



ORIENTATION PACKAGE **for all participatory researchers with** **Women in2 Healing**

Please read through the Consent Form (separate document) and sign it before filling in the orientation package.

The Orientation Package was written by women inside Alouette Correction Centre for Women for women who wished to join the community-based participatory research team. Please read through all the pages of the Orientation Package, answer all the questions and sign the guidelines. This may take you 30 to 60 minutes (or longer) to complete. This Orientation Package contains the following items:

1. Welcome to *Women in2 Healing* and please complete the questions about what skills you hope to learn and why you want to join the participatory research team.
2. New member questionnaire

Please mail your completed orientation package to
Women In2 Healing, UBC Dept of Family Practice, Box 177, D204-4500 Oak St,
Vancouver, BC, V6H 3N1.

Or email as an attachment to womenin2healing@gmail.com

Telephone: 604 875 3658,

Toll free number: 1887 84WOMAN (84-96626)

Thank you for filling in this package!

ORIENTATION PACKAGE FOR ALL RESEARCHERS

Women in2 Healing

UBC BREB APPROVED, Version #2, June 25, 2008.

3. Paragraph of passion
4. Drug (or, addiction) of choice
5. Life story information
6. Team guidelines and confidentiality guidelines

Please take two orientation packages - keep one copy of the orientation package for your records.

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PARAGRAPH OF “PASSION”

WE FEEL THAT ANY WOMAN WHO HAS WANTS TO JOIN THE *WOMEN IN2 HEALING* PARTICIPATORY RESEARCH TEAM, HAS A WISH TO BETTER A WOMAN’S LIFE THROUGH IMPROVED HEALTH, BE IT PHYSICAL, MENTAL, EMOTIONAL AND SPIRITUAL. WE WOULD LIKE YOU TO TAKE THIS TIME TO LET US KNOW WHAT YOUR “PASSION” IS. WHAT AREA DO YOU WANT TO LEARN MORE ABOUT IN ORDER TO IMPROVE YOUR HEALTH AND THE HEALTH OF OTHERS?

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Welcome to *Women in2 Healing*

We welcome you! This is important to all who work towards bettering the lives of incarcerated women, women released from prison and those who may follow. Many women have set out the groundwork in which we build a continuing foundation. With this, please keep in mind our actions reflect the team as a whole. Participatory research has never been done before in prison, nor among women who leave prison: being part of this journey is a privilege. We believe every woman has a right to be heard and has something to offer. In order to help you find an area of interest please answer the following questions:

1. How long were you incarcerated? _____ And where? _____
If you were not incarcerated, please describe your connection to incarcerated women

2. Can you use a computer? Y___ N___
If no, are you interested in learning? Y___ N___
If yes, are you interested in sharing your computer skills with *Women in2 Healing*?
Y_____ N___

3. Can you type? Y_____ N_____
If no, are you interested in learning? Y_____ N_____
If yes, are you interested in sharing your typing skills with *Women in2 Healing* Y_____ N___

4. Do you have office experience? Y_____ N_____
If yes, please describe the office experience you could share with *Women in2 Healing*:

5. Have you ever done research before? Y_____ N_____
If yes, please describe the research skills could you share with *Women in2 Healing*:

6. How did you hear about the research team? _____
7. Please write a few words on why you would like to join our team:

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NEW MEMBER QUESTIONNAIRE

WE WILL USE ALL THE ANSWERS TO THIS QUESTIONNAIRE TO EVALUATE WOMEN IN2 HEALING. NO INFORMATION IS COLLECTED THAT CAN IDENTIFY YOU.

1. DATE OF BIRTH

2. ETHNIC BACKGROUND? (*AFRICAN AMERICAN, ASIAN, CAUCASIAN, ABORIGINAL, AMERICAN*)

3. TOTAL TIME SPENT IN JAIL IN YOUR LIFETIME, IF ANY?

4. HIGHEST GRADE OF SCHOOL or LEVEL of EDUCATION COMPLETED?

5. ANY WORK EXPERIENCE? IN WHAT AREA?

6. ANY HOBBIES OR INTERESTS? IF SO WHAT?

7. WHAT ARE THE CONCERNS YOU HAVE ABOUT YOUR HEALTH?

8. DO YOU HAVE ANY ADDICTIONS? IF SO, WHAT?

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10. WHAT ARE THE CHALLENGES IN YOUR LIFE THAT HAVE PREVENTED YOU FROM ADDRESSING YOUR HEALTH ISSUES?

11. WHAT TYPES OF SUPPORT DO YOU REQUIRE TO LIVE A HEALTHY AND WELL BALANCED LIFE?

12. WHAT ASSISTS YOU IN YOUR RECOVERY (AGENCY, HOUSE, RESOURCES, ETC.) FROM ADDICTION?

13. WHAT DO YOU FEEL HELPS YOU THE MOST IN YOUR REINTEGRATION (AND RECOVERY) BACK INTO THE COMMUNITY AFTER YOUR RELEASE FROM PRISON?

14. HAVE YOU EVER HAD A FAMILY DOCTOR?

15. DID/DO YOU SEE HIM/HER ON A REGULAR BASIS?

16. ARE THERE ANY DISEASES IN YOUR FAMILY?
(*CANCER, DIABETES,*)

17. ARE YOU IN CONTACT WITH ANY FAMILY OR SUPPORT GROUPS? YES _____ NO _____
IF YES, WHO? _____

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18. PLEASE TELL US A LITTLE ABOUT YOUR FINANCIAL SITUATION e.g disability, social services, unemployment, no income. HOW DO YOU SURVIVE FINANCIALLY (AND EMOTIONALLY)? _____

THANK YOU FOR FILLING IN THIS QUESTIONNAIRE!

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QUESTIONNAIRE
FOR THOSE WHO USE(D) DRUGS OR
FOR THOSE WHO ARE ADDICTED

1. WHAT IS YOUR DRUG (ADDICTION) OF CHOICE?
2. WHAT AGE DID YOU START YOUR ADDICTION?
3. HAVE YOU BEEN CLEAN FROM SUBSTANCES (ADDICTION)? IF YES, FOR HOW LONG?
4. WERE YOU INCARCERATED DUE TO SUBSTANCEUSE?
5. DID/DO YOUR PARENT OR PARENTS USE?
6. DO/DID YOU BELIEVE ADDICTION IS/WAS A PROBLEM FOR YOU?
7. DO YOU BELIEVE IT IS POSSIBLE TO STAY CLEAN BOTH IN JAIL AND OUT?
8. WHAT ARE/WERE SOME OF YOUR (ADDICTION) TRIGGERS BOTH INSIDE AND OUT OF JAIL?
9. DO YOU WANT TO ABSTAIN FROM SUBSTANCES IN THE COMMUNITY?

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10. WHAT IS HELPING YOU TO STAY CLEAN? (OR FREE OF YOUR ADDICTION)? 12 STEPS, 16 STEPS, N/A, A/A, SUPPORT GROUPS

WRITING YOUR LIFE STORY

When women in prison first became involved in the prison participatory health research project, several women decided to write their life stories. Several of these stories were included in the original funding application. Many incarcerated women chose to continue to write their life stories while in prison. We invite you to consider writing your life story now you are released. Here are some questions that you may have about writing your life story:

IS WRITING MY LIFE STORY OPTIONAL?

- 1) The decision whether to write about your life is entirely yours. Your decision, to write or not to write, will be honoured and respected. You will not be penalized or receive favours based on your choice. You can also decide to keep your life story private to yourself, to share it with others, and/or you can decide to give your written life story to the Women in2 Healing.

WHY WRITE A LIFE STORY?

Some people have found it very rewarding to write their stories, because they have been carrying their experiences in silence for many years. There can be real power and value in speaking out, and in not continuing to hold that silence.

WHY CAN WRITING A LIFE STORY BE PAINFUL?

It can be a very painful process to reflect on your life, especially if you have had difficult experiences that you have tried not to think about. Some people who have chosen to write about their lives have found this to be a more painful exercise than they expected.

WHO CAN I ASK FOR HELP?

Please feel free to talk to one of the women participatory researchers with Women in2 Healing that you feel comfortable with for support or with Alison Granger-Brown, Linnea Groom or Dr Martin. The *Women in2 Healing* office can also provide you the names of support agencies in your neighbourhood.

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HOW SHOULD I NAME PEOPLE IN MY LIFE STORY?

You can choose to name yourself in your story, or you can leave your name off your story so that it is anonymous. However, we ask you to protect the identities of others in your story by not using actual names of friends, relatives and other inmates. You could do this by making up names instead, or you could use people's first letter (such as, 'R.....' instead of 'Ruth').

WHAT WILL HAPPEN TO MY LIFE STORY IF I GIVE IT TO *Women In2 Healing*?

If you choose to give your life story to *Women in2 Healing*, we assume that you agree to share your story as follows:

- a. Your hand-written story may be typed on a computer by a member of *Women in2 Healing* who will save it to a CD-ROM. [Women on the *Women in2 Healing* do sign an agreement to keep all information confidential; however, it is not possible to promise who will or will not see your story.]
- b. After it is typed, your story, along with stories written by other, will be saved onto a password-protected research computer in the *Women in2 Healing*, Vancouver office.
- c. All stories written by women in *Women In2 Healing* will be analyzed for themes. This process is called qualitative research analysis. People who do this analysis will include women participatory researchers of *Women in2 Healing*, Alison Granger-Brown, Linnea Groom, Dr Martin and university researchers that participate with *Women in2 Healing*.
- d. It is hoped that the end result of the analysis of life stories will be a deeper understanding of the lives and health (emotional, physical, spiritual and mental) of women prison leavers.
- e. With the approval of members of *Women in2 Healing* some sections of women's life stories may be quoted (with all names and identifiers removed or altered) in publications, forum presentations and/or on the *Women in2 Healing* Research Webpage.

IF I HAVE ANY QUESTIONS ABOUT LIFE STORY WRITING, WHO CAN I ASK?

If you have any questions about any of the above information, please do not hesitate to ask any member of *Women in2 Healing*, Alison Granger-Brown, Linnea Groom, or Dr Martin.

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Women In2 Healing Project TEAM GUIDELINES

I wish to become a member of the *Women in2 Healing* Participatory Health Research Team and I agree to seek:

- to learn about how I might improve my own health (spiritual, mental, physical and emotional)
- to identify my own skills, to develop my skills and to offer it to the *Women In2 Healing* Participatory Health Research Project.
- to mentor other *Women In2 Healing* members who would like to learn skills (eg. How to use the computer, how to type, etc) and to mentor those women who would like to become *Women In2 Healing* community-based participatory researchers
- to respect all *Women In2 Healing* members' differences because all women are unique and we all bring different emotions and skills
- to set a good example to other members by working diligently as a *Women In2 Healing* community-based peer researcher
- to tell other women about what I am learning about the project
- to continue to be involved in this project in the community
- to discover ways that I might collaborate with other women, community agencies, academic researchers, Aboriginal communities, funding agencies and health policy makers in designing and implementing changes to improve the health of women were incarcerated.

Signed _____

Printed name: _____ Date: ____D/____M/____Y

Women in2 Healing CONFIDENTIALITY GUIDELINES

I understand that my work on *Women in2 Healing* may involve typing, photocopying or analysis of research data, which may contain confidential information regarding individual's identities, stories and histories. I agree not to speak to anyone else about, or copy any part of, individual's identities, stories or histories.

Signed _____

Printed name: _____ Date: ____D/____M/____Y

GOOD LUCK and welcome to an exciting self-discovery.

With Thanks,

Women in2 Healing Participatory Health Research Project

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QUALITY OF LIFE

The following questions come from a World Health Organization Quality of Life Questionnaire. They ask how you feel about your quality of life, health, and various areas of your life. You may take this paper yourself and tick the boxes or I can read out each question to you, along with the response options. Please choose the answer that appears most appropriate. If you are unsure about which response to give to a question, the first response you think is the best one. Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life in the last four weeks.

		Very poor	Poor	Neither poor nor good	Good	Very Good
1.	How would you rate your quality of life?	1	2	3	4	5

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2.	How satisfied are you with your health?	1	2	3	4	5

The following questions ask about how much you have experienced certain things in the last four weeks.

		Not at all	A little	A moderate amount	Very much	An extreme amount
3.	To what extent do you feel that physical pain prevents you from doing what you need to do?	5	4	3	2	1
4.	How much do you need any medical treatment to function in your daily life?	5	4	3	2	1
5.	How much do you enjoy life?	1	2	3	4	5
6.	To what extent do you feel your life to be meaningful?	1	2	3	4	5

		Not at all	A little	A moderate amount	Very much	Extremely
7.	How well are you able to concentrate?	1	2	3	4	5
8.	How safe do you feel in your daily life?	1	2	3	4	5
9.	How healthy is your physical environment?	1	2	3	4	5

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The following questions ask about how completely you experience or were able to do certain things in the last four weeks.

		Not at all	A little	Moderately	Mostly	Completely
10.	Do you have enough energy for everyday life?	1	2	3	4	5
11.	Are you able to accept your bodily appearance?	1	2	3	4	5
12.	Have you enough money to meet your needs?	1	2	3	4	5
13.	How available to you is the information that you need in your day-to-day life?	1	2	3	4	5
14.	To what extent do you have the opportunity for leisure activities?	1	2	3	4	5

		Very poor	Poor	Neither poor nor good	Good	Very good
15.	How well are you able to get around?	1	2	3	4	5

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
		<i>Use #3 for any question in this section that are not applicable to you over the last four weeks.</i>				
16.	How satisfied are you with your sleep?	1	2	3	4	5
17.	How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
18.	How satisfied are you with your capacity for work?	1	2	3	4	5
19.	How satisfied are you with yourself?	1	2	3	4	5
20.	How satisfied are you with your personal relationships?	1	2	3	4	5
21.	How satisfied are you with your sex life?	1	2	3	4	5

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22.	How satisfied are you with the support you get from your friends?	1	2	3	4	5
23.	How satisfied are you with the conditions of your living place?	1	2	3	4	5
24.	How satisfied are you with your access to health services?	1	2	3	4	5
25.	How satisfied are you with your transport?	1	2	3	4	5

The following question refers to how often you have felt or experienced certain things in the last four weeks.

		Never	Seldom	Quite often	Very often	Always
26.	How often do you have negative feelings such as blue mood, despair, anxiety, depression?	5	4	3	2	1

The following question refers to how you feel now

		Excellent	Very Good	Good	Fair	Poor
XX	In general, would you say your health is:	5	4	3	2	1

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