ex-offenders. A study by Messina et al. (2010) found that gender-responsive programming was correlated with

less drug use and lower recidivism rates after a 12-month period of parole. This finding is relevant to the current study, as it might be extrapolated that after taking part in the gender-responsive program, women felt higher self-efficacy when reentering society and in their ability to use coping skills, thus recidivism rates decreased and coping via drug use decreased. Lowered recidivism rates after a 12-month period could also be dependent on one's ability to find a stable source of income, which is another factor that the present study seeks to examine.

Moving On: A Program for At-Risk Women

Moving On: A Program for At-Risk Women (MO) (Van Dieten, 2010) is a gender-responsive program that focuses on teaching incarcerated women how to access community resources and adequately use specific types of coping skills, such as cognitive restructuring, time management skills, and stress management skills. Furthermore, this program is meant to encourage women who are on the brink of reentry into society to take responsibility for themselves and their actions, and endeavors to give the women the skills in which to take this responsibility (Van Dieten, 2010). Building and maintaining healthy and supportive relationships is also a focus of the program, as this has been identified by the author as a key element of reentry and adjustment into society (Van Dieten, 2010).

METHODS

This study explores the effect of the gender responsive treatment program *Moving On: A Program for At-Risk Women* (MO) on the self-efficacy of women reentering society, measured by coping skills, job-search skills, and perceived social support, by how these variables change after the program is implemented. This study utilizes a quasi-experimental cross-sectional design. Cross-sectional studies are often used when the purpose of the study itself is to describe a population or a subgroup within the population with respect to an outcome and a set of risk factors; this often occurs in the form of a survey (Levin, 2006; Setia, 2016). There are several advantages to conducting cross-sectional studies, such as that they are inexpensive, take a shorter time on average to complete, can easily estimate prevalence of outcome of interest due to the sample generally being taken from the whole population, and can assess multiple outcomes and risk factors (Levin, 2006; Setia, 2016). Limitations to cross-sectional studies include that it is difficult to make causal inferences with this study design, and that different results may have occurred within the study if another time-frame had been chosen (Levin, 2006; Setia, 2016).

This study involves giving a battery of surveys to two groups of female inmates: a group of women about to undergo the twelve-week MO program, and a group of women who have already completed the MO program. The study seeks to determine self-efficacy before the program and after the program in order to determine what effect the MO program has on self-efficacy across the three variables in question.

The treatment in this study is the MO program. This purpose of this study was to determine whether the MO program differentiates by grouped demographic variables. The groupings of variables became the independent variables. The dependent variables in this study included self-efficacy in coping skills, self-efficacy in job-search activities, and self-efficacy in

building and maintaining relationships, which will be yielded from the three given surveys. The demographic data that were collected included whether the participant was a repeat or non-repeat offender, whether the participant had been diagnosed with any mental health disorders, the age of the participant, the ethnicity of the participant, and annual household income for the participant. The groupings of demographic variables were determined after data was collected.

This study was based on the effect of the MO program as assessed by a battery of surveys given to participants who either had or had not completed the MO program. A difference in self-efficacy in the mentioned variables before and after the program were established by giving the battery of surveys to women who both had and had not completed the program. This is a valid procedure because the MO program manual has already identified that the program is meant to impart to participants the variables being explored in the current study: coping skills, the ability to develop and maintain supportive relationships, and increased knowledge and ability to handle career and job searches. The factors that determined the impact of the program include self-efficacy in coping strategy utilization, self-efficacy in considering job search activities, and self-efficacy in considering the building and maintaining of relationships. These factors were assessed using surveys that will measure each of these variables. Results were compared against demographic variables such as race/ethnicity, annual income, and times being incarcerated, as these factors could affect the variables of the study and reentry to society as a whole.

Participants

The participants of this study included 45 women at three different prisons in the southeastern US who voluntarily decided to participate in the program of interest: *Moving On: A Program for At-Risk Women*. In order to participate in the study, women had to be 19 years of age or older; there was no upper-end limit on age in order to participate. The women who chose

to participate did so of their own volition and received no compensation or direct benefit for participation. The MO program takes, on average, 12 weeks to complete, and occurs once per year. For this study, to ensure maximum validity, a sample size of at least 45 participants was needed; this is because there are three different dependent variables, and Cohen (1988) estimates that 15 participants per dependent variable ensures power.

Additionally, those considered for participation in this study were divided into two subgroups: 1) participants who had already completed the MO program, and 2) participants who had yet to complete the MO program, otherwise known as the general population. Having two subgroups aimed to enhance data analysis by allowing a closer look at the differences between those who have and have not taken the program; this gave insight into how effective the program is at fulfilling the goals that it purports.

Procedures

For those who chose to participate, the informed consent paperwork was thoroughly discussed and read aloud to the participants, and participants were asked to sign the informed consent before continuing. This document included the same information given during the brief informational session, notably containing information about the surveys that were given, the potential risks or benefits, and assurance that the study is completely voluntary and can be stopped at any time. All participants were given a copy of this informed consent document to keep.

Once participants agreed to be part of the study and signed the informed consent, they were given a unique identifier to be associated with all of their files and documentation. This unique identifier will serve in place of their name on all surveys and coding materials. Informed consent documentation were scanned and uploaded to a password-protected electronic folder,

and hard copies will be kept in a locked file cabinet for three years, after which they will be destroyed; the electronic copies of these documents will also be destroyed after three years post-study completion. All surveys and survey results have been stored according to unique identifiers in either a locked file cabinet in Ramsey Hall at Auburn University for the hard copies, or a password-protected electronic folder, and will be destroyed three years after the study was completed.

In order to control for reading deficits among participants, the questions on the given measures were read aloud. Any questions about wording or how to use the measures were explained to participants and the directions for each survey were explained thoroughly and repeated as needed throughout the survey process. It took participants between 15 and 30 minutes to complete the entire battery of surveys.

Measures

Several instruments will be used in order to survey the participants, including a brief demographic questionnaire, the Offender Job Search Self-Efficacy Scale (Varghese et al., 2018), the Coping Self-Efficacy Scale (Chesney et al., 2006), and the Perceived Empathic Self-Efficacy Scale & Perceived Social Self-Efficacy Scale (Di Giunta et al., 2010).

Brief Demographic Questionnaire

A brief demographic questionnaire will be included in order to assess for variables such as age, racial/ethnic identity, and annual income, if known. This is to determine what contextual and cultural factors might be at play when considering reentry factors. Also, questions regarding the length of incarceration and number of times of incarceration will be asked, because these variables could affect self-efficacy regarding reentering society.

Offender Job-Search Self-Efficacy Scale (OFJSSE)

The Offender Job-Search Self-Efficacy Scale (OFJSSE) measures the participant's belief on whether they can achieve their goals as related to career and job search opportunities (Varghese et al., 2018). This scale was created with the Job Search Self-Efficacy Scale (Saks & Ashforth, 2000) in mind, and adapted many parts of this scale for use in the offender population. The OFJSSE contains 31 items and initial research shows excellent internal consistency reliability ($\alpha = .95$) and strong convergent and discriminant validity (Varghese et al., 2018). High reliability scores were also found for the four factors of the scale: General Job Search Behaviors ($\alpha = .95$), Socially Appropriate Job Search Behaviors ($\alpha = .84$), Disseminating Information ($\alpha = .83$), and Explaining Negative History ($\alpha = .88$).

This scale uses the 7-point Likert response format to ask participants to rate how strongly they agree or disagree with the provided statements (e.g., "How sure are you that you can explain your criminal history on a job application"). "0" on this scale correlates to "Not at All," whereas a "7" on this scale correlates with "Totally." To score the survey, a sum of the total score is taken; a higher score denotes higher offender job-search self-efficacy.

Coping Self-Efficacy Scale (CSES)

The CSES scale provides a measure of a person's perceived ability to cope effectively with life challenges (Chesney et al., 2006). This scale, formulated by Chesney et al. (2006) and based on cognitive-behavioral therapy, consists of 26 questions on an 11-point scale. At the beginning of the scale, participants are asked how well they might be able to complete the following tasks if things were not going so well for them, with the checkpoints being listed at "0" for "cannot do at all," "5" for "moderately can do," and "11" for "certain can do." The scale is broken down into three factors: the ability to use problem-focused coping (e.g., "Break an upsetting problem down into smaller parts"), the ability to stop unpleasant emotions and thoughts

(e.g., “Look for something good in a negative situation”), and support from friends and family (e.g., “Get friends to help you with the things you need”). Cronbach’s alpha for the overall scale is high ($\alpha = .95$), demonstrating high internal consistency reliability. To score the scale, simply sum the participant’s overall score; a higher score demonstrates higher self-efficacy in coping.

Perceived Empathic and Social Self-Efficacy Scale (PESE)

The Perceived Empathic and Social Self-Efficacy Scale is a combined 11-item survey that measures perceived ability to respond empathically to others and to develop and manage interpersonal relationships (Di Giunta et al., 2010). This scale consists of two factors: (a) perceived empathic self-efficacy (the first six items; e.g., ‘how well can you read your friends’ needs?’), and (b) perceived social self-efficacy (the last five items; e.g., ‘how well can you express your opinion to people who are talking about something of interest to you?’).

The first factor of the scale has been shown to be positively correlated with empathy, sympathy, perspective taking and prosociality, as well as negatively related to delinquency (Di Giunta et al., 2010). The second factor of the scale consists of the last five survey items and has been found to be positively related to self-esteem, life satisfaction, and optimism (Di Giunta et al., 2010). This measure uses a 5-point Likert scale in terms of how well participants feel they can do the given questions (1 = not well at all to 5 = very well). Cronbach’s alpha for the items in the PESE and PSSE for participants in the US is high ($\alpha = .66$ or above). This scale also shows high construct validity and incremental validity (Di Giunta et al., 2010).

Data Analysis

To analyze the data, a MANOVA was performed using R-Studio on all demographic variables and the three dependent variables. The independent grouping variables in this study included all of the demographic questions, i.e. repeat offender vs. non-repeat offender. The

dependent variables were the variables included within the primary research questions (coping self-efficacy, job search skills, and self-efficacy in building and maintaining relationships). A MANOVA will be performed using each grouping of independent variables and the three dependent variables, or the three overall scales. Sub-scales will not be analyzed in this study due to lack of participants.

MANOVA's are used when wanting to determine whether multiple levels of independent variables, together or on their own, have influence over the dependent variables (Keselman et al., 1998; Warne, 2014). It is commonly used for one or more independent variables and two or more dependent variables (Keselman et al., 1998). The MANOVA allows for multiple dependent variables to be assessed at the same time, which made it an appropriate choice for this study (Keselman et al., 1998; Warne, 2014). The MANOVA is a superior analysis method because it has greater statistical power than the ANOVA and can find effects that are smaller than the ANOVA can (Keselman et al., 1998). Research shows that there are several advantages of using a MANOVA; firstly, by measuring several dependent variables in a single experiment, there is a better chance of discovering which factor is truly important, and secondly, it can protect against Type I errors that might occur if multiple ANOVA's were conducted independently. In MANOVA's, the multivariate F value is analyzed for significance, which is based on a comparison of the error variance/covariance matrix and the effect variance/covariance matrix (Warne, 2014). For this study, the Pillai's criterion is used as the multivariate F test.

Results

The purpose of this quantitative study was to investigate treatment results for incarcerated women in a southern-US women's prison system who participated in MO. More specifically, this study explores the effect of the gender responsive treatment program *Moving On: A Program for*

At-Risk Women (MO) on the self-efficacy of women reentering society, measured by coping skills, job-search skills, and perceived social support, by how these variables changed after the program is implemented. Additionally, this study seeks to provide implications about how confident in these three areas female inmates feel, on average; this is accomplished by the answers of the percentage of women who did not complete the MO program.

To meet these aims, MANOVA's were run on the first three research questions and a correlational analysis was run on the fourth research question. Each demographic question's results were split into two categories (i.e., repeat vs. non-repeat offender). For income prior to incarceration, participant responses were split between less than \$32,000 per year, and greater than \$32,000 per year, as the Prison Policy Initiative (2015) found that the majority of inmates report making between \$9,000 and \$32,000 per year. For number of times having been incarcerated, responses were split between one time, and more than one time. For years incarcerated, responses were split between less than six, and greater than six.

Demographic Information

Of the 45 participants, 45 (100%) reported their gender as female. Twenty-four participants (53.3%) reported their race/ethnicity as being White/Caucasian, and 15 participants (33.3%) reported their race/ethnicity as being Black/African American. One participant (2.2%) identified themselves as Biracial/Mixed Race, and one participant (2.2%) identified as Native American/Alaskan Native.

Over half of the participants (60%; $n = 27$) indicated that they have been incarcerated one time. Four participants (8.9%) reported that they have been incarcerated two times, followed by two participants (4.4%) indicating they have been incarcerated three times. Five participants (11.1%) reported they have been incarcerated more than three times. Six participants (13.3%)

indicated that they have been incarcerated for less than one year, and three participants (6.7%) indicated they have been incarcerated for one to three years. No participants (0%) reported having been incarcerated between three and six years. Four participants (8.9%) indicated they have been incarcerated for six to twelve years, followed by the majority of participants (53.3%; n = 24) indicating that they have been incarcerated for twelve or more years.

Sixteen participants (35.6%) indicated that their income prior to incarceration had been less than \$20,000, followed by ten participants (22.2%) reporting that their income prior to incarceration was between \$20,000 and \$40,000. Five participants (11.1%) indicated they made \$40,000 to \$60,000 prior to incarceration, followed by two participants (4.4%) reporting they made between \$60,000 and \$80,000 and two participants (4.4%) reporting they made \$80,000 or more prior to incarceration. Table 2 indicates select demographic characterizations of participants.

Table 2.

Demographics of Participants

	Characteristics	N	%
Gender	Female	45	100.0%
Race/Ethnicity	White/Caucasian	24	53.3%
	Black/African American	15	33.3%
	Biracial/Mixed Race	1	2.2%
	Native American/Alaskan Native	1	2.2%
Times Incarcerated	One time	27	60.0%
	Two times	4	8.9%
	Three times	2	4.4%

Length of Current Incarceration	More than three times	5	11.1%
	<1 year	6	13.3%
	1-3 years	3	6.7%
	3-6 years	0	0.00%
	6-12 years	4	8.9%
	12+ years	24	53.3%
Income Prior to Incarceration	<\$20,000	16	35.6%
	\$20,000 - \$40,000	10	22.2%
	\$40,000 – \$60,000	5	11.1%
	\$60,000 - \$80,000	2	4.4%
	\$80,000+	2	4.4%

Note: Percent is computed based on the number of participants who completed a given item.

Prior to conducting analysis of the specific research questions, a general MANOVA was performed to see if the treatment groups differed significantly from each other when measuring the dependent variables. Results for this MANOVA can be found below in Table 3. The intercept for the overall MANOVA is statistically significant, which means that the effect of the dependent variables on the treatment groups is significantly different from 0. Results indicated that the treatment groups are not significantly different from each other in the effects of all the dependent variables, $F(1, 43) = 1.31, p > 0.05$.

Table 3.

	Df	Pillai	F	<i>p-value</i>
Intercept	1	0.98797	1122.74	<2e-16

Group (Overall)	1	0.08733	1.31	0.28
Residuals	43			

Research Question 1

To assess participants' self-efficacy with using healthy coping skills, the researcher collected results from the Coping Self-Efficacy Scale (CSES). This instrument was completed by both groups of participants to determine if participation in the program had an overall effect in self-efficacy in using coping skills. Individual item scores range from 0 (not confident at all) to 10 (completely confident). To score the CSES, the answers to all 26 questions are totaled ($\alpha = .95$; scale mean = 137.4, SD = 45.6) (Chesney et al., 2006). For this study, the sub-scales were not analyzed.

For the group that has yet to participate in the MO program ($n = 17$), scores on the CSES ranged from 38 ($N = 1, 5.9\%$) to 250 ($N = 1, 5.9\%$). Eighty-eight percent of participants in this group scored above the average scale mean ($n = 15$). For the group that had already taken the MO program ($n = 28$), scores on the CSES ranged from 145 ($N = 1, 3.6\%$) to 250 ($N = 3, 10.7\%$). One-hundred percent of participants in this group scored themselves above the average scale mean.

To analyze the overall effect of the two treatment groups on the CSES responses, a MANOVA was performed on the data using R-Studio. Results indicated that coping skill self-efficacy did not significantly increase for those who had already taken the MO program, $F(1, 44) = 0.6423, p > 0.05$. The results of the MANOVA analysis can be found below in Table 4.

Table 4.

	Df	Sum Sq	Mean Sq	F	<i>p-value</i>
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Group (CSES)	1	1095	1095.5	0.6423	0.4273
Residuals	44	73281	1704.2		

Note. N = 45. Scores on a scale in which 1 = Not well at all and 10 = Extremely well

Research Question 2

To assess participants' self-efficacy with building and maintaining relationships, the researcher collected results from the Perceived Social Self-Efficacy Scale (PESE). To score the PESE, the answers to all 11 questions are totaled. The mean rating for PESE is 3.67 per item and 40.37 overall (SD = 1.10) (Di Giunta et al., 2010). For this study, the sub-scales were not analyzed.

For the group that has yet to participate in the MO program (N = 17), scores on the PESE ranged from 20 (N = 1, 5.9%) to 54 (N = 1, 5.9%). Eighty-eight percent of participants in this group scored above the average scale mean (N = 15). The total mean for this group was 44.58 (SD = 6.24). For the group that had already taken the MO program (n = 28), scores on the PESE ranged from 39 (N = 1, 3.6%) to 57 (N = 1, 3.6%). One-hundred percent of participants in this group scored themselves above the average scale mean. The total mean for this group was 50.14 (SD = 6.24).

To analyze the overall effect of the two treatment groups on the PESE responses, both descriptive statistics analysis and a MANOVA was performed on the data using R-Studio. Results indicated that the relationship skills self-efficacy did not significantly differ for those who had already taken the MO program, $F(1, 44) = 2.17, p > 0.05$. The results of the MANOVA analysis can be found below in Table 5.

Table 5.

	Df	Sum Sq	Mean Sq	F	<i>p-value</i>
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Group (PESE)	1	82.33	82.334	2.1702	0.148
Residuals	44	1631.31	37.937		

Note. N = 45. Scores on a scale in which 1 = Not confident at all and 5 = Totally confident

Research Question 3

To assess participants' self-efficacy with finding and getting a job, results were collected from the Offender Job Search Self-Efficacy Scale (OFJSSE). This instrument was completed by both groups of participants to determine if participation in the program had an overall effect in self-efficacy in job search skills. Individual item scores range from 0 (not at all) to 7 (totally). To score the OFJSSE, the answers to all 31 questions are totaled. The higher the scores are, the greater the job-search self-efficacy (Varghese et al., 2018). Scores on this scale can range from 0 to 217.

For the group that has yet to participate in the MO program (N = 17), scores on the OFJSSE ranged from 110 (N = 1, 5.9%) to 212 (N = 1, 5.9%). Two participants (11.76%) scored below the average scale mean found for this group in this study (M = 176.64, SD = 24.23). For the group that had already taken the MO program (n = 28), scores on the OFJSSE ranged from 107 (N = 1, 3.6%) to 208 (N = 1, 3.6%). Eleven participants (39.28%) scored themselves above the average scale mean found for this group in this study (M = 186.14, SD = 24.23).

To analyze the overall effect of the two treatment groups on the OFJSSE responses, both descriptive statistics analysis, a MANOVA, and separate ANOVAs were performed on the data using R-Studio. The descriptive analysis results indicated that the mean score for the total scales for those who had yet to take the MO intervention (M = 176.64) was slightly less than the mean score for those who had already taken the MO intervention (M = 186.14). MANOVA results indicated that overall, the MO program had no significant effect on the job-search self-efficacy

of the women. Separate 1 x 3 ANOVA results indicated that job-search self-efficacy significantly differed for those who were repeat offenders, $F(1, 44) = 0.02, p < 0.05$. There was no significant difference for repeat offenders and the CSES and PESE surveys, nor for any of the dependent variables, time incarcerated, and income prior to incarceration. The results of the significant ANOVA can be found below in Table 6.

Table 6.

Repeat Offenders	Df	Sum Sq	Mean Sq	F	<i>p-value</i>
Group (OFJSSE)	1	2889	2889.03	4.977	0.031*
Residuals	44	21478	580.48		

Note. N = 45. Scores on a scale in which 1 = Not confident at all and 7 = Totally confident.

Research Question 4

To assess the relationship of changes in reported self-efficacy in using coping skills, developing and maintaining relationships, and job-searching to times being incarcerated, income prior to incarceration, and years incarcerated at this time, a Pearson Correlation coefficient was computed. All correlations were made using the survey data from the given survey battery. The questions in the demographic questionnaire served as the independent variables and were divided into two groups (i.e., repeat vs. non-repeat offenders). The dependent variables remained the results of the three surveys: the OFJSSE, the CSES, and the PESE.

The correlation between the results of the OFJSSE and the demographic variables indicated a positive correlation between job-search self-efficacy and reports of times being incarcerated ($r = 0.34, N = 45, p < .05$). This suggests that the more times a participant has been incarcerated, the higher their job-search self-efficacy is. The Pearson Correlation with the CSES scale and the constructs identified in research question 4 indicated no significant relationships

between the variables ($p > .05$). This suggests that there is no significant relationship between coping self-efficacy and times being incarcerated, length of incarceration, or income prior to incarceration. Finally, the Pearson Correlation using the PESE scale and the constructs identified in research question 4 indicated no significant relationship between the results of the scale and the identified constructs ($p > .05$). These results suggest that there is not a significant relationship between social support self-efficacy and times incarcerated, length of incarceration, or income prior to incarceration. Correlation results for the correlational analyses of the constructs in research question 4 as well as that for OFJSSE, CSES, and PESE, are provided in Table 7.

Table 7.

Correlations among coping, social support, and job-search self-efficacy scales (N = 45)

	Number of times incarcerated	Length of current incarceration	Income prior to incarceration
OFJSSE	0.34*	0.06	0.21
CSES	0.08	-0.1	0.06
PESE	0.09	0.08	-0.06

*Correlation is significant at the .05 level (two-tailed).

Discussion

The present study was designed to develop an understanding of participants' confidence in using coping skills, job-search skills, and in building and maintaining supportive relationships prior to and at the completion of the MO intervention. By doing so, this study attempted to generate information that could be useful in the understanding of effective interventions and evaluation tools for use in correctional settings. This study also sought to determine if the MO program significantly increased incarcerated women's confidence in the three key skill areas of coping skills, relationship skills, and job-search skills.

Findings showed that there is no significant difference between those who had taken the MO program and those who had not in their confidence with using coping skills, job-search skills, or social support skills. This is important because the main purposes of the MO study is said to be to help teach healthy coping skill and relationship skills, with a secondary purpose being to teach job-search skills (Van Dieten, 2010); these results suggest that the MO program does not significantly increase confidence in these skill areas. This finding could have resulted for several reasons, the most prevalent of which is the confounding variable of other reentry-based programs teaching these skills that the women may have taken before having taken the MO program. This finding is still important to note, because in that case, the MO program does not add anything different from other reentry programs that might increase confidence further in the aforementioned skills.

The fourth research question explored whether there was a correlation between coping skills self-efficacy, job-search self-efficacy, perceived social self-efficacy, and the demographic variables. Results indicated that there is a significant, positive correlation between repeat offenders and job-search self-efficacy, which suggests that the more times a person has been incarcerated, the more confident they feel about their ability to find a job. This could be the case for several reasons; one main reason could be that the longer a person is incarcerated, the more classes and workshops they are able to take on the job-search process. This finding is important because it suggests that reentry programs in general help with job-search confidence, which could help to lower recidivism rates. There was no significant relationship between coping skills self-efficacy and the demographic variables, perceived social self-efficacy and the demographic variables, or job-search self-efficacy and the remaining demographic variables. This suggests that income prior to incarceration and length of time incarcerated do not have a significant

relationship with confidence in job-search skills, coping skills, or relationship skills, and that number of times incarcerated does not have a significant relationship with confidence in coping skills and relationship skills.

Limitations

One limitation to this study is the sample size. Although 45 participants is the exact number needed for three dependent variables according to Cohen (1985), a larger sample might have elucidated further any effects or correlations of the MO program on the dependent variables. Such a small n necessitated the use of analyses that minimized power and restricted the exploration of factors that may have contributed to the results, particularly those contrary to related studies. A larger sample would have allowed for specification on what changes, if any, could be attributed to the intervention. Generalizability would also increase with a larger sample size.

Another limitation was the short-term nature of this study. Given that this study was a cross-sectional analysis, it focused on only one point in time, and surveyed each participant only once. A longitudinal study may have allowed for more participation and more in-depth analyses to determine the basis of the resulting outcome, as well as analysis of other dependent variables, such as recidivism. By limiting the study to a point in time, results perhaps did not reflect most accurately the skills gained by those who had completed the MO program. Several participants completed the program multiple months prior to this study, which might have allowed them to forget some of what they had learned; similarly, some participants had just completed the program, which may not have allowed the necessary time for integration of the new knowledge and skills.

Implications For Corrections Departments and Professionals

The results of this study provide information to consider for rehabilitation coordinators, counselors in the jail or prison setting, and the Department of Corrections (DOC). The findings in the current study suggest that the more times a person is incarcerated, the more confident they feel about finding a job; this could be due to a myriad of factors with a compelling theory being that offenders are able to take more reentry-based classes and learn more about how to find a job the more times they are incarcerated. Because research shows that finding a job is crucial to reducing recidivism for offenders (Harrison & Schehr, 2004), it is important for those involved with incarcerated persons to ensure they have proper access to resources on job-search skills. Further, research shows that offenders who believe in their skill-base in finding a job desist from crime more than those who do not believe in their skills but receive the same programming (Varghese et al., 2018). This suggests that those involved in reentry programming and counseling for offenders must aim to increase confidence in job-search skills as well as the skills themselves. Although the MO program was not found by this study to significantly increase job-search self-efficacy, survey results from both those who had and had not completed the MO program were high, indicating that women overall felt confident in their job-search skills. Programming related to attainment of these skills as well as counseling on the utilization of these skills should continue to be a focus of reentry programs.

Results also indicated that the MO program did not create a significant difference in coping self-efficacy for incarcerated women. Research shows that having proper coping skills helps to facilitate reentry into society as well as desistance from crime in offenders (Covington, 1998; Huck et al., 2012). Further, one's ability to perform a skill or task effectively helps to successfully complete the skill or task, thereby increasing desistance from crime and reducing recidivism (LaCourse et al., 2019). While there was not a significant difference between those

who had and had not taken the MO program in coping self-efficacy, overwhelmingly the survey responses were high, indicating that women in both groups felt confident in their coping skills. This suggests that reentry programming, as a whole, has been successful in helping to build confidence in healthy coping skills. Those involved with the reentry process for inmates should endeavor to continue practice and repetition of healthy skills so as to continue building confidence.

Overall, results from this study further indicated that the MO program did not create a significant difference in confidence in building and maintaining healthy relationships. However, as is the case with the former two variables, survey responses were high for both groups, suggesting that women felt confident about their social support skills whether or not they had taken the MO program. Positive relationships are one of the most powerful factors for reducing recidivism and negative relationships have been found to increase the risk of further criminal activity (Mancini et al., 2016). Therefore, support professionals should continue to reinforce relationship skills as well as how important healthy relationships are to one's overall mental health and well-being.

Recommendations For Future Research

Expansions on this study could be numerous and might provide important information and clarification of the results discussed above. Additional studies might endeavor to isolate the MO program from other programs to see if, without confounding variables, the MO program might improve self-efficacy in the aforementioned areas. Researchers could, for example, give the surveys to offenders who had already taken the program with the directive to answer the questions based on how the MO program affected them in the given areas; the current study simply asked about self-efficacy in the given areas in a general sense.

Additionally, future research might focus on other possible benefits of the MO program apart from gaining self-efficacy in coping skills, social support skills, and job-search skills. Currently, the only research about the efficacy of the intervention aside from the current study focuses on recidivism (Gehring et al., 2009), so additional research might choose to focus on quality of life post-incarceration, jobs attained post-incarceration, or relationship satisfaction post-incarceration. A qualitative study addressing the experiences of incarcerated women with the MO program could offer additional insights and understanding. Other factors that may be contributing to or detracting from change might be better explored using the qualitative lens.

Finally, a study that aims to compare specific individual factors to MO treatment results may provide a better understanding of what exactly contributes to self-efficacy in coping skills, relationship support skills, and job-search skills. Future studies might control for factors such as the type of facility (i.e. minimum, medium, or closed), additional reentry programs taken, one's religiosity, or other attributes a participant may possess that could have an impact on results. Such a study might help determine whether the MO program contributes significantly to change on its own, or if the significant change determined by the current study was due to extraneous factors.

Conclusion

The current study advanced the understanding of reentry programs as a whole and their ability to encourage self-efficacy in using coping skills, job-search skills, and to gain social support. This study also identified an aspect of the MO program that correlated with changes in job-search self-efficacy. Study participants who were repeat offenders experienced a positive increase in job-search self-efficacy following the intervention. Additional studies with larger samples of participants are needed to determine the generalizability and validity of results.

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APPENDIX A

Auburn University Informed Consent Agreement



AUBURN

UNIVERSITY

DEPARTMENT OF
SPECIAL EDUCATION, REHABILITATION, AND COUNSELING

NOTE: DO NOT SIGN THIS DOCUMENT UNLESS AN IRB APPROVAL STAMP WITH CURRENT DATES HAS BEEN APPLIED TO THE DOCUMENT.

Consent Form

For a Research Study entitled
“‘Moving On’ to A New Life: An Exploration of A Reentry Program’s Influence on Self-Efficacy and Adjustment in Incarcerated Women”

You are invited to participate in a research study to determine if participation in Moving On: A Program for At-Risk Women (MO) impacts self-efficacy and confidence in using coping skills, building and maintaining relationships, and finding a job. The study is being conducted by Katherine Barker, a doctoral candidate under the direction of Dr. Nicholas Derzis, Ph.D. This research is part of the researcher’s doctoral degree requirements. You are being asked to be part of this study because you are a participant of MO. Those who can participate in this study must be age 19 or older and must be a participant of the MO program in a correctional setting.

What will be involved if you participate? If you decide to participate in this research study, you will first be asked to consent to your participation by signing this form. Once your consent is given, you will be asked to complete a packet of surveys MO and the same packet of surveys after you finish MO. The surveys that will be used include a brief demographic questionnaire and the following: 1) Offender Job-Search Self-Efficacy Scale, which will ask you to rate how confident you feel about various job-search activities; 2) the Coping Self-Efficacy Scale, which will ask you to rate your ability in problem solving, seeking social support, and abstaining from avoidance behaviors; and 3) the Perceived Empathic and Social Self-Efficacy Scale, which will measure perceived social self-efficacy. The total time to finish the surveys is about 30 minutes. No information will be used in publications, presentations, or reports to personally identify you and your personal identity will be kept secure.

Are there any risks or discomforts? One risk with participating in this study is feeling discomfort with the sharing of personal habits or feelings regarding reentry and transition. If at any time you begin to feel uncomfortable, you may choose to stop your participation in the study with no penalty. This study is entirely voluntary. If you do experience personal feelings that become uncomfortable, you may be referred to counseling services that are available by contacting the MO program facilitator or appropriate ALDOC personnel. Steps will be taken to keep the study environment as private and confidential as possible. All data collected from the study will be kept confidential and stored in a secure location. Participants in the study will be given a unique code in order to further ensure confidentiality. All informed consent documents, unique codes, and completed survey materials will be stored off-site in a secure location to prevent unauthorized access.

Are there any benefits to yourself or others? There are no direct benefits from participating in this study. Also, participation in the study will in no way impact parole decisions or timelines. However, if you participate in this study, you might benefit from discussing topics such as social support, coping skills, and general confidence regarding reentry. While there is no guarantee that

you will personally experience benefits from participating in this study, others may benefit in the future from the information found through this study.

Will you receive compensation for participating? There is no compensation for participating.

Are there any costs? If you decide to participate, there are no costs.

If you change your mind about participating, you can stop at any time by letting the researcher know at the study location or by writing to any of the addresses listed at the end of this form. In the event you choose to not complete the study, all research activity will cease in that session and you will be provided a puzzle or word search activity to complete during the time allotted. Your participation is completely voluntary. Once your survey data is submitted, you will be unable to remove it since all collected data is unidentifiable. Your decision about whether or not to participate or to stop participating will not put your future relations with the researcher, Auburn University, or the SERC Department at risk.

Your privacy will be protected. Any information obtained through your participation with this study may be used to fulfill the requirements of the doctoral dissertation process and will remain confidential. The environment in which the study will be completed will be as private as possible. Unique codes will be created for each participant in order to obscure identity. Once the unique code list has been created, all codes will be blacked out on the copies of consent forms. Hard copies of documents with identifying information, including IRB-approved and participant-signed consent documents, will be stored in a locked file cabinet at the principle investigator's private residence. Completed instruments with identifying information in the form of unique codes as well as IRB-approved and participant-signed consent documents will be scanned and stored using BOX, which is encrypted and requires dual authentication. All hard copies with identifying information will be destroyed upon completion of the study on or before August 3, 2022. Electronic copies will be maintained via BOX for 3 years after the study ends.

If you have questions or concerns about this study, would like more information about your rights as a research participant, or wish to stop your participation in the study, please contact Katherine Barker or Dr. Nicholas Derzis at 100 Ramsay Hall, Auburn University, Auburn, Alabama 36849. Or, you may contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone at (334) 844-5966 or mail at 115 Ramsay Hall, Auburn University, Auburn, Alabama 36849. Self-addressed envelopes for all contacts are also available upon request to the researcher. You will be given a copy of this consent form.

HAVING READ THE INFORMATION PROVIDED, YOUR SIGNATURE INDICATES YOUR WILLINGNESS TO PARTICIPATE.

_____ Participant's signature Date

_____ Printed Name

_____ Investigator obtaining consent Date

Investigator Date

Printed Name

Co-

Printed Name

Page 2 of 2

Appendix B
List of Questionnaires

Demographic Questions

For this portion of the survey, please circle one answer of the options listed. If you select the answer option “Other,” please write in your answer on the line provided.

1. Please select your gender.
 - a. Male
 - b. Female
 - c. Non-binary

- d. Transgender
 - e. Other _____
 - f. Prefer not to answer.
2. What is your racial identity?
- a. White/Caucasian
 - b. Black/African American
 - c. Hispanic/Latinx
 - d. Asian/Asian American
 - e. Hawaiian Native/Pacific Islander
 - f. Alaskan Native/Native American
 - g. Other _____
3. Please select your annual household income, if known:
- a. <\$20,000
 - b. \$20,000 - \$40,000
 - c. \$40,000 – \$60,000
 - d. \$60,000 - \$80,000
 - e. \$80,000+
4. Please select the length of your current incarceration period:
- a. < 1 year
 - b. 1 year – 3 years
 - c. 3 years – 6 years
 - d. 6 years – 12 years
 - e. 12 years +
5. Please select the number of times you have been incarcerated including the current time:
- a. 1 time
 - b. 2 times
 - c. 3 times
 - d. More than 3 times

Coping Self-Efficacy Scale (CSES)

When things aren't going well for you, or when you're having problems, how confident or certain are you that you can do the following:

Please rate your response from 0 – 10.

0 ('cannot do at all'), 5 ('moderately certain can do') and 10 ('certain can do').

	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>
1. Break an upsetting problem down into smaller parts											
2. Sort out what can be changed, and what cannot be changed											
3. Make a plan of action and follow it when confronted with a problem											
4. Leave options open when things get stressful											
5. Think about one part of the problem at a time											
6. Find solutions to your most difficult problems											
7. Resist the impulse to act hastily when under pressure											
8. Try other solutions to your problems if your first solutions don't work											
9. Talk positively to yourself											
10. Stand your ground and fight for what you want											
11. See things from other person's point of view during a heated argument											
12. Develop new hobbies or recreations											
13. Make unpleasant thoughts go away											
14. Take your mind off unpleasant thoughts											

15. Stop yourself from being upset by unpleasant thoughts											
16. Keep from feeling sad											
17. Keep from getting down in the dumps											
18. Look for something good in a negative situation											
19. Keep yourself from feeling lonely											
20. Visualize a pleasant activity or place											
21. Pray or meditate											
22. Get friends to help you with the things you need											
23. Get emotional support from friends and family											
24. Make new friends											
25. Do something positive for yourself when you are feeling discouraged											
26. Get emotional support from community organizations or resources											

OFJSSE

INSTRUCTIONS: To be “sure” of a task is to believe that you can do that task.

How sure are you that you can do the following tasks? Circle your answers using the scale below.

0 = Not at all 1 = Very Little 2 = Slightly 3 = Somewhat 4 = Moderately 5= Mostly 6 = Very Much 7 = Totally

How sure are you that you can:	Not at all	Very little	Slightly	Somewhat	Moderately	Mostly	Very much	Totally
1. Show employers that you can be trusted	0	1	2	3	4	5	6	7
2. Complete a job application	0	1	2	3	4	5	6	7
3. Dress nicely for a job interview	0	1	2	3	4	5	6	7
4. Tell interviewers qualities that make you a good candidate for a job	0	1	2	3	4	5	6	7
5. Explain your criminal history on a job application	0	1	2	3	4	5	6	7
6. Explain any job gaps in your employment history	0	1	2	3	4	5	6	7
7. Explain any short-term jobs in your employment history	0	1	2	3	4	5	6	7
8. List people on a job application who will give you good references	0	1	2	3	4	5	6	7
9. Make phone calls asking about available jobs to employers who do not know you	0	1	2	3	4	5	6	7
10. Be able to get job interviews	0	1	2	3	4	5	6	7

11. Write a resume to send to employers	0	1	2	3	4	5	6	7
12. Convince employers that you are the best candidate for the job	0	1	2	3	4	5	6	7
13. Tell employers about your criminal history if asked on an interview	0	1	2	3	4	5	6	7
14. Apply to several jobs	0	1	2	3	4	5	6	7
15. Complete job applications on the internet	0	1	2	3	4	5	6	7
How sure are you that you can:	Not at all	Very little	Slightly	Somewhat	Moderately	Mostly	Very much	Totally
16. Demonstrate to employers that you will work hard at the job	0	1	2	3	4	5	6	7
17. Pass a drug test	0	1	2	3	4	5	6	7
18. Be honest on the job application	0	1	2	3	4	5	6	7
19. Find out about job openings for jobs that you can do	0	1	2	3	4	5	6	7
20. Get a job that will move you toward your employment goals	0	1	2	3	4	5	6	7
21. Find job openings for jobs you would like to get	0	1	2	3	4	5	6	7
22. Find out who to talk with regarding your interest in a job	0	1	2	3	4	5	6	7

23. Develop good relationships with people who can tell you about job openings	0	1	2	3	4	5	6	7
24. Find job openings	0	1	2	3	4	5	6	7
25. Convince employers that you have the skills to complete the job	0	1	2	3	4	5	6	7
26. Post your resume on the internet	0	1	2	3	4	5	6	7
27. Show employers that you are able to learn new job skills	0	1	2	3	4	5	6	7
28. Ask good questions in a job interview	0	1	2	3	4	5	6	7
29. Demonstrate good manners in an employment interview	0	1	2	3	4	5	6	7
30. Get a job offer	0	1	2	3	4	5	6	7
31. Show employers that you fit well in the workplace	0	1	2	3	4	5	6	7

Perceived Social Support Self-Efficacy Scale

Rate how well you can do the below questions on a scale of 1 – 5.

(1 = *not well at all* to 5 = *very well*).

How well can you

	1	2	3	4	5
1. Read your friends' needs?					
2. Recognize when someone wants comfort and emotional support, even if (s)he does not overtly exhibit it?					
3. Recognize whether a person is annoyed with you?					
4. Recognize when a person is inhibited by fear?					
5. Recognize when a companion needs your help?					
6. Recognize when a person is experiencing depression?					
7. Express your opinion to people who are talking about something of interest to you?					
8. Work or study well with others?					
9. Help someone new become part of a group to which you belong?					
10. Share an interesting experience you had with other people?					
11. Actively participate in group activities?					

APPENDIX C

Alabama Department of Corrections Research Agreement

DEPARTMENT, UNIVERSITY, AND RESEARCHER AGREEMENT

This Agreement is between the Alabama Department of Corrections (hereafter referred to as the "Department"), Auburn University (hereafter referred to as the "University"), and Katherine Barker (hereafter referred to as the "Researcher"), concerning the supervision of the research personnel whose proposal has been accepted by the Department and University.

TERM

This Agreement shall begin on the 12 day of November, 2021, and shall end on the 29 day of August, 2022. This Agreement may be terminated by any party by providing thirty (30) days' notice to the other parties, or immediately by the Department for failing to follow security requirements as provided below.

CONDUCT AND ATTIRE

Research personnel will be subject to the Alabama Statutes pertaining to the Department and basic administrative rules and regulations of the Department. Attire and grooming will adhere to standards set forth in ADOC Administrative Regulation 217. The below signed representative of the Department will ensure all research personnel are apprised and understand the pertinent rules and regulations governing their conduct while working inside the correctional facility. The Department reserves the right to immediately terminate this Agreement and bar the research personnel from any facility for failing to comply with any requirement or policy of the Department.

All visits under this Agreement must be during normal business hours on dates and times as scheduled with, and approved by, the Warden of each facility. Research personnel shall be subject to all security provisions of the Department including, but not limited to, background checks and searches of his or her person or property to include search of personal vehicles. At no time will cell phones, recording equipment, or communication devices of any kind be allowed into the institution without the prior, express permission of the Warden of the institution. Weapons are not allowed on state property.

The Department reserves the right, in each institutional Warden's discretion, to deny or prematurely end any visit by the research personnel or to condition any visit in the interests of security.

Pursuant to Alabama Code Section 14-11-31 as well as 28 C.F.R. Part 115, the Prison Rape Elimination Act ("PREA"), any type of sexual contact with or sexual harassment of an inmate in the custody of the ADOC by a contractor of the ADOC who is responsible for the care, control, or supervision of inmates – with or without the consent of the inmate – is illegal. Under Alabama law, it constitutes a felony – custodial sexual misconduct. See also, ADOC Administrative Regulation 454, Inmate Sexual Assault and Harassment Awareness (Prison Rape Elimination Act (PREA)). The ADOC has a Zero Tolerance Policy toward all forms of custodial sexual misconduct, sexual abuse, and sexual harassment. Any type of conduct – including suspected conduct – that falls within the context of custodial sexual misconduct/sexual abuse, as defined by either the state or federal laws referenced above, shall be reported immediately to the Warden of the facility to which that inmate is assigned, or his/her designee.

EXPENSES AND LIABILITIES

All expenses and liabilities are assumed by the research personnel. Research personnel are not agents of the Department or the University, and are not eligible for any privileges or entitlements under the Merit System Act.

Nothing in this Agreement shall be construed to be a waiver of immunity by either the Department or the University. Research personnel agree to indemnify and hold harmless the State of Alabama, the Department, the University, and their officers and employees from and against any and all loss or damage, including court costs and attorney fees, for liability claimed against or imposed upon the Department or the

University because of a bodily injury, death, or property damage, real or personal, including loss of use thereof, arising out of or as a consequence of this Agreement.

It is agreed that the terms and commitments contained herein shall not constitute a debt of the State of Alabama in violation of Article 11, Section 213 of the Constitution of Alabama, 1901, as amended by Amendment Number XXVI. It is further agreed that if any provision of this Agreement shall contravene any statute or constitutional provision or amendment, either now in effect or which may during the course of this Agreement be enacted, then that conflicting provision in the Agreement shall be deemed null and void. All other terms and conditions shall remain in full force and effect. The sole remedy for the settlement of any and all monetary disputes arising under the terms of this Agreement shall be limited to the filing of a claim with the Board of Adjustment for the State of Alabama. For all other disputes arising under the terms of this Agreement, the Parties hereto agree, in compliance with the recommendations of the Governor and Attorney General, when considering settlement of such disputes, to utilize appropriate forms of non-binding alternative dispute resolution including, but not limited to, mediation.

PARTICIPATION

Research personnel will only be expected to perform the research activities described in the approved proposal. Research personnel will not perform any law enforcement or correctional officer duties. Communications with inmates will be limited to the research activities described in the approved proposal. Any other necessary communication with inmates will be through designated Department personnel or under their supervision.

CONFERENCES AND PERFORMANCE APPRAISALS

The Department representative serving to coordinate the research project will complete any necessary paperwork required upon completion of the project.

The University will provide the Department representative with any forms or documents explaining responsibilities relative to this project.

All written reports produced by research personnel are subject to the terms of the Department Regulations governing disclosure of such information. A copy of any report shall be provided to, and will become the property of, the Department.

THE ABOVE IS READ AND AGREED UPON, AND SERVES AS A BASIS FOR THE INTERNSHIP.

<i>s/ [Signature]</i> Dept Representative of ADOC dated: <u>11/19/2021</u>	<i>s/ N. C. Davis PhD, CC</i> Univ. Representative of Auburn University dated: <u>1 Nov 2021</u>	<i>s/ Katherine Barker</i> Research Personnel of Auburn University dated: <u>1 Nov 2021</u>
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APPENDIX D

Warden Permission Letters

Alabama Department of Corrections
301 S. Ripley Street
P.O. Box 301501
Montgomery, AL 36130

November 27, 2021

Auburn University (Institutional Review Board)
c/o Office of Research Compliance
115 Ramsay Hall
Auburn, AL 36849

Please note that Ms. Katherine Barker, AU Graduate Student, has the permission of the Alabama Department of Corrections to conduct research at our Julia Tutwiler Women's Prison for her study, "Moving On' to a New Life: An Exploration of a Reentry Program's Influence on Self-Efficacy in Female Offenders."

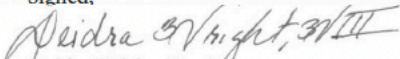
Ms. Barker will recruit inmates by approaching them prior to the first session of a treatment program entitled "Moving On: A Program for At-Risk Women" to discuss informed consent. Consenting participants will complete a packet containing surveys and one assessment prior to the first session and the same surveys, no assessment following the last session of the treatment program. All completed instruments will be returned to her by sealed envelope at each administration. Our classification office will provide de-identified information regarding potential subjects for use in her research. Ms. Barker's on-site research activities, including data collection, are scheduled to occur no earlier than January 14, 2022 and conclude no later than April 29, 2022.

Should this schedule change due to unforeseen circumstances, it is agreed upon by all parties that Ms. Barker will consider a different twelve-week period of the MO program and complete all data collection by June 28, 2021.

Ms. Barker has agreed not to enter any unauthorized areas of our buildings or restrooms or interfere with the normal daily flow of activities. Inmates will be allowed time from their duties to complete the surveys and assessment. Ms. Barker has also agreed to provide to my office a copy of the Auburn University IRB-approved, stamped consent document before she recruits participants on campus, and will also provide a copy of any aggregate results.

If there are any questions, please contact my office.

Signed,



Deidra Wright, Warden

**Alabama Department of Corrections
301 S. Ripley Street
P.O. Box 301501
Montgomery, AL 36130**

November 27, 2021

Auburn University Institutional Review Board
c/o Office of Research Compliance
115 Ramsay Hall
Auburn, AL 36849

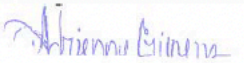
Please note that Ms. Katherine Barker, AU Graduate Student, has the permission of the Alabama Department of Corrections to conduct research at our Montgomery Women's Facility for her study, "Moving On' to a New Life: An Exploration of a Reentry Program's Influence on Self-Efficacy in Female Offenders."

Ms. Barker will recruit inmates by approaching them prior to the first session of a treatment program entitled "Moving On: A Program for At-Risk Women" to discuss informed consent. Consenting participants will complete a packet containing surveys and one assessment prior to the first session and the same surveys, no assessment following the last session of the treatment program. All completed instruments will be returned to her by sealed envelope at each administration. Our classification office will provide de-identified information regarding potential subjects for use in her research. Ms. Barker's on-site research activities, including data collection, are scheduled to occur no earlier than January 14, 2022 and conclude no later than April 29, 2022. Should this schedule change due to unforeseen circumstances, it is agreed upon by all parties that Ms. Barker will consider a different twelve-week period of the MO program and complete all data collection by June 28, 2022.

Ms. Barker has agreed not to enter any unauthorized areas of our buildings or restrooms or interfere with the normal daily flow of activities. Inmates will be allowed time from their duties to complete the surveys and assessment. Ms. Barker has also agreed to provide to my office a copy of the Auburn University IRB-approved, stamped consent document before she recruits participants on campus, and will also provide a copy of any aggregate results.

If there are any questions, please contact my office.

Signed,



Adrienne Givens, Warden

Alabama Department of Corrections
301 S. Ripley Street
P.O. Box 301501
Montgomery, AL 36130

November 27, 2021

Auburn University (Institutional Review Board)
c/o Office of Research Compliance
115 Ramsay Hall
Auburn, AL 36849


Please note that Ms. Katherine Barker, AU Graduate Student, has the permission of the Alabama Department of Corrections to conduct research at our Birmingham Women's Facility for her study, "Moving On' to a New Life: An Exploration of a Reentry Program's Influence on Self-Efficacy in Female Offenders."

Ms. Barker will recruit inmates by approaching them prior to the first session of a treatment program entitled "Moving On: A Program for At-Risk Women" to discuss informed consent. Consenting participants will complete a packet containing surveys and one assessment prior to the first session and the same surveys, no assessment following the last session of the treatment program. All completed instruments will be returned to her by sealed envelope at each administration. Our classification office will provide de-identified information regarding potential subjects for use in her research. Ms. Barker's on-site research activities, including data collection, are scheduled to occur no earlier than January 14, 2022 and conclude no later than April 29, 2022.

Should this schedule change due to unforeseen circumstances, it is agreed upon by all parties that Ms. Barker will consider a different twelve-week period of the MO program and complete all data collection by June 28, 2021.

Ms. Barker has agreed not to enter any unauthorized areas of our buildings or restrooms or interfere with the normal daily flow of activities. Inmates will be allowed time from their duties to complete the surveys and assessment. Ms. Barker has also agreed to provide to my office a copy of the Auburn University IRB-approved, stamped consent document before she recruits participants on campus, and will also provide a copy of any aggregate results.

If there are any questions, please contact my office.

Signed,

Chadwick Crabtree, Warden

APPENDIX E

Auburn University IRB Approval Stamp



DEPARTMENT OF
SPECIAL EDUCATION, REHABILITATION, AND COUNSELING

NOTE: DO NOT SIGN THIS DOCUMENT UNLESS AN IRB APPROVAL STAMP WITH CURRENT DATES HAS BEEN APPLIED TO THE DOCUMENT.

Informed Consent

For a Research Study entitled
“Moving On’ to A New Life: An Exploration of A Reentry Program’s Influence on Self-Efficacy and Adjustment in Incarcerated Women”

You are being asked to take part in a research study on how the Moving On: A Program for At-Risk Women (MO) affects self-efficacy and confidence in using coping skills, building and maintaining relationships, and finding a job. “Self-efficacy” refers to your level of confidence and your feelings on whether you can succeed at something. The alternative is to not participate in this study, and you may choose to end your participation at any time. How the study will be done as well as the risks and benefits are described further down in this form.

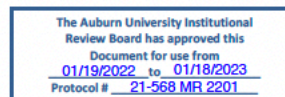
The purpose of the study is to find out how the Moving On: A Program for At-Risk Women (MO) affects self-efficacy and confidence in using coping skills, building and maintaining relationships, and finding a job.

The risks in this study include possible discomfort with thinking about topics related to reentering society. If at any time you begin to feel uncomfortable, you may choose to stop your participation in the study with no consequence. This study is voluntary, which means that you can choose whether you participate, and you can stop at any time. If you do experience feelings that become uncomfortable, you may choose to go to counseling, which is available by speaking to appropriate Alabama Department of Corrections (ALDOC) staff, such as correctional officers or wardens.

Additionally, there are risks related to COVID-19 and exposure to this illness because all women who want to participate will be in the same room with each other and the researcher while taking the surveys. Steps to minimize exposure include all persons in the room wearing masks and sitting six feet apart from each other. The researcher will not come within 6 feet of any participant and will wear a mask the whole time.

Information on COVID-19 For Research Participants (updated 05/27/2021)

_____ Initials



Page 1 of 4

COVID-19 has impacted procedures for research and operations within The Alabama Department of Corrections (ADOC), as limiting infection within the prisons and jails continues to be a priority. ADOC currently follows CDC COVID-19 Guidelines for Incarcerated Populations. As the head researcher for this study, I will stay informed of any changes issued by ADOC and Auburn University (AU) (if AU requirements exceed ADOC requirements), and will act accordingly and tell you, the participant, of these changes. I will also review ADOC COVID-19 protocols with you prior to the start of the study to ensure that everyone has an understanding of what safety measures will be used for this study.

What safety measures should be taken against COVID-19? For this study, the safety measures that will be taken include sitting 6 feet apart from all other people in the room and wearing a mask for the whole time that the study is taking place. The researcher will ask that everyone within the study room wears a mask and sits 6 feet apart from other study participants for the duration of the informed consent session and the surveys. If you have questions or concerns about COVID-19 or your participation in research, please talk with the researcher or the corrections officers at Tutwiler. The name and contact information for the researcher, along with contact information for the Auburn University Institutional Review Board for Protection of Human Research Participants, can be found further down in this consent form.

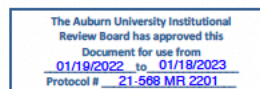
What are the risks associated with COVID-19 for this study? Because participation in this study will involve sitting in a room and taking surveys, there is a risk that COVID-19 could be transferred among persons in the room.

How will information be protected? Steps will be taken to keep the study environment as private and confidential as possible. The only materials that would be able to be identified and linked to you would be this informed consent document, once signed; all signed informed consent documents will be kept in an off-site, locked file cabinet and in a password-protected online database to prevent unauthorized access. Your personal identity will be kept private. All survey data collected from the study will be kept confidential and stored in a secure location.

Any information obtained through your participation with this study may be used to fulfill the requirements of the doctoral dissertation process that the researcher is completing and will remain confidential. The environment in which the study will be completed will be as private as possible. Data will be collected anonymously, with a note on each packet of surveys to indicate whether the participant has already completed the MO program or is about to complete the program. Paper copies of documents with identifying information, which will include only this signed consent document, will be stored in a locked file cabinet at the researcher's office. These informed consent documents will be scanned and stored using BOX, which is a password-protected online place to store files. All paper copies of this informed consent with identifying information will be destroyed 3 years after study completion. Electronic copies will be maintained via BOX for 3 years after the study ends. Your surveys will contain no identifying information, or information that could be linked back to you, and will also be destroyed after 3 years after the study ends.

What will be involved if you participate? If you decide to participate in this research study, you will first be asked to sign this form. Once your consent is given by signing, you will be

_____ Initials



Page 2 of 4

asked to complete a packet of surveys one time. These surveys will take you about 30 minutes to complete. If you choose to participate, you will be asked to complete 4 surveys with questions about your personal identity, your confidence in using healthy coping skills, your confidence in being able to build and maintain relationships, and your confidence in being able to find a job once you are released. The surveys will take about 30 minutes to fill out.

Are there any benefits to yourself or others? There are no direct benefits from participating in this study. Also, participation in the study will in no way impact parole and probation decisions or timelines. If you participate in this study, you might indirectly benefit from the opportunity to deeply consider topics such as social support, coping skills, and general confidence regarding reentry into society. These topics will be present in the surveys associated with this study. While there is no guarantee that you will personally experience benefits from participating in this study, others may benefit in the future from the information found through this study.

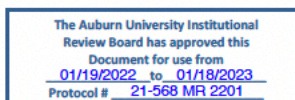
Will you receive compensation for participating? There is no compensation for participating.

Are there any costs? If you decide to participate, there are no costs.

If you change your mind about participating, you can stop at any time by letting the researcher know at the study location or by writing to any of the addresses listed at the end of this form. In the event you choose to not complete the study while the study is taking place and surveys are being filled out, you may stop and you will be provided a puzzle or word search activity to complete during the time allotted for surveys. All women participating will receive one crossword puzzle after they have completed their surveys. You may stop at any time. Once your survey data is submitted, you will not be able to remove it since all collected data is anonymous. Your decision about whether to participate or to stop participating will not affect your future relations with the researcher or Auburn University.

If you have questions or concerns about this study, would like more information about your rights as a research participant, or wish to stop your participation in the study, please contact Katherine Barker or Dr. Nicholas Derzis at 100 Ramsay Hall, Auburn University, Auburn, Alabama 36849. You may contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone (334)-844-5966 or e-mail at IRBadmin@auburn.edu or IRBChair@auburn.edu. Self-addressed envelopes for the researcher, with a printed-on stamp, will be provided if you wish to participate in the study. You will be given a copy of this consent form.

_____ Initials



Page 3 of 4

HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE WHETHER OR NOT YOU WISH TO PARTICIPATE IN THIS STUDY. YOUR SIGNATURE INDICATES YOUR WILLINGNESS TO PARTICIPATE.

_____ Participant's signature Date

_____ Printed Name

_____ Investigator obtaining consent Date

_____ Printed Name _____ Co-
Investigator Date

_____ Printed Name

The Auburn University Institutional
Review Board has approved this
Document for use from
01/19/2022 to 01/19/2023
Protocol # 21-568 MR 2201

Page 4 of 4