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Prisoner HIV Peer Educators as Wounded Healers:

When You Take the Woman out of Prison,
You Don't Need to Take 'Prison' Out of the Woman

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Introduction

Former prisoners change their criminal trajectory by coming to terms with their criminal past and making plans for a law abiding future. Maruna's study,¹ which distinguishes between criminal *desisters* and *persisters*, finds that in order for the formerly incarcerated to maintain the process of desistance or what he terms *making good*, they need to be able to find a higher purpose in life, whilst subsequently making sense out of their life histories. Many desisters express a strong desire to provide assistance and support to other prisoners as a way of *giving back*. By helping others, they are able to reform their past, recreate their self-identities, and finally accomplish a certain level of success. This concept of the *wounded healer* describes the offender's two identities: the old criminal identity and the new law abiding identity.² The offender does not have to be ashamed of his/her past; he/she utilizes it as a tool to help others. It becomes a way to establish a positive future, to 'leave a positive legacy'.³ This new way of looking at one's self provides fresh insight into one's past and allows one to turn something *bad* into something *good*, thereby, aiding the process of criminal desistance. 'Essentially, the desisting ex-offender has found a meaning in his or her otherwise shame filled past'.⁴ Working in the field of HIV/AIDS within the prison system and/or on release can allow prisoner peers to also *give back* to others and help them establish a higher purpose in life. In essence, they become a *wounded healer* and adopt a new identity that does not ignore their past but rather embraces it.

Academics and practitioners express concern that prisoners often learn how to become better criminals whilst incarcerated⁵ and that the trauma of incarceration begets negative effects and hinders rehabilitative efforts.⁶ If this is true, upon release, inmates are removed from prison but the negative experience of prison is not removed from them. Yet, those who adopt the *wounded healer* role may be insulated from these lingering effects. The prison experience becomes a vital element in the narrative, used as a tool to serve others, in addition to being utilised as a tool to meet their own rehabilitative needs. In order to determine the effect of serving in a *helping role* while incarcerated, interview data was collected from 49 female prisoners who worked in two HIV prison-based peer programs during their incarceration. This notion of *giving back* begins behind the walls, and for many of them, it continued outside of the walls, providing them with a sense of purpose upon release. The true rehabilitative effect of this type of vocational programme may not only be attributed to the marketable job skills it can provide, but to the higher purpose it allows prisoners to obtain. Providing prisoners with the opportunity for purpose can assist authorities in mitigating the negative effects of incarceration and improving post-release outcomes.

Literature Review

Mutual Aid—Peer Help

The notion of prisoners being trained to help other prisoners in their recovery began in 1955 with Donald Cressey, who advocated for the enlistment and education of former prisoners to aid rehabilitation for current prisoners. In a process he termed *retroflexive*

1. Maruna, S. (2001). *Making good: How exconvicts reform and reclaim their lives*. Washington, D.C.: American Psychological Association.
2. Lofland, J. (1969). *Deviance and Identity*. New Jersey: Prentice Hall. Nouwen, H. (1972). *The wounded healer*. New York: Doubleday.
3. See Footnote 1: Maruna, p.104.
4. Ibid, p.105.
5. Sommers, I., Baskin, D., & Fagan, J. (1994). Getting out of the life: Crime desistance by female street offenders. *Deviant Behavior*, 15 (2), 125-149.
6. LPSSC - The Lifers Public Safety Steering Committee of the State Correctional institution at Graterford, Pennsylvania. (2004). Ending the culture of street crime. *The Prison Journal*, 84 (4), 485-685.

reformation, the former prisoner closely identifies with those he/she is trying to help:

*In attempting to reform others, the [prisoner/probationer] almost automatically accepts the relevant common purpose of the group, identifies himself closely with other persons engaging in reformation, and assigns status on the basis of anti-criminal behavior.*⁷

Giving support and receiving support is key to learning from one another during this *mutual aid* process, which can be essential to prisoner recovery and rehabilitation,⁸ helping to replace one's criminal status with a more conventional status.⁹ During this transformation, prisoners can use their shame to assist others, rather than become paralyzed by it.¹⁰ Helping others can be extremely therapeutic because it increases levels of self-esteem, encourages higher rates of engagement in pro-social activities, and provides for strong conventional attachments, particularly for incarcerated women;¹¹ in essence, it positively influences levels of 'recidivism and psychological well-being'.¹² The deviant identity is in a way, professionalised, and not abandoned.¹³

Mutual aid or peer mentoring is successfully utilised in many venues, including, but not limited to, education programs in schools and community groups¹⁴ and programs promoting disease prevention/education.¹⁵ They are also effective in helping those with mental disorders;¹⁶ and assisting soldiers returning from war.¹⁷ The same positive results are found with prison-based peer education programs, especially the ability to increase knowledge, provide conventional support, enhance self-esteem, and

advance behaviour modification.¹⁸ Peers can positively impact the newly released since released prisoners, particularly women, feel more comfortable receiving support from others who are formerly incarcerated; it gives them 'a sense of belonging'.¹⁹

Promoting Remorse, Feeling Worthy and Enacting Identity Transformation

In addition to identifying with their clients, *wounded healers* can incite feelings of remorse in those they are helping by sharing their own narrative. Stimulating guilt is a mechanism that can be used to further desistance when helping others (i.e., I used to do that but look at me now) and in themselves (i.e., I will never be you again).²⁰

*....to desist from crime, ex-offenders need to develop a coherent, pro-social identity for themselves. As such, they need to account for and understand their criminal pasts (why they did what they did) and they also need to understand why they are not 'like that anymore.'*²¹

The prisoner's worth in this process is validated by their past experiences,²² which, in this case, can be complimentary to that of a trained counselor without such experience. Past deviance is used to develop a new career. Formerly incarcerated women may not have a professional degree but their training in the streets, coupled with their desire to change and their yearning to help others, is their makeshift diploma.

It is difficult to leave prison and re-enter society with the 'ex-con' stigma but a new career trajectory is important in mitigating its impact on the formerly

7. Cressey, D. R. (1965). Social psychological foundations for using criminals in the rehabilitation of criminals. *Journal of Research in Crime and Delinquency*, 2, 49– 59 (p119).
8. White, W. L., Boyle, M., & Loveland, D. (2004). Recovery from addiction and recovery from mental illness: Shared and contrasting lessons. In *Recovery and Mental Ollness: Consumer Visions and Research Paradigms* (ed. Ralph, R., & Corrigan, P.), Washington, DC: American Psychological Association, 233-258.
9. Brown, D. J. (1991). The Professional Ex-: An Alternative for Exiting the Deviant Career. *The Sociological Quarterly*, 32, (2), 219-230.
10. Maruna, S., & LeBel, T. P. (2009). Strengths-based approaches to reentry: Extra mileage toward reintegration and destigmatization. *Japanese Journal of Sociological Criminology*, 34, 59-80.
11. Heidemann, G., Cederbaum, J. A., Martinez, S., & LeBel, T. P. (2016). Wounded healers: How formerly incarcerated women help themselves by helping others. *Punishment & Society*, 18 (1), 3–26.
12. Bellamy, C. D., Rowe, M., Benedict, P., & Davidson, L. (2012). Giving back and getting something back: The role of mutual-aid groups for individuals in recovery from incarceration, addiction, and mental illness. *Journal of Groups in Addiction & Recovery*, 7, 223–236.
13. See Footnote 9: Brown.
14. Devilly, G. J., Sorbello, L., Eccleston, L., & Ward, T. (2005). Prison based peer education schemes. *Aggression and Violent behavior*, 10, 219-240.
15. Ramchard, R., Xenakis, L., Geoffrey, G., Apaydin, E., Raaen, L. (2017). A systemic review of peer-supported interventions for health promotion and disease prevention. *Preventative Medicine*, 101, 156- 170.
16. Clay, S. (2005). *On our own together: Peer programs for people with mental illness*. Vanderbilt University press: TN.
17. Greden, J. F., Valenstein, M., Spinier, J., Blow, A., Gorman, L.A., & Dalack, G.W. (2010). Buddy-to-buddy, a citizen soldier peer support program to counteract stigma, PTSD, depression and suicide. *Annals of the New York Academy of Sciences*, 1208, 90-97.
18. Collica-cox. (2007). The Prevalence of HIV Peer Programming in American Prisons: An opportunity wasted. *Journal of Correctional Healthcare*, 13 (4), 278-288.
19. Eaton, M. (1993). *Women after Prison*. Pennsylvania: Open University Press.
20. See Footnote 7: Cressey.
21. See Footnote 1: Maruna, p.7.
22. Humphreys, K. (2004). *Circles of recovery: Self-help organizations for addictions*. Cambridge: Cambridge University Press.

incarcerated,²³ especially in how they are perceived by others. In a study conducted with NYS prisoners by LeBel,²⁴ *wounded healers* had higher levels of self-esteem, were more satisfied with their life, and had lower rates of recidivism/predicted recidivism than other types of prisoners. These prisoners often perceived fewer stigmas and were engaged in more pro-social activities when compared to those in *non-helping careers*.²⁵ A factor often differentiating persisters from desisters is their indifference to helping others.²⁶ By helping others, desisters are able to reform their past, recreate their self-identities, and accomplish a certain level of success; they find a higher purpose that supersedes their need to engage in crime.²⁷ Importantly, desisters believe they have some sense of control over their futures that include a *missionary* life purpose. The belief is that past acts led them to this new path. To the contrary, persisters believe their chances for future success are low. The desister, however, is a new person—'What he is now is what, after all, he was all along'.²⁸

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Prison Programmes and Finding Purpose

The process of identity transformation can begin when prisoners are regularly engaged in prison-based programmes designed to promote and support conventional behaviour. Reduced maladaptive behavior while incarcerated, reduced recidivism upon release, and increased involvement in other pro-social activities, are three vital factors intrinsic to this new conventional identity.²⁹ Prison programmes can aid in accomplishing these goals but they vary in their effectiveness, depending on whether they can address the prisoner's individualised level of need.³⁰ Effective programmes incorporate the Risk-Need-Responsivity (RNR) Model,

which holds that the level of rehabilitative intervention should be based upon the risk level of the prisoner; the higher the reoffending risk, the higher the required level of intervention.³¹ Not all programmes will serve as a rehabilitative tool for every prisoner; resources are used most effectively when the express service matches the express need of the prisoner.³² Prisoners often have limited job skills and inconsistent work histories.³³ Programmes that can target deficient job skills and provide prisoners, particularly women prisoners who have the added burden of caring for children upon release, with marketable job skills, creates a viable way for them to support their families, and thus, provides them with a higher chance for reintegration. The adoption of a new pro-social identity and a new career path are keys elements of this desistance process,³⁴ both which can be furthered through effective prison-based programmes. Since women may lack supportive networks (which is necessary for successful desistance to occur) and employment skills (more than men), prison-based programmes can increase opportunities for institutional and

post release success by targeting these issues.³⁵ Jobs that prisoners have while they are incarcerated are often geared toward maintaining the day-to-day operations of the facility (e.g. cleaners). These jobs are necessary to maintain facility operations but have limited utility in the outside world. In order for women prisoners to be successful on release, they need to possess job skills that will allow them to be financially independent:

Women offenders are often involved in co-dependent relationships that stimulate their criminal activities. Skills are important for

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23. Aresti, A., Eatough, V., & Brooks-Gordon, B. (2010). Doing time after time: an Interpretative Phenomenological Analysis of reformed ex-prisoners' experiences of self-change, identity and career opportunities. *Psychology, Crime & Law*, 16 (3), 169-190.
24. LeBel, T. P. (2005). An examination of formerly incarcerated persons' desire for a career as a 'wounded healer' or 'professional ex'. Paper presented at the 57th Annual Meeting of the American Society of Criminology, Toronto.
25. LeBel, T. P., Richie, M., & Maruna, S. (2015). Helping others as a response to reconcile a criminal past the role of the wounded healer in prisoner reentry programs. *Criminal Justice and Behavior*, 42 (1), 108-120.
26. Ibid.
27. See Footnote 1: Maruna.
28. Ibid, p10.
29. Gaes, G., Flanagan, T., Motiuk, L. & Stewart, L. (1999). Adult correction treatment. *Prisons* (ed by Tonry, M. & Petersilis, J). Chicago: University of Chicago Press.
30. See Andrews, D. & Dowden, C. (2007). The Risk-Need-Responsivity Model of Assessment and Human Service in Prevention and Corrections: Crime-Prevention Jurisprudence. *Canadian Journal of Criminology and Criminal Justice*, 49 (4), 439-464.
31. Bonta, J., & Andrews, D. A. (2007). Risk-need-responsivity model for offender assessment and rehabilitation. Public Safety Canada. Retrieved from: https://cpoc.memberclicks.net/assets/Realignment/risk_need_2007-06_e.pdf
32. See Footnote 30: Andrews & Dowden.
33. Flower, S. M. (2010). *Employment and female offenders: An update of the empirical research*. US Department of Justice/National Institute of Corrections: Washington DC.
34. See Footnote 23: Aresti et. al.
35. See Footnote 31: Bonta & Andrews.

women so that they also gain social independence, thus removing them from co-dependent relationships and other circumstances that contribute to their criminal lifestyles.³⁶

Possessing job skills is the first step on the path to desistance, but more importantly, prisoners must find a career that is open to ex-prisoners, which is no easy task. Stigma limits employment opportunities and increases ostracism.³⁷ Yet, one opportunity open to ex-prisoners is the field of HIV/AIDS. Many community-based organisations, particularly in the New York City area, that receive funding to provide HIV related services, have hired ex-prisoners to provide outreach, case management, and educational and supportive services to their clients, most of whom are also recently released from prison or jail. In these positions, a criminal past serves as an asset, not a liability. HIV prison-based peer programming provides a great opportunity to give serving prisoners the skills they need to obtain entry-level positions in the field of public health upon release. For many prisoners, this may be the beginning of a successful career or at least an initial way for them to support themselves financially, while subsequently providing them with a higher purpose.

Data and Methods

Peer Education Programs—ACE and CARE

This study, based on the narratives of 49 female prisoners, examines the potential for prisoners to adopt a new identity while working in the two HIV prison-based peer programs in NYS: The ACE (AIDS, Counseling and Education) Program located at Bedford Hills Correctional Facility (BHCF) and the CARE (Counseling, AIDS, Resource and Education) Program located at Taconic Correctional Facility (TCF). BHCF is the only maximum-security prison for women in NYS, holding approximately 800 prisoners, and TCF, located across the street from BHCF, is a medium-security facility for women in NYS, holding approximately 400 prisoners. Since TCF is a medium-security facility, many women at BHCF, who worked for ACE, will also work for CARE when they are transferred to TCF as their security status decreases. ACE/CARE civilians work in both facilities. Both programs were created in the late 1980s to deal with the AIDS epidemic in female prisons and provide a variety of services to prisoners such

as support groups, education, crisis counseling, HIV testing, discharge planning, etc. ACE educates over 3,000 women annually and CARE educates approximately 600 women annually. The programmes comprise five civilians when fully staffed: a CARE Coordinator, an ACE Coordinator, an HIV Test Counselor, an HIV Discharge Planner, and an Upstate Supervisor. The number of prisoner peers varies (anywhere from 4 to 9). Prisoners in this sample worked for ACE/CARE for an average of 4 years, ranging from 6 months to 13 years. Prisoners are trained to provide counseling, educational work-shops, and facilitate support groups. In addition, they have permission to work with specialised prison groups such as the nursery mothers.

Prospective peer workers must have or be working toward their GED (high school equivalent certificate). All are required to submit a CV, successfully complete the HIV professional training series (offered by CARE/ACE), undergo two interviews (one by the programme coordinator and one by other prisoner peers), and teach a demonstration lesson. Prospective workers must have a good discipline record during the months preceding employment. Prisoners with poor records are encouraged to maintain good behavior for a few months before reapplying. Indiscipline, once hired, is grounds for dismissal.

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Study Sample

The sample for this study included: (a) women incarcerated in BHCF and TCF who were currently working as peer educators for ACE or CARE, (b) women incarcerated in one of NYS' five female facilities who previously worked as peer educators for ACE/CARE or both programs, and (c) formerly incarcerated women living in the community who, during their incarceration, worked for ACE, CARE, or both programmes. The author collected data from the prisoners over a seven-month period, yielding a sample of 49 women (a response rate of 86 per cent based on the 57 women identified for the study). Participation was voluntary (no incentives were allowed) and all interviews were conducted in private. Forty-nine percent of the study group were released from custody (n=24) and 51 per cent of the women were in custody (n=25)ⁱ.

The concept of HIV peer educators as *wounded healers* was not hypothesised at the study's onset but was a theme that emerged as the women discussed their life stories. In order to maintain the confidentiality of subjects, women were asked to choose their own pseudonyms,

36. Koons, B., Burrow, J., Morash, M., & Bynum, T. (1997). Expert and offender perceptions of program elements linked to successful outcomes for incarcerated women. *Crime and Delinquency*, 43 (4), 512-532; p.528.

37. See Footnote 1: Maruna.

which served as a unique identifier to describe a part of their personality. On average (of all 49 subjects), interviews took approximately one hour and fifteen minutes to complete (range of 105 and a standard deviation of 25.15). The shortest interview lasted 35 minutes, while the longest interview lasted 140 minutes. The questionnaire, which reflected their experiences as peers, was divided into five parts: *demographics, disciplinary (institutional and post release) institutional/post release experiences, experiences regarding ACE/CARE, and goals and expectations.*

Qualitative Interview and Analysis

Many questions required open-ended responses and yielded in-depth answers. The author examined common themes in answers generated by respondents, using a framework analysis, managing data by case and theme.³⁸

Data coding and analysis connected theoretical assertions with inductive concepts.³⁹

Thematic analysis is fluid and can accommodate different theoretical frameworks; it is suitable for identifying themes that present multiple times within a data set.⁴⁰

Based on preliminary observations of the data, a codebook was developed, providing definitions for concepts; identifying themes emerged and succeeding concepts categorised. Coding was a continuous process. In this study, thematic analysis was used to

identify concepts aligned with the 'wounded healer' such as, serving as a role model, mentoring others, achieving purpose, sharing past experiences, changing perception, and desiring a 'helping' career.⁴¹ To examine maladaptive behaviour, respondents were asked to self-report disciplinary infractions. In order to determine whether a behaviour change occurred, respondents were asked to report on the total number of disciplinary offences they received prior to and during the time they were employed with ACE/CARE. The author was unable to obtain permission to view the participants' prison discipline record and relied solely upon self-report data. Released respondents were asked to report parole violations or any commission of new crimes, even those not 'caught' by parole officers. All responses were recorded in writing by the author (tape recording was prohibited) and transcribed later that day. Categorisation of responses and themes continued during transcription.

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Demographics

Demographics of the sample differed slightly from the average NYS female prisoner where whites tended to be over-represented (33 per cent compared to a 22 per cent rate among the study population), and the age of participants tended to be four years older (40 years old compared to an average of 36 years old among the study population). Almost half of the women (43 per cent; n=21) were unemployed prior to imprisonment. Over half (65 per cent; n=32) of the sample stated that they earned less than \$10,000 per year, prior to their arrest, 59 per cent (n=29) stated that they had children, and most women (73 per cent; n=36) resided with a family member prior to imprisonment. Forty-nine percent (n=24) of the women reported sexual abuse and 45 per cent (n=22) reported a history of physical abuse.

Seventy-one percent (n=35) of the women had a history of drug use/misuse and 41 per cent (n=20) exchanged sex in order to obtain drugs. Fifty-seven percent (n=28) reported that this was not their first offense. For releases, 33 per cent lived alone when they returned home and for incarcerated respondents, less than half (48 per cent) believed they could reside with a family member/partner: 24 per cent hoped they could obtain placement in transitional housing, 16 per cent planned to live alone, and 12 per cent did not know

where they would live. Subjects were involved in other programmes while incarcerated, with 86 per cent of subjects reporting involvement in an educational program, 12 per cent in a religious programme, and 19 per cent involved with other prison-based programmes, in addition to their work with ACE/CARE. It is important to note that most of the women were not HIV positive; only 14 per cent (n=7) were diagnosed with HIV.

Research Findings

The Role Model

The *wounded healer* theme emerged as the women spoke about why they wanted to work as an HIV peer educator while incarcerated. These women were invested in *giving back* and really found purpose in their HIV educator/counselor role. Interestingly, this was not an easy position to maintain because prison behaviour was

38. Glaser, B. & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago: Aldine Publishing Company. Miles, M.B., & Huberman, A.M. (1994). *Qualitative Data Analysis: An Expanded Sourcebook*. London: Sage.

39. Layder, D. (1998). *Sociological Practice: Linking Theory and Social Research*. London: Sage.

40. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77–101.

41. LeBel, T. P. (2007). An examination of the impact of formerly incarcerated persons helping others. *Journal of Offender Rehabilitation*, 46, 1–24.

always under review. If engaged in behaviour unbecoming of a peer, they knew they could be removed from the programme. They also knew their behaviour was monitored more carefully and peer workers felt this sense of heightened responsibility. Participants preferred this work, despite the heightened level of visibility, which proved to be emotionally rewarding. It was preferable to working in a job with less scrutiny but also generated little reward; it was viewed as an honour, not a burden:

It was a privilege to work for the CARE Program and they expected more from you because you worked for CARE. You were supposed to act in a certain way at all times. You were supposed to be a role model at all times. (Free/CARE)

...when I took this job I took it with the understanding that I would not have a disciplinary record and if I received one, she [the civilian supervisor] would have lost an educator. (Kate/ACE)

Similar to the above narratives, the notion of being a role model, was mentioned explicitly by 10 participants, even though there were no interview questions that specifically asked. This unexpected, yet, recurring theme was related to the *Wounded Healer* identity:

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

...we were seen as someone to look up to, a role model.' (Sky/CARE)

As a role model, there were very high expectations placed on them by their peer workers, where 92 per cent (n=45) said their peers expected their work to be excellent/good, and by their civilian supervisors, where 96 per cent (n=47) said their supervisor expected their work to be excellent/good. All of the women (100 per cent; n=49) evaluated their own work as excellent/good and all the women said their supervisor evaluated their work as excellent/good.

In order to maintain their identity as a role model, ACE/CARE peers could not incur disciplinary infractions, which would result in immediate dismissal. Reduced maladaptive behavior during incarceration is the first

factor related to the adoption of a new conventional identity.⁴² In looking at the effect that ACE/CARE had on rates of disciplinary infractions among participants, more than one-half of participants (51 per cent; n=25) had a decrease in the number of infringements they received after joining ACE/CARE. On average, the women had received 5.17 infringements prior to working for ACE/CARE (.59 tier ones, 4.10 tier twos, .52 tier three) (tier ones are the least serious and tier threes are the most serious) and they only received, on average, 1 infringement (.95) during the time they worked for ACE/CARE (.19 tier ones, .70 tier twos, .10 tier threes)ⁱⁱⁱ.

Mentoring

In addition to being a role model, the women believed part of their role was to mentor other women. This is another component of the *Wounded Healer* identity and a theme that emerged through the narratives. Although the women were not explicitly asked about serving as a mentor, they discussed being a mentor, providing guidance/counseling services to other prisoners:

ACE was really my first job and it provided me with many of the skills I use today, like counseling, mentoring, and making presentations. It gave me a sense of community and how a group of women, working together, can make a difference. (Power/ACE and CARE)

The younger members often came to me for guidance. (Shyone/ACE).

It was common to get phone calls on the unit for someone who was having an emotional crisis. We would even get phone calls for women that weren't HIV positive. The officers would call for us to counsel other women before they would even make that call to (mental health). The women asked for us, they respected us and they knew that we would keep everything confidential. (Purposed/ACE)

The Purpose

Wounded healers need a purpose, a higher calling (i.e., secondary desistance).⁴³ When asked why they decided to work for ACE/CARE, the majority stated that

These women were invested in giving back and really found purpose in their HIV educator/counselor role.

42. See Footnote 29: Gaes et. al.

43. Maruna, S. and Farrall, S. (2004) Desistance from crime: A theoretical reformulation. *Kvlnner Zeitschrift fur Soziologie und Sozialpsychologie*, 43, 171–94.

they 'wanted to help others' (43 per cent; n=21). The remaining participants discussed ways in which they were able to 'give back' to the community through their work with ACE/CARE; they became involved because they wanted to educate inmates and learn more about HIV infection (39 per cent; n=19), they had a loved one who died of AIDS-related complications (14 per cent; n=7), or they wanted to lessen the stigma associated with being HIV positive (4 per cent; n=2):

... I went to CARE because this is what I do. It's fulfilling for me. It gives me the chance to be there for somebody else. I can give them a shoulder to cry on. Some people just can't accept their status but I can be there with them to help them cope. (Hopeful/ACE and CARE)

Involvement in pro-social activity is the second factor intrinsic to a new conventional identity⁴⁴ and tasks performed in their roles within ACE/CARE are duties characteristic of the *wounded healer*. Most respondents stated that their main responsibility was education and counseling (90 per cent; n=44), eight percent worked exclusively in IPC (in-patient care) taking care of other women that were too ill to leave the facility hospital (i.e., hospice) (n=4), and one woman (4 per cent) stated that she worked exclusively as an administrative assistant to the ACE supervisor. Their dedication to helping others was unambiguous, even if it meant putting their own health in jeopardy:

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

These women really wanted to make a difference, especially upon release:

It, (working as a peer), has made me more compassionate. I want to do all in my power to help those that are HIV positive and I feel the need to educate those who are not positive to

help stop the spread of infection. (Big Sis/ACE and CARE)

When I left prison, I never turned my back on AIDS. ACE made me more committed to what I do today and to the services I provide for PWAs (persons with AIDS). I realized that it could have been me and that these women were being rejected like they were some sort of animal. They should not have been punished again because they had an illness. (W21/ACE)

One released worker credited all of her employment success to her work in ACE:

The two jobs I had out here (after release) were in HIV. ACE was a stepping stone to something real, something concrete out here. (Ice/ACE)

All participants stated that ACE/CARE was a positive experience for them (n=49) - the 49 includes women from both programs. For some, a sense of community developed:

When I became involved with ACE, I began to understand what a community is all about...I developed social skills, a sense of community,

and I began to understand we could all make a difference, each one of us. (Shyone/ACE)

It gave their life meaning or purpose:

Because of the way it makes you feel about yourself. It gives your life meaning in here. There are people who live on the outside who have never touched as many lives as we did through ACE. (Purposed/ACE)

It gives me a chance to give something back, just knowing that I am making a difference, just being there for someone so they are not alone. It doesn't matter whether they need to cry or to vent, they know that they don't have to do it alone. (Hopeful/ACE and CARE)

Transforming and Sharing Their Past: Perception is Key

An important element of these programmes that emerged was that respondents could be themselves; they could transform shame to pride:

These women really wanted to make a difference, especially upon release

44. See Footnote 29: Gaes et. al.

The majority of women were looking for a place where they would not be judged. I did not want to be judged either, so it went hand-in-hand. It was a place that we could all gather without having to worry that others were judging us (Smarty/ACE)

This was the time that they could use their past to connect with others and further their new identities. They could take pride in their current role and be proud of the 'new woman' or the woman they were 'meant to be':

They (staff) were proud of me and I felt proud of me... I grew up in there and I am proud of all I accomplished... there is no shame to my game. I have a wealth of knowledge from my experiences of living in prison. (W21/ACE)

Rose (ACE), one of the few peers who was HIV positive, spoke about why it was important to share her story:

I think it is important for a person who is positive to have another positive person try to reach them. Other positive people will hear you better. Others need to hear my story because it will give them strength... [In a presentation I made in reception] I said that people can stigmatize me because I am HIV positive, but words do not validate who I am. She [an inmate] came up to me afterwards and said that my story gave her strength and she was able to disclose her status and state that she was positive. People are so afraid of being stigmatized and they feel shame and guilt.

Importantly, these women did not worry about being judged by the civilian staff:

I was never judged. They always laughed with me, shared with me, listened to me, and wow, it meant the world to me that that could happen in prison. (Blondie/CARE)

I was treated like a human being instead of a number (referring to the CARE civilians). I was not judged on what I did. The civilian staff treated us like real people. (Shak/CARE)

I feel comfortable enough to talk them [civilian staff] about anything and I know I

won't be judged and I won't be looked down upon. (Tyler/ACE)

...No one ever judged me or treated me like I was convicted felon... (Autumn/ACE)

The women had no regrets in choosing to pursue this line of work. Their commitment was evidenced by the fact that 78 per cent of participants (n=38) believed their time in prison would have been different if they had not worked for ACE/CARE (12 per cent or n=6 said it would not have been different; 10 per cent or n= 5 were not sure):

I wouldn't have felt needed, like I was making a difference. I would have had too much extra time on my hands and my time would have went much slower. (DM/CARE)

This transformation seemed apparent throughout many of the women's narratives:

I don't think I would have changed as much as a person, I wouldn't have grown as much. I would still be in the same place as when I came in. (Volcano/ACE)

I did a lot of growing in ACE. The women who worked there were positive role models and their input and their dedication impacted me. I came here with a victim mentality and when you give back, it helps to empower you, it helps you to heal and to not feel so weak and powerless. By helping someone else, you are not only affecting their life, you are affecting your own as well. (Purposed/ACE)

Everyday there was a reason to get up and go and stay out of trouble. I felt useful. ACE gave me that. (Nicolette, ACE/CARE)

Six women did not believe ACE/CARE impacted their experience while incarcerated either because they were never troublemakers or, if they did not work in ACE/CARE, they would have tried to be involved with another program:

I don't think so because I was never in trouble. (Poison/CARE)

Not really because they still had other programs I could have been involved in. (Mary/ACE)

I came here with a
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Wounded Healer and The Perception of Transforming

One's identity is affected and reinforced by perception. As a result of their work in these programmes, these women were perceived differently from other prisoners. Their positions as educators/counselors lessened the stigma associated with their incarceration, even during imprisonment. When asked if they thought other prisoners, because of their work in ACE/CARE, perceived them differently, 94 per cent (n=46) said 'yes,' four per cent (n=2) said they did not know if they were perceived differently, and two per cent (n=1) said that they were not perceived differently. Seventy-one per cent (n=35) of subjects believed they were viewed as more knowledgeable, more trustworthy, and more supportive, than other prisoners. They also felt that other prisoners viewed them as role models:

Yes, they felt that we were doing something that they couldn't do. They made us feel that it was important for us to run support groups and to go to the units to give them information. (Poison/CARE)

'When they saw me, they would say she works for ACE. She does the workshops. You can talk to her, you can trust her. Many of the women have trust issues but they felt safe talking to us.' (Blissful/ACE)

It appeared that the perceptions of both prisoner population and prison staff had an effect on how the women perceived themselves. These positive perceptions gave the workers confidence, made them feel as if they were making a positive difference in the lives of others, and encouraged them to continue this approach. When asked if they believed they were perceived differently than other inmates by prison staff because of their work in ACE/CARE, 74 per cent (n=36) stated 'yes,' 12 per cent (n=6) said that they were not sure if they were perceived differently, and 14 per cent (n=7) stated that they did not think that they were perceived differently than other prisoners or it depended on the staff person. Over one-half of the sample (53 per cent; n=26) thought that they were perceived as more dependable, more educated, more respected or trustworthier than other prisoners. They also felt they were perceived as role models:

I was treated with more respect. The COs looked at me more like I was on their level rather than just some inmate. (DM/CARE)

Yes because we are allowed to work and go to certain areas that were not open to all of

population. We were looked at as role-models for others. (Scarlet/ACE)

Yes, I was perceived as someone who was serious and doing something meaningful. I was always respected. (Shak/CARE)

Wounded Healers Upon Release

The commitment to their new identity would continue upon release. For incarcerated subjects (n=25), most (72 per cent; n=18) planned on working in the field of HIV upon release, 16 per cent (n=4) were unsure, and 12 per cent (n=3) stated that they would not want to work in this field upon release. Those who did not want to work in this field stated that they wished to pursue other interests or that they found the work to be too stressful. Those that wanted to pursue a career in this field gave reasons like, they 'loved' the work, it was where their 'heart' was, or they 'enjoyed' what they were doing in the facility and wanted the opportunity to continue the same type of work upon release:

I want to be an HIV counselor. Working in ACE, being in groups, and meeting other people has made me want to help other people who are in denial like I was. (Ten/ACE)

...it is something that I really enjoy doing and I believe that God has a purpose for me...

God has put me in the path of certain people so I can help them. (Freckle/ACE)

For the three women who decided to change professions on release, it was primarily because they were 'burnt out' and wanted to do something different:

I want to do something that is not mentally or physically challenging. Before I wanted to work in the field when I was released but I have done this work for a long time. I want to sit on a beach for 6 months and then I want to work in my uncle's casino. That's it. (Volcano/ACE)

Post discharge (n=24), 88 per cent (n=21) worked in an HIV-related position, particularly within the first six months of release. At the time of the interview, 75 per cent (n=18) were still employed in an HIV-related position post release:

When I came home I worked in a work release center for men for about a year until I went to [name of organization]. I started as an HIV counselor, then program coordinator,

manager of reentry services, and now I am the director of reentry services. (Power/ACE and CARE)

Most of the women (90 per cent) believed that working in ACE/CARE helped them or would help them to successfully make the transition from prison to the community. Sixty-three percent of participants stated that the transition was or would be easier because of the knowledge they gained and the skills they acquired. Many believed it would help them or has helped them to obtain employment positions that they would not have otherwise attained. Some stated that the skills they learned would be useful in *all* employment and personal settings.

The ability to reintegrate successfully appears related to the work experience as *wounded healers*. Most were able to obtain employment after release; although non-for-profit jobs do not pay particularly well, they earned enough money to support themselves and to help support their families. In examining the rate of post-release success, most were employed at the time of the interview (21 out of 25 women). Seventy-two percent (n=18) of the women worked for community based organizations providing social services such as HIV related services, mental health services, or substance abuse services. On average, they had been living in the community for five years (median=4 years; mode=10 years) since their release from prison, ranging from 1- 15 years. Out of the 25 released women, only one was re-arrested . Nonetheless, her transgression was quite minor (i.e., trespassing) and she was not re-called. Two were recalled for a parole violation (i.e., leaving the jurisdiction) but were re-released. The recidivism rate for this sample was stated to be 12 per cent.

Discussion

ACE/CARE provided prisoners with a higher purpose in life, it helped them to reframe their narrative (from lawbreaker to helper) and it enabled them to adopt the role of the *wounded healer or professional ex*, (a prosocial identity or secondary desistance),⁴⁵ all of which led to the maintenance of a conventional lifestyle. They were able

to use their work in ACE/CARE to bring together their two identities; the old criminal identity and the new law abiding identity.⁴⁶ These women did not have to be ashamed of their past because they were able to utilise it as a tool to help others. By doing so, they subsequently helped themselves. Even after release, while working in the HIV field, their criminal past was viewed as an asset. This new way of looking at one's self provided new insight into their past and allowed them to turn something bad into something *good*, thereby, aiding desistance. Subjects demonstrated that they met the criteria needed for successful adoption of a conventional identity.⁴⁷ First, women engaged in very little maladaptive behavior while incarcerated, which is characteristic of primary desistance. Maruna and Farrall⁴⁸ distinguish between primary and secondary desistance, whereas primary desistance is related to a change in *behaviour*, secondary desistance is related to a change in one's *identity*. For desistance to be successful, an identity shift must occur. This initial change in behaviour is not sufficient to successfully maintain a crime-free lifestyle but is a required first step toward achieving that goal. The women in this sample incurred few disciplinary infractions and they knew the expectations of their behavior and performance was high, which appeared to motivate them.

Secondly, subjects were involved in prosocial activity as a *wounded healer*. A large number of women believed working as a peer educator gave them a higher purpose in life (a calling) and it impacted how they were perceived by others, which is characteristic of secondary desistance. Initially they were known by their criminal identity, after several months, they become known by their 'helper identity'. They adopt this role as their primary label or master status and once others accept the label, it helps to reaffirm their connection as a member of this unique, conventional group.⁴⁹ Labelling's foundation is based on the theory of *symbolic interactionism*, which began in 1902 when Cooley⁵⁰ developed the idea of the *looking glass self*. His theory claimed that our understanding of ourselves is principally a reflection of our perceptions of how others react to us. Mead elaborated on Cooley's theory by focusing his attention on the interaction between

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45. See Footnote 1: Maruna.

46. See Footnote 2: Lofland; Nouwen.

47. See Footnote 29: Gaes et. al.

48. See Footnote 43: Maruna & Farrall.

49. Becker, H. S. (1963). *Outsiders*. The Free Press: New York.

50. Cooley, C. H. (1902). *Human Nature and The Social Order*. Transaction Books: New Brunswick.

the emerging self and the perceptions of others' reactions to that self.⁵¹ According to Mead, the most important aspect of our socialisation lies in our ability to anticipate what others expect from us and to behave according to those expectations. As stated above, the expectations placed upon each peer by their coworkers and by their supervisor were quite high; they also had high expectations of their own work. As we become older, we learn to internalise the expectations of the larger society; we evaluate ourselves, and construct our own self-concepts, based on others' perceptions of us and/or on the labels that they assign to us.⁵² As a result of their work in these programmes, these women were perceived differently from the rest of the prisoner population, this made them view themselves differently.

Participants had a low rate of recidivism (12 per cent), compared to national rates for female discharged prisoners (39.4 per cent),⁵³ and for female prisoners in NYS at 31 per cent.⁵⁴ The true rehabilitative effect of this type of vocational programming may not only be attributed to the marketable job skills it can provide prisoners, but to the higher purpose it allows them to obtain.

Peer programs like ACE/CARE benefit facilities by providing comprehensive education/counseling services free to the prisoner population and by increasing overall knowledge about HIV and risky behaviors.⁵⁵ They serve to be rehabilitative to the offenders who work as in these programs, increasing self-esteem,⁵⁶ building supportive communities and networks,⁵⁷ reducing disciplinary infractions,⁵⁸ reducing recidivism, and promoting viable employment opportunities for females offenders.⁵⁹

Limitations

There are several limitations to the current study. First, the sample was not random since it was an already established programme within the prison, Second, there was an issue of selection-bias. Third, there was no control group in this study; it was not allowable to have another group of prisoners taken from their regularly scheduled programmes to participate in a comparison group.

Implications and Future Research

Identity transformation will work most effectively when it occurs years prior to release, which allows the investment in conventionality to gain strength and priority in a prisoner's life. Essentially, it becomes their *master status*.⁶⁰ It appears deviation from this identity, once ingrained, will be less likely to occur, despite temptations that exist in the community. ACE/CARE gives women the skills to work in entry-level positions in the field of public health, where the stigma of incarceration can be an asset rather than a liability. These women are experts at working with at-risk populations. The appropriate job skills, coupled with support, provide an incentive to maintain conventional behavior. Future research could examine other roles within the correctional environment that can provide *wounded healer* status for prisoners in order to study the impact on maladaptive behavior, engagement in prosocial activity and levels of recidivism. Prison administrators who are willing to engage in partnerships with community based organizations to help promote opportunities that lend itself to the adoption of a wounded healer identity will help in achieving rehabilitative outcomes.

51. Mead, G. H. (1934). *Mind, Self, and Society*. University of Chicago Press: Chicago.

52. Ibid.

53. Langan, P. & Levin, D. (2002). Recidivism of Prisoners Released in 1994. *Bureau of Justice Statistics Special Report*. Washington, DC.: US Department of Justice.

54. Staley, M. (2003). *Female Offenders: 2001-2002*. New York State Department of Correctional Services.

55. Collica, K. (2002). Levels of Knowledge and Risk Perceptions about HIV/AIDS Among Female Inmates in New York State: Can Prison-Based HIV Programs Set The Stage for Behavior Change? *The Prison Journal*, 82 (1), 101-123.

56. Collica-Cox, K. (2015). Feeling Positive about HIV: Prison-Based Peer Educators and Self-Esteem. *Journal of Correctional Education*, 66 (1), 21-44.

57. Collica, K. (2010). Surviving Incarceration: HIV Prison-Based Peer Programs Build Communities of Support for Female Offenders. *Deviant Behavior*, 31 (4), 303-313.

58. Collica-Cox, K. (2014). Counting Down: HIV Prison-Based Peer Education Programs and Their Connection to Reduced Disciplinary Infractions. *International Journal of Offender Therapy and Comparative Criminology*, 58 (8), 931-952.

59. Collica, K. (2013). *Female Prisoners, AIDS, and Peer Programs: How Female Offenders Transform Their Lives*. New York & London: Springer Publishing.(60).See Footnote 49: Becker.

i. Due to a reduction in NYS' prison population, two women's prisons closed.

ii. The author worked with the creators of ACE/CARE to devise a list of all women who worked for both programmes. Out of approximately 65 women identified, 49 were interviewed. Women not included were deported, deceased or unable to be located. Hence, 75 per cent of all women who worked for both programs participated in this study. Snowball sampling, though not ideal, was the only way to locate subjects. The prison does not keep records on peer workers.

iii. In conducting a pair samples T test, the associated p value of .537 (comparing tickets incurred before and during work with ACE/CARE) and the associated p value of .839 (comparing tickets incurred during and after work with ACE/CARE) were not statistically significant at the <0.0005 level.