



Peer Support as a Social Capital Strategy for Programs Serving Individuals Reentering from Incarceration and Survivors of Intimate Partner Violence or Human Sex Trafficking

Anita Brown-Graham,¹ Phillip W. Graham,² Laura Erickson,³ Sofi Martinez,³ Sara
Lawrence,² Maureen Berner,¹ and Sherri Spinks²

¹ UNC School of Government, ndImpact Initiative

² RTI International

³ ASPE



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Executive Summary

Many human services programs recognize the power of “social capital,” or the value that arises from relationships. We offer insight into how programs use peer supports to help build social capital with participants who are reentering the community after incarceration or are survivors of intimate partner violence^a or sex trafficking.^b People who have lived experience with these intersecting issues commonly experience trauma and barriers to social capital, which can be exacerbated by systemic racism, discrimination, and other drivers of inequity. However, developing trusting peer relationships based on shared experiences can be empowering and help to build social capital.¹

Peer support is based on reciprocity and trust, and it can include peer mentors, peer navigators, or peer support groups. The distinctions among the types of peer supports are not always clear, and programs often encompass multiple peer support strategies. Three overarching themes emerged among the reentry, domestic violence, and sex trafficking programs using peer supports that we reviewed:

Considering and Responding to Trauma to Advance Healing:

- Go beyond the surface level to find maximum commonality.
- Address and protect against further trauma.
- Meet people where they are.

Valuing the Cultural Context of Program Participants:

- Be open to different interpretations of the word “peer.”
- Use arts and food to create judgement-free spaces that emphasize culture.
- Leverage the trust in small communities but be mindful of their interconnectedness.

Respecting the Role of Peer Support Providers:

- Respect peers by hiring, treating, and training them as professional staff.
- Treat peers as a whole person.
- Have peers serve as role models and model self-advocacy.

In addition to these findings, we also identified the needs and challenges for organizations to take steps towards measuring the impact of peer support among these populations.

Methods and Data Sources

Findings are based on a literature review, three virtual site visits, semi-structured interviews with six key informants, and discussions at a virtual forum for federal staff. These sources supplement findings from prior research including an environmental scan of social capital programs, consultation with 10 national social capital experts, seven case studies, and three in-person site visits.

^a We use the term *intimate partner violence* to describe abuse by a partner. We use the term *domestic violence*, as per convention, when describing services that address intimate partner violence.

^b Our research set out to focus on human trafficking broadly, including labor trafficking. However, we ended up only finding sufficient information on programs serving survivors of sex trafficking.

Background

Trusting relationships create a support structure and provide opportunities to grow and improve our circumstances. For decades, researchers have explored how relationships impact people's personal and professional success, and practitioners in multiple fields have increasingly looked to the value in building relationships as a strategy to support program goals.^{2;3;4;5} These relationships contribute to social capital, or the connections, networks or relationships among people and the value that arises from them.⁶

Social capital can be accessed or mobilized to help individuals succeed in life. It provides information, emotional or financial support, and other resources. It also increases levels of trust, which can allow people to more easily work together to achieve shared goals. For more information, please see ASPE's handbook on [The Value of Relationships: Improving Human Services Participant Outcomes through Social Capital](#).⁶

Peer support is an important practice to build and leverage social capital. It is built on concepts of reciprocity and trust, and it creates social capital through individuals and groups who care about their own and others' wellbeing.⁷ Peer support can increase access to information, knowledge, competencies, and can lead to development of meaningful social networks, empowerment, and decreases in feelings of stigma.¹ As a result, many human services practitioners seek to build social capital through peer support, even when they do not use these terms.

Peer support programs often feature peer mentors, peer navigators, or peer support groups.⁷ Peer mentors often have a shared experience of a particular life challenge and have often participated in the same program but are further along in the process than mentees. Peer navigators often act as case managers and connect individuals to services. Finally, peer support groups allow participants to strengthen their social network and receive validation of their experiences. The distinctions among the types of peer supports are not always clear in practice. Programs often encompass multiple peer support strategies.

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This brief builds on the existing peer support literature—which is largely focused on peer support in substance use treatment—by focusing on peer supports for individuals reentering their communities from incarceration and survivors of intimate partner violence (IPV) and sex trafficking.⁸ These three populations often experience significant trauma and may benefit from relationships with peers who have shared experiences. The brief draws on findings from a broader [research project](#),⁹ a literature review, three virtual site visits, semi-structured interviews with six key informants, and discussions at a July 2021 peer support virtual forum for federal staff. More details on programs reviewed, methodology, and data sources are included in Appendices A and B.

This brief also recognizes the importance of considering equity when implementing peer supports and working to address the barriers these populations may face in their healing process, as individuals with different identities may be treated differently within systems and in human services programs. For example, individuals of color and/or those in the LGBTQ+ community, may experience individual and systemic discrimination that can create additional challenges, which others who have also experienced incarceration, domestic violence, or human trafficking, but have different identities may not experience. The cross-cutting themes highlighted later in this brief strive to take this into account and weave equity into all the considerations presented.

Effectiveness and Evaluations of Peer Supports

Evidence indicates that reentry, DV, and sex trafficking programs that include peer support can effectively build social capital, and specifically that peer supports are associated with improvements in psychological well-being^{9;10;11;12} and resilience.^{13;14;15;16} They are also connected to preventing re-victimization or recidivism,^{17;18} creating a supportive community to ease reentry,^{12;13;16;19;20;21} and reducing or preventing harmful activities, like commercial sex exploitation.¹⁸ Peer supports may both serve as a source of healing for the trauma participants have faced and work to build the social capital that

⁶ This brief is part of a larger research project funded by the U.S. Department of Health and Human Services' Office of the Assistant Secretary for Planning and Evaluation (ASPE) to understand how human services programs and organizations create and use social capital to increase employment, reduce poverty, and improve child and family well-being.

will help participants succeed once they have completed their programs.

We focused on programs that leverage peers with shared lived experience. Anecdotally, the literature suggests using such peers is important for building trust with survivors, especially of sex trafficking, as well as in reentry programs and for survivors of domestic violence.^{22;23;24;25}

There are methodological limitations in the peer support literature for these program areas, such as lack of control groups, which highlight the difficulty in measuring changes as a result of peer supports. For example, only two of the programs reviewed in this project, My Life My Choice and RecycleForce, have been rigorously evaluated (see Text Box). It is also important to note that peer supports do not always result in positive outcomes. Older studies suggested receiving peer supports can be associated with increased distress and has the potential to be associated with negative self-esteem when it elicits feelings such as dependence, inferiority, powerlessness, and failure.^{26;27;28}

Positive Evaluation Outcomes Linked to Peer Support Strategies

A 3-year evaluation of My Life My Choice assessed whether youth benefit from participating in the program's peer mentoring component. Participants reported positive outcomes such as higher levels of adequate social support.¹⁸ Results from a U.S. Department of Labor study showed that RecycleForce had positive impacts on employment, earnings, and recidivism and substantial impacts on child support outcomes. However, findings were not specific to the peer aspects of the program.²⁹

Cross-Cutting Themes Across Program Types

We identified three overarching themes in the programs we reviewed using peer supports in the reentry, human trafficking, and domestic violence contexts. Although the findings are not always common across all programs or discussions, each was identified as a feature critical to the successful use of peer supports by at least one key informant working with the programs.

Program Descriptions*

Reentry Programs

- **RecycleForce:** A social enterprise recycling factory in Indianapolis, Indiana that provides employment and mentoring opportunities for formerly incarcerated individuals.
- **Hudson Link for Higher Education in Prison:** A nonprofit that provides college education, life skills, and reentry support to currently and formerly incarcerated individuals in New York.
- **Prison Fellowship Academy at the Nebraska Correctional Center for Women:** A religious education program for incarcerated women that covers topics such as relationships, life skills, and reentry.
- **Douglas County Community Mental Health Center's Intensive Outpatient Program:** Substance use and mental health programming for currently incarcerated and recently released individuals that includes weekly "coffee chats."

Domestic Violence and Human Trafficking Programs

- **Project CARE:** A program offering services to individuals with disabilities affected by or at risk for intimate partner violence that focuses on self-advocacy and peer led classes.
- **PIK2AR:** A community led nonprofit providing a range of programs to prevent or reduce domestic and sexual violence among Pacific Islanders.
- **My Life My Choice:** A nonprofit that provides mentoring services to young survivors of sex trafficking.

*More detailed descriptions are available in Appendix A.

1. Considering and Responding to Trauma to Advance Healing

Go beyond the surface level to find maximum commonality.

Identifying and communicating as much commonality as possible between peers can be helpful to create trust. The Douglas County, Nebraska, Community Mental Health Center works with the County's Department of Corrections in assisting individuals with substance use issues navigate the reentry process. A key program feature is discussing how participants have faced common barriers, as all program alumni have gone through the same reentry process current participants are trying to navigate.

To set up their peer mentor relationships for stronger success, My Life My Choice reviews the experiences and characteristics of each new youth participant to determine which peer mentor will make the strongest match. Staff consider attributes like shared experiences, backgrounds, and race and ethnicity. Early in the relationship, peer mentors listen to the youth's stories. Then the peer mentors take time to introduce themselves and share their stories with the youth. Storytelling sets a strong foundation based on commonality and establishing trust.

Address and protect against further trauma. Peers may be well positioned to help others in the organization address and protect against triggering or exacerbating trauma. In My Life My Choice, the peer mentor helps ensure mentees avoid situations that induce unnecessary trauma. The peer mentor also helps others working with the youth, such as case workers, by sharing how the participant may be thinking if they are not communicating openly. This can be especially helpful in the early stages of a participant's involvement in the program.

Meet people where they are. Many key informants, program staff, and participants emphasized this point, as individuals come to programs with varying needs and levels of agency or motivation. Peer supports can give people the space to experience healing in their own way and timeline. PIK2AR stressed how important it is to "make (support) a conversation; not a 'do this' type of approach." Additionally, several other programs noted that it is especially important with youth to not "push it" or "force anything." According to program staff and participants, when peers feel interactions are more pressure than support, it damages the formation of a trusting relationship. One respondent framed this issue as the importance of peers remembering that "getting people to be (safer) is a success; you don't have to get them to stop (all unsafe activity) immediately."

2. Valuing the Cultural Context of the Program Participant

Be open to different interpretations of the word "peer."

Cultural context can influence how, and to what extent, programs explicitly adopt the terminology of peers. For example, in interviews with First Nations communities, key informants expressed discomfort with using the words "peer supports." Cultural concepts of extended family, communal historical trauma experienced, and the duties and pride of being in a particular community or tribal group all impacted the sense of who was or was not a peer. Additionally, forum participants discussed that shared experiences do not always lead programs to use the term "peer," particularly if peers are adults while participants are youth or young adults.

Use arts and food to create judgement-free spaces that emphasize culture.

All the program interviewees spoke of the importance of creating a safe and judgement-free physical space for peer relationships to take hold. Programs create these spaces by designating a comfortable physical convening space or welcoming virtual space when appropriate, as well as activities that encourage self-expression and conversation. PIK2AR and Project CARE use physical spaces to bring people together in formal and informal peer support activities, such as arts and crafts classes. These informal approaches to creating safe spaces augment the formal peer groups that both programs host.

Using arts and crafts may serve the important purpose of leveraging culture to bring peers together more. PIK2AR mostly serves the Pacific Islander community. The program often encourages peers and participants to "bring food and talk story," according to a staff member who explained that using favorite culinary dishes specific to Pacific Islander cuisine is an easy way to draw people into peer networks and a natural way to create connection and trust. In First Nations communities, several people referred to creating comfortable spaces via traditional group activities such as sewing circles or doing beadwork together. These activities created an equalizing of peers without consideration of age, position in the community, exact type of trauma or when the trauma may have happened. This sense of common ground and mutual support builds a community of survivorship. "We are all survivors" was a phrase used by multiple people.

Leverage the trust in small communities but be mindful of their interconnectedness.

Some DV programs that rely on peer supports operate in sparsely populated areas comprising small, tightly connected communities. Key informants working in Indigenous communities explained this can be an advantage when using peer supports because everyone is considered family. Multiple interviews with First Nations organizations emphasized that although every individual community had its own culture, they all followed similar concepts of the community as an extended family. With this sense of familial connections in the

community, it is relatively easy to attract people to peer support group kinds of activities. At PIK2AR, one person explained that the role of “family and your elders is huge” and that this leads to high levels of interconnectedness and trust. However, this close connectedness can also create gaps in trust because “your brother could be someone else’s abuser,” she continued. As a result, it is critical for peer groups to establish explicit shared expectations about confidentiality, which PIK2AR does by verbally explaining expectations in peer groups. Practice over time ensures these expectations become norms that are respected.

3. Respecting the Role of Peer Support Providers

Respect peers by hiring, treating, and training them as professional staff. Programs that work with people who have experienced significant emotional, physical, or sexual trauma may seek to hire staff and leadership who have shared experiences with program participants. Roughly three-quarters of Hudson Link staff and leaders are program graduates or formerly incarcerated. The executive director credits many of their outcomes with the fact that he and other staff are graduates and that correctional staff and other community leaders have witnessed their transformation.

Paying peers a fair wage and providing career ladders for them to move up through the organization recognizes their expertise, as forum attendees emphasized, and is an important aspect of treating peers equitably. Larger organizations we reviewed appear to pay their peers salaries similar to professionals holding a master’s degree in social work. Programs can also pay attention to titles and the work that peers do. My Life My Choice refers to peers as “survivor experts,” who also help build organizational knowledge by working with clinical supervisors and coaches. A program director relayed training was important to arm survivor expert peers with a broader body of knowledge about the population they are serving, so they are recognized as expert team members instead of being there only to “tell their story.” Several program staff and participants pointed out that peer support roles are extensive undertakings. To help peers focus solely on peer support work, My Life My Choice uses administrative or other staff to help peers manage paperwork and compliance-based information. This frees the peer to focus solely on mentoring youth.

Treat peers as a “whole person.” Some program staff and participants reminded us that peers often revisit their own past trauma when they engage with participants who are navigating recent or ongoing trauma. Work as a peer in this capacity can take a heavy toll. Acknowledging this burden, My Life My Choice provides therapy and a week of paid leave per year, in addition to vacation time, for wellness purposes. Program leads also monitor peers for undue stress levels and encourage self-care and wellness to help peers avoid burnout. Forum participants also emphasized the importance of considering risks of re-traumatization for peer providers.

Have peers serve as role models and model self-advocacy.

Peers often serve as leaders and role models in the programs we reviewed, showing program participants how to set boundaries and expectations in relationships. Self-advocates at Project CARE intentionally model how to build healthy relationships with program participants who are affected by or at risk for interpersonal violence. At My Life My Choice, peer mentors establish rules with new youth entering the program to demonstrate how youth can set boundaries with others in their lives.

All of the programs also used peer efforts and practices to help participants build confidence, become their own advocates, and have the agency to break negative cycles of violence. Project CARE helps participants become self-advocates by creating a strong culture of equity among peers and between peers and staff. Program participants themselves can also model healthy behaviors. Prison Fellowship Academy’s manager invests the most time and energy in participants who are flourishing and viewed as leaders by their peers and relies on these peer leaders to provide meaningful support to students who may benefit from additional assistance. Interviewees at RecycleForce described peer mentors as “very motivational” and more compelling to participants than non-peer mentoring. These roles for peers were also reflected during the forum, which emphasized that peer supports offer unique acceptance, understanding, and validation that cannot be replicated through a traditional case manager and client relationship.

Measuring and Monitoring Peer Support Impact

Although the programs we reviewed here view peer supports as important to program outcomes, none of them currently collect direct social capital measures. However, all interviewees and program leaders in particular expressed a desire to rigorously evaluate peer support strategies. They cited barriers to evaluation such as staffing limitations, cost, or a lack of knowledge. As early steps, programs working on peer supports may wish to explore the following tools:

- Explicit needs assessments, which can demonstrate how peer support programming meets participant needs, when it is needed, and how it might fill a gap in existing services.
- Logic models, which can illustrate how peer support resources and activities are linked to outputs and short-, medium-, and long-term program outcomes.
- Data collection on peer support resources and activities used, participants served, and outputs and outcomes to understand peer support effectiveness, efficiency, and equity.

Collecting additional data on the value of peer supports, particularly among programs serving individuals reentering from incarceration and survivors of IPV and human trafficking, can build on the practices observed in this brief and provide additional evidence to

inform future programming.

References

1. Repper, J., & Carter, T. (2011, Aug). A review of the literature on peer support in mental health services. *J Ment Health*, 20(4), 392-411. <https://doi.org/10.3109/09638237.2011.583947>
2. Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310-357. <https://doi.org/10.1037/0033-2909.98.2.310>
3. Kessler, R. C., Price, R. H., & Wortman, C. B. (1985). Social factors in psychopathology: stress, social support, and coping processes. *Annual Review of Psychology*, 36, 531-572. <https://doi.org/10.1146/annurev.ps.36.020185.002531>
4. Thoits, P. A. (1995). Stress, coping, and social support processes: Where are we? What next? *Journal of Health and Social Behavior*, 35. <https://doi.org/10.2307/2626957>
5. Turner, R. J., & Turner, J. B. (1999). Social integration and support. In C. S. Aneshensel (Ed.), *Handbook of the sociology of mental health* (pp. 301-319). Kluwer Academic/Plenum.
6. Berner, M., Brown-Graham, A., Mills, B., Graham, P. W., Landwehr, J., Lawrence, S., Benton, A., Erickson, L., & Martinez, S. (2020, September). *The value of relationships: Improving human services participant outcomes through social capital*. U.S. Department of Health and Human Services.
7. Abbott, M., Landers, P., & Pratt, E. (2019, May). *Peer-to-peer supports: Promoting employment and well-being*. Office of Human Services Policy, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Retrieved March 23, 2021, from <https://aspe.hhs.gov/system/files/aspe-files/261791/promotingemploymentwellbeing.pdf>
8. Eddie, D., Hoffman, L., Vilsaint, C., Abry, A., Bergman, B., Hoepfner, B., Weinstein, C., & Kelly, J. F. (2019). Lived experience in new models of care for substance use disorder: A systematic review of peer recovery support services and recovery coaching. *Frontiers in Psychology*, 10, 1052. <https://doi.org/10.3389/fpsyg.2019.01052>
9. Cook, J. A., Steigman, P., Pickett, S., Diehl, S., Fox, A., Shipley, P., MacFarlane, R., Grey, D. D., & Burke-Miller, J. K. (2012, Apr). Randomized controlled trial of peer-led recovery education using Building Recovery of Individual Dreams and Goals through Education and Support (BRIDGES). *Schizophrenia Research*, 136(1-3), 36-42. <https://doi.org/10.1016/j.schres.2011.10.016>
10. Evans, M., Tang, P. Y., Bhushan, N., Fisher, E. B., Dreyer Valovcin, D., & Castellano, C. (2020). Standardization and adaptability for dissemination of telephone peer support for high-risk groups: general evaluation and lessons learned. *Translational Behavioral Medicine*, 10(3), 506-515.
11. Bagnall, A. M., South, J., Hulme, C., Woodall, J., Vinall-Collier, K., Raine, G., Kinsella, K., Dixey, R., Harris, L., & Wright, N. M. (2015, Mar 25). A systematic review of the effectiveness and cost-effectiveness of peer education and peer support in prisons. *BMC Public Health*, 15, 290. <https://doi.org/10.1186/s12889-015-1584-x>
12. Larance, L. Y., & Porter, M. L. (2004, Jun). Observations from practice: Support group membership as a process of social capital formation among female survivors of domestic violence. *Journal of Interpersonal Violence*, 19(6), 676-690. <https://doi.org/10.1177/0886260504263875>
13. Cook, J. A., Copeland, M. E., Corey, L., Buffington, E., Jonikas, J. A., Curtis, L. C., Grey, D. D., & Nichols, W. H. (2010, Autumn). Developing the evidence base for peer-led services: changes among participants following Wellness Recovery Action Planning (WRAP) education in two statewide initiatives. *Psychiatr Rehabil J*, 34(2), 113-120. <https://doi.org/10.2975/34.2.2010.113.120>
14. Litam, S. D. (2017). Human sex trafficking in America: What counselors need to know. *Professional Counselor*, 7(1), 45-61.
15. Pinals, D. A. (2015). Crime, violence, and behavioral health: collaborative community strategies for risk mitigation. *CNS Spectrums*, 20(3), 241-249.
16. Oades, L., Deane, F. P., & Anderson, J. (2012). Peer support in a mental health service context. *Manual of psychosocial rehabilitation*, 185-193.
17. Countryman-Roswurm, K., & Bolin, B. L. (2014). Domestic minor sex trafficking: Assessing and reducing risk. *Child and Adolescent Social Work Journal*, 31(6), 521-538. <https://doi.org/10.1007/s10560-014-0336-6>
18. Rothman, E. F., Farrell, A., Paruk, J., Bright, K., Bair-Merritt, M., & Preis, S. R. (2019, Jul 27). Evaluation of a Multi-Session Group Designed to Prevent Commercial Sexual Exploitation of Minors: The "My Life My Choice" Curriculum. *Journal of Interpersonal Violence*, 34(12), 886260519865972. <https://doi.org/10.1177/0886260519865972>
19. Chohaney, M. L. (2016). Minor and adult domestic sex trafficking risk factors in Ohio. *Journal of the Society for Social Work and Research*, 7(1), 117-141.
20. Simmons, R. G. (Ed.). (2017). *Moving into adolescence: The impact of pubertal change and school context* (ed.). Routledge.
21. Goodman, L. A., Banyard, V., Woulfe, J., Ash, S., & Mattern, G. (2016, Jan). Bringing a network-oriented approach to domestic violence services: A focus group exploration of promising practices. *Violence Against Women*, 22(1), 64-89. <https://doi.org/10.1177/0886260515583875>

org/10.1177/1077801215599080

22. Clawson, H. J., & Grace, L. G. (2007). *Finding a path to recovery: Residential facilities for minor victims of domestic sex trafficking*. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Retrieved March 23, 2021, from <https://aspe.hhs.gov/report/finding-path-recovery-residential-facilities-minor-victims-domestic-sex-trafficking>

23. DuBois, D. L., & Felner, J. K. (2016). *Mentoring for youth with backgrounds of involvement in commercial sex activity (National Mentoring Resource Center Population Review)*. Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. Retrieved March 23, 2021, from <https://ojjdp.ojp.gov/library/publications/mentoring-youth-backgrounds-involvement-commercial-sex-activity-national>

24. Mizel, M. L., & Abrams, L. S. (2019). Practically emotional: Young men's perspectives on what works in reentry programs. *Journal of Social Service Research*, 46(5), 658-670. <https://doi.org/10.1080/01488376.2019.1617225>

25. Tajima, E. A., Herrenkohl, T. I., Moylan, C. A., & Derr, A. S. (2011, Jun). Moderating the effects of childhood exposure to intimate partner violence: The roles of parenting characteristics and adolescent peer support. *Journal of Research on Adolescence*, 21(2), 376-394. <https://doi.org/10.1111/j.1532-7795.2010.00676.x>

26. Barrera, M. (1986, 1986). Distinctions between social support concepts, measures, and models. *American Journal of Community Psychology*, 14(4), 413-445.

27. Fisher, J. D., Nadler, A., & Witcher-Alagna, S. (1982). Recipient reactions to aid. *Psychological Bulletin*, 91(1), 27-54. <https://doi.org/10.1037/0033-2909.91.1.27>

28. Roberts, L. J., Salem, D., Rappaport, J., Toro, P. A., Luke, D. A., & Seidman, E. (1999, Dec). Giving and receiving help: Interpersonal transactions in mutual-help meetings and psychosocial adjustment of members. *American Journal of Community Psychology*, 27(6), 841-868. <https://doi.org/10.1023/a:1022214710054>

29. Foley, K., Farrell, M., Webster, R., & Walter, J. (2018). *Reducing Recidivism and Increasing Opportunity. Benefits and Costs of the RecycleForce Enhanced Transitional Jobs Program. The Enhanced Transitional Jobs Demonstration*. US Department of Labor. https://www.mdrc.org/sites/default/files/ETJD_STED_Benefit_Cost_Brief_508.pdf

Appendix A: Program Descriptions

Reentry Programs

- **RecycleForce:** A social enterprise in Indianapolis, Indiana, helping formerly incarcerated individuals “rebuild their lives” by providing “comprehensive social services and gainful employment” at a recycling factory. The formal program period is typically 120 days and can last up to about 180 days. The program admits cohorts of roughly 12 people twice a month and has a capacity of 125 at any given time. Social capital activities include a morning “Circle of Trust” gathering among all participants and staff, where anyone can speak as they wish, mentoring (peer, traditional, and informal), and job referrals through an on-site staffing agency.
- **Hudson Link for Higher Education in Prison:** A non-profit that provides college education, life skills, and reentry support to currently and formerly incarcerated individuals in five correctional facilities with eight college partners across New York state to help them “make a positive impact on their own lives, their families, and communities.” It includes Bachelor’s and Associate’s degree programs, plus a college preparatory program. Social capital activities include student peer interactions during and after classes, alumni gatherings, and ongoing support and encouragement from staff, many of whom were formerly incarcerated.
- **Prison Fellowship Academy at the Nebraska Correctional Center for Women:** An intensive, biblically based program for incarcerated women in York, Nebraska, that takes incarcerated women through a “holistic life transformation process.” It is a year-long program with about 500 classroom hours and up to 30 students at a time. It is one of 101 academies across the United States that are part of the larger Prison Fellowship organization. Social capital activities include meaningful classroom discussions, living together in the same room or hall, one-on-one meetings with the academy manager, and volunteer projects.
- **The Douglas County Community Mental Health Center’s Intensive Outpatient Program:** A program operated by a community health center in Douglas County, Nebraska, that provides 10 weeks and 90+ hours of structured substance use and mental health programming followed by 6 months of continuing care/case management. Social capital activities include weekly “coffee chats” with participants and graduates, peer support, and family therapy.

Domestic Violence Prevention Programs

- **Project CARE (Collaboration, Accessibility, Response, Education):** Provides peer support services to individuals with disabilities who are affected by or at risk for domestic violence, sexual assault, dating violence, or stalking in the greater Cincinnati, Ohio, area. Project CARE provides a safe place to build healthy relationships through risk reduction classes for healthy and safe relationships, peer support groups, community-based art healing programs, self-advocacy programs, safety training, and more. Self-advocates are a small team of 10 to 15 people—both paid staff and volunteers—who have experienced a disability and are also survivors of domestic violence.
- **PIK2AR (Pacific Island Knowledge 2 Action Resources):** Provides a strength-based ecosystem of programs to create alliances and bridges across communities by sharing resources, education, and support. The Pacific Island Violence Prevention Curriculum, developed by a diverse community work group with assistance from the Utah Health Department, Rape Recovery Center, was created to prevent or reduce domestic and sexual violence among Pacific Islanders using Pacific Island cultural relevance. Using the talk story method along with a written program manual, it is designed to promote discussion around cultural norms and boundaries that are risk factors or protective factors.

Human Trafficking Programs

- **My Life My Choice:** Provides support services grounded in the experiences of girls, boys, trans, and non-binary youth who have survived sexual exploitation. My Life My Choice's one-on-one, research-based Survivor Mentor Program is led and guided by the experience of survivors providing stability, community, and hope to children who were exploited. My Life My Choice mentors young survivors and helps them build the intangible skills they need to be successful, healthy adults, including building a positive self-image, the ability to trust, and the tools to know how and where to seek help when they need it.

Appendix B: Methods and Data Sources

This brief is part of a [larger research project](#) funded by the U.S. Department of Health and Human Services' Office of the Assistant Secretary for Planning and Evaluation (ASPE) to understand how human services programs and organizations create and use social capital to increase employment, reduce poverty, and improve child and family well-being. We draw on overall general project findings but focus on peer supports used by domestic violence, sex trafficking, and reentry from incarceration programs.

For the larger project, we synthesized relevant information from an environmental scan of social capital programs, a targeted literature review on peer supports, discussion with 10 national social capital experts, semi-structured discussions on social capital with key informants, key findings from two site visit synthesis memos, and learnings from case studies of human service programs that intentionally build or leverage social capital. The environmental scan, literature review, and discussions with the national experts provided important general context. We added specific peer support-related data from interviews with six key informants, discussions with staff and leadership from seven programs (see Appendix A) and summary data from two site visit synthesis memos. One memo examined peer supports within reentry programs, and the other considered peer supports within domestic violence and human trafficking programs. We also drew from presentations and discussions at a July 2021 virtual forum for federal staff focused on peer support for these program areas.

The context-focused discussions and memos offered a variety of perspectives from executive directors, program managers, frontline service providers (e.g., case managers and mentors), data experts, active program participants, program graduates, key partners, and other stakeholders. These conversations took place during in-person site visits with reentry programs before the COVID-19 pandemic and via telephone or video conference with domestic violence and sex trafficking programs during the COVID-19 pandemic. We tailored semi-structured discussion guides to different perspectives, and asked about program background, social capital components, the role of peers, successes and barriers, operations, outcomes, and lessons learned. With permission, we recorded discussions to supplement our notes. We augmented the domestic violence and sex trafficking program data by conducting semi-structured discussions with six subject matter experts who either directly or indirectly collaborated with programs or organizations using peer support strategies.