Gender Differences in Experiences of Social Support Among Men and Women Releasing from Prison

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Abstract

Positive social support is critically important to post prison well-being outcomes. However researchers and program developers are still trying to understand how to best promote stable and sustainable social support for formerly incarcerated individuals. One factor that has received little attention in prisoner reentry related literature, is how social support experiences vary by male or female gender. We sought to add to the body of knowledge on social support and prisoner reentry by examining the influences (e.g., positive or negative) and amount of social support for men and women releasing from prison. Methods. A random sample of 395 male (n=165) and female (n=230) releasing prisoners participated in the study. After unadjusted bivariate comparisons, multivariate regression was conducted to identify gender differences in pre-incarceration social support quality of influence and anticipated number of post-release support persons while controlling for important covariates such as substance abuse and mental illnesses. Results. Males reported higher rates of negative social support overall, and females reported higher rates of both mixed and positive social support compared to their male counterparts. Older participants reported higher levels of positive support compared to younger participants. Black males reported significantly higher levels of positive support than their white male counterparts. Overall, women had higher prevalence of behavioral health factors that complicate quality of support. However, there were no differences by gender found for the amount of perceived social support available post-release in the unadjusted models. Implications. Study findings suggests the need for gender-specific and culturally-tailored targets for social support interventions. Possible adaptations for interventions are explored.
Keywords: social support, reentry, incarceration, gender-specific, prison

The process of transitioning from prison back to the community is disorienting for most. Whether returning to “home” communities or returning to a new community, the transition from incarceration is often accompanied by stress, financial challenges in meeting basic material needs, substance abuse, parental responsibilities, and a lack of adequate support. Hundreds of thousands of individuals in the United States (U.S.) experience this transition each year. Well over 600,000 adult prisoners are released and thrust back into communities across the nation annually (Carson, 2015). Experiencing a smooth transition home is nearly impossible without positive social support (Bahr, Harris, Fisher, & Armstrong, 2010), and, unfortunately, instability in support is a common occurrence amongst those recently released from prison. Some attribute the fact that 77% of former prisoners are rearrested for a new crime nationally within 5 years (Durose, Cooper, & Snyder, 2014) to unstable social support (Pettus-Davis C., Howard, Roberts-Lewis, & Scheyett, 2011).

Because of the critical role of positive social support in reducing high re-incarceration rates, (Berg & Huebner, 2011; Spjeldnes, Jung, Maguire, & Yamatani, 2012; Cochran, 2014), bolstering positive informal social support is an important target for interventions. As a result, researchers and social support intervention developers are increasingly seeking ways to maximize and sustain informal support that is provided to individuals after prison release (Duwe & Clark, 2013; Fontaine, Gilchrist-Scott, Denver, & Rossman, 2012; Pettus-Davis C., et al., 2015; Sullivan, Mino, Nelson, & Pope, 2002; Wilson, et al., 2005). However, the current knowledge about social support and releasing prisoners is primarily limited to identifying whether people have support available after
prison (Mallik-Kane & Visher, 2008), and to some extent, who is providing the social support (Cobbina, Huebner, & Berg, 2012; Alarid, Burton, & Cullen, 2000; Griffin & Armstrong, 2003; Bui & Morash, 2010; De Li & MacKenzie, 2003). Interventionists that aim to develop programs to enhance informal social support would greatly benefit from further research that probed into the differential experiences of social support across men and women because intervention targets may need to be tailored accordingly. Prior research indicates that quality of support, amount of support, and relationship of social support to re-involvement in the criminal justice system may vary by gender (Freudenberg, Daniels, Crum, Perkins, & Richie, 2005; Spjeldnes & Goodkind, 2009; Giordano, Cernkovich, & Rudolph, 2002; Cobbina, Huebner, & Berg, 2012). The current study fills a critical gap in knowledge for intervention development. We explore gender differences in the quality of influence of social support, amount of anticipated social support, and the influence of factors such as race, age, and behavioral health issues on social support for men and women.

**Background**

**Importance of social support for reentering prisoners**

The relationship between informal social support, successful adjustment, and recidivism of former prisoners has been a topic of increasing interest since the 1970’s and important findings have emerged (Jacoby & Kozie-peak, 1997; Chen, 2010; Emshoff, Davis, & Davidson, 1981; Meisenhelder, 1977; Cullen, 1994). Former prisoners who perceive low levels of social support are more likely to have trouble with finances, finding housing, changing attitudes and substance misuse, which often leads to recidivism (Bales & Mears, 2008; Markson, Friedrich, Souza, & Lanskey, 2015). Low
levels of social support can also lead to severe isolation (Lubben, Gironda, Sabbath, Kong, & Johnson, 2015).

Negative social support influences such as pressure to use drugs or drink alcohol, opposing participation in treatment of substance use disorders, and persuading one to engage in dangerous behaviors can have a seriously harmful impact on former prisoners. Socialization with friends who engage in delinquent acts such as violence, theft or substance use increase the likelihood for individuals, not to just be generally delinquent, but commit the exact same acts as their peers (Thomas, 2015). Furthermore, when necessary social support resources are provided by law breaking individuals, it can facilitate criminal activity of those recently released from prison (Bui & Morash, 2010; Schroeder, Giordano, & Cernkovich, 2007).

On the other hand, positive informal social support for former prisoners has been described as relationships that support the termination of reoffending. Common behaviors within these relationships include encouraging one another to behave in prosocial ways, connecting others to community resources, and providing others empathy and/or accountability. However, although evidence suggests that positive bonds enhance post-release adjustment (Hepburn & Griffin, 2004; Mallik-Kane & Visher, 2008), evidence also suggests that both negative and positive behaviors can be exercised simultaneously by the same person, providing a mixed (Karakos, 2014) social influence towards former prisoners instead of an exclusively “good” or “bad” social support relationship dynamic. For example, if a loved one takes a former prisoner to work every day but uses illegal drugs while driving, this results in mixed social influence of social support. The tangible support of a ride to work is positive, but engaging in illegal substance-using behavior, can
be a negative influence. For the purposes of this paper we refer to social influence of support as “quality” of social support. We therefore examined positive, negative, mixed quality of social support.

**Gender differences and social support**

Women report higher amounts of perceived social support than men across various un-incarcerated populations (Tinajero, Martinez-Lopez, Rodriguez, Guisande, & Paramo, 2015; Burkert, Kendel, Kiep, Holtkamp, & Gaus, 2015), but this cannot be assumed, or extended to, women who are recently released from prison. Although women have an extremely difficult time getting social support after release from prison (Salina, Lesondak, Razzano, & Parenti, 2011), the extant literature has fallen short of comparing the differences in social support across women and men being released from prison. In our review of the literature no study was found to compare former prisoners’ perceived amount of anticipated social support by gender. Even so, because all social ties do not necessarily involve positive influence (Mallik-Kane & Visher, 2008), simply evaluating the quantity of social support resources is inadequate for fully understanding the construct. Integrating social support, social bonding and social development theories, prior work has suggested that “within social networks, it is the appropriate match of social support needs and provisions that reinforces an individual’s emotions, beliefs, and behaviors that buffer internal and external stresses…to promote positive outcomes” (Pettus-Davis, Howard, Roberts-Lewis, & Scheyett, 2011). The quality of social support (i.e., social influence) and quantity of social support must all be taken into account.

With the exception of a few studies (i.e. Cobbina, Huebner, & Berg, 2012; De Li & MacKenzie, 2003), the literature on adult crime and influence of informal social
support is severely lacking, especially in studies that also examine gender differences. Cobbina and colleagues (2012) found that men and women actually report delinquent involvement of informal social support providers at similar levels. However, that same research also revealed that the impact of negative relationships may have a more adverse impact on men than it has on women. Men with ties to negative peers were found to recidivate more quickly, however the same correlate was not significant for women (Cobbina, Huebner, & Berg, 2012). This supports prior work that suggests the effects of social support and post-prison experiences may vary significantly by gender (Giordano, Cernkovich, & Rudolph, 2002).

Ultimately, there is not enough research on gender differences and social support for those who have experienced incarceration. The literature regarding social support, recidivism, and gender is mixed. Some research suggests that there are gender differences in social support amongst those involved in the criminal justice system and such differences impact recidivism, while others highlight similarities across gender. This study contributes to advancement of the literature by testing whether there are significant gender differences in experienced quality of social support and anticipated amount of social support amongst imprisoned men and women.

Our study addresses three primary research questions:

1. How do incarcerated men and women differ in reported quality of social support?
2. How do men and women differ in the amount of perceived social support?
3. What factors predict quality and amount of social support similarly and differently for men and women nearing release from prison?
Methods

Procedures

The study used a cross-sectional research design to administer validated psychosocial assessment tools to a probability random sample of 395 male and female prisoners incarcerated in a southeastern state. Study protocol were approved by two university human subjects review boards as well as the human subjects committee of the state’s Department of Public Safety. Approval from two university review boards was necessary, as members of the research team were affiliated with two universities.

Data collection occurred at multiple intervals between July 2009 and June 2012. Twelve prisons were selected for recruitment based on a high number of monthly prisoner releases and proximity of the prison to the research team. The prisons represented all custody levels – maximum, medium, and minimum levels. The sample was randomly selected using a census of all eligible men and women in the general prisoner population scheduled to release from prison within 25-180 days from prison from any of the 12 prison-based study sites. To be eligible, participants had to be at least 18 years old, speak English, be cognitively functioning to the degree that they were able to provide informed consent, and indicate that they understood the nature of the study and what being a study participant entailed. No one was excluded based on offense type. Of 191 eligible male prisoners, 165 volunteered to participate yielding an 86% response rate. Overall, 277 women were asked to participate in the research and 230 agreed to do so, yielding an 83% response rate. All participants who agreed to involvement in the study completed the assessment interview protocol the same day. Research team members conducted assessment interviews by reading out loud the questions and writing down
participants’ responses. Interviews lasted between 60 to 120 minutes and were conducted in private by one researcher. Researchers had either a doctoral degree in social work or were graduate students of social work. Participants were not compensated for study involvement.

**Measures**

**Quality of Social Support.** Quality of social support was assessed using the *Important People Drug & Alcohol Interview* (IPDAI; Zywiak, et al., 2009), a 14-item interview that asks participants to provide the name and relationship of up to six members of their social network who were important to them in the six months prior to the current incarceration. Because assessing the quality of social support post-release would be prospective, we chose to use social support reported in the months prior to the most current incarceration. The IPDA includes items on the quality of support provided in terms of the support having a positive or negative influence on the respondent.

For this study, we constructed the first dependent variable to be a 3-level ordinal variable (negative=1, mixed=2, positive=3) of quality of support. We included the category of “mixed” support to capture those social support providers that had both a positive and negative influence on the participant. This dependent variable was derived from eight items on the IPDAI. We considered several issues in determining what type of behavior influenced a relationship to have a positive, mixed, or negative nature in quality. For instance, a support person that encouraged the participant to use drugs was classified as a negative influence, whereas a support person that was strongly supportive of the participant seeking drug treatment (if needed) was classified as a positive influence for that item. After deciding which behaviors were appropriate for positive or negative
classification, decision rules were jointly made by two researchers in advance of coding an individual social support provider as positive, negative, or mixed quality of influence. A series of rules determined the quality of social support for each individual relationship that a respondent reported. Baseline decision rules were then made about the overall quality of support score across all six possible relationships. A series of additional rules were developed for unique social support systems. Two research team members separately coded the quality of relationship. A quality score of social support was obtained for each of the social support providers listed. Finally, whenever a case was not able to be determined by the preset rules or showed potential for ambiguity, the research team members consulted with each other and came to consensus on categorization.

**Amount of Perceived Social Support.** Anticipated post-release social support was measured using the Social Support Survey (Richman, Rosenfeld, & Hardy, 1993) which is a 34-item interview about six types of informal social support respondents perceive as available. The Social Support Survey was used to create a continuous dependent variable reflecting the amount of social support that a participant anticipated post-incarceration. Participants were instructed to respond to the questions thinking about people they believed would provide them with help to remain drug-free and crime-free after release from prison. Participants were told to list only those people who do not get paid to provide support to the individual (i.e., informal support providers). Participants were then asked to list all persons who they believed would provide a given support, by subtype of support (listening, task, emotional, challenge, tangible, personal assistance; defined in Table 1). Number of support persons were tallied across all types for each
participant and the total number was used in data analysis as amount of anticipated support post-prison.

**Depression.** The Mini International Neuropsychiatric Interview (M.I.N.I; Sheehan et al., 1998) was used to measure whether an individual ever experienced an episode of depression during his or her lifetime. "Depression" was a binary variable coded as 1=yes and 0=no in response to the following question, “have you ever been consistently depressed or down, most of the day, nearly every day, for at least 2 weeks?” Deficits in social support related to depression have been found, with particularly negative effects for females (Kendler, Myers, & Prescott, 2005), and consistently higher rates of depression have been indicated in females compared to males (Kessler & Bromet, 2013).

**Substance abuse.** A substance use disorder or problematic use of substances predicts lower levels of social support (Staton-Tindall, Royse, & Leukfeld, 2007; Souza, Villar Luis, Ventura, Barbosa, & Santos, 2016). Lifetime histories of substance use disorders were scored using the Composite International Diagnostic Interview Substance Abuse Module (CIDI-SAM; Cottler, Robins, & Helzer, 1989). The CIDI-SAM is a 38-item assessment instrument that has been used with a wide range of adolescent and adult populations for clinical and research purposes to screen for and diagnosis substance use disorders using the Diagnostic and Statistical Manual for Mental Disorders (DSM-IV) diagnostic criteria. The CIDI-SAM items ask respondents to report current and lifetime substance use, consequences associated with substance use, and substance abuse treatment history. When asked about “current” substance use, participants were asked to report use that occurred during the 12 months prior to incarceration.
Participants were coded as screening positive for a history of a substance use disorder if they reported significant impairment or distress as a result of substance misuse in two or more aspects of social roles and interpersonal functioning during the 12 months prior to incarceration (1=yes; 0=no). In addition, participants were asked to indicate which substance causes them the most problems in their daily life. Each problematic substance was dichotomized (yes=1, no=0) and the categories included alcohol, marijuana, and heavy drugs which collapsed various problematic substances such as heroin, methamphetamine, and cocaine into a single category.

**Individual-level variables.** Race was initially measured as a six-group categorical variable that included Black, White, Latino/a, Asian, Native American, and other. For analysis, the variable was collapsed into a binary of White=1 or People of Color=2. This was not done to foster stereotypical images of all ethnic minorities as a homogenous group, rather it was done to prevent information lost due to small cell sizes. Race was included in the multivariate models because there is reason to believe that because of the increased hardships experienced by people of color, they are more likely to seek informal social support in order to mitigate the effect of stress (Hudson et al., 2016). The standard measure of most serious offense was used and was coded as a four level ordinal variable. Most serious offense categories included misdemeanor=1, drug offense=2, property offense=3 and violent/sex offense=4. The covariate of most serious offense was used as an indicator of criminal involvement, which is shown to be negatively correlated with social support (Andrews & Bonta, 2010). Age was a continuous variable starting at age 18. Age is associated with both the amount and overall quality of social support, thus age was important to account for in the current study. As
individuals age, the make-up of an individual’s social network in often cut-down in number in order to focus on a smaller, more high quality group of relationships (Siedlecki, Salthouse, Oishi, & Jeswani, 2014).

**Analyses**

Examination of both the independent and dependent variables began with bivariate comparisons across gender using either independent samples t-test for continuous variables or chi-square test for categorical variables. Next, multivariate regression models were fitted for each dependent variable in order to control for important covariates that are associated with an individual’s social support. Ordinary least squares (OLS) linear regression was used for the dependent variable of amount of perceived social support. Ordered logistic regression was used to examine the outcome of quality of social support. Ordered logistic regression was chosen because quality of social support was a three-level categorical variable that was ordered from negative to positive social support quality (1=negative social support, 2=mixed social support, and 3=positive social support). This ordinal categorical variable violated the assumption of OLS regression that the dependent variable be measured at either interval or ratio (Tabachnick & Fidell, 2013). The primary assumption for ordered logistic regression is the proportional odds assumption that the relationship between each of the ordered categories in the dependent variable are similar. The likelihood ratio test of proportionality of odds across all three categories of quality of social support were found to be non-significant in all three analysis samples, thus the proportionality of odds assumption was upheld in all the ordered regression models. OLS regression assumptions include normality and multicollinearity; both assumptions were met for all independent variables within both
the full sample as well as the separate male and female only samples. Missing data was never greater than 2% for any one variable and the pattern of missing data was found to be consistent with missing completely at random by Little’s MCAR test (Little, 1988), thus the procedure of listwise deletion was used (Tabachnik & Fidell, 2013). All analyses were conducted in STATA 14 (StataCorp, 2015).

**Results**

**Sample Characteristics**

Males and females differed on a number of demographic characteristics (see Table 2). The proportion of males of color was significantly higher than females of color \((p < .01)\), and in terms of substance abuse, females were reported to have a substance use disorder at significantly higher rates than males \((p < .01)\). Examination of the substances that were the most problematic found no difference between males and females in terms of alcohol or marijuana. In contrast, the rates of heavy drugs being the most problematic were significantly different by gender \((p < .01)\), with females reporting heavy drugs to be most problematic at a rate almost twenty percentage points higher than males. Females also reported significantly higher rates of lifetime depression \((p < .01)\). Despite no significant difference, interesting findings were also noted for the most serious offense reported for individuals in the sample. First, no individuals within either gender indicated a drug offense as the most serious offense. Second, over half of both males and females reported a violent/sex offense to be the most serious offense committed.

Bivariate tests were also conducted to examine the unadjusted differences by gender in both the outcomes of quality of social support and anticipated amount of social support. There was a significant difference found for quality of social support by gender
(\(p < .05\)). Males reported higher rates of negative social support overall, and females reported higher rates of both mixed and positive social support compared to their male counterparts. There were no differences by gender found for the number of anticipated social support persons post-release in the unadjusted models.

**Multivariate regression**

**Quality of social support.** In light of these findings regarding bivariate differences by gender, multivariate regression models were fitted to examine the factors that predicted either quality of support or anticipated social support within the total sample and then also separately for males and females (see Table 3). The first set of models using ordered logistic regression were focused on the individuals’ quality of social support. An individual’s age had a significant association within both the total sample (odds ratio [OR] = 1.04, \(p < .01\)) and females (OR = 1.03, \(p < .05\)) and males (OR = 1.05, \(p < .01\)) separately. With every one year increase in age, the likelihood of reporting positive social support increased by three to five percent versus the lower quality support categories. In contrast, a participant’s race related differently across the three analysis samples. While both in the total sample and female sample demonstrated no relationship between race and quality of support, male participants of color relative to their white male counterparts were 4.53 times more likely to have positive social support than either mixed or negative support (\(p < .01\)).

Moreover, the relationship between substance use and quality of social support also showed a number of notable differences across the three analysis samples. The total sample of participants (OR = 2.91, \(p < .01\)) reported a substance use disorder to increase the odds of reporting positive social support compared to a lower quality of social
support, but no similar relationship between substance use disorder and quality of social support was found in either the female only or male only sample. Nevertheless, when examining the different types of drugs reported by participants to be the most problematic, a different relationship between substance use and quality of support was found. For example, within both the total sample and females only, the report of problematic use of either marijuana or heavy drug use significantly decreased the likelihood of reporting positive social support. In the total sample, the odds of positive social support decreased by 70% ($p < .01$) and 45% ($p < .05$) for either marijuana or heavy drugs as the most problematic drug, respectively. Similarly, within the female sample, the odds of positive social support compared to lower quality support decreased by 90% ($p < .01$) and 72% ($p < .01$) for problematic use of either marijuana or heavy drugs, respectively. Moreover, females with problematic alcohol use also had a significantly lower likelihood to report positive social support prior to incarceration (OR $= .25$, $p < .01$). Paralleling the findings with substance use disorders, the male only sample again reported no significant relationship with either problematic marijuana, heavy drug use, or alcohol. The disparate findings regarding problematic alcohol use between genders cancelled each other out in the total sample, with no significant relationship found.

**Anticipated social support.** The OLS regression models fitted to predict the number of anticipated social support persons post-release found one significant covariate relationship within either the total sample or the separate samples of males and females (see Table 3). The only substantial difference was the magnitude of the relationship between race and anticipated social support post-release. In the total sample, persons of
color anticipated, on average, .67 more support persons than their white peers post-release \( (p < .05) \), and a similar relationship was also found in the male only sample where persons of color anticipated an average of 1.46 more support persons in the community following prison \( (p < .01) \). The relationship between race and anticipated social support was not obtained in the female only sample. No other covariate significantly predicted participants’ anticipated social support post-release in any of three samples.

**Discussion**

Social support aside, incarcerated men and women differed on a number of factors in this study. Compared to men, the women in this study were more likely to report heavy substance use and a lifetime substance use disorder, higher rates of depression, and were more likely to be white. The finding that women in this sample faced more difficulties in terms of mental health and substance use were consistent with prior research highlighting the potentially increased vulnerably of incarcerated women as compared to men (Langan & Pelissier, 2001; Zlotnick, et al., 2008; Fries, Fedock, & Kubiak, 2014) and further supports the need for tailored interventions in general. Study results specific to gender and support suggests additional treatment adaptation opportunities.

**How do incarcerated men and women differ in reported quality of social support?**

Women in this sample reported significantly higher rates of positive and mixed support when compared to men. In contrast, men reported higher rates of negative support compared to women and had a lower likelihood of reporting positive social support than women. Why men were less likely to report positive support is unclear. The comparative literature that examines gender differences in criminal justice populations is
so scant that no firm conclusions can be drawn, but the current study findings were inconsistent with some past research. Giordano and colleagues (2003) reviewed literature on gender differences in friendship relations and desistance from crime and reported that the most consistent finding was the differential role of “romantic partners” for women than men. In their own study of gendered relationships, the researchers found no differences by gender. Cobbina and colleagues (2012) more recent study on the quality of influence of social support reported similar results suggesting that gender does not have a significant role in differences in quality of support. However, other research has suggested that women more impactful friendships that promote healing from trauma and other stressful life events, that men do not report.

The current study data suggest that one possible explanation for gender differences and quality of social support could be that women were, on average, two-years older than their male counterparts, and in the multivariate models age increased the likelihood of positive support. Research with general community samples has also found that as individual’s age they cut down their social network to focus on high quality relationships (Siedlecki et al., 2014). However, a preliminary study looking at the efficacy of a criminal justice intervention focused on social support found an inverse relationship between age and the number of supportive behaviors reported in the individual’s social network (Pettus-Davis, et al., 2016). Given these mixed findings, further research that looks at the relationships between age and social support within a larger sample of justice-involved individuals is worth exploration.

**How do incarcerated men and women differ in amount of anticipated social support?**
This study found that there was no gender differences in the number of support persons participants expected to have post-release. Because no other study was found to compare prisoners’ anticipated amount social support by gender, it is difficult to determine how this finding would compare to other samples. The study did reveal, however, that both men and women anticipate having equally low numbers of people to support them after release. This was consistent with literature indicating that low amounts of informal social support is experienced by both men and women upon release from prison (Denney, Tewksbury, & Jones, 2014).

**What factors predict quality and amount of social support similarly and differently for men and women soon to release from prison?**

The relationship between problematic substance use and quality of support was complex, sometimes counterintuitive and somewhat perplexing as both similarities and differences across the three analysis samples were identified. In the combined sample, reported problematic use of either marijuana or heavy drugs (i.e. heroin, cocaine, street methadone, etc.) was associated with a decreased likelihood for positive social support. Similar findings regarding problematic use of marijuana and heavy drugs were also obtained in the female only sample, but no relationships were found in the male only sample. The findings showing that problematic use of marijuana and heavy drugs lower the likelihood of positive social support are consistent with existing literature (Souza et al., 2016; Staton-Tindall et al., 2007).

In contrast, the result that a lifetime substance use disorder increased an individual’s likelihood for positive social support is perplexing and inconsistent with other studies. One hypothesis for the incongruent findings between the lifetime diagnosis
for a substance use disorder and problematic use of controlled substances is the timeframe being captured in the different measures of substance abuse. The problematic use of controlled substances was focused on the individual’s overall functioning in the 12 months prior to the current incarceration. Individuals could have also received treatment during that 12 months prior to incarceration and thus had improvements in the quality of their overall support system. Additionally, when reflecting on those most important to them in the six months prior to incarceration, respondents may consider those who wanted the respondent to receive treatment more readily than those they used to use substances with. The incongruence in timeframe between the pre-prison social support measure (six months prior to incarceration) and the pre-prison substance use disorder measure (12 months prior to incarceration) may be contributing to some of the counterintuitive findings regarding the relationship between substance use and quality of support. Nevertheless, this is all conjecture and the relationship between proximal pre-prison substance use on the social support of justice-involved individuals may warrant further exploration.

In this study race was used as a construct to reflect skin color. Race itself is a scientifically inaccurate variable since there are no human sub-species (Sussman, 2014; Zuberi, 2001; Templeton, 1998). It is often used as a proxy for a number of constructs (Sen & Wasow, 2016), however a more specific term could be ancestral group. Notably, race was the only predictive factor that influenced the anticipated amount of social support post-release, despite gender. Similarly, race was also an important predictive factor for quality of support for men. Men of color were significantly more likely to report positive social support than their white male counterparts. One possible
explanation for this difference could be related to the well-documented structural racism that occurs within the U.S criminal justice system (Chin, 2016). Men of color are keenly aware of the unearned additional risk they face in the U.S. simply due to the color of their skin and cite social support as an important means of coping (Hudson, et al., 2016). Assuming this plays a role, it could be that this sample represents the heightened demand people of color have to establish positive social support as an attempt to mediate institutional disadvantage. However, without additional data, further examination of this potential protective factor was not possible.

**Limitations**

The study had several strengths that helped to counter some of the study weaknesses. The sample was randomly selected, had suitable sample size to conduct gender comparisons and, a good response rate. In addition, a more nuanced examination of social support was conducted than is typically seen in social support studies among people releasing from prison. With the more detailed analysis of social support came some limitations in the measurement of support.

The quality of support measure used in this study was limited to six people. Participants were asked to retrospectively reflect upon social support received prior to incarceration. Although participants were asked to focus only on those most important to them, we did not measure whether those same individuals would be support providers after release. Similarly, the measure of perceived social support was limited in that participants were asked to anticipate social support they would have post release. In this measure, we asked people to only think of positive support providers (defined as those that would help them to remain crime and drug free). Given the prevalence of mixed
social support, this could have resulted in some underreporting of the amount of positive support participants expected to have upon release. Research indicates that people releasing from prison are more likely to underestimate the amount of support rather than over estimate that support (Brooker, 2005; Naser & La Vigne, 2006). However, we had no way of assessing whether participants were accurately appraising the amount of perceived support they would have available and/or the extent to which this support would actually be available upon release.

Given the relatively moderate sample size for gender comparisons and social support, we included a select few variables that were likely to influence quality and amount of social support. We wanted to control for factors that may account for substantial differences in social support between men and women. A larger study would allow for wider examination into additional factors likely to impact social support.

While we had very high response rates for both the men and the women, we do not know if there are differences between those who volunteered for the study and those who did not. There is also a potential for systematic error because of study protocols involved interviewers reading the measure out loud to the participants and having them give us their answers, rather than participants self-reporting responses in an unmonitored manner. Furthermore, the cross-sectional nature of the data limits any causal conclusions that can be made about the relationship between the constructs examined within the study.

**Implications for Future Research and Practice**

Despite decades of research on social support across diverse disciplines, the construct and how it operates in people’s lives remains difficult to dissect. Yet, the important role of social support in increasing well-being is consistently found (Sarason &
Upon incarceration, men and women are removed from potential social support providers. As they return to the community, renegotiating those relationships may be challenging. Practitioners and researchers committed to improving the outcomes of people releasing from prison are in the nascent stages of figuring out how to best construct interventions that will enhance and sustain positive social support in former prisoners’ lives (Pettus-Davis C., et al., 2015).

This study helps us to understand that race and gender may be particularly influential in how social support is experienced. More research should be done to figure out ways in which social support interventions can be tailored to be culturally and gender responsive. But first, more research is warranted to understand why women, men, and people of color report differential amounts and quality of support. It will also be important to examine in more depth who is providing support and how that relationship may directly or indirectly influence outcomes. This, coupled with the results presented in this study, would arm practitioners with more knowledge about how to better target social support interventions with individuals transitioning from prison to communities. Interventions that are gender-specific and culturally-tailored can be designed to incorporate and acknowledge the unique strengths and challenges different groups may face. These unique experiences must be acknowledged and examined appropriately in order to facilitate meaningful and effective programming.
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