



National Survey of Women with Incarcerated Loved Ones

Essie Justice Group harnesses the collective power of women with incarcerated loved ones.

PRIVATE AND CONFIDENTIAL

This survey is anonymous.
Please do not write any names on this document.

For Internal Use Only: Unique Survey ID #:

Why We're Fired Up

Essie Justice Group is a sisterhood of women with incarcerated loved ones who support each other. For a long time we've noticed a big problem: even though there are millions of us who have loved ones behind bars -- our personal and family experiences have never been collectively gathered. Never!*

We are therefore inviting you to answer questions about the ways in which your loved one's incarceration has impacted you.

**Our definition of women is expansive and includes anyone who identifies as a woman, including trans women, gender fluid and gender nonconforming people.*

Is This Survey for You?

This survey is for women over the age of 18 with incarcerated or formerly incarcerated loved one(s).

1. Are you a woman* with a loved one who is currently or has ever been in prison or jail?*

Yes

No

2. Are you over the age of 18?*

Yes

No

**Indicates required questions. If you answer 'no' to any of above questions, you do not meet the criteria to participate in this survey.*

Before You Give Consent

Essie Justice Group and Research Action Design are conducting research that exposes the impact of mass incarceration on women with incarcerated loved ones. **You are being asked to participate in this research because of your experience and knowledge.** The questions will cover the financial, emotional and other impacts of your loved one's incarceration on your life. Please consider the following information carefully before deciding whether or not to participate in this research:

- **Your participation in this study is confidential.** Your name will **NOT** be recorded on or in any way attached to your responses to the survey.
- **Your participation in this study is completely voluntary.** You may stop during the survey at any time. We recognize some of the questions we ask may raise difficult or emotional issues.
- **There are no anticipated risks associated with participating in this study.** Your name and any other identifying information will **NOT** be shared with anyone outside the Essie Justice Group and Research Action Design research team members. We will take every precaution we can to ensure that this study will not negatively affect you or your loved ones in any way.
- **There are no immediate direct benefits to you for participating in the survey.** At the end of the study we will write a report, which will document the experiences of all of those who participate in the study. The report will provide important information on how mass incarceration impacts women with incarcerated loved ones.

Do You Consent to Taking Our Survey?

3. The nature and purpose of this research were sufficiently explained, and I give my consent to participate in this survey.*

- Yes
 No

4. Today's Date:

** indicates required question. Consent must be provided for survey to be included in research.*

We will provide you with a copy of the consent form for you to take with you.

Before You Give Consent (*Participant Copy*)

Essie Justice Group and Research Action Design are conducting research that exposes the impact of mass incarceration on women with incarcerated loved ones. **You are being asked to participate in this research because of your experience and knowledge.** The questions will cover the financial, emotional and other impacts of your loved ones incarceration on your life. Please consider the following information carefully before deciding whether or not to participate in this research:

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- **Your participation in this study is completely voluntary.** You may stop during the survey at any time. We recognize some of the questions we ask may raise difficult or emotional issues. If you need to stop at any time, you can.
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Do You Consent to Taking Our Survey? (*Participant Copy*)

3. The nature and purpose of this research were sufficiently explained, and I give my consent to participate in this survey.*

- Yes
 No

4. Today's Date:

** indicates required question. Consent must be provided for survey to be included in research.*

This is YOUR copy of the consent form (Please tear out and take with you).

About Me

1. What ZIP Code do you live in?

1a: What city/town do you live in?

1b: What State/Province?

1c: What country?

2. How old are you?

- 18-24 years old
- 25-34 years old
- 35-44 years old
- 45-54 years old
- 55-64 years old
- 65-74 years old
- 75 years or older

3. You identify as (race and/or ethnicity): *(Check all that apply.)*

- African-American or Black
- White
- Asian or Asian American
- Pacific Islander
- Latino/a/x or Hispanic
- Middle Eastern or Arab
- Indigenous or Native American
- Multiracial/mixed race
- Other: _____

About Me

4. You identify as: *(Please check all that apply.)*

- Woman
- Man
- Trans woman
- Trans man
- Gender queer/Gender fluid
- Any other description of your gender? _____

5. You identify as: *(Please check all that apply.)*

- Straight
- Lesbian
- Gay
- Bisexual
- Queer
- Any other description of your sexuality? _____

6. Have you ever been incarcerated?

- Yes
- No

7. What is your current employment status? *(Check all that apply.)*

- Working Full Time
- Working Part Time
- Multiple Part Time Jobs
- Unemployed
- Student
- Retired
- Receiving Disability
- Receiving Public Assistance (housing, food stamps, etc.)
- Other _____

About Me

8a. Do you have children or child care responsibilities (whether or not they live with you)?

- Yes
- No

8b. If Yes, how many children do you care for?:

9. How many people (not including yourself) rely on you for their basic needs whether or not they live with you (ex. food, rent money, housing, etc.)?:

10. What is your annual household income? (Please check one.)

- Less than \$25,000 (working full-time \$13/ hour or less)
- \$25,000 to \$35,000 (working full-time \$13 to \$18/hour)
- \$35,000-\$50,000 (working full-time \$19 to \$26/hour)
- \$50,000 to \$70,000 (working full-time \$27 to \$36/hour)
- \$70,000-100,000 (working full-time \$37 to \$52/hour)
- More than \$100,000 (working full-time \$53/hour or more)

11. Number of Children (persons under age 18) in your household:

12. Number of Adults (persons 18 or over) in your household, including yourself:

About Me

13. Was your incarcerated loved one (or one of your incarcerated loved ones) a primary income earner in your household prior to incarceration?

- Yes
- No

14. Are you currently your household's *only* primary income earner?

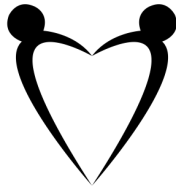
- Yes
- No

15. How many of your loved ones are currently incarcerated? (total number):

16. How many of your loved ones have ever been incarcerated? (total number):

About My Loved One(s)

Below are a series of questions about your loved ones. You can skip any questions that you do not know the answer to, or would prefer not to answer. The more complete the survey is, the more helpful it will be.



17a. Please answer the following questions about a loved one who is currently in prison or jail. (We will ask you about loved ones who are formerly incarcerated on the next page.)

- ▶ My _____ (ex: father, brother, sister, cousin) is incarcerated.
- ▶ He/she is sentenced to _____ years and _____ months.
- ▶ Of this sentence, he/she has already served _____ years and _____ months.
- ▶ During your lifetime, has your loved one served time before this sentence? Yes No
 - ▶ If **yes**, how many years total (not including their current sentence)? _____ years and _____ months.

About My Loved One(s)

- ▶ What jail, prison or center is your loved one currently incarcerated in? (ex. Rikers Island jail, Solano prison)
- ▶ How often would you see your loved one if they were **NOT** incarcerated?
- ▶ How often do you see your loved one now?
- ▶ When was the last time you were able to physically touch your loved one? Ex. 3 weeks ago
- ▶ My loved one identifies as: Ex: A Woman, Man, Trans Woman, Trans Man, Gender fluid/Gender queer, Other
- ▶ What is a word that describes your loved one?

_____ times per day / week / month / year (circle one)
_____ times per week / month / year / decade / never

About My Loved One(s)

17b. Please answer the following questions about a loved one who was formerly incarcerated.

My _____ (ex: father, brother, sister, cousin) was incarcerated.

During my lifetime, he/she served _____ years and _____ months.

- ▶ While they were incarcerated, what is the farthest distance you lived from them? (You can approximate miles.)
- ▶ While they were incarcerated, how often **on average**, did you see your loved one?
- ▶ While they were incarcerated, what is the longest time you went without seeing your loved one?
- ▶ How often do you see your loved one now?
- ▶ My loved one identifies as: Ex: A Woman, Man, Trans Woman, Trans Man, Gender fluid/Gender queer, Other
- ▶ What is a word that describes your loved one?

About My Loved One(s)

18. Is there anything else you would like to tell us about your experiences maintaining relationships with your loved ones?

“I can be changed by what happens to me. But I refuse to be reduced by it.”

– Maya Angelou

About My Experiences

19. Have you provided the following support to a loved one during or after their incarceration? (Please check all that apply.)

- Emotional support
- Financial support (includes putting money on the books, phone and care packages)
- Helped them find or choose an attorney
- Helped decide if they should take a plea or go to trial
- Took care of their children or dependents
- Brought children to visit an incarcerated loved one
- Helped them stay in compliance with probation or parole
- Provided transportation
- Found them a job
- Trained them in a new skill
- Housed them
- Helped them find housing
- Helped them manage daily appointments
- Helped them deal with substance use problems
- Helped them with their education
- Helped them find support for emotional or mental health needs
- I have not provided support to a loved one
- Other, please describe:

About My Experiences

20. For any of your incarcerated loved ones, are you a primary support?

- Yes
- No

21. Have you ever been turned away from visiting because guards said your clothing was against policy?

- Yes
- No

22. Have you ever paid bail for a loved one?

- Yes
- No

23. Have you ever been unable to pay bail for a loved one because it was too high?

- Yes
- No

24. Have you ever owed money to a bail bonds agency?

- Yes
- No

About My Experiences

25. Has the incarceration of any of your loved one(s) contributed to homelessness and/or housing instability for you? (Ex. missing a rent or mortgage payment, eviction, moving in with others for financial reasons, moving more than once a year, homelessness)

- Yes
- No

26a. Have you ever wanted to move as a result of a loved one's incarceration?

- Yes
- No

26b. If yes, what reasons led you to want to make that decision? (Please check all that apply.)

- To be closer to my incarcerated loved one
- To escape judgement from others in my community
- To keep them from being incarcerated again
- To keep them safe
- Other (please describe):

About My Experiences

27a. Did your personal plans for your job, career, or education change as a result of a loved one's incarceration?

- Yes
- No

27b. If yes, how did your plans or opportunities change?

(Please check all that apply.)

- Could not pursue my educational dreams
- Could not finish school
- Could not pursue a job opportunity
- Had to get a different job
- Had to quit my job
- Lost my job (ex. *employer did not allow time off work for court process or visitation, judgement at work, etc.*)
- Had to work fewer hours
- Had to work more hours
- Was not able to retire or had to come out of retirement
- Other *(please describe)*:

About My Experiences

28. Consider the strain this experience has had on you overall. How intense has the strain been for you? (Please select one rating - extreme, significant, minor, or none - for the impact on your mental health and physical health.)

a. The strain on my emotional or mental health has been:

- extreme significant minor none

b. The strain on my physical health (ex: high blood pressure, headaches, insomnia) has been:

- extreme significant minor none

c. If you would like to offer any details related to the question above that you think would be helpful, please do so here:
(optional)

About My Experiences

29. Are there other women with incarcerated loved ones who you talk about this experience with?

- Yes
- No

30a. Consider the impact of any of your loved one's incarceration on your civic engagement. *(Ex. voting, involvement in local politics, volunteering, involvement in community organizations, etc.)* **During your loved one's incarceration were you, or have you been:**

- More civically active
- Less civically active
- Just as civically active as I was before their incarceration

30b. If your loved one(s) are no longer incarcerated, has your civic engagement changed?

- I am more civically active than when my loved one was incarcerated
- I am less civically active than when my loved one was incarcerated
- I am just as civically active as I was when my loved one was incarcerated
- Not Applicable

“Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare.”

– Audre Lorde

About My Experiences

31a. Have you ever decided not to tell someone or hidden the fact that you have an incarcerated or formerly incarcerated loved one?

- Yes
- No

31b. If you answered yes, why? *(Please check all that apply.)*

- I worry people will judge me.
- I worry people will tell others.
- I fear losing a friend, co-worker, or family relationship.
- I have lost friends or family.
- I have been hurt by how people reacted to learning.
- I have stopped socializing with people due to their reactions.
- People I care about stop reaching out to me after I tell them.
- Some people have grown more distant when they find out.
- Some people act as if it is my fault.
- Telling someone is risky.
- People's attitudes make me feel worse about myself.
- I feel ashamed.
- Most people don't understand what it's like.
- None of these apply to me.
- Other *(please describe)*: _____

About My Experiences

32. Please check the box next to "Yes!" or "Yes" or "more or less" or "No" or "No!" for each of the following statements:

- a. I experience a general sense of emptiness.
 Yes! Yes More or less No No!
- b. I miss having people around.
 Yes! Yes More or less No No!
- c. I often feel rejected.
 Yes! Yes More or less No No!
- d. There are plenty of people I can rely on when I have problems.
 Yes! Yes More or less No No!
- e. There are many people I can trust completely.
 Yes! Yes More or less No No!
- f. There are enough people I feel close to.
 Yes! Yes More or less No No!

About My Experiences

33. Which of the following have you experienced as a result of your loved one's incarceration(s): *(Please check all that apply.)*

- Stress
- Anger
- Anxiety
- Depression
- Loneliness
- Suicidal thoughts
- Attempted suicide
- PTSD (Post-Traumatic Stress Disorder)
- Self-harm
- Increased substance use (alcohol/drugs)
- Extreme weight loss or gain
- Heart disease
- High blood pressure
- Insomnia
- Nightmares / night terrors
- Fatigue
- Headaches / migraines
- None of these apply to me
- Other *(please describe)*:

About My Experiences

34. Have any of the following practices helped you deal with any physical or emotional strains you may have experienced? *(Please check all that apply.)*

- Exercise
- Meditation
- Prayer
- Spending time with friends or family
- Attending religious services
- Speaking with a mental health professional
- Speaking with a faith or religious leader (ex. pastor, imam, rabbi)
- Volunteering, service, or activism
- Spending time alone
- Spending time with other women with incarcerated loved ones
- Communicating with my incarcerated loved one
- Other *(please describe)*:

About My Experiences

35. To your knowledge, has anyone else close to you experienced any of the following as a result of your loved one's incarceration? *(Please check all that apply.)*

- Stress
- Anger
- Anxiety
- Depression
- Loneliness
- Suicidal thoughts
- Attempted suicide
- PTSD (Post-Traumatic Stress Disorder)
- Self-harm
- Increased substance use (alcohol/drugs)
- Extreme weight loss or gain
- Heart disease
- High blood pressure
- Insomnia
- Nightmares / night terrors
- Fatigue
- Headaches / migraines
- None of these apply to me
- Other *(please describe)*:

About My Experiences

36. Have you experienced any of the following forms of violence or danger to your physical safety? *(Please check all that apply.)*

- A family member or close friend has been killed by police.
- I've experienced physical or emotional abuse by a prison guard, police officer, or corrections officer.
- I've lost one or more family members to gun violence.
- I have experienced domestic violence.
- I have experienced sexual violence.
- I have not faced violence or danger to my physical safety.
- Other *(please describe)*:

37. Do you feel your physical safety is or has been more at risk since your loved one has been incarcerated?

- Yes
- No

"some people
when they hear your story.
contract.
others
upon hearing your story.
expand.
and this is how you know."

- nayyirah waheed

About My Experiences

38. Did you participate in a Story Session for this research project?

- Yes
- No

39. Did you participate in an interview for this research project?

- Yes
- No

40. Choose the quote that is your favorite or that you connect with most.

- "Faith and prayer are the vitamins of the soul." Mahalia Jackson
- "It's not the load that breaks you down, it's the way you carry it." Lena Horne
- "Give light and people will find the way." Ella Baker
- "I am no longer accepting the things I cannot change. I am changing the things I cannot accept." Angela Davis

41. What else would you like us to know? (Optional)

**Thank you for sharing your
experiences with us.**

Learn more about how we are turning this survey into a tool for change.

**Nominate yourself to
Essie Justice Group today!**

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