

**From Prison to the Community: How Offending Women Manage Post Release**

by

Tammy Wynett Montgomery

A dissertation submitted to the Graduate Faculty of  
Auburn University  
in partial fulfillment of the  
requirements for the Degree of  
Doctor of Philosophy

Auburn, Alabama  
August 7, 2021

Keywords: post offender, recidivism, incarcerated women, trauma, victimization,  
phenomenological approach

Copyright 2021 by Tammy Wynett Montgomery

Approved by

Chippewa Thomas, Chair, Professor of Special Education, Rehabilitation, and Counseling  
Jamie Carney, Humana-Germany-Sherman Distinguished Professor of Special Education,  
Rehabilitation, and Counseling

Alfredo F. Palacios, Assistant Professor of Counselor Education,  
Counseling and Human Services

Margaret Shippen, Professor of Special Education, Rehabilitation, and Counseling  
Svetlana Chesser, Assistant Clinical Professor, Educational Psychology, Department of  
Educational Foundations, Leadership, and Technology

## Abstract

Over the past few decades there has been an alarming spike in the number of women entering and exiting the penal system. The many barriers post offending women experience before incarceration are seemingly the driving force of high levels of recidivism. Post offending women tend to have high needs for gender specific substance treatment, insufficient physiological and psychological needs, limited strategies to deal with traumas, minimal educational assistance and job skills, inadequate housing, and a need for proper guidance in reconnecting to children and family (Opsal & Foley, 2013; Richie, 2001). Unfortunately, there is limited research on the negative impact these factors have during a woman's transition from incarceration. The purpose of this study was to identify and understand factors that have increased incarceration amongst women and how these factors, such as substance use and employment skill deficits, impact recidivism and post release success. The methodology of the study consisted of a hermeneutic phenomenology approach that helped to understand factors that influenced the lived experiences of 10 post offending women. The literature reviewed revealed that there is a tremendous gap describing the intersection between women's experiences with trauma, abuse, and repeated incarceration (Opsal & Foley, 2013). Findings from this qualitative study implicated a need for more support for post offending women during the first three years of their release. The study elucidated strong possible links between childhood trauma, substance abuse, and repeated incarceration among women.

## Acknowledgments

First and foremost, I give all honor, glory, and thanks to my Lord and Savior Jesus Christ. For He is the reason for my existence and being on this path that was predestined for me. To my advisor and dissertation chair, Dr. Chippewa Thomas, you are a phenomenal woman, leader in the profession, and a new friend. I am grateful and honored to have you on my team. Dr. Jamie Carney, thank you for being a treasure throughout this entire program. I am so grateful for all you have done for me. Last but never the least, Dr. Alfredo Palacios and Dr. Margaret Shippen, you two have been my hidden weapons of encouragement. Thank you for always pouring into me and helping me to see my worth in this profession.

To my “BFF”, my husband, I could not have done any of this without you! Terry, you have been my biggest cheerleader since the day we met. Thank you for supporting every one of my adventures. To my cheering squad: Kiara, Ashley, Gwen, and Janice thanks for always encouraging me and believing in me. You all have been my rock! Thank you Morticia Hurley for always checking on me and making yourself available. Thank you, Ericka Keith, for being my angel from heaven. Your messages of encouragement were always on time. Lastly, I would be remiss if I did not show my gratitude and appreciation for my newfound family Cheryl Sapp, Angela Grier, and my GMZ Sunday School class. Who can ask for a better group of prayer warriors!

To the participants of this study, thank you for giving your all. I am so grateful for you and the stories you have shared. My prayer and hope are that from this study, eyes will open, and systems will change to better support pre/post incarcerated women. I pray grace, mercy, and

prosperity be extended to each one of you. And to the gatekeepers of Safe House Ministries, Chaplain Richardson, and Ms. Barney, keep giving life to those society continuously forget...

## Table of Contents

Abstract .....	ii
Acknowledgments.....	iii
List of Tables .....	vii
Chapter 1: Introduction and Review of Literature .....	1
Operational Definitions of Terms .....	3
Statement of the Problem .....	5
Significance of the Study .....	21
Purpose Statement.....	23
Summary.....	25
Chapter 2: Methodology .....	26
Description and Rationale of Qualitative Study.....	26
Procedures.....	27
Summary.....	35
Chapter 3: Findings.....	37
Discussion of Themes.....	39
Summary.....	52
Chapter 4: Discussion.....	54
Discussion of Finding.....	54
Implications for Counseling Education Programs.....	56
Limitations of Study.....	62
Recommendations for Future Research.....	63

Concluding Summary.....	64
References.....	66
Chapter 5: Manuscript.....	89
Manuscript References.....	117
Appendix A (Flyer).....	131
Appendix B (Consent Form & Protocol) .....	132
Appendix C (Eligibility Questionnaire) .....	138
Appendix D (Permission Letter from Research Site) .....	139

## List of Tables

Table 1 Participant Demographics .....	38
--	----

## **Chapter 1: Introduction and Review of Literature**

Compared to males entering prison, nationally women have surpassed them entering the penal system (Carson & Anderson, 2016). In the last 40 years' incarceration of women has increased over 700% (Tripodi et al., 2019). Moore and Elkavich (2008) suggested drug policy changes have supported the increase of more women being incarcerated. Many of the newly developed policies were created to provide uniform guidelines in sentencing for all convicted, but they appear to impose a greater impact on the institution of the family (Travis & Western, 2014). In other words, incarcerated women and their children have suffered the most from these policy changes (Travis & Western, 2014). Researchers have started to examine the links between early trauma experiences in childhood and the incarceration of women (Brennan et al., 2012).

Salisbury and van Voorhis (2009) proposed that childhood victimization such as sexual and physical abuse, and psychological abuse may be precipitating factors that led women to prison and created higher rates of recidivism. Tripodi et al. (2019) concluded that intervening factors of psychological abuse, substance abuse, and domestic violence promotes the pathway to incarceration and recidivism for women. Furthermore, over 70 % of incarcerated women attested to experiencing childhood victimization (Carlson & Shafer 2010; Cook et al., 2005; Kennedy et al., 2016), and it is imperative researchers look closely at how these factors and adulthood traumas have created this flooding of the penal system with women (Tripodi et al., 2019).

Despite the significant influx of women entering prison and surpassing the number of men being incarcerated during the late 1990s (Chesney-Lind & Pasko, 2004), research has shown a large increase of women being released (Opsal & Foley, 2013). Furthermore, there are many predicting factors associated with women reentry and their ability to successfully remain in the community (Lynch & Heath, 2017). Durose and colleagues (2014) suggested women



reentering prison is high and usually occurs within the first three years of being released. Researchers attested that recidivism is influenced by issues involving psychological deficits, drug use, limited resources, and support, and physical or sexual mistreatment by others (Cobbina, 2010; Doherty et al., 2014; Messina et al., 2006; Richie, 2001). Some researchers proposed that the many unhealthy experiences women endured before imprisonment included mental health issues that contributed to repeated incarceration (DeHart et al., 2014; Grella et al., 2005; Scott et al., 2016; Wolff et al., 2011). James and Glaze (2006) linked predisposed psychological issues, such as depression and substance use, as factors incarcerated women face before entering jail or prison. Battle et al. (2003) suggested trauma such as child abuse occurring during a woman's youth can contribute to negative factors also favorable of incarceration. These factors and many others are significant to further explore because they may be the link to the influx of women being incarcerated (Green et al., 2005; Pollock et al., 2006; Widom, 2005) and reengagement into criminal life after release (Carlson & Shafer, 2010).

Unfortunately, there is limited research describing the impact mental illness has on women during and after incarceration (Lynch & Heath, 2017). Freudenberg and colleagues (2005) examined the mental health of almost 500 women before and after their incarceration and found a significant increase in their level of depression and apprehension. Although prison programs are attempting to address the mental deficits of incarcerated women, there is evidence of insufficient mental health support after women are released from prison (Scoggins & Malley, 2010). Lynch and Heath (2017) concluded that there is a great amount of qualitative research describing the difficulties women experience after incarceration, but there is paucity of research and literature describing linkages between women's critical mental health conditions and the difficulties they experience post release.

Richie (2001) interviewed over 40 incarcerated women before their release and learned that they had high needs for gender specific substance treatment, insufficient physiological and psychological needs, limited strategies to deal with traumas, minimal educational and job skills assistance, inadequate housing, and a need for proper guidance in reconnecting to children and family. In another study conducted by Doherty and colleagues (2014), over 30 post offending women were interviewed, and results of the study indicated that women were using substance to cope with the continuous violence and stress they endured. Therefore, the goal of this research study was to examine the impact that many factors impose on the outcomes of post offending women as they reintegrate into the community. The aim of this study was to further close the gap on what is known about the experiences of women during the first three years of transitioning from jail/prison and back into the community.

### **Operational Definitions of Terms**

For the study, the following definitions were used to ground understanding of what is meant by the terms presented.

**Barriers:** Barriers are obstacles people face that prevents them from reaching their goals (Merriam-Webster, n.d.). In this study, barriers may consist of mental health issues, substance use, inadequate relationships with others, government policies, social constructs, or employment deficits that reduces post offending women’s ability to maintain post release.

**Depression:** The DSM-5 defines depression as a “...disruptive mood dysregulation disorder, major depressive disorder...[with] common features...of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual’s capacity to function...” (American Psychological Association [APA], 2013, p. 155).

**Marginalization:** Marginalization is the dismissing of a person's status or ability as being equal or important to society and others (Merriam-Webster, n.d.)

**Post offending:** Post offending, post incarceration, formerly offending, and post release are used interchangeably throughout the study. The terms describe and identify the women's position in society after being released from jail or prison and have reintegrated into the community.

**Posttraumatic Stress Disorder (PTSD):** Posttraumatic stress disorder (PTSD) is defined by the Diagnostic and Statistical Manual of Mental Disorder, Fifth Edition (DSM-5) as "...exposure to actual or threaten death, serious injury, or sexual violence...intrusion symptoms...persistent avoidance of stimuli associated with the traumatic event(s)...negative alterations in cognitions and mood...and alterations in arousal and reactivity...." (American Psychological Association [APA], 2013, pp. 271-272).

**Recidivism:** According to Merriam-Webster (n.d.), recidivism is defined as a relapse, repeated offense, or a return to criminal practices.

**Reentry:** Reentry is used in the study to describe the post offender's position in society after incarceration. It can describe the offender as having a failed or successful return to their community.

**Resilience:** Resilience is a theory that describes the ability to overcome difficult situations during and after the experience occurs (Masten et al., 1990). In other words, resilience is an effective adjustment to harmful distractions that can frustrate a person's internal and external structures (Masten, 2016). These structures may include someone's socioeconomic status, family relations, educational background, environmental factors, and many more areas that impacts the overall development of a person (Masten, 2016).

**Trauma:** Substance abuse and mental health services administration (2014) defines trauma as the:

Results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being (p. 7).

**Victimization:** Victimization is a type of trauma that includes violent acts against a person, like sexual and physical mistreatment (Casey et al., 2020).

### **Statement of the Problem**

Over the last four decades the number of incarcerated women has increased significantly (Carson & Anderson, 2016). Walmsley (2017) reported a significant influx of females, young girls, and women, surpassing the rate of males entering the penal system all around the world. Due to this rapid increase, concerns for this epidemic are receiving growing attention (Casey et al., 2020). Researchers generally identify incarcerated women as nonviolent offenders, who rank high in limited educational and career opportunities, have elevated levels of unemployment, are the major caregiver of their family, and attest to experiencing greater exposure to partner violence and psychological issues (Bloom et al., 2003; Lynch et al., 2017).

Unfortunately, there is limited research to support linkages between the multiple barriers women endure and rates of repeated incarceration (Opsal & Foley, 2013). It is vital researchers examine the links between these multifaceted issues and provide evidence that describes the experiences women face before, during, and after incarceration.

### **Recidivism**

Whether it be parole, probationary period, or incarceration, over a million women in the United States are negatively connected to the penal system (Lapidus et al., 2005). Unfortunately, once released, many of these women return to familiar environments where they experienced marginalization in job placement, limited educational opportunities, poor housing conditions, and assisted living (Bergseth et al., 2011; Huebner et al., 2010; Legal Action Center, 2004; O'Brien & Young, 2006; Petersilia, 2005; Richie, 2001; Travis, 2005). These multifaceted barriers promote recidivism and pose significant challenges for newly released offending women to encounter (Heidemann et al., 2016). Researchers suggested that the route to incarceration for women is just as gendered oriented as the process of reintegrating to society (Heidemann et al., 2016). In other words, both pathways which can include inequity of employment, main parent provider responsibilities, establishing adequate housing, and victimization that all tend to negatively impact women's progress and the possibility of preventing recidivism from occurring (Heidemann et al., 2016). Moreover, despite the multiple traumas formerly offending women experience, there is a paucity of literature available on other factors that could be included to promote successful reintegration to society (Visher & Travis, 2003).

Freudenberg and colleagues (2005) proposed that recidivism, repeated criminal offense (Merriam-Webster, n.d.), can diminish if offending women are provided sufficient post release support in areas such as mental health. Colbert and colleagues (2013) suggested that there is limited research supporting how to help women minimize their mental and medical care after incarceration. Researchers declared factors such as drug use, return to criminal behavior, mental deficits, impoverishment, and not obtaining work can excessively contribute to post offenders returning to prison (Schnittker et al., 2012; Visher et al., 2004; Wilderman & Muller, 2012). Additionally, trauma during childhood that has not been addressed through counseling (Flentroy

et al., 2015) and diseases such as Human Immunodeficiency Virus [HIV] (Braithwaite et al., 2008; Dumont et al., 2013; Flentroy et al., 2015; Valera et al., 2017; Valera & Kratz, 2014) creates greater barriers for maintaining a healthy reentry into the community (Valera et al., 2017).

Post offending women struggle to obtain a stable living environment because of their prior and current experiences with gaining financial stability as well as experiences with stigma that is attached to individuals with a criminal record (Bergseth et al., 2011; La Vigne et al., 2009; Opsal, 2008; Travis, 2005). For example, women who resided in low economic areas before prison, are challenged with finding employment agencies that will provide opportunities for those released from prison and pay a sufficient salary to afford independent living outside of crime infested areas (Opsal & Foley, 2013). Unlike post offending men, post offending women are not received well by their family and may experience difficulty obtaining health insurance and difficulty finding adequate housing during the early transition period of reentry (Opsal & Foley, 2013). The United States government has also established policies to mitigate and control rates of crime so offenders with past drug charges are prevented from living in subsidized homes which is also known as low-income housing (Opsal & Foley, 2013). This is an example of how certain policies have created difficulty for women and thus place them at greater risk for homelessness and for being victimized (Lee et al., 2010).

Research provided evidence of barriers such as these to reduce successful reentry opportunities for women (Opsal & Foley, 2013; Valera et al., 2017). This especially is negatively impactful for post offending women who are mothers and women of minority status who have experienced many years of oppression (Opsal & Foley, 2013). Lastly, incarcerated women face many health issues before and during the transition period from the penal system as they

reintegrate into society (Binswanger et al., 2011). Unfortunately, there is limited research of post offending women psychological or medical status during this transition period (Binswanger et al., 2011). Some researchers concluded that mental illness is significantly linked to high levels of recidivism (James & Glaze, 2006; Messina et al., 2006). Therefore, it is vital to understand the role mental health and other factors play in offending women's functioning before and during post incarceration.

### **Employment Deficits**

Post offending women experience difficulty obtaining and maintaining stable employment (Sered & Norton-Hawk, 2019). Sered and colleagues believed these negative employment issue stemmed from the war-on-drug epidemic. Experts have pointed to post offending women as having a hard time obtaining employment because of the stigma surrounding gender and societal expectation that involves drug use (Carpenter, 2012). Additionally, Kelly et al. (2014) suggested employers are more likely to hire individuals from other marginalized groups before they consider hiring post offenders. Some researchers linked these negative experiences for post incarcerated individuals to an equal balance of societal shaming, poor policies, and the lack of acceptance by others (Ho et al., 2011; Kethineni & Falcone, 2007; Middlemass, 2017). Oftentimes, post offending women struggle to maintain employment due to current and ongoing physical abuse endured in their relationships (Tarr, 2007). The physical injuries and pain they endure from abuse prevent them from going to work (Tarr, 2007).

Schnittker et al. (2012) proposed that many incarcerated individuals within the United States tend to suffer with greater physical and psychological deficits than those from the general population. Unfortunately, over 50 % of incarcerated women experience high rates of poor

physical and psychological health (Herbst et al., 2016; Maruschak et al., 2015). Consequently, when these physical and mental health issues go untreated during or before incarceration, post offending women may be subjected to greater dysfunctions with physically caring for themselves during post release. Factors such as these have created problems for women to apply or obtain certain jobs that will require them to spend hours being physically engaged (Herbst et al., 2016). Tarr (2007) suggested that sometimes post offending women experience abuse not just in the home but also at the job which contributes to their inability to maintain employment status.

Additionally, jobs that involve working with the public like sales associate or teacher assistance requiring background checks will less likely hire post offenders (Kelly et al., 2014; National Employment Law Project, 2016). This is a major employment barrier because of the many jobs that women have a strong interest or skills in require criminal records' checks (National Employment Law Project, 2016). Allowing post offending women, the opportunity to work in areas of interest such as these may reduce recidivism, provide a chance for them to contribute to society positively (Kelly et al., 2014; Middlemass, 2017), and build their sense of purpose in life (Maruna, 2001). Jobs that are considered rewarding or attractive tend to reduce post offenders' desires to engage in criminal behavior (Uggen, 1999). For example, Sered and Norton-Hawk (2019) concluded that jobs that offer low pay, limited advancement, insufficient benefits such as good health insurance, and have employers that hold biases against post offenders are motivators for recidivism.

Sered and Norton-Hawk (2019) conducted a five-year structured to unstructured research study on 47 post incarcerated women. In the study, post offending women age range was over 18 and under 53 years, with racial demographics of the majority being White, 10 being Black, and less than five were non-White (Sered & Norton-Hawk, 2019). Researchers met with the post



offending women frequently throughout the first five years and four additional years and only maintained contact with 37 participants (Sered & Norton-Hawk, 2019). The study results showed post offending women encountering a span of barriers such as: a majority experienced prison re-entry, a majority experienced homelessness, and some returned to heavy drug use (Sered & Norton-Hawk, 2019). In addition, a few engaged in healthy relationships but most of them had unhealthy relationships; several were raising children, but most lost their parental rights, over half experienced physical abuse, and none maintained stable employment (Sered & Norton-Hawk, 2019).

### **Trauma Experiences from Childhood to Adulthood that Promotes Failed Reentry**

Minton (2012) reported that before 2011 there was a 30% incline of women entering prison, and some researchers described this occurrence being due to high levels of trauma from childhood to womanhood surrounding various abuse and acts of violence in their environment (Green et al., 2005; Lynch et al., 2012; McDaniels-Wilson & Belknap, 2008). Research showed unstable family life and everyday stressors as becoming major factors that many prisoners are admitting to experiencing (Carlson & Shafer, 2010). From youth to adulthood, inmates may experience and or witness substance abuse, loss of a loved one, and victimization (Beck et al., 1993; DeHart, 2008; Eddy & Reid, 2003; Greenberg, 2006; Greene et al., 2000; Jordan et al., 1996; Keaveny & Zauszniewski, 1999; Martin et al., 1995). Due to the increase of incarcerated women, DeHart (2008) suggested more research is needed to understand the impact of childhood victimization many women seem to experience. Lack of attention to these issues may impose greater threats of violence and continued cycles of unlawful behavior among teens and adult women (Carlson & Shafer, 2010).

Several researchers have linked increasing levels of childhood victimization in incarcerated women (Carlson & Shafer, 2010; McDaniels-Wilson & Belknap, 2008) as the mediator for the psychological illness and criminal behavior they have encountered (Lynch et al., 2012; Scott et al., 2016). Unfortunately, many offending women reported having exposure to multiple traumas during their childhood and adolescent years (Lynch et al., 2017). Scott et al. (2016) completed interviews of more than 800 incarcerated women and reported that women who were exposed to multiple traumas endured multiple mental health symptomologies. For example, incarcerated women who may have reported exposure to several traumas attested to significantly experiencing greater psychological dysfunctions (Lynch et al., 2017). Conrad et al. (2014) completed a study of over 400 adolescent offenders and identified more than 160 female youth reporting exposure to sexual abuse during childhood. There are many factors that contribute to women's incarceration and are considered to stem from childhood traumas that has led to repeated criminal offenses. For example, Messina et al. (2007) proposed residing in a foster home while growing up adds stress to a child's well-being or having caretakers incarcerated (Pollock et al., 2006) can impose a threat to the welfare of the child. Another concern involves incarcerated women who reported living in poor and unstable conditions during childhood (Green et al., 2000; Robillard et al., 2016), and being without adequate residency and proper care from a responsible adult (McClellan et al., 1997; Robillard et al., 2016) are factors that are linked to later incarceration and unsuccessful reentry into the community.

In a longitudinal study conducted by Widom (2000), female children who experienced victimization or parental neglect were subjected to being arrested two times more than women who do not have similar experiences. Even some incarcerated women have attested to feeling pressured to engage in criminal activities during childhood due to their parent's drug abuse and

failure to care for them properly (DeHart, 2008). Researchers have found links between criminal behavior, substance use, and psychological issues (Peters et al., 1997) as mediators that have led to the increase incarceration of women (Lynch et al., 2017) and have influenced recidivism (Cobbina, 2010; Doherty et al., 2014; Messina et al., 2006; Richie, 2001). Some of these experiences that women faced during childhood became their norm during adulthood. In other words, their experiences from the earliest part of life helped to form patterns of dysfunction that has led to a life involving crime.

Fine (1992) stated incarceration of women is the summation of unresolved issues involving substance addiction, revenge against abusive mates, and whoredom. DeHart (2008) argued these factors as attributing to incarcerated women's way of dealing with the emotional, physiological, and sexual victimization they have endured. Although there is limited qualitative research on the connection between criminal activity and physical and sexual abuse, DeHart (2008) proposed that there is a strong possibility these factors existing during a woman's childhood are negatively impactful to her later in life. Several researchers specified that female children raised in hostile environments are at greater risk to engage in unruly behaviors like drug use, destroying property, absenteeism from school, fleeing from home, and having multiple sex partners (Osofsky, 1999; Thornberry et al., 2004; Widom, 1995a, 1995b). DeHart (2008) suggested these types of behaviors are ways female adolescents survive the pain and discomfort of the life they are coerced to live.

DeHart (2008) suggested that understanding the impact these factors and other circumstances such as violence has on incarcerated women before imprisonment may offer awareness that points to solutions. Consequently, this awareness may help determine what

provokes post offending women, what makes them feel burdensome, and what tools are needed to prevent reentry to jail (DeHart, 2008).

### **Psychological Experiences and Links to Incarceration**

Some researchers argued that childhood victimization is the pathway to substance use, unlawful behaviors (DeHart, 2008; McDaniels-Wilson & Belknap, 2008), psychological dysfunctions, systemic maltreatment, and social economic issues (Belknap & Holsinger, 2006; Bloom et al., 2003). Many researchers declared there is a connection between one or all of these combinations leading women to imprisonment, physical and sexual abuse, and psychological issues (Hedtke et al., 2008; Lynch et al., 2012; Messina & Grella, 2006; Scott et al., 2016), physiological and sexual abuse and criminal activity (Grella et al., 2005; Topitzes et al., 2011; Widom, 2000), or links between mental deficiency and unlawful actions (Benda, 2005; Hawthorne et al., 2012; James & Glaze, 2006; Messina et al., 2006). Unfortunately, scholars have not determined which of the combining factors are the most impactful or holds the leading role of why incarceration for women is increasing. Trestman et al. (2007) conducted a study on mental illness of incarcerated people and found that more than 75% of women and over 60% of men have symptoms of mental dysfunctions. These researchers have also found that more than 50% of women experience multiple psychological disorders (Trestman et al., 2007). It is imperative that incarcerated women's mental health issues are closely examined to reduce recidivism (Lynch et al., 2017).

According to James and Glaze (2006) incarcerated individuals with documented mental illness are imprisoned three times more than those without documented psychological illness. Research showed a strong connection between major depression and posttraumatic stress disorder (PTSD) for incarcerated women who have experienced extensive periods of sexual

abuse (Molnar et al., 2001; Steel et al., 2004). Hills et al. (2004) explained that although there is sufficient support in the literature indicating imprisoned women having higher traumatic instances of partner violence than their male counterparts, prison programs do not provide enough resources in targeting these crime producing factors amongst incarcerated women. Due to this insufficiency, incarcerated women do not get the treatment they need before, during, or after imprisonment.

DeHart (2008) proposed that this could play a major role in women being repeat offenders. Some women's prison facilities are starting to address psychological issues and develop programs that target these gender-focused factors (Covington, 1998; Welle et al., 1998; Zlotnick et al., 2003). Several researchers suggested providing more data that appropriately reveal specific experiences incarcerated women are subjected to, which may improve meeting their needs before they reintegrate into society (Battle et al., 2003; Greene et al., 2000; Sanders et al., 1997; Welles et al., 1998). Green et al. (2005) conducted a qualitative needs assessment of 100 incarcerated women and found over 70% of the women experienced intimate partner violence (IPV) and over 60% reported some type of abuse from their childhood. These researchers also identified that 25% of the 100 incarcerated women from the study experienced contributing symptoms of a mood disorder, and about 20% experienced PTSD (Green et al., 2005). Lastly, incarcerated women attested that their greatest barrier in life, chronologically, is substance use, family issues, and insufficient guidance and understanding of how to properly navigate life events (Green et al., 2005). There are significant gaps in understanding incarcerated women's needs regarding their past and current traumas and mental health, therefore it is imperative these issues are further explored so that prison programs can become better equipped in meeting the needs of women (Green et al., 2005).

In order to meet the psychological needs of post offending women, Harner and Riley (2013) suggested researchers, care professionals and others gain an understanding of women's experiences while they are in prison and explore their thoughts on how imprisonment impacts their psychological well-being. The researchers concluded that many incarcerated women suffer from psychological issues before entering prison and while they are incarcerated (Harner & Riley, 2013). Although the prison population is increasing with female prisoners there has not been a large incline in supportive services that targets these complicated issues (Young, 2000). Covington (2008) and Dirks (2004) argued that prison can represent another traumatic situation for women as they are disconnected from family, power stricken, and at risk of enduring more victimization. Even though some incarcerated women enter prison with issues including psychological dysfunctions, substance abuse, and victimization many see prison as an escape from the daily environmental traumas (Bradley & Davino, 2002) they have endured for so long.

### **Incarceration in Relation to Mental Illness**

Many studies have recognized the links between psychological issues and incarceration among women (Hedtke et al., 2008; Lynch et al., 2012; Lynch et al., 2017; Messina & Grella, 2006; Scott et al., 2016). For instance, Lynch and colleagues (2017) interviewed over 400 incarcerated women within four different regions of the U. S. A. and concluded that psychological dysfunctions and the use of substances are intervening factors directly related to childhood traumas, victimization occurring during adulthood, and repeated incarceration. The study findings showed incarcerated women experience elevated rates of severe psychological dysfunction like PTSD, personality and mood disorders, and substance use issues (Blanchette & Brown, 2006). Not only do psychological dysfunctions negatively impact incarcerated women at greater rates than incarcerated men (Blanchette & Brown, 2006), but women's symptomology

appears differently (Cabeldue et al., 2019; Covington, 2003a; Drapalski et al., 2009).

Incarcerated women tend to be more susceptible to other stressors like separation from their children (Covington, 2003a). In addition, some researchers have found higher issues of mental illness with incarcerated women than with other groups of women (Blanchette & Brown, 2006; Bloom et al., 2003). Interestingly, Green et al. (2005) and Trestman et al. (2007) recognized PTSD and depression (Bloom et al., 2004) as more prevalent in incarcerated women compared to non-offending women. Therefore, it is imperative researchers explore these issues to ensure prison programs and health professionals become more equipped in meeting the needs of incarcerated women and promote a more prepared reentry into the community (Green et al., 2005).

### **Depression**

Depression is the most common diagnosis among incarcerated women (James & Glaze, 2006), and is steadily increasing in this country (Fazel & Seewald, 2012). The most common depressive symptoms incarcerated women report experiencing is frequent moods of anger and trouble sleeping (Cabeldue et al., 2019). More importantly, suicidal thoughts have linked to depression (Cabeldue et al., 2019) and suicide is the second major reason death occurs among all incarcerated people in the United States (Mumola, 2005). Internationally, suicide is a leading cause of death for post offending individuals (Binswanger et al., 2011). In comparison to male inmates and non-offending women, the rates of suicide for incarcerated women are much higher (Tartaro & Ruddell, 2006). Increased levels of co-occurring disorders, depression, and substance use, among incarcerated women have become an alarming public issue because of the negative impact it has on the person and the financial burden it imposes on society (Johnson & Zlotnick, 2012).

Depression is a common disabling condition that has led to many negative consequences and outcomes for incarcerated women (Johnson & Zlotnick, 2012). Major depression disorder (MDD) has shown evidence to increase probability of recidivism for incarceration amongst women (Benda, 2005; Johnson & Zlotnick, 2012). In other words, MDD is a strong pathway for repeated criminal offenses that has led women back into the penal system even after several releases (Baillargeon et al., 2009). Researchers affirmed that depression hinders offending women from positively coping with various stressors while they are incarcerated and during their release (Johnson & Zlotnick, 2012). MDD operates as a barrier and prevents post offending women from handling matters (Johnson & Zlotnick, 2012) such as family issues, maintaining employment, seeking medical treatment, completing substance treatment programs (Johnson & Zlotnick, 2012), and disrupting continual victimization (Hills, 2000). Unfortunately, if these issues are not addressed effectively with incarcerated women, their chance of preventing relapse in drug use, MDD episodes, reentry to prison, and additional victimization will increase significantly (Freudenberg et al., 2005). Not only do post offending women experience psychological deficits, but sometimes they experience physical and sexual victimization earlier in life that may have contributed to later incarceration.

### **Posttraumatic Stress Disorder (PTSD)**

More than 90% of incarcerated women who have a history of victimization reported experiencing some PTSD symptoms (Wolffe et al., 2010). Moreover, researchers suggested incarcerated women who have been subjected to trauma before incarceration may experience PTSD at higher rates while confined (Grella et al., 2013). Grella and colleagues conducted a mixed method study on incarcerated and non-offending women's exposure to trauma and the impact it may have on their ability to cope and develop risks for PTSD. They posed questions on



over 17 distinct traumas from the National Epidemiological Survey on Alcohol and Related Conditions to explore the women's trauma exposure. The study results focused on five areas of trauma: major life and death situations, sudden death of a loved one, sexual or physical victimization, various traumas during childhood, and witnessing traumas occurring with others (Grella et al., 2013). From the study, Grella and colleagues found incarcerated women experienced higher levels of trauma in 80% of the five areas. The incarcerated women showed greater trauma exposure in sexual and physical victimization, unexpected death of loved ones, and traumas during childhood (Grella et al., 2013). Although sexual and physical victimization showed a significant connection to PTSD, substance use had the strongest association with PTSD (Grella et al., 2013).

In another study, researchers presented results with about 20% of participating women who experienced PTSD and were non-offenders who also reported drug use as their coping mechanism (Leeies et al., 2010). Furthermore, Grella et al. (2013) proposed high drug behavior in individuals experiencing PTSD led to increased risks for other mental illnesses, suicide behavior and ideation, and overall poor life satisfaction.

### **Physical and Sexual Victimization**

Many scholars agreed that there are several negative influences impacting the high rates of psychological issues incarcerated women endure (Aday & Dey, 2019; DeHart et al., 2014; Fuentes, 2014; Green et al., 2016). Grella et al. (2013) suggested women experiencing years of victimization are more prone to having PTSD and this may be the major element in understanding incarcerated women's mental illness. Likewise, other scholars have linked sexual and physical abuse during childhood to many mental illnesses (Kennedy et al., 2013; Tripodi & Pettus-Davis, 2013). Various studies have connected childhood abuse to self-inflicted harm

(Marzano et al., 2011; Tripodi et al., 2014). Friestad et al. (2014) claimed that there is only one research study that suggests as childhood adversities increase so does the chances of substance use and self-inflicted harm. Regrettably, there is no research explaining how victimization connects to co-occurring disorders with offending women (Casey et al., 2020). Despite all the hardship and trauma incarcerated and post offending women experience, some of them are able to develop resiliency and maintain successful reintegration.

### **Resilience Theory**

Resiliency is composed of many parts that work interchangeably to help influence a person's response to trauma (Southwick et al., 2014). Despite the vagueness of how resilience is developed in a person, Southwick and colleagues (2014) proposed resiliency as a reconnection to self and a conscious attempt to positively advance ahead in one's life. Fletcher and Sarkar (2013) stated resilience is an idea composed of trauma and productive adjustments. Masten (2016) suggested there are many threats to a person's multi-systemic development such as low socioeconomic, family troubles, natural destructions, as well as sudden outbreaks of diseases and wars. On the other hand, many of these cultural factors such as (Masten, 2016), socialization and received support from others, are portrayed as beneficial and problematic (Martin & Hessebrock, 2001). Some researchers supported the idea of hereditary and environmental factors that are passed down through generations to operate as risk or protective strategies that influences lifestyles of trauma or resiliency (Southwick et al., 2014; Masten, 2016).

Although research has shown the risk for returning to jail as very high during the first three years of post-release (Durose et al., 2014), some post offending women seem to manage their lives well enough to not return. Research revealed that post offending women tend to experience a myriad of issues such as economic difficulty and illegal drug use or involvement

(American Jail Association, 2014). Some post offending women who struggled with psychological problems (Baillargeon et al., 2009), violence and victimization in relationships (Kuo et al., 2014), inadequate family and community support (Petersilia, 2003), engagement in prostitution (Davey-Rothwell et al., 2012), and homelessness (Lutze et al., 2014) seemed to experience a successful post release. Therefore, the goal of this study was to understand how some post offending women cope and make meaning of their lives despite the complex barriers they face during post release.

Bradley and Davino (2008) conducted multiple research studies on incarcerated women with a history of abuse since childhood, partner violence, and resilience. This mixed method study included over 160 women sharing their lived experiences through interviews, personal writing in response to guided questions, and anonymous surveys (Bradley & Davino, 2008). The first study consisted of a semi-structured interview using the measuring tool, multidimensional trauma resilience and recovery interview (MTRR-I). The results from this instrument were converted to a table (Bradley & Davino, 2008). The second study was a case study that allowed one participant to create a narrative from her life experiences (Bradley & Davino, 2008). In both studies, incarcerated women were of various ethnicities, most were mothers from a low-income household, and over 15 % suffered with the human immunodeficiency virus (HIV) (Bradley & Davino, 2008). Results showed that more than 75 % of the women experienced sexual abuse during their childhood and almost 70 % experienced sexual assault during adulthood (Bradley & Davino, 2008). Bradley and Davino also found that more than 60 % reported physical abuse during adulthood and about 70 % of the participants reported physical abuse before they turned nine years old.

The MTRR-I tool Bradley and Davino (2008) used appraised the amount of resiliency, degree of damage, and level of improvement that existed within incarcerated women who experienced years of trauma. Bradley and Davino suggested the MTRR-I focus on eight factors that defined traits of resiliency and overall growth. The factors consisted of controlling how thoughts are remembered, how memories impact moods, intensity and management of psychological symptoms, ability to use coping strategies to deal with trauma, beliefs about others and own self-worth, healthy connection with others, finding meaning and life purpose, and possessing thoughts, feelings, and actions of being whole (Bradley & Davino, 2008). Subsequently, Bradley and Davino studies showed 41 participants demonstrating high characteristics of resilience to deal with their traumas that provided clear understanding of their experiences, demonstrating a wide variation of emotions as they reflected on the healthy and unhealthy events, holding an optimistic religious perspective, and expressing a selfless attitude for others. In other words, these women were able to empathize with others, care for themselves, and possessed coping skills to deal with pain they had experienced (Bradley & Davino, 2008).

### **Significance of the Study**

This study was significant because there is a continual need for exploring the unique experiences women face during and after incarceration (Cobbina, 2010). Scroggins and Malley (2010) proposed reentry programs throughout the United States do not provide sufficient or enough of a combination of services to meet the complex needs of post incarcerated women. In other words, some programs may offer educational and academic support, but not mental health support or services.

Therefore, it is imperative counselor educators and other counselors in the profession engage in producing more qualitative research that will help fill the gap in understanding how

multiple barriers such as trauma, mental health, social, and limited financial support before and after incarceration are negatively impacting post offending women and increasing recidivism (Schnittker et al., 2012; Visher et al., 2004; Wilderman & Muller, 2012). In so doing, counselor educators and counselors could form an even greater advocacy alliance with the penal system for delivery of care during and after women's incarceration (Armstrong et al., 2016; Windsor et al., 2014). This could include the initiation of more inclusive treatment programs and implement interventions that address trauma, mental health issues, employment, and educational opportunities to reduce recidivism (Valera et al., 2017). Several researchers indicated that developing supporting programs such as the aforementioned, has contributed to a significant decrease in repeated incarceration (Angell et al., 2014; Petersilla, 2001; Small & McDermott, 2006; Swaroop & Morenoff, 2005; Windsor et al., 2014).

Although there are many barriers that emphasize how offending women may experience failed reentry, there are some factors supporting successful reintegration (Cobbina, 2010). Hence, it is vital that this information be used to prepare women for successful reentry during their incarceration. Colbert and colleagues (2013) suggested there is tremendous need for interventions that will support offending women as they reenter the community. Lynch and Heath (2017) suggested teaching incarcerated women coping strategies to manage and improve their psychological issues may reduce the severity of their mental health once released. There are several prisons in the United States that incorporate faith-driven programs to prepare incarcerated men and women for release, but research suggested that these programs are only efficient in decreasing prison reentry when they include empirical practices (Duncan et al., 2018).

Duncan and colleagues conducted a quantitative study from 2004 to 2017 with almost 350 women who were incarcerated in 2004 or just for one year. Duncan et al. (2018) proposed the Oregon Department of Corrections (ODOC) chaplaincy program provided opportunities for offending women to make meaning of their lives through choosing a religious practice that may reduce recidivism. The ODOC used a humanistic, spiritual, and religion model for prisoners to learn through counseling and study from a trained chaplain how to adjust and adapt to their past and current traumatic experiences (Duncan et al., 2018). The goal of the program was to encourage offenders to form a healthier self-image, learn their purpose, define their own values, develop friendships, and support through others, and create a sense of belonging as they developed ways to cope with various emotions (Duncan et al., 2018). Duncan and colleagues found this program to be uniquely beneficial because all 14,000 plus prisoners in the Oregon Correction Department had access to a trained chaplain who provided them guidance in finding meaning in their life. Research demonstrated stronger adjustments in behavior and mental health for incarcerated women when they participated in religious events consistently (Dye et al., 2014; Levitt & Loper, 2009). Finally, during the 13-year follow-up in Duncan and colleagues' study, there were significant findings contributing to decreased recidivism for post release women.

### **Purpose Statement**

The purpose of this study was to further examine and provide insight for understanding factors that have increased rates of incarceration amongst women and how these factors, such as mental illness and employment deficits, impact recidivism and successful post release experiences. The literature reviewed reveals that there is a tremendous gap describing the intersection between women's experiences with trauma, abuse, and repeated incarceration (Opsal & Foley, 2013). Tripodi and colleagues (2019) proposed that trauma during childhood may be

mediating factors to women's mental health deficits and could possibly contribute to their incarceration and repeated offenses. Unfortunately, there is limited research describing the links between childhood trauma and the influence it may or may not have on incarceration or recidivism (Tripodi et al., 2019). Additionally, research alluded to psychological issues (Holtfreter & Wattanaporn, 2013) and drug abuse (Huebner et al., 2010; Mallik-Kane & Visher, 2008) as being directly linked to recidivism (Tripodi et al., 2019).

Researchers described the experiences during childhood and adulthood as gendered oriented routes to incarceration for women (Daly, 1992; Owen, 1998; Richie, 1996). Even though there are many common traumas described within the literature, that both genders share, there are some more commonly gendered-oriented offenses like prostitution, partner violence, and pressure to commit crimes that are not as usually seen with male prison population samples (Belknap & Holsinger, 2006; Bloom et al., 2006). Unfortunately, these criminal offenses are attributed to women's way of survival from child/ adulthood sexual and physical abuse and economic oppression (DeHart et al., 2014; Kennedy & Mennicke, 2018).

Scholars denoted early victimization during childhood increase women's chances of facing psychological issues, drug use, unlawful behavior, and adult sexual and physical abuse (Golder et al., 2014; Golder et al., 2015; Johnson & Lynch, 2013; Kennedy et al., 2016). Several research studies indicated that as the rate and intensity of trauma increase, the risk of women engaging in substance use becomes more of a way of life and means to dealing with their painful experiences (Fuentes, 2014; Holtfreter & Wattanaporn, 2013; Huebner et al., 2010), and these could be leading factors in their continuous return to the penal system. Therefore, the study sought to examine and answer the following research question. What are the lived experiences of post incarcerated women?

## Summary

This chapter provided the introduction and literature review detailing the many factors that may lead incarcerated women into prison and hinder post release success. Lynch and Heath (2017) proposed these factors as predictors to women's reentry and are determining influences on whether they will remain in the community. Some researchers insisted psychological deficits, drug use, physical or sexual mistreatment by others, and limited resources with obtaining housing or steady employment promotes high levels for recidivism (Cobbina, 2010; Doherty et al., 2014; Messina et al., 2006; Richie, 2001).

Research also suggests further creation of alliances and building partnerships with community leaders and human service professionals, like counselor educators and counselors, and the penal system to develop programs to address the complex issues women face during and after incarceration could be beneficial (Angell et al., 2014; Petersilla, 2001; Small & McDermott, 2006; Swaroop & Morenoff, 2005; Windsor et al., 2014). The present study was conducted because further research is needed to understand the links between post offending women's complex needs during and after their incarceration (Opsal & Foley, 2013).

Chapter two will describe the qualitative research methodology used to conduct the study. The chapter will also provide information about how participants were recruited, how data was collected, the methods for data analysis, and explain theoretical bases for the overall research process.



## **Chapter 2: Methodology**

### **Description and Rationale of Qualitative Design**

The purpose of this qualitative study was to examine the impact multiple factors have on post incarcerated women as they transition from prison to the community. Previous research shows that the rate of women entering prison has increased almost two times more than men (Sipes, 2012). Despite the sometimes-ongoing traumas incarcerated women endure, some have been able to develop healthy goals and plans to control harmful conditions (Bradley & Davino, 2008) and maintain post release success. This study sought to explore the factors that contribute to post release success and mitigate recidivism and further discussed the ways that human services professionals, like counselor educators and counselors, can operationalize this knowledge by way of enhanced transition services, programs, and advocacy in partnership with the penal system. The study examined and sought to answer the following research question. What are the lived experiences of post incarcerated women?

The methodology of the study consisted of a hermeneutical phenomenological approach and an inductive reasoning. The present phenomenological study was designed to help the researcher describe in great details the lived encounters one or more individuals have endured (Creswell & Poth, 2018). For this study, the use of the hermeneutical phenomenon in the inquiry process and approach allowed meaning of the post offenders' trauma history, their coping strategies, their pathway to reentry, and demonstrated how each of their experiences aided in the formation of their being to emerge (Bynum & Varpio, 2018).

A hermeneutical phenomenon, also known as an interpretative paradigm, allowed the investigator to reflect on and attend to their own experiences while analyzing the data and developing an understanding of the participants' experiences (Bynum & Varpio, 2018). The

hermeneutical phenomenon and resilience theory connected because they both permitted post offending women to focus on their traumatic experiences and describe how they each contribute to their current state. Together, they were used to define the complexity of an individual's experiences, internally and externally (Bynum & Varpio, 2018; Southwick et al., 2014). Incorporating a hermeneutics approach and the resilience theory demonstrated a representation of the investigators' philosophical beliefs of how experiences are developed and shared. Moreover, it conveyed how collaborative efforts are used to create reality and the existing multiple perspectives regarding the lived experiences people endure (Creswell & Poth, 2018).

The hermeneutical phenomenological approach in qualitative research was selected because it helped to describe how post offenders have made meaning of their lived experiences and how those experiences have influenced their lives over time (Bynum & Varpio, 2018). Bynum and Varpio suggest hermeneutic phenomenology could enable the investigator to determine the intrinsic nature of a participant's experiences and understand the factors that influence the meaning of their phenomenon. Following this style of qualitative research was vital to closing the gap in the literature as it provided more information on how mental health, employment issues, and other factors link to incarceration and recidivism.

## **Procedures**

### **Participants**

The research participants consisted of post incarcerated women living in the Columbus, Georgia area. Originally, the investigator intended to recruit participants from an additional site, Aid to Inmate Mothers, a transition home for post released women in the Montgomery, Alabama area. There were two post offenders residing in the Montgomery home and they indicated no interest in the study. Therefore, the investigator sought to recruit

participants from Safe House Ministries, the transition home in Columbus, Georgia. Based on recommendations for reaching saturation using a phenomenological framework, 3 to 10 (Creswell & Creswell, 2018) participants could have been sufficient, but Vagle (2018) proposed that there is no real number to define a phenomenological study. Dahlberg and colleagues (2008) suggested researchers should include more participants when the phenomenon is complex such as 10 to 15. Therefore, this phenomenological research study recruited 10 post offending women from Safe House, to provide a rich meaning of the phenomenon experienced (Vagle, 2018). The participants engaged in a virtual, semi-structured, 90-minute audio recorded interview. The participants were post offending women who had experienced one or multiple traumas within their lifetime. Their traumas consisted of physical, emotional, or sexual abuse, partner violence, substance use, and witnessing or engaging in violence in their home and communities from childhood to adulthood. The post offending women identified as having diagnosis or symptoms of substance abuse, PTSD, depression, or other comorbid mental health issues.

Lastly, the women were classified as individuals who had been released from prison for one month to three years for the study. Saturation occurred when the investigator completed the eligibility questionnaire for each participant, and then identified post offenders who had been incarcerated multiple times, experienced multiple traumas, were released in the last month to three years, and resided in the transition home until the end of study interview process. Participants with multiple incarceration and traumas remained a part of the study. One interested participant was not eligible to participate, and two other interested post offenders no longer resided in the transition home during period of eligibility for the study.

Once the investigator was permitted and gained access to the post offending women, by way of necessary approvals substantiated by letter and receiving confirmation from the Auburn

University Institutional Review Board for Research for Human Subjects (IRB) to begin research, a recruitment flyer (see Appendix A) was distributed to the facility gatekeepers and post offending women at the transition home. The flyer described the research project and included language from the research protocol about how to participate. For example, it expressed concerns about the fight against drugs that seemed to have targeted women and the impact it has had on them, difficulties women have faced before, during, and after incarceration, their rights as participants if they entered the research study, and incentives. The participants were given a week to sign-up by calling or emailing the investigator. This same information was shared with and approved by the facility gatekeepers prior to it being publicized with post offenders.

After the potential participant sign up period ended, the investigator conducted an initial screening interview with each potential participant on the list to ascertain best fit with the inclusion criteria [mentioned above] for the study. The women who met the inclusion criteria were provided an informed consent document and scheduled a favorable time to be interviewed. The investigator reviewed the informed consent information which explained in detail why the participant was selected, purpose of the research project, explained risk involved, benefits, and incentives, decision to withdraw from the study, and confidentiality. This also gave the participant the opportunity to ask questions. Lastly, the investigator spoke with the gatekeepers to request a location for interviewing that will allow for privacy and little to no distraction, as well as ensured participants had access to an electronic device with supporting internet capabilities.

### **Data Collection**

Data was collected over a six-month period. The identified transition site is located within Georgia and the investigator worked toward gaining access (Creswell & Poth, 2018) two

to three months prior to beginning the research study. During that time, the investigator contacted facility gatekeepers who were currently working with post offending women through state-supported programs. The investigator built and established rapport with the facility gatekeepers to understand the orientation of the facility for participants' privacy during interviews and shared the purpose and benefits of the proposed study. This was accomplished simultaneously while seeking approval from the Auburn University Institutional Review Board for Research with Human Subjects via a protocol that outlined this study's intent for the population (Creswell & Poth, 2018). This proposed research study protocol consisted of detailed steps of the procedures, participant recruitment and selection process, ways the investigator collected data, the storage of data place and process, and how the investigator intended to utilize the data (Creswell & Poth, 2018).

Consequently, the investigator implemented a criterion sampling method to select 10 to 15 (Vagel, 2018) post offending women who have common experiences with this phenomenon (Creswell & Poth, 2018). As stated previously, the post offenders were selected based on being within one month to three years of their current prison release, a history of sexual and/ or physical traumas since childhood to adulthood and have current mental health issues or diagnoses. The investigator conducted a semi-structured virtual, individual audio interview with all participants. The virtual interview was audio recorded through a Zoom video conference room that employs high security measures. Interviews were transcribed through Scribie.com. Scribie is an electronic transcription program that includes encryption to protect the confidentiality of uploaded files. Transcriptions were stored in an encrypted Box e-folder under the participants self-selected code name (pseudonym).

The investigator used an eligibility questionnaire, sign-up schedule sheet, and consent form that included participants' information. The investigator placed participants' first name and middle/last initial on the eligibility questionnaire form and sign-up interview schedule sheet. The interview schedule sheet was shared with the gatekeeper to ensure participants had access to the electronic device for interviewing at the appropriate time. The gatekeeper kept the sheet in a locked file until the research process was completed and then was destroyed. The consent form had the participant's name (signature) but was saved under their self-selected name for the study (pseudonym) in the investigator's encrypted Box e-folder. The gatekeeper stored the consent form in a sealed envelope and locked file and later mailed to the investigator (see Appendix B). The items collected were labeled by coded names to protect the anonymity, confidentiality, and privacy of the participant.

### **Interview Protocol**

The semi-structured interview protocol (see Appendix B) contained consent from the participant, purpose of the research study, how the participants were selected, what the participants could expect and their rights, interview questions, data storage method, participation incentives, and debriefing information. The questions were listed in a particular sequence that demonstrated sensitivity to participants (Berg & Lune, 2012; Creswell & Poth, 2018). Some researchers view using this style of interviewing to be most rewarding and beneficial (Berg & Lune, 2012; Creswell & Poth, 2018). For example, the first set of questions helped identify demographic information such as age, educational level, race or ethnicity, mental health issues, and original home of records (Creswell & Poth, 2018; Berg & Lune, 2012). The next set of questions were open ended and pertained to the research study (Berg & Lune, 2012). All 90-

minute-long interviews were conducted in an area that supported audio recording and privacy (Creswell & Poth, 2018).

Once the interviews had been completed, transcriptions through Scribie.com were downloaded into an encrypted Box e- folder. All data was stored in the investigator's encrypted BOX e-folder. All hardcopies were scanned into the investigators encrypted BOX e-folder and immediately destroyed to prevent breach of confidentiality. Lastly, study participants were offered a \$25 Visa gift card at the end of the research study for participating. Because the COVID-19 pandemic caused mail delays, the incentives for participants were hand-carried to the gatekeeper, and delivered to participants after interviews were transcribed, completed, and a second member checking of the data was conducted. The first and second member checking included verification to ensure the investigator had clarity and correctly interpreted certain participants' experiences. A third but final member checking was used to review the codes and themes emerged from the study (Creswell & Creswell, 2018; Creswell & Poth, 2018). All in all, this procedure was to ensure the investigator had not misinterpreted the lived experiences shared by the participants (Creswell & Creswell, 2018; Creswell & Poth, 2018; Tracy, 2010).

### **Data Analysis**

Data was analyzed from an inductive and thematic approach. The investigator reviewed the audio recordings and transcriptions at least three times to ensure the words and meanings were depicted as the participant provided (Creswell & Poth, 2018). From reviewing the transcriptions, the investigator identified patterns or themes that continuously emerged from each participant's shared experiences. A horizontalization (Moustakas, 1994) approach was used to identify statements or phrases that produce detailed meanings of how the experiences were understood by the participants (Creswell & Poth, 2018). From the horizontalization approach, the

investigator developed the themes and created codes to categorize them as participants' experiences, also known as textural descriptions (Creswell & Poth, 2018). Some themes were classified or coded as structural descriptions (Creswell & Poth, 2018) representing the factors that influenced participants' experiences.

Additionally, the investigator examined their own experiences and how this perspective taking may have influenced the study in any way. For example, the childhood traumas that the post offenders spoke about were recognizable by the investigator, albeit life choices and circumstances were likely far from similar. The investigator recognized that any disclosures about their background could negatively or positively impact the study. Therefore, the investigator engaged in journaling their thoughts, assumptions, and biases due to having familiarity with parts of the subject-matter. The investigator also had the opportunity to process thoughts with a trained professional counselor.

### **Trustworthiness and Credibility**

As a qualitative research study, validity was established through multiple engagements with the participants (Creswell & Miller, 2000; Tracy, 2010). It was vital that the investigator spoke with the participants after reviewing and transcribing the audio recordings to ensure misinterpretation of their words had not occurred, especially to thoroughly analyze and share the results of the study (Tracy, 2010). If this step in the process was avoided, the results of the study would have been considered invalid and questionable (Creswell & Creswell, 2018).

Qualitative research includes the interpretation of data in multiple ways such as the investigator's point of view, the participants perspective, and the summarization of other significant findings (Creswell & Creswell, 2018). As a qualitative research study, validity and reliability are important and it consisted of determining factors the investigator used to check for



accuracy and consistency throughout the study (Creswell & Creswell, 2018). The investigator's objective when operating from a phenomenological lens was to derive meaning from the participants' lived experiences (Bynum & Varpio, 2018).

Unlike a quantitative approach, the investigator was not interested in making inferences about the post offenders' experiences nor was the investigator concerned with developing a quantified generalization (Creswell & Creswell, 2018). Validity, in reference to this qualitative research, was implemented throughout the study and demonstrated the investigator's attempt in developing a strong and credible study (Tracy, 2010). For example, the investigator implemented triangulation which included multiple sources within the research process such as collaboration with participants, reviewed literary sources to support developing themes, and collected data through semi-structured interviews to demonstrate credibility (Creswell & Creswell, 2018; Creswell & Miller, 2000; Tracy, 2010).

In addition, the investigator engaged a peer doctoral student to support triangulation by reviewing the themes and codes as they emerged from the study. Lastly, the investigator incorporated an on-going journal bridling reflexivity (Stutey et al., 2020) that allowed examination of own bias within the study and promoted a stronger connection to the reader (Creswell & Creswell, 2018; Creswell & Miller, 2000; Tracy, 2010). Within this reflexivity, also known as bridling, the investigator was open to the phenomenon as it unfolded, as well as journaled their own preconceived ideas and understanding of the study (Stutey et al., 2020). Overall, these qualitative research techniques helped define and give credibility to the research process.

Another way validity existed in this study was through thick description, which required the investigator to provide rich details of participants' story (Creswell & Miller, 2000; Tracy,

2010). The investigator focused on showing meaning by including multiple perspectives with detailed depictions with the hope that readers will develop their own assertion (Tracy, 2010.)

Moreover, the investigator engaged in on-going self-reflection of thought and experiences relating to the topic to prevent emotional harm from occurring as they repeatedly listened to participants' stories (Harris, 2017). In the counseling profession this is known as vicarious trauma. Vicarious trauma is developed when a clinician or in this case, the investigator, is repeatedly exposed to the traumatic experiences of others (Quitangon, 2019). Actively listening and validating the post offenders' experiences could have negatively impacted the investigator's perspective of the world and others (Quitangon, 2019). Therefore, the investigator implemented the practices of a clinical counselor and used self-reflective journaling and processed their thoughts after each interview encountered.

To achieve qualitative reliability, the investigator reviewed transcriptions to eliminate errors, and engaged in multiple member checking processes with study participants to ensure interpretations of interviews were accurate. The investigator also completed two member checks on themes that emerged from the study. The investigator kept a detailed audit trail of any disconnect and number attempts made to connect with participants.

As with a professional counseling session, the interview process was as important to this qualitative study. It was especially vital since the information shared was so personal and had the potential to evoke emotional pain and discomfort. Therefore, it was necessary for the investigator to establish and build rapport with participants that promoted strong alliances. Lastly, the investigator spent enough time with participants and gatekeepers conducting multiple member checks of the data to support the claim of validity (Creswell & Creswell, 2018).

### **Summary**

Chapter 2 presented the research methodology that was used to examine the study's research question, resulting in data that could contribute to understanding the link between the multiple experiences post incarcerated women endured that may impact their reentry. The chapter explained how data was collected. It described the procedures for recruiting and engaging participants, how data was analyzed, and what was necessary for an investigator of qualitative research to establish credibility. Chapter 3 describes the results of the research study evidenced by the process of horizontalization, identification of themes, and structural descriptions of the participants' lived experience narratives as revealed from the semi-structured interviews.

### Chapter 3: Findings

*“Well, I can safely say that I have not felt this good and this excited for the future, my entire life. I’m actually getting to where I don’t feel worthless. And that’s because I’m here and actually being sober and actually wanting to be sober...I’m excited for the future...Excited to do what I wanna do because now I actually believe I can do it.” Kate, Participant*

The American Psychological Association (2014) described resilience as a process that includes healthy adjustments while facing adversities. Southwick et al. (2014) stated resilience is a character trait a person holds during the outcome from devastating situations. However, resilience resonates with individuals, it is a wonder if the limited or limitless external resources have significance in successful adaptation (Masten, 2016) to the traumatic experiences. The purpose of this qualitative study was to understand how post offending women managed their release after incarceration. This study sought to examine how post offending women, who face numerous adversities or threats that stem from experiencing multiple systems and factors, survive their surroundings. According to Masten, anyone with resilience has more than one trait that defines their drive to successfully advance during adversities, and the person may rely on multiple internal as well as external systems of support. The research question used to guide the investigation of the phenomenon was: What are the lived experiences of post incarcerated women?

This chapter covers the results of the study: lived experiences and insights of 10 post offending women engaged by way of a semi-structured interview, demographics of participants, and emerging themes that were developed from interviews with a horizontalization approach.

The post offending women, participants of the study, all resided at the transition home facility, Safe House Ministries, located in Columbus, Georgia. All were released from jail/prison within the last three years and volunteered for the study by obtaining the study flyer from the transition facility’s gatekeeper. The demographic characteristics of the participants are included in Table 1. Safe House Ministries, the transition home facility, has 25 beds for women who are recently released from jail/prison, homeless, or in need of a safe haven from a domestic violence situation. The facility is a nonprofit organization and is funded by United Way and substantial donations from the community. The mission of Safe House Ministries is to provide a safe place for women, provide daily living necessities, addiction and mental health treatment, career opportunities, and help women develop skills in becoming productive and independent citizens who positively contribute to society.

The findings from the study describes the women’s lived experiences and are represented by five themes: 1) Changing from inside out, 2) Becoming what I know, 3) Masking to hide the pain, 4) Failed opportunities again, 5) Do I have what it takes to not go back.

**Table 1**

*Participant Demographics*

Participant Pseudonym	Age	Edu- cation Level	Number of Times Incarcerated	Trauma /Mental Health Issues Experienced over Lifetime	Race/ ethnicity	Place of origin
Amy	41	GED	6	Depression; Substance	White	KY
Margaret Mary	47	GED	10+	Depression; Substance; PTSD; IPV, CH-Sexual Abuse	White	GA
Tammy Jones	19	GED	4	Depression; Substance; Anxiety	White	GA
Kate	29	High	4	PTSD; Substance;	White	GA

		School (HS)		IPV; CH-Sexual Abuse		
Abigail	46	College Degree	5+	Depression; PTSD; Substance	Hispanic	NM
Hope	27	HS-graduate	3	Depression-CH; PTSD; Substance; IPV	White	GA
Della	38	GED	5+	Substance; IPV; CH-Sexual Abuse	White	FL
Sad Eyes	49	HS-graduate	5+	Depression; PTSD; Substance; CH-Physical/Sexual Abuse	White	WV
Sarah	38	HS-graduate	3	Depression; PTSD; Substance; IPV-Emotional/ CH-Sexual Abuse	White	CA
Hayven	32	GED	5	Depression; PTSD; IPV; CH-Sexual/Physical Abuse	White	GA

*Note.* Abbreviation GED = Grade Equivalency Degree.

### **Discussion of Themes**

A horizontalization approach was used after the interviews were transcribed through Scribie.com, an online transcription software. According to Moustakas (1994) the horizontalization approach included the investigator identifying statements that held rich meaning and described the participants’ lived experiences. The investigator used horizontalization to review the interviews and create themes that categorized what phenomenon was most influential and impactful to participants’ lived experiences (Creswell & Poth, 2018). In other words, the investigator identified emerging patterns and repeated factors or behaviors in post offending women’s experiences to determine categories that represented the participants’ lived experiences. The five emerged themes are discussed in detail below.

#### **Changing from Inside Out**

Changing from inside out was an identified theme used to describe how many of the participants saw themselves learning to cope daily and make the best of their situation. Duncan et al. (2018) suggested recidivism is reduced when pre/ post offending women engage in humanistic and spiritual events. Several of the post offenders spoke about how their spiritual beliefs guide them or how reflecting on those who support them helps to get their day started. For example, Tammy Jones shared: “This morning, I used a meditation called positive affirmations, and it just helps me get going, helps me wake up and look forward to today”. Another participant, Amy, spoke about how vital it is for her to think about the future. She concentrates on: “My kids, my kids, and the new life that's out there that I could possibly have. Hopefully, being able to support myself. I've never been able to do that before”. These events, rituals, or time of reflection may help develop values, beliefs, and hope that create and drive post offending women’s ability to cope with everyday struggles. During the interviews, many of the post offending women attested to engaging in very similar ways of coping. Margaret Mary stated that every morning begins with:

My thoughts of my God in heaven for one. My kids, my family (...) I get up and I try to pray. We go to devotion, and I just put God first and everything else just seems to fall in place. And my children, I think about them. But most of all, I’m doing this for myself, not for them.

Hayven gave a similar account of how her day begin:

I get up, I go to work, and I just make the best of it. I read Proverbs in the morning; it’s in a recovery bible. I talk to somebody. I call my sponsor. I call my family and talk to them.

Della described a routine of positive affirmation to cope and distort negative thoughts. She shared:

Well, I get up every morning and I look in the mirror and I tell myself that I'm worth more than I ever thought I was. That I'm smart, that I'm beautiful, and that I'm worthy of living another day.

Taylor (2007) proposed all human beings have a choice in how they will create meaning or cope with adversities experienced as well as what will influence the path they will take in life. Some post offending women expressed thoughts that now influence their new path in life. Abigail shared significance in her coping includes:

My support networks. If it wasn't for my support network, it would be very difficult for me to get through the day. Whether it be a phone call to my family members or going to church or attending a NA meeting.

Kate shared similar thoughts of getting through the day by thinking of:

My kids and making sure that they don't grow up and have to deal with the same things I've dealt with. Every night I go to AA meetings, and every Saturday my kids come to see me.

### **Becoming What I know**

Becoming what I know theme emerged as post offending women shared their stories of becoming entangled in cycles or webs of abuse, drug use, and incarceration. The participants gave detailed descriptions of physical and emotional traumas that kept them in a seemingly no end situation. All the post offending women in this study acknowledged having a life filled with drug use and feeling stuck in a cycle of dysfunction. Some identified their drug behavior starting as early as adolescence following childhood traumas such as sexual victimization or witnessing violence. Several of the post offenders expressed the onset of their drug use was a conscious decision because they saw no other way and wanted to fit in with their surroundings. Abigail and



Kate shared that they were more unconscious or numb to the onset of starting their drug use. They needed to suppress the pain they were experiencing, and drugs seemed to have been the answer. Kate and Della both spoke about a rape happening to them during adolescents and never telling anyone. Della shared that she never told anyone because:

I felt like I deserve it in some kind of a way. I felt that it was my fault, and I didn't wanna let anybody know because I didn't wanna be a disappointment. And then as I got older, I started dating all the wrong kind of men.

Others denoted the onset of drug use occurring in their upper teen years and into adulthood to help suppress the hurt from adversities such as domestic violence, or trying to fit in with those around them, and other relational issues. A couple of the participants described instances of living in homes with drug use by others as a norm and found themselves using drugs because of curiosity and influence. Despite what factors led to their drug use, many of the participants believed using drugs helped them get through the day, parent their children, not face whatever was or had happened, and it was all they knew too well. They found themselves limited in their choices to not do what seemed all familiar and constant in their environment. They lived in a lifestyle that was already created or designed for them. Many researchers support findings that suggest girls living in dysfunctional homes with violence and sexual abuse are at great risk for becoming substance users, promiscuous, and engage in various crimes (Osofsky, 1999; Thornberry et al., 2004; Widom, 1995a, 1995b). Margaret Mary and Tammy Jones described how parental neglect and/ or sexual abuse led to their feeling of being trapped. Margaret Mary stated:

My mother wasn't the best mom. I've had flashbacks from my childhood of things that finally have come out. We had a voicemail left on my mom's phone one time that blew

me away about some stuff that nobody knew. My kids didn't even know about it (...) I had been molested. Which pretty much led me to know that mom knew about it. I was about nine years old when it finally stopped. I got a tongue shoved down my throat from the deacon. I was about 12. I had my daughter when I was 15. So, I quit school. I started having seizures and that's what started the rolling of my disability. And then it was cut off. Just one of my prescriptions is a \$1000. My disability was low. I was trying to raise three kids with \$700 a month. You know what I'm saying. My check wouldn't even cover it. Yeah, so it's like... damn if you do and damn if you don't. I was doing a lot of dope. I was selling a lot of dope. I was a dealer.

Tammy Jones shared her experiences that led to her use of drugs and her becoming. She stated:

My mother has always been an addict. I walked into her bedroom one day and there was a joint on the table and I was like oh what's this on my curious mind. So, I picked it up and I went outside cause at the time I was already smoking cigarettes. So, I smoked it and that's how I got introduced to marijuana. My mother let this 19 year live with me in our home, in my bedroom. I was 13. And when I was 14, I was living with one of my abusive boyfriend. He was verbally, physically, mentally, and spiritually abusive. When I was 17, I moved on my own and started using more frequently.

Hope shared instances of witnessing violence during childhood and then becoming a victim herself. She described one parent having a lot of mental health issues and being forced to take medication as a child for problems that today she believes did not exist. Hope also shared how her curiosity provoked her to start using and when she was having a "crappy day". She stated:

My mom and dad, they met in rehab. He had a lot of bipolar and mental issues. He got an SSI check our whole life. There was a lot of issues with my daddy (...) There were times

they would fight and like my mom would end up in the hospital with broken bones and stuff. He got his shotgun, and he would threaten my mom and threaten his self. And we had to run outside the house and run through the woods just to get away from him sometimes cause he had a gun (... .) In October 2019, I was in a relationship with a man and I never suspected things to end in the way they did and as bad as they did. I thought like he was the one (...) And even to this day, I still love this man with all my heart, but I just can't be with the man who put his hands on me the way he did. He struck the fear of God in me.

Sad Eyes shared a very similar account to the other women. She shared:

My drug addiction started when I was age 14. It's a very angry interaction between me and my parents as a child (...) I had a lot of low self-esteem. I was an overweight child. I never felt comfortable in my own skin. I didn't feel like I really fit in anywhere. Very negative self-image of myself. There was a lot of domestic violence in my home. My dad was an abusive alcoholic, Vietnam vet, who was very abusive to my mother. My dad would beat her, and she would disappear for weeks at a time, hiding from him, leaving my sister and I to fend for ourselves, and of course, him and his drunken stupor. There were countless times that he almost shot her. And of course, with drug addiction comes that lifestyle. I've seen a good friend of mine shot in the head. I encountered sexual abuse from a family friend. And from there as a child, it just escalated. I have been in abusive relationships. I have PTSD now because of it.

### **Masking to Hide the Pain**

Masking to hide the pain theme emerged as the women spoke about how they have dealt with childhood and adulthood trauma. All 10 post offending women described issues of having

substance use problems and mental health issues. Many shared their experience with drugs starting as early as age 14 contributing to their curiosity, friends, and family influencers, and to separate from reality. Most of the post offending women attested to wanting relief from the pain of the past and current trauma and from the emotional deficits that existed. Masking through drug use, to the post offenders was described as a way to become numb to past and present pain, avoiding the shame or guilt from the trauma, and camouflaging their emotions. Sarah stated that she had problems with alcohol “since I can remember, since my teenage years”. She shared that she was raped at age 14, lived in an abusive marriage, attempted suicide, and felt that her drug use was, “more of a coping mechanism since I didn’t really have very good coping skills”. Not only did the women express how using drugs helped them to deal with the physical, psychological, and emotional trauma but the usage became more frequent. One participant, Tammy Jones, spoke of this all too well. She described how using drugs was her way of escape in relationships where there was abuse. Tammy found herself developing a cycle in masking to hide the hurt to deal with daily life as best as she thought she could.

Research affirms that women turn to substances frequently for reasons such as victimization, issues within their family, and because of environmental barriers (Berman, 2019). Abigail reflected on how she began using drugs as a way of defiance of her parents. She gave account to having a wonderful abuse-free childhood but experienced a couple of abortions during college, used substances recreationally for leisure, and lived in a physical, emotional, and verbal abusive marriage. Abigail stated:

I believed that I was trying to mask the pain and not have to deal with it. I believe that's when I took a turn and started using. Not recreationally, but I had to do it every day just to get me through the day. I dealt with it with medication. I faithfully go to the behavioral

health doctors and get on stuff for depression, PTSD. I've dealt with it little by little throughout the years, counseling, medication, and religiously.

A few of the post offending women spoke of their drug encounter starting during adolescence, after experiencing childhood sexual abuse, partner violence during teen years and as an adult.

Amy shared how she managed from day to day with an abusive spouse:

I really don't think I was dealing with them. I tried to talk to somebody. His mom didn't wanna hear it and my mom didn't really help, so I just kind of did nothing. I didn't know what else to do. So, I dealt with it by using. The only reason I think I've made it through is by ignoring it, but at the same time things didn't get any better for me. They just kept getting worse and worse and worse. Rather than dealing with things, I just pushed them aside and would mask it with drugs.

Kate and Tammy Jones gave similar accounts to suppressing their pain from sexual abuse during childhood, witnessing drug abuse as a child, and were subjected to partner violence. Kate expressed:

The only way that I could. I always tell people that trying meth was the best and worst thing that ever happened to me at the time. It was the best because it's the first thing in my entire life that has ever made me forget the worst because it literally destroys you (...). And you don't know it. You're sitting there thinking, Oh I'm a better mom when I'm on it. I have more energy and I could get more or do more for them, but it didn't hit me until the first time they [kids] visited me here and I was playing with them... I don't remember the last time that I played with my kids. Yeah, I was there with them every day, but they didn't have me, they just had the parts of me that weren't destroyed by meth.

Tammy reflected back to ages eight to 15 and shared: “I used to self-mutilate a lot. That's how I dealt with it.”

### **Failed Opportunities Again**

Failed opportunities again theme emerged as the post offending women of this study described how they faced many barriers each time they regained entry into the community. Research affirms that men and women face multiple barriers to reentry, but women seem to account for many, and those barriers appear to include gender-oriented issues (Carpenter, 2012; Cobbina, 2010). Although most reentry research has been conducted on men (Cobbina, 2010), some researchers have found post offending women to experience greater struggles in navigating the post release process. Women are usually the sole caretaker of their children who provided housing and daily living for them but once released from jail/prison, they may have trouble finding decent housing that is away from low economic and crime infested neighborhoods (Opsal & Foley, 2013). Nonetheless, post offending women also find it challenging to find and maintain successful employment (Sered & Norton-Hawk, 2019). The post offending women in this study explained their concerns with how starting over after each incarceration was mentally straining. Not having the resources or guidance on how to obtain adequate housing was something many identified as a huge problem. Della, one of the participants, expressed that finding employment agencies who will hire ex-offenders as very challenging. She exclaimed, “Nobody wants to hire a convicted felon or a drug addict”. Amy reflected over her past experiences of being released and what she fears. She stated:

Not being able to afford a decent place to live and, I worry about being able to get a place in a decent area or even a house that's big enough for me and my three kids. Jobless, no money. I lost my driver's license again when I was in jail because I wasn't paying child

support because I was arrested. Gotten far behind in child support and losing my license again. My insurance lapsed, so I've gotta start over with that. I lost my storage unit that I had when I was in jail. I'm talking about kids' pictures, everything I owned. I'm just exhausted, I can't... It's just so hard to start over again, again and again, again, and you lose everything that you've built up every time you go to jail. You don't have anybody out there that's taking care of your stuff or paying for your storage unit or paying your insurance. And when you get out you just have to start all over.

Other factors such as finding and attending some form of substance treatment, abstaining from using drugs, associating with other felons, paying parole fines/ fees, having access to daily living necessities, gaining healthy social and family support, obtaining substantial healthcare, transportation, and gaining access to education can be very defeating for post offending women (Wikoff et al., 2012). Unfortunately, many post offending women have limited knowledge of how to access these resources (Opsal & Foley, 2012). They have also had limited access to mental health treatment that may existed before and during incarceration (Tripodi et al., 2019). Because of this and all other aforementioned factors, there is an increased risk for post offending women to not fully regain control of their lives, to turn back to substance use again, and become a repeat offender (Arrigo & Takahashi, 2008; Petersilia, 2003).

The women of this study faced most, if not all of these barriers repeatedly, and believed as well as expressed that these factors had strong significance in their battle with substance use and constant return to jail/prison. Sad Eyes reflected over her repeated incarceration and shared:

A lot of receiving stolen goods and theft. I stole to just sell it. Whatever I had to do to make ends meet to get what I needed. Two years and two months for each prison term. My last prison term, I paroled in 2008 (...) Over the count of years, I really couldn't say a

total... I started in 96, 1996 was my first arrest. I've done countless County lives in the county jail. I've also served two prison terms in my lifetime. That was a forgery of a check in the 1996 to support my drug habit. I was mercy me, let's say about 28, 26 years old. My drug addiction started when I was the age of 14 [methamphetamine]. Prison sentences, those were for thefts as well. The judge sentenced me as a habitual because it was just so repetitive over and over. Over a span of years, it was all in support of my drug habit.

Abigail shared how her ongoing failed attempts to stay out of jail/prison impacted her ability in becoming stable. She stated:

The one main one that I've got is a probation violation for the reason of me not having stable housing or proper address to check in. Not having a job to pay the fine. So that's what gets me every time. About five probation fines. If you don't pay your fines and check in monthly, they issue warrants to pick you up again, and that's just my problem. I can't give them a stable address where I live, or have housing, and employment to keep paying those fines. And if I don't do that, then that is when they issue a warrant just for probation violation and every time the incarceration gets longer and longer. The first time, I think it was 42 days. The second time I did 60 some days. The third time I went to PDC for 90 days (probation detention center). It's like a boot camp for work camp. It's just my stay gets longer. This last time was 16 months. By the time I waited, I waited four months for bed space and spent nine months at RSAT and came back and did two months on a probate on a violation. I had not completed a probation, so I had to come back and take care of the time. So, I sat about a month and a half on that aggravated assault. That is the one case that keeps taking me back too. It's a revolving door. Not having the proper



address and employment. I do good and then I work for a couple months and then somehow work my husband back into the equation. And there's no need for me to work anymore. He works and takes care of me.

Hayven gave account to her repeated incarceration as:

Commercial burglary, and then I violated the conditions of my parole with a dirty urine. At age 20 I was on parole. They sentenced me (...) Yeah, it was still off the same charge, but I violated the conditions of my parole with a dirty urinalysis. The burglary, I'd let someone use my vehicle and because I wouldn't tell on them, I was guilty by association of knowing and not telling. And then the other two times, I just went into my depression and I went back to what I knew, drugs.

### **Do I Have What it Takes to Not Go Back**

The theme, do I have what it takes to not go back, emerged as post offenders reflected over what they need to do to stay sober, not return to jail/prison, and become stable. Due to being highly vulnerable for childhood victimization, partner violence, and substance abuse, post offending women are at greater risk for repeat offense (Goodson et al., 2020). Therefore, the justice system highly encourages women to participate in some form of substance treatment after release from jail/prison (Goodson et al., 2020). According to Berman (2019) about 30% of women seek treatment for substance use and they are more likely than men to abuse drugs because of certain issues like family discord, sexual or physical victimization, and psychological stressors. All the women in this study gave a detailed account of their repeated incarceration for parole violations that either involved substance use, missing court dates, not paying fines, inability to find or maintain stable living space and employment, and other situations that led to

criminal behavior or repeat offense. Yet, most of them had never been to a treatment facility before this opportunity.

The post offending women within this study shared how they believe the transition home facility in Columbus Georgia is preparing them to productively return to the community. They described this experience as their beginning for a new life. All the women gave raving accounts about the transition home program that provides substance and mental health treatment, a safe place to sleep and live, daily necessities for living, support in regaining identification items, health insurance, housing voucher accommodation, employment training and support in gaining work, emotional and financial support to help gain stability. Thus, the post offending women expressed joy and hope about the future and how this treatment program may be the path leading away from past substance abuse and instability. Sarah and Sad Eyes shared similar thoughts of concerns about the future. Sarah reflected on what negatively could impact her reentry. She stated:

I know that just the normal struggles, I really couldn't see any other than just normal struggle with pressures of normal life, many issues or losing a job or what I'm going through now, losing a friend. I'm pretty optimistic that I would be. That I will stay sober this time, and that's just because I have a really great support system this time. But if I do not keep up with my rituals of going to meetings and reaching out to clean, clean friends when I need them. If I don't utilize my support system that would be a game fall for me.

Sad Eyes shared:

Well, if I don't stay connected with my program and work my program on a daily basis, everyday life can be enough to stress you and trigger or relapse. It's whether you choose to keep in the now and work your program proactively that's gonna make the

difference. My plans are for the housing voucher. I'm planning to lay roots right here in Columbus. I'm from Augusta Georgia, so I don't plan on going back to my old stomping grounds. So, you have to change everything, people, places, and things.

Margaret Mary identified her biggest problem as moving back to her old place and having to start over again with replacing what has been taken from her. She expressed these as issues that could negatively impact her recovery. She stated:

(I) fear going back to that house. I own \$50,000 worth of property over there that had three trailers and a camper sitting on it. And I'm fixing to walk away (...) I am willing to walk away from all of it, if need be, to keep from going back to that lifestyle. I'm willing to go as far as it takes.

Della shared similar feelings as Margaret Mary. Della shared:

To be honest with you, I don't think anything is gonna cause me to go back. I'm to determine now more than ever, at 38 years old to get my life on track. Because I know that I probably have another recovery in me, but I may not have another relapse. So, I know in my heart of heart that I will never go back. I can't, even if I have to move out of the city, I won't go back. I won't do that to myself. I deserve better than that.

### **Summary**

Chapter 3 presented the findings of the study from 10 post offending women's lived experiences following their release. Five themes emerged from the participants' semi-structured interviews. These themes provided meaning to the complexity of the post offending women's experiences over the life span and its impact in first three years of post release. The themes not only helped to expose the essence of the phenomenon sought by the research question; "What are the lived experiences of post incarcerated women", but also exposed how the recently

incarcerated women of the study manage post release. Not only did the post offending women's experiences define the essence of the study but the literature reviewed supported the findings. The first theme, changing from inside out, emerged as post offenders reflected over how they cope and create meaning from day to day. The second theme, becoming what I know, emerged as participants described how community and family issues influenced their cycle of unhealthy choices. The third theme, masking to hide the pain, emerged as post offending women recounted how they dealt with trauma over their lifespan. The fourth theme, failed opportunities again, emerged as post offenders gave detailed accounts of how they repeatedly battled with the law. The final theme, do I have what it takes to not go back, emerged as post offenders examined internal and external factors that might hinder or support their post release.

Chapter 4 presents the discussion of the study findings, implications for counselor education programs, limitations of the study, recommendations for future research, and conclusions.

## **Chapter 4: Discussion**

### **Discussion of Findings**

The lived experiences of the post offending women from this study add to what is discussed in pre-existing literature as the essence of women's unaddressed complex needs and consequences of repeat incarceration. For example, research states that some post offenders faced issues with housing restrictions, paying restitution fees for crimes (Morash et al., 2019), and are challenged with obtaining proper identification to gain services (Opsal & Foley, 2012; Wheeler & Patterson, 2008). Similarly, these were common issues that the women of this study expressed concerns with experiencing. Wikoff et al. (2012) suggest various laws and community factors pose systemic barriers that might increase the risk of post offending women returning to jail/ prison. The participants from this study shared about repeated incarceration and how they stemmed from not finding suitable employment, inability to find adequate and cost-efficient housing because of felon-status, and the use of drugs to suppress past/ current feelings of victimization that continues to exist in their lives.

The research study findings evoke concerns regarding ways to better support post offending women during reentry and for promoting most successful post release experiences. Two emerging themes evolved from the participants' responses and in support of concerns: "Changing from inside out" and "Do I have what it takes to not go back". These two themes highlighted the participants' experiences of how their resilience developed. While the other three themes: "Becoming what I know", "Masking to hide the pain", and "Failed opportunities again" captured the participants' experiences of succumbing to their negative surroundings. The post offending women described in detail how internal and external factors could motivate them to change their perspective on their trauma (Bradley & Davino, 2008) and seek support to improve

their current and future decision making. The resilience theory that has guided this study describes how protective factors can positively alter how offenders conceptualize their lives as they move forward (Schlager & Moore, 2014). The post offending women in the study spoke about the abundance of resources, both physical and emotional, that Safe House was providing for them to promote positive coping skills for dealing with adversities. These resources gave the post offending women hope for the future and a road map of how to navigate their new and not fully chartered path.

Although, more research is needed to understand the type of treatment that should be provided to better support post offending women (Goodson et al., 2020), researchers have found substance abuse treatment programs to be very valuable in reducing repeat offenses in women (Matheson et al., 2011; Yang et al., 2013). Wikoff and colleagues (2012) suggested programs with a multifaceted approach that focuses on high and low risk post offenders are considered to have greater success in reducing recidivism. The purpose of this study was to understand the experiences of post offending women during the first three years of being released. Therefore, it would be appropriate to further examine transition homes' programs and the impact they have in reducing recidivism, also.

Additionally, the investigator used a hermeneutic phenomenology approach that helped to understand the participants' experiences over the life span. From participants' interviews, the investigator was able to gain insight of how internal and external factors influenced their repeat offense. Following this approach also allowed the investigator to make interpretations of what key factors have contributed to post offending women's ability to thrive in the community or succumb to recidivism. The investigator was able to attend to the participants experiences because she engaged in ongoing reflection throughout the research process.

## **Implications for Counselor Education Programs**

### **Community-based Collaboration**

Findings from this study implicated a need for more support for post offending women during the first three years of their release. Amass of research has provided evidence of a tremendous lack of support or resources to help them successfully navigate reentry to the community (Arrigo & Takahashi, 2008; Brag et al., 2009; La Vigne et al., 2008; McLeod et al., 2020; Wheeler & Patterson, 2008; Wikoff et al., 2012). The findings of this study point to a need for changes in penal systems' policy and communities with implementation of more resources for greater educational opportunities, mental health treatment, recovery treatment for drug abuse/addiction, employment skills, and life skills for post offending women during and after incarceration. These changes could also contribute to and possibly reduce rates of recidivism among post offending women. Higher education institutions should partner with local criminal justice facilities for women and could provide ongoing collaborative support for post incarcerated women. For this to occur, counselor education programs could partner with facilities and through community-based field experiences (practicums, internships, and outreach initiatives) to better prepare graduate counseling students to work with post incarcerated women populations in the reentry period. Counselor education programs should include additional curricular and co-curricular opportunities for graduate students to learn about best counseling practices with this population, as well as provide opportunities to engage in advocacy work that is more community-based.

Henceforth, creating community-based alliances is significant because it may provide a better understanding of post release women's complex needs and possibly reduce recidivism (Wikoff et al., 2012). In 2008, the Second Chance Act provided funding for various government

and community agencies to collaborate on establishing programs with services to reduce repeat incarceration (Wikoff et al., 2012). Because of this law, the justice system and community leaders started to implement the best possible treatment for women before and after incarceration (Seiter & Kadela, 2003; Wikoff et al., 2012). Zhang et al. (2006) denoted that reentry programs must include services that appropriately matches the post offenders' needs to provide successful outcomes. For example, Braga et al. (2009) described a reentry program in Boston that focuses on mentoring, healthcare, family support, housing and basic needs assistance, and employment that successfully reduced recidivism. Travis (2005) suggested that helping professionals are key agents in collaborating with communities and developing programs such as the one in Boston. Therefore, counselor education programs should provide graduate students with opportunities to work at the micro and macro levels (Wikoff et al., 2012).

During the 1990s, California Department of Correction and legislature launched a community-based program that included multiple dimensions of support for post offenders (Zhang et al., 2006). Preventing Parolee Crime Program (PPCP) included substance treatment, educational development in reading and math, work related skills training, social skills, and housing opportunities (Zhang et al., 2006). It was vital for the program to match the needs of the post offenders therefore, California Department of Correction networked and connected with various agencies throughout the state and established other programs comprised of additional modalities that supports PPCP (Zhang et a., 2006). For example, Jobs Plus (JP) provided post offenders with career related training such as, job interviews and resume writing (Zhang et al., 2006). Another program created in support of PPCP, Substance Abuse Treatment and Recovery (STAR), provided post offenders with psychoeducation on substance use, cognitive and behavioral treatment, life, and decision-making skills (Zhang et al., 2006). Each program's



length or duration and number of service modalities varied but post offenders were expected to attend classes, set goals, and hopefully learn how to develop a lifestyle without crime (Zhang et al., 2006).

Zhang et al. (2006) conducted research on post incarcerated individuals in California from 2000 to 2002 to determine if the PPCP services and related programs were equipped with necessary services to reduce recidivism. The results revealed that all programs connected to PPCP reduced recidivism for post offenders who engaged in and completed multiple treatment modalities (Zhang et al., 2006). In other words, post offenders from Zhang and colleagues' study had a better outcome when they finished multiple modalities that fit their complexed needs.

Moreover, since many incarcerated women attested to experiencing childhood trauma, partner violence, and substance abuse, it is imperative for criminal justice systems to connect with professional counselors to include trauma focused treatment that could address the psychological impact and provide techniques for coping. Additionally, counselor education programs should equip graduate counseling students with skills in providing post incarcerated women with tools to mitigate barriers that negatively impact their physical, psychological, social, and financial status after release. Some research studies have demonstrated that partnerships between higher education institutions and the penal system have been beneficial in reducing recidivism of post incarcerated women (Angell et al., 2014; Petersilia, 2001; Small & McDermott, 2006; Swaroop & Morenoff, 2005; Windsor et al., 2014). A collaboration such as this will not only be cost efficient for the justice system, but it will provide professional growth for counseling graduate students and assist in promoting resilience in post offending women. Graduate students can become more culturally competent in this area, more knowledgeable of systemic barriers, and gender-specific impacts, and understand ways these factors devastate a

family system. As stated by the participants of this study, learning how to cope with adversities through daily rituals, having access to day-to-day necessities, support in obtaining stable housing and employment, opportunities for individual and group therapy, medical support, as well as other necessary resources for stability increases women's hope, beliefs, and will power to thrive during reentry (Duncan et al., 2018). These skills and strategies that support resilience and successful reentry sometimes must be taught or introduced to individuals who experience complexed issues during the lifespan.

### **Advocacy and Mentorship**

During this research study, some important questions emerged; "If the penal system and higher education institution partnered should pre/post incarcerated women be required to participate in such a program? And how will this influence the need for more availability of transition homes to accommodate post released women?" These questions emerged because most of the post offending women in this study identified Safe House Ministries as their first transition home. Some spoke about how they had to initiate the conversation with their parole officer and then gained support in seeking out a site to accept them. Many of the women spoke of a writing process they engaged in for applying to different sites and how stressful it was at times to complete this task repeatedly. As a counselor, having a client to narrate their life story that includes trauma can be very painful especially when they may not be mentally ready. In this case, counselors partnering with local criminal justice systems and providing counseling and treatment services before women are released could help better prepare women psychologically for reentry.

The findings of this study illuminated a lack of available psychological treatment, employment and educational skill development or opportunities, and the lack of other necessary

guidance for living that are accessible to women before reentry. Addressing issues such as these and others before women transition to the community may likely reduce risk of repeat offense. Subsequently, most of the women from this study described their repeated incarceration as being due to an inability to maintain or obtain employment or finding adequate housing in a timely manner.

The purpose of this study was to understand the lived experiences of post incarcerated women and the findings suggested more resources are needed to assist post offending women as they navigate social and environmental systems during the period of post release. Policies such as war on crime or housing exclusions have posed a threat to post offending women's successful reentry. Counselor educators should advocate for policy changes, collaborate with community leaders to develop taskforces or professional collaboratives to assist post offending women in dismantling macro systems that lead to the implementation of perpetually oppressive policies.

Just as counselor educators' mentor students and sometimes others in the profession, it would be beneficial to consider engaging/training post offending women who have experienced successful reentry into the community to become peer mentors to newly released women. McLeod et al. (2020) implemented a peer mentorship program to better support women during their transition from jail/prison to the community. These women were post offenders who experienced incarceration and were thriving in their community. Within this study, McLeod and colleagues reported findings that almost 90% of their participants stated their peer mentor successfully helped them navigate their release.

Additionally, research has shown that when post incarcerated individuals have supportive people in their lives, their risk for recidivism possibly decreases (Garcia, 2016). It is vital to understand that internal and external factors will have a significant role in determining if post

offenders will gain success during reentry (Giordano et al., 2002). Therefore, providing post offending women with volunteer mentors from the community immediately following their release from jail/prison could promote a positive reentry. Garcia examined a mentoring program that matched post offending women with never incarcerated volunteer mentors who vicariously identified with post offenders through past trauma experiences or other commonalities. The post offending women of Garcia's study experienced substance issues, mental health problems, and nonviolent offenses. The mentors were given a two-day training on how to relate to and understand the experiences of post offending women (Garcia, 2016). Mentors became supportive to their assigned post offender by sharing knowledge on how to navigate society, providing encouragement, teaching problem solving skills, and being a constant and positive support (Garcia, 2016). Garcia stated that the program not only provided mentors for post offending women who chose to engage in this part of the program, but it also included other services to help meet the needs of the women. Garcia's study findings suggested programs with mentor-mentee opportunities could positively help shape the lives of post offending women as they face many barriers during the onset of their release.

A community-based taskforce comprised of community leaders, counseling professionals, and thriving post offending women from the community could implement a program to positively impact how post offending women, within the first three years of release, navigate oppressive barriers with the aim of decreasing their risk of recidivism. Such a program would not only be highly beneficial to local communities that post offending women re-enter, but also society at large.

### **Limitations of Study**

The limitations of the study included a lack of diversity amongst participants. Originally, the study included two transition homes: Safe House Ministries in Columbus, Georgia and Aid to Inmate Mothers in Montgomery, Alabama. The investigator worked diligently through multiple contact attempts and in communicating with the gatekeeper of the Montgomery facility by providing the research study flyer but was unsuccessful in recruiting any participants. Therefore, the study included only the Columbus site. Participants from the Columbus transition home included nine women who identified as White and one woman who identified as Hispanic. Recruitment for the study required all participants to reside at the transition home. The transition home holds approximately 25 women at one time. The investigator attempted to seek diversity of participants but was not successful. Therefore, the study did not include ethnic/racial group representation of any Black/African American, Latino American, American Indian, Alaska Native, Native Hawaiian or other Pacific Islander post released women. Having participants from these groups may or may not have encouraged significant differences in the findings.

Of the participants, two were originally from the west coast of the United States, six from the southeastern part and two from the mid-northeastern part of the United States. Having post offenders from other geographical areas of the United States may have displayed similarities or differences in how women who experienced childhood trauma, substance abuse, and repeated incarceration cope during transitioning from jail/prison. Understanding what their home community resources or lack of resources included may have added to the findings on how widespread this problem is, how imperative it is to change policies, and which barriers should be addressed first.

Moreover, conducting the third member checking process for emerging themes was challenging. First, most of the post offenders lack financial support and do not have access to

telephones. Five of the post offenders were unreachable. Two participants had disconnected telephone services and three had left the site. Only five participants were available for the member checking to confirm the five emerging themes.

Additionally, as a counselor it is vital to monitor one's emotions and thought process when subjected or repeatedly exposed to traumatic experiences of clients (Quitangon, 2019) to prevent being negatively impacted. Counseling professionals identify this process as an experience of vicarious trauma. For this reason, to prevent vicarious trauma from occurring, the investigator engaged in written self-reflection following each interview to help minimize the chance of experiencing emotional distress (Harris, 2017). Through the self-reflection writings, the investigator was able to examine how the participants' story impacted her psychologically and reframed any cognitive distortions that may have developed. The investigator also consulted with another professional counselor and verbally processed her feelings to ensure no emotional harm had occurred.

### **Recommendation for Future Research**

Based on the post offending women experiences shared in this study, there are multiple recommendations to consider for future research. Additional research could include: 1) the development of a joint taskforce of counseling professionals, community leaders, and the justice system in the implementation of programs with adequate resources during pre/ post release of women; 2) counselor education programs including education and preparation of graduate counseling students (both at the master and doctoral levels) for engagement of community-based advocacy work; 3) providing more qualitative research describing the struggles post offending women experience during the transition from jail/prison and the issues that increases the risks of recidivism. These recommendations are offered as possible remediations for the gaps found in

the literature and ways to increase understanding of what resources are most efficient in reducing recidivism, promoting reentry success, and fostering resilience among post incarcerated women.

Additional research could include the examination of childhood trauma and its relationship to substance use and repeat offense among women offenders. Nine of the 10 post offending women of this study described experiences of sexual abuse during the early years of their life and how drug use started while a teenager. Lastly, two of the post offending women of the study spoke of other transition programs that are based on a single factor of recovery model/approach to transition. From this data, it has been concluded that more research should be conducted to elucidate and understand whether programs with a multifaceted recovery model/approach to transition, like Safe House Ministries, provides greater benefits for post offending women due to greater alignment with the women's complexity of needs.

### **Concluding Summary**

Through the lens of hermeneutic phenomenology, the investigator was able to capture detailed insight of the lived experiences of post incarcerated women. The semi-structured interviews led to revealing five emerging themes that conveyed the post offending women's experiences of childhood trauma, substance use, and a lack of basic necessities for living that encouraged daily productivity. The findings added to the gap in the literature and demonstrate suggestions of strong possible links between childhood trauma, substance abuse, and repeated incarceration among women. Just as the limitations demonstrated a preponderance for more diversity in the study; so, did the overall study indicate demands for more research to understand what resources could serve as most beneficial to post offending women during the transition from jail/prison. The study provides counselor educators, community leaders, and justice systems with strategies they can employ to contribute to the reduction of recidivism. Moreover, the study

offers a strong bases and rationales for community-based collaboration amongst higher education institutions, post offenders and the communities in which they exist and live.



## References

- Aday, R. H., & Dye, M. H. (2019). Examining predictors of depression among older incarcerated women. *Women & Criminal Justice, 29*(1), 32-51.
- American Jail Association. (2014). *10 Facts about women in jails*. Washington, DC: American Jail Association. <http://www.americanjail.org/10-factsabout-women-in-jails/>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5<sup>th</sup> ed.). VA: American Psychiatric Publishing.
- Angell, B., Matthews, E., Barrenger, S., Watson, A. C., & Draine, J. (2014). Engagement processes in model programs for community reentry from prison for people with serious mental illness. *International Journal of Law and Psychiatry, 37*, 490-500.  
Doi:10.1016/j.ijlp.2014.02.022
- Armstrong, B., Kalmuss, D., Cushman, L., Bjarnadottir, R. I., Holstrom, A., Peters, Z., Cohall, A. (2016). Academic health center-community justice program partnerships: Linking men in the criminal justice system to health care. *Progress in Community Health Partnerships: Research, Education and Action, 10*, 225-233. doi: 10.1353/cpr.2016.0031
- Arrigo, B. A., & Takahashi, Y. (2008). Theorizing community reentry for male incarcerates and confined mothers: Lessons learned from housing the homeless. *Journal of Offender Rehabilitation, 46*(1/2), 133-162.
- Baillargeon, J., Binswanger, I. A., Penn, J. V., Williams, B. A., & Murray, O. J. (2009). Psychiatric disorders and repeat incarcerations: The revolving prison door. *American Journal of Psychiatry, 166*, 103–109.
- Battle, C. L., Zlotnick, C., Najavits, L. M., Guttierrez, M., & Winsor, C. (2003). Posttraumatic stress disorder and substance use disorder among incarcerated women. In P. C. Ouimette

- & P. J. Brown (Eds.), *Trauma and substance abuse: Causes, consequences, and treatment of comorbid disorders* (pp. 209-225). American Psychological Association.
- Beck, A., Gilliard, D., Greenfeld, L., Harlow, C., Hester, T., Jankowski, L., Snell, T., Stephan, J., & Morton, D. (1993). *Survey of state prison inmates, 1991*. Washington, DC: U. S. Department of Justice, Bureau of Justice Statistics.
- Belknap, J., & Holsinger, K. (2006). The gendered nature of risk factors for delinquency. *Feminist Criminology, 1*, 48-71.
- Benda, B. B. (2005). Gender differences in life-course theory of recidivism: A survival analysis. *International Journal of Offender Therapy and Comparative Criminology, 49*, 325-342.
- Berg, B. L., & Lune, H. (2012). *Qualitative research methods for the social sciences*, Edition 8, MA: Pearson Education.
- Bergseth, K. J., Richardson Jens, K., Bergeron-Vigesa, L., & McDonald, T. D. (2011). Assessing the needs of women recently released from prison. *Women & Criminal Justice, 21*(2), 100-122.
- Berman, J. (2019). *Women and substance abuse*. Salem Press Encyclopedia of Health.
- Binswanger, I. A., Nowels, C., Corsi, K. F., Long, J., Booth, R. E., Kutner, J., & Steiner, J. F. (2011). "From the prison door right to the sidewalk, everything went downhill," A qualitative study of the health experiences of recently released inmates. *International Journal of Law and Psychiatry, 34*, 249-255.
- Blanchette, K., & Brown, S. (2006). *The assessment and treatment of women offenders: An integrative approach*. UK: J. Wiley & Sons. Doi: 10.1002/9780470713013

- Bloom, B., Owen, B., & Covington, S. (2006; 2003). *Gender-responsive strategies: Research, practice, and guiding principles for women offenders*. Washington, DC: National Institute of Corrections.
- Bloom, B., Owen, B., & Covington, S. (2004). Women offenders and the gendered effect of public policy. *Review of Public Policy*, *21(1)*, 31-48.
- Bradley, R., & Davino, K. (2008). Interpersonal violence, recovery, and resilience in incarcerated women. *Journal of Aggression, Maltreatment & Trauma*, *14(1-2)*, 123-146.
- Bradley, R. G., & Davino, K. M. (2002). Women's perception of the prison environment: When prison is 'the safest place I've ever been'. *Psychology of Women Quarterly*, *26*, 351-359.
- Braga, A. A., Piehl, A. M., & Hureau, d. (2009). Controlling violent offenders released to the community: An evaluation of the Boston reentry initiative. *Journal of Research in Crime and Delinquency*, *46*, 411-436.
- Braithwaite, R. L., Treadwell, H. M., & Arriola, K. R. J. (2008). Health disparities and incarcerated women: A population ignored. *American Journal of Public Health*, *98*, S175-S175. doi:10.2105/ajph.98.supplement\_1.s173.
- Brennan, T., Breitenbach, M., Dieterich, W., Salisbury, E. J., & van Voorhis, P. (2012). Women's pathways to serious and habitual crime: A person-centered analysis incorporating gender responsive factors. *Criminal Justice and Behavior*, *39*, 1481-1508.
- Bynum, W., & Varpio, L. (2018). When I say hermeneutic phenomenology. *Medical Education*, *52*, 252-253.
- Cabeldue, M., Blackburn, A., & Mullings, J. L. (2019). Mental health among incarcerated women: An examination of factors impacting depression and PTSD symptomology. *Women & Criminal Justice*, *29(1)*, 52-72.

- Carlson, B. E., & Shafer, M. S. (2010). Traumatic histories and stressful life events of incarcerated parents: Childhood and adult trauma histories. *The Prison Journal, 90*, 475-515.
- Carpenter, T. (2012). Construction of the crack mother icon. *Western Journal of Black Studies, 36*(4), 264-275.
- Carson, E. A., & Anderson, E. (2016). *Prisoners in 2015* (NCJ 250229). Washington, DC: Bureau of Justice Statistics.
- Casey, R. C. J., & McDonald, S. E. (2020). Mental health difficulties of incarcerated women: The influence of childhood and adulthood victimization. *International Journal of Forensic Mental Health, 1*-12. <https://doi.org/10.1080/14999013.2020.1713258>
- Chesney-Lind, M., & Pasko, L. (2004). *The female offender: Girls, women, and crime*. CA: Sage Publications.
- Cobbina, J. E. (2010). Reintegration success and failure: Factors impacting reintegration among incarcerated and formerly incarcerated women. *Journal of Offender Rehabilitation, 49*, 210-232.
- Colbert, A. M., Sekula, L. K., Zoucha, R., & Cohen, M. S. (2013). Health care needs of women immediately post-incarceration: A mixed methods study. *Public Health Nursing, 30*(5), 409-419.
- Conrad, S. M., Tolou-Shams, M., Rizzo, C. J., Placella, N., & Brown, L. K. (2014). Gender differences in recidivism rates for juvenile justice youth: The impact of sexual abuse. *Law and Human Behavior, 38*, 305-314. doi: 10.1037/1hb0000062
- Cook, S. L., Smith, S. G., Tusher, C. P., & Raiford, J. L. (2005). Self-reports of traumatic events in a random sample of incarcerated women. *Women & Criminal Justice, 16*, 107-126.

- Covington, S. S. (2008). Women and addiction: A trauma-informed approach. *Journal of Psychoactive Drugs, 40*(5), 377-385.
- Covington, S. S. (2003a). A woman's journey home: Challenges for female offenders. In J. Travis & M. Waul (Eds.), *Prisoners once removed: The impact of incarceration and reentry on children, families, and communities* (pp. 67-103). Washington, DC: The Urban Institute.
- Covington, S. S. (1998). Women in prison: Approaches in the treatment of our most invisible population. *Women & Therapy, 21*, 141-155.
- Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches*, Fifth Ed. Sage Publications.
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiring and research design: Choosing among five approaches*, 4<sup>th</sup> Edition. Sage Publications.
- Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory Into Practice, 39*(3), 124-130.
- Dahlberg, K., Dahlberg, H., & Nystrom, M. (2008). *Reflective lifeworld research* (2<sup>nd</sup> ed.). Lund: Studentlitteratur.
- Daly, K. (1992). Women's pathways to felony court: Feminist theories of lawbreaking and problems of representation. *Southern California Review of Law and Women's Studies, 2*, 11-52.
- Davey-Rothwell, M. A., Villarroel, M. A., Grieb, S. D., & Latkin, C. A. (2012). Norms, attitudes, and sex behaviors among women with incarcerated main partners. *Journal of Urban Health, 90*(6), 1151-1165.

- DeHart, D., Lynch, S., Belknap, J., Dass-Brailsford, P., & Green, B. (2014). Life history models of female offending: The roles of serious mental illness and trauma in women's pathways to jail. *Psychology of Women Quarterly, 28*(1), 138-151.
- DeHart, D. D. (2008). Pathways to prison: Impact of victimization in the lives of incarcerated women. *Violence Against Women, 14*(12), 1362-1381.
- Dirks, D. (2004). Sexual revictimization and retraumatization of women in prison. *Women's Studies Quarterly, 32*(3/4), 102-115.
- Doherty, S., Forrester, P., Brazil, A., & Matheson, F. I. (2014). Finding their way: Conditions for successful reintegration among women offenders. *Journal of Offender Rehabilitation, 53*, 562-586. doi:10.1080/10509671003666602
- Drapalski, A. L., Youman, K., Stuewig, J., & Tangney, J. (2009). Gender differences in jail inmates' symptoms of mental illness, treatment history and treatment seeking. *Criminal Behavior & Mental Health, 19*(3), 193-206.
- Dumont, D. M., Allen, S. A., Brockman, B. W., Alexander, N. E., & Rich, J. D. (2013). Incarceration, community health and racial disparities. *Journal of Health Care for the Poor and Underserved, 24*, 78-88.
- Duncan, J., Stansfield, R., Hall, S., & O'Connor, T. (2018). Women's engagement with humanist, spiritual and religious meaning-making in prison: A longitudinal study of its impact on recidivism. *Religions, 9*(171), 1-16. doi:10.3390/re19060171
- Durose, M. R., Cooper, A. D., & Snyder, H. N. (2014). *Recidivism of prisoners released in 30 states in 2005: Patterns from 2005 to 2010* [NCJ No. 244205].  
<http://www.bjs.gov/content/ub/pdf/rprts05p0510.pdf>

- Dye, M. H., Aday, R. H., Farney, L., & Raley, J. (2014). The rock I cling to: Religious engagement in the lives of life-sentenced women. *The Prison Journal, 94*, 388-408.
- Eddy, J. M., & Reid, J. B. (2003). The adolescent children of incarcerated parents: A developmental perspective. In J. Travis & M. Waul (Eds.), *Prisoners once removed: The impact of incarceration and reentry on children, families, and communities* (pp. 233-258). Washington, DC: The Urban Institute.
- Fazel, S., & Seewald, K. (2012). Severe mental illness in 33, 588 prisoners worldwide: Systematic review and meta-regression analysis. *The British Journal of Psychiatry, 200*(5), 364-373.
- Fine, M. (1992). *Disruptive voices: The possibilities of feminist research*. Ann Arbor: University of Michigan Press.
- Flentroy, S. L., Young, M., Blue, N., & Gilbert, D. J. (2015). Innovative assessment of childhood trauma and its link to HIV and substance abuse in post-incarcerated women. *Journal of Creativity in Mental Health, 10*, 351-362.
- Fletcher, D., & Sarkar, M. (2013). Psychological resilience: A review and critiques of definitions, concepts and theory. *European Psychologist, 18*(1), 12-23. doi:10.1027/1016-9040/a000124
- Freudenberg, N., Daniels, J., Crum, M., Perkins, T., & Richie, B. E. (2005). Coming home from jail: The social and health consequences of community reentry for women, male adolescents, and their families and communities. *American Journal of Public Health, 95*(10), 1725-1736.

- Friestad, C., Ase-Bente, R., & Kjelsberg, E. (2014). Adverse childhood experiences among women prisoners: Relationships to suicide attempts and drug abuse. *International Journal of Social Psychiatry, 60*(1), 40-46.
- Fuentes, C. (2014). Nobody's child: The role of trauma and interpersonal violence in women's pathways to incarceration and resultant service needs. *Medical Anthropology Quarterly, 28*(1), 85-104.
- Garcia, J. (2016). The importance of the mentor-mentee relationship in women's desistance from destructive behaviors. *International Journal of Offender Therapy and Comparative Criminology, 60*(7), 808-827.
- Giordana, P. C., Cernkovick, S. A., & Rudolph, J. L. (2002). Gender, crime, and desistance: Toward a theory of cognitive transformation. *American Journal of Sociology, 107*, 990-1064.
- Golder, S., Engstrom, M., Hall, M. T., Higgins, G. E. & Logan, T. K. (2015). Psychological distress among victimized women on probation and parole: A latent class analysis. *American Journal of Orthopsychiatry, 85*, 382-391. doi: 10.1037/ort0000057
- Golder, S., Hall, M. T., Logan, T., Higgins, G. E., Dishon, A. J., Renn, T., & Winham, K. (2014). Substance use among victimized women on probation and parole. *Substance Use & Misuse, 49*, 435-447. doi: 103109/10826084.2013.844164
- Goodson, M. V., Morash, M., & Kashy, D. A. (2020). The moderating effect of substance abuse treatment engagement on the connection between support from program participants and substance-related recidivism for justice-involved women. *International Journal of Offender Therapy and Comparative Criminology, 64*(12), 1217-1235.



- Green, B. L., Dass-Brailsford, P., Hurtado de Mendoza, A., Mete, M., Lynch, S. M., DeHart, D. D., & Belknap, J. (2016). Trauma experiences and mental health among incarcerated women. *Psychological Trauma Theory, Research, Practice, and Policy*, 8(4), 455-465.
- Green, B. L., Miranda, J., Daroowalla, A., & Siddique, J. (2005). Trauma exposure, mental health functioning, and program needs of women in jail. *Crime & Delinquency*, 51(1), 133-151.
- Greenberg, R. (2006). Children and families: Mothers who are incarcerated. *Women & Therapy*, 29, 165-179.
- Greene, S., Haney C., & Hurtado, A. (2000). Cycles of pain: Risk factors in the lives of incarcerated mothers and their children. *The Prison Journal*, 80, 3-23.
- Grella, C. E., Lovinger, K., & Warda, U. S. (2013). Relationships among trauma exposure, familial characteristics, and PTSD: A case-control study of women in prison and in the general population. *Women & Criminal Justice*, 23, 63-79.
- Grella, C. E., Stein, J. A., & Greenwall, L. (2005). Association among childhood trauma, adolescent problem behaviors, and adverse adult outcomes in substance-abusing women offenders. *Psychology of Addictive Behaviors*, 19, 43-53. doi:10.1037/0893-164X.19.1.43
- Harner, H. M., & Riley, S. (2013). The impact of incarceration on women's mental health: Responses from women in a maximum-security prison. *Qualitative Health Research*, 23(1), 26-42.
- Harris, D. A. (2017). Doing research drawing on the philosophy of existential hermeneutic phenomenology. *Palliative and Supportive Care*, 15, 267-269.
- Hawthorne, W. B., Folsom, D. P., Sommerfeld, D. H., Lanouette, N. M., Lewis, M., Aarons, G. A., Conklin, R. M., Solorzano, E., Lindamer, L. A., & Jeste, D. V. (2012). Incarceration

- among adults who are in the public mental health system: Rates, risk factors, and short-term outcomes. *Psychiatric Services*, 63, 26-32.
- Hedtke, K. A., Ruggiero, K. J., Fitzgerald, M. M., Zinzow, H. M., Saunders, B. E., Resnick, H. S., & Kilpatrick, D. G. (2008). A longitudinal investigation of interpersonal violence in relation to mental health and substance use. *Journal of Consulting & Clinical Psychology*, 76(4), 633-647.
- Heidemann, G., Cederbaum, J. A., & Martinez, S. (2016). Beyond recidivism: How formerly incarcerated women define success. *Journal of Women and Social Work*, 31(1), 24-40.
- Herbst, J. H., Branscombe-Burgess, O., Gelaude, D. J., Seth, P., Parker, S., & Fogel, C. I. (2016). Risk profiles of women experiencing initial and repeat incarcerations: Implications for prevention programs. *AIDS Education and Prevention*, 28(4), 299-311.
- Hills, H., Siegfried, C., & Ickowitz, A. (2004). *Effective prison mental health services: Guidelines to expand and improve treatment*. <http://nicic.gov/Library/018604>
- Hills, H. A. (2000). *Creating effective treatment programs for persons with co-occurring disorders in the justice system*. NY: The Gains Center.
- Ho, G. H., Shih, M., Walters, D., & Pittinsky, T. (2011). *The stigma of unemployment: When joblessness leads to being jobless*. UCLA: The Institute for Research on Labor and Employment. <https://escholarship.org/uc/item/7nh039h1>
- Holtfreter, K., & Wattanaporn, K. A. (2013). The transition from prison to community initiative: An examination of gender responsiveness for female offender reentry. *Criminal Justice and Behavior*, 41, 41-57.
- Huebner, B. M., DeJong, C., & Cobbina, J. (2010). Women coming home: Long-term patterns of recidivism. *Justice Quarterly*, 27, 225-254.

James, D., & Glaze, L. (2006). *Mental health problems of prisons and jail inmates*.

<http://bja.ojp.usadoj.gov/content/pub/pdf/mhppji.pdf>

Johnson, K. A., & Lynch, S. M. (2013). Predictors of maladaptive coping in incarcerated women who are survivors of childhood sexual abuse. *Journal of Family Violence, 28*, 43-52.

Johnson, J. E., & Zlotnick, C. (2012). Pilot study of treatment for major depression among women prisoners with substance use disorder. *Journal of Psychiatric Research, 46*, 1174-1183. Doi: 10.1016/j.jpsychires.2012.05.007

Jordan, B. K., Schlenger, W. E., Fairbank, J. A., & Caddell, J. M. (1996). Prevalence of psychiatric disorders among incarcerated women: Convicted felons entering prison. *Archives of General Psychiatry, 53*, 513-519.

Keaveny, M. E., & Zauszniewski, J. A. (1999). Life events and psychological well-being in women sentenced to prison. *Issues in Mental Health Nursing, 20*, 73-89.

Kelly, P., Cheng, A., Spencer-Carver, E., & Ramaswamy, M. (2014). A syndemic model of women incarcerated in community jails. *Public Health Nursing, 31*(2), 118-125.

Kennedy, S. C., & Mennicke, A. M. (2018). "Behind every woman in prison is a man": Incarcerated women's perceptions of how we can better help them in the context of interpersonal victimization. *Journal of Progressive Human Services, 29*, 206-229.

Kennedy, S. C., Tripodi, S. J., Pettus-Davis, C., & Ayers, J. (2016). Examining the dose-response relationships between childhood victimization, depression, symptoms of psychosis, and substance misuse for incarcerated women. *Women & Criminal Justice, 26*, 1-22.

- Kennedy, S. C., Tripodi, S. J., & Pettus-Davis, C. (2013). The relationship between childhood abuse and psychosis for women prisoners: Assessing the importance of frequency and type of victimization. *Psychiatric Quarterly*, *84*(4), 439-453.
- Kethineni, S., & Falcone, D. (2007). Employment and ex-offenders in the United States: Effects of legal and extra-legal factors. *Probation Journal*, *54*(1), 36-51.  
doi:10.1177/026455050703325
- Kuo, C., Johnson, J., Rosen, R. K., Wechsberg, W. M., Gobin, R. L., Reddy, M. K., Peabody, M., & Zlotnick, C. (2014). Emotional dysregulation and risky sex among incarcerated women with a history of interpersonal violence. *Women & Health*, *54*(8), 796–815.
- Lapidus, L., Luthra, N., Verma, A., Small, D., Allard, P., & Levingston, K. (2005). *Caught in the net: The impact of drug policies on women and families*. NY: American Civil Liberties Union, the Brennan Center, and Break the Chains.
- La Vigne, N. G., Brooks, L. E., Shollenberger, T. L. (2009). *Women on the outside: Understanding the experiences of female prisoners returning to Houston, Texas*. Urban Institute: Justice Policy Center.
- La Vigne, N., Davies, E., Palmer, T., & Halberstadt, R. (2008). *Release planning for successful reentry: A guide for corrections, service providers, and community groups*. Urban Institute Justice Policy Center Research Report. DC: Urban Institute.
- Lee, B., Tyler, K., & Wright, J. (2010). The new homelessness revisited. *Annual Review of Sociology*, *36*(1), 501-521.
- Leeies, M., Pagura, J., Sareen, J., & Bolton, J. M. (2010). The use of alcohol and drugs to self-medicate symptoms of posttraumatic stress disorder. *Depression and Anxiety*, *27*, 731-736.

- Legal Action Center (2004). *After prison: Roadblocks to reentry*. NY: Legal Action Center.
- Levitt, L. & Loper, A. B. (2009). The influence of religious participation on the adjustment of female inmates. *American Journal of Orthopsychiatry*, 79, 1-7.
- Lynch, S. M., DeHart, D. D., Belknap, J., Green, B. L., Dass-Brailsford, P., Johnson, K. M., & Wong, M. M. (2017). An examination of the associations among victimization, mental health, and offending in women. *Criminal Justice and Behavior*, 44(6), 796-814.
- Lynch, S., & Heath, N. (2017). Predictors of incarcerated women's post-release PTSD, depression, and substance-use problems. *Journal of Offender Rehabilitation*, 56(3), 157-172.
- Lynch, S. M., Fritch, A., & Heath, N. M. (2012). Looking beneath the surface: The nature of incarcerated women's experiences of interpersonal violence, treatment needs, and mental health. *Feminist Criminology*, 7(4), 381-400.
- Lutze, F. E., Rosky, J. W., & Hamilton, Z. K. (2014). Homelessness and reentry: A multisite outcome evaluation of Washington State's Reentry Housing Program for high risk offenders. *Criminal Justice and Behavior*, 41, 471-491.
- Mallik-Kane, K., & Visser, C. A. (2008). *Health and prisoner reentry: How physical, mental, and substance abuse conditions shape the process of reintegration*. Washington, DC: The Urban Institute.
- Martin, M. E., & Hessebrock, M. N. (2001). Women prisoners' mental: Vulnerabilities, risks and resilience. *Journal of Offender Rehabilitation*, 34(1), 25-44.
- Martin, S. L., Cotton, N. U., Browne, D. C., Kurz, B., & Robertson, E. (1995). Family violence and depressive symptomatology among incarcerated women. *Journal of Family Violence*, 10, 399-411.

- Maruna, S. (2001). *Making good: How ex-convicts reform and rebuild their lives*. Washington, DC: American Psychological Association.
- Maruschak, L., Berzofsky, M., & Unangst, J. (2015). *Medical problems of state and federal prisoners and jail inmates, 2011-12*. Bureau of Justice Statistics, NCJ.  
<https://www.bjs.gov/content/pub/pdf/mpsfpi1112.pdf>
- Marzano, I., Hawton, K., Rivlin, A., & Fazel, S. (2011). Psychosocial influences on prisoner suicide: A case-control study of near-lethal self-harm in women prisoners. *Social Science & Medicine*, 72(6), 874-883.
- Masten, A. S. (2016). Resilience in developing systems: The promise of integrated approaches. *European Journal of Developmental Psychology*, 13(3), 297-312.
- Masten, A. S., Best, K. M., & Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity. *Development and Psychology*, 2, 425-444.
- Matheson, F., & Doherty Grant, B. (2011). Community-based aftercare and return to custody in a national sample of substance-abusing women offenders. *American Journal of Public Health*, 101, 1126-1132.
- McClellan, D. S., Farabee, D., & Crouch, B. M. (1997). Early victimization, drug use, and criminality. *Criminal Justice and Behavior*, 24, 455-476.
- McDaniels-Wilson, C., & Belknap, J. (2008). The extensive sexual violation and sexual abuse histories of incarcerated women. *Violence Against Women*, 14, 1090-1127.
- McLeod, K. E., Korchinski, M., Young, P., Milkovich, T., Hemingway, C., DeGroot, M., Condello, L. L., Fels, L., Buxton, J. A., Janssen, P. A., Granger-Brown, A., Ramsden, V., Buchanan, M., & Martin, R. E. (2020). Supporting women leaving prison through peer

- health mentoring: A participatory health research study. *Canadian Medical Association Journal Open*, 8(1), E1-E8.
- Merriam Webster. (n.d.). *Merriam-Webster.com dictionary*. Retrieved September 20, 2020, from <https://www.merriam-webster.com/>
- Messina, N., Grella, G., Burdon, W., & Prendergast, M. (2007). Childhood adverse events and current traumatic distress: A comparison of men and women drug-dependent prisoners. *Criminal Justice and Behavior*, 34, 1385-1401.
- Messina, N., Burdon, W., Hagopian, G., & Prendergast, M. (2006). Predictors of prison-based treatment outcomes: A comparison of men and women participants. *American Journal of Drug & Alcohol Abuse*, 32, 7-28. doi:10.1080/00952990500328463
- Messina, N., & Grella, C. (2006). Childhood trauma and women's health outcomes in a California prison population. *American Journal of Public Health*, 96(10), 1842-1848.
- Middlemass, K. (2017). *Convicted and condemned: The politics and policies of prisoner reentry*. NY: New York University Press.
- Minton, T. D. (2012). *Jail inmates as midyear 2011: Statistical tables*. Washington, DC: United States Department of Justice.
- Molnar, B. E., Buka, S. L., & Kessler, R. C. (2001). Child sexual abuse and subsequent psychopathology: Results from the National Comorbidity Survey. *American Journal of Public Health*, 91(5), 753-760.
- Moore, L. D., & Elkavich, A. (2008). Who's using and who's doing time incarceration, the war on drugs, and public health. *American Journal of Public Health*, 98, S176-S180.

- Morash, M., Kashy, D. A., Smith, S. W., & Cobbina, J. E. (2019). Technical violations, treatment and punishment responses, and recidivism of women on probation and parole. *Criminal Justice Policy Review*, 30(5), 788-810.
- Moustakas, C. (1994). *Phenomenological research methods*. CA: Sage.
- Mumola, C. (2005). *Suicide and homicide in state prisons and local jails*. DC: U.S. Department of Justice, Bureau of Justice Statistics.
- National Employment Law Project. (2016). *Reentry and employment for the formerly incarcerated and the role of American trades unions*. Policy Brief. <http://www.nelp.org/publication/reentry-and-employment-for-the-formerly-incarcerated-and-the-role-of-american-trades-unions/>
- O'Brien, P., & Young, D. (2006). Challenges for formerly incarcerated women: A Holistic approach to assessment. *Families in Society*, 87, 359-366.
- Opsal, T., & Foley, A. (2013). Making it on the outside: Understanding barriers to women's post-incarceration reintegration. *Sociology Compass*, 7(4), 265-277.
- Opsal, T. D. (2008). *Freedom, surveillance, and power: Women living under the institutions of parole*. Doctoral dissertation. CO: University of Colorado.
- Osofsky, J. (1999). The impact of violence on children. *Future of Children*, 9(3), 33-49.
- Owen, B. (1998). *In the mix: Struggle and survival in a women's prison*. Albany State University of New York Press.
- Peters, R. H., Strozier, A. L., Murrin, M. R., & Kearns, W. D. (1997). Treatment of substance-abusing jail inmates: Examination of gender differences. *Journal of Substance Abuse Treatment*, 14, 339-349.



- Petersilia, J. (2005). Hard time: Ex-offenders returning home after prison. *Corrections Today*, 67, 66-74.
- Petersilia, J. (2003). *When prisoners come home: Parole and prisoner reentry*. NY: Oxford University Press.
- Petersilia, J. (2001). Prisoner reentry: Public safety and reintegration challenges. *Prison Journal*, 81, 360-375. doi: 10.1177/0032885501081003004
- Pollock, J. M., Mullings, J. L., & Crouch, B. M. (2006). Violent women: Findings from the Texas women inmates study. *Journal of Interpersonal Violence*, 21, 485-502.
- Quitangon, G. (2019). Vicarious trauma in clinicians: Fostering resilience and preventing burnout. *Psychiatric Times*, 36(7), 1-3.
- Richie, B. (2001). Challenges incarcerated women face as they return to their communities: Findings from life history interviews. *Crime & Delinquency*, 47, 368-389.
- Richie, B. (1996). *Compelled to crime: The gender entrapment of battered black women*. NY: Routledge.
- Robillard, A. G., Holliday, R. C., DeHart, D. D., Lewis, K., Rutherford, Y., & Amutah, N. N. (2016). An exploratory study examining risk communication among adolescent children, their incarcerated mothers, and their caregivers. *Journal of Health Care for the Poor and Underserved*, 27(2), 101-119.
- Salisbury, E. J., & van Voorhis, P. (2009). Gendered pathways: A quantitative investigation of women probationers' paths to incarceration. *Criminal Justice and Behavior*, 36, 541-566.
- Sanders, J. F., McNeill, K. F., Rienz, B. M., & DeLouth, T. B. (1997). The incarcerated female felon and substance abuse: Demographics, needs assessment, and program planning for a neglected population. *Journal of Addictions and Offender Counseling*, 18, 41-52.

- Schlager, M. D., & Moore, B. (2014). Risk and resiliency of incarcerated mother. *The Journal of Contemporary Social Services*, 95(2), 100-106.
- Schnittker, J., Massoglia, M., & Uggen, C. (2012). Out and down: Incarceration and psychiatric disorders. *Journal of Health and Social Behavior*, 53, 448-464.
- Scott, C. K., Lurgio, A. J., Dennis, M. I., & Funk, R. R. (2016). Trauma and morbidities among female detainees in a large urban jail. *Prison Journal*, 96(1), 102-125.  
doi:10.1177/0032885515605490
- Scroggins, J. R., & Malley, S. (2010). Reentry and the (unmet) needs of women. *Journal of Offender Rehabilitation*, 49, 146-163. doi: 10.1080/10509670903546864
- Seiter, R. P., & Kadela, K. R. (2003). Prisoner reentry: What works, what does not, and what is promising. *Crime and Delinquency*, 49, 360-388.
- Sered, S., & Norton-Hawk, M. (2019). Triple jeopardy: Women's employment struggles post incarceration. *Journal of Offender Rehabilitation*, 58(4), 261-280. doi  
10.1080/10509674.2019.1596191
- Sipes, L. A. (2012). *Statistics on women offenders*.  
<http://www.corrections.com/news/article/30166-statistics-on-women-offenders>
- Small, M. L., & McDemott, M. (2006). The presence of organizational resources in poor urban neighborhoods: An analysis of average and contextual effects. *Social Forces*, 84, 1697-1724. doi: 10.1353/sof.2006.0067
- Southwick, S. M., Bonanno, G. A., Masten, A. S., Panter-Brick, C., & Yehuda, R. (2014). Resilience definitions, theory, and challenges: Interdisciplinary perspectives. *European Journal of Psychotraumatology*, 5, 1-14. <http://dx.doi.org/10.3402/ejpt.v5.25338>

- Steel, J., Sanna, L., Hammond, B., Whipple, J., & Cross, H. (2004). Psychological sequelae of childhood sexual abuse: Abuse-related characteristics, coping strategies, and attributional style. *Child Abuse & Neglect, 28*(7), 785-801.
- Stutey, D. M., Givens, J., Cureton, J. L., & Henderson, A. J. (2020). The practice of bridling: Maintaining openness in phenomenological research. *Journal of Humanistic Counseling, 59*, 144-156.
- Substance Abuse & Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. (HHS Publication No. [SMA] 14-4884). Substance Abuse and Mental Health Services Administration.  
<https://store.samhsa.gov/system/files/sma14-4884.pdf>
- Swaroop, S., & Morenoff, J. (2005). Building community: The neighborhood context of social organization. *Social Forces, 84*, 1665-1695. doi: 10.1353/sof.2006.0058
- Tarr, N. (2007). Employment and economic security for victims of domestic abuse. *Review of Law and Social Justice, 16*(2), 371-427.
- Tartaro, C., & Ruddell, R. (2006). Trouble in Mayberry: A national analysis of suicide attempts in small jails. *American Journal of Criminal Justice, 31*(1), 81-101.
- Taylor, C. (2007). *A secular age*. Cambridge: Belknap Press of Harvard University Press.
- Thornberry, T., Huizinga, D., & Loeber, R. (2004). The causes and correlates studies: Findings and policy implications. *Juvenile Justice, 9*, 3-19.
- Topitzes, J., Mersky, J. P., & Reynolds, A. J. (2011). Child maltreatment and offending behavior: Gender specific effects and pathways. *Criminal Justice and Behavior, 38*, 492-510.

- Tracy, S. J. (2010). Qualitative quality: Eight “Big-Tent” criteria for excellent qualitative research. *Qualitative Inquiry, 16*(10), 837-851.
- Travis, J., & Western, B. (2014). *The growth of incarceration in the United States: Exploring causes and consequences*. Washington, DC: The National Academies Press.
- Travis, J. (2005). *But they all come back: Facing the challenges of prisoner reentry*. Washington, DC: The Urban Institute Press.
- Trestman, R. L., Ford, J., Wanli, Z., & Wiesbrock, V. (2007). Current and lifetime psychiatric illness among inmates not identified as acutely mentally ill at intake in Connecticut’s jails. *Journal of the American Academy of Psychiatry and the Law, 35*, 490-500.
- Tripodi, S., Pettus-Davis, C., Bender, K., Fitzgerald, M., Renn, T., & Kennedy, S. (2019). Pathways to recidivism for women released from prison: A mediated model of abuse, mental health issues, and substance use. *Criminal Justice and Behavior, 46*(9), 1219-1236.
- Tripodi, S. J., Onifade, E., & Pettus-Davis, C. (2014). Nonfatal suicidal behavior among women prisoners: The predictive roles of childhood victimization, childhood neglect, and childhood positive support. *International Journal of Offender Therapy and Comparative Criminology, 58*(4), 394-411.
- Tripodi, S. J., & Pettus-Davis, C. (2013). Histories of childhood victimization and subsequent mental health problems, substance use, and sexual victimization for a sample of incarcerated women in the US. *International Journal of Law and Psychiatry, 36*(1), 30-40.
- Uggen, C. (1999). Ex-offenders and the conformist alternative: A job quality model of work and crime. *Social Problems, 46*(1), 127-151. doi:10.2307/3097165

- Vagle, M. D. (2018). *Crafting phenomenological research* (2<sup>nd</sup> ed.). Routledge.
- Valera, P., Brotzman, L., Wilson, W., & Reid, A. (2017). "It's hard to reenter when you've been locked out": Keys to offender reintegration. *Journal of Offender Rehabilitation, 56*(6), 412-431.
- Valera, P., & Kratz, M. (2014). The illness narratives of men involved in the criminal justice system: A study of health behaviors, chronic conditions and HIV/AIDS. *Journal of Social Work, 14*, 645-657. doi:10.1177/1468017313503944
- Visher, C., La Vigne, N. G., & Travis, J. (2004). *Returning home: Understanding the challenges of prisoner reentry*. DC: Urban Institute Justice Policy Center.
- Visher, C., & Travis, J. (2003). Transitions from prison to community: Understanding individual pathways. *Annual Review of Sociology, 29*, 89-113.
- Walmsley, R. (2017). *World female imprisonment lift* (4<sup>th</sup> ed.). London: Institute for Criminal Policy Research.
- Welle, D., Falkin, G. P., & Jainchill, N. (1998). Current approaches to drug treatment for women offenders. *Journal of Substance Abuse Treatment, 15*, 151-163.
- Wheeler, D. P., & Patterson, G. (2008). Prisoner reentry. [National Health Line] *Health & Social Work, 33*, 145-147.
- Widom, C. S. (2000). *Childhood victimization and the derailment of girls and women to the criminal justice system*. <https://www.ncjrs.gov/pdffiles1/180973.pdf>
- Widom, C. S. (1995a). *Cycle of violence revisited six years later*. Washington DC: US Department of Justice.
- Widom, C. S (1995b; 2005). *Victims of childhood sexual abuse: Later criminal consequences*. Washington, DC: U. S. Department of Justice.

- Wikoff, N., Linhorst, D.M., & Morani, N. (2012). Recidivism among participants of a reentry program for prisoners released without supervision. *National Association of Social Workers, 36*(4), 289-299.
- Wilderman, C., & Muller, C. (2012). Mass imprisonment and inequality in health and family life. *Annual Review of Law and Social Sciences, 8*, 11-30. doi:10.1146/annurev-lawsocsci-102510-105459
- Windsor, L., Benoit, E., & Jemal, A. (2014). Community wise: Paving the way for empowerment in community reentry. *International Journal of Law and Psychiatry, 37*, 501-511.
- Wolff, N., Frueh, B. C., Shi, J., Gerardi, D., Fabrikant, N., & Schumann, B. E. (2011). Trauma exposure and mental health characteristics of incarcerated females self-referred to specialty PTSD treatment. *Psychiatric Services, 62*, 954-958.  
doi:10.1176/appi.ps.62.8.954
- Wolffe, N., Vazquez, R., Frueh, B. C., Jing, S., Schumann, B. E., & Gerardi, D. (2010). Traumatic event exposure and behavioral health disorders among incarcerated females self-referred to treatment. *Psychological Injury and Law, 3*(2), 155-163.
- Yang, Y., Knight, K., Joe, G. W., Rowan-Szal, G., Lehman, W. E. K., & Flynn, P. M. (2013). The influence of client risks and treatment engagement on recidivism. *Journal of Offender Rehabilitation, 52*, 544-564.
- Young, D. S. (2000). Women's perceptions of health care in prison. *Health Care for Women International, 21*, 219-234. doi:10.1080/073993300245276
- Zhang, S. X., Roberts, E. R., & Callanan, V. J. ((2006). Preventing parolees from returning to prison through community-based reintegration. *Crime & Delinquency, 52*, 551-571.

Zlotnick, C., Najavits, L. M., Rohsenow, D. J., & Johnson, D. M. (2003). A cognitive-behavioral treatment for incarcerated women with substance abuse disorder and posttraumatic stress disorder. *Journal of Substance Abuse Treatment, 25*, 99-105.

## **Chapter 5: Manuscript**

### **Introduction**

Compared to males entering prison, nationally women have surpassed them entering the penal system (Carson & Anderson, 2016). In the last 40 years' incarceration of women has increased over 700% (Tripodi et al., 2019). Moore and Elkavich (2008) suggested drug policy changes have supported the increase of more women being incarcerated. Many of the newly developed policies were created to provide uniform guidelines in sentencing for all convicted, but they appear to impose a greater impact on the institution of the family (Travis & Western, 2014). In other words, incarcerated women and their children have suffered the most from these policy changes (Travis & Western, 2014). Researchers have started to examine the links between early trauma experiences in childhood and the incarceration of women (Brennan et al., 2012).

Salisbury and van Voorhis (2009) proposed that childhood victimization such as sexual and physical abuse, and psychological abuse may be precipitating factors that led women to prison and created higher rates of recidivism. Tripodi et al. (2019) concluded that intervening factors of psychological abuse, substance abuse, and domestic violence promotes the pathway to incarceration and recidivism for women. Furthermore, over 70 % of incarcerated women attested to experiencing childhood victimization (Carlson & Shafer 2010; Cook et al., 2005; Kennedy et al., 2016). It is imperative researchers look closely at how these factors and adulthood traumas have created this flooding of the penal system with women (Tripodi et al., 2019).

Despite the significant influx of women entering prison and surpassing the number of men being incarcerated during the late 1990s (Chesney-Lind & Pasko, 2004), research has shown a large increase of women being released (Opsal & Foley, 2013). Furthermore, there are many predicting factors associated with women reentry and their ability to successfully remain in



the community (Lynch & Heath, 2017). Durose and colleagues (2014) suggested women reentering prison is high and usually occurs within the first three years of being released.

Researchers attested that recidivism is influenced by issues involving psychological deficits, drug use, limited resources, and support, and physical or sexual mistreatment by others (Cobbina, 2010; Doherty et al., 2014; Messina et al., 2006; Richie, 2001). Some researchers proposed that the many unhealthy experiences women endured before imprisonment included mental health issues that contributed to repeated incarceration (DeHart et al., 2014; Grella et al., 2005; Scott et al., 2016; Wolff et al., 2011). James and Glaze (2006) linked predisposed psychological issues, such as depression and substance use, as factors incarcerated women face before entering jail or prison. Battle et al. (2003) suggested trauma such as child abuse occurring during a woman's youth can contribute to negative factors also favorable of incarceration. These factors and many others are significant to further explore because they may be the link to the influx of women being incarcerated (Green et al., 2005; Pollock et al., 2006; Widom, 2005) and reengagement into criminal life after release (Carlson & Shafer, 2010).

Unfortunately, there is limited research describing the impact mental illness has on women during and after incarceration (Lynch & Heath, 2017). Freudenberg and colleagues (2005) examined the mental health of almost 500 women before and after their incarceration and found a significant increase in their level of depression and apprehension. Although prison programs are attempting to address the mental deficits of incarcerated women, there is evidence of insufficient mental health support after women are released from prison (Scoggins & Malley, 2010). Lynch and Heath (2017) concluded that there is a great amount of qualitative research describing the difficulties women experience after incarceration, but there is paucity of research

and literature describing linkages between women's critical mental health conditions and the difficulties they experience post release.

### **Literature Review**

Over the last four decades the number of incarcerated women has increased significantly (Carson & Anderson, 2016). Walmsley (2017) reported a significant influx of females, young girls, and women, surpassing the rate of males entering the penal system all around the world. Due to this rapid increase, concerns for this epidemic are receiving growing attention (Casey et al., 2020). Researchers generally identify incarcerated women as nonviolent offenders, who rank high in limited educational and career opportunities, have elevated levels of unemployment, are the major caregiver of their family, and attest to experiencing greater exposure to partner violence and psychological issues (Bloom et al., 2003; Lynch et al., 2017).

Unfortunately, there is limited research to support linkages between the multiple barriers women endure and rates of repeated incarceration (Opsal & Foley, 2013). It is vital researchers examine the links between these multifaceted issues and provide evidence that describes the experiences women face before, during, and after incarceration.

### **Recidivism**

Whether it be parole, probationary period, or incarceration, over a million women in the United States are negatively connected to the penal system (Lapidus et al., 2005). Unfortunately, once released, many of these women return to familiar environments where they experienced marginalization in job placement, limited educational opportunities, poor housing conditions, and assisted living (Legal Action Center, 2004; O'Brien & Young, 2006; Petersilia, 2005; Richie, 2001; Travis, 2005). These multifaceted barriers promote recidivism and pose significant challenges for newly released offending women to encounter (Heidemann et al., 2016).

Researchers suggested that the route to incarceration for women is just as gendered oriented as the process of reintegrating to society (Heidemann et al., 2016). In other words, both pathways which can include inequity of employment, main parent provider responsibilities, establishing adequate housing, and victimization that all tend to negatively impact women's progress and the possibility of preventing recidivism from occurring (Heidemann et al., 2016). Moreover, despite the multiple traumas formerly offending women experience, there is a paucity of literature available on other factors that could be included to promote successful reintegration to society (Visher & Travis, 2003).

Freudenberg and colleagues (2005) proposed that recidivism, repeated criminal offense (Merriam-Webster, n.d.), can diminish if offending women are provided sufficient post release support in areas such as mental health. Colbert and colleagues (2013) suggested that there is limited research supporting how to help women minimize their mental and medical care after incarceration.

### **Employment Deficits**

Post offending women have trouble obtaining and maintaining stable employment (Sered & Norton-Hawk, 2019). Sered and colleagues believed these negative employment issue stemmed from the war-on-drug epidemic. Experts have pointed to post offending women as having a hard time obtaining employment because of the stigma surrounding gender and societal expectation that involves drug use (Carpenter, 2012). Additionally, Kelly et al. (2014) suggested employers are more likely to hire individuals from other marginalized groups before they consider hiring post offenders. Some researchers linked these negative experiences for post incarcerated individuals to an equal balance of societal shaming, poor policies, and the lack of acceptance by others (Ho et al., 2011; Kethineni & Falcone, 2007; Middlemass, 2017).

Oftentimes, post offending women struggle to maintain employment due to current and ongoing physical abuse endured in their relationships (Tarr, 2007). The physical injuries and pain they endure from abuse prevent them from going to work (Tarr, 2007).

Additionally, jobs that involve working with the public like sales associate or teacher assistance requiring background checks will less likely hire post offenders (Kelly et al., 2014; National Employment Law Project, 2016). This is a major employment barrier because of the many jobs that women have a strong interest or skills in require criminal records' checks (National Employment Law Project, 2016). Allowing post offending women, the opportunity to work in areas of interest such as these may reduce recidivism, provide a chance for them to contribute to society positively (Kelly et al., 2014; Middlemass, 2017), and build their sense of purpose in life (Maruna, 2001). Jobs that are considered rewarding or attractive tend to reduce post offenders' desires to engage in criminal behavior (Uggen, 1999). For example, Sered and Norton-Hawk (2019) concluded that jobs that offer low pay, limited advancement, insufficient benefits such as good health insurance, and have employers that hold biases against post offenders are motivators for recidivism.

### **Trauma Experiences from Childhood to Adulthood that Promotes Failed Reentry**

Research showed unstable family life and everyday stressors as becoming major factors that many prisoners are admitting to experiencing (Carlson & Shafer, 2010). From youth to adulthood, inmates may experience and or witness substance abuse, loss of a loved one, and victimization (Beck et al., 1993; DeHart, 2008; Eddy & Reid, 2003; Greenberg, 2006; Greene et al., 2000; Jordan et al., 1996; Keaveny & Zauszniewski, 1999; Martin et al., 1995). Due to the increase of incarcerated women, DeHart (2008) suggested more research is needed to understand the impact of childhood victimization many women seem to experience.

Several researchers have linked increasing levels of childhood victimization in incarcerated women (Carlson & Shafer, 2010; McDaniels-Wilson & Belknap, 2008) as the mediator for the psychological illness and criminal behavior they have encountered (Lynch et al., 2012; Scott et al., 2016). Unfortunately, many offending women reported having exposure to multiple traumas during their childhood and adolescent years (Lynch et al., 2017). Messina et al. (2007) proposed residing in a foster home while growing up adds stress to a child's well-being or having caretakers incarcerated (Pollock et al., 2006) can impose a threat to the welfare of the child. Another concern involves incarcerated women who reported living in poor and unstable conditions during childhood (Greene et al., 2000; Robillard et al., 2016), and being without adequate residency and proper care from a responsible adult (McClellan et al., 1997; Robillard et al., 2016) are factors that are linked to later incarceration and unsuccessful reentry into the community. Scott et al. (2016) completed interviews of more than 800 incarcerated women and reported that women who were exposed to multiple traumas endured multiple mental health symptomologies. For example, incarcerated women who may have reported exposure to several traumas attested to significantly experiencing greater psychological dysfunctions (Lynch et al., 2017).

### **Psychological Experiences and Links to Incarceration**

Some researchers argued that childhood victimization is the pathway to substance use, unlawful behaviors (DeHart, 2008; McDaniels-Wilson & Belknap, 2008), psychological dysfunctions, systemic maltreatment, and social economic issues (Belknap & Holsinger, 2006; Bloom et al., 2003). Many researchers declared there is a connection between one or all of these combinations leading women to imprisonment, physical and sexual abuse, and psychological issues (Hedtke et al., 2008; Lynch et al., 2012; Messina & Grella, 2006; Scott et al., 2016),

physiological and sexual abuse and criminal activity (Grella et al., 2005; Topitzes et al., 2011; Widom, 2000), or links between mental deficiency and unlawful actions (Benda, 2005; Hawthorne et al., 2012; James & Glaze, 2006; Messina et al., 2006).

According to James and Glaze (2006) incarcerated individuals with documented mental illness are imprisoned three times more than those without documented psychological illness. Research showed a strong connection between major depression and posttraumatic stress disorder (PTSD) for incarcerated women who have experienced extensive periods of sexual abuse (Molnar et al., 2001; Steel et al., 2004). Hills et al. (2004) explained that although there is sufficient support in the literature indicating imprisoned women having higher traumatic instances of partner violence than their male counterparts, prison programs do not provide enough resources in targeting these crime producing factors amongst incarcerated women. Due to this insufficiency, incarcerated women do not get the treatment they need before, during, or after imprisonment.

## **Depression**

Depression is the most common diagnosis among incarcerated women (James & Glaze, 2006), and is steadily increasing in this country (Fazel & Seewald, 2012). The most common depressive symptoms incarcerated women report experiencing is frequent moods of anger and trouble sleeping (Cabeldue et al., 2019). More importantly, suicidal thoughts have linked to depression (Cabeldue et al., 2019) and suicide is the second major reason death occurs among all incarcerated people in the United States (Mumola, 2005). Internationally, suicide is a leading cause of death for post offending individuals (Binswanger et al., 2011). In comparison to male inmates and non-offending women, the rates of suicide for incarcerated women are much higher (Tartaro & Ruddell, 2006). Increased levels of co-occurring disorders, depression, and substance

use, among incarcerated women have become an alarming public issue because of the negative impact it has on the person and the financial burden it imposes on society (Johnson & Zlotnick, 2012). MDD operates as a barrier and prevents post offending women from handling matters (Johnson & Zlotnick, 2012) such as family issues, maintaining employment, seeking medical treatment, completing substance treatment programs (Johnson & Zlotnick, 2012), and disrupting continual victimization (Hills, 2000). Unfortunately, if these issues are not addressed effectively with incarcerated women, their chance of preventing relapse in drug use, MDD episodes, reentry to prison, and additional victimization will increase significantly (Freudenberg et al., 2005).

### **Posttraumatic Stress Disorder (PTSD)**

More than 90% of incarcerated women who have a history of victimization reported experiencing some PTSD symptoms (Wolffe et al., 2010). Moreover, researchers suggested incarcerated women who have been subjected to trauma before incarceration may experience PTSD at higher rates while confined (Grella et al., 2013). Grella and colleagues conducted a mixed method study on incarcerated and non-offending women's exposure to trauma and the impact it may have on their ability to cope and develop risks for PTSD. They posed questions on over 17 distinct traumas from the National Epidemiological Survey on Alcohol and Related Conditions to explore the women's trauma exposure. The study results focused on five areas of trauma: major life and death situations, sudden death of a loved one, sexual or physical victimization, various traumas during childhood, and witnessing traumas occurring with others (Grella et al., 2013). From the study, Grella and colleagues found incarcerated women experienced higher levels of trauma in 80% of the five areas. The incarcerated women showed greater trauma exposure in sexual and physical victimization, unexpected death of loved ones, and traumas during childhood (Grella et al., 2013). Although sexual and physical victimization

showed a significant connection to PTSD, substance use had the strongest association with PTSD (Grella et al., 2013).

### **Physical and Sexual Victimization**

Many scholars agreed that there are several negative influences impacting the high rates of psychological issues incarcerated women endure (Aday & Dey, 2019; DeHart et al., 2014; Fuentes, 2014; Green et al., 2016). Grella et al. (2013) suggested women experiencing years of victimization are more prone to having PTSD and this may be the major element in understanding incarcerated women's mental illness. Likewise, other scholars have linked sexual and physical abuse during childhood to many mental illnesses (Kennedy et al., 2013; Tripodi & Pettus-Davis, 2013). Various studies have connected childhood abuse to self-inflicted harm (Marzano et al., 2011; Tripodi et al., 2014). Friestad et al. (2014) claimed that there is only one research study that suggests as childhood adversities increase so does the chances of substance use and self-inflicted harm. Regrettably, there is no research explaining how victimization connects to co-occurring disorders with offending women (Casey et al., 2020).

### **Description of Design**

The methodology of the study consisted of a hermeneutical phenomenological approach and an inductive reasoning. The present phenomenological study was designed to help the researcher describe in great details the lived encounters one or more individuals have endured (Creswell & Poth, 2018). For this study, the use of the hermeneutical phenomenon in the inquiry process and approach allowed meaning of the post offenders' trauma history, their coping strategies, their pathway to reentry, and demonstrated how each of their experiences aided in the formation of their being to emerge (Bynum & Varpio, 2018). A hermeneutical phenomenon, also known as an interpretative paradigm, allowed the investigator to reflect on and attend to their



own experiences while analyzing the data and developing an understanding of the participants' experiences (Bynum & Varpio, 2018).

## **Procedures**

### **Participants and Recruitment**

The research participants consisted of post incarcerated women living in the Columbus, Georgia area. Originally, the investigator intended to recruit participants from an additional site, Aid to Inmate Mothers, a transition home for post released women in the Montgomery, Alabama area. There were only two post offenders residing in the Montgomery home and they indicated no interest in the study. Therefore, the investigator sought to recruit participants from Safe House Ministries, the transition home in Columbus, Georgia. Ten post offending women from Safe House Ministries were recruited, to provide a rich meaning of the phenomenon experienced (Vagle, 2018). A flyer that described the research project was distributed to the facility gatekeepers and post offending women at the transition home.

The participants were given a week to sign-up by calling or emailing the investigator. After the potential participant sign up period ended, the investigator conducted an initial screening interview with each potential participant on the list to ascertain best fit with the inclusion criteria for the study. The research study eligibility included post offending women who had experienced one or multiple traumas within their lifetime such as, physical, emotional, or sexual abuse, partner violence, substance use, and witnessing or engaging in violence in their home and communities from childhood to adulthood. Participants were also selected based on being within one month to three years of their current prison release. The women who met the inclusion criteria were provided an informed consent document and scheduled a favorable time to be interviewed.

## **Data Collection**

Data was collected over a six-month period. The identified transition site is located within Georgia and the investigator worked towards gaining access (Creswell & Poth, 2018) two to three months prior to beginning the research study. The investigator used an eligibility questionnaire, sign-up schedule sheet, and consent form that included participants' information. The investigator placed participants' first name and middle/last initial on the eligibility questionnaire form and sign-up interview schedule sheet. The investigator conducted a semi-structured virtual, 90-minute audio interview with all participants. The virtual interview was audio recorded through a Zoom video conference room that employs high security measures. Interviews were transcribed through Scribie.com. Scribie is an electronic transcription program that includes encryption to protect the confidentiality of uploaded files. Transcriptions and all other items were stored in an encrypted Box e-folder under the participants self-selected code name (pseudonym) to protect the anonymity, confidentiality, and privacy of the participant.

Lastly, study participants were offered a \$25 Visa gift card at the end of the research study for participating. Because the COVID-19 pandemic caused mail delays, the incentives for participants were hand-carried to the gatekeeper, and delivered to participants after interviews were transcribed, completed, and a second member checking of the data was conducted. There was a first- and second-member checking conducted to verify the investigator had clarity and correctly interpreted certain participants' experiences. A third but final member checking was used to review the codes and themes emerged from the study (Creswell & Creswell, 2018; Creswell & Poth, 2018).

## **Data Analysis**

Data was analyzed from an inductive and thematic approach. A horizontalization (Moustakas, 1994) approach was used to identify statements or phrases that produce detailed meanings of how the experiences were understood by the participants (Creswell & Poth, 2018). From the horizontalization approach, themes were developed, and codes were created to categorize and represent factors that influenced participants' (Creswell & Poth, 2018).

Additionally, the investigator examined their own experiences and how this perspective taking may have influenced the study in any way. For example, the childhood traumas that the post offenders spoke about were recognizable by the investigator, albeit life choices and circumstances were likely far from similar. The investigator recognized that any disclosures about their background could negatively or positively impact the study. Therefore, the investigator engaged in journaling their thoughts, assumptions, and biases due to having familiarity with parts of the subject-matter. The investigator also had the opportunity to process thoughts with a trained professional counselor.

### **Trustworthiness and Credibility**

As a qualitative research study, validity and reliability are important and it consisted of determining factors the investigator used to check for accuracy and consistency throughout the study (Creswell & Creswell, 2018). The investigator's objective when operating from a phenomenological lens was to derive meaning from the participants' lived experiences (Bynum & Varpio, 2018). To show reliability, the investigator spoke with the participants multiple times after reviewing and transcribing the audio recordings to ensure misinterpretation of their words had not occurred, especially to thoroughly analyze and share the results of the study (Tracy, 2010). Additionally, the investigator kept a detailed audit trail of any disconnect and number attempts made to connect with participants. Validity was implemented throughout the study and

demonstrated through the investigator's attempt in developing a strong and credible study (Tracy, 2010), by providing rich details of the participants' story. Investigator implemented triangulation which included multiple sources within the research process such as collaboration with participants, engaged a peer doctoral student to support reviewing of themes, reviewed literary sources to support developing themes, and collected data through semi-structured interviews to demonstrate credibility (Creswell & Creswell, 2018; Creswell & Miller, 2000; Tracy, 2010).

In addition, the investigator incorporated an on-going journal bridling reflexivity (Stutley et al., 2020) that allowed examination of own bias within the study and promoted a stronger connection to the reader (Creswell & Creswell, 2018; Creswell & Miller, 2000; Tracy, 2010).

### **Findings**

The findings from the study describes the women's lived experiences and are represented by five themes: 1) Changing from inside out, 2) Becoming what I know, 3) Masking to hide the pain, 4) Failed opportunities again, 5) Do I have what it takes to not go back.

The post offending women, participants of the study, all resided at the transition home facility, Safe House Ministries, located in Columbus, Georgia. All were released from jail/prison within the last three years and volunteered for the study by obtaining the study flyer from the transition facility's gatekeeper. Safe House Ministries, the transition home facility, has 25 beds for women who are recently released from jail/prison, homeless, or in need of a safe haven from a domestic violence situation. The facility is a nonprofit organization and is funded by United Way and substantial donations from the community. The mission of Safe House Ministries is to provide a safe place for women, provide daily living necessities, addiction and mental health

treatment, career opportunities, and help women develop skills in becoming productive and independent citizens who positively contribute to society.

### **Discussion of Themes**

A horizontalization approach was used after the interviews were transcribed through Scribie.com, an online transcription software. According to Moustakas (1994) the horizontalization approach included the investigator identifying statements that held rich meaning and described the participants' lived experiences. The investigator used horizontalization to review the interviews and create themes that categorized what phenomenon was most influential and impactful to participants' lived experiences (Creswell & Poth, 2018). In other words, the investigator identified emerging patterns and repeated factors or behaviors in post offending women's experiences to determine categories that represented the participants' lived experiences. The five emerged themes are discussed in detail below.

#### **Changing from Inside Out**

Changing from inside out was an identified theme used to describe how many of the participants saw themselves learning to cope daily and make the best of their situation. Duncan et al. (2018) suggested recidivism is reduced when pre/ post offending women engage in humanistic and spiritual events. Several of the post offenders spoke about how their spiritual beliefs guide them or how reflecting on those who support them helps to get their day started. For example, Tammy Jones shared: "This morning, I used a meditation called positive affirmations, and it just helps me get going, helps me wake up and look forward to today". Another participant, Amy, spoke about how vital it is for her to think about the future. She concentrates on: "My kids, my kids, and the new life that's out there that I could possibly have. Hopefully, being able to support myself. I've never been able to do that before". These events,

rituals, or time of reflection may help develop values, beliefs, and hope that create and drive post offending women's ability to cope with everyday struggles. During the interviews, many of the post offending women attested to engaging in very similar ways of coping. Margaret Mary stated that every morning begins with:

My thoughts of my God in heaven for one. My kids, my family (...) I get up and I try to pray. We go to devotion, and I just put God first and everything else just seems to fall in place. And my children, I think about them. But most of all, I'm doing this for myself, not for them.

Hayven gave a similar account of how her day begin:

I get up, I go to work, and I just make the best of it. I read Proverbs in the morning; it's in a recovery bible. I talk to somebody. I call my sponsor. I call my family and talk to them.

Della described a routine of positive affirmation to cope and distort negative thoughts. She shared:

Well, I get up every morning and I look in the mirror and I tell myself that I'm worth more than I ever thought I was. That I'm smart, that I'm beautiful, and that I'm worthy of living another day.

Taylor (2007) proposed all human beings have a choice in how they will create meaning or cope with adversities experienced as well as what will influence the path they will take in life. Some post offending women expressed thoughts that now influence their new path in life. Abigail shared significance in her coping includes:

My support networks. If it wasn't for my support network, it would be very difficult for me to get through the day. Whether it be a phone call to my family members or going to church or attending a NA meeting.

## **Becoming What I know**

Becoming what I know theme emerged as post offending women shared their stories of becoming entangled in cycles or webs of abuse, drug use, and incarceration. The participants gave detailed descriptions of physical and emotional traumas that kept them in a seemingly no end situation. All the post offending women in this study acknowledged having a life filled with drug use and feeling stuck in a cycle of dysfunction. Some identified their drug behavior starting as early as adolescence following childhood traumas such as sexual victimization or witnessing violence. Several of the post offenders expressed the onset of their drug use was a conscious decision because they saw no other way and wanted to fit in with their surroundings. Abigail and Kate shared that they were more unconscious or numb to the onset of starting their drug use. They needed to suppress the pain they were experiencing, and drugs seemed to have been the answer. Kate and Della both spoke about a rape happening to them during adolescents and never telling anyone. Della shared that she never told anyone because:

I felt like I deserve it in some kind of a way. I felt that it was my fault, and I didn't wanna let anybody know because I didn't wanna be a disappointment. And then as I got older, I started dating all the wrong kind of men.

Others denoted the onset of drug use occurring in their upper teen years and into adulthood to help suppress the hurt from adversities such as domestic violence, or trying to fit in with those around them, and other relational issues. A couple of the participants described instances of living in homes with drug use by others as a norm and found themselves using drugs because of curiosity and influence. Many researchers support findings that suggest girls living in dysfunctional homes with violence and sexual abuse are at great risk for becoming substance users, promiscuous, and engage in various crimes (Osofsky, 1999; Thornberry et al., 2004;

Widom, 1995a, 1995b). Tammy Jones shared her experiences that led to her use of drugs and her becoming. She stated:

My mother has always been an addict. I walked into her bedroom one day and there was a joint on the table and I was like oh what's this on my curious mind. So, I picked it up and I went outside cause at the time I was already smoking cigarettes. So, I smoked it and that's how I got introduced to marijuana. My mother let this 19 year live with me in our home, in my bedroom. I was 13. And when I was 14, I was living with one of my abusive boyfriend. He was verbally, physically, mentally, and spiritually abusive. When I was 17, I moved on my own and started using more frequently.

Hope shared instances of witnessing violence during childhood and then becoming a victim herself. She described one parent having a lot of mental health issues and being forced to take medication as a child for problems that today she believes did not exist. Hope also shared how her curiosity provoked her to start using and when she was having a "crappy day". She stated:

My mom and dad, they met in rehab. He had a lot of bipolar and mental issues. He got an SSI check our whole life. There was a lot of issues with my daddy (...) There were times they would fight and like my mom would end up in the hospital with broken bones and stuff. He got his shotgun, and he would threaten my mom and threaten his self. And we had to run outside the house and run through the woods just to get away from him sometimes cause he had a gun (... .) In October 2019, I was in a relationship with a man and I never suspected things to end in the way they did and as bad as they did. I thought like he was the one (...) And even to this day, I still love this man with all my heart, but I just can't be with the man who put his hands on me the way he did. He struck the fear of God in me.



## **Masking to Hide the Pain**

Masking to hide the pain theme emerged as the women spoke about how they have dealt with childhood and adulthood trauma. All 10 post offending women described issues of having substance use problems and mental health issues. Many shared their experience with drugs starting as early as age 14 contributing to their curiosity, friends, and family influencers, and to separate from reality. Most of the post offending women attested to wanting relief from the pain of the past and current trauma and from the emotional deficits that existed. Masking through drug use, to the post offenders was described as a way to become numb to past and present pain, avoiding the shame or guilt from the trauma, and camouflaging their emotions. Sarah stated that she had problems with alcohol “since I can remember, since my teenage years”. She shared that she was raped at age 14, lived in an abusive marriage, attempted suicide, and felt that her drug use was, “more of a coping mechanism since I didn’t really have very good coping skills”. Not only did the women express how using drugs helped them to deal with the physical, psychological, and emotional trauma but the usage became more frequent. One participant, Tammy Jones, spoke of this all too well. She described how using drugs was her way of escape in relationships where there was abuse. Tammy found herself developing a cycle in masking to hide the hurt to deal with daily life as best as she thought she could. Tammy reflected back to ages eight to 15 and shared: “I used to self-mutilate a lot. That's how I dealt with it.”

Research affirms that women turn to substances frequently for reasons such as victimization, issues within their family, and because of environmental barriers (Berman, 2019). A few of the post offending women spoke of their drug encounter starting during adolescence, after experiencing childhood sexual abuse, partner violence during teen years and as an adult. Amy shared how she managed from day to day with an abusive spouse:

I really don't think I was dealing with them. I tried to talk to somebody. His mom didn't wanna hear it and my mom didn't really help, so I just kind of did nothing. I didn't know what else to do. So, I dealt with it by using. The only reason I think I've made it through is by ignoring it, but at the same time things didn't get any better for me. They just kept getting worse and worse and worse. Rather than dealing with things, I just pushed them aside and would mask it with drugs.

### **Failed Opportunities Again**

Failed opportunities again theme emerged as the post offending women of this study described how they faced many barriers each time they regained entry into the community. Research affirms that men and women face multiple barriers to reentry, but women seem to account for many, and those barriers appear to include gender-oriented issues (Carpenter, 2012; Cobbina, 2010). Although most reentry research has been conducted on men (Cobbina, 2010), some researchers have found post offending women to experience greater struggles in navigating the post release process. Women are usually the sole caretaker of their children who provided housing and daily living for them but once released from jail/prison, they may have trouble finding decent housing that is away from low economic and crime infested neighborhoods (Opsal & Foley, 2013). Nonetheless, post offending women also find it challenging to find and maintain successful employment (Sered & Norton-Hawk, 2019). The post offending women in this study explained their concerns with how starting over after each incarceration was mentally straining. Not having the resources or guidance on how to obtain adequate housing was something many identified as a huge problem. Della, one of the participants, expressed that finding employment agencies who will hire ex-offenders as very challenging. She exclaimed,

“Nobody wants to hire a convicted felon or a drug addict”. Amy reflected over her past experiences of being released and what she fears. She stated:

Not being able to afford a decent place to live and, I worry about being able to get a place in a decent area or even a house that's big enough for me and my three kids. Jobless, no money. I lost my driver's license again when I was in jail because I wasn't paying child support because I was arrested. Gotten far behind in child support and losing my license again. My insurance lapsed, so I've gotta start over with that. I lost my storage unit that I had when I was in jail. I'm talking about kids' pictures, everything I owned. I'm just exhausted, I can't... It's just so hard to start over again, again and again, again, and you lose everything that you've built up every time you go to jail. You don't have anybody out there that's taking care of your stuff or paying for your storage unit or paying your insurance. And when you get out you just have to start all over.

Other factors such as finding and attending some form of substance treatment, abstaining from using drugs, associating with other felons, paying parole fines/ fees, having access to daily living necessities, gaining healthy social and family support, obtaining substantial healthcare, transportation, and gaining access to education can be very defeating for post offending women (Wikoff et al., 2012). The women of this study faced most, if not all of these barriers repeatedly, and believed as well as expressed that these factors had strong significance in their battle with substance use and constant return to jail/prison. Sad Eyes reflected over her repeated incarceration and shared:

A lot of receiving stolen goods and theft. I stole to just sell it. Whatever I had to do to make ends meet to get what I needed. Two years and two months for each prison term. My last prison term, I paroled in 2008 (...) Over the count of years, I really couldn't say a

total... I started in 96, 1996 was my first arrest. I've done countless County lives in the county jail. I've also served two prison terms in my lifetime. That was a forgery of a check in the 1996 to support my drug habit. I was mercy me, let's say about 28, 26 years old. My drug addiction started when I was the age of 14 [methamphetamine]. Prison sentences, those were for thefts as well. The judge sentenced me as a habitual because it was just so repetitive over and over. Over a span of years, it was all in support of my drug habit.

### **Do I Have What it Takes to Not Go Back**

The theme, do I have what it takes to not go back, emerged as post offenders reflected over what they need to do to stay sober, not return to jail/prison, and become stable. Due to women being highly vulnerable for childhood victimization, partner violence, and substance abuse, post offending women are at greater risk for repeat offense (Goodson et al., 2020). Therefore, the justice system highly encourages women to participate in some form of substance treatment after release from jail/prison (Goodson et al., 2020). According to Berman (2019) about 30% of women seek treatment for substance use and they are more likely than men to abuse drugs because of certain issues like family discord, sexual or physical victimization, and psychological stressors. All the women in this study gave a detailed account of their repeated incarceration for parole violations that either involved substance use, missing court dates, not paying fines, inability to find or maintain stable living space and employment, and other situations that led to criminal behavior or repeat offense. Yet, most of them had never been to a treatment facility before this opportunity.

The women gave raving accounts about how they believe the transition home facility in Columbus Georgia is preparing them to productively return to the community. Safe House, the

transition home program provides substance and mental health treatment, a safe place to sleep and live, daily necessities for living, support in regaining identification items, health insurance, housing voucher accommodation, employment training and support in gaining work, emotional and financial support to help gain stability. Thus, the post offending women expressed joy and hope about the future and how this treatment program may be the path leading away from past substance abuse and instability. Sarah and Sad Eyes shared similar thoughts of concerns about the future. Sarah reflected on what negatively could impact her reentry. She stated:

I know that just the normal struggles, I really couldn't see any other than just normal struggle with pressures of normal life, many issues or losing a job or what I'm going through now, losing a friend. I'm pretty optimistic that I would be. That I will stay sober this time, and that's just because I have a really great support system this time. But if I do not keep up with my rituals of going to meetings and reaching out to clean, clean friends when I need them. If I don't utilize my support system that would be a game fall for me.

Sad Eyes shared:

Well, if I don't stay connected with my program and work my program on a daily basis, everyday life can be enough to stress you and trigger or relapse. It's whether you choose to keep in the now and work your program proactively that's gonna make the difference. My plans are for the housing voucher. I'm planning to lay roots right here in Columbus. I'm from Augusta Georgia, so I don't plan on going back to my old stomping grounds. So, you have to change everything, people, places, and things.

Della shared:

To be honest with you, I don't think anything is gonna cause me to go back. I'm to determine now more than ever, at 38 years old to get my life on track. Because I know

that I probably have another recovery in me, but I may not have another relapse. So, I know in my heart of heart that I will never go back. I can't, even if I have to move out of the city, I won't go back. I won't do that to myself. I deserve better than that.

### **Discussion of Findings**

The lived experiences of the post offending women from this study add to what is discussed in pre-existing literature as the essence of women's unaddressed complex needs and consequences of repeat incarceration. For example, research states that some post offenders faced issues with housing restrictions, paying restitution fees for crimes (Morash et al., 2019), and are challenged with obtaining proper identification to gain services (Opsal & Foley, 2012; Wheeler & Patterson, 2008). Similarly, these were common issues that the women of this study expressed concerns with experiencing. Wikoff et al. (2012) suggest various laws and community factors pose systemic barriers that might increase the risk of post offending women returning to jail/ prison. The participants from this study shared about repeated incarceration and how they stemmed from not finding suitable employment, inability to find adequate and cost-efficient housing because of felon-status, and the use of drugs to suppress past/ current feelings of victimization that continues to exist in their lives.

The research study findings evoke concerns regarding ways to better support post offending women during reentry and for promoting most successful post release experiences. The post offending women described in detail how internal and external factors could motivate them to change their perspective on their trauma (Bradley & Davino, 2008) and seek support to improve their current and future decision making. The post offending women in the study spoke about the abundance of resources, both physical and emotional, that Safe House was providing for them to promote positive coping skills for dealing with adversities. These resources gave the

post offending women hope for the future and a road map of how to navigate their new and not fully chartered path.

Although, more research is needed to understand the type of treatment that should be provided to better support post offending women (Goodson et al., 2020), researchers have found substance abuse treatment programs to be very valuable in reducing repeat offenses in women (Matheson et al., 2011; Yang et al., 2013). Wikoff and colleagues (2012) suggested programs with a multifaceted approach that focuses on high and low risk post offenders are considered to have greater success in reducing recidivism. The purpose of this study was to understand the experiences of post offending women during the first three years of being released. Therefore, it would be appropriate to further examine transition homes' programs and the impact they have in reducing recidivism, also.

### **Implications for Counselor Education Programs**

#### **Community-based Collaboration**

Findings from this study implicated a need for more support for post offending women during the first three years of their release. A mass of research has provided evidence of a tremendous lack of support or resources to help them successfully navigate reentry to the community (Arrigo & Takahashi, 2008; Brag et al., 2009; La Vigne et al., 2008; McLeod et al., 2020; Wheeler & Patterson, 2008; Wikoff et al., 2012). The findings of this study point to a need for changes in penal systems' policy and communities with implementation of more resources for greater educational opportunities, mental health treatment, recovery treatment for drug abuse/addiction, employment skills, and life skills for post offending women during and after incarceration. These changes could also contribute to and possibly reduce rates of recidivism among post offending women. Higher education institutions should partner with local criminal

justice facilities for women and could provide ongoing collaborative support for post incarcerated women. For this to occur, counselor education programs could partner with facilities and through community-based field experiences (practicums, internships, and outreach initiatives) to better prepare graduate counseling students to work with post incarcerated women populations in the reentry period. Counselor education programs should include additional curricular and co-curricular opportunities for graduate students to learn about best counseling practices with this population, as well as provide opportunities to engage in advocacy work that is more community-based.

### **Advocacy and Mentorship**

During this research study, some important questions emerged; “If the penal system and higher education institution partnered should pre/post incarcerated women be required to participate in such a program? And how will this influence the need for more availability of transition homes to accommodate post released women?” These questions emerged because most of the post offending women in this study identified Safe House Ministries as their first transition home. Some spoke about how they had to initiate the conversation with their parole officer and then gained support in seeking out a site to accept them. Many of the women spoke of a writing process they engaged in for applying to different sites and how stressful it was at times to complete this task repeatedly. As a counselor, having a client to narrate their life story that includes trauma can be very painful especially when they may not be mentally ready. In this case, counselors partnering with local criminal justice systems and providing counseling and treatment services before women are released could help better prepare women psychologically for reentry.



Just as counselor educators' mentor students and sometimes others in the profession, it would be beneficial to consider engaging/training post offending women who have experienced successful reentry into the community to become peer mentors to newly released women. It is vital to understand that internal and external factors will have a significant role in determining if post offenders will gain success during reentry (Giordano et al., 2002). Therefore, providing post offending women with volunteer mentors from the community immediately following their release from jail/prison could promote a positive reentry. Garcia (2016) examined a mentoring program that matched post offending women with never incarcerated volunteer mentors who vicariously identified with post offenders through past trauma experiences or other commonalities. The post offending women of Garcia's study experienced substance issues, mental health problems, and nonviolent offenses. The mentors were given a two-day training on how to relate to and understand the experiences of post offending women (Garcia, 2016). Mentors became supportive to their assigned post offender by sharing knowledge on how to navigate society, providing encouragement, teaching problem solving skills, and being a constant and positive support (Garcia, 2016). Garcia stated that the program not only provided mentors for post offending women who chose to engage in this part of the program, but it also included other services to help meet the needs of the women. Garcia's study findings suggested programs with mentor-mentee opportunities could positively help shape the lives of post offending women as they face many barriers during the onset of their release.

### **Limitations of Study**

The limitations of the study included a lack of diversity amongst participants. Originally, the study included two transition homes: Safe House Ministries in Columbus, Georgia and Aid to Inmate Mothers in Montgomery, Alabama. The investigator worked diligently through multiple

contact attempts and in communicating with the gatekeeper of the Montgomery facility by providing the research study flyer but was unsuccessful in recruiting any participants. Therefore, the study included only the Columbus site. Participants from the Columbus transition home included nine women who identified as White and one woman who identified as Hispanic. Recruitment for the study required all participants to reside at the transition home. The transition home holds approximately 25 women at one time. The investigator attempted to seek diversity of participants but was not successful. Therefore, the study did not include ethnic/racial group representation of any Black/African American, Latino American, American Indian, Alaska Native, Native Hawaiian or other Pacific Islander post released women. Having participants from these groups may or may not have encouraged significant differences in the findings.

### **Recommendation for Future Research**

Based on the post offending women experiences shared in this study, there are multiple recommendations to consider for future research. Additional research could include: 1) the development of a joint taskforce of counseling professionals, community leaders, and the justice system in the implementation of programs with adequate resources during pre/ post release of women; 2) counselor education programs including education and preparation of graduate counseling students (both at the master and doctoral levels) for engagement of community-based advocacy work; 3) providing more qualitative research describing the struggles post offending women experience during the transition from jail/prison and the issues that increases the risks of recidivism. These recommendations are offered as possible remediations for the gaps found in the literature and ways to increase understanding of what resources are most efficient in reducing recidivism, promoting reentry success, and fostering resilience among post incarcerated women.

Additional research could include the examination of childhood trauma and its relationship to substance use and repeat offense among women offenders. Nine of the 10 post offending women of this study described experiences of sexual abuse during the early years of their life and how drug use started while a teenager. Lastly, two of the post offending women of the study spoke of other transition programs that are based on a single factor of recovery model/approach to transition. From this data, it has been concluded that more research should be conducted to elucidate and understand whether programs with a multifaceted recovery model/approach to transition, like Safe House Ministries, provides greater benefits for post offending women due to greater alignment with the women's complexity of needs.

### **Conclusion**

Through the lens of hermeneutic phenomenology, the investigator was able to capture detailed insight of the lived experiences of post incarcerated women. The semi-structured interviews led to revealing five emerging themes that conveyed the post offending women's experiences of childhood trauma, substance use, and a lack of basic necessities for living that encouraged daily productivity. The findings added to the gap in the literature and demonstrate suggestions of strong possible links between childhood trauma, substance abuse, and repeated incarceration among women. Just as the limitations demonstrated a preponderance for more diversity in the study; so, did the overall study indicate demands for more research to understand what resources could serve as most beneficial to post offending women during the transition from jail/prison. The study provides counselor educators, community leaders, and justice systems with strategies they can employ to contribute to the reduction of recidivism. Moreover, the study offers a strong bases and rationales for community-based collaboration amongst higher education institutions, post offenders and the communities in which they exist and live.

## Manuscript References

- Aday, R. H., & Dye, M. H. (2019). Examining predictors of depression among older incarcerated women. *Women & Criminal Justice, 29*(1), 32-51.
- Arrigo, B. A., & Takahashi, Y. (2008). Theorizing community reentry for male incarcerates and confined mothers: Lessons learned from housing the homeless. *Journal of Offender Rehabilitation, 46*(1/2), 133-162.
- Battle, C. L., Zlotnick, C., Najavits, L. M., Guttierrez, M., & Winsor, C. (2003). Posttraumatic stress disorder and substance use disorder among incarcerated women. In P. C. Ouimette & P. J. Brown (Eds.), *Trauma and substance abuse: Causes, consequences, and treatment of comorbid disorders* (pp. 209-225). American Psychological Association.
- Beck, A., Gilliard, D., Greenfeld, L., Harlow, C., Hester, T., Jankowski, L., Snell, T., Stephan, J., & Morton, D. (1993). *Survey of state prison inmates, 1991*. Washington, DC: U. S. Department of Justice, Bureau of Justice Statistics.
- Belknap, J., & Holsinger, K. (2006). The gendered nature of risk factors for delinquency. *Feminist Criminology, 1*, 48-71.
- Benda, B. B. (2005). Gender differences in life-course theory of recidivism: A survival analysis. *International Journal of Offender Therapy and Comparative Criminology, 49*, 325-342.
- Berman, J. (2019). *Women and substance abuse*. Salem Press Encyclopedia of Health.
- Binswanger, I. A., Nowels, C., Corsi, K. F., Long, J., Booth, R. E., Kutner, J., & Steiner, J. F. (2011). "From the prison door right to the sidewalk, everything went downhill," A qualitative study of the health experiences of recently released inmates. *International Journal of Law and Psychiatry, 34*, 249-255.

- Bloom, B., Owen, B., & Covington, S. (2003). *Gender-responsive strategies: Research, practice, and guiding principles for women offenders*. Washington, DC: National Institute of Corrections.
- Bradley, R., & Davino, K. (2008). Interpersonal violence, recovery, and resilience in incarcerated women. *Journal of Aggression, Maltreatment & Trauma, 14*(1-2), 123-146.
- Braga, A. A., Piehl, A. M., & Hureau, d. (2009). Controlling violent offenders released to the community: An evaluation of the Boston reentry initiative. *Journal of Research in Crime and Delinquency, 46*, 411-436.
- Brennan, T., Breitenbach, M., Dieterich, W., Salisbury, E. J., & van Voorhis, P. (2012). Women's pathways to serious and habitual crime: A person-centered analysis incorporating gender responsive factors. *Criminal Justice and Behavior, 39*, 1481-1508.
- Bynum, W., & Varpio, L. (2018). When I say hermeneutic phenomenology. *Medical Education, 52*, 252-253.
- Cabeldue, M., Blackburn, A., & Mullings, J. L. (2019). Mental health among incarcerated women: An examination of factors impacting depression and PTSD symptomology. *Women & Criminal Justice, 29*(1), 52-72.
- Carlson, B. E., & Shafer, M. S. (2010). Traumatic histories and stressful life events of incarcerated parents: Childhood and adult trauma histories. *The Prison Journal, 90*, 475-515.
- Carpenter, T. (2012). Construction of the crack mother icon. *Western Journal of Black Studies, 36*(4), 264-275.
- Carson, E. A., & Anderson, E. (2016). *Prisoners in 2015* (NCJ 250229). Washington, DC: Bureau of Justice Statistics.

- Casey, R. C. J., & McDonald, S. E. (2020). Mental health difficulties of incarcerated women: The influence of childhood and adulthood victimization. *International Journal of Forensic Mental Health*, 1-12. <https://doi.org/10.1080/14999013.2020.1713258>
- Chesney-Lind, M., & Pasko, L. (2004). *The female offender: Girls, women, and crime*. CA: Sage Publications.
- Cobbina, J. E. (2010). Reintegration success and failure: Factors impacting reintegration among incarcerated and formerly incarcerated women. *Journal of Offender Rehabilitation*, 49, 210-232.
- Colbert, A. M., Sekula, L. K., Zoucha, R., & Cohen, M. S. (2013). Health care needs of women immediately post-incarceration: A mixed methods study. *Public Health Nursing*, 30(5), 409-419.
- Cook, S. L., Smith, S. G., Tusher, C. P., & Raiford, J. L. (2005). Self-reports of traumatic events in a random sample of incarcerated women. *Women & Criminal Justice*, 16, 107-126.
- Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches*, Fifth Ed. Sage Publications.
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiring and research design: Choosing among five approaches*, 4<sup>th</sup> Edition. Sage Publications.
- Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory Into Practice*, 39(3), 124-130.
- DeHart, D., Lynch, S., Belknap, J., Dass-Brailsford, P., & Green, B. (2014). Life history models of female offending: The roles of serious mental illness and trauma in women's pathways to jail. *Psychology of Women Quarterly*, 28(1), 138-151.

- DeHart, D. D. (2008). Pathways to prison: Impact of victimization in the lives of incarcerated women. *Violence Against Women, 14*(12), 1362-1381.
- Doherty, S., Forrester, P., Brazil, A., & Matheson, F. I. (2014). Finding their way: Conditions for successful reintegration among women offenders. *Journal of Offender Rehabilitation, 53*, 562-586. doi:10.1080/10509671003666602
- Duncan, J., Stansfield, R., Hall, S., & O'Connor, T. (2018). Women's engagement with humanist, spiritual and religious meaning-making in prison: A longitudinal study of its impact on recidivism. *Religions, 9*(171), 1-16. doi:10.3390/re19060171
- Durose, M. R., Cooper, A. D., & Snyder, H. N. (2014). *Recidivism of prisoners released in 30 states in 2005: Patterns from 2005 to 2010* [NCJ No. 244205].  
<http://www.bjs.gov/content/ub/pdf/rprts05p0510.pdf>
- Eddy, J. M., & Reid, J. B. (2003). The adolescent children of incarcerated parents: A developmental perspective. In J. Travis & M. Waul (Eds.), *Prisoners once removed: The impact of incarceration and reentry on children, families, and communities* (pp. 233-258). Washington, DC: The Urban Institute.
- Fazel, S., & Seewald, K. (2012). Severe mental illness in 33, 588 prisoners worldwide: Systematic review and meta-regression analysis. *The British Journal of Psychiatry, 200*(5), 364-373.
- Freudenberg, N., Daniels, J., Crum, M., Perkins, T., & Richie, B. E. (2005). Coming home from jail: The social and health consequences of community reentry for women, male adolescents, and their families and communities. *American Journal of Public Health, 95*(10), 1725-1736.

- Friestad, C., Ase-Bente, R., & Kjelsberg, E. (2014). Adverse childhood experiences among women prisoners: Relationships to suicide attempts and drug abuse. *International Journal of Social Psychiatry, 60*(1), 40-46.
- Fuentes, C. (2014). Nobody's child: The role of trauma and interpersonal violence in women's pathways to incarceration and resultant service needs. *Medical Anthropology Quarterly, 28*(1), 85-104.
- Garcia, J. (2016). The importance of the mentor-mentee relationship in women's desistance from destructive behaviors. *International Journal of Offender Therapy and Comparative Criminology, 60*(7), 808-827.
- Giordana, P. C., Cernkovick, S. A., & Rudolph, J. L. (2002). Gender, crime, and desistance: Toward a theory of cognitive transformation. *American Journal of Sociology, 107*, 990-1064.
- Goodson, M. V., Morash, M., & Kashy, D. A. (2020). The moderating effect of substance abuse treatment engagement on the connection between support from program participants and substance-related recidivism for justice-involved women. *International Journal of Offender Therapy and Comparative Criminology, 64*(12), 1217-1235.
- Green, B. L., Dass-Brailsford, P., Hurtado de Mendoza, A., Mete, M., Lynch, S. M., DeHart, D. D., & Belknap, J. (2016). Trauma experiences and mental health among incarcerated women. *Psychological Trauma Theory, Research, Practice, and Policy, 8*(4), 455-465.
- Green, B. L., Miranda, J., Daroowalla, A., & Siddique, J. (2005). Trauma exposure, mental health functioning, and program needs of women in jail. *Crime & Delinquency, 51*(1), 133-151.



- Greenberg, R. (2006). Children and families: Mothers who are incarcerated. *Women & Therapy*, 29, 165-179.
- Greene, S., Haney C., & Hurtado, A. (2000). Cycles of pain: Risk factors in the lives of incarcerated mothers and their children. *The Prison Journal*, 80, 3-23.
- Grella, C. E., Lovinger, K., & Warda, U. S. (2013). Relationships among trauma exposure, familial characteristics, and PTSD: A case-control study of women in prison and in the general population. *Women & Criminal Justice*, 23, 63-79.
- Grella, C. E., Stein, J. A., & Greenwall, L. (2005). Association among childhood trauma, adolescent problem behaviors, and adverse adult outcomes in substance-abusing women offenders. *Psychology of Addictive Behaviors*, 19, 43-53. doi:10.1037/0893-164X.19.1.43
- Hawthorne, W. B., Folsom, D. P., Sommerfeld, D. H., Lanouette, N. M., Lewis, M., Aarons, G. A., Conklin, R. M., Solorzano, E., Lindamer, L. A., & Jeste, D. V. (2012). Incarceration among adults who are in the public mental health system: Rates, risk factors, and short-term outcomes. *Psychiatric Services*, 63, 26-32.
- Hedtke, K. A., Ruggiero, K. J., Fitzgerald, M. M., Zinzow, H. M., Saunders, B. E., Resnick, H. S., & Kilpatrick, D. G. (2008). A longitudinal investigation of interpersonal violence in relation to mental health and substance use. *Journal of Consulting & Clinical Psychology*, 76(4), 633-647.
- Heidemann, G., Cederbaum, J. A., & Martinez, S. (2016). Beyond recidivism: How formerly incarcerated women define success. *Journal of Women and Social Work*, 31(1), 24-40.
- Hills, H., Siegfried, C., & Ickowitz, A. (2004). *Effective prison mental health services: Guidelines to expand and improve treatment*. <http://nicic.gov/Library/018604>

- Hills, H. A. (2000). *Creating effective treatment programs for persons with co-occurring disorders in the justice system*. NY: The Gains Center.
- Ho, G. H., Shih, M., Walters, D., & Pittinsky, T. (2011). *The stigma of unemployment: When joblessness leads to being jobless*. UCLA: The Institute for Research on Labor and Employment. <https://escholarship.org/uc/item/7nh039h1>
- James, D., & Glaze, L. (2006). *Mental health problems of prisons and jail inmates*. <http://bja.ojp.usadoj.gov/content/pub/pdf/mhppji.pdf>
- Johnson, J. E., & Zlotnick, C. (2012). Pilot study of treatment for major depression among women prisoners with substance use disorder. *Journal of Psychiatric Research*, 46, 1174-1183. Doi: 10.1016/j.jpsychires.2012.05.007
- Jordan, B. K., Schlenger, W. E., Fairbank, J. A., & Caddell, J. M. (1996). Prevalence of psychiatric disorders among incarcerated women: Convicted felons entering prison. *Archives of General Psychiatry*, 53, 513-519.
- Keaveny, M. E., & Zauszniewski, J. A. (1999). Life events and psychological well-being in women sentenced to prison. *Issues in Mental Health Nursing*, 20, 73-89.
- Kelly, P., Cheng, A., Spencer-Carver, E., & Ramaswamy, M. (2014). A syndemic model of women incarcerated in community jails. *Public Health Nursing*, 31(2), 118-125.
- Kennedy, S. C., Tripodi, S. J., Pettus-Davis, C., & Ayers, J. (2016). Examining the dose-response relationships between childhood victimization, depression, symptoms of psychosis, and substance misuse for incarcerated women. *Women & Criminal Justice*, 26, 1-22.

- Kennedy, S. C., Tripodi, S. J., & Pettus-Davis, C. (2013). The relationship between childhood abuse and psychosis for women prisoners: Assessing the importance of frequency and type of victimization. *Psychiatric Quarterly*, *84*(4), 439-453.
- Kethineni, S., & Falcone, D. (2007). Employment and ex-offenders in the United States: Effects of legal and extra-legal factors. *Probation Journal*, *54*(1), 36-51.  
doi:10.1177/026455050703325
- Lapidus, L., Luthra, N., Verma, A., Small, D., Allard, P., & Levingston, K. (2005). *Caught in the net: The impact of drug policies on women and families*. NY: American Civil Liberties Union, the Brennan Center, and Break the Chains.
- La Vigne, N., Davies, E., Palmer, T., & Halberstadt, R. (2008). *Release planning for successful reentry: A guide for corrections, service providers, and community groups*. Urban Institute Justice Policy Center Research Report. DC: Urban Institute.
- Legal Action Center (2004). *After prison: Roadblocks to reentry*. NY: Legal Action Center.
- Lynch, S. M., DeHart, D. D., Belknap, J., Green, B. L., Dass-Brailsford, P., Johnson, K. M., & Wong, M. M. (2017). An examination of the associations among victimization, mental health, and offending in women. *Criminal Justice and Behavior*, *44*(6), 796-814.
- Lynch, S., & Heath, N. (2017). Predictors of incarcerated women's post-release PTSD, depression, and substance-use problems. *Journal of Offender Rehabilitation*, *56*(3), 157-172.
- Lynch, S. M., Fritch, A., & Heath, N. M. (2012). Looking beneath the surface: The nature of incarcerated women's experiences of interpersonal violence, treatment needs, and mental health. *Feminist Criminology*, *7*(4), 381-400.

- Martin, S. L., Cotton, N. U., Browne, D. C., Kurz, B., & Robertson, E. (1995). Family violence and depressive symptomatology among incarcerated women. *Journal of Family Violence, 10*, 399-411.
- Maruna, S. (2001). *Making good: How ex-convicts reform and rebuild their lives*. Washington, DC: American Psychological Association.
- Marzano, I., Hawton, K., Rivlin, A., & Fazel, S. (2011). Psychosocial influences on prisoner suicide: A case-control study of near-lethal self-harm in women prisoners. *Social Science & Medicine, 72*(6), 874-883.
- Matheson, F., & Doherty Grant, B. (2011). Community-based aftercare and return to custody in a national sample of substance-abusing women offenders. *American Journal of Public Health, 101*, 1126-1132.
- McClellan, D. S., Farabee, D., & Crouch, B. M. (1997). Early victimization, drug use, and criminality. *Criminal Justice and Behavior, 24*, 455-476.
- McDaniels-Wilson, C., & Belknap, J. (2008). The extensive sexual violation and sexual abuse histories of incarcerated women. *Violence Against Women, 14*, 1090-1127.
- McLeod, K. E., Korchinski, M., Young, P., Milkovich, T., Hemingway, C., DeGroot, M., Condello, L. L., Fels, L., Buxton, J. A., Janssen, P. A., Granger-Brown, A., Ramsden, V., Buchanan, M., & Martin, R. E. (2020). Supporting women leaving prison through peer health mentoring: A participatory health research study. *Canadian Medical Association Journal Open, 8*(1), E1-E8.
- Merriam Webster. (n.d.). *Merriam-Webster.com dictionary*. Retrieved September 20, 2020, from <https://www.merriam-webster.com/>

- Messina, N., Grella, G., Burdon, W., & Prendergast, M. (2007). Childhood adverse events and current traumatic distress: A comparison of men and women drug-dependent prisoners. *Criminal Justice and Behavior, 34*, 1385-1401.
- Messina, N., Burdon, W., Hagopian, G., & Prendergast, M. (2006). Predictors of prison-based treatment outcomes: A comparison of men and women participants. *American Journal of Drug & Alcohol Abuse, 32*, 7-28. doi:10.1080/00952990500328463
- Messina, N., & Grella, C. (2006). Childhood trauma and women's health outcomes in a California prison population. *American Journal of Public Health, 96(10)*, 1842-1848.
- Middlemass, K. (2017). *Convicted and condemned: The politics and policies of prisoner reentry*. NY: New York University Press.
- Molnar, B. E., Buka, S. L., & Kessler, R. C. (2001). Child sexual abuse and subsequent psychopathology: Results from the National Comorbidity Survey. *American Journal of Public Health, 91(5)*, 753-760.
- Moore, L. D., & Elkavich, A. (2008). Who's using and who's doing time incarceration, the war on drugs, and public health. *American Journal of Public Health, 98*, S176-S180.
- Morash, M., Kashy, D. A., Smith, S. W., & Cobbina, J. E. (2019). Technical violations, treatment and punishment responses, and recidivism of women on probation and parole. *Criminal Justice Policy Review, 30(5)*, 788-810.
- Moustakas, C. (1994). *Phenomenological research methods*. CA: Sage.
- Mumola, C. (2005). *Suicide and homicide in state prisons and local jails*. DC: U.S. Department of Justice, Bureau of Justice Statistics.
- National Employment Law Project. (2016). *Reentry and employment for the formerly incarcerated and the role of American trades unions*. Policy Brief.

<http://www.nelp.org/publication/reentry-and-employment-for-the-formerly-incarcerated-and-the-role-of-american-trades-unions/>

- O'Brien, P., & Young, D. (2006). Challenges for formerly incarcerated women: A Holistic approach to assessment. *Families in Society, 87*, 359-366.
- Opsal, T., & Foley, A. (2013). Making it on the outside: Understanding barriers to women's post-incarceration reintegration. *Sociology Compass, 7*(4), 265-277.
- Osofsky, J. (1999). The impact of violence on children. *Future of Children, 9*(3), 33-49.
- Petersilia, J. (2005). Hard time: Ex-offenders returning home after prison. *Corrections Today, 67*, 66-74.
- Pollock, J. M., Mullings, J. L., & Crouch, B. M. (2006). Violent women: Findings from the Texas women inmates study. *Journal of Interpersonal Violence, 21*, 485-502.
- Richie, B. (2001). Challenges incarcerated women face as they return to their communities: Findings from life history interviews. *Crime & Delinquency, 47*, 368-389.
- Robillard, A. G., Holliday, R. C., DeHart, D. D., Lewis, K., Rutherford, Y., & Amutah, N. N. (2016). An exploratory study examining risk communication among adolescent children, their incarcerated mothers, and their caregivers. *Journal of Health Care for the Poor and Underserved, 27*(2), 101-119.
- Salisbury, E. J., & van Voorhis, P. (2009). Gendered pathways: A quantitative investigation of women probationers' paths to incarceration. *Criminal Justice and Behavior, 36*, 541-566.
- Scott, C. K., Lurgio, A. J., Dennis, M. I., & Funk, R. R. (2016). Trauma and morbidities among female detainees in a large urban jail. *Prison Journal, 96*(1), 102-125.  
doi:10.1177/0032885515605490

- Scroggins, J. R., & Malley, S. (2010). Reentry and the (unmet) needs of women. *Journal of Offender Rehabilitation, 49*, 146-163. doi: 10.1080/10509670903546864
- Sered, S., & Norton-Hawk, M. (2019). Triple jeopardy: Women's employment struggles post incarceration. *Journal of Offender Rehabilitation, 58(4)*, 261-280. doi 10.1080/10509674.2019.1596191
- Steel, J., Sanna, L., Hammond, B., Whipple, J., & Cross, H. (2004). Psychological sequelae of childhood sexual abuse: Abuse-related characteristics, coping strategies, and attributional style. *Child Abuse & Neglect, 28(7)*, 785-801.
- Tarr, N. (2007). Employment and economic security for victims of domestic abuse. *Review of Law and Social Justice, 16(2)*, 371-427.
- Tartaro, C., & Ruddell, R. (2006). Trouble in Mayberry: A national analysis of suicide attempts in small jails. *American Journal of Criminal Justice, 31(1)*, 81-101.
- Taylor, C. (2007). *A secular age*. Cambridge: Belknap Press of Harvard University Press.
- Thornberry, T., Huizinga, D., & Loeber, R. (2004). The causes and correlates studies: Findings and policy implications. *Juvenile Justice, 9*, 3-19.
- Topitzes, J., Mersky, J. P., & Reynolds, A. J. (2011). Child maltreatment and offending behavior: Gender specific effects and pathways. *Criminal Justice and Behavior, 38*, 492-510.
- Tracy, S. J. (2010). Qualitative quality: Eight "Big-Tent" criteria for excellent qualitative research. *Qualitative Inquiry, 16(10)*, 837-851.
- Travis, J., & Western, B. (2014). *The growth of incarceration in the United States: Exploring causes and consequences*. Washington, DC: The National Academies Press.

- Travis, J. (2005). *But they all come back: Facing the challenges of prisoner reentry*. Washington, DC: The Urban Institute Press.
- Tripodi, S., Pettus-Davis, C., Bender, K., Fitzgerald, M., Renn, T., & Kennedy, S. (2019). Pathways to recidivism for women released from prison: A mediated model of abuse, mental health issues, and substance use. *Criminal Justice and Behavior, 46*(9), 1219-1236.
- Tripodi, S. J., Onifade, E., & Pettus-Davis, C. (2014). Nonfatal suicidal behavior among women prisoners: The predictive roles of childhood victimization, childhood neglect, and childhood positive support. *International Journal of Offender Therapy and Comparative Criminology, 58*(4), 394-411.
- Tripodi, S. J., & Pettus-Davis, C. (2013). Histories of childhood victimization and subsequent mental health problems, substance use, and sexual victimization for a sample of incarcerated women in the US. *International Journal of Law and Psychiatry, 36*(1), 30-40.
- Uggen, C. (1999). Ex-offenders and the conformist alternative: A job quality model of work and crime. *Social Problems, 46*(1), 127-151. doi:10.2307/3097165
- Vagle, M. D. (2018). *Crafting phenomenological research* (2<sup>nd</sup> ed.). Routledge.
- Visher, C., & Travis, J. (2003). Transitions from prison to community: Understanding individual pathways. *Annual Review of Sociology, 29*, 89-113.
- Walmsley, R. (2017). *World female imprisonment lift* (4<sup>th</sup> ed.). London: Institute for Criminal Policy Research.
- Wheeler, D. P., & Patterson, G. (2008). Prisoner reentry. [National Health Line] *Health & Social Work, 33*, 145-147.



- Widom, C. S. (2000). *Childhood victimization and the derailment of girls and women to the criminal justice system*. <https://www.ncjrs.gov/pdffiles1/180973.pdf>
- Widom, C. S. (1995a). *Cycle of violence revisited six years later*. Washington DC: US Department of Justice.
- Widom, C. S. (1995b; 2005). *Victims of childhood sexual abuse: Later criminal consequences*. Washington, DC: U. S. Department of Justice.
- Wikoff, N., Linhorst, D.M., & Morani, N. (2012). Recidivism among participants of a reentry program for prisoners released without supervision. *National Association of Social Workers, 36(4)*, 289-299.
- Wolff, N., Frueh, B. C., Shi, J., Gerardi, D., Fabrikant, N., & Schumann, B. E. (2011). Trauma exposure and mental health characteristics of incarcerated females self-referred to specialty PTSD treatment. *Psychiatric Services, 62*, 954-958.  
doi:10.1176/appi.ps.62.8.954
- Wolffe, N., Vazquez, R., Frueh, B. C., Jing, S., Schumann, B. E., & Gerardi, D. (2010). Traumatic event exposure and behavioral health disorders among incarcerated females self-referred to treatment. *Psychological Injury and Law, 3(2)*, 155-163.
- Yang, Y., Knight, K., Joe, G. W., Rowan-Szal, G., Lehman, W. E. K., & Flynn, P. M. (2013). The influence of client risks and treatment engagement on recidivism. *Journal of Offender Rehabilitation, 52*, 544-564.

## Appendix A: Flyer

**Are you experiencing difficulty managing life after being released from prison?**

**If you are over 18 years old and released from prison in the last year, and have experienced one or more traumas such as partner violence, PTSD, abuse, depression, and substance abuse, then this study may be for you.**

The many barriers post offending women experience before incarceration are seemingly the driving force to high levels of repeated offense. Post offending women tend to lack sufficient support for substance treatment, physical and mental health needs, strategies to deal with traumas, educational assistance, job skills, adequate housing, and a need for proper guidance in reconnecting to children and family. **The purpose of this research is to identify and understand factors that have increased incarceration amongst women and how these factors such as mental illness and employment deficits impact repeat offense and post release.**

**This research study is for volunteers...**

### **Who can participate?**

Post offending women ages 18 and older who were just released within the last month to 3 years and have been incarcerated at least 2 or more times

### **What are the risks or discomforts?**

Risks are minimal;  
Some discomfort in participant reflecting on past/present traumas

### **Participants will receive:**

\$25 Visa gift card at completion of Interview;  
3 Free Mental Health Therapy Sessions (via Telehealth) by Licensed Professional Counselor (Optional)

### **Participants Rights:**

Can withdraw from the research study at any time  
Information shared will be held Confidential  
Identity will be protected

### **Participants can Expect:**

Participate in a 90 minute-Audio recorded Interview through Zoom & 1 Follow-up| Sign up through calling the researcher or by email (**see below**)

**Location:** All audio recorded interviews will be conducted through Zoom at Transition House or participant's perspective place

**If you would like to volunteer for the study or have questions about if you meet the requirements, you may speak call or email me, and future provide contact information to:**

**Researcher – Tammy W. Montgomery | 706-619-2869 | twm0027@auburn.edu**

**Deadline to sign up: February 10, 2021**

Version Date (date document created): January 20, 2021

**Allow Space for the AU  
IRB Stamp**

**Appendix B**  
**Consent and Interview Protocol**



COLLEGE OF EDUCATION

DEPARTMENT OF  
SPECIAL EDUCATION, REHABILITATION, AND COUNSELING

**CONSENT FORM**  
**for a Research Study entitled**  
**“From Prison to the Community: How Offending Women Manage Post Release”**

**What will be involved if you participate?** If you decide to participate in this research study, you will be asked to engage in a virtual audio-recorded interview answering questions regarding how your experience with particular traumas have manifested over the years. The purpose of the audio recording is to ensure the researcher appropriately analyze the information shared from the interview. The audio recording will be destroyed at the completion of the study, August 2021. Your total time commitment will be approximately 90 minutes and no more than one follow-up meeting.

**Are there any risks or discomforts?** The risks associated with participating in this study are minimal. However, we will explore some areas of your life that may trigger some emotional thoughts or moments, if this should occur, we will take a break, and if you feel it is overbearing, a license professional counselor will be offered and provide you 3 therapy sessions free of charge. Any sessions afterwards will be the responsibility of the participant. Due to this being a qualitative study where interviews will be completed, there is a risk for breach of confidentiality. In an effort to protect your confidentiality during this study provisions have been made for additional precautions. All data collection and transmission will be protected by secure technology.

**Are there any benefits to yourself or others?** If this the study is published, other professionals around the world will have a better understanding of how post offending women manage during the first three years of returning to their community. This study will add to research on the topic and possibly encourage better and more appropriate support for women during and after incarceration. If publication opportunity occurs, your name or identity will not be exposed.

**Will you receive compensation for participating?** To thank you for your time you will be offered a \$25 Visa gift card at the end of the interview process.

**Are there any costs?** If you decide to participate, you will not incur any financial obligation.

**If you change your mind about participating,** you can withdraw at any time during the study. Your participation is completely voluntary. If you choose to withdraw, your data can be withdrawn as long as it

is identifiable. Your decision about whether or not to participate or to stop participating will not jeopardize your future relations with Auburn University, the Department of Counselor Education, Rehabilitation & Supervision or Tammy W Montgomery.

Participant's initials \_\_\_\_\_

**Allow Space for the AU  
IRB Stamp**

Version Date (date document created): October 26, 2020

Page 1 of 2



## Interview Protocol

**Interview Protocol:** From Prison to the Community: How Offending Women Manage Post Release

**Time of Interview:**

**Date:**

**Place:**

**Interviewer:** Tammy W Montgomery

**Interviewee:**

**Position of Interviewee:**

### Interview Script:

Hello, \_\_\_\_\_. Thank you for allowing me this opportunity to speak with you today. How are you? So, tell me a little bit about yourself. You know fun facts and or things you are looking forward to. Where are you originally from? Wow, thank you for sharing with me today.

Let me tell you a little bit about myself; I am a counselor education doctoral student at Auburn University. I am conducting research on 'How recently incarcerated women manage post release'. Research shows that certain traumatic experiences in women's childhood through adulthood links to the incarceration of women. Trauma such as sexual and physical abuse during childhood, and parental neglect are leading factors that push women into dysfunctional behaviors during teen and adult years. As adults, research shows that partner violence, mental health issues, limited education, employment opportunities, and substance abuse are correlating factors women experience before incarceration and afterwards. Despite incarcerated and post offending women current and past traumas, some develop resilience. I selected you to participate because you were released from prison/jail in the last month to 3 years, and I am very interested in understanding how you manage daily despite your incarceration and the traumas you have or are experiencing. I want to understand what barriers you may be experiencing and could possibly hinder your ability to become/ remain productive in your community. Is it okay to continue?

At any time, you may withdraw from the study and end the interview. You are not required by any means to remain in the interview if you choose to leave. There will be no repercussion to you. The interview will be an audio-recorded conversation. It will not last longer than 90 minutes. There is minimal to no risk to you, but at any time you feel uncomfortable, or need a break please do not hesitate to stop me. Your participation in this research is voluntary. You have the right to change your mind and withdraw from this interview at any time. Even after I have concluded the audio recording and transcription of our interview you may contact me or my AU professor to discontinue your participation. Is it okay to continue? (pause...) The information gathered today will be used to educate, inform, and will be shared with others around the world on how post offending women manage daily living during the first year of their release despite the past/ present traumas they experience. Your identity will be protected. I will use a

pseudonym, a fake name, so no one will be able to recognize you. It is very important to me that your identity remains confidential if you decide to participate. At any time during and after the interview you may change your mind and withdraw from the study. You do have that right. Does that make sense to you? (pause...) After today, I may call you in a few weeks or so and ask to meet with you again to ask additional questions for clarity or if I need more information. Will that be okay with you? [pause...]

I will be conducting a 90-minute semi-structured audio-recorded interview via Zoom. We will not see each other on the Zoom screen, only your voice will be recorded, and the recording will start before I ask the first interview question. Again, I will ensure the Zoom video control is off. Your voice recorded interview will be labeled under your pseudonym.

There is no cost to you but there are possible benefits. You will receive a \$25 Visa gift card for participating at the end of the interview process, March 1, 2020. Is this something you're interested in? [pause...]

Do you have any questions for me? [pause...] If you are still willing and agreeing to participate in this research, we will continue. [ pause for a response...] Everything I just covered with you is in the informed consent you signed during our first initial screening. My email contact information and my AU professor email contact information is on the informed consent too. You were provided a copy for your records.

Thank you and let's begin. Be sure to verbalize each of your responses for the audio-recording and elaborate as much as possible. If there is a question you are uncertain of just let me know and I will rephrase or explain it. No pressure. Remember at any point during the interview, you may request a break or take as much time as needed to respond to each question. If you feel the need to share with a professional counselor, be sure to call one from the referral list provided to you at our initial screening. You will receive 3 free virtual sessions.

**Recruitment Statement:**

I am interested in understanding how post released women manage the first few years of being released from prison despite the past/ present traumas they may have endured.

**Established Purpose:**

The purpose of the interview is to understand how post released women manage the first few years of being released from prison despite the past/ present traumas they may have endured.

**Prompts & Questions:**

**Starter question to engage conversation:**

1. What would you like your fake name to be?
2. How old are you?

3. What is your gender orientation? What is your race/ethnicity?

4. Where are you originally from?

**So, tell me ...**

1. How do you create meaning and cope with everyday life?

2. What did you serve time in prison for (e.g., crimes committed that are public record)?

3. How many times were you incarcerated for the crimes mentioned?

4. What has happened in your life that has been bad?

5. How have you dealt with these things in the past?

6. What do you think could negatively impact you once leaving the transition home?

7. What types of resources, services, and/or opportunities have been provided post released?

8. Is there anything else you'll like to share with me about your lived experiences post incarceration?

**Debriefing:**

Thank you again for the opportunity to share your experiences of trauma with me. I really appreciate your time today. Your participation in this study will help shed light on how post offending women manage in their daily life despite experiencing past/ or present physical and psychological traumas. It will add to research what necessary/appropriate support is needed to prevent women from returning to prison, as well as challenge policies and agencies to become mindful of gender specific resources to promote successful reintegration to the community. Do you have any questions for me? [pause...] I just want to remind you that even though we have completed this part of the research study, if you have any questions, concerns, or would like to withdraw your information shared you have that right. Your future with AU or me will not be jeopardized. Please do not hesitate to contact me at my email; [twm0027@auburn.edu](mailto:twm0027@auburn.edu). [pause...] As we precede with the study, remember your identity will be protected. After reviewing the audio-recording and transcribing our conversation, I will call you sometime before March 15, 2021, to verify that my understanding of the information shared and get your approval on it being an actual representation of your experiences shared. After this takes place with all participants from the study, you will receive your \$25 Visa gift card. Will this be okay with you? [pause...] Again, thank you \_\_\_\_\_ for speaking with me today.

**Allow Space for the AU  
IRB Stamp**

Version Date (date document created): January 20, 2021



## Appendix C

### Eligibility Questionnaire

Please respond to the following questions to determine eligibility for participation in the study entitled: *From Prison to the Community: How Offending Women Manage Post Release.*

1. Are you 18 years or older?

Yes       No

2. Were you recently released from jail/prison in the last month to 3 years?

Yes       No

3. Do you have a diagnosis or have experienced one or more traumas such as depression, PTSD, substance abuse, partner violence, physical/ or sexual abuse during childhood?

Yes       No

4. In one given time period, has your incarceration been longer than a month or 1 year stay?

Yes       No

5. Have you been incarcerated more than 1 time? If so, how many times?

Yes       No

**NOTE:** If you respond “No” to any of the above questions, we thank you for your consideration, but are unable to use your responses for this study.

**Allow Space for the AU  
IRB Stamp**

Version Date (date document created): February 15, 2021

## Appendix D

### Permission Letter from Research Site

October 15, 2020

Auburn University  
Institutional Review Board  
c/o Office of Research  
Compliance  
115 Ramsay Hall  
Auburn, AL 36849


Please note that Mrs. Tammy W Montgomery, AU Graduate Student, has the permission of the Safe House Ministries to conduct research at our facility for her study, *"From Prison to the Community: How Offending Women Manage Post Release"*.

Mrs. Montgomery will recruit post offending women by leaving flyers with the Executive Director. Mrs. Montgomery will provide the site Executive Director with a copy of the consent form and interview protocol that the participants will be given access to later. Participants will see the Executive Director and request their name be placed on the sign-up sheet. Once participants voluntarily sign up, Mrs. Montgomery will have potential participants to complete the questionnaire form to verify if they meet the criteria for the study. Once participants are identified as meeting the criteria of the study, they will sign the consent form, schedule a time to be interviewed, and receive the Zoom link for the interview. All signed documents will be placed in a sealed envelope as collected. The Executive Director of the site will provide consenting participants access to an electronic device, a private and least distracting location in the building to engage in the interview.

Mrs. Montgomery virtual research activities, which includes a 90-minute audio recorded interview, are scheduled to occur no earlier than December 1, 2020, and conclude no later than March 1, 2021. Should this schedule change due to unforeseen circumstances, it is agreed upon by all parties that Mrs. Montgomery will consider an extension until May 1, 2021 and will complete all data collection by June 25, 2021. Our human resources office will provide de-identified information regarding participants breaks for use in her research.

Mrs. Montgomery has agreed not to contact potential participants until Safe House has found qualified participants to refer to the project. Mrs. Montgomery has also agreed to provide to my office a copy of the Auburn University IRS-approved, stamped consent document before she recruits participants on campus, and will also provide a copy of any aggregate results.

If there are any questions, please contact my office.

Signed,  |  
Neil Richardson, Executive Director



2101 Hamilton Rd,  
Columbus, GA  
31904  
(706) 322-3773