

JOINT CUSTODY: FORMERLY INCARCERATED MOTHERS AND THE  
NEGOTIATION OF CAREGIVER ROLES

By

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## ABSTRACT OF THE DISSERTATION

Joint Custody: Formerly Incarcerated Mothers and the Negotiation of Caregiver Roles

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Incarcerated mothers spend a significant portion of their children's formative years in prison, leaving family members, friends, and foster care systems to raise their children. Upon reentry, most envision transitioning back into their previous role of primary caregiver for their children. This study explores how formerly incarcerated mothers renegotiate the primary caregiver role for their underage children.

Using a grounded theory approach, 32 interviews were conducted with formerly incarcerated mothers from urban and rural communities. Specifically, this study explored four primary guiding questions. How do formerly incarcerated mothers define the role of primary caregiver for children? How do they perceive their caregiver role prior to their most recent incarceration? What legal, financial, or emotional factors contribute to their success or failure in renegotiating their caregiver role? What neighborhood resources can they access in urban and rural areas to help them renegotiate their role as primary caregiver? This study informs on the contradiction between formerly incarcerated mothers' mothering ideology and their situation, and the challenges they encounter renegotiating their primary caregiver role. Drawing on the findings of this study I conclude by providing recommendations to support the successful reentry of formerly incarcerated mothers into the community, and reunification with their children.

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Roy, I am ready to go, the mountains are calling.

## DEDICATION

This dissertation is dedicated to my parents, Dan and Marsha, who selflessly gave to provide opportunities that helped me develop into the person I am today.

Thank you for always praying.

AND TO MY HUSBAND Jon

for walking by my side on this journey.

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## **Chapter 1: Introduction**

The number of women incarcerated in state and federal prisons in the United States has dramatically increased over the past quarter-century. Between 1980 and 2017, the number of women under the authority of state or federal correctional authorities increased 730%, compared to a 335% increase for males (Bronson & Carson, 2019). In 2017, there were 111,360 incarcerated women under the jurisdiction of state or federal correctional authorities, as compared to 1,378,003 incarcerated males (Bronson & Carson, 2019). Despite being the fastest-growing population of incarcerated individuals, women represent only a small percentage of the total national prison population. In a predominately male system, incarcerated women are an invisible population (Belknap, 2015). Additionally, the prison system is designed for men, so the increasing numbers of incarcerated women create strain on correctional systems, child welfare agencies, families, and communities (Owen, 1998).

Among the notable differences between incarcerated men and women is that incarcerated women are more likely to report having children than incarcerated men (Baunach, 1985; Glaze & Maruschak, 2010; Jiang & Winfree, 2006). Since the early 1990s, the number of children with a mother in prison has more than doubled. It is currently estimated that 147,400 minor children have a mother in prison (Glaze & Maruschak, 2010). Incarcerated mothers are more likely than incarcerated fathers to have been financially responsible for or the sole caregiver for their children prior to incarceration (Glaze & Maruschak, 2010; Johnson, 2006; Johnson & Waldfogel, 2004). Due to being the sole caregiver, mothers are more likely than fathers to leave children in

the care of other family members, friends, or child welfare providers (Bloom & Steinhart, 1993; Kiser, 1991). Many incarcerated mothers spend a significant portion of their children's formative years behind bars, leaving other family members, friends, and foster care systems to raise their children. The vast majority of mothers, however, are eventually released back into the community (Hughes & Wilson, 2002; Travis, 2005; Visser & Travis, 2003).

In 2015, more than 640,000 incarcerated individuals were released from U.S. state and federal prisons (Carson & Anderson, 2016). Upon reentry into the community, most mothers envisioned transitioning back into their previous role of primary caregiver for some or all of their children (Baunach, 1985; Leverentz, 2014; O'Brien, 2001). However, results from the limited amount of research available on the topic indicate that once a woman has spent time in prison, the role of "mother" is a precious commodity not easily regained (Arditti & Few, 2006; Baunach, 1985; Brown & Bloom, 2009; Gonnerman, 2004). Berry & Eigenberg (2003) describe mothering as not simply a static characteristic but something that women create through daily action. In their study to explore maternal role strain among incarcerated mothers, mother-child interaction was not associated with decreased strain. Mothering actions, such as controlling custodial placement, provide incarcerated mothers the opportunity to engage in mothering behaviors. Having violated the social constructions of motherhood, formerly incarcerated mothers are tasked with reclaiming both their mothering status and mothering action.

Not surprisingly, due to the predominance of men in the corrections system, much of the research on incarceration has focused on men and the impact to communities and families when they are removed. Little is known about the consequences of imprisonment

on family networks when the incarcerated individual is a mother. Specifically, there is insufficient research on how formerly incarcerated mothers transition from prison back to the role of primary caregiver. The results of research on negotiating reentry back into this role indicate that formerly incarcerated mothers have significant needs that present barriers to successful reentry and reunion with their children (Arditti & Few, 2006; Baunach, 1985; Bernstein, 2005; Brown & Bloom, 2009; Leverentz, 2014; O'Brien, 2001; Richie, 2001). Identified barriers include obtaining affordable housing, finding employment, overcoming substance abuse and mental health problems, addressing poor physical health, dealing with a history of childhood abuse and family violence, and paying fines from their criminal past (Arditti & Few, 2006). Furthermore, formerly incarcerated individuals may encounter “invisible punishments,” described by Travis (2005) as restrictions to obtaining government assistance, education loans, and voting rights, or retaining parental rights, making it increasingly difficult for formerly incarcerated individuals to reintegrate into society.

### **Neighborhood Resources**

The majority of women serving time in state and federal prisons will return to society and their communities (Hughes & Wilson, 2002; Travis, 2005). “Concentrated return,” as described by Travis (2005), is the uneven geographic distribution of individuals returning from prison each year. Whereas some communities or neighborhoods have high rates of incarceration, others have very low rates. As a result of this concentrated return, neighborhoods with high rates of incarceration experience a depletion of community and family resources (Braman, 2002; Clear, 2007; Rose & Clear, 2003; Travis, 2002; Travis, 2005). Formerly incarcerated mothers returning to

neighborhoods with high concentrated return rates may encounter depleted social networks and have difficulty acquiring the necessary resources to negotiate back into their caregiver role. This is of special concern, as research results indicate that formerly incarcerated individuals returning to poor communities are at greater risk of recidivism (Hipp, Petersilia, & Turner, 2010; Kubrin & Stewart, 2006; Mears, Wang, Hay, & Bales, 2008). Hipp, Petersilia, & Turner (2010) find that resource rich neighborhoods serve as protective factors for recidivism. The increased presence of social service agencies increases access to nearby services thus reducing recidivism.

### **Reunification**

Most incarcerated mothers plan to reunite with their children (Arditti & Few, 2006; Leverentz, 2014). Reunification can be daunting when plans are contingent upon successfully completing other requirements, such as meeting the conditions of parole or the child protection system. Reunification plans may require the successful completion of post-release treatment for substance abuse or stable housing arrangements before mothers are able to reclaim their children (Enos, 2001). Furthermore, women emerge from prison with significant unmet needs stemming from their paths to prison, such as histories of physical or sexual abuse, family trauma, mental illness, or troubled relationships (Bloom, Owen, & Covington, 2003). Mothers are also more likely than nonparents or men to suffer from social stigmatization (Arditti & Few, 2006), because by society's standards, incarcerated mothers are viewed as having violated not only the legal system, but also the unspoken prescriptions of motherhood that are discussed in chapter five (Brown & Bloom, 2009). Even in the absence of legal barriers, the ability to regain the role of mother can be affected by the opinions of family members, friends, or community

members who question the worthiness of the returning mother to renegotiate her parenting role (Leverentz, 2014). Incarceration also puts distance between a parent and child, disrupting the mother child relationship, and little is known about how this separation affects the parenting role upon reunification.

During the transition from incarceration to freedom, most formerly incarcerated mothers rely on support from their communities, friends, and family members (Arditti & Few, 2006; Richie, 2001). Social capital, as Clear (2007) described, is a person's capacity to call upon connections within a community, such as with friends or neighbors, to advance a personal interest, such as employment. Social capital helps mothers gain the necessary resources to reunite with and sustain relationships with their children. Arditti and Few (2006) found that most formerly incarcerated mothers relied on their families and friends for moral and social support as they transitioned back to the community.

### **Purpose of the Dissertation**

This study, designed to build on existing research, is an exploratory research project. The objective was to gain a better understanding of how formerly incarcerated mothers renegotiate their caregiver role as they transition from prison back into the community. Reentry into family life and the role of primary caregiver is a critical element of criminal justice policy; those who maintain family ties and successfully reenter family life after incarceration are less likely to be rearrested (Petersilia, 2003). As record numbers of children are affected by parental incarceration (Glaze & Maruschak, 2008), formerly incarcerated mothers' successful negotiation to reclaim the role of their children's primary caregiver can reduce the burden on child welfare agencies and other temporary caregivers. This study identifies specific factors that contribute to the

successes and failures formerly incarcerated mothers experience as they negotiate to regain the role of primary caregiver for their minor children. The primary objective of this research is to explore the legal, financial, emotional, and neighborhood factors that formerly incarcerated mothers from both urban and rural communities encounter as they renegotiate this role.

### **Research Questions**

This research explored four primary questions that were designed to gain an understanding of the processes through which mothers released from incarceration assume roles as primary caregivers. The four primary questions guiding the research were: (1) How do formerly incarcerated mothers define the role of “primary caregiver” for children? (2) How do formerly incarcerated mothers perceive their “caregiver role” prior to their most recent incarceration? (3) What legal, financial, or emotional factors contribute to the success or failure of formerly incarcerated mothers’ renegotiation of their caregiver roles? (4) What neighborhood resources do formerly incarcerated mothers in urban and rural areas access to help them re-negotiate their role as their children’s primary caregiver?

### **Methods**

Using a grounded theory approach, I conducted interviews with formerly incarcerated mothers from diverse communities and varying family dynamics. Prior to initiating this study, I obtained approval from the Rutgers University Institutional Review Board. All of the participants were provided information about the study prior to their consent to participate in an interview.

The study was conducted in the state of Oregon. Several factors made Oregon an optimal setting for this research project. First, Oregon has experienced tremendous growth in its rate of incarceration. Similar to national trends, the number of women incarcerated in Oregon's prisons has drastically increased over the past several decades (Oregon Department of Corrections, 2020). Between 1990 and 2017, the population of incarcerated women in state and federal prisons has increased by 152% in the United States (Carson, 2018). During the same period in Oregon, the population of incarcerated women has increased by 266% (Oregon Department of Corrections, 2020). As of 2019 there were 1,219 women incarcerated in Oregon. According to self-reported data from incarcerated mothers, there were 2,368 children with an incarcerated mother in Oregon, of which 843 are below the age of 18 (Oregon Department of Corrections, 2014). In 2009, when the U.S. prison population experienced its first decline in several decades (Glaze & Maruschak, 2010), Oregon's prison population grew (Oregon Department of Corrections, 2014). Forecasts from the Oregon Office of Economic Analysis project a steady decrease of 4.5% over the next 10 years followed by an increase (Oregon Office of Economic Analysis, 2019). The decrease is primarily attributed to the prospective impact of state legislation aimed at eliminating the need to open new beds through modification in the current use of transition leave and reduced sentences for property crimes specified in a previous (2008) ballot measure.

The housing arrangement for incarcerated women in Oregon ensures a similar incarceration experience for most female prisoners. In Oregon, all women are housed at a single facility, the Coffee Creek Correctional Facility (CCCF), located in the northwest section of Oregon, near the city of Portland. The majority of the state's population is

located within a two-hour commute of this facility. The CCCF is a multi-custody prison that provides intake and evaluation services for all individuals committed to state custody by the courts. The prison has cell and dormitory housing, prisoner work programs, skills training, education, treatment programs, health services, religious services, a physical plant, a warehouse space for on-site storage, a central records unit, and administration areas.

Lastly, the researcher's community connections to this state provided invaluable access and support from local community corrections departments. The researcher has resided and worked in Oregon for 23 years, and during that time, has developed numerous professional relationships with local departments of corrections that were supportive of this project.

For this project, 32 interviews were conducted with formerly incarcerated mothers. Two interviews were not included in the study's final analysis, as the participants were determined to be ineligible for the study. Sixteen of the 30 formerly incarcerated mothers resided in urban communities in Multnomah County and 14 resided in rural communities in Linn County. All of the formerly incarcerated mothers had been a primary caregiver for, at minimum, one of their biological minor children prior to incarceration at the CCCF. Although each woman has individual needs and experiences related to mothering and her offending history, Oregon's single facility for women leads to the expectations that each participant in this project will have had some common experiences while incarcerated. Recruiting participants from a single facility may further help identify community barriers that impede the process of negotiating the primary caregiver role upon release.



Despite each mother's overall incarceration experience being different, there may be many particular experiences and meanings that are collectively shared in the process of transitioning from prisoner to caregiver. Based on prior research (Arditti & Few, 2006; Brown & Bloom, 2009; Cobbina, 2010; Grella & Greenwell, 2007; Siegel, 2011) and my professional experience working in the field of substance use prevention, I anticipated that the contributing factors encountered may include legal, financial, and emotional challenges. As themes emerged from the individual interviews, by utilizing the qualitative approach of interviewing study participants, I was able to place greater emphasis on emerging patterns and the factors most relevant for the successes and failures that formerly incarcerated mothers encounter renegotiating the caregiver role.

### **Overview of Remaining Chapters**

Chapter two provides a review of the literature. Although current research provides important information on how families and communities are affected by male imprisonment, there remains a dearth of scholarly research addressing female imprisonment. Much of the literature on women thus far has been focused on the wives, girlfriends, and children of incarcerated men (Christian, 2005; Clear, 2007; Comfort, 2008). Emerging research, however, is investigating the effects of mothers' incarceration on families and communities (Arditti & Few, 2006; Codd, 2008; Siegel, 2011). The literature reviewed includes a) an overview of incarcerated mothers, b) prison adjustment, and c) the Adoption and Safe Families Act. Chapter three reviews the literature on concentrated incarceration and concentrated disadvantage, and discusses the relevance of neighborhood resources for reentry, and the negotiation of the role of primary caregiver. Chapter four provides information on the research design, data collection, and data

analysis strategies. Using a grounded theory approach, the research will draw upon interviews with formerly incarcerated mothers from both rural and urban communities. Chapter five explores the contradiction between the mothering ideology of formerly incarcerated mothers and their pre-incarceration caregiver roles. Specifically, I will discuss how formerly incarcerated mothers generally perceive the caregiver role and how they reflect on their pre-incarceration caregiver role; the chapter also explores their pre-incarceration life circumstances. In chapter six, beginning with the moment of release, I discuss the contrast between the prison environment and the outside community. Relying on the women's own narratives, I describe their initial activities as they transition from prison to the outside community. Specifically, I will explore how formerly incarcerated mothers adjust to the outside community while navigating the legal, financial and emotional challenges of reentry. In chapter seven, I discuss the challenges and supports that formerly incarcerated mothers encounter as they negotiate the return of their children. Specifically, I will discuss the differences between mothers who did and did not immediately reunite with their children. I will also discuss the impact of social networks on how formerly incarcerated mothers navigate legal, financial, and emotional challenges as they transition. In chapter eight, I discuss the initial housing placement for formerly incarcerated mothers, the perception of neighborhood safety, and the neighborhood resources that formerly incarcerated mothers in both rural and urban communities access in order to support renegotiation of their caregiver role. Chapter nine brings everything together through a discussion on the implications of this study for future research and policy.

## **Chapter 2: Literature Review**

A great deal of scholarly research thus far has explored the impact of incarceration on prisoners, families, and communities (Bernstein, 2005; Braman, 2002; Christian 2019, 2005; Clear, 2007; Codd, 2008; Comfort, 2008; Travis, 2005; Siegel, 2011; Western, 2018). Until recently, many researchers have focused on incarcerated men and the communities or families they leave behind. The predominance of males in the system has driven research on incarcerated men and the impact of their incarceration on family members such as spouses, significant others, and children. Although this research provides important information on how families and communities are affected by male imprisonment, there remains a scarcity of research to explain the impact of a mother's incarceration on the community and family members such as spouses, significant others, and children. This is important, as mentioned, incarcerated mothers are much more likely than incarcerated fathers to have been financially responsible and the sole caregiver for their children prior to their incarceration (Glaze & Maruschak, 2010; Johnson, 2006; Johnson & Waldfogel, 2004).

O'Brien (2001) stated that much of the criminal justice research over generalizes, assuming that men's experiences apply to incarcerated women. Although similarities between incarcerated men and incarcerated women exist, their treatment and family needs during incarceration are unique, and their initial pathways to prison are gendered (Belknap, 2007; Garcia-Hallett, 2019; Morash, Bynum, & Koons-Witt, 1998; Richie, 1996, 2001). The critical factors that lead women and men to criminal behavior are different, and once incarcerated, men and women require different treatment approaches (Bloom, Owen, & Covington, 2003; Morash, Bynum, & Koons-Witt, 1998).

Furthermore, incarcerated fathers are less likely than incarcerated mothers to have been the primary caregiver for their children prior to incarceration; therefore, children are less likely to be displaced when their father is incarcerated (Baunach, 1985; Bloom & Steinhart, 1993; Enos, 2001; Glaze & Maruschak, 2008).

Many incarcerated mothers are unmarried at the time of their incarceration, thus rendering them the primary caregiver for their children. As a result, children of incarcerated mothers are more likely than the children of incarcerated fathers to be left in the care of grandparents or other extended family members and friends (Brown & Bloom, 2009; Glaze & Maruschak, 2008). Incarcerating a mother is more likely to disrupt the living arrangements of children and families than incarcerating a father (Jiang & Winfree, 2006). More than half of the mothers in state prisons and 73% of the mothers in federal prisons reported living with their minor children the month prior to arrest (Glaze & Maruschak, 2008). More than half (52%) of the mothers in state prisons reported that they were the primary financial provider for their minor children (Glaze & Maruschak, 2008). Ninety percent of incarcerated men reported that their children were still living with a parent (Tuerk & Loper, 2006).

In this chapter, I will provide a review of the literature, including: 1) differences between incarcerated women, mothers, and other imprisoned populations; 2) women's pathways to prison; 3) prison adjustment; and 4) termination of parental rights.

### **Differences Between Incarcerated Mothers and Other Imprisoned Populations**

Many incarcerated women are mothers (Glaze & Maruschak, 2008). They are disproportionately non-White, low-income, under-educated, and low-skilled women (Bloom, Owen & Covington, 2003; Covington, 2002). Women under criminal justice

supervision are more likely than the general population to have never been married (Bloom, Owen & Covington, 2003; Greenfeld & Snell, 1999). Although incarcerated non-mothers are more likely to be single than incarcerated mothers, many incarcerated mothers are unmarried (Loper, 2006). As of 2013, incarcerated women were primarily non-violent, drug, and property offenders (Snell & Morton, 1994). Non-mothers, however, were more likely to be convicted of a violent crime (Mumola, 2000; Loper, 2006), were serving a longer sentence, and had a greater likelihood of being incarcerated for homicide (Loper, 2006). Mothers were more likely than non-mothers to be convicted of property or drug offenses. Mothers were also more likely than non-mothers to have had at least one previous drug offense (Loper, 2006).

Comparable to male populations, minority women are disproportionately represented among all age groups of incarcerated women. Between 2000 and 2009, incarceration rates for White and Hispanic women increased, whereas incarceration rates for African-American women decreased (Mauer, 2013). In 2000, African-American women were incarcerated at six times the rate of White women. In 2009, the ratio declined to 2.8:1 (Mauer, 2013). Although the shift over the last decade has lessened the difference, the over-representation of African-American and Hispanic women remains a concern. The effect of over-representation extends beyond the prison walls to the families and communities of minority women; African-American and Hispanic children are more likely than White children to have an incarcerated parent (Mumola, 2000).

Brown and Bloom (2009) studied 25 mothers on parole supervision in Hawaii, and found that few mothers had any appreciable work history; more than half had dropped out of high school, and many had experienced housing instability. Many were

non-violent, drug, or property crime offenders, and the majority (64%) reported living with their children prior to their incarceration.

Loper (2006) compared the demographics, adjustment patterns, and criminal characteristics of 350 incarcerated mothers to those of 166 non-mothers from the same institution. In terms of demographic data, there were no significant differences between mothers and non-mothers. Consistent with other studies, minorities were over-represented, the average age for both groups was early 30s, and there were no differences between groups in educational attainment.

Loper (2006) reported no differences between mothers and non-mothers on self-reported mental illness symptoms or official records of institutional misconduct. Loper (2006) posited that simply knowing an incarcerated individual has minor children does little for predicting the incarcerated individual's adjustment patterns. Although there were small differences between mothers and non-mothers on most of the adjustment variables, a more significant difference was noted regarding non-violent infractions. Using the Parenting Stress Index for Incarcerated Women, a measurement tool designed to measure a mother's stress concerning contact with her child, Loper (2006) divided mothers into two sub-groups (high parenting stress versus low parenting stress). The non-mothers received more non-violent infractions than the mothers with low parenting stress. Loper suggested that the manner in which an incarcerated mother experienced her role as an incarcerated parent was more relevant than parental status alone. For some incarcerated mothers, having a child at home could serve as an incentive to adjust to prison life, as there is a sense of connection and purpose that can be stabilizing (Loper, 2006).

In a qualitative study, some mothers reported that their children were a motivator for good behavior while in prison (Leverentz, 2014):

I think that's the reason why I didn't get in trouble or go to segregation, because I would think of my children, because I would lose time. They would take time from me and give me more time. They kept me going. You know, 'Just bite your tongue. Don't say nothing. Let it go'. If I didn't have kids I would have been in trouble many times. I would have just kept going back and forth. I wouldn't have cared. But it was my children that had me. (p.93)

Studies about children's role in women's institutional adjustment have important implications for their experiences upon release from prison.

Many incarcerated women have histories of physical or sexual abuse and rates of adult intimate-partner violence that are much higher than for incarcerated men (Lynch et al., 2017; Western, 2018) or the general population (O'Brien, 2001). In a study of 491 women in jail, Lynch et al. (2017) found that incarcerated women reported exposure to a wide range of interpersonal violence in their lifetime: partner violence (67%), childhood sexual abuse (47%), adult sexual assault (45%), and childhood physical abuse (40%). Many of the women reported the experiences of interpersonal violence as occurring repeatedly (Lynch et al., 2017). Furthermore, the participants experienced high rates of childhood adversities such as having an incarcerated caregiver (71%), and (61%) reported having a caregiver with SUD (Lynch et al., 2017). In a 2005 study of women entering the Georgia Department of Corrections, researchers found that 99% of the women reported having experienced at least one traumatic life event, and 81% reported five or more (Cook, Smith, Tusher, & Raiford, 2005). Chesney-Lind and Rodriguez (1983) intensively

interviewed 16 women, and found reports of severe child abuse, violence, and neglect. Histories of childhood trauma, abuse, and neglect are significant events as well as supporting pathways to crime theory, which posits that traumatic childhood events can serve as trajectories toward future offending, particularly for women.

Given the high rates of childhood trauma, it is not surprising that the prevalence of mental health challenges is higher among incarcerated women than either incarcerated men or the general population. Seventy-three percent of women in state and 61% of women in federal prisons reported mental health challenges, compared to 55% and 45% of men in state and federal prisons, respectively (James & Glaze, 2006). It is not uncommon for incarcerated individuals with mental health challenges to be diagnosed with a co-occurring substance abuse problem. Seventy-four percent of state and 64% of federal prisoners with a mental health challenge reported substance abuse problems (James & Glaze, 2006). Furthermore, incarcerated individuals with mental health challenges were more likely than those without them to report being physically or sexually abused in the past. Multiple studies have suggested a connection between childhood trauma and later mental health and substance abuse problems and crime (Anda, Felitti, Bremner, Walker, Whitfield, Perry & Giles, 2006; Edwards, Holden, Felitti & Anda, 2003; Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss & Marks, 1998).

The Boston Reentry Study is a longitudinal study of 122 Massachusetts state prisoners released to the Boston area. The collaborative project lead by Western, Braga and Kohl found that the female participants in the reentry study were more likely to report combined histories of substance use disorder and mental illness compared to the



male participants (Western, 2018). Sixty percent of the females had a history of SUD and mental health challenges compared to 29% of the male participants (Western, 2018).

Although the sample of women in the Boston Reentry Study was small, the women share a common thread similar to findings by other researchers including histories filled with SUD, victimization, and economic marginalization (Belknap, 2007; Brown & Bloom, 2009; Chesney-Lind & Rodriguez, 1983; Cook, Smith, Tusher, & Raiford, 2005; Garcia-Hallett, 2019).

Grella and Greenwell (2007) interviewed 1,404 women from five institutions at the time of their admission to a prison-based substance abuse program. Forty-four percent reported experiences of physical or sexual abuse prior to incarceration. When participants were asked to rate treatment needs, the highest non-substance-abuse item was employment (47%), followed by emotional/psychological (43%), family (41%), legal (41%), and medical (38%) needs.

In summary, the majority of incarcerated women are mothers, and many report having lived with at least one of their children prior to incarceration. Few have any type of formal training or marketable job skills. Many incarcerated mothers are non-violent, drug, or property offenders. Many report histories of family violence, childhood trauma, and abuse. Incarcerated women report high levels of substance abuse and mental health problems. Similar to male populations, minority women are over-represented, with no differences between mothers and non-mothers in racial makeup.

### **Women's Pathways to Prison**

The purpose of this project was to explore both the supportive and prohibitive factors mothers encounter as they renegotiate the role of primary caregiver. Prior to

discussing women's reentry into society, it is important to understand the circumstances that preceded their criminal behavior, as their previous life experiences unquestionably affected their prison experience. Gender plays a significant role in women's pathways to crime. For most incarcerated women, the path to prison entails a blurred history of victimization, substance abuse, and economic marginalization (Belknap, 2007; Chesney-Lind & Pasko, 2013; Harlow, 1999). Many incarcerated women have histories of physical or sexual abuse, and rates of adult intimate-partner violence are much higher than for the general population (O'Brien, 2001). Widom (1995), who compared the juvenile and adult offense records of more than 1,500 individuals with and without childhood histories of abuse, found that a childhood history of trauma and abuse increased the likelihood of later engagement in criminal behavior. In a convenience sample of 100 women incarcerated in jail, Green, Miranda, Daroowalla, and Siddique (2005) found that 98% of the women reported exposure to at least one category of trauma. The most common trauma event was violence perpetrated by a spouse, partner, or boyfriend. Additionally, 69% reported exposure to childhood traumas. Women are also more likely than men are to report a history of abuse that started as a child and continued into adulthood (Chesney-Lind & Pasko, 2013).

For many incarcerated women, the pathway to crime begins with running away from home to avoid victimization (Belknap, 2015). As young girls, they are labeled delinquents because they refuse to remain in an environment conducive to their own victimization (Belknap, 2015). Estranged from opportunities for socialization, such as with family members and within the education system, young girls may be lured to prostitution and other street crime for financial gain and survival (Belknap, 2015). As

young girls become more involved in street crime, they move further away from conventional ties (Owen, 1998), spiraling deeper into criminal behavior. Childhood trauma is a key pathway to future offending for women. This is significant, in that mothers whose pathways to crime were initiated with family violence and later estrangement may have fewer childcare options upon incarceration.

Substance abuse is equally important for understanding women's pathways to crime. Most mothers in prison report substance abuse or dependence (Glaze & Maruschak, 2008). Almost 50% of the women in prison report having committed their crime under the influence of alcohol or other drugs (Snell & Morton, 1994). Substance abuse has long been associated with being a coping mechanism for individuals with histories of abuse or violence.

Garcia-Hallett (2019) interviewed 37 formerly incarcerated mothers in New York City to explore how and when offending and desisting pathways are shaped by motherhood. Consistent with other studies, facing and overcoming addictions was identified as a prevalent pathway into offending behavior. Furthermore, the women often reported their SUD initiated as a coping mechanism to histories of abuse and traumatic experiences such as rape and long-term family disfunction.

Substance use disorder makes it difficult for women and mothers to engage in legitimate employment and provide the necessary resources for their children. Women with histories of substance abuse and mental health challenges may have had difficulty meeting the needs of their minor children prior to their incarceration (Siegel, 2011). In some cases, extended family members or child welfare agencies may have had custody of some or all of the children prior to incarceration (Siegel, 2011).

## **Challenges Incarcerated Women Face**

**Arranging caregiving.** One of the most pressing concerns mothers face when they go to prison is the placement of their children (Siegel, 2011). Whereas women are likely to try to hold a home together for an imprisoned male, the same did not occur for partners of imprisoned women (Codd, 2008). Where children reside during their mother's incarceration varies considerably, depending upon the mother's relationship with her immediate family, resources available to the mother, the length of her sentence, the age and gender of her children, and previous involvement with child welfare agencies (Codd, 2008; Enos, 2001). Women serving longer sentences had more difficulty arranging care for their children, whereas women who shared care with others prior to incarceration, or had resources that allowed the children to remain in their current living arrangement, had fewer challenges (Enos, 2001; Siegel, 2011).

Placement often requires changes in living arrangements that may impact school attendance or friends (Bernstein, 2005; Codd, 2008; Siegel, 2011). Limited financial resources make it difficult for some families to provide care for the children. The age and gender of children also affects a family's ability to provide care. Although some families may be able to provide for school-age children, employment responsibilities may exclude them from caring for infants. A mother's boyfriend may be appropriate for providing care for her young son, but the placement might be inappropriate for a teenage daughter. Limited research suggests that a mother's pathway to prison may impact placement (Enos, 2001). Enos (2001) explored mothers' pathways to prison, and distinguished differences between White, African-American, and Hispanic women. Typically, White women entered criminal lifestyles by running away from home, African-American

women entered through domestic violence, and Hispanic women entered through drug abuse (Enos, 2001). White women were more likely than African-American or Hispanic women to be estranged from family members prior to incarceration (Enos, 2001).

Mothers who were estranged from their families or concerned about the quality of care family members could provide for their children were less likely to rely on them for care and more likely to engage friends or state agencies (Enos, 2001).

A positive relationship between the mother and family prior to incarceration often sets the stage for placing children with relatives during a mother's incarceration (Enos, 2001). Although grandmothers were the primary individuals chosen for placement for all children with incarcerated parents, Baunach (1985) and Enos (2001) found differences in placement patterns based on race and ethnicity. In addition to grandparents, African-American and Hispanic children were likely to be placed with other extended family members or friends, whereas White children were likely to be placed with fathers. Placement in foster care was relatively low for all children; however, White women appeared more open to utilizing foster care than African American women (Enos, 2001). Placement patterns support the evidence on pathways suggesting that more White women engage in criminal behavior as a consequence of their own victimization and estrangement from family members.

Placement in foster care, especially if it is the first interaction between the mother and child welfare services, can cause additional stress for incarcerated mothers.

Renegotiating parenting roles with a state agency is intimidating for some mothers, and it requires careful management. Placement with relatives does not always limit the stress mothers feel during imprisonment. Mothers who place blame for their own path to prison

upon their families may doubt the quality of care given by family members. Furthermore, mothers may be concerned about maintaining their place in the home. Some mothers expressed concern over being pushed out of their mother position during their incarceration (Enos, 2001).

**Parenting from prison.** One of the greatest differences between incarcerated fathers and mothers is the significant role of children in female prisoners' lives. In previous studies, mothers repeatedly expressed anxiety and stress due to separation from their children and concerns for their children's well-being (Baunach, 1985; Henriques, 1982). Conversely, incarcerated fathers expressed less concern about their children's well-being, as most reported that their children were still living with a parent (Tuerk & Loper, 2006). It has been suggested that the prison experience is more painful for mothers than for other prisoners because it cuts family ties with children. Sykes (1958) discussed the pains of imprisonment, which include the deprivation of such things as liberty, goods and services, relationships, autonomy, and security. Incarcerated mothers consistently reported that separation from their children was the most stressful aspect of prison life (Loper, 2006).

Incarcerated mothers may experience role strain or guilt (Lundberg, Sheekley, & Voelker, 1975). Their offender status conflicts with their traditional role and status as mothers, making it difficult for them to engage in the socially constructed and expected behaviors of motherhood (Berry & Eigenberg, 2003). Incarcerated mothers expressed feelings of inadequacy, despondency, and fear of losing their children (Baunach, 1985, p.48). With the physical structure of the home being gone, incarcerated mothers often reconstruct the definition of a "good mother" and how to accomplish becoming a good

mother while behind bars. As mothers, they want opportunities to engage in care giving for their children; however, their offender status limits the available opportunities to fulfill their role obligations in traditional ways, thus creating strain (Berry & Eigenberg, 2003). Because incarcerated mothers relinquish the day-to-day responsibilities for their children, they must reconstruct what it means to be a “good mother” while others are taking care of their children. Constructing their new role and identity requires work and active negotiation by the incarcerated mother, as well as other parties (Enos, 2001). Despite feelings of inadequacy and separation, mothers want to maintain ties and reunite with their children (Baunach, 1985). Mothers with supportive and encouraging caregivers for their children were more likely to maintain mothering roles in the lives of their children (Enos, 2001).

Berry and Eigenberg (2003) studied 109 incarcerated women in a minimum-security prison located in a southwestern state and found that allowing women to engage in mothering activities reduced role strain. Descriptive data indicated that most incarcerated mothers experienced a high degree of role strain (Berry & Eigenberg, 2003). Most incarcerated mothers reported that they either frequently (69%) or sometimes (23%) missed out on the pleasures of being a parent (Berry & Eigenberg, 2003). Additionally, most women (64%) reported that they worried that incarceration affected their role as a parent. Interestingly, the amount of mother-child contact was not associated with role strain, contradicting conventional ideas that visitation provides sufficient mothering opportunities. Berry and Eigenberg (2003) stated that under certain circumstances, visitation may increase role strain. Women whose children visit regularly with the custodial parent may find that the custodial parent does all the parenting during the visit,

overruling the mother's parenting decisions, resulting in a greater awareness of her inability to engage in mothering acts. Berry and Eigenberg (2003) further stated that if incarcerated mothers are provided with other ways to do mothering, such as controlling the placement of their children during incarceration, then they are engaging in mothering behaviors and not simply wearing the label of "mother". Berry and Eigenberg (2003) stressed the importance and distinct difference between mothering as an action and mothering as a status.

### **Maintaining Family Relationships**

**Visitation.** Maintaining family relationships during incarceration is difficult (Bernstein, 2005; Siegel, 2011). Letters and telephone calls were found to be the most common types of communication between mothers and children (Berry & Eigenberg, 2003; Glaze & Maruschak, 2008). Personal visits from minor children were uncommon (Berry & Eigenberg, 2003), and many mothers in state prisons reported no visitation with their minor children during their incarceration (Glaze & Maruschak, 2008). Forty-five percent of women in federal prisons reported no visits from their children (Glaze & Maruschak, 2008). Bloom and Steinhart (1993) studied 430 incarcerated mothers, and found that over half did not receive a visit from their children while they were incarcerated. Stanton (1980) reported that 47% of children had not visited their mothers, and an additional 31% were considered infrequent visitors. In 80-minute interviews with 28 reentry mothers in Virginia, Arditti and Few (2006) found that 54% of the mothers reported receiving either no visits or only one or two visits per year during their incarceration. Mothers were less likely to receive visits from children than fathers (Bloom, 1995). Primary problems associated with visitations include reports that



visitation time is too short and infrequent, not allowing mothers time to emotionally connect with their children, or discuss important topics with caregivers (Arditti & Few, 2006). Interestingly, although 46% of the participants reported during incarceration that they believed they were not good mothers or had some trouble with parenting, and most reported either no or minimal visits with their children during their incarceration, Arditti and Few (2006) found that post-release, they reported having a close relationship with their children, and considered themselves very good mothers.

For children, maintaining their connection often depended on available resources and the relationship between the incarcerated parent and the child's caregiver. Siegel (2011) reported that guardians' financial situations were fundamental in determining parent child communication and visitations. Expensive rates charged for phone calls from the prison meant calls had to be rationed and short (Siegel, 2011). Lengthy visitation trips and expensive collect phone calls created financial burdens for many families. The Women's Prison Association identified several obstacles that limited or challenged a family's ability to maintain relationships. More than 60% of parents in prison were held over 100 miles from home (Bernstein, 2005). In New York, for example, most women were housed hundreds of miles from their communities (Bernstein, 2005). Staying connected to an incarcerated parent is a time, resource, and labor-intensive commitment (Christian, 2005; Comfort, 2008). Although a highly regulated system is necessary to maintain security, stringent visitation policies do not support the maintenance of the mother-child family connection (Bernstein, 2005). When families visit, inadequate communication between prisons and families created additional stress for families (Arditti, 2003; Christian, 2005; Comfort, 2008). Mothers in prison reported frustration

and discontent in the level of communication they had with their children (Bloom & Steinhart, 1993; Enos, 2001).

**Communications.** In addition to visitation obstacles, prison phone systems are not designed to facilitate parents maintaining contact with their children. The phone systems in many prisons allow only collect calls that charge recipients connection fees and extremely high rates (Bernstein, 2005). Call rates reached as high as 20 times that of a standard collect call (Bernstein, 2005). Bernstein found it was not uncommon for families of the incarcerated to have their phones disconnected within months of the incarceration, due to high monthly charges (Bernstein, 2005). This decreases the likelihood of maintaining connections to children. Making sure that families are able to stay in contact is important as incarcerated women who called or received calls from their children were less likely to have rule infractions (Jiang & Winfree, 2006).

**Terminating parental rights.** Parental incarceration disrupts families, homes, and relationships, particularly between children and mothers (Bernstein, 2005; Codd, 2008; Siegel 2011). According to the 2018 Child Welfare Data Book, 331 children in Oregon were placed in foster care due to parental incarceration in that year. This number was significantly lower than the 2017 figure of 413 children. Children placed in foster care may be affected emotionally, behaviorally, or financially. It is difficult to separate the effects of parental incarceration from other pre-existing risk factors, such as parental substance abuse, mental health problems, and family violence. Although many children's home lives are disrupted by incarceration, the effect on children living in foster care and their parents may be permanent (Christian, 2009). The Adoption and Safe Families Act (ASFA) of 1997 was passed to expedite the placement of children living in foster care to

permanent homes (Christian, 2009). The act mandates that parental termination proceedings should begin once a child has been in foster care for 15 of the past 22 months (ASFA, 1997).

Although ASFA was intended to reduce the number of children spending lengthy amounts of time in foster care, the law has had some excessive penalties that have negatively affected incarcerated parents, terminating rights prior to providing opportunities to reunite and preserve the family. As stated, the majority of incarcerated mothers are not married, increasing the likelihood that their children will enter foster care (Christian, 2009). Furthermore, the average sentence of an incarcerated parent is far beyond the limits of ASFA (Christian, 2009).

Philip Gentry, director of the Prisoners and Families Clinic at Columbia University Law School, found that since the adoption of ASFA, appellate cases involving termination among incarcerated parents have gone up 250% (Bernstein, 2005). Of crucial importance to this legislation is the statistic that two-thirds of women spend more than 15 months in prison (Mumola, 2000). Nationwide, the average term served by parents in state prisons is 80 to 100 months (Christian, 2009). Many advocates argue that the ASFA legislation should be revised to allow for greater discretion in the termination of parental rights, while maintaining the safety and well-being of children. The states of Massachusetts, Nebraska, and New Mexico have approached this act with caution. Each state prohibits filing a termination proceeding if the sole factual basis for the termination petition is incarcerated parents (Christian, 2009; Lee, Gentry, & Laver, 2005).

Researchers have found that abiding family bonds are the strongest predictors of successful reentry into society (Bernstein, 2005). Removing felony restrictions on

housing, Temporary Assistance for Needy Families (TANF), and food stamps is critical for providing families with an opportunity to reunite and rebuild.

In summary, most children of incarcerated parents reside with a grandparent or other extended family members. Placement may require children to change homes, schools, and friends. Although foster care placement is low for all children, White children are more likely than African-American or Hispanic children to be placed in foster care. Mothers have repeatedly reported frustration with the amount of communication between themselves and their children. Collectively, the expensive travel arrangements, strict and uncomfortable visitation policies, inflexible visitation schedules, and expensive phone rates make it difficult for caregivers to support the relationship between incarcerated mothers and their children.

Research results indicate that even short periods of incarceration are associated with shifts in family configuration following a mother's release (Arditti & Few, 2006). The likelihood that mothers will reside with the father of at least one of their biological children is decreased, and the likelihood of divorce is increased (Arditti & Few, 2006). Residential shifts caused by changes in family configuration may lead to economic risk for formerly incarcerated mothers.

### **Chapter 3: Negotiating Reentry and Motherhood**

Upon release, formerly incarcerated individuals are back in society, yet they are not free. Many will be required to contend with a variety of consequences that continue long after their sentence has been served and parole has ended (Petersilia, 2003). Incarcerated individuals lose many fundamental rights of citizenship, and are often restricted in their ability to obtain occupational and professional licenses. Formerly incarcerated individuals face difficulty finding work (Holzer, Raphael, & Stoll, 2004; Travis, 2005) and stable housing, and they often have little or no access to social services for health care, substance abuse treatment, or mental health, all of which can create barriers to successful reentry into society (Travis, 2005). Criminal records can limit individuals' eligibility for public assistance, education loans, driving privileges, public housing, and food stamps (Travis, 2005). Furthermore, some formerly incarcerated individuals emerge from prison owing money for fines, victim compensation, or child support (Levingston & Turetsky, 2007).

As rehabilitation services to assist incarcerated individuals have decreased over the past several decades, legal and practical barriers after release have increased, leaving men and women transitioning from prison back to society with many of the same internal and external challenges as they take steps to rebuild their lives (Petersilia, 2003). Incarcerated women, however, have multifaceted needs that differ from those of men. Histories of victimization, SUD, mental illness, and economic marginalization present ongoing challenges for released women (Belknap, 2007; Western 2018). Mothers are also more likely than fathers to be renegotiating the role of primary caregiver. Unlike fathers, mothers are likely to suffer from social stigmatization (Arditti & Few, 2006; Brown &

Bloom, 2009). Loper (2006) stated that although a great deal of media attention has been focused on a limited number of mothers who have committed violent crimes against their children, formerly incarcerated mothers are better characterized as non-violent, drug, or property offenders. By society's standards, incarcerated mothers were viewed as having violated not only the legal system, but also the unspoken prescriptions of femininity and motherhood (Brown & Bloom, 2009). The very nature of incarceration that involves isolating individuals from society presents challenges for all incarcerated individuals upon reentry into society. Mothers, however, are more likely than fathers to be simultaneously renegotiating the caregiver role while balancing reentry challenges and family members who express distrust in their intentions to reclaim the caregiver role.

Western (2018) states that the social process of leaving prison is fundamentally gendered. Women, more than men, are challenged with SUD, poor physical and mental health, and the imperative to renegotiate caregiver roles for their children. However, women have more family support than men but poor physical and mental health, resulting in greater obstacles to employment but less financial necessity (Western, 2018).

For some incarcerated mothers, histories of socioeconomic problems, drug addiction, and violence affected their role of primary caregiver long before incarceration (Leverentz, 2014; Siegel, 2011). Brown and Bloom (2009) studied mothers on parole in Hawaii and found that nearly 24% (48) of the mothers had been involved with the state's Department of Human Services (DHS) Child Welfare Services Division prior to incarceration. This involvement was identified via presentencing report notations of previous investigations for child maltreatment (Brown & Bloom, 2009). Additionally, 17% (34) of the mothers in this study had their parental rights for one or more children

terminated by the state (or some other jurisdiction). Understanding the effects of the type of problems that incarcerated mothers faced prior to their incarceration and how these problems affected their relationships with their children is a crucial component of successful reentry into society.

Siegel (2011) identified three levels of maternal engagement: engaged, sporadically engaged, and disengaged. Whereas engaged mothers lived with their children and were involved in their daily activities, sporadically engaged mothers were in and out of their children's lives, only living with them some of the time. Disengaged mothers lived apart from their children and were rarely involved. When exploring the impact of parental incarceration, Siegel cautioned against viewing parental incarceration in isolation. Siegel (2011) found that the disruption children experienced during parental incarceration was conditioned by the children's previous living arrangements and parental engagement. This is significant, as the level of maternal engagement prior to incarceration may impact formerly incarcerated mothers' renegotiation of the caregiver role. Baunach (1985) stated that reunification plans should include provisions to provide appropriate and adequate assistance to formerly incarcerated mothers prior to reunification with their children (Baunach, 1985).

Even in the absence of legal obstacles, regaining the role of mother can be affected by family arrangements and efforts to do what is best for the children (Leverentz, 2014). As stated, it is most often the incarcerated mother's mother, the child's grandmother, who has physical custody of the children during the mother's incarceration (Baunach, 1985; Enos, 2001). Leverentz (2014) found that such arrangements for child placement are often arranged outside of the legal or child welfare

system. Similarly, Arditti and Few (2008) found that childcare arrangements were fluid and complex, a result of the more complicated family systems that include multiple fathers and multiple paternal grandparents. It was not uncommon for sibling groups, especially those with multiple fathers, to be separated or shuffled among multiple relatives and friends, increasing the complexities of renegotiating the mothering role (Leverentz, 2014).

Fessler (as cited by Enos, 2001) explored the reunification plans of 50 formerly incarcerated mothers. Although most mothers expressed plans to live with their children upon release, few had any formal plans to accomplish reunification. Baunach (1985) found that almost all mothers planned to reunite with their children following release. Whereas they anticipated some problems in renegotiating the maternal role, most believed they could overcome the problems with minimum difficulty on their own (Baunach, 1985). Baunach stated that the very nature of incarceration cuts incarcerated mothers off from the day-to-day experiences of mothering, resulting in their somewhat unrealistic perception of the mothering role.

### **Family Support and the Renegotiation of Roles**

Once released, securing the necessary resources to provide a home for children is a challenging task for most women. Arditti and Few (2006, 2008) found that many mothers reported accessing informal social support and resources from family members and friends. Seventy-eight percent reported using their family members as confidants and relied on their families for moral and emotional support, transportation, childcare, shelter, and financial assistance as they transitioned back into the community (Arditti & Few, 2006). Friends were also identified as an important link, with 64% of the women



accessing friends for emotional support and problem solving (Arditti & Few, 2006).

Additionally, few mothers transitioning from prison back into society have the necessary resources to provide an environment for their children that allows them full authority and control (Leverentz, 2014). Brown and Bloom (2009) found that upon release, only three of the 203 mothers in their sample had the resources to independently set up their homes. Women were frequently paroled to the homes where their children had been living (Brown & Bloom, 2009; Western, 2018).

Cobbina (2010) interviewed 50 formerly and currently incarcerated females. During the interviews, Cobbina asked about the people and organizations that had either a positive or negative impact on their reintegration. Many identified family support as critical to their successful reintegration. The most common types of support the women reported receiving from family members included financial, emotional, and childcare support (Cobbina, 2010). Financial support included a place to reside, transportation, clothing, and money for necessities until they were financially stable or on assistance. Emotional support from family members or children included physical expressions of love, such as hugs from children and inspirational notes or letters from siblings and other family members. The notes, letters, and other expressions of support made the women aware of their positive support networks. Cobbina's (2010) research demonstrates the importance of a stable, positive relationship with family members in supporting the transition from prison back into the community.

The parental absence caused by incarceration results in a transfer of parental authority to guardians, such as relatives from the extended family. The temporary transfer of authority to the non-biological guardian can erode the parental authority of the

incarcerated parent. Although communication with children through letters, phone calls, and visits during incarceration may support reunification after prison, some mothers struggle with their lack of authority after incarceration (Brown & Bloom, 2009). Brown and Bloom (2009) reported that as women in their study reunited with their children, their ties of affection continued; however, their authority as parents was diminished. Rather than returning to the caregiver role, some women felt like an outsider as they observed other adults making decisions for their children. In their absence and out of necessity, a sister, grandmother, or friend often stepped into the role of primary caregiver for their children. As the primary caregiver, providing for the child's basic and emotional needs, the surrogate parent was up to date on each child's activities and progress in school, resulting in the children perceiving the surrogate as the adult best suited to answering their questions and meeting their everyday needs (Brown & Bloom, 2009). The knowledge gap about their children's current daily activities and routines that results from parental absence can leave returning mothers feeling like outsiders, unsure of how to step in and support their children.

Similarly, Leverentz (2014) found that in addition to the financial barriers that impede reunification, the emotional bonds damaged during prolonged periods of separation can be challenging for families as they renegotiate roles. It is not uncommon for women reentering the family as the primary caregiver to experience diminished levels of authority (Leverentz, 2014). Some formerly incarcerated mothers reported that tensions emerged as they expressed a desire to regain custody of their children, to have more access to them, or if they disagreed with parenting decisions made by the caregiver (Leverentz, 2014).

Parental reunification can be equally challenging for children. Children temporarily placed with a friend or family member during their mother's incarceration often form relationships with the individuals filling the parental role and providing them with emotional support. The involved caregivers may be reluctant to hand over the responsibility that accompanies the role of primary caregiver. Additionally, children may feel confused or guilty for not trusting or siding with the correct authority figure. Brown and Bloom (2009) found that even in good relationships, women reuniting with children experienced difficulty with children and caregivers as they renegotiated their maternal role. In Leverentz's study (2014), women reported the difficulty of transitioning back into the family, getting to know one another again, and adjusting to their personalities and the ways in which they had all changed. One formerly incarcerated mother reported her frustrations as she began the transition:

Well, how do you get back with your family? Where do you begin? And then, how do you keep it up? You know, 'cause I'm not used to being around my kids, you know what I'm saying...That was hard, because they were getting on my nerves, you know, 'cause I wasn't used to being around them anymore. And I would get frustrated, you know, and agitated...I was like, well okay, they have to learn to accept me too...So now, they're learning me all over again. (Leverentz, 2014, p. 97).

The stress and distrust of reunification can leave fragile families even more distressed. As mothers transition from prison back into society and their families, they face multiple challenges, including their own reintegration, reunification with children, and the rebuilding of their moral character in the community.

## **Employment**

Most theories suggest that at least some formerly incarcerated individuals will benefit from employment, but job prospects are often limited. Most incarcerated individuals, however, believe that securing employment is critical to successful reintegration (Petersilia, 2003). Employment helps formerly incarcerated individuals be productive, reclaim their children, develop skills, strengthen their self-esteem, and increase social connectedness (Petersilia, 2003). Furthermore, securing employment is critical for keeping mothers from returning to prison as there is evidence that supports a positive link between job stability and reduced crime and recidivism (Uggen & Staff, 2001).

The majority of mothers reported unpaid fines owed to the criminal justice system, and 46% reported financial strain since their incarceration (Arditti & Few, 2006). Seeking employment as a formerly incarcerated individual is difficult, as potential employers may react negatively to the offender status, and the distance incarceration puts between individuals and their communities can sever important ties, resulting in reduced levels of social capital. According to Clear (2007), social capital is a person's capacity to call upon community connections, such as friends or neighbors, to advance a personal interest, such as employment. Employer's reluctance to hire formerly incarcerated individuals, combined with low levels of education and skills, are obstacles many formerly incarcerated individuals encounter (Uggen & Staff, 2001).

Human capital is the personal resources an individual has to offer, such as education or job skills. Formerly incarcerated mothers with minimal social and human capital often experience difficulty securing legitimate work. Institutional assessments

indicate that many incarcerated women were either unemployed or employed in less traditional jobs prior to their incarceration. Brown and Bloom (2009) found that most incarcerated women were employed for less than 50% of the year prior to their incarceration. Enos (2001) reported that although traditional forms of employment were less utilized, prior to their incarceration women were often entrenched in complex systems of shared childcare, shared resources, and other survival strategies to improve their family situation. Many formerly incarcerated mothers were forced to settle for low-wage positions or “off the books” work, such as babysitting for friends and family, housecleaning, and other odd jobs (Brown & Bloom, 2009). Whereas legitimate low-wage employment provides wages, non-traditional labor, such as childcare, may be done in exchange for rent or food. This type of low-wage or no-wage employment raises concerns about the lack of even the most rudimentary form of workers’ benefits that provide access to health care and other resources.

Seville (2008) found that formerly incarcerated women tend to have several barriers to employment, including a history of abuse, a lack of adequate education and skills training, and insufficient job training. Prior to the 1990s, a correctional philosophy driven by rehabilitation increased the likelihood that women would leave prison with marketable skills. The reduction of skills training and educational programs for incarcerated people in the 1990s increased the likelihood that incarcerated individuals either lose or fail to gain valuable skills while incarcerated (Wildeman & Muller, 2012). The criminal record, however, is perceived as the most pervasive of the barriers encountered (Seville, 2008; Petersilia, 2003). Furthermore, Seville (2008) found that formerly incarcerated minority women, particularly African-American women,

encountered additional barriers related to racial bias. A resume test focused on the initial contact between formerly incarcerated women and employers reported that African-American women received the fewest positive responses. In the study, six profiles were created with similar job histories, including sales, cashier, customer service, housekeeping, and volunteer experience. Test resumes were created and sent to potential employers in the San Francisco Bay area. A total of 1,200 tests were completed. The test resumes for the non-formerly incarcerated women received more positive responses than the test resumes for the formerly incarcerated women (Seville, 2008). Formerly incarcerated African-American women received the fewest positive responses (Seville, 2008).

In addition to parole regulations that require employment, many family members expect financial assistance from parolees. Among those women studied, few were completely financially supported by others, such as friends or family members, and support from husbands was rare (Brown & Bloom, 2009).

In summary, family relationships were critical to the reintegration process of formerly incarcerated mothers. At the same time, it was with these relationships that they expressed the most frustration. Whereas families are important sources of financial and emotional support, long histories of addiction, abuse, and neglect by multiple parties cloud the environment, making the relationships complicated.

### **Neighborhood Resources**

During the latter part of the twenty-first century, criminal policy in the United States changed, leading to what some have termed the “American experiment.” Imprisonment rates that had remained virtually unchanged from the 1920s to the 1970s

began to increase considerably (National Research Council, 2014). During that time, the incarceration rate averaged 110 incarcerated individuals per 100,000 persons. In 2016, the incarceration rate was 450 incarcerated individuals per 100,000 U.S. residents of all ages and 582 incarcerated individuals per 100,000 U.S. residents age 18 or older (Carson, 2018).

Most prisoner reentry researchers focus on individual risk factors; however, there is growing interest in understanding the social context to which formerly incarcerated individuals return to as a critical aspect of successful reintegration (Hipp, Petersilia, & Turner, 2010; Kubrin & Stewart, 2006; Western 2018). The disparities in incarceration rates across communities are hidden by national and state trends. Whereas incarceration is rare in most communities, a small number of overwhelmingly poor, minority communities bear the disproportionate brunt of its impact. Formerly incarcerated individuals reentering society are overwhelmingly returning to a limited number of core counties (i.e., counties that contain the central city of a metropolitan area) (Lynch & Sabol, 2001). Furthermore, “geographic inequality in incarceration is the norm, with black and poor communities being disproportionately affected” (National Research Council, 2014, p. 287). Lynch and Sabol (2001) reported that both the volume and concentration of returns to core counties have increased. For example, the estimated percentage of prison releases to core counties rose from 50 percent in 1984 to 66 percent in 1996. Research results indicate that within core counties, concentrations are even more pronounced, as formerly incarcerated individuals are often returning to a relatively small number of neighborhoods (Clear, 2007). The geographic concentration of formerly incarcerated individuals returning to neighborhoods is weakening the already fragile and

fragmented networks that exist (Travis, 2004). Sanctions that disqualify individuals from public assistance in impoverished communities exacerbate problems, further isolating formerly incarcerated people from the rest of society.

Neighborhoods rich in resources, services, and social networks can support a certain amount of mobility as people are processed through the corrections system. However, when the number of disruptions reaches a tipping point, the network loses its capacity to function and provide residents with what they need (Clear, 2007). High mobility rates, especially of parent-aged individuals, destabilize neighborhoods, weaken attachments to neighborhoods and neighbors, and erode the collective efficacy that Sampson, Raudenbush & Earls (1997) argued serves as a foundation for informal social control. Individuals with high levels of human and social capital generally have more options than those without. As people tend to move to and reside in the best neighborhoods they can afford, people with high levels of human capital often choose to live in neighborhoods with individuals whose levels of human capital are similar (Clear, 2007). Furthermore, people with high levels of human capital have the ability to access social capital from networks outside their neighborhoods. Communities whose residents have high amounts of human capital tend to be more flourishing, stable, and low in street crime (Clear, 2007).

The result of people living in or moving to the best neighborhoods they can afford, however, is the separation of individuals with and without human and social capital, resulting in concentrated disadvantage (Clear, 2007). As formerly incarcerated individuals, most of whom are low in human capital, reenter communities with high rates



of poverty, joblessness, and residential instability, there are not enough supports or community resources to absorb the high numbers and high needs.

Kubrin and Stewart, (2006) used the 2000 United States census data and data from individuals under supervision in Multnomah County (Portland and surrounding areas), Oregon, to examine whether critical neighborhood characteristics, such as the neighborhood's socioeconomic status, influence recidivism rates beyond individual-level factors. Individual characteristics (such as age, race, and gender), offense characteristics (such as current offenses and number of prior arrests), and risk supervision level were obtained from the Multnomah County Department of Community Justice. The study sample included 4,630 formerly incarcerated individuals living in 156 neighborhoods. Whites made up 68% of the sample, followed by African-Americans (25%), Hispanics (4%), Asians (2%), and Native Americans (1%). Twenty-five percent of the sample was female. Neighborhood disadvantage was constructed using four census tract variables: proportion of persons on public assistance, proportion of persons below the poverty level, proportion of persons unemployed, and median family income.

Results indicated that formerly incarcerated individuals who returned to disadvantaged neighborhoods recidivate at a greater rate, whereas those who returned to resource-rich or affluent communities recidivate at a lesser rate, controlling for individual factors. This is significant, in that if formerly incarcerated mothers returning to disadvantaged neighborhoods have a greater risk of recidivism, then they may be less likely to successfully renegotiate the caregiver role.

Furthermore, the close proximity of social services plays an important role in reducing recidivism through formal social capital (Hipp et al., 2010). In a study of

280,121 parolees released from the California Department of Corrections and Rehabilitation in 2005 or 2006, Hipp et al. (2010) reported that the presence of nearby social service providers reduces serious recidivism. Close proximity to employment services aids formerly incarcerated individuals by providing information on job openings, job training, resume writing, and interviewing. Housing services help formerly incarcerated individuals secure stable living situations, which is crucial for mothers renegotiating their caregiver role (Hipp et al., 2010). Similarly, close proximity to substance abuse and mental health treatment, legal assistance, family services, and transportation help individuals transitioning from prison reintegrate back into society. Furthermore, there is growing evidence that the use of various social services has positive consequences during prisoner reintegration; Visher and Courtney (2007) reported that participation in services improved formerly incarcerated individuals' chances for successful reentry. The study relied upon follow-up interviews conducted with nearly 300 formerly incarcerated men at least 12 months after release. Participation in substance abuse treatment immediately after release reduced the likelihood of frequent drug use one year out. However, when services are overtaxed and access is limited, the positive consequences are diminished. Furthermore, Hipp et al. (2010) found that the positive effects of nearby social services were notably strong for African-Americans. It is suggested that the increase in social service agencies into targeted neighborhoods could positively impact the racial disparity in recidivism rates.

### **Rural Communities**

Exploring how neighborhood context affects the reintegration process is a crucial issue. Most of the research on neighborhood context has focused on reentering males,

leaving a dearth of research on the community experiences of formerly incarcerated women. The proximity of social services is especially important for formerly incarcerated mothers: as stated, many have multifaceted needs, including substance abuse and addiction, mental illness, and histories of victimization that if left untreated, present ongoing challenges to reentry and role negotiation. Furthermore, studies exploring neighborhood context have structured the phenomenon as an urban, inner city problem. Missing from the conversation is the consequences women, especially mothers, encounter when reentering rural communities in the United States (Beichner & Rabe-Hemp, 2014). The unique features of rural communities present challenges to formerly incarcerated people reentering society (Beichner & Rabe-Hemp, 2014; Wodahl, 2006).

Rural communities are often identified solely based on population. Donnermeyer and DeKeseredy (2014 ) categorized rural communities via four commonalities: (1) smaller population and/or density, (2) higher acquaintance density (the density of acquaintanceship, described by Freudenburg [1986], is the average proportion of residents in a community known by the community's inhabitants), (3) less autonomy, and (4) landscapes that are greatly influenced by external cultural, economic, and social forces. Wodahl (2006) cautioned that when studying rural communities, it is important to account for their many variations and unique features. Rural communities are limited in their access to support services, including affordable rental housing, employment opportunities, access to both public and private services, government programs, and transportation, that are generally concentrated in urban areas (Beichner & Rabe-Hemp, 2014; Wodahl, 2006). Rural residents in need of such services are forced to travel to urban communities to access them (Wodahl, 2006). Rural communities are economically

disadvantaged compared to urban communities (Wodahl, 2006). Rural communities do not provide the range of employment opportunities, and many are restricted to a single economic activity, such as farming (Ghelfi & McGranahan, 2004). In addition, rural communities are generally high in acquaintance density (Freudenbury, as cited by Wodahl, 2006), and have more physical privacy than social privacy (Weisheit & Wells, 1996). Whereas urban residents come into contact with many individuals during the day, they rarely know much about each individual's social world. Residents of rural communities are more likely to be aware of detailed personal information about each other's social interactions and to share a larger core of values than people in urban communities (Websdale, 1995). Wodahl (2006) reported that residing in a close-knit community where problems are handled informally is appealing to many; however, in certain situations, the lack of anonymity can be disabling.

Beichner and Rabe-Hemp (2014) interviewed 17 incarcerated women from a Midwestern state correctional facility who, prior to their most recent incarceration, resided in a rural community. The women's recollections of their childhoods were filled with incidences of disorder and instability. Similar to national trends, almost half of the women (8) reported mental, physical, or sexual abuse during their childhood, most (10) suffered from mental health challenges, almost all (16) struggled with substance abuse, and most reported intimate partner violence.

Through the women's narratives, Beichner and Rabe-Hemp (2014) reported their concerns and fears of encountering stigma in their hometowns. When asked about returning to their communities the women expressed concern over the lack of opportunities in their hometowns, fear of encountering former associates, and stigma

against themselves, their children, and their families (Beichner & Rabe-Hemp, 2014). Consistent with the literature indicating that rural residents have more physical privacy than social privacy (Weisheit & Wells, 1996), the women were concerned about their ability to find employment (Beichner & Rabe-Hemp, 2014).

**Rural employment.** Finding and securing legitimate, stable employment reduces the likelihood of recidivism (Travis, Solomon, & Waul, 2001). Holzer, Raphael & Stoll (2003) identified two categories of factors, supply-side barriers and demand-side barriers, that affect formerly incarcerated individuals' ability to find work. Holzer described supply-side barriers as the individual characteristics of formerly incarcerated individuals that affect their employability, such as limited education and skills, limited work experience, or substance abuse. Although no research suggests that this factor is more of a problem in rural communities than in urban communities, research does suggest that formerly incarcerated individuals returning to rural communities may be at a disadvantage for other reasons. The demand-side barrier is the employer's willingness to hire formerly incarcerated people. Many employers are not willing to hire formerly incarcerated people. An establishment survey collected through the Multi-City Study of Urban Inequality in the Atlanta, Boston, Detroit, and Los Angeles metropolitan areas found that over 60% of employers indicated they would "probably not" or "definitely not" be willing to hire an applicant with a criminal record (Holzer, Raphael, & Stoll, 2004). In order for employers to act on their aversion to hiring formerly incarcerated individuals, they must first be aware of an applicant's criminal record. The women in Beichner and Rabe-Hemp's (2014) study acknowledged concern over their lack of social privacy and how the effects of acquaintance density may impact their employability.

No one's gonna hire me to run a business, ya know, I was the office manager.

Nobody's gonna hire me with my background...unless I move far

away...Because everyone know who I am.

This unique feature of rural communities increases the likelihood that most potential employers will have some level of familiarity with others in the community, and thus may be made aware of an applicant's criminal history without a criminal background check. Leverentz (2014) identified renegotiating community trust as a common theme among women negotiating reentry and desistance. In her study, several women experienced this as social stigma, finding it difficult to find work with "an X on their back." (p. 69).

**Rural housing.** Securing suitable housing is one of the biggest challenges for all formerly incarcerated individuals returning to the community (Taxman, Young, & Byrne, 2002). At the core of the issue, it is an economic problem. If formerly incarcerated individuals had the financial resources, finding affordable housing would not be a concern. Although housing programs and homeless shelters have provided opportunities for formerly incarcerated individuals returning to urban communities, there are fewer homeless shelters and housing programs available in rural communities (Wodahl, 2006). Additionally, formerly incarcerated individuals returning to rural communities face greater challenges, as fewer affordable and quality rental properties are available in rural communities as reported by the Housing Assistance Council (HAC, 2011). In rural communities, 71.6% of homes are owner-occupied, compared to the national average of 65.1% (HAC, 2012). The unavailability of affordable and quality rental properties is especially significant for formerly incarcerated mothers. Codd (2008) found that whereas

women were likely to hold a home together for an imprisoned male, male partners did not do the same for imprisoned women.

**Rural transportation.** Transportation options vary, as the population base in rural communities is usually not large enough to support a comprehensive and reliable transit system, if one exists at all. The unavailability of public transportation, combined with the concentration of both private and public services in urban areas, limits access to services for rural residents compared to urban residents. Lack of transportation in rural communities could be a barrier to accessing services, education or skills training, and employment.

In summary, formerly incarcerated individuals are overwhelmingly returning to a small number of neighborhoods, weakening the fragile and fragmented networks that exist. This is concerning, as research indicates that formerly incarcerated individuals returning to disadvantaged neighborhoods recidivate at a greater rate than formerly incarcerated individuals returning to neighborhoods with ample resources. Current studies have predominately structured neighborhood context as an urban problem; however, formerly incarcerated individuals returning to rural communities encounter similar challenges. Residents of rural communities have limited access to rental housing, transportation, and government and other support services that are generally concentrated in urban communities.

## **Chapter 4: Research Methodology**

My intention for this dissertation is to gain a better understanding of how formerly incarcerated mothers renegotiate their caregiver role. Based on prior research findings, it is assumed that formerly incarcerated mothers encounter both legal and emotional obligations as they transition from prison back to the community and caregiver role. The legal obligations they encounter may include meeting the criteria of parole agencies or state social service agencies. Requirements may involve securing employment, establishing financial stability, finding permanent and suitable housing, completing rehabilitation or treatment, and desisting from crime (Dodge & Pogrebin, 2001). Formerly incarcerated mothers must convince social service and law enforcement agencies that they have become responsible adults and parents. Emotional obligations may include regaining both community and family trust, rebuilding severed bonds of affection with children, and re-establishing parental authority (Brown & Bloom, 2009). Dodge and Pogrebin (2001) found that of 54 formerly incarcerated women, the one common factor all of the women expressed was the distrust in them that community members communicated. Brown and Bloom (2009) found that even when family support and affection remain strong, transitioning back into the maternal role can be overwhelming for a formerly incarcerated person.

### **Research Design**

Using a grounded theory approach, the research draws upon interviews with formerly incarcerated mothers with varying sentence lengths from both urban and rural communities. Qualitative methods are favorable when exploring sensitive family situations, such as renegotiating the caregiver role. Qualitative interviews allow



researchers to build rapport and engage interviewees in open-ended, in-depth explorations of areas in which they have substantial experience. As themes emerge from the individual interviews, this process allows for greater focus on the relevant factors and the development of meaningful interventions. The collective themes will build upon each other to form theories about the renegotiation process that formerly incarcerated mothers encounter as they attempt to regain their caregiver role.

The inclusion of a rural community in this study is purposeful, in that the majority of national research on reentry back into society has been focused on urban communities. Little is known about the obstacles former offenders face when returning to rural communities. Results of emerging research indicate that offenders reentering rural communities encounter more challenges than offenders reentering urban areas (Beichner & Rabe-Hemp, 2014; Zajac, Hutchinson, & Meyer, 2014). Rural communities are limited in their access to vital resources, including affordable rental housing, employment opportunities, and transportation. This is important to understand and make efforts to address, as community characteristics can directly impact a formerly incarcerated individual's ability to successfully reenter society. This is especially significant for formerly incarcerated mothers as they reenter their communities and renegotiate roles. Mothers are more likely than fathers to have been financially responsible for or sole caregiver of their children prior to incarceration (Glaze & Maruschak, 2010; Johnson, 2006; Johnson & Waldfogel, 2004). Most mothers anticipate transitioning back into their primary caregiver role (Baunach, 1985; Leverentz, 2014; O'Brien, 2001). Limited access to vital resources and services, such as affordable rental housing or employment opportunities, may limit their ability to renegotiate their caregiver role.

Although differences exist, the life circumstances of the populations that reside in each community that are of interest for this particular project are quite comparable. I will draw on the aforementioned differences and similarities to explore the legal and emotional factors that contribute to the success or failure of formerly incarcerated mothers' renegotiation of their caregiver roles, as well as neighborhood sources of support and stress that are encountered during reentry, and highlight differences that exist between rural and urban communities.

### **Setting**

The setting for this research project was the state of Oregon. Formerly incarcerated mothers were recruited from two distinct Oregon communities, Multnomah County and Linn County. The formerly incarcerated mothers were invited to participate in an interview to explore how formerly incarcerated mothers' transition from prisoner to caretaker for their children.

Multnomah County (population 807,555 - US Census Bureau, V2018) is located in northwest Oregon, and is considered part of the Portland-Vancouver-Hillsboro OR-WA Metropolitan Statistical Area. The Portland-Vancouver-Hillsboro metropolitan area includes parts of five Oregon counties, and the population estimate in 2017 was 2,453,168. Portland (population 647,805 - US Census Bureau, V2018), located in Multnomah County, is the second-largest city in the Pacific Northwest. Multnomah County is one of the most heavily populated urban areas in the state of Oregon.

Linn County (population 125,047 - US Census Bureau, V2018) is a suburban county located in the west side of the state, approximately 70 miles south of the Portland-Vancouver-Hillsboro metropolitan area. Linn County is a large county covering 2,292

square miles, an area larger than some U.S. states. Linn County is divided into seven communities: one midsize community and six rural communities. According to the 2017 United States Census Bureau estimates, Albany is the largest city, with a population of 53,503. The other six communities have base populations between a low of 838 and a high of 16,878. The principal industries in Linn County are agriculture and manufacturing.

The socioeconomic and demographic profile of Multnomah County does not differ greatly from the United States as a whole, thereby increasing the generalizability of the findings. For example, the U.S. racial breakdown indicates that the population consists of 76.6% White, 13.4% African-American, 5.8% Asian, 1.3% American-Indian, and 18.1% Hispanic residents, which is not drastically different from racial breakdowns in Multnomah County (79.5% White, 6.0% African-American, 7.9% Asian, 1.4% American-Indian, and 11.6% Hispanic). Furthermore, economic indicators are similar; the U.S. median household income is \$57,652, with 12.3% of the residents living below the poverty line. In Multnomah County, the median household income is \$60,369, slightly above the national median with 14.4% of the residents living below the poverty line. Education levels are also similar, with 87.3% of the U.S. population and 91% of the Multnomah County population completing high school.

In comparison, Linn County is a predominately White community, with more than 90% of the population reporting their racial identity as White alone. Although educational attainment levels have increased both nationally and in rural communities over the past several decades, a disparity remains, and educational attainment levels are lower in rural areas than across the nation as a whole (HAC, 2012). A similar pattern

exists in Linn County. Whereas the percentage of individuals with a high school diploma or equivalent is similar among Linn County, Multnomah County and the United States, the percentage of Linn County residents with a bachelor's degree or higher (18.6%) is substantially lower than both Multnomah County (43.8%) and the United States (30.9%) overall. Lower educational attainment levels may be responsible for income disparities. Multnomah County has an overall median household income above the U.S. median whereas the median household income for Linn County is below the U.S. median and more than \$10,000 below the median household income for Multnomah County.

Between July 2012 and June 2013, Multnomah County admitted 1,181 individuals to state prisons, an admission rate of 1.58 per 1,000. Of those individuals, 132 were female, an admission rate of 0.244 per 1,000 (Oregon Department of Corrections, 2013). This was slightly below the state average of 0.336 per 1,000 for women (Oregon Department of Corrections, 2013). During the same time period, Linn County admitted 223 individuals to state prisons, an admission rate of 1.89 per 1,000, slightly higher than the Multnomah County admission rate (Oregon Department of Corrections, 2013). Of those individuals, 28 were women, an admission rate of 0.465 per 1,000 (Oregon, Department of Corrections, 2013). This is slightly above the state average of 0.336 per 1,000 for women and above that of Multnomah County.

Table 1: Descriptive Table of Participating Counties

		Linn County	Multnomah County	United States
<b>Population</b>	Population estimates July 1, 2018	125,047	807,555	327,167,434
<b>Race/Ethnicity</b>	White alone	92.9%	79.5%	76.6%
	African-American	0.8%	6.0%	13.4%
	American Indian and Alaska Native	1.6%	1.4%	1.3%
	Asian	1.2%	7.9%	5.8%
	Two or more races	3.4%	4.6%	2.7%
	Hispanic or Latino	9.1%	11.6%	18.1%
<b>Housing</b>	Owner-occupied housing unit rate 2013-2017	64.1%	54.3%	63.8%
<b>Education</b>	High school graduate or higher	90.2%	91.0%	87.3%
	Bachelor's degree or higher	18.6%	43.8%	30.9%
<b>Income and Poverty</b>	Median household income (in 2017 dollars), 2013-2017	\$49,515	\$60,369	\$57,652
<b>Geography</b>	Population per square mile	50.9	1,704.9	87.4
	Land area in square miles	2,290	431	-

*Source: United States Census Bureau, retrieved February 2019*

Significant differences exist between the two counties identified for this study.

Linn County is an extremely large and predominately rural community, whereas Multnomah County is a comparatively small, heavily populated, urban community. Vital resources that are often available in large cities, such as public transportation, childcare centers, mental health or drug treatment programs, and self-help support groups, are limited in rural Linn County communities. Securing suitable housing is one of the biggest challenges for individuals leaving prison and returning to the community. Formerly

incarcerated people returning to rural communities, however, face greater challenges, as fewer affordable and quality rental properties are available in rural communities (HAC, 2012). A greater percentage of homes in rural areas are owner-occupied (HAC, 2012). As stated, this is especially significant for formerly-incarcerated mothers. Codd (2008) found that whereas women were likely to hold a home together for a male partner, the same did not occur for imprisoned women. In both Linn and Multnomah counties, the owner-occupied ratio is similar to the U.S. average in that both have larger segments of owner-occupied homes. However, according to the HAC tabulations of the American Community Survey 2012-2016 Linn County has a significantly smaller percentage of renter-occupied homes (35.5%) available than Multnomah County (46.2)%.

**Sample.**

In Oregon, all incarcerated women are housed at a multi-custody prison, the Coffee Creek Correctional Facility, in Wilsonville, Oregon. The CCCF provides all functions from intake to release for women. The CCCF has both cell and dormitory housing, and provides work programs, skills training, education, treatment programs, and health services. The single facility in Oregon ensures that all of the formerly incarcerated mothers in this study have had a similar incarceration experience.

In May 2014, the total female population at the CCCF was 1,264 individuals, representing 8.6% of the total prison population in the state of Oregon (Oregon Department of Corrections, 2014). At the CCCF, 74% of the population is White, approximately 13% is Hispanic, and 9% is African-American. The racial distribution at the CCCF deviates from many other prisons. The proportion of the population at the CCCF that is White is greater than national trends. Nationally, about 47% of the female

population under state or federal correctional authorities is White, 19% is African-American, and 18% is Hispanic (Bronson & Carson, 2019). The population of Oregon, however, deviates from national trends, as well: 87% of the population is White, compared to 76% nationally (U.S. Census Bureau, 2018). Similar to national trends, minority women are disproportionately represented at the CCCF. Whereas African-Americans represent 2% of the total population in Oregon, they comprise 9.4% of the total female population at CCCF.

Using a purposeful sampling strategy, my initial objective was to conduct approximately 30 interviews with formerly incarcerated mothers. It was anticipated that approximately half (15) of the participants would be formerly incarcerated mothers currently residing in urban neighborhoods in Multnomah County, and half (15) would be formerly incarcerated mothers currently residing in rural communities in Linn County.

### **Participant Recruitment**

Participation in this research project was completely voluntary, and all participants were compensated with a \$30 Target gift card for their time. The primary recruitment tools were presentations and an informational flyer that was disseminated in both Linn and Multnomah counties. The recruitment flyer outlined the proposed project, including eligibility requirements, contact information, and incentives for participation. A contact number was provided for anyone seeking additional information about participation.

Initial recruitment efforts began with the Linn County Office of Parole and Probation. I attended a staff meeting to provide information about the study and distribute informational flyers. The Linn County Office of Parole and Probation agreed to facilitate

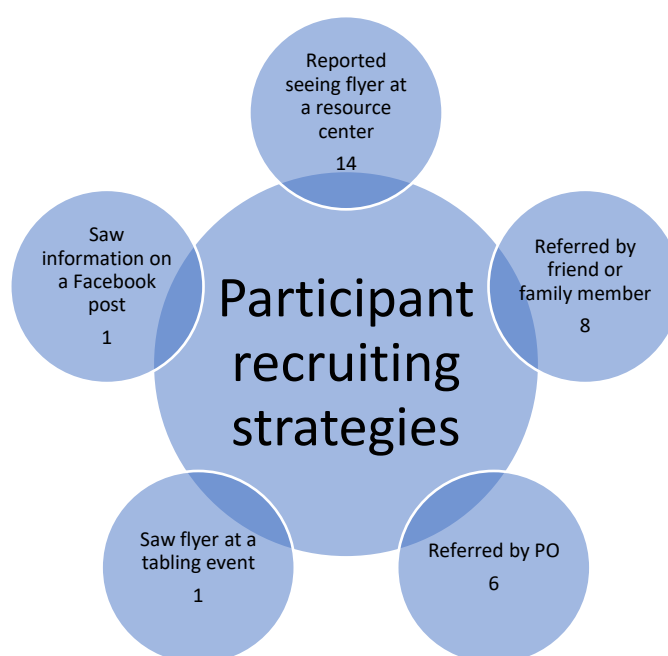
the initial access to mothers transitioning from prison back into the community by providing transitioning mothers with a recruitment flyer. Interested individuals were provided an option to either contact me directly by phone or text message or give consent to the Linn County Department of Corrections to forward their contact information. Although some parole officers (PO) reported sharing the information, there were no participants as a result of using this method. Additionally, I attended a meeting at an Albany organization that provides services for parents in Linn County. I disseminated recruitment flyers throughout the county, including laundromats, resource fairs, community agencies, and at a resource center. The majority of participants from Linn County (8) reported seeing the flyer in the Community Helping Addicts Negotiate Change Effectively (CHANCE) resource center.

Once preliminary work began in Linn County, steps to identify participants from Multnomah County began. Initial steps involved working with the Multnomah County Office of Parole and Probation. Due to the size of the Multnomah County Office of Parole and Probation and the number of staff, I did not attend a staff meeting. Rather, I attended a smaller department meeting with the officers assigned to women, where I provided information about the study and distributed the informational flyer. Additionally, I used similar dissemination strategies to distribute the informational flyer in Multnomah County. However, due to the number of social service agencies, laundromats, and community agencies in Multnomah County, I targeted my distribution efforts to specific neighborhoods that were previously identified as high-incarceration neighborhoods. Interviews were planned to take place at the Office of Parole and



Probation and the Mercy Corp Northwest resource center. In Multnomah County, there were three primary recruiting sources. Six participants were recruited through the Multnomah County Office of Parole and Probation, and the remaining participants reporting seeing the flyer or being referred by a friend.

Figure1: Participant Recruitment Strategies



### Eligibility Criteria

Prior to any data collection, all participants were screened to determine their eligibility for the study. The majority of the participants made their initial inquiry about the study by text message. I followed up with every contact using the same method they used to contact me: phone call or text message. If they had initially sent a text message, I would return their text message and ask permission to call them, as it was easier to

describe the study and determine eligibility via phone call rather than a text message conversation. I relied on a telephone script to provide information and screen potential participants for eligibility. Following the phone script, I asked each individual the following questions: a) Prior to their incarceration, had the participant fulfilled the role of primary caregiver for, at minimum, one of their biological children?; b) Did the participant serve, at minimum, a six-month sentence at the CCCF prior to their most recent release?; c) Did the participant have any past or current criminal offenses that resulted in any type of legal restrictions prohibiting the participant's contact with their minor-aged children?; and d) Did the participant currently reside in Linn or Multnomah County? If the potential participant met all eligibility requirements and agreed to participate, an interview date and time was scheduled.

Between September 2015 and December 2016, I conducted 32 interviews with formerly incarcerated mothers from Oregon. Of the 32 participants, the data from two interviews was not included in the study's final analysis, as they were later determined to be ineligible for the study. One participant had served time in a local jail rather than a prison, and the second participant had been convicted of child sexual abuse involving her children. Of the 30 eligible participants, 16 were from Multnomah County, 12 were from Linn County, and two were from Benton County. Benton and Linn County share a border and city. It is not uncommon for some Benton County residents to conduct most or all of their business in the city of Albany (Linn County), as the city of Albany is very close in proximity to parts of rural Benton County. Families living in the Benton County city of North Albany attend Linn County schools. Furthermore, both Benton County participants

had spent time and had connections in Linn County. Therefore, I determined that I would include them as part of the Linn County data.

The average age of the participants was 38.2 years old, with a range from 27 to 55. The participants reported their race/ethnicity as follows: 18 White, 2 African-American, 1 Native American, 1 Asian, 1 did not want to report her race, and 7 reported being multiple races. Among the seven participants reporting multiple races, 4 reported being White/Native American, 1 White/Native American/Hawaiian, 1 Hawaiian/Asian, and 1 White/Native American/African-American. The median time spent in prison was 22.5 months, with a range from 6 months to 198 months. Participants had, on average, 2.5 children, with a range from one to seven children. In total, the 30 formerly incarcerated mothers had 82 children.

Table 2: Descriptive Table of Study Participants

<b>Participant</b>	<b>Age</b>	<b>Race/Ethnicity</b>	<b>County R=Rural U=Urban</b>	<b>Number of Children</b>	<b>Time (months) Incarcerated at the CCCF (most recent incarceration)</b>
Abigail	40	White	U	1	12
Addison	44	White	U	2	36
Aliyah	31	African-American	R	2	78
Amelia	34	White	R	3	13
Aria	40	White	U	4	22
Ava	30	White	R	2	18
Avery	34	White	U	6	
Camila	55	White	U	7	29
Charlotte	30	White	R	2	87
Chloe	44	White	R	3	17
Elizabeth	47	-	U	3	24
Emma	50	White	R	2	16
Hannah	42	White	U	3	13
Harper	44	White; Native American	U	3	23
Isabella	27	White	R	2	48
Jada	33	African-American; Native American; White	U	1	120
Jayla	42	African-American	U	3	
Layla	30	White	R	1	12
Lily	36	White	R	3	26

Madison	34	White	U	5	10
Mia	37	White	R	2	13
Mila	35	Hawaiian; Native American; White	U	1	198
Nora	28	Hawaiian; Asian	U	3	20
Olivia	27	Asian	R	1	17
Penelope	44	White	R	2	36
Riley	32	White; Native American	U	4	30
Scarlett	51	White; Native American	R	2	6
Sophia	41	White	R	4	60
Victoria	35	Native American	U	2	48
Zoey	40	White; Native American	U	3	21

*\*The following list of names is pseudonyms*

In Linn County participant interviews were initially planned to take place at the CHANCE neighborhood resource center. Located in Albany, CHANCE is a nonprofit drop-in community center that provides support and life skills training for individuals with mental health care needs or addiction recovery needs. However, soon after the recruiting process began, I identified that transportation to and from CHANCE was a barrier to participation for some formerly incarcerated mothers. Linn County has very limited options for public transportation, and the majority of the participants did not have either a license or access to a vehicle. I began asking potential participants where they would like to meet, and would go to their suggested meeting locations instead. Interviews

were completed in the following locations: the CHANCE neighborhood resource center, participants' homes/apartments, a family member's home, restaurants, and parks.

In Multnomah County, participant interviews were initially planned to take place in downtown Portland at the Office of Parole and Probation. Similarly, soon after the interview process began, I determined that the location was several miles from most participants' current housing. Although most had bus passes, the time involved in getting to and from the interview was lengthy and created a hardship. I began using the Mercy Corps Northwest resource center as a second location, as well as participants' homes and parks.

Figure 2: Interview Locations



## **Participant Interviews**

When approaching emotionally sensitive topics, Charmaz (2014) recommended conducting practice interviews to avoid mistakes during later interviews. I conducted two practice interviews with formerly incarcerated mothers who volunteered to participate in both the interview process and a short debriefing following the interview prior to carrying out any formal interviews with the study participants. The practice interviews provided an opportunity to pre-test both draft instruments: the informational background questionnaire that served as a standard means of collecting consistent demographic data and the in-depth interview guide. The pre-test helped identify both the amount of time it took to complete the interview as well as emotionally strong words that participants may find offensive or uncomfortable. Practice also allowed me to identify confusing words or concepts. The pilot interviews were beneficial, allowing me to make revisions to my approach to emotionally sensitive topics.

**Consent.** On the day of the scheduled interview, all participants received a scripted overview of the research project. The overview included: a) the purpose of the project and how results will be used; b) participant expectations; c) data management and confidentiality information; d) a description of the types of information they would be asked to provide; e) a description of participant incentives; and f) a description of Oregon's mandatory reporting law (ORS 419B.005). Oregon state law mandates that employees in certain professions make reports if they have reasonable cause to suspect abuse or neglect. By law, mandatory reporters must report the suspected abuse or neglect of a child, regardless of whether or not the knowledge of the abuse was gained in the reporter's official capacity.

Prior to the collection of any data, I reviewed and discussed each item on the informed consent document with each participant, and after answering all questions, I obtained written informed consent for participation in the study. Once the participant signed the informed consent form, they were provided a copy, and I retained a copy for the official study records. The informed consent form met the Institutional Review Board criteria for informing participants of their rights.

The interviews included two parts: an informational background questionnaire and an in-depth interview guide. The entire process typically lasted from one and a half to two hours. I brought tissues, a basket of snacks, juice, and bottled water to most interviews to share with the interviewees and their children. It was not uncommon for small children to accompany their mothers to the interviews. If we were meeting at a restaurant or coffee shop before going to a park, I would offer to purchase a meal or drink for them. Most allowed me to purchase a drink, and were appreciative of the gesture. Twenty-eight of the 30 interviews were recorded using a digital voice recorder. One participant was not comfortable being recorded and did not consent, and an electronic malfunction halfway through an interview prevented a second participant from being recorded. In both instances, I relied on my written notes for data recall. Each interview began with the informational background questionnaire (see Appendix A).

The informational background questions were designed to collect general demographic and descriptive information using questions related to their personal relationships, children, their children's caregivers, their physical and mental health, history of substance use, involvement in the criminal justice system, and their neighborhood. This typically took between 15 and 30 minutes. Once we completed the



informational background questions, I would check in with the participant and ask how she was doing. If she indicated that she was well, we continued with the in-depth interview until it was complete. Occasionally, a participant would ask for a break to attend to her child's needs or to smoke.

The informational questions helped guide the in-depth interview that followed. The interview guide was semi-structured, using open-ended questions that allowed for probing (see Appendix B). I began by asking the mothers to define what it means to be a mom, and followed up with questions and discussion about their mothering role both before and after their incarceration, their experience with regaining their caregiver role, and the neighborhood factors that aided or hindered the process. In-depth interviews with the mothers allowed themes to emerge that otherwise may have remained invisible. Collected data included the narratives of formerly incarcerated mothers telling their stories of renegotiating their caregiver roles. I was primarily concerned with capturing their experiences as they transitioned from an incarcerated individual to their children's primary caregiver. An open-ended interview guide allowed for rich discussion regarding their caregiving patterns before, during, and after incarceration; post-prison legal and financial requirements; and neighborhood resources. Informed by Brown and Bloom (2009), Cobbina, (2010), and Cobbina and Bender, (2012), I explored the legal, financial, emotional, and neighborhood factors that contribute to the success or failure of a formerly incarcerated mother's renegotiation of her caregiver role. Relying heavily on previous research by Clear (2007), Leverentz (2010), Beichner and Rabe-Hemp (2014), Hipp et al. (2010), and Wodahl, (2006), I explored neighborhood factors that formerly incarcerated

mothers encounter during reentry into society. The 30 interviews were the primary data source used for this study on renegotiating the caregiver role.

Upon completion of each interview, I asked the participants if they knew other formerly incarcerated mothers who may be interested in participation. If they said yes, I asked them to share the flyer with their friend. Eight participants were referred to the study using this method.

On three separate occasions, I briefly stopped the interview to disclose personal information about myself. Fruedenbury (1986) described “density of acquaintanceship” as the proportion of community members who are acquainted with one another. It is typical for density of acquaintanceship to be higher in rural communities than in urban communities. As a resident of Linn County, myself, while interviewing formerly incarcerated mothers from either Linn or Benton counties, there were three occasions on which the participant disclosed information about herself or her family that revealed a connection between myself and the participant. On two occasions, our connection was related to my employment, and on one occasion, the connection was related to a family activity. Each time a connection was revealed, I briefly stopped the interview to discuss the connection and the potential that we may encounter each other in the community. I ensured the participant that I would not initiate contact unless she first chose to engage in conversation. Furthermore, I stated that if the participant chose to engage in conversation, I would not disclose the nature of our previous relationship or her involvement in the study.

### **Data Analysis**

Using a grounded theory method, I analyzed the collected data inductively for patterns regarding how formerly incarcerated mothers from both rural and urban neighborhoods define their caregiver role, and the legal, financial, and emotional factors that impact the process of renegotiating the caregiver role. Data analysis was ongoing throughout the interview process to allow for key concepts and emerging ideas to be further investigated. In addition to written accounts, collecting data firsthand provided knowledge about the setting, participants' interactions, and other non-verbal behavior. To make certain that data collection efforts were systematic and not based on interviewer bias, I shared initial interview transcripts with the dissertation chair for review and feedback.

Informed by Charmaz (2014), the coding process included two main phases, initial coding and focused coding. Initial coding began with naming each line or segment of data, followed by focused coding, a process of selecting the most significant or frequent initial codes to sort, synthesize, integrate, and organize large amounts of data. During initial coding, grounded theorists explore all theoretical possibilities discerned from the data, moving closer to defining core conceptual categories (Charmaz, 2014). Charmaz (2014) suggests coding with words that reflect action as this reduces tendencies to code for types of people. Coding people as types shifts the focus to the individuals rather than what is happening in the data (Charmaz, 2014). Examples of initial coding with words include: *didn't pick kids up, leaves kids with grandmother, left kids with babysitter, sister watches son; and emotionally absent, emotionally unavailable, not emotionally connected, not emotionally involved and emotionally sick*. As codes were found to be strongly related with each other they were grouped into sensitizing concepts

such as *reliance on others for caregiving and emotional deprivation*. Charmez 2014 describes sensitizing concepts as providing researchers initial ideas to pursue and questions to raise about their topics. As initial concepts were identified the data was categorized into files using Excel ®.

As I began coding the initial interviews, I found it helpful to develop a notebook of family maps as most of the formerly incarcerated mothers had complicated family systems. I initially mapped the formerly incarcerated mother's children by age and gender as well as and their previous and current living situations. As the coding process continued, I expanded the family maps notebook to include information about child placement and custody, post-incarceration mental health (anxiety), SUD, transitional housing, maternal engagement prior to incarceration, family support, neighborhood resources and more. The notebook served as a valuable tool and quick reference throughout the process.

Focused coding advanced the theoretical direction of the analysis. Throughout the process, I used memo-writing to chart, record, and detail ideas about the codes, including points of confusion, ideas to be further explored, and concepts that might eventually be merged. Memo-writing is a crucial step in grounded theory, as it prompts the researcher to analyze data and codes early in the process (Charmaz, 2014). As conceptual categories emerged, I manually separated the data and filed the narratives. As analysis continued, it became noticeable that new codes were no longer being developed, and I determined that a saturation point had been reached.

### **Limitations of the Research Design**

As individuals, the places we go and the activities in which we engage may be indicative of our needs, desires, beliefs, or even mandates. Formerly incarcerated mothers who choose to seek out and engage in services at community resource centers, whether mandated or not, may have different renegotiation experiences than formerly incarcerated mothers who do not engage in such services. The majority of the participants in this study reported seeing the informational flyer at a resource agency or resource fair event. Furthermore, the majority reported accessing services from resource centers. Therefore, formerly incarcerated mothers who access services and supports from resource centers are disproportionately represented in the sample. Including formerly incarcerated mothers who do not have access to resource centers or choose not to utilize resource agencies may highlight other family or neighborhood factors that impact renegotiation efforts. As mentioned, emerging research indicates that offenders reentering rural communities encounter more challenges than offenders reentering urban areas (Beichner & Rabe-Hemp, 2014; Zajac, Hutchinson, & Meyer, 2014). Residents of rural communities have limited access to vital resources and transportation, further hindering their ability to be included in relevant studies.

A second limitation of this study is the inconsistency in post-release opportunities due to the varying amounts of time each participant had been out of prison. Whereas some of the women in this study had been out of prison for years, others had been out for only a matter of months. The shorter the time since their release, the less likely they were to have had opportunities to fully engage with neighborhood resources that aid in the reunification process. Including a standard amount of post-release time, such as “at minimum six months post-release” as an eligibility requirement would increase

consistency in participants' post-release opportunities to engage with neighborhood resources.

## **Chapter 5: Defining the Caregiver Role: What Does It Mean to Be a Mom?**

### **The Social Construct of Mothering**

Historically, the role of mothering has evolved from a societal expectation that mothers should defer to their husbands' authority in childrearing to one that empowers them to rely on their own knowledge and abilities (Hays, 1996). Present scholars, particularly Hays (1996), consider intensive mothering as the normative or ideal mothering ideology in the United States. The ideology of intensive mothering is based on the expectation that mothers unconditionally dedicate themselves to childrearing, including giving their time, financial resources, love, and providing emotional support to their children. The dominant discourse of this ideology describes mothers as selfless beings who give precedence to their children's needs over their own. This ideology ultimately implies that children's welfare is the responsibility of their mothers. Despite the high percentage of women in the workforce today, society has upheld the ideology of intensive mothering. Predictably, mothers feel remorse when they are unable to be fully present in their children's upbringing.

The growing number of nontraditional families, such as single-parent families, lesbian mothers, and formerly incarcerated mothers, has complicated the process of defining the role of motherhood. The ideologies of intensive parenting do not easily translate to nontraditional families, as they are both time-intensive and financially prohibitive. Arendell (2000) has suggested that mothers who do not conform to the traditional script of intensive mothering violate the social construction of motherhood, and are often subject to extreme forms of mother blaming. According to society's standards, formerly incarcerated mothers are perceived as having violated the legal

system in addition to unspoken prescriptions of femininity and motherhood (Brown & Bloom, 2009). Their status as an incarcerated individual conflicts with their mothering role, making it virtually impossible to engage in the ideologies of intensive mothering. Although many formerly incarcerated mothers identify with the mothering ideologies put forth by the dominant culture, their pre-incarceration circumstances, including victimization, substance abuse, and economic marginalization, unquestionably affect their ability to conform to these ideologies. In this chapter, I explore the contradiction between the mothering ideology of formerly incarcerated mothers and their pre-incarceration caregiver role. Specifically, I will discuss the following topic areas: 1) how formerly incarcerated mothers generally perceive the caregiver role, 2) how formerly incarcerated mothers reflect on their pre-incarceration caregiver role, and 3) a description of formerly incarcerated mothers' lives before prison.

### **Identifying with Societal Norms of Caregiving**

To gain a better understanding of how formerly incarcerated mothers perceive the role of mothering, the study participants were asked the following question: "What does it mean to be a mom?" Most formerly incarcerated mothers expressed a mothering ideology similar to that of Hays' (1996) intensive mothering, which is defined as "child-centered, expert-guided, emotionally absorbing, labor-intensive, and financially expensive" (Hays, 1996, p. 8). Ninety-three percent of the participants implied that mothers are ultimately responsible for their children's overall welfare. Throughout the mothers' narratives, three caregiver roles emerged: loving, nurturing, and protecting their children.



As the mothers described what it means to be a mother, they referred to “love” by stating the importance of providing their children with unconditional love. As Layla and Olivia described, mothering is loving your children unconditionally.

It means to be there for them, to love them unconditionally, to help them with everything.

Layla, a 30-year-old White mother of one child

Providing security and love and care.... to be understanding and being there when, um, when they need you. You know, ‘cause it’s, you’re kind of like their security blanket and it’s the other way for the mom too....just knowing what real love, unconditional love is.

Olivia, a 27-year-old Asian mother of one child

Love was further defined as being unconditionally present for their children, both physically and emotionally, which is an interesting dichotomy for incarcerated mothers, who are isolated from society and their children. Almost half of the mothers described the mothering role as “nurturing.” Nurturing was defined as caring for their children, guiding and helping their children grow, and providing the basic needs of food, clothing, and housing.

The, of course, basic needs: food, transportation, housing, their clothes. But, it’s also to nurture them and make sure they know they’re loved, and that they’re getting what they need nutrition-wise, and educationally, and all that kind of stuff.

Hannah, a 42-year-old White mother of three children

About one-third of the mothers identified “protecting” their children as part of the mothering role. Protecting was expressed as providing physical protection from

unhealthy environments and taking responsibility for their children. Eleven formerly incarcerated mothers identified concepts from all three themes in their responses.

to nurture and care, guide, support, love, protect

Emma, a 50-year-old White mother of two children

For me, it means being there for my children, like they need me to be there.

Having had two kids taken changed a lot in me. Loving somebody other than myself, thinking about somebody other than myself, I don't make decisions without thinking about her first. Being nurturing to my kids, it's very important to me now. I want my kids to know that I'm always going to be there for them no matter what. It means now making the right decisions, no matter how hard they are. It means getting through things without using [drugs]. It means being able to communicate with my significant other without getting loaded or running away from a problem. I love all of my kids, and it was devastating to lose [them]. It changed my life; it really did. I'm sorry that it took that for me to change my life, but honestly, that's what changed me.

Madison, a 34-year-old White mother of five children

The previous section illustrates the similarities in mothering ideology between incarcerated and non-incarcerated mothers. As stated, the majority of the participants in this study held mothering ideologies similar to Hays' (1996) intensive mothering and the dominant culture. Hays (1996) noted that although society encourages mothers to selflessly devote their time, resources, and physical energy to raising their children, most mothers fail to live up to this impossible standard. When the mothers in this study were asked about their pre-incarceration caregiving role, most expressed remorse when

describing the contradiction between their mothering ideology and their pre-incarceration mothering role. Interestingly, Hays (1996) found similar results among non-incarcerated mothers who were unable to adhere to the high standards of intensive mothering. Middle-class working mothers who violated the societal expectation of the traditional stay-at-home mother felt compelled to justify their employment because of the cultural expectations of being a good mother (Garey, 1999). The guilt associated with the failure to adhere to the high standards of the intensive mothering ideology transcends class boundaries; however, it is particularly relevant for economically marginalized and non-traditional families, such as incarcerated mothers. In the next section, I explore the contradiction between the mothering ideology and pre-incarceration mothering roles.

### **Pre-Incarceration Mothering Role**

As stated, most of the formerly incarcerated mothers held mothering ideologies similar to that of the dominant culture. However, when asked to reflect on their pre-incarceration caregiver role, most of the mothers (87%) expressed remorse for their lack of ability to be fully present in their children's upbringing. Elizabeth recognized the contradiction between her circumstances and her mothering ideology, and shared how she is now trying to make her children a priority.

Well, I learned in prison that saying that my kids are my highest priority and being in prison are very unrelated. So, now I really try to live like my kids are a priority, and they are. To me, being a mom is just being available.

Elizabeth, a 47-year-old mother of three children

Prior to their incarceration, the majority of the mothers in this study were active in their substance use addiction, and, as several reported, they were more concerned with

getting high or planning their next high than prioritizing the needs of their children. As a result, most of them reflected negatively on their pre-incarceration caregiver role. The mothers' reflections illustrate their guilt and remorse associated with the level of emotional care they provided for their children in the months leading up to their incarceration. Several mothers noted that despite being physically present, they were emotionally absent when providing care for their children. As Isabella reflected, she did not consider herself to be a mother. Her caregiver role was robotic in nature; physically present, but mentally and emotional void.

Um, prior to my incarceration, I wouldn't really consider myself as a mom. I was there, like I would stick him in front of the TV, give him a snack, and go do my thing [drugs] in my bedroom, or I'd leave him with the babysitter or drop him off at my mom's and come back and get him later. I just, I was there, but I wasn't mentally there. Physically, I was there, but I wasn't a mom.

Isabella, a 27-year-old White mother of two children  
Similar to Isabella, other mothers described their pre-incarceration mothering role as non-existent, emotionally unavailable, horrible, and neglectful.

Um, nonexistent. Um, I wasn't very involved with my child, um, and when I was, I was more concerned about getting high, and my child knew my high, so I had to be sober to be a parent, and um, horrible.

Ava, a 30-year-old White mother of two children  
My body was there, but nothing else. It was bad. It was really bad....Completely emotionally unavailable. If I was coming down and I wanted to sleep in the bed

for 24 hours, then my daughter would see that. Thank God she was younger. My son, it was just bad.

Penelope, a 44-year-old White mother of two children  
It was horrible....The biggest thing I think that I did was showed, basically, these people and this boyfriend—I was with a boyfriend for five years—are more important than you kids, because that came first. That addiction, that money, that drugs, that everything came first. Very selfish, and they're on the back burner.

Chloe, a 44-year-old White mother of three children  
I was bingeing and I was neglecting my kids. I was leaving them alone. I would call my mom to come over and to babysit and I would disappear.... I have been involved in child services as a kid, so I knew exactly how to clean it up on the surface. I knew exactly what they wanted to hear, what they wanted to see, what the expectations were, and I got with the program like that, which created more years of hard times for my children and trauma for my children.

Zoey, a 40-year-old White/Native American mother of three children  
To me, at the time, this is how I would put it, I was emotionally sick. So, I was involved in my kids' life, I was at, my daughter did soccer, they went to day care, they came home, I made dinner, I made lunch, they had play dates, but I wasn't emotionally connected. I was just there doing what needed to be done, making sure....I give them hugs, I told them I loved them, but I don't think that I was emotionally involved because I was so emotionally sick within myself.

Aliyah, a 31-year-old African-American mother of two children

Victoria reflected on the culmination of several traumatic events that negatively impacted her caregiver role. Violent interpersonal relationships, the death of her father, and the initiation of drug use resulted in her loss of housing, decrease in emotional wellness, and diminished ability to care for her children.

Then just in a matter of weeks, everything just ... I just was like, 'I'm done. I'm done. I don't want to be responsible. I don't want to be in charge, and I'm tired of smiling and acting like everything's okay.' ... I took my kids to my mom's house, and yeah, she made all the decisions. I had no contact with my kids for that year. She [her mother] said, "They're ... you are not doing well." It was like an instant thing. My dad, I've been being abused for over 10 years, and then my dad died. So then literally, in an instant, drug use happened because I was ... My drug use, my crime, all that happened, and that, it was actually less than a year. Before that, I had my whole career, house, cars, and all that.

Victoria, a 35-year-old Native American mother of two children

The formerly incarcerated mothers' persistent substance use made it difficult for them to adhere to their stated mothering ideology. In the next section, I explore the pre-incarceration circumstances of formerly incarcerated mothers and discuss how those circumstances, including trauma, substance abuse, and economic marginalization, impacted their caregiver role.

### **Life Before Prison**

Researchers have consistently reported that incarcerated women have a different range of challenging life experiences prior to their incarceration compared to incarcerated men (Bloom, Owen & Covington, 2003; Green, Miranda, Daroowalla & Siddique 2005;

Harlow, 1999; James & Glaze, 2006). Incarcerated women report higher rates of intimate forms of interpersonal violence than incarcerated men (Harlow, 1999; Lynch, Fritch, & Heath, 2012; Lynch et al., 2017). Studies have indicated that between 47% and 67% of incarcerated women have a history of some type of exposure to interpersonal violence, such as childhood sexual or physical abuse, sexual assault, or partner violence (Lynch et al., 2017). Taking into consideration the high rates of interpersonal violence, it is not surprising that incarcerated women also report higher rates of mental health challenges than incarcerated men. Overall, rates of mental health challenges are elevated among incarcerated populations compared to the general population (James & Glaze, 2006).

According to the 2014 National Survey on Drug Use and Health, administered by the Substance Abuse and Mental Health Services Administration, about one in five (18.1%) Americans ages 18 and up experienced some form of mental illness in the past year, and 4.1% had serious mental illness (SMI). In comparison, 73% of females and 55% of males in state prisons were diagnosed with a mental health challenge (James & Glaze, 2006). Incarcerated individuals with a mental health challenge were also more likely to have used drugs in the month prior to their incarceration and to have been homeless in the year prior to their incarceration (James & Glaze, 2006). More recent scholarship (Lynch, DeHart, Belknap, & Green, 2012; Steadman, Osher, Robbins, Case, & Samuels, 2009) found similar results. Employing the Composite International Diagnostic Interview (CIDI, World Health Organization, 1990), Lynch and colleagues (2012) assessed both current and lifetime prevalence of SMI, post-traumatic stress disorder, and substance use disorder (SUD) among 491 women incarcerated in rural and urban jails. Of the participants, 43% met the criteria for lifetime SMI, and 32% met the

criteria for SMI in the past 12 months. Furthermore, 82% met the lifetime criteria for SUD.

Histories of trauma and interpersonal violence, poor mental and physical health, and SUD unquestionably impacted the pre-incarceration caregiver role of the formerly incarcerated mothers in this study. Although the women in this study were not directly asked about forms of interpersonal violence, many participants disclosed traumatic histories filled with physical and sexual abuse as they shared their narratives. Riley, a 32-year-old White/Native American woman described growing up with an abusive father and leaving with her mother to get away from the abuse. Later in her life, at 19 and as a mother of three, Riley described living in another abusive situation with the biological father of her own children. Unemployed with three children and an emerging SUD, she felt as though she had limited options for leaving the situation.

that's when the abuse got really bad, as far as there wasn't much his parents could do to protect me...He [her boyfriend] has a brother that is close in age to me, right, so there started to be abuse from him as well

Several mothers described abusive childhoods and living in abusive domestic relationships as adults.

In this study, more than half (19) of the mothers reported having a diagnosed mental health condition, and most (27) reported previous treatment for SUD. For several mothers, their persistent SUD made it difficult for them to be the primary caregiver for their children or engage in legitimate employment. When asked about the extent of their treatment for SUD, the formerly incarcerated mothers reported on the total number of times they could remember receiving treatment services, including before their



incarceration, during their incarceration, or as part of their conditions of release. Seven of the mothers could not remember the actual number, and reported being in treatment multiple times. Six of the mothers reported being in treatment five or more times, with the highest number being 10 times.

Table 1: Number of times formerly incarcerated mothers reported receiving treatment for SUD

Number of times in treatment for SUD	Number of formerly incarcerated mothers
1-2 times in SUD treatment	10
3-4 times in SUD treatment	4
5 or more time in SUD treatment	6
Unsure-reported multiple times in SUD treatment	7
Total	27

In this study, 26 of the participants' narratives indicated that their SUD had negatively influenced their physical or emotional health and their caregiver role prior to their incarceration. Charlotte and Zoey discussed their physical and mental health prior to their incarceration.

I started losing a lot of weight. My depression got the best of me. I didn't eat.

Charlotte, a 30-year-old White mother of two children

I was just putting anything and everything [drugs] in my body. I was a little stronger and hurt less. I was just destroying myself with substances.

Zoey, a 40-year-old White/Native American mother of three children

Although most participants reported prior access to treatment for SUD, a significant portion did not appear to have received treatment that helped improve their caregiving role over time. When mothers are unable to fulfill the caregiver role, responsibilities are often partially or completely fulfilled by other family members, friends, or child welfare agencies. Olivia described her decision to give her daughter to her mother. As Olivia's SUD progressed prior to her incarceration, her living situation became increasingly unstable. She described living on the streets, transitioning from house to house, and staying with other active drug users with whom she was not familiar.

I decided to leave her [Olivia's daughter] at home [Olivia's mother's house]. It was too much for me, and I was trying to do my own thing and I know it sounds terrible, but at the time, that's how I felt about the situation, and I didn't want to harm her any more than I was, so from that point, my mom kind of just took over, like you know, I wasn't allowed to see her at certain times or day.

Olivia, a 27-year-old Asian mother of one child

More than half of the mothers reported interacting with the state's Department of Human Services (DHS) prior to their incarceration. The types of interaction with the DHS ranged from informal child welfare visits to the removal and formal placement of their children in foster care. Mila discussed her decision to initiate involvement with the DHS as a means to protect her daughter from the environment in which she was living.

So, I did the best I could with what I had. I was always there for her. She never went to, like, she went to family to be babysat while I was out in the streets. But at the same time, I still knew that that wasn't a good influence, a good

environment. That's why I called DHS- because I knew that I didn't want her to go through what I went through as a kid.

Mila, a 35-year-old Hawaiian/Native American/White mother of one child. Based on societal standards, Olivia's and Mila's decision to give up caregiving for their children may seem unconventional. However, elements of their decisions are based on the very principles of intensive mothering. As mentioned in the previous section, the dominant discourse of intensive mothering describes mothers as selfless beings who give precedence to their children's needs over their own. The ideology further implies that the children's welfare is the mothers' responsibility. The negative impact of their SUD made it difficult for either mother to prioritize their children's needs over their SUD or provide a safe environment for their children. The concern for safety, however, prompted both mothers to enlist other caregivers to care for their children. Although they personally were not able to follow the mothering ideology of the dominant culture, both mothers valued elements of the overall ideology, and therefore released their caregiver role to individuals who could provide a safe environment for their children. Furthermore, Mila, aware of the environment her family would provide, chose to engage the DHS to protect and care for her child. As mentioned in previous literature (Enos, 2001), mothers who were concerned about the quality of care family members could provide for their children were less likely to rely on them for care, and more likely to engage friends or state agencies. Mila's decision to engage the DHS in caring for her child demonstrated her support for the dominate culture's mothering ideology regarding providing care and a safe environment for children.

I asked the mothers to describe their pre-incarceration neighborhoods and asked them if they felt safe. The mothers identified three indicators of an unsafe neighborhood: the availability of illegal drugs, observable violence, and homelessness that are further discussed in chapter eight. The primary indicator of an unsafe neighborhood that most mothers mentioned was the availability of or easy access to illegal drugs. Neighborhoods were considered to have easy access to drugs if there were drug houses or a regular presence of street dealers. Ten mothers reported living in safe neighborhoods prior to their incarceration, and seven mothers reported living in unsafe neighborhoods; as Victoria, a 35-year-old Native American woman, describes “I was in drug neighborhoods.” When prompted about other neighborhood elements, Victoria described the presence of both violence and shootings. Six mothers reported that although they lived in a safe neighborhood, their home was not a safe environment. Chloe, a 44-year-old White woman, described how her neighbors responded to her criminal behavior.

Interviewer: Tell me a little bit about the neighborhood you lived in prior to being incarcerated at Coffee Creek. What was your neighborhood like?

Chloe: Like this. This is my neighborhood.

Interviewer: Do you feel like it is a safe neighborhood?

Chloe: I do. I just wasn’t the safe person at the time. Well, part of the reason I went to jail is because my neighbors called over and over, and they got neighborhood-watch-type stuff going on.

Similarly, Lily and Elizabeth identified themselves as the primary negative factor in the neighborhood.

I created an unsafe environment wherever I went...Drug dealing criminals everywhere.

Elizabeth, a 47-year-old mother of three children

I was the unsafe house in the neighborhood.

Lily, a 36-year-old White mother of three children

Four of the formerly incarcerated mothers identified their living situation as homeless prior to their incarceration, and none of the four were employed. Three of the four had their children either removed from their care or voluntarily gave their children to another care provider as a result of their homelessness. Among the four, most described themselves as “house hopping,” moving from house to house by staying with friends, family members, or strangers. One reported living in a homeless shelter. Olivia recalled exchanging drugs with strangers for a place to stay.

As illustrated in the formerly incarcerated mothers’ narratives, most had long histories of adverse experiences that negatively impacted their caregiver role prior to their incarceration. Their narratives expose the challenges they regularly encountered, including abusive relationships, depression or poor mental and physical health, economic marginalization or homelessness, and serious SUD. Their SUD appears to be a significant debilitating factor to their caregiver role. The mothers were more concerned about getting high than performing the caregiver role for their children, resulting in a contradiction between their mothering ideology and their pre-incarceration mothering role.

I pretty much just abandoned my daughter with my mom. I chose my addiction over her for a lot of years, and so she was bounced around a lot.

Hannah, a 42-year-old White mother of three children

This chapter provides an understanding of how formerly incarcerated mothers perceive the caregiver role that most anticipate renegotiating upon their release. It illustrates the contradiction between their perceptions of caregiver duties and their pre-incarceration caregiver role, and it describes the challenges that most mothers encountered prior to their incarceration. The next two chapters will explore the journey to renegotiate the caregiver role, beginning with the transition from prison to the outside community, followed by reunification with their children and becoming a mother. In the next chapter, I explore the specific supports and obstacles mothers encounter as they begin the transition from prison to the outside community.

## **Chapter 6: Transitioning from the Prison Environment to the Outside World**

Formerly incarcerated mothers encounter a plethora of challenges as they transition from prison to the community. After months of living in the prison environment, most women adapt to the rules and expectations of prisoner behavior, which deny incarcerated individuals freedom and choice, but may provide a stable and predictable environment. Although incarcerated mothers highly anticipate their moment of release, they also experience anxiety for weeks and months after their release as they adapt to the contradiction between life in prison and outside in the community.

The initial days after release are especially laden with challenges that most formerly incarcerated mothers are not prepared to navigate. First, there is little variation in the day-to-day activities of incarcerated mothers, limiting opportunities for incarcerated mothers to engage in decision making. Thus, women often experience anxiety when confronted with making decisions on the outside. Second, when incarcerated individuals are released, they are leaving a support network of friends, loved ones, and mentors on the inside, and they must embrace challenges associated with their new identity and responsibilities as parolees and mothers on the outside. Third, individuals recently released from prison have few resources readily available, and they encounter legal, financial, and emotional challenges. To cope with these challenges and the anxiety they induce, formerly incarcerated mothers often rely on the support of family members, friends, and other formerly incarcerated individuals as they navigate the initial days of reentry.

Beginning with the moment of release, I discuss the contrast between the prison environment and the outside community. Relying on the women's own narratives, I

describe their initial activities as they transitioned from a controlled environment that provides daily structure to an environment that offers freedom of choice. Specifically, I will explore the following topic areas: 1) adjusting to the outside community, 2) social networks, and 3) navigating the legal, financial, and emotional challenges of reentry.

### **Adjusting to the Community**

Most of the women in this study were released during the day, specifically in the morning. The time of release is important, as an early morning release allows individuals more daylight time to secure housing arrangements and visit community service agencies that provide support and resources for housing, food, and other essentials. Although release is a highly anticipated event, leaving prison also means saying goodbye to incarcerated friends and loved ones who have provided daily support for coping with the loss and separation experienced during confinement. After months, or sometimes years, of living and working together, several women expressed mixed emotions as they described their final moments prior to release. Penelope had been moved to treatment six months prior to her release, and was unable to say goodbye to some of her closest friends.

I was released from treatment, which I'd been in there for six months. Some of my closest relationships, I wasn't able to say goodbye to that day because they were still in general population. You aren't allowed to mingle.

Penelope, a 44-year-old mother of two children

Lily became romantically involved with another incarcerated woman during her imprisonment, and although she highly anticipated leaving prison, she acknowledged the mixed emotions associated with leaving her girlfriend. Lily also noted that she did not disclose information about her relationship to her family until after her release, and when



she did disclose, she was selective about whom she told. At the time of her interview, her children were not aware of her relationship with another incarcerated woman.

I said goodbye to my girlfriend on the way out. That was bittersweet.

Lily, a 36-year-old White mother of three children

In addition to describing how they said goodbye to other incarcerated individuals, two of the study participants described the support they received from prison staff as they prepared to leave.

Then one of my bosses from physical plant, he was out there all teary-eyed, and he was like, “Mila, I’m really proud of you.” He gave me a big hug, and my counselor gave me a hug, and he was just like, “You know I’m really proud of you, and you’re going to make it, and just breathe.”

Mila, a 35-year-old Hawaiian/Native American/White mother of one child

Okay, so it was really surreal, but it was really exciting too. I had a lot of support from the guards and stuff. It felt like a really good send-off from the people that run the prison. I did good, I was a good inmate. I tried. I think I had respect from them when I left, so I left on a really good, excited feeling.

Nora, a 37-year-old Hawaiian/Asian mother of three children

As demonstrated later in this chapter, the supportive relationships formed in prison often become valuable resources that help formerly incarcerated mothers address the initial legal, financial, and emotional challenges encountered as they begin the transition from an incarcerated individual to caregiver.

One of the final activities all of the women in this study experienced prior to their release was the exchange of their prison uniform for street clothing. Designed to provide

a clear distinction between incarcerated individuals and prison staff, the prison uniform establishes a visual contrast between prison and the outside world. Many women expressed negative opinions about the prison-issued uniform. They often indicated that the clothing was large and baggy, and the undergarments had been stretched out by previous incarcerated individuals. Exchanging the uniform for street clothing signifies one of the first shifts for prisoners in regaining control and freedom. Furthermore, most of the women had few to no belongings, including clothing; thus in many ways, the clothing they received to wear out of the gate represented their first step to ownership. Most of the women in this study described this exchange as a joyous occasion. Sixty-three percent of the mothers were provided a release outfit by their friends or family members who picked them up from prison. Formerly incarcerated individuals recognize the importance of this moment of transformation. In this moment of exchange, the women are not only reclaiming their freedom, but also their femininity. Four of the participants in this study received their release clothing from other formerly incarcerated women who had made special arrangements to ensure their friends had clothing to wear, other than the prison sweats, when they left the gate. Victoria described the process her friend, a formerly incarcerated individual, had to complete to ensure that Victoria had nice clothing for the moment of release. As a formerly incarcerated individual, Victoria's friend needed approval to return to the prison.

My friend dropped off my clothes, and she had to have it approved by the prison because she was [formerly] in prison as well, so to come on to the property.

Victoria, a 35-year-old Native American mother of two children

Some women felt uncomfortable in their new clothing, as they were not accustomed to wearing fitted clothing in their size. Isabella described the moment in which she exchanged her baggy prison gear for a more feminine style as highly emotional.

My friend brought me clothes, actually. She brought me yoga pants, a pink tank top, and a black sweater, and amazing an actual bra, it was amazing.... You get wanna be stretched-out sports bras that have already been worn by women before you. Okay, so that was pretty amazing, but also felt weird because, like, women, typically, they wear yoga pants. They're tighter, you know they're tight, and they actually fit your body, versus the jeans and the shorts they give you are baggy, and you are just blah so putting it on, I was, like, nervous, looking in the mirror for 20 minutes before you even walk out. And then you're pulling on your clothes, like, oh they're so tight. It was, it was pretty emotional.

Isabella, a 27-year-old White mother of two children

About one-third of the women were released in prison sweats because either no one brought them clothing, or their clothing no longer fit due to changes in their weight during their incarceration. In addition to clothing, transportation was an immediate need. Regardless of the release time, access to transportation was extremely important, as most of the women in this study had appointments to attend to in their respective communities. The CCCF is located between the two participant counties. The distance between the correctional facility and the rural and urban communities is approximately 60 and 17 miles, respectively. Transportation is especially important for mothers releasing to the rural community. There are few options for public transportation between the prison and

the rural county. Using the website trip estimator for both a taxi and Uber transport, the estimated costs were prohibitive for most individuals releasing from prison. The estimated cost of a taxi ride from the CCCF to Linn County was \$159.26, and the estimated cost of an Uber was \$71.00. Among the 14 mothers releasing to the rural community, 12 were picked up by family members, friends, or a significant other, one was picked up by a friend who was also formerly incarcerated, and one was picked up by a mentor.

In addition to checking in with their parole officer or housing manager, more than half of the mothers reported going to a restaurant and shopping. Nine were accompanied by at least one of their children. This demonstrates at least a minimal level of family support for the formerly incarcerated mothers leaving prison. Incarcerated mothers releasing to the community that were not picked up by family members or friends were picked up by a mentor or a member of the transitional housing staff. None of the formerly incarcerated mothers had to walk or use other forms of public transportation.

### **Social Networks**

Clear (2007) described social networks as the group of relationships in which a person lives, works, and engages in recreation. He further stated that individuals rely on their social networks to accomplish goals that cannot be attained through their human capital alone. Similar to Clear's description of social networks, formerly incarcerated mothers described two parallel social networks that aid the transition from prison to the outside world. The first social network is comprised of the formerly incarcerated mother's pre-incarceration family and friends. Although this network is based in the community, it often provides sources of support for individuals during their incarceration

and as they transition to the outside. The most common examples of support are financial assistance and emotional support. As the incarcerated mothers transition to the community with limited resources, this social network is an important resource. The second social network is comprised of incarcerated and formerly incarcerated mothers. As incarcerated mothers, the mothers and formerly incarcerated mothers have a shared experience that bonds them together. Because formerly incarcerated mothers have experienced confinement and the emotions associated with separation from their children, formerly incarcerated individuals find comfort and understanding from other incarcerated individuals with similar experiences. As incarcerated individuals, these women have violated societal norms. As incarcerated mothers, these women have violated the unspoken rules of parenthood. Through these shared experiences, the women in this study created meaningful relationships with other incarcerated mothers that developed into a network of emotional support and care. The most common example of emotional support was the sharing of photographs and stories about their children as they coped with the isolating realities of confinement. Olivia shared that she was an artist, and while she was incarcerated, other incarcerated mothers would ask her to draw pictures for them to send to their children. Other prisoners used this social network to gain resources; for example, Riley, a 32-year-old White/Native American woman, explained that she learned to draw while in prison, and would trade her artwork for coffee.

An important element of the prison support network is that it is not confined within the prison walls. Rather, the prison network spans beyond the prison walls and provides essential resources to formerly incarcerated individuals as they transition to the community. Aliyah shared that on the day of her release, one of her incarcerated friends

made arrangements for someone to meet her on the outside and give her a gift card to help with her initial necessities.

My brother picked me up, and one of the girls that I was a mentor to, her husband had met me at the door and gave me a gift card for Target, because I didn't have any clothes or anything.

Aliyah, a 31-year-old African-American mother of two children

The prison support network is especially significant because some individuals transitioning from prison to the community do not receive any support from family members or friends. For example, Zoey explained: "My family really didn't help me that much. They weren't in a position really to." Since her release, Zoey has become part of the prison support network that extends beyond the walls; she meets friends when they are released from prison and provides them with transportation and the other critical resources they require during the first 24 hours after release. Although some formerly incarcerated individuals reported that their family members or friends did not have the extra resources to provide support, others explained that they were not supported due to alienation. Clear (2007) described how incarceration removes people from the community, which ultimately disrupts social networks. When incarcerated individuals return to their communities, a consequence of their criminal behavior may be alienation from family members and friends. Thus, the extension of the prison-based social network beyond prison walls is especially important for formerly incarcerated mothers who have been alienated or who are unable to receive transition support due to limited resources.

### **Legal Challenges and Supportive Factors**

In Oregon, formerly incarcerated mothers are released with a set of conditions, which are referred to as their conditions of supervision. The conditions of supervision vary from individual to individual; however, there is a set of general conditions that applies to most formerly incarcerated individuals. On the day of their release, 50% of the women in this study reported checking in with their parole officer as a condition of their supervision. Many identified this initial requirement as a positive experience that resulted in the acquisition of valuable resources. Some parole officers provided the women with clothing, vouchers for secondhand clothing stores, and hygiene products, such as shampoo and deodorant; for women being released in the urban county, parole officers also provided bus passes.

As formerly incarcerated mothers transition from correctional facilities to the community, it is important to explore how their pathways to prison intersects with the legal challenges encountered as they navigate the initial days of release. As discussed in the previous chapter, most of the formerly incarcerated mothers in this study had a history of persistent SUD. Of the 30 participants, 26 identified their crimes as being drug related, and 27 reported previous involvement in treatment for SUD. For several mothers, their history prior to their most recent incarceration made it difficult for them to be the primary caregiver for their children or engage in legitimate employment. In many cases, the circumstances that preceded their criminal behavior and the environment in which they were living prior to incarceration remained relatively unchanged post-release. As a result, one of the primary legal challenges the formerly incarcerated mothers initially encountered as they transitioned from prison was related to their SUD. Most were required to enroll in an alcohol and drug treatment program immediately upon their

release. As part of their treatment program, the women were subjected to random urinalyses testing to measure any drug use. In addition to SUD treatment, the mothers were restricted from associating with known drug users. In some cases, the formerly incarcerated mothers' efforts to comply with the conditions of their parole negatively transected with their network of support. This was most common among the mothers whose support networks were comprised of pre-incarceration friends and family members. For example, when discussing her support network, Avery described the following relationship she maintained with a drug-using friend while also meeting her conditions of supervision.

My best friend [name] was a really big support for me. He was still in his addiction, but any time I needed money or anything like that, he would bring it to me. We never hung out, but he supported me...He was like, "I don't want you using. I don't want you messing up. If you need anything, just tell me and I'll give it to you." So he was a really big support for me.

Avery, a 34-year-old White mother of six children Madison described the legal challenges she encountered from her support network on her release day. Releasing early on transitional leave, an early release program in Oregon that allows prisoners to release up to 90 days early, she was out of compliance before she left the prison grounds.

I went for 10 months, and I got out early on trans leave. My husband, he wasn't my husband at the time, but my husband picked me up. He had a bag of dope in his pocket. My seven-and-a-half-month-old didn't want anything to do with me,



because she didn't know who I was...It took me all of two weeks before I got loaded, and I gave a hot [urinalysis] to the treatment center that I was supposed to be going to.

Madison, a 34-year-old White mother of five children

Due to the extensive history of family drug use reported by most of the formerly incarcerated mothers in this study, it is not surprising that their pre-incarceration support networks of family and friends negatively transected their conditions of supervision.

Chloe reported a similar situation, in which she had to make a difficult decision to ask her son to leave in order to maintain compliance on the day she released.

My oldest son, we started using drugs together when I was really bad off...I introduced my son to heroin. He is still suffering from addiction, so I can't...I didn't see my oldest until later that night, and he did show up with some dude. I had to ask him to leave. That part sucked, but the other, we just hung out at home. I didn't want to go anywhere. I don't think I went to a meeting that night.

Chloe, a 44-year-old White mother of three children

As the formerly incarcerated mothers discussed their legal challenges, a significant difference between the parallel networks of support emerged. Formerly incarcerated mothers whose support networks were comprised of pre-incarceration family members, friends, and significant others were more likely to have support networks during the initial days of release that negatively intersected with their conditions of supervision. Formerly incarcerated mothers whose support networks were comprised primarily of prison-based friendships were less likely to have such negative transections. In addition, support networks comprised of friends who were formerly incarcerated were

more likely to help newly released mothers navigate and connect with the community-based resources for individuals in recovery for SUD.

### **Financial Challenges and Supports**

Few mothers transitioning from prison back into society have the necessary resources to provide an environment for their children that allows them full authority and control (Leverentz, 2014). Brown and Bloom (2009) reported that women were frequently paroled to the homes where their children had been living. Eighty-six percent of the formerly incarcerated mothers in this study had very limited resources at the moment of release, averaging \$183.00 in cash. One woman reported leaving prison with as little as \$15.00, and the largest amount of money reported at the moment of release was \$1,000.00. Furthermore, their financial challenges were exacerbated by their debts. Seventy percent owed money related to restitution, court fines, or child support at the time of their release. Among the study participants who owed money, the range of debt was from a low of \$950.00 to a high of \$75,000.00. Upon their immediate release, most of the women did not have the necessary resources to secure independent housing or support the return of their children. Eighteen of the 30 formerly incarcerated mothers spent their first night outside of prison in transitional housing. When asked about their living situations, the primary reasons provided for staying in transitional housing included affordability and support for their continued recovery from SUD. Many formerly incarcerated women reported receiving rent assistance from their parole officers to cover the first two to three months of rent.

The financial resources the participants in this study had managed to save were mostly from savings they acquired from jobs they worked during their incarceration.

Most formerly incarcerated mothers had either worked or participated in alcohol and other drug treatment programs. Incarcerated mothers who participated in substance abuse treatment programs were financially compensated similar to those who had formal jobs. The women reported conducting not only prison-based but also offsite work. The most common prison-based jobs included housekeeper, food service worker, barista, hair stylist, GED tutor, optician, and other housekeeping-type services. Community-based jobs included working for the park and fire crews and the Department of Corrections canteen warehouse. Community-based jobs were desirable, as these jobs allowed incarcerated individuals to leave the prison daily to perform their job duties. Most of the study participants did not report receiving financial support from family members during their incarceration. Incarcerated mothers who did not receive financial support from family members reported their total monthly earnings to be between \$7.00 and \$8.00. One woman recalled that her paycheck was \$7.76 for the month. A few incarcerated mothers explained that they had saved money that family members or friends had given them for hygiene items or food. However, most reported using the money they received or earned from work to pay for personal hygiene items, snack foods, phone calls, or recreational items, such as music players.

In addition to being released with limited monetary resources, many women released with no personal belongings. Several women explained that upon their initial arrest and incarceration, their family members had placed their personal belongings, such as clothing, keepsakes, and common household items, in a storage unit. However, many of the women reported that the contents of the storage unit were lost by family members

or auctioned by the storage businesses after months of receiving no payments. Elizabeth described how her belongings that had been placed in a storage unit were auctioned.

My aunt paid for a storage unit until the first year, and then she passed away, and there wasn't anybody to pay for it. So, by the time I called, it had just been auctioned a few days earlier. Not that anybody would've been ready to pay that money, I certainly didn't have it, but I lost so much stuff.

Elizabeth, a 47-year-old mother of three children

Another woman described her loss as “losing a storage unit with your entire life in it.” Charlotte shared that her possessions had been sold in a garage sale to help pay for her daughter's care. Additionally, some formerly incarcerated mothers' belongings were simply never gathered from the last place they had lived prior to their incarceration.

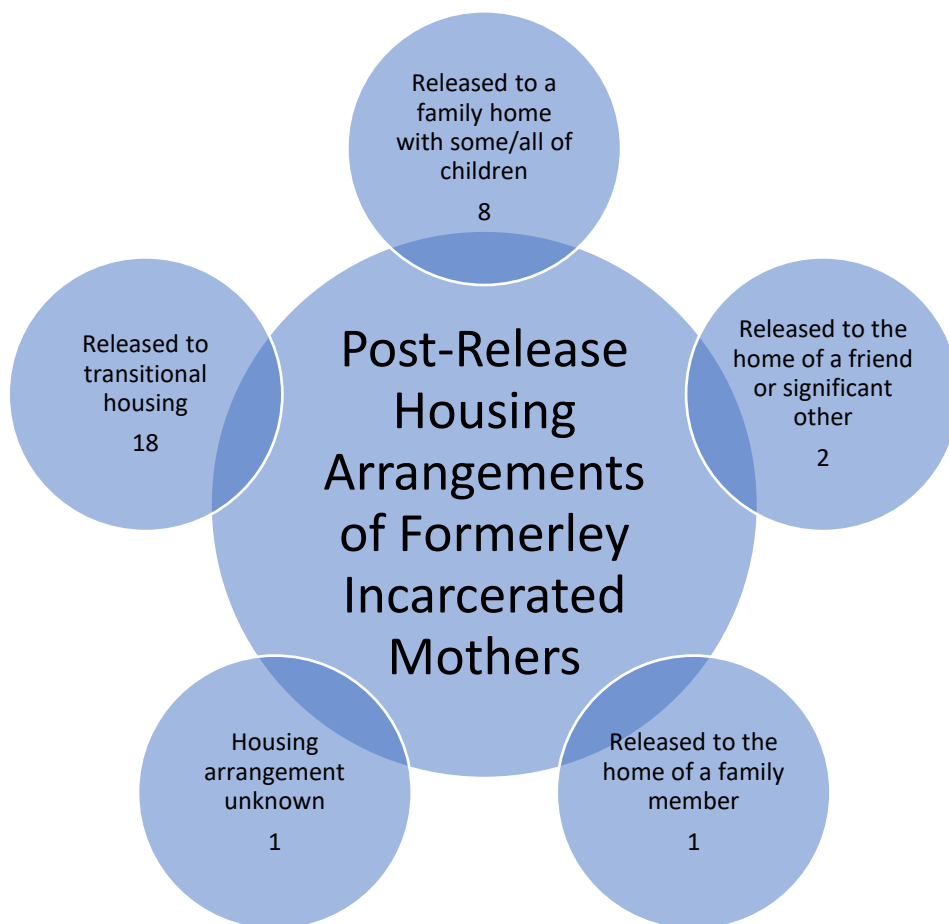
Although sadness was expressed at the loss of keepsakes and other possessions, not a single formerly incarcerated mother placed blame on anyone except herself. One study participant expressed understanding and appreciation that others were taking care of her children. Many expressed appreciation for the financial burdens others had taken on in providing care for their children during their incarceration. However, the loss of all their personal belongings meant they would transition into the outside world with nothing. As a result, most of the formerly incarcerated mothers in this study were dependent on financial support from one or both social networks to obtain their initial necessities. As stated, more than half of the formerly incarcerated mothers in this study reported shopping during the first 24 hours after release. The most commonly purchased items included food, clothing, hygiene items, bedding, and phones. Lily described a shopping trip with relatives on her release day.

I got released. I went to Woodburn, went shopping because I had lost weight in prison, so my clothes didn't fit me. So, I met my aunt and my cousin there, and they each bought me a couple outfits, and then we went out to lunch.

Lily, a 36-year-old White mother of three children

Of the thirty formerly incarcerated mothers, about one-third released to the home of a family member, friend, or significant other.

## Post Release Housing Arrangements of Formerly Incarcerated Mothers



Two of the mothers were married prior to their incarceration and remained married throughout their confinement. On the day of their release, both returned to their own homes with their husbands and children. Both women described their transition situations as being different from those of most incarcerated mothers. Neither formerly incarcerated mother expressed any financial concern, both had clothing, food, and both knew ahead of time where they were releasing. The two mothers recognized that their

moment of release was unique, and they felt empathy for those being released to less fortunate situations.

See, I felt lucky. I felt bad because I had a lot of friends in there who didn't have as much as I had, and a family, so I felt bad....I had all of my stuff. My husband was so sweet. He had bought me, I had pawned my wedding ring so he bought me a new wedding ring and a bunch of stuff so it was really sweet.

Abigail, a 40-year-old White mother of one child  
I have a really good, better situation than a lot of people. Yeah. Everything was there, except for a few pots and pans I think he lost in the move, the first move.

Aria, a 40-year-old White mother of four children

In addition to the two mothers who transitioned to the homes of their husbands and children, six of the mothers transitioned to the home of their children's caregivers. This was primarily the former prisoner's mother's home; however, one formerly incarcerated mother released to her brother's house. In all six situations, the immediate basic needs were provided by their pre-incarceration social network of family members and friends. Unlike the two formerly incarcerated mothers who were married and released to their own home, the six mothers who released to the homes of their children's caregivers did not release with all their belongings. They had varying amounts of stowed possessions, and one of the women had no possessions upon her release.

### **Emotional Challenges and Supports**

The moment of release is an anticipated event that results in a plethora of emotions as formerly incarcerated mothers navigate reentry. Transitioning from the sterile environment to which most have become accustomed to the unfamiliar freedoms

associated with the outside community is difficult. As the participants in this study shared their narratives, many revealed being unprepared for the transition, as their expectations did not match the emotions they experienced as they left the gate. Sixty percent of the formerly incarcerated mothers reported feeling anxious or overwhelmed as they navigated the initial days of their release. One participant recalled her experience in this way: “I loved the day, but it was really hard, lots of stress and anxiety.” Several were somewhat confused about why they did not feel joyous and happy. Others found comfort in isolation as they tried to understand and cope with the emotions they were experiencing. Chloe transitioned to her mother’s home.

I thought I was going to be so joyous and happy, and it didn’t feel that way. I don’t know how to explain it. It was a struggle. I just wanted to shut myself in my room. I don’t know why. I thought I was going to want to do all these things but it was like the minute you step out that gate it didn’t all feel the same from when you were inside looking at this big world that you want to go enjoy. I was depressed for a little bit, about three weeks maybe a little longer.

Chloe, a 44-year-old White mother of three children Isabella described the difficulty of transitioning from a controlled environment to one that is not controlled, and how even the smallest freedoms were overwhelming. Isabella transitioned to the home of her mother and step-father.

I got bombarded ‘cause everyone wanted to see me, so finally, I just went down to the basement to my room and locked the door and said I need to be left alone...Leave me alone, ‘cause it’s really hard transitioning from that controlled environment to not controlled environment. I get to pick out my clothes in the



morning. I can go to the bathroom when I want, and nobody can tell me, “Don’t get off your block, you can’t go to the bathroom.” You know, I brush my teeth whenever I want. I can, you know, to a certain extent, pick out what I want to eat. Like, just the littlest things that people do without even thinking were just huge tasks for me, ‘cause I hadn’t done them for so long. Like, my life was fairly easy while I was in prison. I was given my food, didn’t have to prepare it. I didn’t have to pick out my clothes. I didn’t have, you know, worry about if my shirt was too tight, or worry about being fat [laughter], or worry about all those things. It was all done for me, like my medical appointments were made for me, and I didn’t have to do that stuff, and so it was really a lot to [inaudible] when I first got out.

Isabella, a 27-year-old White mother of two children  
Mila described how her friend, also a formerly incarcerated individual, took her home for some pampering prior to taking her to her transitional housing.

I remember being in the shower and just crying. To have carpet to walk on, carpet. It just felt really nice.

Mila, a 35-year-old Hawaiian/Native American/White mother of one child  
Others reported difficulty sleeping, not knowing what to do, or finding themselves crying as they experienced freedoms not associated with incarceration.

I couldn’t sleep for nothing. It was ridiculous, so much anxiety. It was unreal, and then it was noise, freedom, people, um, lights, you know, space, it was a it was, not knowing what to do with myself, fear, um. ...It was overwhelming because, um, I hadn’t had choices. I mean, I had choices, but not about big things, not about what I ate, not about when I went to bed, not about when I went to the

bathroom, not about what I did with my day, you know, it was I was told what to do.

Amelia, a 34-year-old White mother of three children  
 Yeah, that first week when you're first out and going and buying clothes. All the really small, simple things that we take for granted. I mean, I would find myself crying in front of the stove because I was making food that I wanted with seasonings and stuff in them. I mean, just really stupid little things that you completely take for granted. Like, being able to sit in a bathtub. Being able to shave and pluck your eyebrows. Really simple things that you'll find yourself in tears about. We leave women there. We leave women there that might not ever come home. They're not getting the kind of help that they need.

Addison, a 44-year-old White mother of two children  
 It was terrifying. At first, you are just completely terrified. You get out and you haven't driven in a car or gone to a store...had more than one choice. You go to prison and they literally eat with you, sleep, everything.

Hannah, a 42-year-old White mother of three children  
 Addison described anxiety related to her fear of going back to prison. She was released on parole, and feeling as though any little mistake might send her back to prison.

“When you're out and you're on parole, and everybody's looking at you. You're peeing for everybody, it's a real fear that you're going to f\*\*\* up and go back. I don't want to jaywalk. We don't want to accidentally eat a grape in the grocery store. You're tippy-toeing. You're not physically there, but you know it's not a very long trip back. That quick.

Addison, a 44-year-old White mother of two children  
 Nora and Mila both identified their transitional housing as a source of anxiety.  
 Transitioning from an environment of mostly women both felt anxious as they were  
 placed in co-ed housing.

There are moments where too many people or the noise, 'cause in prison, you're  
 around all women, and the men that you are around are either in uniform or they  
 are your family, so you know that boundary or what to expect, but out here,  
 there's just a lot of males all over the place, and I'm not used to that, and I feel  
 myself getting anxiety, so I do things to keep myself safe. So, like, I've been  
 venturing out a little bit more every day. I won't go out past 6:00.

Nora, a 37-year-old Native American/Hawaiian/Asian mother of three children  
 Like, right now, I get super panicked, and, like, I'm really hypervigilant, and very  
 rarely, I hold my shoulders like this all the time. It's a lot of, like, where I'm  
 living now, it's like 98% men and 2% women. When I first got there, I was so  
 scared, and so...The people who run the front desk where people have to check in  
 and out, I always, like, I spend a lot of time just sitting down there with them,  
 whether I'm talking to them or not, just sitting there, and they understand what's  
 going on.

Mila, a 35-year-old Hawaiian/Native American/White mother of one child  
 Arditti and Few (2006, 2008) found that many mothers reported accessing informal social  
 support and resources from family members and friends. Seventy-eight percent reported  
 using their family members as confidants, and relied on them for moral and emotional  
 support as they transitioned back into the community. Furthermore, 64% identified

friends as an important link for emotional support and problem solving (Arditti & Few, 2006). Cobbina (2010) interviewed 50 formerly and currently incarcerated females.

When asked about the people and organizations that had either a positive or negative impact on their reintegration, many identified family support as critical to their successful reintegration. The most common types of support the women reported receiving from family members were financial, emotional, and childcare support (Cobbina, 2010).

Emotional support from family members or children included physical expressions of love, such as hugs from children and inspirational notes or letters from siblings and other family members. The formerly incarcerated mothers in this study reported receiving emotional support from friends and family members in both social networks during the initial days of release. Types of emotional support included physical expressions of care, supportive words of encouragement, and guidance as they navigated their reentry.

Physical expressions of care from friends and family members included hugs and holding hands. As Charlotte described her drive from the prison, she recalled her younger sister's gesture to help her feel calm.

I cannot believe I'm actually leaving. And I broke down and started crying because I was actually leaving. Being there for a little more than seven years, and I'm actually leaving. And I got in the car, and I started freaking out a little, a lot. They turned on the TV thing with the movie in it and tried distracting me with that. My sister held my hand most of the ride to Elmer's. And as soon as we got to Elmer's, she's like, "My hand, my hand." Her hand was purple. I held it a little too hard.

Charlotte, a 30-year-old White mother of two children

Other formerly incarcerated mothers described receiving encouragement and guidance from friends and family members as they navigated the first 24 hours. Aliyah described a meeting with her family once she arrived at their home, as they did not want her to feel pressured to obtain her own housing.

Yeah, it was rough ... And then, like, when I first ... We had this family meeting, you know, "You have to stay with us for at least six months, we just don't want you to ... You have a problem, you go too fast, you try to do too much. We just want you to take it slow and steady, slow and steady."

Aliyah, a 31-year-old African-American mother of two children Jada described being met at the gate by her formerly incarcerated friend who provided emotional support and mentoring. As a formerly incarcerated individual, she was familiar with the rigid prison schedule and aware of the challenges that awaited Jada. As Jada described, her friend provided a sense of security as she reentered the community and began doing things she had not done for years.

After that, my friend took me to see the PO, the PO's office. I got a voucher to get \$30 worth of clothes at Goodwill when I was in there, so I went to Goodwill and got some clothes. She took me there. I remember her asking me even then, "Do you want me to stay with you? I might go over here. Are you okay with that?" I said, "No, it's fine." Then she had also asked me if I wanted her to stay in the PO, in the building with me. She was like, "Because I actually need to make a phone call, so do you care if I go outside?" I said, "No." She said, "I'm going to tell you where I'm parked, so when you come out, go this way, and if you get lost, just call me." I was like, "Whoa". The first day, right away, I was doing things that I

hadn't done in a long time by myself. Some people don't. I think in a way, that was helpful, though, because I feel like also if I would have waited, then maybe it would have been harder. Since I just right away was like, "Okay, I'm going to do this." I remember we went to the gas station, I asked her if I could take the money in there and give it to them, because I hadn't touched money in 10 years, because we're not allowed to have money. We have money, but not where we can touch it. She said "Yeah." I'm like, I just want to do this and stuff.

Jada, a 33-year-old African-American/Native American/White mother of one child

In addition to feeling overwhelmed and anxious, more than one-third of the formerly incarcerated mothers reported experiencing difficulty with making decisions during the initial days of their release. Some participants attributed their difficulty in making decision to their prison experience. After years of living in a controlled environment, most had adapted to the expectations of prisoner behavior, and found reclaiming this freedom difficult. When asked about sources of support, formerly incarcerated mothers emphasized the importance of family in helping them overcome their difficulties. Many participants had difficulty ordering their first meal in a restaurant on their day of release, or picking out clothing at the store. Family members were supportive by reminding them of foods they liked prior to incarceration or describing new fashion fads.

We got into Elmer's and I did not know what to do. I did not know what to order. I did not know what was good, how I'm supposed to do things, and my mom's all, "Well, why don't you order a crepe? You liked them last time. You can see how you like them now. Its been a while." I was like, okay, sugar might be a little

better because instead of bringing me up, it'll bring my anxiety down, hopefully.

It'll bring my level down, make me a little calmer.

Charlotte, a 30-year-old White mother of two children

I just ended up telling [daughter's grandmother] "Just please get me whatever you get you I'll eat whatever. I'm used to having my food just thrown in front of me" [laughter].

Mia, a 37-year-old White mother of two children

I didn't know what kind of underwear I liked. My sister had to describe all the different types of underwear and help me pick out underwear.

Charlotte, a 30-year-old White mother of two children

I was a wreck. I had to go to the store to buy some underwear and stuff, and I couldn't even pick it out. I stood in front of the underwear for like 20 minutes.

Ava, a 30-year-old white mother of two children

I asked [name] what she was getting, and I got what she got. Because when you are in prison, you don't have choices, so that's been really difficult for me. So, right now, a lot of it is like, well. "What are you getting?" you know? I've been trying a little bit more, maybe try that and see if I like it, but it's still, that's too much decision making.

Mila, a 35-year-old Hawaiian/Native American/White mother of one child

Aliyah described picking out clothing as "frightening" as she walked around the store looking at mannequins to determine what was in style. She ended up purchasing a pair of white capris and a very bright pink shirt because unlike her prison uniform, they were colorful.

When asked about transitioning from a structured environment to one that is much less structured, Nora described her difficulty.

It was overwhelming. Like, go into a store and there's, like, 300 things, and you have all these options, and you can choose. I still catch myself waiting for somebody to tell me I can do something.

Nora, a 37-year-old Native American/Hawaiian/Asian mother of three children. Some formerly incarcerated mothers shared that although they had been out in the community for months or years, they still had difficulty with decision-making.

Honestly, its still difficult for me to make decisions...I'm pretty institutionalized. I do great in structured settings, but when I do make choices as to where we're going to go eat or what color something is going to be, I can't do it even still, Its kind of weird.

Sophia, a 41-year-old White mother of four children

In addition to the emotions resulting from the stark differences between the prison environment and the outside community, some incarcerated mothers release to changes in their home environment that are emotionally difficult. In this study, two incarcerated mothers experienced deaths during their incarceration period. One participant's baby niece passed away, and another participant's father passed away. Avery shared her experience of grieving her father's death as she transitioned to the community. Isolated in prison, she had not grieved the death, nor fully anticipated the change in her environment and network of support.

The day was a little overwhelming. My dad had died while I was in prison, so I didn't get to parole to him like I did the first time. When you're in prison, its



[death] not real, but when you get out, that's when all that reality hits. Not dealing with that and just acting like it didn't happen. Prison is another world. You can knock yourself out of the real world. You don't deal with your issues, and when you get out, it all hits you at once.

Avery, a 34-year-old White mother of six children

This chapter illustrates the contrast between the prison environment, where incarcerated individuals encounter virtually no variations in their day-to-day activities, and the outside community. It provides an understanding of the immediate legal, financial, and emotional challenges formerly incarcerated mothers encounter as they transition from prison to the community. It explores the social networks, both prison-based and community-based, that provide formerly incarcerated mothers with support and resources as they negotiate reentry into society. In the next chapter, I discuss the process of reuniting with their children and renegotiating their caregiver role.

## **Chapter 7: Renegotiating the Caregiver Role**

Many of the formerly incarcerated mothers in this study experienced challenging circumstances long before their incarceration, and as a result, their caregiving role was negatively impacted. When exploring the processes of reentry and renegotiation of the caregiver role, it is imperative to understand the parenting challenges that formerly incarcerated mothers encountered prior to their incarceration. As illustrated in previous chapters, Leverentz (2014) and Siegel (2011) found that histories of socioeconomic problems, drug addiction, mental health problems, and violence affected mothers' caregiver role, making it challenging for them to provide care for their children even prior to incarceration. Mothers who are unable to fulfill the caregiver role often partially or completely relinquish their role to other family members, friends, or child welfare agencies. In this chapter, I discuss the challenges and supports that formerly incarcerated mothers encounter as they negotiate the return of their children. Specifically, I will 1) discuss the differences between mothers who did and did not immediately reunite with their children, and 2) explore the impact of social networks as formerly incarcerated mothers traverse legal, financial, and emotional challenges in their journey to reunite with their children.

### **Getting My Kids Back**

The competing demands of reentry feel overwhelming for some formerly incarcerated mothers. As the mothers in this study worked to reunite with their children, many encountered legal, financial, and emotional challenges. As formerly incarcerated mothers renegotiate their caregiver role, most of the challenges that impacted their mothering role prior to incarceration remain, adding to the challenges of renegotiation. In

this study, 10 formerly incarcerated mothers were reunited with their children immediately or shortly after their release. Eight of the 10 mothers released to the residences where some or all of their children were residing, and immediately regained varying levels of their caregiver role. Exploring commonalities among the mothers, all eight who were immediately reunited with their children had high levels of family support.

First, the formerly incarcerated mothers were provided housing by a family member. Transitioning to a family home is a significant supporting factor that allows formerly incarcerated mothers to reunite with their children immediately. In addition to housing, the mothers who released to their families homes had immediate access to food, hygiene items, and other necessities, enabling them to focus more on reunification with their children versus meeting basic necessities. The formerly incarcerated mothers with high levels of family support generally reported more frequent visitations with their children during their incarceration. Regular visitation was defined as, at minimum, two to three visits each month. Seven of the eight mothers (87%) who transitioned to the homes of their children's caregivers reported regular visitation during, at minimum, the last six months of their incarceration, compared to 23% of the mothers who did not transition to the homes of their children's caregivers. Visitation is an indicator of family support, as few children of incarcerated mothers have the resources to access transportation to the prison on their own. While incarcerated, mothers are mostly dependent on community-based social networks of family and friends to provide their children with transportation to and from the prison for visitations or to connect with the networks for consultation.

Another indicator of family support was consultation. Similar to Berry and Eigenberg's (2003) discussion on the importance of providing incarcerated mothers with mothering actions, consultation about a child's welfare was defined as an opportunity for the incarcerated mother to provide input on a decision that impacts her child. The majority of consultations were related to the use of medications, medical or dental procedures, academic performance, and school behavior. Six of the eight mothers who were immediately released to the residences of their children reported that they were consulted about their children's welfare during their incarceration (one missing data). However, only two of the 22 mothers who were not immediately released to the same residences as their children reported being consulted about their children's welfare (three missing data). Among the formerly incarcerated mothers who reunited with their children on the day of their release, family support was a significant factor that aided their reunification. Furthermore, upon their release, family members were able to provide immediate housing and help them meet other basic needs.

Isabella was the only mother who reported not having regular visitations while incarcerated who also reported transitioning to the home of her child's caregiver. Isabella's mother, her child's caregiver, lived about five hours from the prison, making the roundtrip close to 10 hours. Isabella noted that although she was not able to have monthly visitations with her son, she did participate in regular letter writing and weekly phone calls. Among the eight mothers, Penelope and Aliyah reported that their regular visitations were in part due to the Family Preservation Project (FPP) at the prison. The FPP is a special program at the prison designed to engage mothers in the role of caring for their children and prepare families for the eventual transition of the incarcerated

mother back to the community. Family preparation included increasing communication between caregivers and the incarcerated mother and the increased involvement of family members in transition plans. At the time of the interviews, the FPP was quite small, serving about 12 incarcerated women. Penelope discussed eligibility for the program and the importance of support from her family members.

I had a kid under seven, which made both my kids eligible. That was one thing. I was ... my family was close enough to where they could realistically drive and get there at 9:00 in the morning and not have to whatever. My family had a car. My family had money to put gas in the car to get there. FPP would reimburse you, give you gas cards, but you had to get there to get the gas card. It's not like they mailed it to you first.

Penelope a 44-year-old White mother of two children

The FPP provides incarcerated mothers with parenting education, support for family communication, skills training for transitioning back to the community, and increased opportunities to engage in mothering activities during family visitations. Penelope's participation in the FPP provided quality parenting time with her daughter, and aided in the overall communication with family members, lessening the awkwardness of transitioning back to the home.

Penelope: Not just seeing her in a visit, but quality parenting time. On top of that, they did all this other work with forming a relationship with my mom and my uncle. There was all sorts of healing done that way where my kids' caregivers could go through the process of grieving and maybe getting that anger out and us starting to communicate again.

Interviewer: Do you think that was helpful in transitioning out?

Penelope: Absolutely. Oh God, yeah.

Interviewer: Tell me a little bit about that. How do you think it helped? What were some of the key things?

Penelope: There was none of the awkwardness. My daughter already was used to hugging me and holding me. So, there was no awkwardness, like when a kid gets to know somebody, they're kind of quiet and shy. None of that. My daughter is calling me Mom the whole time, so there's none of that, like, "What do I call you? Who are you?" That kind of stuff.

Penelope also described the assistance and mentoring she received from the FPP staff with communication. The FPP staff help the eligible mothers regularly call and write letters to their children.

They helped me call. I could've called on my own, but when you have somebody doing it for you, I was somebody that could've had money on my phone to call. Lots of moms can't do that. I get that ... yeah. But what FPP did, was every ... I think it was Tuesday and Friday, or something. Twice a week, I actually signed up a thing where I went in with a support person. They put me on speaker phone and I did whatever I was gonna do with my family. That right there, and then if something weird would come up or I thought something weird was gonna come up, I could talk to somebody about it beforehand on how to handle it or what to do.

Penelope, a 44-year-old White mother of two children

Mothers who are part of the FPP receive regular visitations, and their visitation hours are longer than visitation hours for the general population. Furthermore, the visits include planned activities that provide incarcerated mothers with mothering opportunities.

Just having these sober experiences with my daughter and forming a relationship was huge. Huge. She didn't give a crap that I was in there. Yeah, it sucked when she had to leave. But, she knew she'd see me in two weeks. Not a big deal. I probably played ... and not to make myself sound better, but I probably played harder with my daughter for that three and a half hours every two weeks than most people play with their kid in a month. It's just you and your kid. No outside distractions. And also knowing that it's not gonna be six months before I see you again. Knowing that I'm back here in two weeks having that regular, Yep, 13 sleeps. You can put it on the calendar, whatever. This time of the year, we'd do back to school stuff. So they got to get their backpacks and pick out those back to school supplies.

Penelope, a 44-year-old White mother of two children Aliyah, who was incarcerated for 78 months, described a similar experience regarding her participation in the FPP.

Aliyah: That, right there, gave me rehabilitation. That program gave me hope. It was like, "You know what, Aliyah? You can be a good mom and you can do this." It just basically prepared me and gave me the support I needed because, really, I was doing it all by myself. My family was not involved. My plan, originally, was I was going to get out, I was going back to stay-at-home, I was going to get in Oxford House, my children would be turned

to the Oxford House, saying, “Come pick me up from prison,” and we’d go and move into Oxford House that day, to, “No, you don’t have to do that.” They got in touch with my family and my brother, and we had a family meeting, and it was decided that I was going to live with my brother, but none of that would have happened.

Interviewer: Without FPP?

Aliyah: Yeah. I would have had no support without FPP.

Interviewer: Did your brother become more engaged with you at that point?

Aliyah: Yeah. That’s when he became engaged.

A crucial benefit of participation in the FPP for both Penelope and Aliyah was the increase in family communication and family support. As Aliyah mentioned, prior to her involvement in the FPP, she did not have plans to transition to the home of a family member; rather, she was planning to transition to an Oxford House, where she would be sharing a house with six to eight other women. The plan to transition to her brother’s home meant she was able to be with her children upon her release from prison. In addition to increased family support, both Penelope and Aliyah discussed how their participation in the FPP helped increase communication with their children’s educators. Communicating with their children’s educators is another example of opportunities for incarcerated mothers to be involved in mothering actions.

Then there was this whole piece where they would help me communicate with the schools. My son was going in middle school, and my mom was a little more iffy about that, just for whatever reason. I communicated nonstop with my daughter’s school. I did the parent teacher conference on the speaker phone. I showed up to



my parent teacher conference. My mom didn't show up 'cause she got the day and time wrong. I'm in prison showing up on time and you're not even there. Things like that. The teachers could send me homework. We could email ... Well, I wouldn't physically email, but the person would email. I was completely involved. It would be like if I had a job in a foreign country and I was completely involved. I felt like there was no stigma. FPP really helped normalize it, not make it okay, but make it like, "You screwed up. Now let's get ourself together. Okay? Let's not live in that shame and misery. What are you gonna do different now?"

Penelope, a 44-year-old White mother of two children

I had reached out the first time, I think it was the second year of prison, I wrote a letter to my son's teacher. Absolutely did not...She wrote me back and told me if I wanted information, I needed to get it from the care giver...Yeah, I remember just feeling like a monster, [inaudible] that's how she see me. It's in her preconceived notion, she'd probably never knew anybody to go to prison. To her, she had no idea what I went to prison for, she knew that it was worse, bad enough that I was away from my kids for a long period of time. Once I got into FPP, though, we wrote letters and we...I got to do phone conferences over the phone, which was amazing...So, I did it twice, because I was in the program for two years.

Aliyah, a 31-year-old African-American mother of two children

Most of the formerly incarcerated mothers in this study did not transition from prison with pre-existing relationships with their children's teachers. As their narratives

suggest, transitioning and engaging with individuals in the community who are aware of their incarceration experience is humbling and awkward.

Like at sporting events and stuff, it was really humbling for me to have to come in as the parent that just got out of prison. Most of these families are two-parent households. They're wealthy. They have stuff going on, and I'm like, the one that just got out of prison coming on trying to step into that parenting role and not feel awkward.

Lily, a 36-year-old White mother of three children

In addition to building family support, the FPP program facilitated the development of valuable community connections for both Aliyah and Penelope that supported their transition from prison back to their children's caregivers. Having a parent teacher relationship developed during the mother's incarceration further supports the formerly incarcerated mother's status as caregiver upon her release. Programs such as the FPP that provide guided opportunities for formerly incarcerated mothers to engage in mothering activities prior to their release from prison may reduce reunification challenges.

The reunification experiences of the eight mothers who reunited with their children on the day of their release varied. Some of them anticipated challenges to their caregiver status, and were not surprised by their children's initial reluctance to recognize their caregiver role. Although they maintained their caregiver identity, another adult had acquired their caregiver status. For example, Isabella was immediately thrust into the caregiver role, and although her mother had attempted to maintain a connection between Isabella and her son, there were times during the initial transition when her child was reluctant to recognize her caregiver role.

My mom and step dad were there for that boy 110%. They helped me out so much; if it wasn't for them, I don't know what I would have done. I'm sure it was a huge burden, but they wanted me and [her son] to stay in contact tremendously; they were amazing. The day I got out of prison, I got my son back. The day after I got out of prison, my mom and step-dad went on vacation, so, like, I had him. I had him full time, nonstop, and she's grandma; she's not the caregiver anymore.

Isabella, a 27-year-old White mother of two children

Isabella reported that her son's initial reluctance to recognize her caregiver role was less noticeable when she was engaged in everyday activities; however, when her son was physically or emotionally suffering, he verbally requested care from the individuals who provided his care during his mother's incarceration.

Isabella: Every time he got mad, every time he got hurt "I want [name]." He didn't want anything to do with me 'cause my mom was the one who had been comforting him, or any time he got mad at me, he'd say, "I hate you, I want to go back to [name]." Everything was about her 'cause she was Mom; she took care of him. It was really hard for us to get over that fact. I would call my mom and be like, "Mom," I'd ask her for what I should do, and she would be like, "Isabella, you're the mom, you get to do that."

Isabella: He wanted [name]; he didn't want me, which is hard.

Interviewer: How did you work through that?

Isabella: I would just totally support him and say, "You want [name], and that's fine." I'd validate his feelings, and when my mom was holding him, I would go over and hug him and ask what's hurting, and we would talk

through. Or he would ask a question, like, “Can I go play next door at the neighbor’s house?” He would go to my mom, and my mom would be like, “Go ask your mom.”

Similarly, Abigail anticipated her daughter’s initial reluctance to recognize her status as caregiver. Her experience was somewhat atypical in that she was married and living with the biological father of her child before prison and after her release. While Abigail was incarcerated, her husband and mother-in-law provided care for her daughter. Abigail discussed how she responded to her daughter’s reluctance to acknowledge her shared status of caregiver.

I obviously knew that that was going to happen. She had lived with my mother-in-law for so long that she did go to my husband for a lot.

You know I was really open with her having a good relationship with everyone, and I wanted her to have those relationships, so I just let her kind of lead the way a little bit. I just kind of let her, if she wanted to go to Dad, I let her. I wasn’t, like, involved, like, “You can come to me now.” I didn’t push any of that.

Aliyah and Lily had different experiences as they transitioned into the homes of their children’s caregivers. The immediate reunification with their children resulted in co-parenting as they tried to reestablish their caregiver status. Some of the formerly incarcerated mothers experienced power struggles as they re-entered their children’s lives and homes as caregivers. Aliyah, a mother of two, was happy to be back in the same home with her children; however, she felt challenged as she negotiated her caregiver role. Her brother, who had been providing care for her children during her incarceration, was initially reluctant to relinquish his authority over her children. Aliyah’s brother has

different religious beliefs than Aliyah and is more conservative in his caregiving role. Furthermore, her children were reluctant to initially acknowledge her status as the primary caregiver. When her son asked to pierce his ears, Aliyah and her brother had different points of view on the appropriateness of ear piercing. Aliyah wanted to be respectful of her brother's home and beliefs, yet felt it was important to express her beliefs if she was going to reclaim her caregiver status.

Some things, like, my son wanted to get his ears pierced. He [my brother] was against boys piercing their ears, and so I was like, "Yeah, you can pierce your ears." My brother was like, "No, he can't pierce his ears." I don't know, I was totally, like, at first, I was really enraged by it. Like, "Hold on." You know what I mean? I'm back now. These are my children. And I made sure that there was a very firm foot placed, what was my domain and what was not my domain. My children were mine, because one, if I would have allowed my brother to keep making decisions, they're not going to respect me. They're not going to respect what I say. They're not going to feel ...They're not, you know what I mean? "If Mom says no and Uncle says 'yes,' and Mom lets that go, then I don't have to go to Mom, just go to Uncle."

Aliyah, a 31-year-old African-American mother of two children Lily also expressed frustration with reestablishing her caregiver role. Lily returned to the home of her mother, the children's grandmother, who had been sharing custody of the children with their biological father. As she tried to reestablish her caregiver role, Lily recognized the importance of communication with her mother, and of discussing discipline, rules, and caregiver roles.

I think the most hardest thing has been setting boundaries or asking my mom to fall back from the caregiving role to now the grandparent role. I think that's been the most difficult because when you have two adults bossing kids around, sometimes it seems like they're like, "Jeez, she just told me that," or "I already said that," so just being like, "Hey, I got this, it's okay."

Lily, a 36-year-old White mother of three children

Lily also provided insight into what pre-release discussions would have eased some of the tensions as she transitioned back to the primary caregiver.

My mom came to the four-month reviews and two-month reviews, and they know that I have conversations with my kids, and I think it would've been very helpful to talk about, "Hey, who's gonna be in charge of punishment? What are gonna be the rules for when kids visit? Can they just take off and go to their dad's if they are feeling uncomfortable? Is that acceptable?" We didn't have any of those ground rules set up, and it's caused confrontation.

It is important to prepare incarcerated mothers so that as they transition, they are able to help their children adjust to a new living situation. Other formerly incarcerated mothers found that as their children had developed and matured, the caregiver role with which they were familiar no longer met their children's needs, and they were challenged with redefining their caregiver role. Upon reunification, their children provided guidance to help them redefine their interactions. Penelope described her son's response to her display of affection toward him and her effort to redefine what was normal.

I want to hug my son, or I want to be on the couch next to him, and he's like, "Get off me." 'cause now he's 15 and he was 12. ... Things like that; he's like, "Mom,

this is weird.” I remember wanting to be overly touchy with him, and him be like, “Eh” so that might’ve been annoying, but whatever. I just had to figure out that that was normal.

Aria was incarcerated when her child was two months old, leaving him with her husband, the biological father. He was the primary caregiver, and during the day, while at work, he relied on professional childcare. Although she had several visits with her son during her incarceration, and thought she was ready to provide full-time care for him upon her release, she quickly realized she needed some time. She described the many calls for assistance and questions she needed to ask her husband shortly after her release.

I would have to call my husband so much to ask him, “What does he like? Does he eat...He’s eating solid? Is that normal?” and stuff like that. Yeah, it was crazy, crazy...He did go back to childcare that week, and we did transition him after, because I was just like, “Oh, no I got this,” and then I was like, “Okay, maybe let’s transition it”...I feel like my husband is let down, disappointed in me because I don’t keep him.”

Aria, a 40-year-old White mother of four children  
Isabella described a similar frustration. After being incarcerated for approximately four years, she had to relearn how to provide care for her child, including his likes and dislikes, and what was appropriate and safe.

Its really stressful being in there and then coming out, ‘cause your kid’s a whole new age. They like new things, they like to do new things. I don’t know what this kid eats. I mean, does he eat baby food or does he like hotdogs? Ya know, I don’t

know, especially because he was my one and only child. I was like, “Can he have a sucker, or will he choke on that? “

Isabella, a 27-year-old White mother of two children  
Chloe’s children were older, and upon her release, she had difficulty finding significance as their caregiver. She described her insecurity as she transitioned home and searched for significance.

It was very hard at first. I felt like, hey, I’m home. Here I am. They’re like, “Okay. Love you. Good to see you. Got to go.” It was very much of a struggle for me. I was struggling. I struggled really hard just to figure out where I fit in. They were doing just fine, so where do I come from? Where do I fit in?...That’s how you struggle, like do they need me

Chloe, a 44-year-old White mother of three children

In addition to reunification with their children, formerly incarcerated mothers who transition from prison to the homes of their children’s caregivers, have access to many of their basic needs, yet challenges remain as they negotiate the caregiver role. Challenges include 1) co-parenting struggles as formerly incarcerated mothers strive to regain the role of primary caregiver from the adults who provided care during their incarceration, 2) redefinition of their caregiver role as they assess how the needs of their children have evolved over the period of their incarceration, 3) regaining their caregiver status, especially for mothers whose children were young when they were incarcerated, and 4) finding significance, especially for mothers whose children are older teenagers and less dependent on adult supervision. As formerly incarcerated mothers renegotiate their caregiver role, it is important to recognize that some of them are negotiating the caregiver



role for the first time, and the challenges they encounter stem from a lifetime of maternal disengagement.

In addition to the eight mothers who were released to the homes of family members where their children were residing, both Madison and Elizabeth were reunited with one of their children shortly after their release to transitional housing. Their experiences were much different, as they were both living in transitional housing and had limited possessions or resources. Madison had given birth to her daughter while incarcerated. Madison was reunited with her infant daughter shortly after her release. Despite living in drug-free housing, she relapsed, and her daughter was eventually formally removed from her care by the DHS.

Elizabeth was suddenly awarded custody of her son shortly after her release due to the arrest of his caregiver. She described transitioning back into the caregiver role with little time to adjust before reuniting with her son.

When I got out, I went to a recovery house, and the requirement was to get a job in 30 days. So, I got a job that very week. It was the Friday before Thanksgiving. I started my job that following Monday at Wendy's, which was horrible. I was not there a week, and living at this recovery house, I was not working a week when I got a phone call that my son's dad was just arrested for selling drugs, and they're giving my son to me full time because I'm the fit parent... I remember him telling me he didn't like cooked food. He only liked food from Dairy Queen. He was hitting me.

Elizabeth, a 47-year-old mother of three children

Formerly incarcerated mothers who release to the homes of their children's caregivers generally have immediate access to and more time with their children than formerly incarcerated mothers who release to transitional housing. Additionally, mothers who release to the homes of their children's caregivers are more likely to have had their immediate needs met and less likely to be dependent on community resources for food, clothing, hygiene items, or transportation. Thus, they are able to initiate the renegotiation of primary caregiver earlier than mothers who do not transition to the homes of their children's caregivers.

Twenty mothers in this study were not immediately reunited with their children. I asked those mothers to discuss the question, "What does it take to get your children back?" Several themes emerged as they reported on their personal journeys to reunite with their children. Fifty-two percent identified legal requirements as a barrier to reunification with their children, followed by personal wellness (42%), financial resources (42%), and depleted relationships (24%). For some formerly incarcerated mothers, the categories were interconnected, as their previous drug use had impacted their personal wellness, family relationships, financial resources, and legal custody of their children. In those cases, abstinence from alcohol and other drugs was a priority for reunification.

### **Legal Requirements**

The legal requirements the formerly incarcerated mothers encountered as they worked to get their children back included conditions of parole and conditions imposed by either the legal guardian or the DHS. Parole conditions that prohibit interstate travel create barriers for formerly incarcerated mothers whose children reside in another state.

Two of the formerly incarcerated mothers had placed their children with caregivers in a neighboring state during their incarceration. Both mothers were released from prison to Multnomah County, Oregon. The City of Portland, located in Multnomah County, is geographically located on Oregon's northern border. Vancouver, Washington, located across the Columbia River, is minutes from Portland. It is common for individuals from Vancouver and the Portland metropolitan area to travel back and forth between the two states for work, shopping, and entertainment. Upon their release, neither participant was permitted to travel across the bridge to visit her children. In such cases, formerly incarcerated mothers remain "incarcerated," as they are completely dependent on their children's caregivers to arrange transportation for visitations. One mother described her frustration when she learned that she must wait 90 days, following her release from prison before traveling across the river to visit her children in Washington.

When I got out and I met my PO, my PO's all, "You can't cross state lines." So it just ... she was like, "No, that's a basic rule." That would have been ... It was very, it's just depressing to have all these hopes and, like, counting down to that, and then to be told, "no." So, I had to wait 'til after my 90 days, and then I started taking the bus over...

Victoria, 35-year-old Native American mother of two children

The majority of the formerly incarcerated mothers working to regain custody of their children were negotiating with family members; only two were negotiating with the DHS. Regardless of whether they were negotiating with family members or the DHS, however, the mothers were impacted by the legal requirements of their children's legal guardians. They faced a broad range of requirements, including abstinence from alcohol

and other drugs, enrollment in a treatment program for SUD, regular attendance at DHS appointments, safe housing, employment, and proving themselves to be responsible caregivers. Both Scarlet and Amelia expressed frustration with the legal requirements as they detailed their journeys with the DHS for the return of their children. Scarlet felt as though the requirements were, at times, ambiguous.

The youngest was still in foster care, and it took almost a year to be accountable to do what I was supposed to do. Then a change in case workers happened, and it was like night and day. The first two women that were my caseworkers never had any children, I was a scum of the earth to them, and then a guy took over, and, voilà, he's back. It's like, "Okay, I'm doing the same thing, what's the deal?" But it's them.

Scarlet, a 51-year-old White/Native American mother of two children

As Amelia described, as long as she stayed clean and sober, she was meeting the DHS's legal requirements to regain custody of her children.

Interviewer: Coming out of prison, what did you have to do to get your kids back?

Amelia: I just had to live a clean and sober life and be a productive person. I mean, I just never gave up, you know, I did the things I was supposed to do as a human being, as a member of society, you know. Um, I took care of myself instead of always expecting someone else to take care of me. It was about nine months, close to a year into, um, I started getting unsupervised visits with my little boy, my baby

Interviewer: So, was that nine months after your release?

Amelia: Yes, ‘cause they didn’t believe it at first. They wanted to see not just a month, not just three months, but continual, um, stability. And, so, I got [youngest son] back within 30 days after I got my first unsupervised visit with him. Um, it was 30 days and he was returned home...As long as I stayed clean, I had, I mean, before, I had never known how to be a responsible person. Like, I had never held a job, I had never done those healthy things. So, as long as I stayed clean, those things kept my focus and I didn’t f\*\*\* off my money, or not come home at night, or lose my housing, or miss an appointment, I just naturally eventually didn’t do those things. I made the next right choice every single day, and put one foot forward right in front of the other, and even when I had failure or was told “no,” ‘cause there were times I wanted to give up. Like, DHS told me I could have my kids for an overnight and stripped it from me, I mean all in one swoop, because I had said the wrong thing to the wrong person. But I didn’t let that get in my way. I kept going, you know, I said, Fine, we’re just going to keep doing this, because pretty soon, you ain’t going to be able to tell me no.” And they knew that those were the rules, though, and so I was able to, you know, motivate. That motivated me.

Amelia, a 34-year-old White mother of three children

The formerly incarcerated mothers negotiating with family members to regain custody experienced similar frustrations with ambiguity. Depending on the mother’s sentence length, a variety of guardianship and legal custody arrangements had been completed prior to her incarceration. At the time of sentencing, many mothers had limited

caregiver options for placing their children. To avoid involvement with the DHS, many mothers signed over their children's legal guardianship to relatives. The mothers' approval of transferring formal guardianship was often completed very shortly before their sentencing, and without full disclosure of the conditions of guardianship. It was often not until after a mother's release that she fully understood the conditions of what she had signed and how the conditions affected her parenting status. This is significant, as in every instance in this study, the formerly incarcerated mothers realized their custody agreements did not have any conditions or guidance for reunification after incarceration. This created an uneven power dynamic as they began negotiations with family members for full custody. Their custody agreements provided leverage for the children's guardians to persuade the formerly incarcerated mothers to do what they thought best for the mothers and children. Jada described her frustration with her mother, her son's legal guardian.

There have been times when I feel like she's kind of put it over my head too: where, well, "I have your son, and I can actually really do whatever I want," and she's actually said that before, "Because I have custody" kind of thing. It's like, yes, I get the point that you have him, and I'm grateful that you have custody of him. Yet, I don't feel like that's really helping the situation if you're going to kind of throw it in my face that you have custody of him. When she got custody of him, she actually told me not to sign these papers that her lawyer was sending, or contest them or say anything about them, because if I did, she wouldn't get custody. It turns out, a few years later when I looked at them, because I was thinking about it, I'm like, "This is kind of weird." I was talking to one of my

friends, and I talked to, actually, even an attorney later about it, and they were like, “No, you should have actually probably said something, even if it was ‘I agree to this,’ and said, ‘Yes it’s fine that my mom has custody, but we need to come up with a plan for when I get out.’” Really, the papers, all they say is that she’ll bring him to visit me while I’m in prison. It says nothing about when I get out, number one. Number two, the way it makes it look, because she told me not to respond to it, makes it look like I didn’t care in a sense; like I didn’t do anything, because his dad didn’t either, but I was told by her to do that.

Jada, a 33-year-old African-American/Native American/White mother of one child  
Upon her release from prison, Victoria worked with the courts to file paperwork that increased her caregiver role, as her mother was currently the legal guardian.

Yeah, so, it’s technically, my mom still has them full time now, but what it is in our paperwork is that we have overnights and weekends, and there’s a special clause that I added in that I can have more than what is set in visitation at the discretion of my mom and my stepdad.

Victoria, a 35-year-old Native American mother of two children  
Challenging legal requirements for regaining custody of children included conditions of parole and conditions imposed by either the DHS or other legal guardians. Whereas the conditions of parole were more prescribed and time-limited, the conditions imposed by the DHS or other legal guardians seemed ambiguous and without time limits. Legal custody agreements that include guided opportunities for formerly incarcerated mothers to reclaim their caregiver role may reduce custody barriers for mothers. Predetermined

custody guidelines may reduce power imbalances between the caregiver and the formerly incarcerated mother by providing a more prescribed approach to the transfer of custody.

### **Financial Resources**

As mentioned in a previous chapter, 86% of the formerly incarcerated mothers in this study had limited resources, averaging \$183.00 in cash upon their release.

Furthermore, the formerly incarcerated mothers' financial challenges were exacerbated by their debts. Seventy percent owed money related to restitution, court fines, or child support at the time of their release. Few had the necessary resources to provide the basic necessities for their children, making it difficult to reunite. As demonstrated among the eight mothers who immediately reunited with their children, housing is a critical element of reunification. Among the mothers in this study who did not immediately reunite with their children, adequate housing was the most common financial challenge reported.

Although none of the mothers were homeless at the time of their release, many were placed in transitional housing. Whereas some transitional housing is set up to accommodate mothers and their children, most transitional housing is for single adults. Layla described her choice to wait until she was able to secure her own housing versus bringing her son into the multifamily housing arrangement she was released to.

I wouldn't want to raise my son in Oxford. I don't have anything against people who do, but it's just not ideal for me. My son has never had to live with eight other women. I think just being stable, getting on your feet, saving money, and making a goal to get into your own place. Everything takes time, so, you know, eventually get your license back and a car. If you have to go to court, as long as you're doing what you're supposed to do, and you're making those further steps,



they're not going to keep you from your children. I think as long as you just keep doing what you're supposed to do, things will work out.

Layla, a 30-year-old White mother of one child

In other situations, the caregivers did not approve of the multifamily housing arrangements. Victoria, as previously mentioned, signed over guardianship to her parents prior to her incarceration. Her mother did not feel comfortable allowing her children to visit at her multifamily transitional house, as her housemates included individuals convicted of sex offenses. This created a financial burden for Victoria as she arranged with her mother to meet and visit her children.

My parents wouldn't let my kids come to the transitional house for visiting, and so it took a lot of money to come up with places to go do things and planning, because I had to pay for everybody. There was always dinnertime, and my mom always had my nephew, so I was paying for my nephew, too. I have to pay for the whole visit because that's what's right, and it's understandable. My mom and my stepdad, they don't know who else is at that house, and sex offenders are allowed at that house. So, that was one of the barriers, is not having a resource to have visits for kids or having housing for, but safe housing.

Victoria, a 35-year-old Native American mother of two children

Formerly incarcerated mothers who spent the first several months in transitional housing had fewer visits with their children, less communication with their children, and were less likely to be in the caregiver role or co-parenting than formerly incarcerated mothers who transitioned to living with family members or a spouse. A significant barrier for women in transitional housing is that most transitional housing is designated for

adults only, making it difficult for the formerly incarcerated mothers in this study to spend time with their children. In addition to housing accommodations that made it difficult to reunite with their children, transportation was a barrier. The mothers living in transitional housing had fewer resources for transportation and were more likely to depend on public transportation or walking, making it more difficult for them to commute to where their children were living.

In addition to housing challenges, the formerly incarcerated mothers reported a lack of sustainable employment as a financial challenge to getting their children back. To fulfill the conditions of their parole, the majority of the formerly incarcerated mothers secured employment shortly after their release. However, most of the mothers were employed in low wage positions prohibitive to supporting a family. Furthermore, several mothers experienced the collateral consequences of a criminal record. Hannah discussed her experiences of seeking employment as an individual with a felony conviction.

I got the job. Gave notice. Went, and was just so excited. Like, I was going to be able to get off food stamps, welfare, just stoked. They get my criminal history back, and the owner calls me in the office and is just, she felt really uncomfortable because of the identity thefts, even though I wasn't dealing with anybody's personal information. I mean, my record is like this, you know. I'm like, "Wow, I can't believe this. I quit my job." It was in November. "Seriously, you're going to fire me?" ...She said, "Well, I need to sleep on it." I came back to work the next day, and she said, "You know, I really want to be supportive in what you're doing. I just don't feel comfortable. Here's \$3,000 severance pay." I got fired, and I had another job within three weeks. That's when I went to

[business name], but I was devastated. And that happened to me too when I went out. I went to two interviews for a recruiting position at a [name]. Good money. Opportunity for overtime, and then I was selected, and after they found out, they said, “We’re going to have to go with a different candidate.” It’s disappointing, that you can have all of the right skills.

Hannah, a 42-year-old White mother of three children

Whereas a couple of the mothers had completed job training during their incarceration and had obtained usable skills, most of the mothers were employed in low-skilled, low-paying service industry jobs, such as restaurants, hotels, and gas stations. Formerly incarcerated mothers with low family support levels encounter huge financial obstacles as they work to obtain housing and employment that provides the necessary resources to reunite with their children. The majority of incarcerated women are mothers, and most anticipate reuniting with their children upon their release. Transitional housing designed to accommodate children and families may reduce financial barriers that prevent mothers from reuniting with their children.

### **Personal Wellness**

Several of the formerly incarcerated mothers expressed the importance of personal wellness in their journey to renegotiate the caregiver role. Personal wellness was conceptualized as being stable, healthy enough to take care of oneself, and staying clean and sober; that is, abstinence from alcohol and other drugs. Although only 42% of the study participants identified personal wellness as an important factor in getting their children back, personal drug use negatively impacted the caregiver role of 86% of the formerly incarcerated mothers. For the majority of the formerly incarcerated mothers in

this study, abstinence from drugs was a theme woven through every aspect of their plans to reunite with their children. Abstinence is also interconnected with their legal requirements and relationship building. Delaying reunification may be helpful for some mothers, as it provides time for them to adjust to living in the community, focus on their own well-being and abstinence, and prepare for a caregiver role that most have not held in many years. Several mothers identified personal wellness as a priority in getting their children back, and they recognized the importance of their own sobriety as they prepared to reunite.

If you're coming out of prison, I think if you're coming from, and you are an addict, which a lot of us are, I think you really need to take care of yourself, and, um, really be working a program to keep the disease, this is a disease that doesn't go away...

But I think, um, I think the first and foremost thing is just working a program and getting yourself grounded and stable. You know what I mean, um, maybe gradually easing back into their [their children] lives, because I know that was a huge thing. You don't just kind of go in and uproot them from everything they know. Maybe visit slowly.

Mia, a 37-year-old White mother of two children

I want to say one other thing. A mom has to want to be well for herself. She can't want to be well for her kids. She can't want to be well for her significant other. She can't want to be well for any program. She has to want to be well, strictly for herself. That's it. That's the start. Because when you learn how to take better care of you and you learn yourself, then you can better be a provider for your kids

when things get difficult, when things get challenging, when doors get shut, when you get told “no,” when you face poverty and you want to go commit crimes, when you get stressed and you want to go get loaded. You have to want this only for you first.

Zoey, a 40-year-old White/Native American mother of three children

If I didn’t take care of myself and didn’t complete the things that I needed to complete, then I’m going to them with half of what I need.

Addison, a 44-year-old White mother of two children

Their ongoing SUD negatively impacted their personal wellness, family relationships, and financial resources prior to their incarceration. Whereas many of the formerly incarcerated mothers reported that they had been involved in treatment for SUD multiple times, it appeared to continue as a negative factor in their reunification with their children. As formerly incarcerated mothers with SUD reenter society, access to appropriate gender-based alcohol and other drug treatment and peer recovery support groups is a crucial element for their recovery and reunification with their children. Additionally, abstinence is an important factor in their ability to obtain employment, maintain compliance with their conditions of parole, strive to repair depleted relationships, and build trust among family members and others who have provided care in their absence.

### **Depleted Relationships**

Among the formerly incarcerated mothers in this study, depleted relationships were a direct result of their SUD. Their addiction impacted their ability to provide responsible care for their children long before their incarceration. Some of the mothers shared stories

of abandoning their children with relatives in order to get high, not returning for days. Others stole from family members and friends in order to buy drugs. A consequence of their SUD and pre-incarceration behavior is diminished trust among family members or friends who provided care for their children in their absence. When asked “What will it take to get your kids back?” Olivia prioritized her own personal wellness; however, she also noted the importance of rebuilding a relationship with her child’s caregivers, her mother and stepfather. Olivia stole from her mother and stepfather to support her addiction, and eventually relinquished her daughter to their care. Olivia’s mother provided care for her child during her incarceration. Olivia described the need to build trust with her mother and work on communication as well as respecting her mother’s parenting advice as she began to have visits with her child.

Building trust, definitely, building trust back and open communication, um, you know, and um, whenever she’s trying to show me stuff with my daughter, like, just do it do what she says. Yeah, just go from there, I guess.

Olivia, a 27-year-old Asian mother of one child  
Ava discussed the importance of building trust among the people who had been taking care of her children and ensuring that they feel confident that she is a fit mother.

Dedication, um, hard work, ‘cause it takes a lot to admit that you were wrong. Um building the trust of the people who have taken care of your children. Trusting you with your own children. It takes time, and a lot of people get frustrated, and then they can’t do it because, um, I was very lucky because my son was never in DHS custody. I didn’t have to prove to a court that I was fit as a mother. I just had to prove to my son’s grandma, and, um, it can be very, um, emotional part.

Ava, a 30-year-old White mother of two children

As they worked to rebuild depleted relationships, some of the mothers felt it was important to transition slowly to avoid abrupt disruptions in their children's current living situations. Because of the mothers' SUD, some children had been apart from their mothers prior to their incarceration, as many of the caregivers had been providing partial care long before the mothers' incarceration. As mentioned, delayed reunification may be helpful, providing formerly incarcerated mothers, their children, and their children's caregivers the opportunity to build trust, and to repair and rebuild depleted relationships.

This chapter explores the challenges and supports that formerly incarcerated mothers encounter as they renegotiate the caregiver role. Approximately one-third of the formerly incarcerated mothers in this study reunited with their children immediately or shortly after their release. Most released to the homes of their children's caregivers. Among this group, high levels of family support was a significant factor in their immediate reunification. Formerly incarcerated mothers with high levels of family support reported fewer financial challenges as they renegotiated the caregiver role, as family members provided immediate housing and helped them meet other basic needs. Formerly incarcerated mothers who did not immediately reunite with their children identified financial, legal, and emotional challenges.

Most formerly incarcerated mothers release with few financial resources, and many have substantial financial debts. Difficulty securing living-wage employment post-release creates financial obstacles for mothers as they seek affordable housing for their families. Furthermore, the ambiguity of quickly drafted pre-incarceration child custody agreements often results in power imbalances, leaving transitioning mothers with limited

parental rights as they renegotiate their caregiver role. Finally, a history of ongoing SUD negatively impacts their caregiver role; it may take time to heal relationships and rebuild trust among family members and those who have been providing care for their children.

In the next chapter, I explore the neighborhood factors that impact formerly incarcerated mothers as they reenter the community and renegotiate their caregiver role.



## **Chapter 8: Neighborhood Factors**

The majority of scholarly research on prisoner reentry has thus far been undertaken from an urban perspective (Ward, 2017; Wodahl, 2006). Little is known about the challenges and supports offenders encounter when transitioning to a rural community (Ward, 2017; Wodahl, 2006). Emerging research indicates that formerly incarcerated individuals returning to rural communities encounter unique challenges that formerly incarcerated individuals returning to urban communities do not encounter (Beichner & Rabe-Hemp, 2014; Wodahl, 2006; Zajac, Hutchinson, & Meyer, 2014). Rural residents are less likely to have access to vital resources, such as affordable rental housing, quality employment opportunities, and community resources, such as mental health or SUD treatment and public transportation (Wodahl, 2006). Robertson (1997:413) found that “the availability of treatment services appears to vary with population density and proximity to urban areas.” Leukefeld et al. (2002) concurred stating that the unique geography of rural communities isolates residents from treatment services. SAMHSA (2002; as cited by Wodahl, 2006) reported that rural residents live an average of 13 miles from the nearest treatment provider, a distance more than seven times greater than their urban counterparts. This is critical for formerly incarcerated mothers returning to rural communities as many have histories of trauma, physical or sexual abuse, and SUD.

In this chapter, I investigate the neighborhood resources that formerly incarcerated mothers in both rural and urban communities access in order to support renegotiation of their caregiver role. Beginning with the moment of release, I examine the similarities and differences between rural and urban communities as formerly

incarcerated mothers transition back to the community. Specifically, I explore formerly incarcerated mother's initial placement in the community, their perceptions of neighborhood safety, available local resources, and the density of acquaintanceship.

Before discussing the neighborhood factors that formerly incarcerated mothers contend with it is important to define the differences between urban and rural communities. As stated, Donnermeyer and DeKeseredy (2014), categorized rural communities via four commonalities including (1) smaller population and/or density, (2) higher acquaintance density, (3) less autonomy, and (4) landscapes that are greatly influenced by external cultural, economic, and social forces. Wodahl (2006) suggested that one of the most difficult aspects of studying rural communities is developing a definition that encompasses the broad meaning of rural. Whereas the U.S. Census Bureau defines rural and urban areas strictly based on a population count, Wodahl (2006) suggested the importance of looking beyond the population count to explore how the lives of individuals residing in small communities are affected by the rural landscape. Population does not in itself describe the unique economic, geographic, and cultural features of small communities (Wodahl, 2006). Compared to urban areas, rural communities are less likely to provide comprehensive and accessible resources for both private and public services, housing, and employment opportunities.

#### Initial Placement

Among the formerly incarcerated mothers in this study, rural mothers were more likely to release to the home of a family member or friend than urban mothers, 43% versus 25% respectively.

Formerly incarcerated mothers that are unable to release to the home of a family member or friend often move from prison to a transitional house. Transitional houses are temporary homes designed to bridge the gap from homelessness to permanent housing. Additionally, many transitional houses are designed to provide support for individuals in recovery from SUD or provide job or skills training. Unlike the rural community, the population base and sprawling cities in the urban county allow for greater diversity in transitional housing. Mothers from the urban community talked about the variety of transitional houses including faith-based homes, recovery support homes, skill-based homes, and homes designed to provide culturally focused, gender responsive services for Native and non-Native women. Although the geographic region of the rural community is much greater than the urban community the concentration of transitional housing in the rural community is much smaller. Formerly incarcerated mothers who release to transitional housing in Linn County reside near each other and are more likely to be living in a familiar neighborhood.

As the formerly incarcerated mothers from both urban and rural communities shared their transition experience, I noticed that the process to obtain housing differed between the two communities. Whereas in the rural community formerly incarcerated mothers were actively involved in planning their post-release housing, mothers from the urban community were not engaged, rather they were told by their parole officer were to report. When asked about the process to obtain housing, mothers who transitioned to rural communities described a pre-release application process that included a phone interview with the other tenants of the transitional house. Once approved by the transitional house they knew their post-release placement. Mothers who transitioned to

urban communities expressed increased anxiety related to the release process as they did not know where they were going until hours before they were due to check-in. Nora describes her process to obtain housing upon her release.

Interviewer: You didn't know where you were going when you were released?

Nora: Nope, that was a little bit stressful, but I was told not to worry, but at the same time, I've heard about different places that they could put you.

Interviewer: Some were better than others it sounds like?

Nora: I was a little bit like oh! I'll just make the most of it. Actually, I lucked out because [housing] actually really good, compared to other places that they have for transitional.

Interviewer: Is there a reason they don't tell you where you're going?

Nora: I guess according to my correctional counselor, her name is [ name], I don't know if you know who that is...She's a really nice lady. She said that they used to hold beds for people and then something would happen to where they wouldn't show up and then there's a bed with nobody in it. She said they used to be able to tell you, like, "Hey you're going to go to this such and such." They changed that.

Nora: They wait for your PO to tell you, so I didn't know anything until I went to my PO.

Hannah had a similar response when discussing her initial release and placement.

I didn't even know when I got out where I was going to go. They just say, "Go report," and then they sent me to [housing], clean and sober housing, because my sister lived in a

different county... Yeah, it was very stressful. It makes it hard to plan anything, you know.

Formerly incarcerated mothers from the urban community who anticipated releasing to transitional housing were less likely to be involved in planning their housing placement and most did not know where they would be placed prior to their release. The purpose of delaying their housing information was described as an effort to reduce unfilled beds due to “no shows.” Formerly incarcerated mothers from the rural community who anticipated releasing to transitional housing were actively involved in planning their post-release housing and knew prior to their release where they would transition. Incarcerated mothers who know in advance where they are transitioning are better able to plan their day of release with family members and their children’s caregivers. They know where they are transitioning and are more likely to be aware of house rules and/or curfews that may impact the activities planned for their day of release.

### **Neighborhood Safety**

After becoming aware of the pre-incarceration challenges that most of the mothers encountered, I was interested in their post-incarceration neighborhood placement and the availability of resources. To explore the neighborhood environment that the formerly incarcerated mothers resided in, both pre- and post-incarceration, I asked the mothers to describe the safety of both neighborhoods. I purposefully did not provide a definition of “safety,” allowing them to describe the factors they depend on for defining safe neighborhoods. The mothers identified three indicators of an unsafe neighborhood: the availability of illegal drugs, observable violence, and homelessness. The primary indicator mentioned by most mothers (92%) was the availability of or easy access to

illegal drugs. Neighborhoods were considered to have easy access to drugs if there were known drug houses or the regular presence of street dealers. Violence was defined as the presence of gangs, shootings or drug activity that resulted in physical fights; homelessness was defined as the presence of individuals living on the streets without a permanent home. Twelve of the formerly incarcerated mothers self-defined their post-incarceration neighborhoods as unsafe; however, their lived experiences seemed to indicate a level of confidence as they resumed their lives on the outside. Zoey initially released to transitional housing in an urban community; however, she eventually resumed living in her pre-incarceration apartment, which was also in the urban community.

It's not a safe neighborhood, but I'm streetwise, my kids are streetwise, so we know how to navigate that. I live by a homeless day, a day shelter or day program and I live by the [transit] stop a block and a half, so it's always a lot of chaos and drama over there. We don't really go out at night. We stay indoors.... There's just shooting in our parking lot, which I'm a witness to. I didn't see the lady, but still somehow they think they can call me as a witness."

Zoey, a 40-year-old White/Native American mother of three children  
Mia described the location of her transitional house in a rural community, and the easy access to illegal drugs in her neighborhood, and the close proximity of bars.

"Well, we live across the street from (bar) so every Friday and Saturday night all of us recovering women get to sit on the porch and see all that. Um but I mean its (city) and there is a lot of drug and a lot of homeless and a lot of everything but I really think that like attracts like and maybe if I was in the mode to get high or that's what I was seeking you can go find it anywhere but I don't run I've cut

everybody off that I use to use with...I've bumped into people but I never forget were I've come from but I really just don't give them the time of day today I'm just really tapped in."

Mia, a 37-year-old White mother of two children  
Additionally, several of the mothers mentioned concern over individuals who were drawn to the neighborhood specifically to purchase illegal drugs.

One-third (10) of the formerly incarcerated mothers in this study released to transitional housing in what they identified as unsafe neighborhoods. Forty percent (12) of the formerly incarcerated mothers in this study returned to neighborhoods with high availability and easy access to illegal drugs. Four of the 10 returned to rural communities, and six returned to urban communities. Among the ten, the majority (90%) reported pre-incarceration difficulty with substance abuse. The stress associated with re-entering society, combined with returning to neighborhoods with high visibility of illegal drug activity, increases the likelihood of relapse. The negative consequences of relapse varied among the participants in the study. However, one formerly incarcerated mother was returned to prison as a result of her drug use while on parole. Others may experience prolonged efforts to reach personal wellness, negatively impacting their renegotiation of the caregiver role. Formerly incarcerated mothers who release to transitional housing are more likely to report their neighborhood as unsafe than those who release to the home of a family member or friend.

### **Neighborhood Resources**

The majority of mothers reported receiving both food and financial resources from the DHS, and many received temporary housing subsidies from either their PO or

another local resource. To learn more about the unique neighborhood resources that the formerly incarcerated mothers found helpful in their reunification process, I asked them about their community involvement both pre-incarceration and post-incarceration. I provided examples of community involvement, such as support groups, involvement in the faith community, parenting classes, or involvement at resource centers. Prior to their most recent incarceration, the majority of the formerly incarcerated mothers (18) reported no community involvement in any type of community service or resource. Six of the mothers reported involvement in the faith community, such as attending church activities, and two reported participating in parenting classes prior to incarceration. Victoria attributed her noninvolvement in community resources to her lack of knowledge. She described having no idea where to access services, whereas Hannah described her reluctance to access services as purposeful.

“I had no idea what to do. I had never experienced being inside of the drug and crime lifestyle, so I had no idea what resources. I think people learn that as they go in and out of jail or treatment. That's when you find that out, so I had no idea what to do.”

Victoria, a 35-year-old Native American mother of two children

“Before, I didn’t want anybody to see my face. I was not living right. It’s a lot different.”

Hannah, a 42-year-old White mother of three children

Community involvement increased significantly post-incarceration, with most of the mothers reporting participation with multiple organizations. Five key community resources emerged from their discussions: recovery support services for SUD, the faith



community, exercise, mentoring, and community volunteerism. The primary purpose the formerly incarcerated mothers indicated for their involvement was the belief that their participation would help reunification efforts with their children. Most of the mothers identified SUD as a debilitating factor in their caregiver role, and they voiced the importance of abstinence in reunification efforts. Recovery support services for SUD primarily included participation in both structured support groups, such as Narcotics Anonymous and Alcoholics Anonymous; non-structured or faith-based support groups; and enrollment in formal treatment programs. It's foreseeable that the mothers in this study would engage in recovery support services as 87% indicated their SUD had negatively impact their caregiver role. As such, 63% reported involvement in recovery support services for SUD post-incarceration. The formerly incarcerated mothers from rural communities were more likely to report involvement in recovery support services for SUD compared to the urban mothers: 79% versus 50%, respectively.

Following recovery support services for SUD in terms of participation levels was involvement in the faith community. Fifty-seven percent of the formerly incarcerated mothers reported involvement in the faith community. The mothers from the rural community were more likely to report involvement than the mothers from the urban community: 64% versus 50%, respectively. Involvement in the faith community primarily involved church attendance and Bible studies. However, the mothers reported obtaining a variety of resources through their churches including food, clothes, hygiene items, transportation, faith-based parenting classes, financial support, and spiritual mentoring.

While the primary support services the formerly incarcerated mothers reported using were recovery and faith-based support, there were a variety of activities that the individual mothers reported as helpful community resources, such as exercise programs, trauma therapy, parenting classes, education and skills-based training, family advocates and legislative advocates. Some of the mothers reported their involvement in resources or activities as an effort to gain personal wellness. As mentioned in a previous chapter, personal wellness was conceptualized as being stable, abstinent from alcohol and other drugs, and healthy enough to take care of oneself. Some of the mothers had been involved in a prison jogging program and continuing their exercise in the community was an important component of their personal wellness.

“Yeah, that’s the most important thing to do right now, is to work on myself, and, um, to gain the stability, and, um, you know, just prove to myself that I’ve got this-that I can take care of myself, and if I can do that, then I can take care of [daughter].

Olivia, a 27-year-old Asian mother of one child

Overall, the formerly incarcerated mothers released to the rural community were more likely to release to the home of a friend or family member and, they were more likely to participate in community resources. The formerly incarcerated mothers in the rural community reported, on average, involvement in three local resources, versus two among the mothers in the urban community. It is difficult to determine the full impact of community involvement on reunification efforts, as the formerly incarcerated mothers had varying lengths of post-incarceration time in the community.

### **Acquaintance Density**

The formerly incarcerated mothers who released to small towns had different experiences when returning home than the formerly incarcerated mothers who returned to large cities. The density of acquaintanceship in small towns can impact formerly incarcerated mothers' reentry. Whereas cities contain a relatively high proportion of people who do not know one another, in a small community, it is physically possible to know everyone in town. In this study, the unique rural community features of smaller populations and high acquaintance density resulted in a greater likelihood of the formerly incarcerated mothers encountering former drug dealers or drug-using friends. When talking about the safety of her neighborhood, Olivia described an encounter with her former drug dealer.

I know this is a safe house, the neighborhood, the surrounding areas. I know that this road down there, that people use drugs over there. I know that this entire area actually surrounded by drug houses, but, um, I feel strong enough that it doesn't even trigger anything for me. Like, I've already seen the person that I used to get high with that lives [location], but this house is safe.

Olivia, a 27-year-old Asian mother of one child

When asked if anyone had helped her obtain employment, Sophia responded, "I mean, I know everybody in town." Even though the proportion of residents acquainted with one another was greater among the formerly incarcerated mothers returning to the rural community, few participants expressed concern about their notoriety as a formerly incarcerated individual or the close proximity to drug-using friends. The formerly incarcerated mothers released to transitional housing in the rural community were more likely to be living in familiar neighborhoods, and in close proximity to their pre-

incarceration drug-using friends or drug dealers. Due to the larger population of the urban community and both the diversity of housing options and there geographic locations spread across the county, formerly incarcerated mothers released to the urban community were less likely to transition to a familiar neighborhood.

As the principal investigator for this study, I had not previously anticipated the effect of residing in a small community and how acquaintance density may impact myself or my family. Prior to the participant interviews, I had not met any of the study participants. As a resident of the rural community where the participants were released, I encountered several participants after I had interviewed them for the study. I categorized the participant encounters into two categories: work and community. Work includes participant encounters related to my employment, and community includes participant encounters related to living in a small community. I encountered four rural participants in the context of my employment. One encounter involved a study participant who was seeking services at my place of employment, and three involved study participants who were working or volunteering at agencies that partner with my employer. I continue to have participant encounters with the latter three participants who are working or volunteering for agencies that partner with my employer. Additionally, I encountered two rural participants as a result of living in the same community. As formerly incarcerated mothers return to small communities and seek employment, there are limited options compared to large communities that have multiple shopping malls, restaurants, and gas stations that serve each neighborhood. I ran into one study participant while getting gas, shopping at the mall, and eating dinner at a family restaurant. At each location, she was an employee. I encountered a second participant at multiple school-sponsored community

sporting events. Each time I encountered a participant, I let the individual choose to initiate any recognition or discussion. One of the four participants chose to openly disclose the nature of our relationship and her involvement in the study. As the principal investigator, I had not anticipated the impact of the density of acquaintanceship, nor the numerous events in which my family and the families of the women who participated in this study would cross paths. Today, I am more appreciative of their willingness to participate in this study and their bravery in sharing their experiences.

This chapter has explored the initial placement, perception of neighborhood safety, and the neighborhood resources that formerly incarcerated mothers in both rural and urban communities access in order to support the renegotiation of their caregiver role. Prior to their most recent incarceration, most of the mothers reported no involvement in community resources. However, post-incarceration, most formerly incarcerated individuals reported involvement in community resources. Formerly incarcerated mothers who release to rural communities are more likely than formerly incarcerated mothers who release to urban communities to engage in local resources. The two primary resources for involvement include services for SUD and involvement in the faith community. Sixty-five percent of the formerly incarcerated mothers from the rural community and 25% from the urban community reported participation in both SUD and the faith community. Formerly incarcerated mothers released to a rural community are more likely than those released to an urban community to be living in transitional housing located in close proximity to their pre-incarceration drug-using friends or drug dealers.

## **Chapter 9: Discussion, Recommendations and Conclusion**

This research's primary objective is to enhance the literature on the supports and challenges that formerly incarcerated mothers from urban and rural communities encounter as they negotiate the role of primary caregiver for their minor children, a role they must negotiate with family, friends or government actors. Most of this study's formerly incarcerated mothers envisioned resuming primary care for some or all of their children. However, having spent a considerable portion of their children's formative years in prison, many of these women found that the primary caregiver role was not easily resumed. In general, the isolating nature of incarceration limits a mother's ability to actively parent her children. Although incarcerated mothers maintain their identity as mothers, other family members, friends, or agencies stepped in to fulfill daily mothering activities.

This research explored four primary guiding questions. How do formerly incarcerated mothers define the role of primary caregiver for children? How do they perceive their caregiver role prior to their most recent incarceration? What legal, financial, or emotional factors contribute to their success or failure in renegotiating their caregiver role? What neighborhood resources can they access in urban and rural areas to help them renegotiate their role as primary caregiver?

### **Defining the Primary Caregiver Role**

In chapter 5, I discussed the contradiction between formerly incarcerated mothers' mothering ideology and their pre-incarceration mothering role. Intensive mothering ideology (Hays, 1996) is based on a gendered expectation that mothers unconditionally

dedicate a tremendous amount of time, energy, and money to raising their children. This ideology assumes a seamless transition from birth to adulthood; however, a growing number of non-traditional families, such as those with formerly incarcerated mothers, have complicated the definition of the mother's role. Applying an intensive mothering ideology to untraditional families is a challenge, making it difficult for untraditional mothers to align with societal norms.

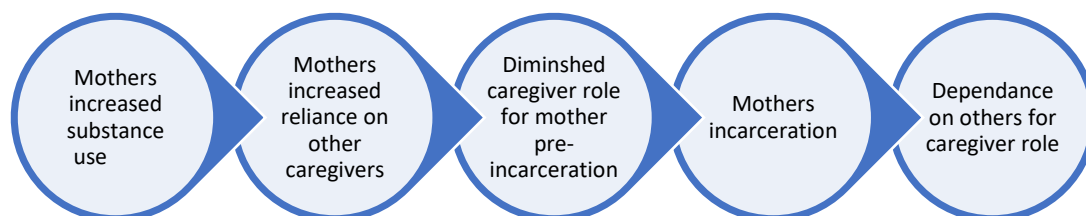
This study has demonstrated that formerly incarcerated mothers' mothering ideology aligns with that of the dominant culture. Most participating mothers described effective mothering as the loving, protecting, and nurturing of their children. However, when mothers were asked about their pre-incarceration caregiver role, their responses showed a contradiction in their ideology and the reality of their situation. In reorganizing the response data from codes to categories, this contradiction revealed itself as temporary and associated with participants' SUD. The findings illustrate an association between the mothers' increased substance use and their increased reliance on others for caregiving prior to incarceration. Furthermore, as their reliance on others for caregiving increased, their activities associated with the primary caregiver role diminished. This was the experience of Penelope, a 44-year-old mother of two, who described her pre-incarceration goals thusly:

Oh, but I was so bad I couldn't even get up to get my daughter to school. I was off gallivanting around [at night], so I didn't get home in time. My mom and uncle were the ones responsible for getting my kid to school.

Penelope, a 44-year-old mother of two children

Figure 3 illustrates the association between the participants' increasing substance use and the progression from increasingly relying on others for caregiving to depending on others for caregiving. However, this study's post-incarceration narratives demonstrated that the diminished caregiver role is reversible. At the time of the interviews, 57% of participants reported living with their children and fulfilling the role of primary caregiver for at least one of them. Furthermore, all of the mothers who reunited with their children post-incarceration reported their abstinence from alcohol and other drugs.

Figure 3: The Impact of Mother's SUD on the Caregiver Role



In chapter 6, I elucidated the contrast between the prison environment and the outside world and discussed the challenges that formerly incarcerated mothers encounter as they transition from prison. I also discussed the social networks that provide support and resources as mothers reenter society. Transitioning from prison is an important first step in the process to renegotiating the caregiver role. Most of this study's participants were released from prison with insufficient resources, leaving them reliant on social networks for their basic necessities. The resources formerly incarcerated mothers access



during their initial days of reentry include transportation from prison, clothing, housing, food, and other basic necessities. This study's data showed that participants accessed essential resources through two separate types of social network: most accessed community-based networks that included family and pre-incarceration friends, but 27% reported accessing resources through social networks developed in prison.

Prior research has shown the benefit of social networks for formerly incarcerated women transitioning out of prison. However, the isolation, stigma, and economic burdens associated with incarceration alter individuals' networks while they are incarcerated. In this study, some of the participants reported that their family or friends had limited resources to help or that they were alienated from their pre-incarceration social networks. Prison-based networks transcend prison walls and support formerly incarcerated mothers during their initial reentry. Eight of this study's participants received financial, emotional, or legal support from individuals with whom they were incarcerated. Participants reported the following supports: transportation on the day of release, gifts of clothing on the day of release, housing, gift cards, ongoing support for SUD recovery, and help navigating the reentry and reunification process during the initial days of reentry. For example, Victoria, a 35-year-old mother of two, recalled that her parole officer recognized the supportive nature of a friendship she developed while incarcerated and granted her an early release from transitional housing so she could move in with this friend. She said,

I was supposed to be there for 90 days, but my best friend, [name], her 90 days were up...our parole officer said it was okay for her to move out and suggested that I move out with her...[We] had done all of our prison sentence together...and

[our parole officer] just said that for that many years to be together and to be productive and doing well together that to continue that would be better and to stop that could be detrimental to one of us so she let me leave the transitional house early.

Incarceration removes people from their community, a reality that Clear (2007) described as disruptive to pre-incarceration social networks. However, there is a paucity of literature exploring social networks comprised of formerly incarcerated individuals. Future research should explore how prison-based social networks transcend prison and support reentry; it should also examine the duration and type of support formerly incarcerated individuals receive from prison-based social networks and the differences in recidivism between formerly incarcerated individuals who access community-based versus those who access prison-based networks.

In chapter 7, I explored the legal, financial, and emotional factors that contribute to the success or failure of formerly incarcerated mothers' renegotiation of their caregiver role. Early in the analysis, the data revealed that renegotiation of the caregiver role was not comprised of a single process; rather, it comprised a tiered progression of negotiations with family, friends or government agencies. The progression begins with regaining custody of their children and continues as formerly incarcerated mothers negotiate to reclaim their caretaker responsibilities from the individuals that provided care during their absence.

For this study's participants, regaining custody was primarily dependent on the ability to secure adequate housing, meet the conditions of parole, and regain trust from the individuals who took over daily caregiving. The findings illustrate an association

between enduring family support and post release reunification. Furthermore, family support emerged from the data as fluid, transcending the legal, financial, and emotional factors that impact reunification. Indicators of family support included regular visitation during the mother's incarceration, consultation opportunities during her incarceration, the taking of responsibility for daily caregiving activities, and the provision of financial assistance throughout the period of incarceration and reentry. This study demonstrated that enduring family support increases the likelihood of reunification because it provides opportunities for mothering activities, the rebuilding of relationships that suffered prior to and during the mother's incarceration and mitigating of the mother's financial burdens upon release.

Participants who had limited familial support were more likely to encounter financial obstacles--such as obtaining adequate and affordable housing--that delayed reunification efforts. However, participants said that legal requirements were the most challenging factor in regaining custody of their children. At the time of sentencing, the mothers in this study had few options to find caregiving for their children. To avoid DHS involvement, most mothers signed guardianship agreements releasing their children to their maternal grandmother or another relative. The data illustrated that custody agreements hastily completed prior to sentencing were absent reunification guidelines. The absence of such guidelines created an imbalance of power, enabling temporary caregivers to dictate reunification guidelines and timing. As mentioned, predetermined custody guidelines may reduce power imbalances between the caregiver and the formerly incarcerated mother by providing a more prescribed approach to the transfer of custody.

As stated, renegotiating the caregiver role comprises a tiered progression of

negotiations. The data showed that family support was associated with immediate reunification because it saw the participant quickly return to the existing family structure. However, participants who moved into the homes of family members immediately upon release were more likely to experience challenges in reclaiming their caregiver activities than those that regained custody after securing their own adequate housing. Challenges included regaining the caregiver status from another adult in the shared home and co-parenting power struggles related to discipline and decision-making authority. Participants who reunited with their children after obtaining their own housing were less likely to report such challenges.

Among mothers who were not reunited with their children by the time of this study's interviews, three factors emerged as barriers to reunification. At the time of the interviews, three of the mothers were recently released from prison; as such, they had just recently begun the process of reuniting with their children. Two of the mothers experienced continued challenges with SUD, resulting in ongoing foster care and adoption for some of their children. Finally, although four of the mothers expressed interest in getting their children back, they had not yet begun the process.

In chapter 8, I explored the experiences of formerly incarcerated mothers as they transitioned to the community, including their perception of neighborhood safety, and the neighborhood resources they accessed to support the renegotiation of their caregiver role. Neighborhood factors and their role in the challenges and successes of reentry should be considered when determining post incarceration housing. In this study 40% of participants returned to neighborhoods with known drug houses or the regular presence of street dealers. The implication of transitioning from a prison to a neighborhood with easy

access to illegal drugs is concerning for formerly incarcerated mothers in recovery for SUD, and individuals who do so are at increased risk for relapse (Binswanger et al., 2012).

The primary community resource utilized by this study's participants was SUD recovery support services. The adverse relationship between persistent SUD and the caregiver role was a recurring theme in the participant interviews. Among the 11 formerly incarcerated mothers who reunited with their children after being released, 82% were involved in SUD recovery support services while working on reunification efforts. Justice systems should consider the collective impact of various neighborhood factors on formerly incarcerated mothers' on-going sobriety.

Prior research has highlighted the unique features of rural communities. Small populations result in high acquaintance density. Formerly incarcerated mothers returning to small communities often return to familiar neighborhoods. In this study, 93% of participants who returned to a rural community, went to a familiar neighborhood in which community members knew of their criminal history. Participants communicated mixed feelings about their return to these neighborhoods. Some expressed embarrassment, while others seemed comfortable. Further research should explore the impact of acquaintance density on children and their formerly incarcerated mothers returning to rural communities.

### **Policy Implications**

The incarcerated mothers in this study spent a significant portion of their children's formative years isolated, leaving other family members, friends, and foster care systems to manage the daily mothering activities of their children. Upon reentry,

most envisioned transitioning back into their previous role of primary caregiver for some or all of their children. As an increasing number of mothers are incarcerated, this study's findings can inform the process of renegotiating the caregiver role. Drawing on the findings from this study, I will conclude with the following policy recommendations.

#### Substance Use Treatment

Access to gender responsive and gender specific substance abuse treatment is critical. Prior scholarship has shown a relationship between traumatic childhoods, substance abuse, and crime among incarcerated women (Messina, Grella, Burdon & Prendergast, 2007). This study's participants were not directly asked about interpersonal violence; however, consistent with previous scholarship, many of the participants disclosed traumatic incidents from their childhoods. A substantial body of research has assessed the treatment needs of men and women with a SUD. Results have shown that, compared to men, women have unique histories of childhood trauma, abuse, and interpersonal violence in adolescent and adult relationships, as well as involvement with child protective services, homelessness, and dependency on others for financial support (Messina, Burdon, Hagopian & Prendergast, 2006). Lynch et al. (2017) showed that incarcerated women are more likely to report a history of trauma than non-incarcerated women. Anda et al. (2006) found that adverse childhood experiences are related to future substance abuse in adulthood. Ireland and Widom (1994) found that a history of abuse significantly predicted adult arrests for offenses related to alcohol and other drugs among female subjects. Whereas most of this study's participants reported prior involvement in substance abuse treatment programs, a significant portion did not appear to have overcome their SUD. Traditional substance abuse treatment or programs designed for

men may not offer ideal outcomes to incarcerated women. Treatment that focuses on the specific needs of women is critical in prisons and aftercare programs. Lynch et al., (2017) brought awareness to the importance of improving assessment procedures that identify the potentially complex mental health needs of incarcerated women, with special attention to trauma exposure. Prendergast, Messina, Hall & Warda (2011) found that women who participated in community-based gender specific treatment programs reported significantly less substance use and criminal activity after one year than those who participated in community-based, mixed gender treatment. Messina, Burdon & Prendergast (2006) found that women who transitioned to community-based after care for SUD were less likely to return to be reincarcerated during the first six-months of their release than women who did not transition into a community-based aftercare program for SUD.

Ensuring effective gender-based substance use and mental health treatment for drug-involved mothers is critical, as the likelihood of recidivism increases when drug addiction is not addressed. Correction departments should collaborate closely with community-based treatment programs to address the complex needs of women transitioning out of prison and reduce the barriers to effective treatment. Programs that assess participants for a history of trauma and abuse, identify reentry challenges, provide gender-specific services, and reduce transportation barriers increase the likelihood for positive outcomes.

#### Family Reunification Programs

The isolating nature of incarceration can have devastating impacts on the mother-child relationship, and the separation can be distressing for both parties. In this study,

most participants did not have regular visits from their children, nor did they communicate with their children during incarceration. Formerly incarcerated mothers who experienced limited visitation or communication with their children leave prison to discover that their children have substantially changed. Their children have grown physically, emotionally, and developmentally, and the caregiver needs have evolved accordingly. Formerly incarcerated mothers who had little or no visitation or communication with their children during their incarceration are unprepared to provide care upon their release.

In chapter 7, I discussed an intensive family reunification program that two of the mothers in this study participated. The Family Preservation Project (FPP) at CCCF works with incarcerated mothers to promote change that reduces the collateral consequences of maternal incarceration on their children. The FPP provides incarcerated mothers with regular visitation and communication with their children, opportunities to engage in mothering activities, and support for ongoing communication with caregivers and other partners, such as schools or doctors. Additionally, the program prepares families for the eventual transition of the incarcerated mother back into the community. Recall, Penelope's statement regarding her experience in FPP, "My daughter already was used to hugging me and holding me. So, there was no awkwardness, like when a kid gets to know somebody, they're kind of quiet and shy. None of that. My daughter is calling me Mom the whole time, so there's none of that, like, 'What do I call you? Who are you?'"

The FPP's Intensive Family Reunification project provides ongoing, supervised visitations between mothers and their children and parenting education and coaching that



helps mothers learn healthy ways to interact with their children. Additionally, FPP participants are given guidance and support that increases communication with family members and their children's teachers. The increased communication with schools allows mothers to participate in school conferences and be more involved in their children's education. Communication with family increases their involvement with the mothers in transition planning and reunification. Providing opportunities for incarcerated mothers to participate in reunification programs supports the mother-child relationship during both incarceration and reunification. I recommend developing family reunification programs for incarcerated mothers that foster ongoing mother-child and mother-caregiver communication, opportunities for mothering activities, and reunification support planning.

### Conclusion

Most incarcerated mothers will eventually be released back into their community, and for many mothers, the situation is overwhelming. Faced with unique challenges, they navigate reunification and the process of reclaiming their caregiver role. The purpose of this dissertation has been to better understand the supports and challenges that formerly incarcerated mothers encounter as they renegotiate caring for their children. As more children and families are impacted by maternal incarceration, understanding the challenges that formerly incarcerated mothers encounter and the community resources that may aid their post-incarceration success is imperative. As stated, reentry into family life and the role of primary caregiver should be a critical element of criminal justice policy, as those who maintain family ties and reenter family life successfully after incarceration are less likely to be rearrested (Petersilia, 2003).

I have concluded by providing recommendations to address the complex needs of formerly incarcerated mothers and their families. This dissertation adds to the literature on maternal incarceration, reentry, and renegotiation of caregiver roles. However, scholars must continue to explore the systemic needs of incarcerated mothers and their underaged children and develop gender -appropriate services that address their complex needs as they transition back into the community.

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## APPENDIX A

**Interview Guide**

1. What is your date of birth?
2. What is your race/ethnicity?
3. What are the names of two intersecting streets near the home that you last lived in?
4. How far did you go in your schooling?
5. Were you employed 6 months before you were incarcerated? Yes No
  - a. If yes, what type of work did you do and how many hours did you work per week?
6. I am also curious about your personal relationships.
  - a. Have you ever been married? Yes No
  - b. If yes are you currently married? Yes No
    - i. If currently married: How long have you been married?
    - ii. If not currently married: What happened?
      1. Widowed
      2. Separated
      3. Divorced
      4. Other
7. Are you currently involved in a romantic relationship? Yes No
8. How many children do you have?
9. How many children currently live with you?
  - a. Biological
  - b. Step
  - c. Adopted
10. If you have any children between (0-18 yrs.) not currently living with you where do they live?
  - a. Relative
    - i. How related
  - b. Friends
  - c. State/Foster care
11. Have you ever been diagnosed with a mental illness?
  - a. If yes did you receive treatment?
  - b. If yes, where, when, how long
12. How often do you use alcohol?
  - a. How old were you when you took your first drink?
13. How often do you use other drugs?
  - a. Types and drug history?

- b. How old were you when you started using (drug)?
- 14. Have you ever received alcohol or other drug treatment? Yes No
  - a. If yes, where, when, how long?
- 15. What offenses were you charged with that led to your last incarceration?
- 16. How many times have you been arrested as an adult?
- 17. How many times have you been incarcerated as an adult? (If never, not eligible for study)
  - a. How old were you the first time you were incarcerated?
- 18. Did you have any money the last time that you were released from prison?
  - a. If yes, how much and where did you get it?
- 19. Were you taking any medication while you were incarcerated?
  - a. If yes, can you tell me what you were taking?
    - i. Did you have your medication with you when you were released?
    - ii. About how much did they give you when you were released?
- 20. Did you have photo identification when you were released? Yes No
- 21. Did you have any unpaid fines or owe money to the legal system when you were released?
- 22. Did you live in a safe neighborhood before you were incarcerated?
  - a. What made your neighborhood safe/unsafe?
- 23. Did you return to the same neighborhood?
- 24. Was your most recent crime publicized in the media (newspaper, T.V.)?
- 25. Before your most recent incarceration what was your living arrangement?
  - a. Rented
  - b. Lived with relatives
  - c. Lived with friends
  - d. Lived with S/O
  - e. Homeless on streets
  - f. Shelter
  - g. Owned Home
  - h. Other \_\_\_\_\_

## APPENDIX B

### Intensive Interview Guide

#### Joint Custody: Formerly Incarcerated Mothers and the Negotiation of Caregiver Roles

1. In your words how would you describe a caregiver?
2. How would you describe your role as a caregiver prior to your most recent incarceration?  
 Prompts:       Who else helped with caregiving?
3. Tell me about your living situation before your most recent incarceration  
 Prompts:       Location  
                   Who else lived in the house  
                   Were you employed  
                   Did you have any community connections to church/clubs/mentors  
                   How was your physical health  
                   Source of income  
                   Were you living with your children  
                           If not (tell me about the individuals or agencies that provided care for your children)
4. Could you describe the events that led up to your incarceration?
5. Tell me about your neighborhood?  
       Do you consider it a safe place?  
       Prompts: Are there any problems in your community? violence, gangs, drugs etc.
6. What changes occurred in your family as a result of your incarceration?
7. Tell me about the individual(s) or agency that provided care for your children during your incarceration.
8. What type of legal requirements did you have upon release?  
 Prompts:       Conditions of probation  
                   Employment  
                   Treatment  
                   Fines  
                   DHS  
       What was the most difficult and why?
9. Could you describe the support system you had when released?  
       Where did you get money and food etc.?  
       Prompts:       Family

Boyfriend/S/O  
 Church  
 Resource Center/Halfway house  
 Community Support groups or agencies  
 Mentor  
 Housing

10. How would you describe your caregiver role today?

11. What things or places in the community have been most helpful as you transition back into your role of caregiver and why?

Prompts: Church  
 Family  
 Friends  
 Community Services  
 Treatment (drug/mental health)  
 12 step programs  
 Halfway house/Transitional housing

12. What do you think are some of the most important supports every community should have for women transitioning back from prison?

13. What do you think are some of the most important supports every community should have for mothers transitioning back from prison?

14. What individual strengths helped you/will help you transition back to your role of caregiver?

15. After having this experience what advice would you give to other mothers who are just coming out of prison?

16. Is there something that you might not have thought about before that occurred to you during this interview that you would like to tell me?

17. Is there something else you think I should know to understand your situation better?

18. Is there anything you would like to ask me?

