Meaning-Making Among Women Post-Incarceration: A Grounded Theory Exploration of Resilience Process

By

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A dissertation submitted in partial fulfillment of

the requirements for the degree of

Doctor of Philosophy

(Counseling Psychology)

at the

UNIVERSITY OF WISCONSIN – MADISON

2022

Date of final oral examination: June 8, 2022

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Abstract

This dissertation investigated meaning-making among women released from prison in order to better understand the resilience process. This study utilized a qualitative grounded theory approach to improve our understanding of the psychological adjustment and resilience process that occurs as women transition into the community from incarceration. Previous research has found meaning-making to be associated with various benefits, including improved mental well-being and decreased likelihood to recidivate, however, most research has used men as the sample population, taken place outside of the United States, and/or utilized quantitative or mixed-methods approaches. The aim was to explore meaning-making among women released from prison in order to improve our understanding of their psychological adjustment and resilience process and how it may influence desistance. Ten cisgender female participants living in the Midwest region of the United States were successfully recruited and interviewed as part of this study. Constructivist grounded theory was used to analyze the interviews. Themes from interviews revealed an overarching storyline, which narrated the compilation of experiences that contributed to women's incarceration and their meaning-making process post-incarceration. Themes were organized in women's stories by three important time periods in the women's lives: which were pre-, during-, and post-incarceration. The grounded theory that emerged from this study indicated that the three time periods interrelated to one another, and some similar themes appeared across the three periods, playing evolving roles at each time period based on the individual's growth and meaning-making.

TABLE OF CONTENTS

LISTS OF FIGURES AND TABLES

We must never forget that we may also find meaning in life even when confronted with a hopeless situation, when facing a fate that cannot be changed. For what then matters is to bear witness to the uniquely human potential at its best, which is to transform a personal tragedy into a triumph, to turn one's predicament into a human achievement. When we are no longer able to change a situation . . . we are challenged to change ourselves. —Frankl (1959, p. 112)

Chapter 1
Introduction

Incarceration in the United States

The United States (U.S.) is home to five percent of the world's population but houses twenty-five percent of the world's people who are incarcerated (U.S. Bureau of Justice Statistics). A review of national statistics from 2013 showed that 6,899,000 Americans were under correctional supervision: 4,751,400 people were under supervision of probation and parole and 2,220,300 people were incarcerated in prisons and jails (U.S. Bureau of Justice Statistics). In other words, 1 in 9 American men and 1 in 56 American women are likely to be incarcerated or under correctional supervision in their lifetime (U.S. Bureau of Justice Statistics).

These rates are more astounding when racial disparities are considered. African Americans are more likely than White Americans to be arrested and once arrested, African Americans are more likely to be convicted and to experience lengthy prison sentences as compared to their White counterparts (Mauer, 2011). African American adults are 5.9 times as likely to be incarcerated than Whites and Latinos are 3.1 times more likely than Whites to be incarcerated (Mauer, 2011). In other words, one of every three African American men can expect to go to prison in their lifetime, as can one of every six Latino males; in contrast one of every seventeen White men can expect to go to prison (Mauer, 2011). Racial and ethnic disparities among women who are incarcerated in the U.S. are less substantial than among men (Mauer, 2011).

While the number of women incarcerated is less than men, the mental health impact and adjustment back into society for women is unique and important to understand. Women have life experiences that differ from men in important ways, especially in regard to trauma and healing. As such, there is a need to acknowledge individual differences, specifically among women released from prison. Existing research is limited in its understanding of the resilience process for women who were previously incarcerated. The aim of this study is to explore meaning-making and psychological adjustment that may contribute to resilience among women who have transitioned back into the community following incarceration.

Brief History of Incarceration in the U.S.

To fully understand the impact of mass incarceration it is necessary to consider a complex array of issues, including the history of incarceration, race relations, and the impacts of poverty. In the 1960s there was a widespread closing of state psychiatric facilities across the United States, which is commonly referred to as deinstitutionalization. The intention of deinstitutionalization was to improve care for people suffering from mental illness and shift treatment to less restrictive settings. Instead of relying upon state psychiatric facilities to institutionalize individuals, the goal was to create more community-based health centers to provide mental health treatment. Yet, many of those centers were never built and those that were ran into financial distress shortly thereafter. This created a lack of sufficient community mental health resources and resulted in a significant increase in the incarceration of people with mental illness (Greenberg & Rosenheck, 2008).

The *War on Drugs* began in the 1970s, which further negatively impacted individuals suffering from mental illness. The War on Drugs used a "tough-on-crime" rhetoric and mandated long prison sentences for drug-related offenses, even for small amounts of drugs or first-time

convictions (Greenberg & Rosenheck, 2008). It is estimated that 1 in 5 people currently incarcerated are there for drug offenses (Austin, Bruce, Carroll, McCall, & Richards, 2001). Given the comorbidity of mental illness and substance dependence, the War on Drugs has been cited as significantly contributing to increasing the number of people with mental illness in jails and prisons (Austin, Bruce, Carroll, McCall, & Richards, 2001).

People with mental illness are 4.5 times more likely to be arrested than those in the general population and they are often sent to jail or prison (James & Glaze, 2016). Data from 2005-2006 shows that over half of prison and jail inmates meet criteria for mental illness. Furthermore, research shows that men are less likely than women to seek help from healthcare professionals, even when experiencing severe levels of distress (Sattar, 2003). Men who have been incarcerated have significantly higher rates of mental illness and have underused mental health services as compared with the general population (Sattar, 2003).

Incarcerating individuals with mental illness, especially severe mental illness, raises ethical and security concerns (Greenberg & Rosenheck, 2008). Mental illness is associated with increased rates of behavioral difficulties while in prison. Mentally ill individuals are disproportionately placed in solitary confinement as a response to behavioral difficulties and lack of mental health resources in prison, which has been shown to worsen psychological distress s (Greenberg & Rosenheck, 2008). Despite the need for mental health treatment while incarcerated, only about a third of state prisoners and a sixth of jail inmates who need mental health treatment reported receiving treatment (James & Glaze, 2016).

Biases of the Criminal Justice System

Racial disparity is prevalent throughout the criminal justice system and grows at every stage, from policing, to arrests, to trials, to sentencing and post-release opportunities. Evidence

from research studies has shown that individuals with identical criminal histories who have committed the same crimes are nonetheless treated differently based largely on the color of their skin (Walker, Spohn, & DeLone, 2012). These injustices have contributed to a growing mistrust between BIPOC communities and the police (Walker, Spohn, & DeLone, 2012). While state and local governments, advocates, and policymakers have been pushing for progress and implementation of fair policies (Walker, Spohn, & DeLone, 2012), there is still work to be done and the impact from decades of systemic racism has significantly impacted individuals' lives and their perspectives of a justice system that does not always feel just.

Women who are Incarcerated

The rate of incarceration for women remains far lower than the rate for men (i.e., 51 of every 100,000 women versus 819 of every 100,000 men; Covington, 2002). Despite this difference, the rate of women being incarcerated has increased at a rate nearly double that for men since 1980 (Covington, 2002). It is important to note that as the rate of incarceration for women rises, there does not appear to be an overall increase in women's criminality as the proportion of women imprisoned for violent crimes has continued to decrease (Covington, 2002).

There are gender differences between women and men in the reasons for incarceration. Women are more likely to be arrested and incarcerated primarily for property and drug offenses whereas men tend to have more violent offenses (Covington, 2002). Research has shown that most violent crimes committed by women are against a spouse, ex-spouse, or partner (Covington, 2002). Furthermore, women often report having been physically and/or sexually abused by the person they violently assaulted (Covington, 2002). Whereas men tend to have more severe criminal histories, women have more severe substance abuse histories and co-

occurring psychiatric disorders (Covington, 2002). Research also has documented differences between women and men in terms of the types of drug offenses. For women, cocaine/crack was the most prevalent drug-related offense while methamphetamine use was more prevalent among men (Covington, 2002). Women whom have been incarcerated tend to have lower self-esteem and higher frequency of sexual and physical abuse in childhood (Covington, 2002). Taken together, these data suggest that gender differences in crime types may reflect larger societal differences in life experiences of men and women.

Recidivism

Recidivism is defined as the act of a person repeating an undesirable behavior after they have either experienced negative consequences of that behavior or been trained to extinguish that behavior (Travis & Visher, 2005). Specifically, when referring to incarceration recidivism rates refer to the percentage of former prisoners who are rearrested (Travis & Visher, 2005). Most prisoners will return to society at some point in their life and will need to either adjust to society or re-engage in criminal activity. Research on recidivism is important in providing healthcare and policy professionals with a better understanding of these processes and how to implement effective strategies to help individuals released from prison successfully reintegrate into the community and reduce recidivism.

When reviewing research on recidivism, it is important to remember that the ability to predict recidivism depends largely on the length of time post-incarceration that a study examines, and scholars typically use knowledge of factors related to recidivism to estimate the probability of a crime being committed in the future (Ewald & Uggen, 2012). Research has demonstrated several factors that are associated with recidivism among individuals released from prison. These include gender, race, ethnicity, age, social class, homelessness, substance use, mental health,

social support, and the length of one's criminal history (Sampson & Laub, 2003). Within five years of release from prison, men are more likely than women to be arrested (Sampson & Laub, 2003). In regard to race and ethnicity, the rate for recidivism from highest to lowest is for African-Americans, Latinos, and Caucasians (Sampson & Laub, 2003). Furthermore, the younger an individual is at the time of their release, the more likely they are to reoffend. Additionally, the earlier an individual begins committing a crime and the longer they engage in criminal activity, the higher their odds of recidivism (Sampson & Laub, 2003). Homelessness is another strong predictor of recidivism, as is substance use and abuse, mental health problems, and weak support systems (Sampson & Laub, 2003). Finally, recidivism rates among men have been demonstrated to vary based upon type of crime committed. A U.S. Sentencing Commission report on recidivism among federal men prisoners showed that nearly 64% of prisoners who had been convicted of violent offenses were arrested within eight years compared with about 40% of those convicted of nonviolent offenses (U.S. Bureau of Justice Statistics).

Since the 1980s, high rates of incarceration have permeated the U.S., resulting in a large population of people who were formerly incarcerated across the United States. In the U.S., within three years of release from prison 67% of individuals that were released from prison are rearrested (Travis & Visher, 2005). Within five years of release from prison 76% are rearrested (Travis & Visher, 2005). Recidivism harms both the families of inmates and society in general due to continued taxpayer support of a broken system that sets incarcerated individuals up to fail once released (Travis & Visher, 2005).

Individuals who were formerly incarcerated have challenges related to transitioning successfully into society post-incarceration. The challenges include: securing employment and housing, limited education that limits job prospects, and barriers to receiving on-going mental

health treatment (Travis &Visher, 2005). As well, it often is challenging for previously people who were formerly incarcerated to re-integrate into their homes and communities while also trying to enter or reenter the labor force. Successful reintegration and attaining a job post-release are critical factors that decrease recidivism rates (Travis & Visher, 2005). Increasing support for people who were formerly incarcerated transitioning back into their communities is linked to reductions in recidivism, strengthening households, and contributions to the economy (Travis & Visher, 2005).

Desistance

Desistance is broadly defined as the cessation of offending. The ideal goal in criminal justice is to reduce crime and to understand why some individuals cease criminal activity and others do not (Laub & Sampson, 2001). According to a variety of desistance theories (e.g., Clarke & Cornish, 1985; Cusson & Pinsonneault, 1986), the reasons for desistance are often slightly different than reasons for why an individual commits crime in the first place. In their theory, Clarke and Cornish (1985) argued that desistance involves processes of volition or choice. Cusson and Pinsonneault (1986), on the other hand, posited that if an individual has an experience where they are able to reassess what is important to them, then they are more likely to desist. In other words, they highlighted the importance of the individual coming to their own decision to give up crime in contributing to desistance. Recent evidence has emphasized the importance of self-identity in the desistance process (Maruna, 2006). The development of a coherent and pro-social identity has been identified as key to desistance for individuals released from prison (Maruna, 2006).

Overall, the desistance process is difficult and complex. It is likely to involve relapses. However, understanding resilience and meaning-making processes that contribute to desistance

is critical to the development of strategies to support the positive reintegration of women released from prison into society.

Meaning-Making & Resilience

The ability to learn and grow from challenging life experiences is a major component of individual development. Meaning-making is defined as the process of how people construct, understand, or make sense of life events, relationships, and the self (Ignelzi, 2000). Research on identity development explores how meaning-making is used to integrate experiences in order to construct life stories and explain how past events led to or influenced another event or aspect of the self (Habermas & Bluck, 2000). The construction of identity and meaning of past experiences is a life-long process, but there are different points in the life span when identity and meaning making are heightened, such as adolescence and early adulthood (Kroger, 2000).

Research has demonstrated that during disruptive life episodes, such as incarceration, the cognitive demands on the individual are higher as the individual must make sense of the new experiences (Azmitia, 2002). Some scholars have argued that incarceration may be conceptualized as an adverse or traumatic experience that can challenge a person's assumptions about themselves and the world (Meichenbaum, 2017). In this way, when a person experiences a traumatic event, that event may challenge their assumptions about themselves and the world in general (Tedeschi & Calhoun, 2004). As such, it is important to understand meaning-making for women who were previously incarcerated.

When considering meaning-making during disruptive or challenging life experiences, it is important to explore the role of resilience. Resilience is defined by psychologists as the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress. Although the incarceration literature has mainly focused on negative outcomes for individuals,

putting the focus on meaning-making and resilience acknowledges the potential for adapting to life challenges, including those associated with incarceration.

Much of the existing research on meaning-making among individuals who were incarcerated has focused on men and shows that despite the relative stability in habits of personality and behavior, going through a difficult long-term experience, such as incarceration, leads to changes in personality (Vanhooren, Leijssen, & Dezutter, 2018). These personality changes have been posited to occur as a function of the ways that the individual coped with and survived prison time. Prison environments are harsh and highly structured, which leads to lack of privacy, daily stigma, frequent fear, emotional concealment, and a need to follow strict routines (Vanhooren, Leijssen, & Dezutter, 2018). Research with incarcerated men has demonstrated that distrusting others, difficulty engaging in relationships, and hampered decision-making ability tend to increase after incarceration (Vanhooren, Leijssen, & Dezutter, 2018).

It seems likely that gender differences between men and women may contribute to different findings among women who were previously incarcerated. Yet, understanding meaning-making and resilience among women who have been incarcerated is very limited. Some insight regarding the experience of meaning-making and resilience among incarcerated women surfaced in a qualitative investigation (van Ginneken, 2016). Specifically, one theme that emerged during the interviews was that the women expressed that once they overcame the initial shock of incarceration, they then managed to overcome the crisis by finding meaning in the prison experience and using it for personal development (van Ginneken, 2016). Further research, however, is needed to gain a more nuanced understanding of adaptation to imprisonment and the re-entry process back into society in order to effectively intervene and contribute to desistance efforts for incarcerated women.

Summary and Statement of Purpose

Taken together, research on resilience and meaning-making that examines incarceration has focused almost exclusively on men (Van Ginneken, 2016). This research with men has highlighted that profound changes in men's self-perception, relationship qualities, purposes, and meaning in life may occur following incarceration (Vanhooren, Leijssen, & Dezutter, 2018). Research examining resilience and meaning-making among women has mainly focused on other types of adverse events or trauma, including physical health diagnoses, sexual and physical abuse, and intimate partner violence (Meichenbaum, 2017), but a focus on incarceration is limited.

It is important to acknowledge that women may have different experiences than men as they transition out of prison and adjust to society. While studies have examined gender differences in regard to termination of crime, the examination of resilience for women released from prison is limited. The aim of this research, therefore, was to explore factors that contribute to resilience for women post-incarceration, specifically examining the process of understanding their experiences as they adjust to society post-incarceration. Exploring the ways in which women released from prison make meaning of their experiences can provide valuable insight into the underlying mechanisms of resilience. The aim of this research, therefore, was to understand the resilience process for women that have previously been incarcerated.

Because every person's narrative is highly individualized, using qualitative inquiry is posited to allow scholars to better capture resilience (van Ginneken, 2016). Using constructivist grounded theory methodology, this study explored the process that women experience once released from prison and as they navigate their return to the community post-incarceration. In CGT, research questions attend to what and how questions and interview data are used to

uncover the grounded theory that emerges from the data (Charmaz, 2008) in order to understand the resilience process among women who were formerly incarcerated. The following research questions guided this exploration: How do women make meaning of their incarceration experiences once they have been released?

1. How do women view themselves and the world after incarceration?
2. How do women describe their process and experience as they returned and adjusted to their community once released?
3. What resources do women utilize in order to make meaning of their incarceration experience and adjustment back into society?

Ch. 2
Literature Review

This chapter presents an overview of individuals' experiences during and after incarceration in the United States. More specifically, it focuses on women's experiences during and after incarceration. First, an overview of mass incarceration history in the U.S is discussed in order to provide context. Then research on risk factors for criminal behavior and recidivism are explored in order to better understand the factors that increase likelihood for criminal activity. Next, desistance is described and defined as the flip side of recidivism. The desistance process is discussed in order to understand how individuals successfully adjust to society post-incarceration without committing crime. Finally, literature on resilience and meaning-making is presented with a particular emphasis on understanding how resilience and meaning-making may provide important frameworks by which to understand women's post-incarceration adjustment processes.

U.S. Incarceration History

In the United States, the criminal justice system holds almost 2.3 million people in 1,719 state prisons, 109 federal prisons, 1,772 juvenile correctional facilities, 3,163 local jails, and 80 Indian Country jails as well as in military prisons, immigration detention facilities, and state psychiatric hospitals (Sawyer & Wagner, 2019). Recent data show that the U.S incarcerates at a rate of 698 per 100,000 residents, which is the highest of any nation (Sawyer & Wagner, 2019). However, it is important to note that it was not always this way in the United States.

The prison population in the United States began to grow in the 1970s due to the "war on drugs," which was enforced by the Nixon and Reagan administrations. This new "tough on crime" mentality led to quick growth at the federal and state prison levels, with the majority of growth being at the state level (Sawyer & Wagner, 2019). Additional laws, such as the 1994 Crime Bill, further increased incarceration rates by giving states money to perpetuate policies that pushed for states to maximize prison capacities. These policies have disproportionately affected communities of color, with more than 60% of individuals who are incarcerated identifying as men and women of color (Sawyer & Wagner, 2019).

Biases of the Criminal Justice System

Over the past fifty years the incarceration rate in the United States has more than quadrupled (Sawyer & Wagner, 2019). On any given day, about 1 in every 31 people are under the supervision of the corrections system, either incarcerated, on probation, or on parole (Sawyer & Wagner, 2019). This vast expansion of the criminal justice system in the U.S is the direct result of a failed, decades long drug war and a "law and order" movement that began just after the civil rights movement in the 1960s (Southern Poverty Law Center, 2020). The U.S criminal justice system has racial disparities that affect African Americans more than any other group

(Southern Poverty Law Center, 2020). In the U.S, African Americans are more likely than white Americans to be arrested; once arrested, they are more likely to be convicted; and once convicted, they are more likely to experience lengthy prison sentences (Southern Poverty Law Center, 2020). African Americans are 5.9 more likely than whites to be incarcerated in their lifetime and Latinos are 3.1 times more likely than whites to be incarcerated in their lifetime (Southern Poverty Law Center, 2020). The source of these racial disparities is deeper and more systemic than explicit racial discrimination. Other factors that contribute to these racial disparities include disproportionate levels of police contact with African Americans, police targeting minorities at higher rates, neighborhood crime rates, and the drug policies that have enabled law enforcement to arrest African Americans at higher rates despite all races having similar drug use rates (Edwards, Bunting, & Garcia, 2013). For example, The ACLU found that African Americans were 3.7 times more likely to be arrested for marijuana possession than whites, even though their marijuana usage is comparable (Edwards, Bunting, & Garcia, 2013). Racial disparities in the criminal justice system exist across all types of crime, from the least to most serious and negatively impact various minority communities, including African Americans, Latinos, Muslims, and LGBTQ (Kovera, 2019).

Police System

While the systemic biases of police against BIPOC individuals has received more media attention in the past few years, it is not a new problem in the U.S. The growing mistrust between police officers and BIPOC individuals is due to several factors that trace back to decades of oppression, unjust policies and police tactics that disproportionately target BIPOC communities. More specifically, police violence against BIPOC has been a focus of growing attention. Research has shown that there is a link between racial bias and police violence, specifically that

police have stopped and used force against African Americans at disproportionately higher rates (Knox, Lowe, Mummolo, 2020). By one estimate, African American men are 2.5 times more likely than white men to be killed by police during their lifetime (Knox, Lowe, & Mummolo, 2020). Policies and police tactics have contributed to the disparities among those who are incarcerated in the U.S and, furthermore, negatively impacted the ability of individuals released from prison to successfully re-enter society.

There is a significant push to examine and implement evidence-based police reform. Activists and political leaders who are pushing for police reform have widely endorsed body-worn cameras, de-escalation training, implicit-bias training, early interventions systems, the banning of chokeholds by police officers, and increasing civilian oversight of neighborhoods (Knox, Lowe, & Mummolo, 2020). Furthermore, there are more law enforcement centers improving their vetting process when hiring police officers, hiring more minority police officers, and implementing more rigorous data collection processes to better monitor the use of various tactics by police officers (Walker & Archbold, 2018). While these improvements are being adapted across the country, there are still significant issues that maintain the mistrust between BIPOC communities and the police, with many communities urging for a dismantling of the current police system (Walker & Archbold, 2018). For this dissertation study, it will be important to explore individual's experiences with the criminal justice system, as it is complex and multi-layered.

Gender and Incarceration

Men represent the vast majority of individuals who are incarcerated in the United States. Approximately 93% of inmates are men and 7% are women (Federal Bureau of Prisons, 2017). Since 1980, however, the number of women in prison has been increasing at twice the rate of

growth as compared to men (Bronson & Carson, 2017). On average, a woman spends about 15 months in prison (US Department of Justice, 2010). The most common offense for women is drug offenses, with more than one half of women who are incarcerated serving sentences for drug-related charges (Flores & Pellico, 2011). Research has shown that women who are incarcerated are more likely to have histories of physical and sexual abuse, high rates of HIV, and substance abuse problems (Bronson & Carson, 2017). The differences in societal gender norms also has played a role in how women cope with imprisonment as compared to men, such that men tend to isolate themselves from others and show more aggression toward other inmates whereas women tend to form friendships and family structures in an effort to have support that resembles the roles they had prior to imprisonment (Johnson, 2002). However, that finding is highly generalized and it is important to gain understanding about the nuances of women's experiences of imprisonment and meaning-making regarding their transition into society.

Once women are released back into community, statistics show that at least 58% of women are re-arrested (U.S Department of Justice, 2010). Additionally, women tend to commit far fewer violent crimes than men, yet the growth rate of women who are incarcerated is expected to grow at a faster rate than men (U.S Department of Justice, 2010). With the rapidly growing population of women in prison and high rate of women being re-arrested, it is important to understand the gender-specific factors related to incarceration and recidivism (Flores & Pellico, 2011).

Risk Factors for Criminal Behaviors

All individuals are exposed to certain risk factors throughout their life. Research has found that the more risk factors someone experiences throughout their developmental years, the higher the chance that they will participate in criminal behavior in their lifetime (Newlin, 2011;

Byrne & Trew, 2008). This section explores the various risk factors that have been found to predict higher likelihood for criminal behavior and for re-offending upon release from incarceration. Understanding risk factors is important in helping to prevent or reduce likelihood of criminal behaviors through use of appropriate intervention(s).

Research has examined risk factors that characterize individuals who commit crimes. Some common risk factors that have been identified across studies include: low socioeconomic status, increased levels of impulsivity and aggression, limited coping skills, social isolation, and history of self-harm and attempted suicide (Akhurst, Brown, & Wessely, 1994). In general, risk factors tend to be categorized into 3 types: individual, social, and community. Each category includes several subcategories.

The first category is individual-level risk factors. These are factors that the person is born with or acquires and can include prenatal and perinatal factors, and psychological, behavioral, and mental factors. Several studies have linked prenatal and perinatal complications with later criminal behavior (e.g., Raine, Brennan, and Mednick, 1994). Research has demonstrated that prenatal and perinatal complications can lead to a range of health issues that negatively impact development (McCord, Widom, & Crowell, 2001). One study conducted by Kandel and Mednick (1991) found that 80 percent of violent incarcerated individuals rated high in delivery complications compared with 47 percent of individuals that have never been incarcerated. Additionally, studies have found that children whose mothers smoked cigarettes frequently during pregnancy were more likely to display conduct and problematic behaviors (Wakschlag et al., 1997). Furthermore, studies have examined the link between psychological factors and criminal behaviors. They have found that low academic performance, low commitment to school, and low verbal IQ are linked to delinquency (Herrenkohl et al., 2001). Therefore, there is

evidence to suggest that prenatal, perinatal, and psychological factors may influence the likelihood of future delinquent behavior.

The second category is social-level risk factors. These are factors that include relationships and influences from people surrounding the individual, such as family and peers. Research has found that family characteristics such as poor parenting skills, larger family size, home discord, child maltreatment, and parents with antisocial personality characteristics are risk factors linked to juvenile delinquency (Wasserman & Seracini, 2001). Additionally, studies have demonstrated a consistent relationship between involvement in a delinquent peer group and delinquent behavior (e.g., McCord et al., 2001). Research shows that peers and whether the peers accept delinquent behavior is a risk factor, particularly if the individual has poor or strained relationships within their family (McCord et al., 2001).

The third category is community-level risk factors. These factors include settings and environments in which the individual spends significant amounts of time, such as neighborhood and school. Studies show a connection between residing in an adverse environment and participating in criminal activities (McCord, Widom, & Crowell, 2001). Additionally, research has found that school policies such as suspension and expulsion disproportionately affect students of color and have negative consequences as a risk factor for youth (McCord, Widom, & Crowell, 2001). Suspension and expulsion do not appear to reduce problematic behavior but rather reinforce stereotypes and are linked to higher likelihood of delinquent behavior (McCord, Widom, & Crowell, 2001).

While it is important to note that having one or a combination of risk factors does not determine that an individual will engage in criminal activity, research suggests that there is a multiplicative effect when several risk factors are present for an individual. For example,

Herrenkohl and colleagues (2000) demonstrated that a 10-year-old who has been exposed to six or more risk factors is 10 times as likely to commit a violent act by age 18 as a 10-year-old exposed to only one risk factor. Identifying the age range during which an individual is exposed to specific risk factors is important when tailoring prevention programs and interventions such that the earlier one intervenes, the higher the likelihood for success (Herrenkohl et al., 2000). Broadly speaking, the risk factors for committing crime include alcohol and drug use, gender, race, poverty, childhood trauma, and education (Herrenkohl et al., 2000).

In regard to gender, research has demonstrated that women commit different types of crime and for different reasons than men (McIvor et al., 2009). Women tend to commit crimes in their early to mid-30s and are more likely than men to be convicted of property or drug offenses. The risk factors that lead to crime for women include: having higher rates of physical and/or sexual abuse in their childhood, substance abuse problems, low self-esteem, and raising children as single mothers (Covington, 2001). Research has shown that men tend to commit crimes at a younger age (i.e., during adolescence and into their 20's) than women. Additionally, men tend to commit more violent crimes than women, and have a higher risk of committing crime if they have low education level, employment issues, housing issues, and hang around friends involved in criminal activity (Covington, 2001). It is important to emphasize that no single risk factor leads an individual to criminal activity, but rather it is a combination of factors that culminate over time to increase the likelihood of engaging in criminal activity.

Protective Factors for Onset of Criminal Behaviors

While risk factors may put an individual at higher risk for offending, protective factors act as a buffer between the presence of risk factors and the onset of delinquency. Protective factors contribute to reduced incidence of problem behavior (McCord, Widom, & Crowell,

2001). Research has shown that protective factors offset the onset of delinquency by reducing risk, reducing negative chain reactions, establishing self-esteem and self-efficacy, and opening opportunities (McCord, Widom, & Crowell, 2001). Protective factors can either prevent onset of crime or mediate the negative influence of a risk factor. For example, strong school performance, living in a low-crime neighborhood, and supportive and involved parents have been found to prevent criminal behaviors or mediate the negative influence of a risk factor resulting in a lowered likelihood of criminal behavior developing (McCord, Widom, & Crowell, 2001).

Different risk factors may be more likely to influence individuals at different points in their development. For example, providing parenting skills and family support programs would be developmentally appropriate for individuals with children facing a risk factor of poor parenting. Another example includes a focus on increasing one's access to protective factors when a risk factor cannot easily be changed (e.g., low socioeconomic status for a child). In other words, while low socioeconomic status is something that a child cannot easily change, an effective intervention might be to introduce the child to programs that can serve as protective factors and offset risk factors, such as involvement in school activities with prosocial peers (McCord, Widom, & Crowell, 2001).

Recidivism and its Risk Factors

Once an individual has been found guilty of a crime and has served their sentence, they are released back to the community and must begin the process of re-adjusting. Recidivism is defined as a person's relapse into criminal behavior (Peterson, Skeem, Hart, Vidal, & Keith, 2010). In other words, to recidivate is to re-offend after having already served a sentence for a previous crime. This section will discuss the risk factors that increase an individual's likelihood to re-commit crime or recidivate.

The recidivism rate is one of the most frequently used measures to gauge effectiveness and impact of criminal sentencing and correctional programs (Peterson, Skeem, Hart, Vidal, & Keith, 2010). Statistics on recidivism patterns show that 82% of prisoners arrested for re-offending are arrested within the first 3 years after being released, which indicate that the first 3 years post-release are especially critical to reducing recidivism (Bureau of Justice, 2018). Understanding recidivism risk factors is key to improving programs and policy interventions intended to reduce recidivism.

While there are unique recidivism risk factors that impact women disproportionately, which will be discussed below, there are four recidivism risk factors that predict criminal re-offending for both men and women. These four risk factors include: (1) having a criminal history, (2) antisocial personality patterns, (3) antisocial cognition or thoughts, and (4) antisocial relationships (Peterson, Skeem, Hart, Vidal, & Keith, 2010). First, having a prior criminal history is a risk factor for recidivism because the best predictor of future behavior is past behavior. If an individual has a history of frequent criminal behavior and with early onset then they are at increased likelihood to recidivate (Campbell, French, & Gendreau, 2009).

Second, problematic personality traits are another powerful predictor of criminal behavior. Antisocial personality traits include being impulsive, irresponsible, deceitful, and committing antisocial behaviors such as aggression toward others. Research has documented the relationship between antisocial personality traits and increased criminal behaviors. For example, Peterson et al. (2010) compared lifetime patterns of criminal behaviors for parolees with and without mental illness. The parolees were classified into five categories based on a detailed review of their criminal history. The five categories include: psychotic, survival, reactive, instrumental, and gang/drug related. The reactive group held the majority of incarcerated

individuals both with and without mental illness. In other words, most parolees, whether or not they had a mental illness, had criminal histories characterized by an antisocial personality pattern, including hostility, emotional dysregulation, impulsivity, and aggression (Peterson et al, 2010).

The third risk factor associated with recidivism is antisocial cognitions or thoughts. Antisocial cognitions are defined as attitudes, values, beliefs, and rationalizations supportive of crime as well as cognitive emotional states of anger, resentment and defiance (Campbell, French, & Gendreau, 2009). The specific types of beliefs characterized as antisocial cognitions include demanding instant gratification, feelings of entitlement to special treatment or goods, and misperception of benign remarks as threats (Campbell, French, & Gendreau, 2009). Studies examining antisocial cognition and criminal behavior have found similar patterns as with antisocial personality traits, suggesting that antisocial personality traits are an important indicator of a higher likelihood of re-offending. Studies show that both incarcerated men and women with and without mental illness report similar levels of antisocial cognitions (Campbell, French, & Gendreau, 2009).

The fourth recidivism risk factor is antisocial relationships. In other words, the absence of strong bonds with people who engage in prosocial behavior is linked to criminal behavior such that individuals who do not have prosocial bonds or who have bonds with individuals who engage in criminal behavior have an increased likelihood to engage in criminal behavior (Mulder, Brand, Bullens, & Van Marle, 2011). Having antisocial associations can provide a modeling of, and opportunity for, criminal activity.

Taken together, these four recidivism risk factors apply to both incarcerated men and women. They are inherently broad and do not provide insight into the nuanced and gendered

experiences with incarceration and re-offending. The following subsections will describe some of the specific risk factors among individuals with mental illness and for women.

Recidivism Risk Factors Among Incarcerated Individuals with Mental Illness

In the United States, over one million individuals with serious mental illness are under some form of correctional supervision (BJS, 2009). Individuals that are incarcerated and have serious mental illness are more likely to recidivate once released and the vast majority of these individuals are supervised in the community on probation or parole (Eno Louden & Skeem, 2011). These statistics indicate that a large number of individuals with serious mental illness are involved in the criminal justice system and that many are not successful in re-entering society once released (BJS, 2009).

Not surprisingly, research has investigated the extent to which causal pathways exist between mental illness and criminal behavior. In a 2010 seminal study designed to differentiate the lifetime behavior patterns of offending for parolees with mental illness versus lifetime patterns for parolees without mental illness (Peterson, Skeem, Hart, Vidal, & Keith, 2010) results demonstrated that the primary pattern of behavior for both groups was “reactive.” In other words, both groups reflected a lifetime pattern consistent with hostility, emotional dysregulation, and impulsivity (Peterson, Skeem, Hart, Vidal, & Keith, 2010). This finding suggests that mental illness is a leading cause of criminal behavior for a minority of incarcerated individuals with mental illness and that most mentally ill individuals that are incarcerated have patterns of criminal behavior similar to those of incarcerated individuals without mental illness (Peterson, Skeem, Hart, Vidal, & Keith, 2010). This finding provided important supporting evidence for the fact that mental illness does not cause criminal behavior. Several similar studies have been

conducted and reached the same conclusion (e.g., Junginger, Claypoole, Laygo, et al., 2006; Swartz & Lurigio, 2007; Poythress, Skeem, & Lilienfeld 2006).

Individuals with mental illness who are transitioning out of incarceration need mental health support to help them successfully live in the community and reduce likelihood for recidivism. Psychiatric rehabilitation has become the treatment of choice for persons with mental illness, especially among individuals released from prison (Corrigan, Mueser, Bond, Drake, & Solomon, 2007). Psychiatric rehabilitation encourages individuals to develop their fullest capacities through psychoeducation and environmental supports. The goal of psychiatric rehabilitation is to enable individuals to live independently by compensating for, or eliminating, any functional deficits due to mental illness (Corrigan, Bond, Drake, & Solomon, 2007). Psychiatric rehabilitation consists of social and educational services, supportive community interventions, and mental health treatment (Morgan et al., 2012). More specifically, the following types of interventions and supports have been shown to increase independence in individuals released from prison that have a mental illness and are transitioning into the community: collaborative psychopharmacology, family and individual psychoeducation, individual mental health treatment, employment seeking-services, and illness management education (Morgan et al., 2012). Furthermore, it is essential that treatment services originate while the offender is incarcerated in order to increase efficacy and reduce recidivism once released (Morgan et al., 2012).

Recidivism Risk Factors Among Women Released from Prison

Similar to the overall recidivism rates in the U.S., data suggest that many women who are released from prison will have subsequent contact with the criminal justice system (Huebner, DeJong, & Cobbina, 2010). Statistics show that about 58% of women who are incarcerated are

rearrested, 38% are reconvicted, and 30% return to prison in the three years following their release from prison (Huebner, DeJong, & Cobbina, 2010). Therefore, the three years following release are a critical time to provide necessary support and interventions. A growing body of research has highlighted some of the risk factors that contribute to women's likelihood to recidivate.

Both women and men that have been incarcerated may carry histories of economic marginalization, physical and sexual abuse, drug and alcohol addictions, and familial responsibilities that affect their experience in prison and their outcomes following release (Huebner, DeJong, & Cobbina, 2010). Research also has shown that women (like men) who are drug dependent, have less formal education, or have more extensive criminal histories are more likely to recidivate (Huebner, DeJong, & Cobbina, 2010). At the same time, there is substantial evidence to suggest that many women have unique pathways to criminality as compared to men. For example, research has found that four factors disproportionately affect women as compared to men in relation to recidivism: victimization, intimate partner relationships, economic marginalization, and substance abuse (Huebner, DeJong, & Cobbina, 2010).

First, victimization is defined as experiencing cruel or unjust treatment. In the criminology literature, victimization has been shown to disproportionately affect women and play unique roles in shaping criminality (Huebner, DeJong, & Cobbina, 2010). Some qualitative research on women's incarceration experiences has emphasized the role of victimization in explaining women's pathways towards committing crime such that many women have experienced physical and/or sexual abuse at some point prior to offending (Huebner, DeJong & Cobbina, 2010; Daly, 1998). Regardless of whether the abuse occurred during childhood or

adulthood, victimization is linked to heightened rates of criminality among women (Huebner, DeJong & Cobbina, 2010; Daly, 1998).

Second, intimate partner relationships and children play an important role in women's daily lives and often reflects their social-structural place in society. The literature on intimate partner relationships and its role in criminality and recidivism is complicated. One study conducted by King and colleagues (2007) explored how propensity for marriage (measured using indicators of educational attainment, work history, family structure, and criminal history) affected adult involvement in crime. They found that marriage only reduced criminal involvement for women with moderate propensities to marry, indicating that marriage had no deterrent effect for women with low capital such as little educational attainment, inconsistent work histories, and prior criminality (King, Massoglia, & MacMillan, 2007). Findings also indicated that women with low capital were more likely to attract "negative influences" as partners and therefore be at increased risk for becoming involved in criminal behaviors. Another study looked at a sample of women released from prison and found that women who were living with a significant other when released were less likely to get involved with non-drug crimes but were more likely to commit drug-related crimes (Griffin & Armstrong, 2003). Yet, other research have shown that longer romantic relationships and higher-quality relationships lead to crime reductions and cessation among women (Herrera et al., 2010; Simons & Barr, 2012; Simons et al., 2002).

Furthermore, research has examined the influence of having children on crime. Childbearing has been shown to have strong impact on ending criminal involvement for women (Hope, Wilder & Watt, 2003). Several studies have found that having children contributes to desistance from crime among women more than men (Benda, 2005; Broidy & Cauffman, 2006;

Gunnison, 2011; Huebner et al., 2010). Studies have shown that children provide heightened levels of social satisfaction and attachment among some women, particularly for women living in disadvantaged environments (Hope, Wilder & Watt, 2003). Other research has highlighted the role that having children can play in the development of a pro-social self-image, which is associated with reduced recidivism (Giordano et al., 2002). Yet some data suggested that the transition to motherhood is associated with reductions in crime only if the pregnancy was wanted (Kreager et al., 2010). And results from one quantitative study found that motherhood led to reductions in crime preceding childbirth but led to increased crime levels after childbirth (Mosbakken et al., 2012). In conclusion, intimate relationships, marriage, and children have a complex association with criminality and are influenced by a variety of factors.

Third, economic marginalization is a key factor to understanding women's role in offending and challenges while on parole. A large number of women who are released from prison are unemployed and struggle to obtain employment, which has been documented to lead economic marginalization (Huebner, DeJong & Cobbina, 2010; Daly, 1998). In addition, economic marginalization contributes to difficulties with affording childcare, discrimination in obtaining jobs, and barriers to developing a strong social network (Huebner, DeJong, & Cobbina, 2010). Employment can be a source of financial and social support; however, unemployed women that have been released from prison often face financial insecurity and little to no social support (Huebner, DeJong, & Cobbina, 2010). Issues obtaining employment have negative impacts on financial and mental well-being, which have trickle-down implications for their families, especially if they have caretaking roles.

Fourth, research shows that about 40% of women who are incarcerated had used drugs at the time of their offense, which is a higher rate than men (Huebner, DeJong, & Cobbina, 2010).

Substance use can lead to difficulties getting and maintaining employment (Mallik-Kane & Visher, 2008). Substance abuse is a particularly salient issue that research has shown is correlated with criminality and recidivism among women (Severance, 2004). Research has identified a number of factors related to reintegration that may trigger a relapse among substance users, including reconnecting relationships with family or friends who use drugs and experiencing negative emotions such as hopelessness and isolation (Severance, 2004). In combination, all four of these factors impact one another. They have far-reaching effects on several individual, familial, and social domains.

Incarceration Experience and Recidivism

Another key factor that has been demonstrated to have implications for recidivism is experiences during incarceration and re-entry. There is evidence that incarceration can have a profound impact on post-release outcomes for men and women (Bosworth & Carrabine, 2001). Racial identity and ethnicity also shape the incarceration and reentry experiences of women and men, such that African-American and Hispanics are more likely than Whites to be sentenced to prison, to receive longer sentences, and to obtain fewer benefits once released due to disparities in sentencing guidelines (Bosworth & Carrabine, 2001). The experience and resources that individuals receive while incarcerated also contribute to re-adjustment upon release. For example, less access to treatment and support services during incarceration and upon release is related to a heightened likelihood of re-offending (Bosworth & Carrabine, 2001). Additionally, research with women has indicated that length of time served, institutional behavior while incarcerated, and prison programming have modest effects on women's recidivism rates (Bosworth & Carrabine, 2001).

Furthermore, scholars have highlighted the role of the environment of the correctional institution as contributing to positive or negative experiences upon release. Indeed, most scholars agree that correctional institutions are managed based on policies that were developed for men and that procedures are based on outdated, stereotypic assumptions of incarcerated individuals that do not consider specific experiences of women (Belknap, 2007; Bosworth & Carrabine, 2001). Additionally, correctional institutions for women have historically not provided the same range of programmatic opportunities offered in men's prisons so that they do not have access to the treatment and skills that could lead to a reduced likelihood to recidivate (Belknap 2007; Huebner et al., 2010).

The reentry process also can influence likelihood to recidivate among women. One factor that has been found to play a significant role in reentry and recidivism has been the neighborhood in which the offender resides (Huebner et al., 2010). The literature shows that if an ex-offender resides in a neighborhood with high levels of crime and/or poverty then their likelihood for recidivating is higher than those in neighborhoods without those factors (Huebner et al., 2010). Neighborhood of residence is a multi-level factor because it includes potential employment opportunities, social relationships, education access, and access to treatment and support services (Kubrin & Stewart, 2006). Neighborhoods with higher crime and poverty levels, for example, provide decreased access to these necessary protective resources (Kubrin & Stewart, 2006). Additionally, it is important to recognize that families of color are overrepresented in neighborhoods with higher rates of poverty (Dodge & Progrebin, 2001; Huebner et al., 2010). Specifically, African American women are the most likely to report a lack of access to programs and treatment services in their communities (Richie, 2001; Huebner et al., 2010). Consequently, women of color who return home from prison often report feelings of

marginalization within the context of an economically disadvantaged neighborhood (Richie, 2001). This often contributes to greater barriers with successful reintegration and a heightened likelihood to recidivate.

Protective Factors for Recidivism Among Women

Similar to the protective factors for engagement in the onset of criminal activity described above, there are protective factors that contribute to lowered recidivism rates among women with criminal records. First, evidence suggests that attachment to family and children, separate from an intimate relationship, may have strong, positive protective effects for some women as they transition out of incarceration (Huebner, DeJong, & Cobbina, 2010; Giordano et al, 2002; Daly, 1998). Second, studies have shown that higher intelligence and belief in the moral order, which means a belief in social norms and conventions to maintain societal order, are associated with reduced criminal behaviors (Fergusson & Horwood, 2002; Resnick et al., 2004). Third, positive peer influences and social connections have been associated with reduced criminal behaviors among women (Fergusson & Horwood, 2002; Resnick et al., 2004). In combination, these protective factors can contribute to desistance.

Moving Toward a Focus on Desistance

Understanding the factors that contribute to recidivism is important in knowing how to best support individuals with criminal records as they reintegrate into the community. However, it is equally important to take this process one step further and focus on desistance of crime. Understanding of how and why individuals stop offending can lead to better criminal justice practices, processes, and institutions. Desistance is defined as the cessation of offending. While the definition may appear straightforward, the desistance process in reality is complex. However, the ultimate goal of desistance remains the same, which is the long-term maintenance of crime-

free behavior (Maruna, 2001). Desistance requires engagement with families, communities, society, and the individual themselves. The ultimate goal of criminal justice is not only to reduce crime, but to cease crime all together. Given that the majority of individuals who start to offend eventually cease, understanding how and why people desist, why it takes some individuals longer than others, and how to best achieve desistance has clear importance (Weaver & McNeill, 2010).

A longstanding assumption in the criminal justice literature is that offending behavior tends to peak in adolescence and then starts to decline as the person ages, which is referred to as the age-crime curve (Weaver & McNeill, 2010). In order to understand desistance from crime, particularly how and why crime decreases over time, we need testable theories to explain the age-crime curve. Yet, there is relatively little empirical support for desistance theories due to the multitude of reasons for cessation of criminal activity and the fact that the mechanisms underlying the desistance process are complex. Furthermore, desistance does not occur merely as a function of age, rather there are several factors at play and the factors involved can be different at different ages (Laub & Sampson, 2001). In other words, desistance from crime during adolescence is likely to be different than desistance from crime after age thirty (Laub & Sampson, 2001).

While there is significant evidence for causes of crime, the desistance research is complex and less well-defined. The available desistance research suggests that factors behind onset of offending are often different from the factors related to its abandonment, however, there is currently no clear method to accurately predict desistance (Weaver & McNeill,2010). The sections that follow will cover various aspects of the desistance process, with a focus on women that have been released from prison. There are several theoretical frameworks that attempt to

explain the process of desistance, including maturation and aging, developmental, life-course, rational choice, and social learning theories (Laud & Sampson, 2001). Most scholars agree that several factors are associated with desistance from crime exist.

Theoretical Frameworks of Desistance

It is important to note that the theoretical frameworks for desistance were developed and used to describe men. The first is Rational Choice Theory, which states that individuals weigh the costs and benefits of criminal and non-criminal opportunities and then select the option with the greatest benefit (Laub & Sampson, 2001). The second set of frameworks can be considered to be under the umbrella of Social Control Theories. Most versions of social control theory state that the motivation to commit crimes is relatively constant across individuals and that their attachment to others and their commitment to conventional institutions produces conforming behavior (Hirschi 1969; Laub & Sampson, 2001). The third theory is Structured Strain and Opportunity Theory, which states that the combination of universal cultural success goals and an unequal distribution of educational and occupational means to their attainment produces a societal condition of stress (Laub & Sampson, 2001). This theory speaks to the class distributions in society and believes that when an individual is from a lower class, has less means to attain goals, and less opportunities then it will increase their likelihood to commit crime to get those needs met.

It is clear that a wide range of factors are associated with desistance from crime, ranging from family formation to gaining employment. Understanding the variety of factors that lead to desistance is important in shaping interventions that reduce reoffending among those already involved in crime (Laub & Sampson, 2001). The theories discussed in the previous paragraph all revolve around either cost and benefit, lack of access, and/or a need that is fulfilled through

crime. While those may be true for incarcerated individuals, there is a lack of nuance in the theories that warrants further exploration. In particular, the theories were originally created to explain men's experiences using a life-course perspective. A life-course perspective of crime refers to the development of offending throughout lifespan by including the impact of individual, social, and environmental factors on likelihood to offend (Laub & Sampson, 2001). The life-course perspective of crime suggests that changing any of those factors in one's life can alter developmental trajectories. A life-course perspective offers a developmental explanation of crime by allowing examination of within-individual changes over time, consideration of the impact of critical life events, and recognition of the importance of the social environment and life transitions. While life-course perspective has been applied to men, it remains unclear whether a life-course perspective is the best fit for women. As highlighted throughout this chapter, women have unique patterns of criminal behaviors. In particular, women are less likely than men to commit and repeat violent offenses and are more likely to desist from crime than men (Laub & Sampson, 2001; Kruttschnitt, 1994). Furthermore, women have significantly lower commitment to criminal behavior and lower self-identification with the criminal lifestyle as compared to men (Laub & Sampson, 2001; Kruttschnitt, 1994).

Research has shown some support for the applicability of male-based theories of desistance to women. However, these traditional crime theories for men are helpful in explaining overall patterns of women re-offending but do not capture the subtle and profound nuances of women's lives (Steffensmeier & Allan,1996). For example, why do men tend to commit more serious and violent crimes than women? Also, why are women less likely to participate in or lead criminal groups? Lastly, why do women seem to need a higher level of provocation before turning to crime, especially serious crime? These are some examples of important questions that

further emphasize the need to consider gender differences and highlight some of the reasons that male-based theories of desistance do not fully capture women's experiences in desistance.

Factors that affect Women's Desistance

Although research has shown some support for the general applicability of male-based theories of desistance to women, there are individual and social factors that interact differently based upon gender (Rodermond, Kruttschnitt, Slotboom, & Bijleveld, 2016). These factors include: familial, social, and individual level factors (Rodermond, Kruttschnitt, Slotboom, & Bijleveld, 2016). The literature on if and how these factors impact desistance among women is discussed below.

Familial Factors

First, a variety of familial factors have been demonstrated to play an important role in desistance among women. The theory of social bonds may be applicable to women in the desistance process. The theory of social bonds suggests that varying informal ties to relationships, such as family members and partners, can partially explain changes in criminality during the life course (Maruna, 2001). Sampson and Laub (1993) argued that these bonds may provide women with a reason to desist from crime. Conversely, the theory predicts that those who lack these bonds are the most likely to stay involved in criminal and delinquent behaviors because they have the least to lose from social sanctions (Maruna, 2001; Warr, 1998). However, research has found that the quality of these relationships influences desistance. Therefore, desistance for women depends not only on the existence of social attachments but also on the perceived strength, quality, and interdependence of these interactions (Laub & Sampson, 1993; Maruna, 2001).

Social Factors

Second, social factors have been demonstrated to play an important role in desistance among women. Social support from various types of relationships has been found to be crucial in the desistance process for women (Vanhooren et al, 2017). A qualitative study examined concerns among women regarding their upcoming release. This study with forty adult women revealed common themes regarding obstacles that the women were concerned about once released that included housing, employment, familial reintegration, and substance abuse issues. Coping strategies for overcoming those obstacles included education, 12-step programs, and prayer and religion (Severance, 2004).

Another social factor related to women's desistance is employment, engagement in military service, or engagement in education. Several quantitative studies have found that employment reduces offending among women (Craig & Foster, 2013; Griffin & Armstrong, 2003; Verbruggen et al., 2012). Most studies have found that employment and military service influence crime cessation among women such that it provides financial support, social connections, and helps to establish a more stable lifestyle (Benda, 2005; Broidy & Cauffman, 2006; Gunnison, 2001; Huebner et al., 2010; Makarios et al., 2010). Additionally, results from two quantitative studies showed that having an educational degree contributed to cessation of criminal activity among women (Huebner et al., 2010; Uggen & Kruttschnitt, 1998). One quantitative study found that education has a stronger beneficial influence on women's desistance as compared to men (Uggen & Kruttschnitt, 1998), but no explanations of the gendered influence of education on crime reduction and desistance are available (Rodermond, Kruttschnitt, Slotboom, & Bijleveld, 2016).

Supportive relationships and friendships are another important social factor. Positive and supportive friendships in general were found to contribute to desistance among women (Benda,

2005). On the other hand, deviant friendships have been shown to contribute to an increased likelihood to engage in criminal activity (Simons et al., 2002; Rodermond, Kruttschnitt, Slotboom, & Bijleveld, 2016). Therefore, the characteristics and quality of friendships are important. In combination, there is strong empirical support for social factors contributing to the desistance process among women.

Individual Factors

Third, a variety individual factors have been demonstrated to play an important role in desistance among women. These include severity of punishment, religiosity, mental health, drug usage, and financial resources. One quantitative study found that a high perception of the certainty and severity of punishment for reincarceration increased the likelihood of desistance among women but not men (Gunnison, 2001). A qualitative study similarly highlighted that the desire to avoid reincarceration contributed to reductions in crime and desistance among women (Michalsen, 2013). Additionally, religiosity has been examined among women. One quantitative study found that women who reported regular attendance at religious services had decreased levels of crime versatility, or the variety of crimes committed, which was associated with higher levels of desistance of crime (Bakken, 2009). Results from a qualitative investigation showed that an increased sense of agency and self-efficacy contributed to reductions in crime among women (Barry, 2010).

Mental health is another individual factor that influences desistance among women. Studies have found that women with stable mental health were more likely to desist from crime (Huebner et al., 2010). Receiving emotional support from relationships and/or participating in psychotherapy have been found to reduce distress among individuals and therefore increase their likelihood to desist from crime. Being listened to by others, especially an objective

psychotherapist, has been shown to be an effective way for the individual to work through the emotional elements of their distressing event(s) and to create new narratives and meaning in a safe and supportive environment (Tedeschi & Calhoun, 2004). The experience of anger also has been demonstrated to be associated with women's experiences. Results from a quantitative study demonstrated that women's anger identity measured via anger dimensions of the respondent's self-reported emotional self-concept demonstrated that women whose anger identity was higher were less likely to desist (Giordano et al., 2007). This study was informative in providing evidence to suggest that identification and diminution of negative emotions, in particular anger, can be generally helpful to the desistance process among women (Giordano et al., 2007).

Drug usage is another individual factor that influences desistance among women. Quantitative studies have found that consuming drugs and drug dependency increase rates of offending and decrease desistance among women (Benda, 2005; De Li & MacKenzie, 2003; Huebner et al., 2010). Another quantitative study found that women who did not need drug abuse interventions or treatment when released from prison were more likely to desist from crime than those who did need drug abuse treatment (Schram et al., 2006). A qualitative study on women conducted in Australia examined the re-entry challenges of 139 women leaving prison and adjusting back into their communities. Pre-release interviews and follow-up interviews approximately three- and 12-months post-release from prison revealed that the women described mixed, and predominantly negative, experiences and views of accessing drug use resources and treatments following release (McIvor et al., 2009). At the time of follow-up interviews, continued drug use was a significant barrier to women's ability to desist from further crime and the resumption of drug use was usually attributed to the influence of social relationships or managing stressors (McIvor et al., 2009). These findings provide further evidence for the

important role that accessible substance use support plays in the desistance process among women. Next to problems relating to drug use, that same study found that a common difficulty that women anticipated having and did have when released was finding suitable housing (McIvor et al., 2009). Difficulty with finding suitable housing at times lead to women resorting to returning to abusive relationships or toxic environments in order to have a place to live when released, thus decreasing their likelihood to desist (McIvor et a., 2009). Women who are able to secure a stable living situation have higher likelihood to desist from crime than those who live in shelters or on the street (Griffin & Armstrong, 2003).

Lastly, financial resources are a critical individual factor that relates to desistance for women. Several studies have demonstrated that women who are economically independent are more likely to desist from crime than women who are not (McIvor et al., 2009; Taylor, 2008). Economic instability has been shown to lead some women to re-commit crimes in order to gain finances, such as shoplifting, sex work, or selling drugs (McIvor et al., 2009; Taylor, 2008).

In summary, research has suggested that a variety of familial, social, and individual factors contribute to desistance among women. While there are many factors that influence an individual's decision to maintain crime-free behavior, it is important to better understand processes that may contribute to decisions to desist from crime. The internal processes that are understood to drive desistance are discussed in the following section.

Identity Change, Cognitive Transformations, and Desistance

Maruna's (2001) application of narrative identity theory, which is a social psychological theory of personality development, is a well-known explanation of the connection of identity change to desistance. A main tenet of narrative identity theory is that when individuals describe their lives, they reveal their current stage in identity development (Maruna, 2001). The theory of

narrative identity states that individuals form an identity by integrating their life experiences into an internalized, evolving story of the self that provides the individual with a sense of unity and purpose in life (Maruna, 2001). In order to further explore how narrative identity theory can be applied to crime and incarceration, Maruna conducted a mixed-methods research study with men that were incarcerated in England. In that study, Maruna documented how desisting men released from prison made sense of their prior illegal activity in a way that enabled their development of a prosocial identity. A prosocial identity is when an individual views themselves in terms of attributes that involve helping, benefitting, and empathizing with others (Maruna, 2001). In other words, they identify with prosocial behaviors and attitudes instead of pro-criminal behaviors. For example, in Maruna's qualitative findings, he found that men who described their negative experiences by using "redemption" themes displayed insight and strength to change and to make positive contributions to society. Those individuals were desisting from criminal behaviors. In contrast, the men who continued to break the law described their negative experiences by using contamination themes, which consisted of reasons for why it was impossible for them to change for the better (Maruna, 2001). Therefore, Maruna concluded the presence of a process of identity change from offender to nonoffender among men who desisted.

There are a number of studies that have advanced alternative theories of identity change to explain the internal transformations experienced by incarcerated men and men released from prison (Farrall, 2005; Giordano, Cernkovich, & Rudolph, 2002; Paternoster & Bushway, 2009; Rumgay, 2004). These theories differ in their sequencing of steps in identity change, circumstances that promote or impede change, and the importance of various influences. However, the one thing they all agree on is their depiction of desistance as a process of narrative

identity change from offender to nonoffender (Stone, Morash, Goodson, Smith, & Cobbina, 2018).

While the research on desistance theories among women is more limited compared to men, there have been some studies that have advanced our understanding (Bachman, Kerrison, Paternoster, Smith, & O'Connell, 2016; Stone, 2016; King, 2013; Stone, Morash, Goodson, Smith, & Cobbina, 2018). One of those studies used a mixed-methods approach to explore women's desistance process. They established themes that reflected women parolees' identities as soon as they were released and during their early parole (King, 2013). The three years after an offender is released from prison have been shown to have the highest rate of recidivism among women, therefore this period is important to focus on for desistance. The researchers from that study identified this initial period when desistance begins as being relatively neglected in theory and research but being key in understanding how to best support those women (King, 2013). Therefore, they established what is now known as primary desistance, which is the period after an offender is released from prison and may still be on parole (King, 2013). By examining identity change during this primary desistance period, the researchers were able to shed light on the potential supports that might help women overcome the challenges of re-entry and parole (King, 2013). They conducted semi-structured interviews with the women. Based on Maruna's (2001) theory of desistance, these researchers first identified themes of "redemption" and "contamination" in women's accounts of early parole (King, 2013). Additionally, they conducted a quantitative analysis of the relationship among those themes, between those themes, and subsequent arrests (King, 2013). Then, based on their qualitative analysis, the researchers inductively elaborated on the theoretical explanation of how identity is linked to paroled women's primary desistance (King, 2013). Through their qualitative inductive process, they

revealed the importance of identity support from parole supervisors and others for increasing women's self-esteem and helping them to overcome reentry challenges (King, 2013).

Aside from identity change theories to better understand desistance, there is also the theory of cognitive transformation that has been used to understand desistance (Giordano et al., 2002). Giordano et al. (2002) suggests that desistance primarily results from cognitive transformations whereby adults with criminal identities become cognitively open to change through maturation of age, being exposed to environmental stimuli that promotes change, contemplating non-criminal identities, and redefining criminal behavior as negative and personally irrelevant. The theory of cognitive transformation is well suited to a focus on adult development due to its emphasis on a reciprocal relationship between the individual and their environment, with the individual having agency in their change process (Giordano et al., 2002).

Agency is associated with both intentional and reflective actions in order to enact change in one's life, which adults have more capability of doing when compared to adolescents due to cognitive maturation (Giordano et al., 2002). This theory posits that cognitive changes elicit behavioral changes and that these cognitive shifts are fundamental to the identity transformation process. However, one mixed-methods study on both incarcerated men and women suggests that while the theory of cognitive transformation was supported in their study, reality is more complex than simply changing your thoughts. This mixed-methods study had 97 women and 83 men participants and took place in the United States (Giordano et al., 2002). The researchers conducted interviews with participants that had been incarcerated during adolescence and were now adults living in the community. They started with a set of broad questions, eliciting detailed retrospective histories that included information, stories, and vignettes relating to the childhood, adolescent, and adult years of the participants. Additionally, all participants were asked about

their current involvement in criminal behavior in a broad sense. The two main themes that appeared in both men and women interviews were (1) openness to change and (2) hooks for change (Giordano et al., 2002). The openness to change theme was displayed by all the women and men such that they had all reported having had a highly problematic adolescence, but then received many messages from formal and informal sources about the need to settle down and become responsible citizens, which ignited their consideration to do so as they matured into adulthood (Giordano et al., 2002). However, while all participants referenced openness to change during adulthood, not all of them were able to accomplish that. This study found that participants who had denied being currently involved in criminal activity as adults also described cognitive and behavior changes during the interviews (Giordano et al., 2002). The participants that expressed currently being involved in criminal behaviors as adults did not describe cognitive and behavior changes, but instead focused heavily on social and economic challenges that they were experiencing (Giordano et al., 2002). The researchers suggested that while this provided support for the theory of cognitive transformation having a positive impact on desistance, it was only true for participants that had more social and economic support, therefore openness to change depends not only on willingness to change but also on resources available to support that change (Giordano et al., 2002). The second major theme for both men and women in this study was hooks for change, which were described as being catalysts for change. The hooks for change that were expressed by participants were receiving formal mental health treatment, participating in religion in any format, having children, and being in a healthy long-term committed relationship (Giordano et al., 2002). In conclusion, the theory of cognitive transformations has received some support in the desistance process for both men and women.

Research on Resilience

Resilience research began in the past century when psychologists, psychiatrists, and pediatricians were searching for explanations to the wide variations in outcomes among children at risk due to disadvantages and adversity (Yates, Tyrell, & Masten, 2014). Since then, resilience research has made progress in documenting processes by which individuals achieve positive developmental outcomes despite exposure to known threats to adaptation (Cicchetti, 2010; Yates, Tyrell, & Masten, 2014). Stressful experiences can challenge a person's assumptions about themselves and the world. However, it is important to be clear on operationalization of the terms *adversity* and *resilience* due to how broad they can be and the possible underlying cultural influences.

Adversity refers to negative contexts and experiences that have the potential to disrupt or challenge adaptive functioning and development (Yates, Tyrell, & Masten, 2014). Adversities may be chronic (e.g., poverty, racism) or acute (e.g., sudden loss of a loved one, victim of abuse or crime). Adversity can impact an individual on multiple levels, such as psychologically, socially, familial, and on community levels. The adverse effects on development may result from compromising or distorting the function of adaptive systems that usually foster and protect development (Yates, Tyrell, & Masten, 2014).

In psychology, resilience is defined as the process of adapting in the face of adversity, trauma, tragedy, threats, or significant sources of stress (Yates, Tyrell, & Masten, 2014). It is important to note that resilience does not mean that a person won't experience difficulty or distress, but rather that their responses to the stressor will ultimately facilitate their adaptation process. Furthermore, there are several factors that impact an individual's resiliency, some of which can make it more difficult. Adversity threatens the viability, stability, and/or development of adaptive systems and undermines positive adaptation. Competence refers to the capacity to

adapt successfully and meet contextual, developmental, and cultural expectations for a particular individual, group, or social structure (Yates, Tyrell, & Masten, 2014). Regardless of adversity, an individual's capacity for competence may persist, which, when expressed in contexts of adversity, characterizes resilience (Yates, Tyrell, & Masten, 2014). Resilience is multi-layered and complex, and while research has made progress in understanding how certain individuals adjust to certain stressors, the research on the resilience process that occurs for women as they leave incarceration and navigate society are very limited.

Most of the literature on incarceration effects revolves around negative outcomes. However, there is a need to know more about individual differences that women experience as a result of incarceration. It is important to explore women's psychological adjustment in order to understand resilience among women transitioning out of incarceration. One way in which psychological adjustment can be better understood is through exploring the resilience process in response to incarceration and re-entering the community. Research suggests that the type of stressor sustained has implications for women's experiences and their adjustment process, but research on incarceration as a type of stressor is still limited (Sabiston, McDonough, & Crocker, 2007).

In resilience research, there are multiple levels of analysis that must be considered for every individual, from molecular to cultural. Additionally, examination of multiple systems, from families to neighborhoods, must be given importance when discussing resilience. Several resilience studies converge on a model of resilience that is grounded in relational developmental systems theory (Lerner & Overton, 2008; Overton, 2013). This theory states that the capacity for competence at any given time reflects the possibilities that arise from many interacting systems, both within the individual and in the contexts that surround the individual at the time.

Furthermore, the interactions between an individual system (e.g., person, school, or country) and the surrounding context of risks and resources contribute to nuanced processes of vulnerability, protection factors, and differential susceptibility that ultimately affect the capacity to respond to challenges successfully (Yates, Tyrell, & Masten, 2014). In other words, various levels impact the process of resilience and must be included when exploring resiliency among individuals. Resilience models aim to promote health and well-being, which are in contrast with traditional medical models that seek to eradicate disease or distress. Thus, through this dissertation study, exploring the process of resilience among women post-incarceration will help contribute to our understanding of their needs, challenges, and strengths. This understanding, in turn, can inform changes to policy and treatment.

Resilience and Incarceration

Incarceration is considered to be a stressful life event that has multiple layers. Seeking to understand resilience among women who were incarcerated is new compared to other populations. To date, resilience research has largely focused on children and adolescents, which has found that high quality relationships between parents and children are significantly important for resilience among children (Luthar, 2006; Masten, 2013). Additionally, positive romantic relationships are significantly important in adult resilience (Conger, Schofield, Neppl, & Merrick, 2013). Furthermore, resilience research has been conducted on vulnerable populations in order to support positive relationship functioning, such as with couples facing military deployment or serious illness (Badr & Taylor, 2008; Yates, Tyrell, & Masten, 2014).

Resilience research on incarceration among adolescents has utilized both quantitative and qualitative approaches. Results from those studies have largely suggested that adolescents who have been incarcerated are at significant risk for poor adult outcomes (Todis et al., 2001).

However, there have been formerly incarcerated adolescents that have become successful and well-adapted adults, which the studies have attributed to a variety of factors that result in resilience. One 5-year longitudinal qualitative study examining resilience among a group of adolescents transitioning from youth correctional facilities back into their communities (Todis et al., 2001) explored which factors contribute to resilience and desistance in adolescents who engage in early criminal activity. Results revealed that the early life years of the adolescents who were incarcerated were characterized by lack of structure at home and lack of effective adult presence (Todis et al., 2001). By early adolescence, participants in the sample had stopped attending school and were engaging in self-destructive activities. The adolescents reported that the structured schedules, expectations, and positive adult role models allowed them to learn life skills and coping skills that improved their ability to overcome stressful situations. However, this study found that only a few of their adolescent participants were successful once released from incarceration and that it was due to never having used coping skills outside of the correctional setting, battling different types of addictions once released, and having no adults in their lives to help them continue learning coping skills and setting positive examples once released (Todis et al., 2001). This study provided evidence for how complex the process of resilience is during stressful life adjustments due to both individual and environmental factors.

There have been a few qualitative investigations on resilience and incarceration among adult men. One interpretative phenomenological analysis explored the reports of seven men about their therapeutic process while incarcerated (Ferrito et al., 2012). Results suggested that a search for new meaning after committing a crime played a central role in the men's therapeutic change (Ferrito et al., 2012). Another qualitative study explored resilience among men who had been released from prison and transitioned back into the community. The investigation explored

differences between men released from prison who desisted from crime and those who recidivated. Based on their qualitative analysis of semi-structured interviews with the men, they found a theme that those individuals that were desisting after release from prison expressed distinct meanings and newfound purpose in life, whereas those that re-offended did not express similar sentiments during interviews (Maruna, 2001). Men that persisted with crime displayed a theme of "empty" meanings in life, which were defined as emptiness and a pursuit of superficial hedonic happiness, such as hyper-consumption of substances, thrill-seeking, and valuing being selfish (Maruna, 2001; Vanhooren et al., 2017). On the other hand, the men who were desisting after release from prison displayed meaning in life that consisted of self-transcendent values and the desire to mean something for others (Maruna, 2001; Vanhooren et al., 2017).

In another qualitative study exploring resilience among incarcerated men, themes highlighted the ways that fourteen participants found it crucial for their emotional well-being and healing to process and acquire a deeper understanding of earlier childhood experiences while incarcerated (Mapham & Hefferon, 2012). Ferrito et al (2012) examined men with a history of a mental disorder who had committed homicide. The authors' stated goal was to explore accounts of recovery and redemption during incarceration. Semi-structured interviews were conducted and analyzed using Interpretative Phenomenological Analysis. Analysis of the individuals' accounts yielded four themes, including (1) the role of previous experience and its impact on their personal development, (2) periods of loss of grip on reality, (3) the reframing of events in life via therapeutic interventions and internal integration, and (4) roadblocks to recovery (Ferrito et al, 2012). The authors concluded that themes of "recovery and redemption" were meaningful concepts among this sample, and that individuals may need time to recover and discover a post-homicide identity (Ferrito et al., 2012). While this study examined a highly specific subset of

men, the findings are valuable when discussing resilience because it provides evidence that identity change may be important to adapting and overcoming stressful life events and that psychological interventions during incarceration can provide support for this process (Ferrito et al., 2012).

A limited number of studies have been conducted with samples comprised of both men and women. One qualitative study in Belgium examined resilience and meaning-making processes among four women and six men who were incarcerated (Vanhooren et al., 2017). The age of the participants ranged from 28 to 57 years and their time spent in prison during this incarceration ranged from 1 to 10 years (Vanhooren et al., 2017). Five were first-time prisoners, two were in prison for the second time, and three were in prison for the fourth time (Vanhooren et al., 2017). The participants of this study described in various ways how incarceration impacted their lives. The main themes were (1) dehumanization and disconnection, (2) feelings of guilt, despair, and loss of meaning, (3) coping with despair and loss of meaning, (4) positive change, and (5) remaining pains and anxiety about future (Vanhooren et al., 2017). Specifically, the feelings of loss, guilt, shame, and despair accompanied their experience of being dehumanized by guards and rejected by former friends (Vanhooren et al., 2017). These participants reported that they coped with their despair primarily with social and emotional support, and a search for new meaning in their lives (Vanhooren et al., 2017). The participants reported that they realized that coping with incarceration was a matter of choice and involved taking responsibility for their own futures (Vanhooren et al., 2017). In regard to resilience, the areas that were described by the participants were greater insight into their own personal story, higher levels of self-worth, new found strength, a more nuanced way of thinking, new relational skills, and a changed meaning in life (Vanhooren et al., 2017).

Relatively few studies have focused specifically on exploring the individual and internal process of resilience among women who were incarcerated. One study focused on understanding the internal process of resilience among six women who were currently incarcerated in England (van Ginnenken, 2016). Specifically, the researchers explored the narratives of adjustment to prison among women whom were in prison for the first time in their life in order to better understand individual differences in adaptation. Findings from the interviews highlighted three themes, which were (1) initial shock of incarceration, (2) a silver lining, and (3) personal development (van Ginnenken, 2016).

First, participants reported struggling with coming to terms with their sentence because they felt that it was an unfair and harsh punishment (van Ginnenken, 2016). This initial shock of incarceration challenged the women's assumptive world dramatically, including their preconceived assumptions about the justice of the criminal justice system and assumptions about themselves, and their lives (van Ginnenken, 2016). This initial shock of incarceration manifested itself in symptoms of depression and rebellious behavior by the women, in particular during their first 6 months in prison (van Ginnenken, 2016). In this study, rebellious behavior was described as disobeying prison rules, guards, and getting in trouble by staff. The researchers conceptualized the rebellious behavior as a potential attempt to exercise control and autonomy while in an environment that triggered feelings of oppression (van Ginnenken, 2016). The women who were incarcerated reported rebellious behavior as being more common in the first 6 months that they were incarcerated due to difficulties with adjusting to the strict environment. However, as time went on the women reported that they began seeing the benefits to obeying the rules and engaging in prison programs (van Ginnenken, 2016).

This led to the second theme, which was a silver lining. As time went on, the women reported that they no longer dwelled on the negative impact of their sentence, but rather began turning their focus to something they had learned from the experience (van Ginnenken, 2016). This is called "benefit-finding," which is an interpretative process that involves the forming of connections in the mind (van Ginnenken, 2016). While the benefits may not be concrete or objective, interpreting them as such can affect behavior can be helpful (van Ginnenken, 2016). It is human nature to need meaning, need a purpose in life, and need values to guide them. Therefore, it makes sense that when faced with adverse life situations, people cope by finding a purpose in it (van Ginnenken, 2016). The women in this study expressed that they had destructive lifestyles prior to being incarcerated, which included drugs and crime. They reported that they began to view their prison sentence as a break away from that lifestyle and a chance for a new start (van Ginnenken, 2016).

The third and final theme from this study was personal development, which was described as a focus on self-improvement in various areas. These areas included coming to terms with traumatic experiences from their past, improvement of coping skills, and increased senses of self-efficacy and self-worth (van Ginnenken, 2016). In general, this study showed that women who were incarcerated may be able to cope with the harmful effects of incarceration by attaching a positive meaning to the experience (van Ginnenken, 2016). This suggests that the phenomenon of resilience is also applicable to imprisonment (van Ginnenken, 2016). Although the author posited that this may contribute to desistance upon release among the women, the interviews occurred only while incarcerated and there was no follow-up once the women were released. As such, conclusions about the extent to which narratives of change and resilience in prison resulted in long-lasting change are unknown (van Ginnenken, 2016).

Limited existing research explores meaning-making among women who were incarcerated, particularly upon release from incarceration. This study aimed to advance our understanding of the reentry and adjustment process for women who have been released from prison in the United States. Specifically, the purpose of this study was to gain a better understanding of the processes of resilience and psychological adjustment among women who were incarcerated and who are reintegrating into the community. While most studies have either focused on women while they are still incarcerated and/or taken place outside of the United States, this dissertation study focused on women that have been released and are reintegrating in a community in the Midwest region of the United States. This approach allowed us to gain nuanced insight into their processes of resilience and meaning-making after incarceration, the resources they utilized to aid in those processes, challenges they experienced, and how those influenced their adjustment post-release.

Meaning-Making Among Women During and After Incarceration

Due to recent growing interest in the processes through which people recover from high stress experiences, research on meaning-making has increased. Resilience and meaning-making are both processes that are presumed to help individuals adapt to stressful life events. Meaning-making in psychology is defined as the process of how individuals construe, understand, or make sense of life events, relationships, and the self (Park, Riley, & Snyder, 2012). The meaning-making of adverse experiences has been linked to resilience, which has been described as a complex process and not simply a function of risk and protective factors (Rutter, 2006). Different individuals exposed to similar comparable adverse events may react differently depending on the particular meaning of those events for each individual, therefore meaning-making is not a one-

size-fits-all concept and research on meaning-making among women released from prison in the United States is limited (Rutter, 2006).

As noted throughout this chapter, the majority of the research on meaning making among individuals who have been incarcerated and released has focused on men and has been conducted outside of the United States (Ewald & Uggen, 2012). In a qualitative investigation that took place in England with men that were incarcerated, the initial shock of incarceration was described as triggering an identity crisis and leading to existential questioning (Maruna et al., 2006). Furthermore, studies with men found that a loss of meaning positively predicted distress during incarceration (Vanhooren, Leijssen, & Dezutter, 2018).

Women may have different gendered roles and internal processes as compared to men. As such, it is important to gain an understanding of how women make meaning of their incarceration as this can influence their adjustment to society once released from prison. An estimated 70% of incarcerated women have young children (Covington, 2002). The majority reported that they were single mothers with an average of two children and had primary custody prior to incarceration (Covington, 2002). The separation from their children and concern about their well-being have been identified as the most damaging aspects of prison for women as well as a motivating factor for women to desist from crime upon release (Covington, 2002). Due to its importance in women's lives, being a mother is one factor that may inform how the meaning-making process takes shape both while incarcerated and upon release.

Results from an investigation with 349 women from a prison in the western United States examined the long-term impact that spiritual and religious meaning-making had on recidivism (Duncan, Stansfield, Hall, & O'Connor, 2018). Results from follow-up data one-year post-release and 13-years post-release demonstrated an overall significantly positive impact of

spiritual and religious engagement on desistance (Duncan, Stansfield, Hall, & O'Connor, 2018). While this quantitative study focused only on the impact that spiritual and religious meaning-making can have on desistance, it demonstrated that meaning-making during incarceration had a positive influence on the women's journey of desistance in the community upon release (Duncan, Stansfield, Hall, & O'Connor, 2018). As such, religious or spiritual practices or beliefs may be a factor that informs how women make meaning following incarceration.

The current literature on meaning-making among women released from prison is very limited. While there is slightly more research on resilience and incarceration, it is important to emphasize that meaning-making is one way in which resilience can be achieved. Furthermore, it is also important to note that meaning-making is broad and is not always positive. The way in which an individual tells their story and makes meaning of their adverse experience illuminates their own narrative surrounding their identity development. Therefore, it is necessary to advance our understanding of meaning-making among women released from prison. Better understanding meaning-making will provide more clarity on the psychological adjustment processes that occur after release from prison.

Summary

While the majority of literature has focused on the negative impacts that incarceration has on an individual, there is growing interest on exploring positive outcomes that may result from experiencing a stressful event such as incarceration. The positive personal changes and adaptations that emerge as a result of experiencing a stressful life event are defined as resilience. While resilience studies have provided insight into some of those positive changes, using qualitative methodology can allow us to dig deeper and achieve more nuanced understanding of the processes of resilience and meaning-making among women who were formerly incarcerated.

As discussed in this chapter, individuals who have been incarcerated often experience the distress of incarceration, which can lead to a loss of meaning and direction. The next step on their path to desistance can have long-lasting impacts on their lives, such as finding new meanings and building resilience in several ways. Changes in meanings in life are a common result of disruptive life experiences (Tedeschi & Calhoun, 2004). Individuals who have been incarcerated can undergo cognitive transformations and identity changes after an intensive period of processing a distressing and disruptive (Tedeschi & Calhoun, 2004). Scholars have argued that the act of committing a crime and being incarcerated have disruptive effects on how a person experiences themselves and the world (Vanhooren et al., 2017). Individuals experience disruption on personal and existential levels, which can include loss of one's identity and meaning in life (Vanhooren et al., 2017). However, with loss can come reconstruction. As discussed throughout this chapter, the path both to committing crime and to desisting involve a complex array of factors. While several of those factors are external to the individual, there are also internal factors that the individual may have more ability to control given adequate support. The existing literature on internal factors that can lead to desistance emphasizes the importance of reconstruction of new meaning in life, prosocial attitudes, prosocial identity change, and cognitive transformations. However, the majority of these studies have not utilized solely women participants, and most have been conducted outside of the United States. Furthermore, many of these studies have utilized a quantitative or mixed-methods approach. While those approaches have certainly contributed invaluable advancement to our understanding of incarceration, the use of purely qualitative methodology among women who were formerly incarcerated in the United States would be an important contribution to this area of study. This study advanced our comprehension of the internal processes known as meaning-making and resilience and explored

the role they may play in psychological adjustment as women return to the community and pursue desistance.

Chapter 3

Methodology

In this chapter I describe the methodology guiding the present study, which was conducted with ten women who were previously incarcerated and were living in the Madison or Milwaukee area at the time of the interviews. To protect the anonymity of participants, the two similar organizations from which the ten women were recruited from will be referred to as "Helping Hand" for this study. The aim of this methodological approach was to discover women's meaning-making of incarceration and explore their adjustment to society post-release. This chapter will present the aim of this research and the methodological approach. It will describe the sample and method used for data collection and analysis. Finally, it will overview ethical issues and limitations associated with this study.

Initial Research Design

Participant Recruitment

When conducting qualitative research, the number of participants that a researcher should recruit is flexible and dependent upon several factors (Wang, 2008). There is no one key number of participants that every study must achieve. Rather, the researcher must ask themselves fundamental questions about the question(s) they are studying. These questions are as follows: "What do you seek to know?; What might you need to learn?; How can interviews inform these questions?; How will you develop your interview questions and skills to minimize preconceiving the data?; and how do you intend to use grounded theory methods to shape your interview study?" (Charmaz & Belgrave, 2012, p. 352). Furthermore, a key component of qualitative

research is that the researcher is unlikely to know what they need to discover until they begin collecting data as participant narratives shape the research process in Grounded Theory. Therefore, openness to emergent directions and adding interview questions as needed throughout data collection is important. With that being said, qualitative researchers are generally advised to conduct around 10-12 interviews in order to discern themes (Charmaz, 2009).

With these guidelines in mind, this qualitative study recruited ten women over age 18. All ten participants met the following conditions: (1) identify as women and meet the age requirement at the time of the study, (2) have been previously incarcerated at least once in their lifetime, and (3) be currently living in the community. The researcher recruited participants by sending out recruitment information via the two separate Helping Hand organizations email listservs. Recruitment flyers were also posted at two organization's buildings.

Participants

This study successfully recruited and interviewed ten cisgender female participants. All ten women lived in the midwestern region of the United States at the time of this study, and they all served their sentences at midwestern prisons. All ten women spoke English fluently and were raised in the United States. The women's ages ranged from 28 years old to 46 years old. Regarding race and ethnicity, there were four African-American women, four Caucasian women, one Latina women, and one bi-racial woman who identified as African-American and Caucasian. All ten women reported that they had a high school degree, with three women having earned associate degrees and two women having earned bachelor's degrees. Nine out of the ten women reported that they were mothers and had at least one child. All women were at least one-year post-incarceration. The minimum length post-incarceration was one year, the maximum length post-incarceration was five years, and the average length post-incarceration was three years.

Regarding screening process, all ten women who contacted researcher via email were screened by telephone and found eligible to participate in this study. After determining eligibility, interviews were scheduled with all ten women. The researcher conducted all ten interviews via telephone and obtained consent to audio record the interviews. All ten women completed the one-hour telephone interview with the researcher.

Researcher and Biases

Qualitative research involves an interpretive and naturalistic approach to the world (Wang, 2008). In other words, qualitative researchers believe that there are many possible ways of looking at realities (Wang, 2008). Due to the nature of qualitative research, the questions that the researcher asks are filtered through the researchers' own worldview and knowledge (Wang, 2008). Therefore, it is important to understand more about the researcher.

Generally speaking, I identify as a 31-year-old, Latina female, Catholic, middle-class, and heterosexual. I am a student enrolled in a full-time doctoral program in counseling psychology. I am married and do not have children. My extended family lives in Mexico, where I was born. I have a few extended family members that have been incarcerated. I moved to the United States when I was five years old with my immediate family members and I grew up in the Midwest.

Due to my own life experiences and identities, I brought my own set of biases into the research, and I made a conscious effort to remain aware of my own biases throughout the entire process. Through the use of supervision with my dissertation chair, I was able to process my own reactions and biases throughout the coding phases. Additionally, I kept a written document with my thoughts, reactions, biases, and assumptions as I was coding to ensure that I reflected on those points with my dissertation chair.

I hold several identities that are important to the ways in which I view myself, others, and the world. One major identity that was heavily present throughout my work on this study was my professional identity as a psychologist-in-training. More specifically, at the time of data collection and analysis I was in my final year of doctoral training. I was providing psychotherapy to clients from diverse backgrounds and receiving weekly supervision for my clinical work. Due to the significant amount of time that I was spending immersed in the field of mental health, I was more acutely aware of my focus on mental health issues and needs. While coding, I would document my reactions to the interviews, and it was evidence that I would hyper-focus on mental health concerns or possible needs at times. Through discussions with my dissertation chair, we were able to process and consider other perspectives emerging from the data as well. I was born in Mexico to middle-class working parents. My parents made the decision to immigrate to the United States when I was in kindergarten. Moving to a midwestern state in the United States at that critical period in my development shaped the ways in which I viewed myself, others, and the world. My cultural background as a Mexican-American female provided me with a bilingual and conservative upbringing. These early influences contributed to the ways in which I view human behaviors, specifically regarding the power of individuals to learn and move forward from mistakes. Furthermore, my training as a mental health professional played a significant role in my positive view of healthcare providers and mental health treatments. I tend to view utilization of mental health care as a positive action, but through my reflection and interview collection, I was aware that not all women held similar views and experiences with the healthcare system. Additionally, I hold other significant roles in my life that I had to reflect on throughout this study. Furthermore, my identity as a Catholic served as a coping tool for me during my own difficult life experiences. It was important to not assume that religion would be a coping tool and

theme for others during difficult times. Additionally, I have had extended family members who have been incarcerated and I have received clinical training in a state forensic hospital as part of my doctoral program. These experiences with the legal system, both on a family level and academic level, taught me that there is diversity among incarcerated individuals with regard to mental health status, education level, social support, among several other factors. Additionally, my training in a state forensic hospital was heavily focused on individuals that had been deemed Not Guilty by Reason of Insanity. Therefore, it was important to not assume mental health status throughout my research process nor hold judgement regarding crimes that were committed by participants.

This specific project was inspired by my experiences in the field of forensic psychology. First, at the time of this study, I had been a graduate teaching assistant for an undergraduate course called "The Criminal Mind: Forensic and Psychobiological Perspectives of Crime" for five years. Through working as a teaching assistant for this course, I expanded my knowledge in the field of forensic psychology and was able to teach the material and understand which areas of research are limited and in need of more exploration, including women released from prison. Through my teaching role, I became connected with the Helping Hand organizations due to an event that they host for our undergraduate students. Second, I completed one year of clinical training in my doctoral program at a state psychiatric hospital where I worked with adult men that had been found Not Guilty by Reason of Insanity and were receiving inpatient treatment. I became interested in learning more about how women were impacted by incarceration and how they transitioned back into the community. Lastly, I have had extended family members be incarcerated and released. In combination, these experiences gave me not only exposure to this

topic, but also genuine desire to advance our understanding of women's experiences with incarceration and meaning-making.

Grounded Theory (GT) Background

Grounded theory (GT) was developed by Glaser and Strauss in 1967 in an attempt to break away from excessive use of quantitative research designs. The premise of GT is that researchers can derive theory directly from the data, rather than interpreting data through the lens of an established theoretical framework (Freeman, 2018). Although theoretical assumptions should not be made prior to data analysis, there are guidelines that must be followed. Grounded theory requires a number of steps, including formation of a research question, participant recruitment, data collection, data analysis, and theory building (Hussein, Hirst, Salyers, & Osuji, 2014). Further, there are defining components of GT, which include: simultaneous involvement in data collection and analysis, constructing analytic codes and categories from data, using constant comparison method during data analysis, advancing theory development during each step of data analysis, and memo-writing to elaborate categories (Charmaz, 2009).

Due to the complexities that arise from the possibilities for interpretation in GT, three main types of grounded theory have been identified. These three types of GT are known as classical grounded theory, interpretive grounded theory, and constructivist grounded theory. Classical grounded theory attempts to be free from influence. The researcher is distant and detached from participants and prior knowledge must not influence data analysis. Interpretive grounded theory states that the researcher should be engaged with and actively interpret the data (Sebastian, 2019). Furthermore, interpretive grounded theory recognizes that a researcher cannot be fully blind to prior knowledge and can influence the study as long as it is not negatively impacting or steering the research focus (Sebastian, 2019). Constructivist grounded theory

acknowledges that the researcher is bringing their own biases and assumptions into their interactions with participants and therefore believes that the researcher constructs rather than discovers (Sebastian, 2019). Constructivist grounded theory states that an individual cannot escape prior knowledge and that examination of how it influences the researcher and research is necessary (Sebastian, 2019). In constructivist GT, it is believed that previous knowledge can strengthen a research project, provided that it does not define the project (Charmaz, 2014).

Constructivist Grounded Theory

Constructivist grounded theory will be used for this study due to its alignment with my worldview and acknowledgement of the value of the interaction between the researcher and participant (Farragher & Coogan, 2018). My personal worldview aligns most with constructivist grounded theory due to the understanding that the researcher constructs rather than discovers. Specifically, the researcher constructs the theory through the lens of their own experiences and perspectives in interaction with those of their participants (Charmaz, 2014). Therefore, the purpose of research is not to discover a theory that emerges from data, as proposed by Glaser and Strauss, but rather to offer an "interpretive portrayal" of the topic under study (Charmaz, 2014). Due to this constructivist belief, different investigators might develop different perspectives of the same phenomenon, each of which may be valid (Rennie, Phillips, & Quartaro, 1988). However, by staying close to the data, these differences in perspective will emerge from emphasizing different aspects of the data (Rennie, Phillips, & Quartaro, 1988).

The objective of GT is to generate theories inductively and iteratively from data to represent the participants' complex constructions of lived experiences in social contexts (Floersch, Longhofer, Kranke, & Townsend, 2010). The theories developed through GT research should be enduring, relevant across contexts, and capable of guiding action (Duchscher &

Morgan, 2004). When using constructivist grounded theory (CGT), the researcher carefully navigates and controls their perspectives rather than attempting to erase their previous knowledge (Charmaz, 2014). Constructivist grounded theory supports the belief that one cannot escape their prior knowledge. Rather, this knowledge is perceived to be valuable to examine and understand how it influences the researcher and research itself. Further, CGT emphasizes that research questions can and should be altered throughout the process if more significant questions arise and different directions appear significant to pursue (Charmaz, 2014). Constructivist grounded theory suggests that researchers construct rather than discover theory which aligns with my worldview because I believe in understanding context and letting participants control their meaning and experience.

Coding Processes

Coding is the pivotal link between the data and the emergent theory developed to explain the data (Charmaz, 2009). The traditional goal of coding is to find a core category (or categories) within the data that denotes the main phenomenon and then connect all other categories (if relevant) together. In CGT, there can be either one core category or more than one central category (Daniel et al, 2016). The coding process for CGT has three main phases of analysis. These three phases are: (1) the initial phase, or open coding, which is naming all lines and segments from the interviews; (2) the focused phase, or axial coding, which begins drawing connections between the codes and uses the most significant or frequent initial codes to sort, synthesize, and organize large amounts of data; and (3) selective coding, which connects all categories around one core category, or theme (Charmaz, 2014).

During the first phase, or open coding, the researcher may notice many potential directions for the theory. Through either line-by-line or incident-by-incident analysis, the

researcher will code the data during the initial phase, which will guide the direction of analysis. Researchers construct their codes because they are actively naming the data. They are essentially defining the data and describing it based the participants' own words. As the researcher interacts with the data, the codes can be refined. The aim is to understand participants' views and actions from their perspectives (Charmaz, 2009). By engaging in thorough coding early in the research process, the researcher can identify which codes to explore as tentative categories (Charmaz, 2009).

The second phase is axial coding, or more focused coding, which directs the researcher's analysis and helps to evaluate the directions that are best to pursue. In order to do this, the researcher must understand which initial codes were the most useful and then test them against extensive data. This leads researchers to either elaborate the codes or move to other codes. The purpose of having focused codes is to advance the theoretical direction (Charmaz, 2009). The codes in this second phase are often more conceptual rather than descriptive. As such, it is important for the researcher to take a critical as well as measured stance toward the analysis process.

The third phase is selective coding, which entails connecting the categories and finding relationships between categories. The purpose of selective coding is to identify emerging concepts from the categories (Charmaz, 2014). Additionally, this phase of coding involves identifying a core concept which connects all the codes in a way that best describes the essence of the research and narratives.

Participant Sampling

In GT, initial participant sampling serves to get the researcher started and theoretical sampling guides the researcher's next steps. For the initial sampling, the researcher establishes

sampling criteria for participants before entering the study (Charmaz, 2014). Theoretical sampling involves constructing tentative ideas about the data and examining those conceptual ideas through further empirical inquiry and additional data collection (Charmaz, 2014). The purpose of theoretical sampling is to obtain data to help clarify the categories (Charmaz, 2014).

Interviews

When using constructivist grounded theory, the construction of the interview is critical. The CGT researcher must attend to several factors, including the participant's story and silences, the interviewer-participant relationship, and the explicit content of the interview (Charmaz, 2009). A constructivist approach to interviews views them as emergent interactions in which social bonds may develop. Interviews themselves are considered the site of exploration, emergent understanding, and validation of participant experience (Charmaz, 2009). From a CGT approach, it is considered best to only ask a few open-ended questions in order to allow the participant to tell their story without the research preconceiving the content or direction of the interview (Charmaz, 2009). Specifically, it is advised to ask "what" and "how" questions in order to collect data with depth and meaning (See Appendix B for the interview questions). Attention to language is important for CGT interviewing as it fosters the discourse and encourages participants to reflect more deeply, subsequently advancing the theory construction. The goal is to bridge the participant's experience with the research questions via the researcher's ability to attend appropriately to participant's language.

Semi-structured interviews were used to collect data in this study. The goal of using semi-structured interviews was to understand the lived experience of the participant and to allow the participant to elaborate their experiences. Semi-structured interviews provided balance between structure and flexibility, which created consistency across interviews while allowing

participants to respond in richer and more personalized ways. All interviews were audio recorded, with consent from participants, and were transcribed verbatim for coding purposes.

Recruitment Procedures

Recruiting participants is especially important for qualitative studies. When conducting qualitative research, the goal is to obtain a depth of understanding. Participant recruitment for this study involved sending a flyer via email to the two Helping Hand listservs and posting printed flyers at the Helping Hand buildings where individuals frequently go for resources. Through collaboration with Helping Hand coordinators, the researcher identified potential participants who were involved with the organization as well as those who were no longer closely connected to it who still met the inclusion criteria described earlier in this chapter. The recruitment flyer included the researcher's contact information. There were ten women who contacted the researcher via email and expressed interest in participating. The researcher conducted a brief phone screen with each woman (i.e, about 5-10 minutes) to ensure that eligibility criteria was met. In this case, all ten met eligibility criteria, which meant that all ten women were interviewed via telephone for this study.

At the start of the interview and prior to the recorder being turned on, the researcher provided overview of the consent form and responded to any questions or concerns. Participants were provided $25 cash for their participation. This incentive was advertised on the recruitment flyers. During the phone interview, the interviewer asked a series of open-ended questions (see Appendix B). At the end of the interview, participants were asked to complete a brief demographic form (see Appendix A). Upon completion, participants had an opportunity to ask any questions, were provided with a list of helpful community resources and were offered the

opportunity to provide their contact information if they want to learn more about the study results.

Consent Process

All participants were over 18 years of age and did not need parental consent to participate. The nature of the study was described, and prospective participants had the opportunity to ask any questions. Participants were provided an electronic copy of the IRB-approved consent form containing a description of the study and the risks and benefits of participation. The interview began after the participant had signed the consent form and returned it to the interviewer electronically.

Interview Protocol

The protocol for interviews continued to develop iteratively as data analysis from the first interviews are completed. Questions followed a semi-structured format. Within the interview protocol, all questions were open-ended to allow participants to respond as fully as possible (Charmaz, 2014). Interview questions were limited to as few as possible so that the researcher was able to keep the interview focused on the most essential topics to the research project and so that the researcher could allow the participants the freedom to elaborate and data themes to freely emerge (Charmaz, 2014). Interview questions were slightly edited after interviews are conducted and coded based upon the need for clarification of new subject matter that becomes relevant.

While interview questions continued to develop iteratively as data analysis was conducted, an initial list of questions was used to guide the first interviews (Appendix B). In order to try to understand the participants' experiences as best as possible, the researcher for this study asked follow-up questions to elicit individual definitions of terms, situations, and events (Charmaz, 2014). This included ideas and terms that participants, and even the researcher, may

have taken for granted as part of their daily experience (Charmaz, 2014). This technique was important during interviews in order to stay as close as possible to the participants' lived experiences rather than projecting the researcher's own interpretation.

The specific questions developed to guide the initial interviews (Appendix B) were developed based upon previous qualitative studies that have explored various mental health topics with men who are incarcerated. Although this research study was focused on women released from prison, adaptations of these questions offered a promising mechanism by which to begin the exploration process. Specifically, in a qualitative study that explored the impact of incarceration on men several years ago, researchers began the interview process with three questions: (1) In what psychological state have you felt yourself to be in lately?; (2) What differences have you noticed in your psychological state between the time of your incarceration and today?; and (3) How do you think that prison has modified your psychological state? (Yang, Kadouri, Revah-Levy, Mulvey, & Falissard, 2010). In addition, my selection of interview questions was informed by a review of relevant research with women released from prison, including a prominent qualitative study conducted in 2009 examining the psychological effects of imprisonment on both mentally ill and non-mentally ill women (Yang, Kadouri, Révah-Lévy, Mulvey, & Falissard, 2009).

Site Selection

The organization Helping Hand was founded in 1971 and has served as an impactful voice for justice in the community. Helping Hand has developed many programs that work to help individuals transition back into the community after incarceration. The programs they offer target the most common barriers that individuals face when released from prison, which are homelessness, employment skills or discrimination, mental health needs, education/training, and

transportation. Staff at Helping Hand provide case management, employability and life skills training, job placement assistance, and ongoing support to reduce recidivism. Since 2005, Helping Hand has worked with over 9,000 men and women returning to the community from prison and jail. As of 2006, the recidivism rate for Helping Hand participants was between 5-14%, which is significantly lower than the statewide recidivism rate of 67%. With their significant impact in the community, they are a strong organization to have collaborated with for this research project.

Steps to Ensure Trustworthiness

When using grounded theory, it is important to remember that data collection, data analysis, and theory development are not successive steps in the research procedure, but rather they are interdependent. The qualitative process is therefore not linear as is the case with quantitative methods. The term trustworthiness is often discussed in grounded theory due to the importance of increasing trustworthiness of qualitative findings. Trustworthiness is defined as the conceptual soundness from which the value of qualitative research may be evaluated (Bowen, 2009). Four factors have been suggested for establishing trustworthiness in qualitative research: credibility, transferability, dependability, and confirmability (Rolfe, 2004).

Credibility refers to how much the data collected accurately reflects the multiple realities of the phenomenon (Sikolia, Biros, Mason, & Weiser, 2013). Transferability refers to the applicability of one set of findings to another setting. Transferability can be increased through providing clear descriptions of the research, the participant's diverse perspectives and experiences, methodology, interpretation of results, and contributions from peer debriefers (Sikolia, Biros, Mason, & Weiser, 2013). Dependability refers to the confirmation that the data represents the changing conditions of the phenomenon under study and should be consistent

across time, researchers, and analysis techniques (Sikolia, Biros, Mason, & Weiser, 2013). Confirmability refers to the objectivity of the research data. The goal for confirmability is if another research were presented with the same data, then they should be able to reach the same findings (Sikolia, Biros, Mason, & Weiser, 2013).

For this dissertation study, I utilized various mechanisms to ensure trustworthiness. I ensured dependability and confirmability of the data by using an auditor. My advisor (Dissertation Chair) served as an auditor who reviewed data, codes, and offered an objective perspective on the data. My auditor did not conduct any of the interviews, so she was able to provide an outside perspective. I took case notes and utilized memo-writing throughout the entire research process in order to produce a detailed audit trail. This ensured transferability of the data. Related to ensuring trustworthiness, the act of reflexivity in constructivist grounded theory is important to engage with throughout data analysis in order to be aware of the possible influences that the researcher is bringing to the analysis process. As described above in the researcher section, I maintained this process throughout data collection and analysis. In combination, these steps increased trustworthiness of the data in this study.

Ch. 4

Results

The lived experiences of formerly incarcerated women illustrate a rich and complex narrative of the factors that shaped who they were pre-incarceration, how they responded during incarceration, and their adjustment process post-incarceration. In this study, interviews with ten formerly incarcerated women regarding their experiences during and after incarceration illuminated a number of personal, contextual, and societal factors that impacted their experiences. Obtaining a rich narrative of the women's live pre, during, and post-incarceration

resulted in emergence of themes that can inform future healthcare providers, community agencies, and policy makers in their work with formerly incarcerated women.

The following two research questions were explored through interviewing ten formerly incarcerated women from the midwestern United States. First question was, "How do women make meaning of their incarceration experiences once they have been released?" The second question was, "What resources do women utilize in order to make meaning of their incarceration experience and adjustment back into society?" Through conducting semi-structured phone interviews and using constructivist grounded theory as a framework, two major components became evident. One major component focused on the experiences that led each individual to incarceration and their meaning-making process post-incarceration. The second major component focused on three important time periods in the women's lives, which were pre, during, and post-incarceration. For this second component, the themes that occurred within each time period were the focus of the results and are presented in this chapter. As displayed in the models below, the women reflected on their life narratives in three separate time periods. The grounded theory which emerged from this study indicated that the three time periods intersected with one another, and similar themes appeared across the three periods, playing evolving roles at each time period based on the individual's growth and meaning-making.

The first time period included factors that significantly shaped each woman prior to incarceration. These experiences contributed to their way of thinking about themselves, others, and the world. The factors in the first time period created a foundation for the situations in which these women found themselves and the ways in which they reacted and coped to life stressors. Each of these factors emerged in the interviews organically as the women disclosed what felt significant. These factors became the themes for the first time period, which represented pre-

incarceration. These experiences affected the women on intrapersonal and interpersonal levels. They shaped the way in which the women viewed themselves and how they chose to cope with stressors and informed how women interacted with others and the behaviors in which they felt compelled to engage in, some of which led to juvenile legal histories. This first time period shaped the women's values and behaviors. Some of these behaviors, such as committing crimes, were driven by a need to obtain resources. Other times, they were driven by peer pressure and difficulties coping. The themes endorsed in time period one led to incarceration and impacted the women's initial adjustments to incarceration.

The second time period captured women's lives during incarceration and how they understood their experiences upon entering incarceration. All ten women reported that they experienced initial shock, fear, and anxiety about entering a new environment that enforced strict rules and had limited freedoms. During this second time period, the pattern observed across the ten women depicted initial struggles with adjusting to prison. Some women noted that they responded to their anger and frustration with the system by rebelling against staff, not following rules, and isolating from others. The pattern observed during this time period showed that after each woman survived their own version of initial adjustment, which lasted anywhere from a few weeks to several months, they came to an internal "crossroads" of sorts. All women reported that there came a moment in their incarceration where they chose to pivot toward understanding themselves and reflecting upon their experiences and values. The women reported that they came to realizations of wanting to prioritize their own self-growth and making better use of their time and resources available. They realized that the behaviors they had been engaging in up until that point had not produced different or better results in their lives. Thus, they began realizing that they had to reflect internally on what they wanted to do differently moving forward. The women

reported that this decision of engaging in different behaviors led to pursuing engagement in resources available at their prisons, such as mental health treatment or classes to learn a skill. While women shared that engaging these resources had a positive impact, several women continued to report challenges related to staff and experiences of sexism and racism. These included experiences in which their symptoms were not taken seriously by health care staff due to being a woman or a woman of color. This led to emotional distress and mistrust of health staff. In combination, women's experiences during incarceration consisted of both self-growth and continued challenges, mostly due to race. In spite of the challenges, women began to change their ways of reacting and coping as they prepared for release.

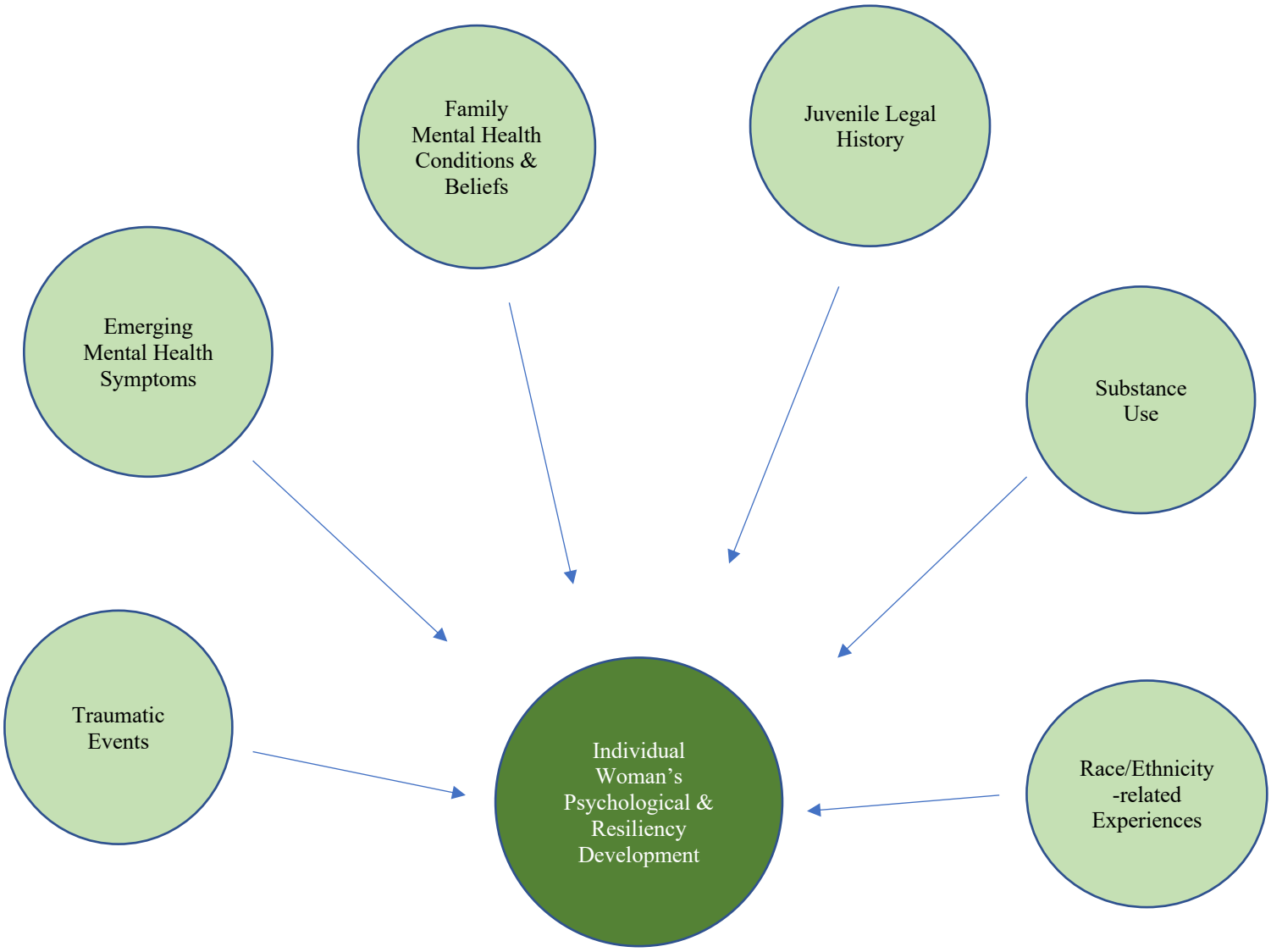
The third time period began when women were released from prison transition to their communities. This post-incarceration period highlighted a range of emotions and reactions. Many women endorsed feeling anxious about their release from prison due to having become settled into a "new normal" and experiencing change and uncertainties all over again. During post-incarceration, the women shared the complexities associated with leaving prison and returning to the community. As was the case with the previous two time periods, there were both positive opportunities and a variety of challenges that occurred that made their adjustment challenging. These challenges included: damaged or strained family and social supports, changes to housing situations and difficulties finding secure housing, barriers to obtaining employment, and experiences of stigma and isolation felt upon release. While challenges continued to be a part of their journeys post-incarceration, they shared pride in the fact that they were better able to understand themselves, navigate difficult situations, and effectively utilize coping strategies.

Time Period 1: Pre-Incarceration Life Experiences That Shaped Women's Lives

Across interviews, the women reflected on their early childhood, adolescence, and young adulthood, which revealed a number of important factors that women attributed to their development. While there may be additional factors that impact human development, it is important to emphasize that these were the salient themes the women described as they narrated their personal narratives. Women reported that certain events or life circumstances shaped how they viewed themselves, others, and the world.

As depicted in Figure 1, the themes or life circumstances shared across the ten women included experiencing traumatic events, familial mental health challenges and the messages received about mental health, women's own mental health symptoms, having juvenile legal history, substance use as coping mechanism, and race-based experiences. Each woman is unique in her experiences and life prior to incarceration. Not all women experienced each circumstance, rather, each woman reported experiencing some combination of these experiences that they believe played a critical role in their later incarceration.

Figure 1. TIME PERIOD 1: Pre-Incarceration Model with Salient Themes



Traumatic Events impacted Women's Lives

All women reported at least one traumatic event occurring pre-incarceration during childhood, adolescence, or young adulthood that they described as negatively impacting their emotional well-being. The types of traumas included sexual abuse, physical abuse, verbal abuse, emotional abuse, neglect, major car accident and/or suicide of parent. These ten women shared the ways that these events negatively impacted their emotional functioning and contributed to seeking unhealthy coping strategies.

For some women, sexual assault during childhood, adolescence, or early adulthood negatively impacted their mental health and sense of self. Anna said that she was sexually abused by a family member when she was 11 years old on several occasions and did not feel comfortable reporting it to anyone at that time. Similarly, Bianca reported being sexually abused by a family member continuously throughout her entire childhood. Bianca reported that the sexual abuse negatively impacted her on multiple levels, including emotionally. Bianca described her long-term struggle to develop a healthy and secure attachment style and sense of self due to the abuse. Specifically, she reported that her fear of abandonment and mistrust of others has made it difficult to form intimate relationships as an adult. Additionally, Bianca reported that being in the legal system did not properly address her underlying psychological issues, which were due to the sexual abuse from her childhood. Specifically, Bianca explained that she felt "punished" and expressed that she "wishes [her] perpetrator was incarcerated and punished for what he did." Another woman, Hazel, also reported childhood sexual abuse by a family member when she was in 8th grade. Hazel reported that she had already been struggling with her mental health prior to the sexual abuse, and that the sexual abuse exacerbated her symptoms. Similar to the other women, Hazel did not report the sexual abuse to any one until she

was 18 years old, but the damage had been done. All women who reported childhood abuse reported that their healing process has been a long journey that is still on-going.

Some women shared other traumatic events that contributed to their mental health challenges and difficulty coping in healthy manner. Diane reported that her father committed suicide ten years prior when she was 32 years old. Diane reported that despite her age, the suicide of her father still had a significant traumatic impact on her due to their close relationship and the unexpected, painful nature of his death.

Another type of traumatic experience was reported by Charlotte. She reported that in her early 20's she was in two car accidents that happened within the same year, and she had various surgeries performed as a result of her injuries. Charlotte reported that she was prescribed opioids after her surgeries to help with the pain, including oxycodone and fentanyl. Charlotte reported that she did not receive proper education about the risks of using opioids at that time. She became addicted to the opioids, and everything started to change for the worse in her life. She reported that her relationships deteriorated with friends and family, she lost her job, and her personality began to change due to the addiction. Additionally, Charlotte began associating with different people, specifically with individuals that were illegally providing her with opioids and engaging in other illegal behaviors.

Familial Mental Health Challenges Sent Messages to Women about Mental Health and Mental Health Treatment

Most women reported a family history of mental health conditions and challenges. Women described a variety of mental health conditions within their immediate families, including their biological parents and siblings. The mental health challenges of close family members, typically one or both parents, was described as negatively impacting their home

environment and relationships. The women reported that they did not fully understand the extent of their family member's mental health conditions, but they slowly became more aware due to lifestyle changes that impacted them directly. For example, Anna recalled being a child and thinking that something was not right with her mother, but not fully understanding what that was. She said she was confused for several years and slowly began realizing that her mother was struggling with mental health and drug addiction. Anna stated,

> "I didn't realize that my mom had a drug problem because I was very young. But about the age of eight is when I could start to realize that something's not right, like, Mom's not around. And so, from the age of eight until my teenage years, it was just really rough for me. My mom was really heavily addicted to drugs."

Several women described observing their parents' behaviors, which included ongoing family conflicts, committing crimes, and/or using substances. Some reported that they had internalized it and learned unhelpful ways of coping with challenges in life. For example, Julia reported that she grew up watching her mother and father struggle with mental health issues that went untreated. Julia reported that her mother would commit fraud to earn money because her family was struggling financially. She reported that her father was an alcoholic who irresponsibly spent their money and did not support Julia in any way, including emotionally. When speaking of her father and the negativity she internalized, Julia stated,

> "And my dad, he worked but he never really had a conversation with me. He would just go to work and get drunk. I think the only conversation I would have with him is him scolding me or telling me how bad I'm doing. Telling me that I'm a bad kid."

Emily shared that her upbringing was also difficult due to family mental health issues. Emily reported that there were several health concerns in her immediate family, which contributed to difficult family dynamics while growing up. Her mother was diagnosed with bipolar disorder but did not want to accept that diagnosis, which led to worsening symptoms.

Emily expressed that having a mother who was struggling with bipolar disorder, in denial about her diagnosis, and refusing to take medication, created a difficult home environment. Additionally, her sister's bipolar disorder and associated behavior contributed to family conflicts.

Women's own Mental Health Symptoms and Subsequent Treatment or Lack thereof

Mental health was a theme that appeared across all ten women's narratives that surfaced across time. For most women, experiencing a range of mental health concerns began in childhood or adolescence. Women did not have access to mental health resources or did not grow up in a family environment where mental health was discussed, which left them unable to effectively cope with their concerns.

Some women shared that their suicidal ideation and/or attempt(s) was the only impetus for seeking professional mental health treatment during this time period of their lives. For example, Hazel reported that she continuously struggled with mental health issues throughout her adolescence and into young adulthood, which worsened to the point of developing suicidal ideation. Hazel reported that she attempted suicide on two occasions and ended up in the hospital after her second attempt. She shared that surviving her second attempt motivated her to seek professional mental health treatment,

> "I tried to stay on the right path. But I just kept falling back and going back around the people that I shouldn't have gone around or doing things I shouldn't have been doing. And then after that last time that's when I ended up actually trying to kill myself twice and I went into the hospital finally. That's when I started getting help with my mental health. I realized it was now or never."

For some women, their early mental health concerns became noticeable to teachers at school. Emily described having a learning disability and experienced heightened anxiety. This impacted her school performance, and she was referred to see a psychiatrist in elementary school. However, Emily described her mother's own mental health issues including paranoia

significantly impeded her own ability to access needed treatment. For example, Emily shared a story in which her mother's paranoia prevented her from seeing a psychiatrist throughout childhood and fostered Emily's own fear of health-care providers, which continued into early adulthood. Emily reported that her avoidance of mental health treatment worsened her symptoms and contributed to her poor decision-making

For some women, mental health symptoms emerged later in their adolescence and were precipitated by peer or romantic relationships. For example, Ivy shared that her immediate family members were healthy and raised her in a loving environment and that mental health impacts came from her friends and boyfriend in college. Ivy reported that she "was raised by loving parents, was an excellent student throughout high school, and earned a bachelor's degree" pre-incarceration. Ivy reported that she was raised in a "traditional home and followed the rules." She reported that once she left home to attend college, she began questioning who she really was and began socializing with a different crowd than she was used to. She reported that socializing with this new crowd led to "more partying, more bars, and risky behaviors." Specifically, she became romantically involved with a man and became "heavily influenced" by his behaviors and lifestyle. Ivy reported that she didn't realize it was a toxic relationship at the time, but that over time it led to the deterioration of her mental health. She began engaging in "small crimes" with him because she wanted to be accepted but began feeling "lost and confused" about who she really was. Ivy reported that her "life began to slowly fall apart during that time," she began struggling with mental health issues, and was later incarcerated for the crimes in which she engaged.

The Implications of a Juvenile Criminal History Over Time

Several women reported a history of behaviors that were illegal and resulted in juvenile

justice system involvement. Their first interactions with the legal system occurred during adolescence and they served their short sentences in juvenile detention centers. Three common reasons that were offered as to why crimes were committed during adolescence were financial need, running away from abusive households, and/or negative peer influences. Bianca, for example, reported that she was arrested and served time in juvenile detention centers about ten separate times for charges related to running away from abusive home, stealing, and possession of drugs. Another woman, Anna, shared a story in which she ran away from an abusive household several times throughout her adolescence, eventually deciding to rob a bank with a negative peer influence. Some women with juvenile legal records reported that their adolescent age, lack of emotional maturity at that age, and being easily influenced by peer pressure contributed to their juvenile crimes. As reported by Anna,

> "I didn't want to be home. I was getting sexually abused by a family member and I kept running away and I was in and out of juvenile centers. Then I met a friend who convinced me to rob a bank when we were 17. We felt invincible together and we robbed a second bank too. It was easy to get wrapped up in that mentality and feel like we wouldn't get caught. I lived in the moment at that age. I wasn't thinking about consequences."

Some of the women who acknowledged experiences with the juvenile justice system reported that their time served in juvenile detention center was shorter than adult prison, which limited their time and involvement with mental health rehabilitation services and treatment as juveniles. As reported by Julia,

> "I went to juvenile center for a short period for stealing things. I dropped out of school at 16 when I had my first baby. Then I was dealing with CPS (child protective services) because I didn't have a job, so I just kept stealing and was still a teenager. Stealing just seemed like the easiest thing to do in my situation at that age. And I didn't have good people around me or any support. Going to juvenile center didn't help me at that time because they didn't really connect me with help. So I left and kept doing what I knew how to do."

Women reported that they went on to re-commit crimes as adults once released from juvenile detention centers.

Substance Use as a Coping Mechanism and Precipitator of Negative Outcomes

Across the ten interviews, women shared varying degrees of both illicit and licit drug use. In some cases, women developed a drug addiction to a prescribed pain medicine, while in other cases, women abused illicit drugs including cocaine, meth, heroine, or bath salts. Across all interviews, women shared the reasons why they initially turned to substance abuse, including to cope with chronic pain or abusive relationships, as a way to numb their psychological pain, or due to pressure from friends or romantic partners and their strong desire to feel acceptance and belonging.

Charlotte reported that her drug abuse began with a prescription pain medication after she needed surgeries post-car accidents. Charlotte indicated that her initial intention was to take the pain medication as prescribed, but the addictive nature of opioids increased her tolerance, and she soon began abusing opioids. She stated,

> "And then I realized that I needed this pain medicine in order to continue doing what I was doing. I didn't realize what was causing me not to feel good, I thought it was the pain. I would complain of hip pain, knee pain, back pain, because I thought that that was the problem. I didn't have the connection yet of why I felt like I still had pain, but it was really just the need for the medicine. I was addicted to the opioids and need more and more."

Furthermore, women pointed to specific life experiences that caused significant emotional distress which they struggled to manage in a healthy manner. The types of life experiences reported by the women included the ending of a romantic relationship, a loved one's death by suicide, and self-medicating in order to cope with long-standing mental health issues. Women reported a desire to find a way to quickly reduce their emotional pain, which led to drug use as a coping mechanism. Georgia shared that after a difficult breakup with her long-term

boyfriend she turned to drugs to cope with her grief. Georgia reported that she quickly began experiencing the negative repercussions to drug use, including losing her business, her relationships with family, and becoming incarcerated for drug possession. Similarly, Diane reported that she turned to drug use as a coping mechanism when her father's death by suicide. Diane reported that she had a close relationship with her father and felt completed shocked to learn the tragic news. Diane wanted to numb the immense grief that she was feeling, but she did not have money to support her drug addiction. Therefore, Diane reportedly began stealing in order to sustain her drug addiction, which led to being arrested and convicted of various crimes.

For some women, attempts to self-medicate to cope with mental health symptoms were unsuccessful. Emily stated, "I was self-medicating, and I was drugged for four years on bath salts. So, I was going through psychosis between my disorders and between the drugs." Comorbid substance use disorder and mental health conditions worsened the symptoms of one or both conditions for several women.

Race and Ethnicity-Related Experiences

Several women self-identified as being a woman of color. Specifically, they identified as either African-American, Latina, or bi-racial with African-American and Caucasian. The unique race-related experiences of the women were not uniform across women, but all endorsed challenges stemming from their race/ethnicity. The types of challenges endorsed included feeling "othered" among peers while growing up, growing up in low socioeconomic status neighborhood, experiencing racial discrimination in public spaces, and being racially profiled by law enforcement. As stated by Anna,

> "Being a little black girl taught me to be on guard and tough from a young age. I didn't trust the police coming around my neighborhood. I didn't want to be targeted for something I didn't do. I learned to fear them at a young age. It made me feel confused

> about myself and my identity as a black girl. Like, was I bad? Was there something wrong with me? It made me want to rebel."

Similarly, Bianca reported internalizing messages that she received from community members, such as her teachers, about her race. Bianca stated,

> "My teachers didn't even believe in me. I felt like I was treated differently because I was black and came from a worse neighborhood than the other kids in my school. So why would I believe in myself? That's not a good feeling to grow up with."

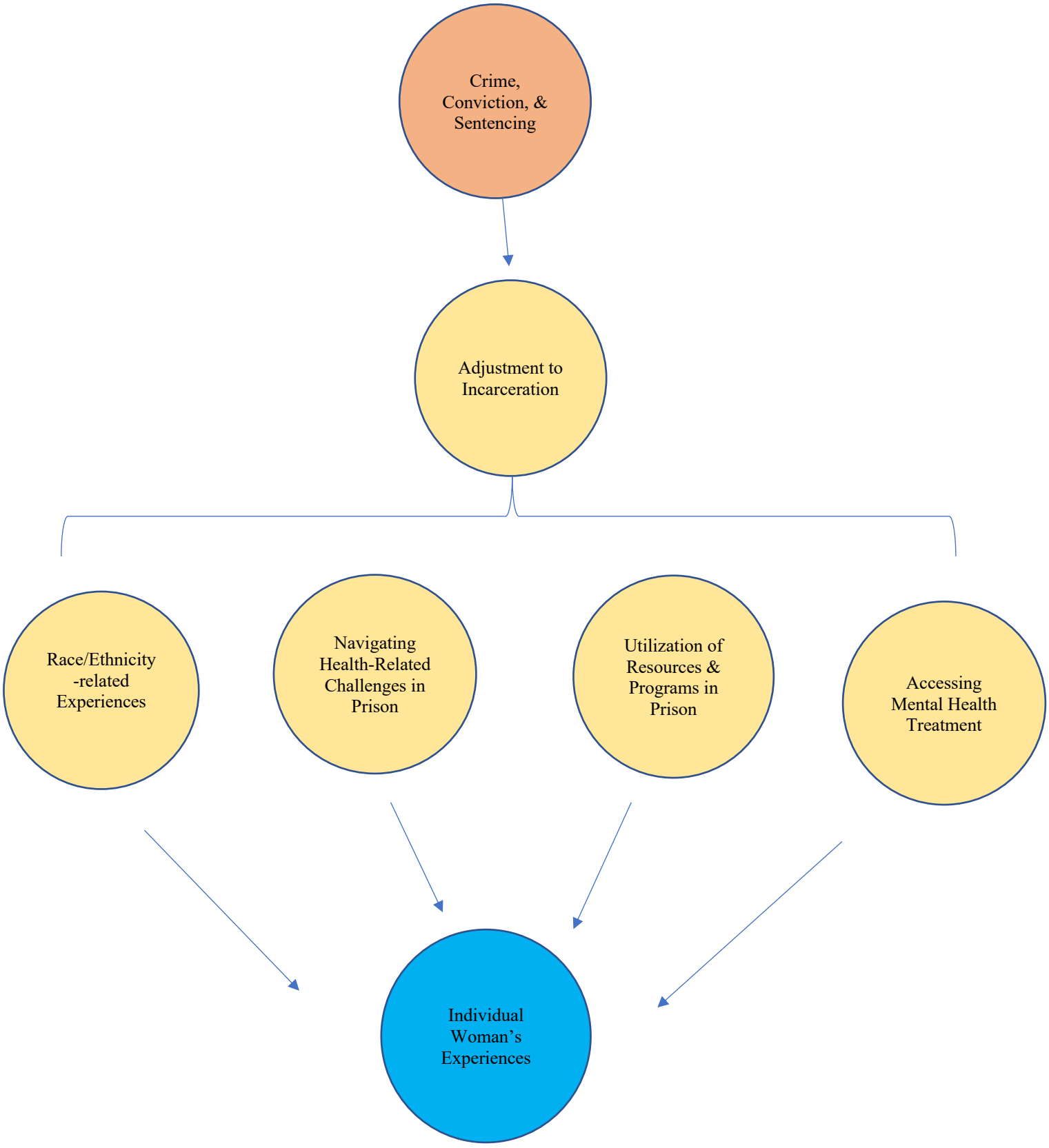
Time Period 2: During Incarceration

Across interviews, women narrated their process of adjusting to incarceration. For all of the women, the adjustment was challenging, and women employed numerous coping strategies as they navigated this new environment. Women's mental and physical health played a significant role in their daily functioning and utilization of treatments offered within prison. For some, incarceration offered a time in which they were able to gain access to treatment for the first time. Some women also made use of other resources during incarceration that they reported as being productive, such as finishing their GED or learning a new skill. For some women, the transition to incarceration was described as "helpful" due to the structure and resources that prison provided. For others, the transition was not smooth and involved several months of "rebelling" toward staff and rules. The narratives highlight the various challenges and benefits those women experienced during their incarceration sentence.

As depicted in Figure 2, the themes or life circumstances shared across the ten women during incarceration included an initial phase of adjustment to incarceration, which lasted anywhere from a few weeks to several months. This phase of initial adjustment to incarceration eventually came to a self-described "crossroads" in each woman's narrative. The women

described a variety of reasons for arriving at this decision point, or “crossroads”. Some women reported that they had isolated and rebelled against the staff during their isolation, and they no longer felt that it was helping their situation, but rather harming them even deeper. Other women described feeling that they were “wasting away” and “slipping deeper into depression” during this phase of adjustment. This led to a moment where each woman decided some version of “enough is enough” and “I want to take control of myself and my life.” The women described that after their initial phase of adjustment, they began investing more time in nourishing themselves in a variety of ways, including engaging in mental health treatment and utilizing resources and programs offered in their prisons. While the women reported benefits from engaging in mental health treatment and utilizing programs in prison, challenges continued to emerge throughout this second time period. The challenges included ongoing racial discrimination from staff and other inmates and difficulties with navigating health care within prison. Again, each woman is unique in her experiences during incarceration. Not all women experienced each circumstance, rather, each woman reported experiencing some combination of these experiences that they believe played a critical role in their incarceration experiences and setting the stage for release from prison.

Figure 2. TIME PERIOD 2: During Incarceration Model with Salient Themes



Adjusting to Incarceration was Challenging

After women received their sentences, they were incarcerated and transitioned into a new environment. Being incarcerated presented numerous challenges. The transition to a new, highly structured environment with strict regulations was difficult for a variety of reasons. Many women described a sense of "intimidation," "fear," and "loneliness" at the beginning of their incarceration. All women described incarceration as an experience that they would not want to repeat.

Women shared the specific aspects of incarceration that made the adjustment particularly challenging. These included the multiple daily restrictions (e.g., time allowed outside of cell, food options, uniform clothing, allotted telephone time, visitation time), difficulty forming trustworthy relationships, and frequent commands from staff. Diane reported that she felt scared when she first began serving her sentence in prison. She shared her fear of the unknown and fears associated with not knowing who to trust or what to expect from her new daily schedule. She said, "I didn't know what to do with my time or what to do with myself while I was in prison. No one prepares you for that either, you know? It was intimidating, scary, and very alone."

For some women, the length of incarceration sentences carried particular challenges. Several women reported an increase in their own externalizing behaviors, such as intentionally breaking the rules, speaking back to staff, and instigating fights with other inmates, as they struggled to accept their length of incarceration sentences. For example, Julia reported that she felt "shocked" when she found out that she would serve a full five years without chance of early release. Julia reported that she didn't want to accept that reality at the beginning of her

incarceration and chose to not follow the rules in prison as a form of resistance. As a consequence, she was often penalized and spent more time in solitary confinement.

While adjustment to incarceration in any setting was challenging across all women, some differences emerged between jails and prisons. Georgia, for example, reported that the differences between jail and prison were varied and ranged from the types of resources accessible to women, the quality of food provided, and the types and quantity of daily restrictions. She said it in this way,

> "Jail is when people say you're going to do hard time or whatever, that's jail. Prison is a piece of cake because jail-- you never get to go outside. You don't see the light of day in jail. And typically, a jail sentence is less than 11 months or 12 months. You can't sentence somebody to over a year in jail at a time. If you get sentenced for over a year, you must go to prison. Anyway, jail is like the grossest food. It's dirty. You get a day room full of people. And just terrible food and you're in orange jumpsuits all the time. Telephone calls are outrageously expensive. You are treated pretty shitty. But prison is different. You have better living conditions in prison and access to different activities. You can even get an education. If you don't have your high school diploma, then you can get your GED. You can go to college in prison. You can take all sorts of courses. You can do actual universities online if you want. There's beauty school, so you can get your hair highlighted and colored and cut and eyebrows waxed there, all that stuff. There's gym. There are exercise classes, yoga, spinning, anything that you can probably think of. The food is amazing, because somewhere amongst the inmates there's somebody that is a chef or somebody that's a baker. So, they all work in the kitchen. So, the food is great. You get a job. Even though you only make $0.15 an hour, you can work. Prison helps you more than jail."

Accessing Mental Health Treatment during Incarceration

Women's mental health continued as a theme during the women's incarceration. Several women described experiencing an exacerbation in their mental health symptoms during incarceration. Their heightened symptomatology resulted in them being placed in mental health treatment. For some women, this entailed daily medication. For others, it included participation in daily or weekly therapy and/or participation in groups.

Several women described their engagement in mental health treatment as being a helpful aspect of incarceration. For some women, this was the first time they had been able to access mental health treatment. For many women, mental health treatment during incarceration was more comprehensive and in-depth as compared any to mental health treatment experienced prior to incarceration. Julia said that her mental health symptoms at one point during her incarceration had become severe to the point where she was engaging in self-harming behaviors and suicidal ideation. She explained that she was subsequently enrolled into group and individual therapy and prescribed daily medications. As she reflected back on this time, Julia said that having daily mental health treatment and access to professionals led to significant reduction of symptoms and increased coping abilities.

Utilizing Resources and Programs During Incarceration

In addition to providing access to mental health treatment, incarceration provided women with opportunities to further their education or learn a new skill. Some women shared that accessing these opportunities became a catalyst for motivation and healing. Women furthered their education and learned a new job skill that could help them improve their employment opportunities upon release. Julia reported that she completed a welding program while incarcerated, which led to finding a stable job as a welder once released from prison. Additionally, while Frances was clear that she would not want to return to prison, she acknowledged the opportunities that were available to her while incarcerated. Frances reported that she was able to take several classes to complete her GED while in prison and expressed that her time in prison taught her valuable life lessons and gave her space to reflect on decisions that led her to incarceration. Frances stated, “When you hit rock bottom, you realize who and what really matters to you. You are forced to face yourself and make changes.”

Across interviews, women believed that using their incarceration time to further their education, learn job skills, and/or better manage their mental health symptoms were productive investments in their futures. Many women believed that utilizing resources and engaging in self-improvement activities led to increased self-confidence in their ability to transition back into society upon release and not return to prison. A few women indicated that they would not have accomplished education or career goals if not for their incarceration.

Navigating Health-Related Challenges While Incarcerated

Several women reported health-related challenges while incarcerated. These challenges, unfortunately, were often coupled with frustration and anger from women who felt that their health concerns were not given adequate attention by prison or jail staff. Several women reported that their concerns were not taken seriously by staff. For example, Bianca struggled to get accurate medical evaluations and access to basic necessary resources, such as medication and hygiene products. Bianca reported that she was visibly in pain due to perineal cysts and menstrual cramps but was not offered antibiotics, over-the-counter pain medication, or sanitation products. Bianca elaborated on her experience, stating,

> "The lack of being taken seriously. They would not give me the things that I needed as a woman. I could not get sanitation napkins. I couldn't get tampons. I couldn't get in the shower. I had a perineal abscess. So, it ended up rupturing while I was on my menstrual and in the police department while I was there in pain on my menstrual. Now I have this abscess that's basically inflammation. So that's something that you need antibiotics to take care of. So, I was sitting there with no antibiotics, nothing where I could properly clean myself. I couldn't get in the shower. Nobody was taking my pain and needs seriously."

Another common report regarding health concerns was lack of transparency regarding health information from prison staff. Diane reported that the lack of transparency about her medications and physical health contributed to stress. She said that not being included in her

health decisions contributed to heightened psychological distress. She described it in this way,

> "I was put on a lot of different medications in prison. I would ask the nurses and staff to show me the list of my medications. I wanted to know what they were giving me. I was worried because I have epilepsy and I wanted to make sure my meds were ok. I would ask them every day to show me my medication list. They never did it. Then one day I had a seizure and they finally showed it to me, but it had less medications listed than what they had given me. I couldn't trust them."

Race and Ethnicity-Related Experiences During Incarceration

Racial discrimination and bias continued to be a theme during incarceration. The types of incidents were different during incarceration as compared to pre-incarceration. Women reported that during incarceration the types of racial discrimination that they experienced included poor treatment by staff, racist comments made by staff and other inmates, and not being believed when they shared physical health concerns. Specifically, Anna provided an example of what she experienced as an African-American woman. Anna stated,

> "There was a staff member who assumed what my crime was. They assumed that I was dealing and doing drugs and prostituting myself. It was hurtful to hear that. They didn't know anything about me. They just saw the color of my skin and made a racist assumption."

Similarly, Hazel reported experiencing racial discrimination. For Hazel, a bi-racial African-American and Caucasian woman, discrimination came from other inmates. She shared,

> "I got picked on by the black woman for not being "black enough." It was hurtful to go through that because I was bullied as a child in school for being bi-racial. It was like school bullying all over again. In prison, people tend to sit with other people of their same race. But I wasn't fully accepted by anyone because I don't look full black or full white. So it was a daily reminder of not knowing who to sit with or who to trust or be accepted by."

Time Period 3: Post-Incarceration and Re-Entry Journey

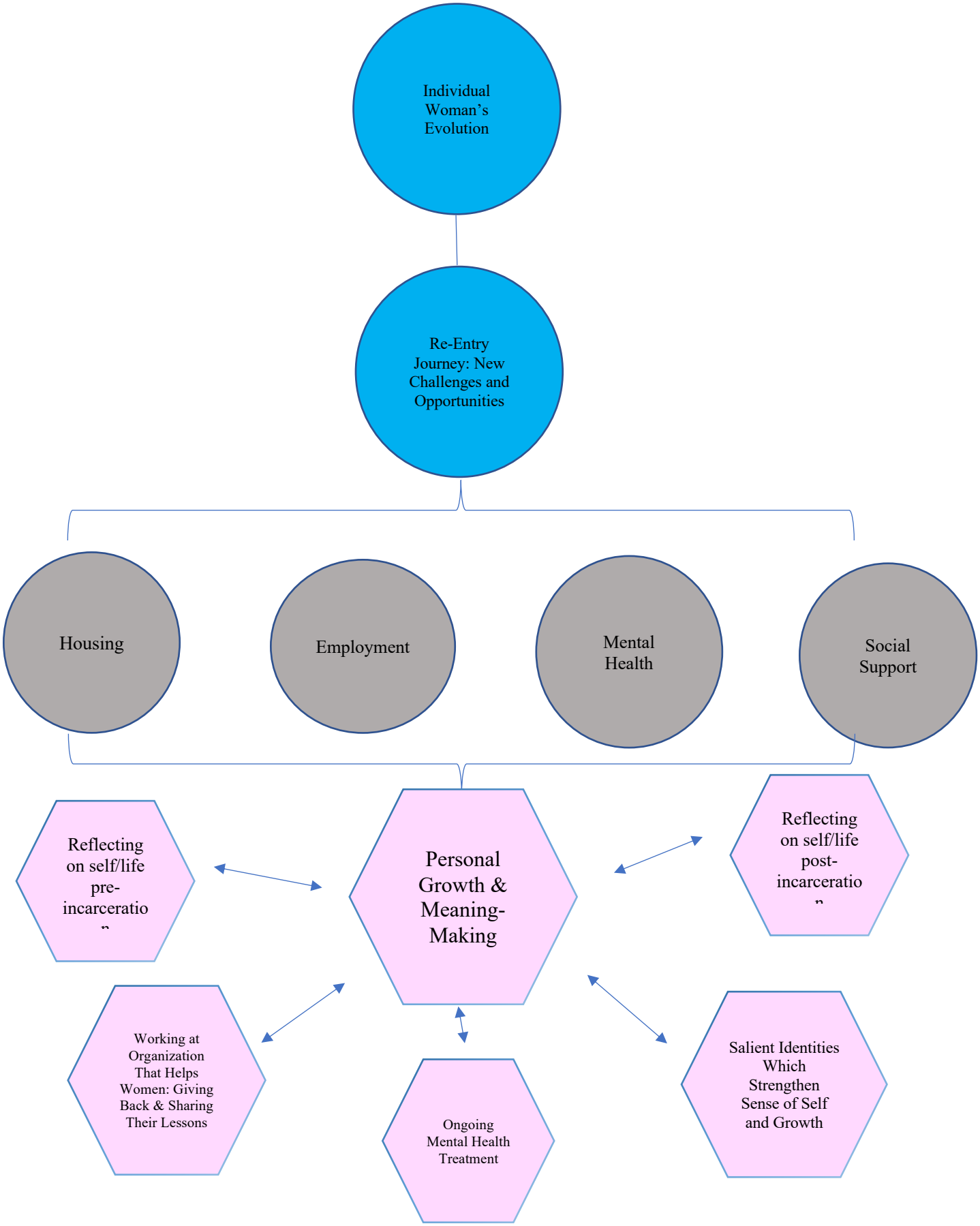
Leaving prison was not as simple as walking out and returning to their life as it was pre-incarceration for these women. Women shared the complexities associated with leaving prison and returning to the community. Women shared ways that family and social supports had been

damaged, housing situations had changed, employment challenges existed, and the stigma and isolation felt upon release was difficult to navigate. As depicted in Figure 3, women were released and had varied experiences during incarceration. The women were at a different place once released from prison. Several women reported that as their release dates approached, they began feeling increasingly worried and anxious about being on their own and figuring out how to transition in healthy manner. As depicted in Figure 3, the women shared several challenges and opportunities as they re-entered their communities. These included housing challenges due to their criminal record, searching for employment and challenges faced by some due to their criminal record, and the presence of mental health concerns that shaped their need to get connected to community treatment and finding healthy social support.

Growth was complex and layered for each woman, and often consisted of experiencing set-backs alongside being able to cope and move forward in a healthy manner that the women believed was new or different from how they would have responded pre-incarceration. Most women attributed much of their improved coping style to the fact that they had finally been able to access and professional mental health treatment during incarceration. Through mental health treatment and self-reflection, women had leaned upon their identities that bring them sense of purpose and value. These included familial roles, being a woman, integrating their spirituality/religion, and their race/ethnicity. Several women reported that the non-profit organizations that their social worker connected them to when they were released became a huge support system during re-entry. Many began volunteering to help other women who had experienced incarceration as well, and some of these women were eventually offered part-time or full-time employment at those same organizations. The personal growth and meaning-making for each woman is complex, layered, and unique. However, despite each woman's life

circumstances, the findings from this study revealed common themes in this third time period that contributed to the women's personal growth and meaning-making.

Figure 3. TIME PERIOD 3: Post-Incarceration and Re-Entry Journey



The Re-Entry Process Presented New Challenges

While women looked forward to the day that they would be released from incarceration, the upcoming transition felt scary. Several women described experiencing heightened stress, anxiety, and depressive symptoms as their release dates approached. Most of their stress and anxiety was reportedly due to uncertainties of how they would re-build their lives once they transitioned back to living in society. Many women indicated that they had become accustomed to their daily, predictable, and structured routine during incarceration and worried about whether they would be able to function when those routines were no longer in place. Diane, like several other women, began to worry about how others would treat her once released and how she would re-build her life in a successful manner. She stated,

> "I was scared, full of anxiety, stressed, depressed. Because I finally got comfortable in the state penitentiary and then boom—I'm out. Well, where do you start? What you do or you talk to? Because nobody understands that when you're locked up and then you come out to society, it's like a culture shock."

As women reflected back on their transition, they expressed disappointment that many of their fears were realized once released. All the women reported experiencing several challenges, including difficulty securing stable housing due to their legal history, experiencing unresolved emotional distress related to mistrust of law enforcement, increased mental health symptoms, difficulty obtaining mental health medications, and lack of a positive social support system. Emily, for example, reported that she needed to be placed in a transitional facility because she had no family or home to return to when released. She said that her mental health worsened when she was released due to leaving a structured environment that provided mental health resources and going into the unknown of independent living once again. Emily reported that after several attempts, she finally obtained a mental health therapist and psychiatrist in the community and successfully remained out of prison. This is further highlighted by Emily's quote below:

> "They put me in a transitional facility because I couldn't come back home, because there wasn't really a home to come back to. I left prison healthy. I left prison medicated. But I was still feeling paranoid of people. I'd look behind my shoulder. The first few months were hard because I didn't have a strong support system. I just had my mom, my boyfriend, and my daughter. And I didn't have a good therapist yet in the community. But once I went to a therapist and got on the right meds, I was able to walk down the street and feel more at ease. I could go to therapy and talk about my problems and not be paranoid about everyone."

Housing Insecurity Was an Acute Stressor During the Transition

Housing was one of the most difficult barriers that women reported during their re-entry process. The women reported that obtaining safe and stable housing was the foundation to a successful re-entry process, but it did not come easy due to their legal histories. Furthermore, the struggle to find safe and secure housing led some women to reunite with toxic relationships from their past and engage in unhealthy behaviors. Some women felt that drug charges led to immediate rejection from landlords and rental companies, thereby suggesting that certain criminal charges carry more barriers to housing.

Several women reported that they relied on "couch-hopping," which they defined as sleeping on different friends' couches every night and having unpredictable sleep arrangements for undefined periods of time. At times, the unpredictable sleep arrangements became so challenging that some women would choose to stay at halfway houses for recovering drug addicts. However, the women reported that the halfway houses were dangerous to their transition into society because many halfway house tenants continue using drugs, thereby surrounding them with temptation and easy access to substances. As Georgia stated, "Housing is the number one thing that I feel like anybody that's getting out of incarceration needs and it's the hardest thing to get." Some women reported that the only reason they eventually secured safer housing was due to luck. Georgia said it this way: "Getting lucky and meeting the right person willing to trust them and give them one chance to prove themselves." However, not all women reported the

same luck. Some women, including Hazel, reported that they stayed at halfway houses and eventually relapsed into substance abuse. Hazel said, “I struggled with staying clean and relapsing back and forth, back and forth. I was around a lot of drug addicts, so it was easier than continuing to struggle to get my life in order.”

Gaining Employment was Complicated, and Successful Employment Provided an Important Protective Factor to Support Women’s Re-Entry

Employment emerged as an important factor that many women cited as assisting them in their successful transition post-incarceration. For some women, this process was relatively smooth due to their personal connections, training, certification, and/or skills. For others, gaining successful employment was challenging due to their criminal record. Many women shared experiences of bias in their job search process. This led one of the women to withhold her criminal background information, which helped her to secure a job in the short-term but was fired once the employers discovered this information.

Most women obtained employment through non-profit organizations that had provided support during their own re-entry process. Specifically, several women reported that when they were released from prison and going through their own re-entry process, they were connected to various non-profit organizations in the community that provided resources to help them adjust and succeed. Several women reported that they went from being a client at the non-profit organizations to beginning volunteer work. Through their dedication to volunteering, some were offered part-time or full-time employment in various administrative roles at those same non-profit organizations helping others get connected to resources and sharing their stories to instill hope in others. These women reported that this employment was personally satisfying, gave them a sense of purpose, and motivated them to remain on the path of desistance.

For some women, learning a skill or trade while incarcerated as part of a training program in prison led to them subsequently applying for jobs within those trades. As demonstrated in the quote below, Julia highlighted her experience with completing a training program while incarcerated. She stated,

> "I wasn't sure what to do when I started my sentence. One day, I decided that I couldn't just sit around anymore. I looked into classes and found one that seemed interesting. It was a welding program and I started and realized I was good at it. So I completed that and earned my welding certificate in prison. Within a few weeks of being released from prison, I was offered a welding job. It was a full-time welding job, and it gave me so much pride and confidence in myself for the first time. I finally had a stable income and a sense of purpose in my life."

Women recognized the value of being employed post-release. They reported that their employment has been a coping mechanism post-incarceration. Julia shared that her job keeps her "more calm, focused, and motivated" than pre-incarceration when she was unemployed. Similar to other women, Julia also said that her job played a significant role in her finding a "newfound sense of purpose in life" post-incarceration.

Women's Mental Health Symptoms and Challenges Accessing Sustained Treatment Post-Release

Mental health continued to be a theme across women's lives post-incarceration. Women described their mental health concerns as continuing after being released, yet most women felt better able to manage symptoms due to increased knowledge about condition(s) and being connected to mental health resources. Emily said, "Since I got out of prison, I've been in a community mental health program through an organization. So I still have mental health issues, but I'm connected to a therapist and medication. Thanks to this organization and connecting me to mental health treatment, I've been able to manage my symptoms better than before."

While utilization of mental health treatment during incarceration was reported to help some women maintain sobriety once released, the recovery process for substance use continued

to be challenging for some women. Among women who had substance abuse issues prior to incarceration, some reported that they remained sober while others reported relapsing post-incarceration due to returning to environments where other people were using drugs.

Emily reported that her mistrust of mental health treatment and health care providers continued throughout early adulthood up until she was incarcerated. She explained her mental health trajectory and treatment experiences in this way,

> "My family could never take me to doctors and psychologists growing up. My mom didn't trust them so I learned that too, but my depression was getting worse and worse as got older so I turned to drugs and things that I thought were helping me to manage my mental health. It wasn't until prison that I was put into therapy and saw what therapists can do. My therapist in prison helped me and then I got connected to another therapist once I was released. He has helped me tremendously. I understand my symptoms now."

Summary

A variety of individual life circumstances and experiences contributed to women's transitions into and out of incarceration. Taken together, these processes were painful and challenging for all ten women. Women acknowledged personal, environmental, and societal factors that contributed to their eventual incarceration. Each woman is unique in her experiences pre-, during, and post-incarceration. Not all women experienced each circumstance, rather, each woman reported experiencing some combination of these experiences that they believe played a critical role in their early development leading to incarceration, during incarceration, and post-incarceration experiences during their re-entry journey. All women reported that they struggled and survived a range of awful experiences across all three time periods, but their ability to understand themselves, the mental health treatment they received, and their evolving coping styles contributed to them moving forward in their lives. The evolution of themes across the three time periods is an important finding from this study.

In addition, a few themes appeared across all three themes, such as mental health. Most women reported negative experiences with mental health pre-incarceration, including not having access to professional treatment, turning to substance use for coping, and making poor decisions. It is unfortunate that these women first received access to mental health treatment while incarcerated, as they would have benefitted from treatment pre-incarceration and possibly avoided incarceration all together. However, their reality was that they first had access to mental health treatment while incarcerated. The women reported that during their mental health treatment they increased their understanding of themselves, their symptoms, and received therapy and medication. The women reported benefitting from this. However, once the women were released from prison, they had to proactively seek mental health treatment in the community. Through being connected with social workers, they were referred to various mental health agencies. Some women reported that they had to wait several weeks to months after being released to get connected with mental health treatment. However, many of them did eventually get connected and they reported the significant important that mental health treatment continues to have on their re-entry and desistance journey.

While some themes appeared across the three time periods of the women's lives, there were other themes that appeared in only one period, such as housing and employment challenges unique to having a criminal record. Most women reported that they significantly struggled to find safe and stable long-term housing once released from prison. They had to rely upon "couch surfing" at different people's houses or utilize shelters. This presented added challenges for women who recognized that these temporary solutions were not healthy for long-term due to the being exposed to people doing drugs. Women highlighted the importance of securing their own independent housing in order to not return to past behaviors that led to incarceration or substance

use. Another theme that appeared during the third time period was employment. Some women successfully obtained employment whereas many women experienced unique challenges with securing a full-time job due to their new criminal record. For some women, the certifications or skills they had learned in prison, such as welding, had made them appealing to employers and they were able to secure a job despite their criminal record. Others struggled to get hired due to criminal record. Being connected to social workers during re-entry was critical for women because they were able to be referred to non-profit organizations that helped women transition back into community after prison. Most women reported that utilization of those non-profit organizations was key in obtaining part or full-time work, oftentimes within that same organization itself.

As women reflected back on their incarceration experiences during this study's interview, it became evident that their narratives had three overarching time periods, which were pre-incarceration, during incarceration, and post-incarceration. Within each time period, themes emerged that the women revealed as being significant in their life journey. These themes included various life circumstances and experiences that contributed to their incarceration, experiences during incarceration, and factors that contributed to the ability to cope upon re-entering the community after prison. Through the women's reflections on their journey throughout incarceration and during re-entry, they described their growth and meaning-making.

Reflections Over Time: Women's Personal Growth and Meaning Making

All women described a process of self-reflection and meaning-making present throughout their lives that contributes to their survival, desistence, engagement in activities that contribute to their hope, and connections with others. While their specific narratives varied, women shared an overall orientation and desire toward growth. Across the ten women, growth and meaning-

making entailed a focus on identity development, finding a sense of purpose beyond themselves as individuals, and accessibility to ongoing mental health services.

Salient Identities Provided Meaning and Motivation

All women described identities that they held that are critical to their sense of self and their values. These identities serve as motivation for women to live more aligned with those values and not return to behaviors that initially led to incarceration. Identities varied, and included being a mother, spirituality/religious beliefs, and race/ethnicity.

Being connected to their families in various roles was reported by several women. For many women, roles within their families served as important aspects of identity and sense of belonging. Several women reported that being a mother is an important protective identity. Bianca described her own mother as abusive towards her and that she lacked a healthy mother-daughter relationship, which motivates her to be a great mother to her own daughter now. She said that her mother was "addicted to crack and alcohol" and she was always told while growing up that she was going to be "just like her crack head mom one day." Bianca described it in this way,

> "As a child, I didn't want to believe that, but sometimes I found some type of truth in it. I would notice a similar characteristic that I have to my mom, and I'd get scared of becoming just like her in every way. When I went to prison, I was really scared that I was fully becoming my mom. I realized that its ok to have some similarities, but not all. It motivated me to be a better mom to my child and that is my most important identity now."

Julia similarly reported that her children are an important motivator because she wants to provide a better future for them than what she had. Frances indicated that being a mother to her seven children is her most important identity. She reported that taking care of her children motivates her to keep a job with stable income so that she can provide them with everything that they need.

Frances stated that she grew up in a "very low-income household" and often worried about having basic needs met, such as food, clothing, school supplies, and medicine. She said, "I do not want my kids to experience what I experienced." Similarly, Frances reported that her children are her "number one motivation to stay out of prison." Frances stated, "If I give up, then I am giving up on my kids. Not just on myself. I am all that my kids have. So, if I give up, then I am giving up on everything." She said that being a mother has been her driving force to desist from crime once released,

> "My kids are my everything. I am nothing without my kids so why would I jeopardize that again? I wouldn't. In prison I realized that nothing is worth losing time with your kids."

Anna similarly reported that she made a promise to her son that she would never return to prison, which served as daily motivation for her to invest in her future while incarcerated and upon release. Anna reported that she engaged in several opportunities in prison to fulfill her promise to her son of never returning to prison in the future. Anna reported that she maintained good behavior during prison, engaged in mental health treatment, and utilized community resources upon being released to help with support. Anna stated,

> "I had lost custody of my son when I went to prison. It devastated me and pushed me to improve myself. Once I got out of prison, I had to prove that I was truly a better person and deserved to re-gain custody of my son. I decided to do an associate degree once I was released, and I started working part-time in an administrative job. Two years after being released from prison, I was finally granted custody of my son again. Not only did I gain my son back, but I gained self-confidence and a sense of pride that I hadn't experienced before. My son was my driving force to getting my life back on track and making sure I never returned to prison and never lose him again."

In addition to being a mother, women shared the ways that other identities within their families were salient. These included being a daughter, sister, or aunt. Georgia reported that embracing her roles as a daughter and aunt has re-connected her to family members and

improved her own sense of belonging. Additionally, Ivy reported that she "prides herself on being a great big sister" and taking care of them as needed.

Another important identity that provided women meaning was gender. Many women reported that embracing their gender identity helps them feel empowered, helped them improve their self-love, and motivated them to pursue their personal and professional goals post-incarceration. Charlotte, for example, said that embracing her womanhood makes her feel strong and driven to accomplish her goals, and has helped her feel more confident in trying new opportunities, such as volunteering and working full-time at a job that gives her a sense of purpose. Additionally, Ivy reported that she feels "strong pride in being a woman because woman are able to multi-task different identities, such as being a mother, having a career, being caring, and making things happen even when it seems impossible." Ivy reported that she comes from a "long line of strong women" and feels a sense of responsibility in continuing the legacy of strong women in the family.

Another important identity reported by some women was their spirituality and/or religion. Several women reported that connecting or re-connecting with their spirituality or religion helped them cope with difficult emotions and connect to their values-based lives. This included re-defining and re-committing to their values, practicing gratitude on a daily basis, and forming connections with others that share similar values. For example, Diane reported that post-incarceration she ignited her spirituality. She explained that pre-incarceration she was raised in a religious family, but never truly felt connected to the religion. Post-incarceration she realized that spirituality could look "a lot of different ways" and doesn't necessarily have to be the "exact same religion you were raised with." Diane had re-connected with her spirituality and faith, re-defined what it meant to her at this stage in her life, and formed friendships with others in the

same spiritual community. This identity continued to play a role in her post-incarceration values-based life.

Several women described their race/ethnicity as an important identity. Connections to their racial identity helped women to strengthen their connection to themselves and their families and cultural history. Being connected with their racial identity was important to women's sense of belonging. Ivy, who is Mexican-American and identifies as Chicana stated,

> "Being Chicana is for individuals that have a background of being Mexican-American. And I say I'm the hyphen between the Mexican-American, because that's what Chicana is. It's like we're in the middle here. My dad raised us to be really proud of who we are and to accept who we are, and that's a really big part of my culture."

Similarly, Julia reported a sense of pride in her African-American culture. She stated,

> "There have been so many great leaders throughout history fighting for equal rights. Whenever I feel really down and defeated, I remember what my ancestors went through and how my life is better because of what my ancestors did, and they never gave up. I can't give up either. I got to keep fighting because of my ancestors."

It is also important to note that not all women felt they had the luxury to focus on her experiences as a Black woman. For example, Frances stated,

> "I have kids to take care of and I've been through so many difficult situations in my life. I have learned to just focus on surviving and keeping things moving. So for me, I feel that I have bigger things to worry about and things that I need to get done regardless of what my skin color is. I know that being a black woman has challenges, but no one is going to change that for me. I will always be black, so I just focus on getting my things done."

Women's view of self/life pre-incarceration

Upon reflecting upon their journey of self-understanding and personal growth, all women described noticeable changes pre- and post- incarceration. These changes occurred across various aspects of their lives, including their psychological well-being, understanding of themselves, and how they viewed others and the world.

Some women reported that they held more strongly negative views of themselves and others pre-incarceration than they do now. Bianca, for example, said that she was angry "at everyone" pre-incarceration. She reported that she didn't trust anyone and had been hurt by close family members throughout most of her childhood, which fostered mistrust of others. Similarly, Emily reported long-standing difficulty with interpersonal relationships, specifically with her family. Emily reported that her family was "dysfunctional" and caused emotional turmoil in her life. Emily reported that she would "try to help ease the dysfunction" but it "never worked." Emily stated, "I tried to be seven people at any given moment because I was dealing with my own problems and my family's problems. I wasn't together at all. I couldn't take care of them. I couldn't take care of myself. I couldn't function. I was living on auto-pilot before prison." Both Bianca and Emily shared the ways that their negative views loosened from their pre-incarceration days. Now they reported knowing how to set healthy boundaries with others, investing time and resources in taking care of themselves, being better able to ask for help, and feeling more optimistic about themselves and their futures.

Some women reported having a "carefree mentality" and "living one day at a time" pre-incarceration that has since shifted. Julia, for example, reported that she had adopted a mentality in which she "took it one day at a time and whatever happens, happens." She explained, "I would do whatever I wanted and sometimes I would leave my kids with a sitter so I could go alone. I was carefree and unmotivated. I couldn't think about anything more than that present moment." Frances reported that pre-incarceration she would "react without thinking." Frances said that she would justify her reasons for committing crimes, stating, "I just looked at it like I am trying to survive so I didn't think about any consequences." Both Julia and Frances indicated that post-incarceration they no longer lived day by day, but rather considered the consequences of their

actions and made decisions that would help their futures and desire not to return to prison. Additionally, they realized that they needed to find legal ways of obtaining their resources and healing themselves. They reported a newfound desire in investing in their futures and turning their hardships into life lessons by telling their stories to other women in similar situations.

Some women stated that their lives pre-incarceration was relatively positive until a major traumatic event occurred that impacted their ability to cope in healthy manner. Diane, for example, described herself as hard-working and motivated to do well in life until an unexpected tragedy struck in adulthood when her father died by suicide. As described above, Diane's father's suicide was a turning point for her which led to her inability to cope and her poor decision-making that eventually led to her incarceration.

Women's view of self/life post-incarceration

As women reflected on themselves and their views of themselves and the world post-incarceration, they shared ways that their views of themselves and of life in general has shifted. They described their self-growth and self-development over time. Several women reported that they reflected on the decisions that had led them to incarceration and realized that personal changes needed to happen in order to avoid returning to prison. For several women, a "strong desire" (Frances) to not return to prison served as motivation to make those changes.

For some women, this included a desire to think and act differently. For example, Frances reported that post-incarceration she began "thinking before reacting." She stated, "I realized it wasn't worth it to be careless anymore. I realized I wanted to do things the right way so that I didn't get in trouble again."

Several women reflected upon the ways that they have grown in their understanding of themselves in a way that allows them to appreciate their inner strength. They shared their sense

of emotional strength that emerged from survival in the midst of challenging individual experiences and societal oppression. Although none felt positively about their experiences in incarceration or with the criminal justice system, they coped in part by acknowledging their inner strength. Georgia said, “I am not weak anymore. I am emotionally stronger. Having to do prison, knowing you just made it through something that you just didn’t think you could ever do, made me stronger.”

Several women shared that being away from loved ones and missing special occasions with family forced them to re-assess their priorities and further fueled their motivation to make self-improvements once released. Charlotte stated, “Having to be away from my family for incredibly important things, like birthdays and deaths, that thickened my skin right up. I knew I couldn’t put myself in this situation again.”

As women reflected on their growth post-incarceration, several women reported emotional maturity and self-awareness. Julia said she noticed several changes within herself post-incarceration, including being more responsible, reasonable, mature, and feeling happier. She explained,

> “It was hard, but I realized at some point, it was really just me getting in the way of myself. Maybe I could’ve changed these things about myself before prison, but I probably wouldn’t have done those things because I just wanted to live in the moment and be selfish. Being forced to sit down, all alone, in prison and have no choice but to try something new really saved me. If I hadn’t been forced to do these things, I wouldn’t have taken the time or steps on my own to do a mental health program or take a class or learn a trade.”

Some women, like Charlotte, reported that being incarcerated “rescued” her from continuing to make poor decisions in her life. For some, structured and strict environment inside prison helped them to maintain healthier routines once released. The routine and clear expectations that prison instilled on a daily basis provided Charlotte with a sense of consistency

that her pre-incarceration life had lacked. Reflecting back on her time in prison, Charlotte reported that she realized her past behaviors were "no longer productive." Charlotte stated, "I told myself that I was not going to leave prison the same person that I was when I entered. So I started getting involved in different programs, treatment counseling, got connected to an organization on the outside, and did whatever I possibly could to build support in my life." The structured environment allowed women to focus on improving themselves within prison. Most women reported taking advantage of various resources inside prison, which contributed to their identity development, sense of purpose, and mental health treatment.

Connecting with Intrapersonal and Interpersonal Coping Resources

Given the extent of challenges and emotional distress that the women described experiencing for large portions of their lives, it is noteworthy to highlight the overall theme of coping mechanisms that the women reported utilizing post-incarceration. The women reported a range of coping mechanisms, including religion and spirituality, their children, family support, their jobs, and an increased sense of purpose and determination to succeed in obtaining a better future.

Some women shared character traits that they possess and work hard to strengthen. As described by Julia, emotional stability and independence are two traits that help her have a successful transition from prison to the community. She said, "I am no longer in a predicament where my only choice is to commit crime. I found my power and independence through these negative experiences, and I never want to be in a predicament where I need to commit crime again." Additionally, Georgia reported that she has turned her "negative experience in prison into something positive for others." She stated,

> "I tell people to not judge a book by its cover. I don't look like a criminal. I don't look like a dangerous felon. People can't believe that I've been in prison because they say I

> look really well put together. I always share my story and tell people to not judge a book by its cover. I look the same way that I've always looked. I have a little more scar tissue on the inside, but I look the same. So you never know what someone has been through."

Giving Back and Serving Others

Several women reported that they began volunteering or obtained employment at the same non-profit organizations that supported them through their own re-entry process after incarceration. Several women expressed a deep sense of gratitude for the resources and opportunities that the non-profit organization provided them at their time of need, thus they reported a desire to give back to other women that needed similar support. Additionally, the women reported a sense of identity and community through these opportunities to give back, which served as an additional coping mechanism. Anna reported that she was first introduced to a non-profit organization when she was released from prison. Anna reported that the organization focused on supporting women with re-entering the community after incarceration and getting connected with basic resources. Anna stated, "They provided me with guidance and resources to have a fighting chance at improving my future. If it weren't for all they did for me, I don't think I would've had the strength to re-build my life. I would've just given up and fallen back into my old ways. They were there when I needed them, and I want to be there for other women. I want to make sure more women have a chance at a better future." Similarly, Bianca reported that she also began volunteering at the non-profit organization that had helped her re-enter the community after prison. Bianca reported that she dedicated herself to volunteering there and was soon promoted to full-time employee as a housing specialist. As Bianca discussed her role as a housing specialist, she expressed the pride and sense of purpose that she feels being in a situation where she can help other women that went through similar challenges.

All women reported that at least some of their personal values had shifted from pre-incarceration to post-incarceration. Diane reported that while her spirituality and family have always been important values for her, the sense of joy that she feels when volunteering and helping other women through the shelters is a newfound value that she has utilized as coping mechanism post-incarceration. Diane reported that she is now in her fourth year of volunteering at the women's shelter, and it has given her a "greater sense of purpose in life", which she didn't feel that she had pre-incarceration.

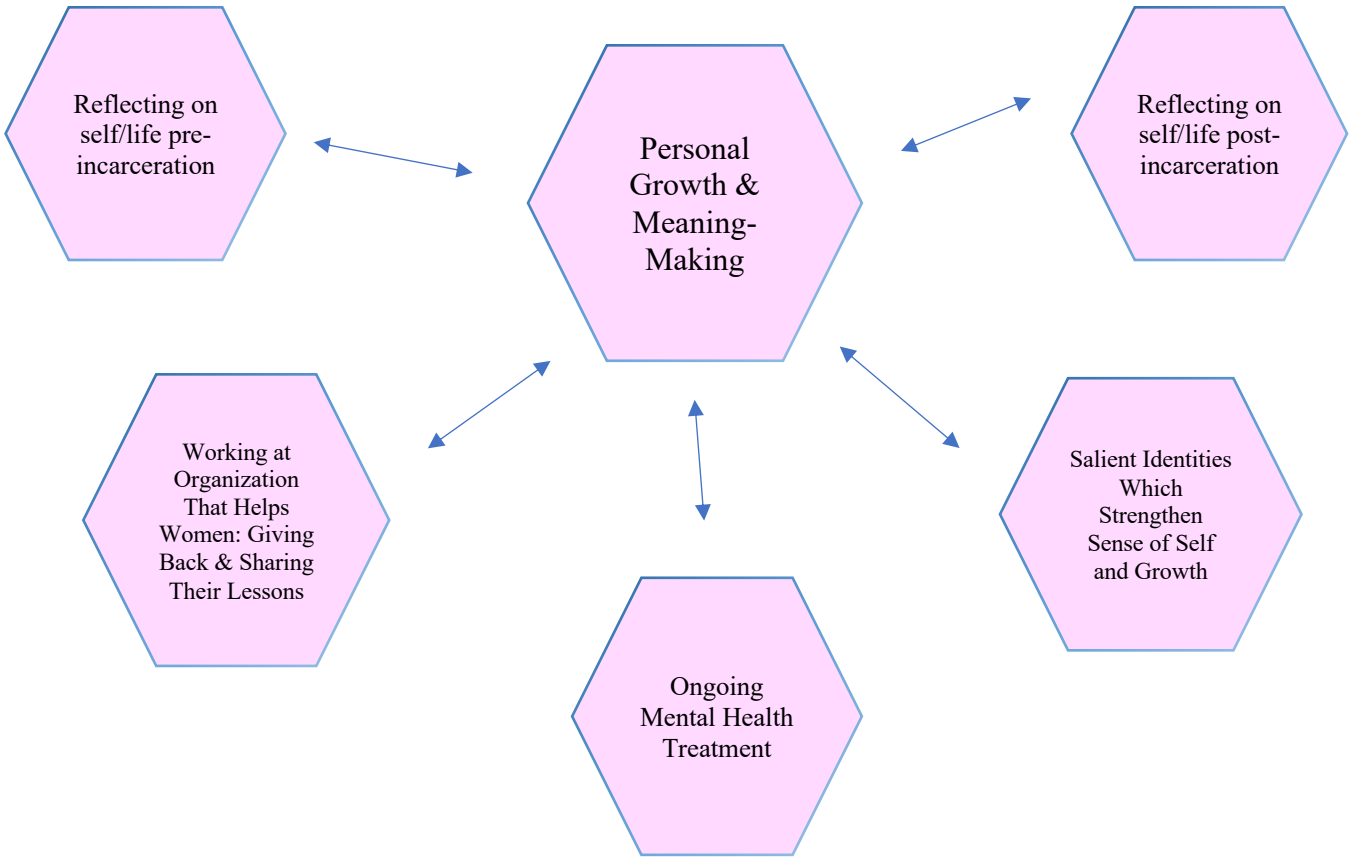
Summary

As depicted in Figure 4, the overall Grounded Theory that emerged from these interviews revealed the interconnected storyline by which women reflected upon and made sense of their experiences. Women described these experiences as contributing to their personal growth and meaning-making. All women shared a range of challenging personal and life experiences that led to their incarceration and reflected upon their very difficult adjustment to incarceration. They highlighted the importance of engaging in competent mental health treatment and of re-evaluating and strengthening salient identities that provide them with sense of purpose and value. For all women, obtaining employment was critical to their transition post-incarceration as it provided women with a sense of meaning and purpose. Many women shared feelings of pride as they reflected upon who they are now versus who they saw themselves as pre-incarceration. They expressed hope that they continue to feel self-efficacious and continue growing. Overall, the findings highlight the complexities inherent in each of the women's stories - the awful, heart-breaking experiences and the resilience that women developed to survive and move forward.

It is important to note that these themes reflect women's shared experiences at a particular time point in their stories in which they were managing their lives successfully post-

release. In spite of their expressed hope for the future, there was an underlying caution in women's stories. To varying degrees, women acknowledged that they continue to experience challenges in their lives, including barriers due to the stigmatization of having criminal record, discrimination as a woman of color, and financial insecurity. While their collective stories represent resilience, it is important to note that there is no 'silver lining' or 'happily ever after' to their narratives though women shared hope that they can continue to find purpose and meaning in their lives.

Figure 4. Personal Growth and Meaning-Making



Ch. 5

Discussion

The United States (U.S.) is home to five percent of the world's population but houses twenty-five percent of the world's people who are incarcerated (U.S. Bureau of Justice Statistics). Recent data indicates that 1 in 9 American men and 1 in 56 American women are likely to be incarcerated or under correctional supervision in their lifetime (U.S. Bureau of Justice Statistics). These rates are more astounding when racial disparities are considered. While the number of women incarcerated is statistically lower than men, the mental health impact and adjustment back into society for women is unique and important to understand. Women have life experiences that differ from men in important ways, especially in regard to societal gender norms, experiences of trauma, and pathways toward healing. As such, there is a need to acknowledge individual differences, specifically among women released from prison. Existing research is limited in its understanding of the resilience process for women who were previously incarcerated. The aim of this study was to explore women's experiences of meaning-making and psychological adjustment as they reflect upon their transition into and out of incarceration.

Most incarcerated individuals will eventually return to society at some point in their life and will need to either adjust to society or re-engage in criminal activity. Desistance is broadly defined as the cessation of offending. The ideal goal in criminal justice is to reduce crime and to understand why some individuals cease criminal activity and others do not (Mulder, Brand, Bullens & Marle, 2011). Overall, the desistance process is difficult and complex. Most data, unfortunately, suggest that it often involves relapses (Mulder, Brand, Bullens & Marle, 2011). As such, understanding resilience and meaning-making processes that contribute to desistance is critical to the development of strategies to support the positive reintegration of women. The

ability to learn and grow from challenging life experiences is a major component of individual development. Meaning-making is defined as the process of how people construct, understand, or make sense of life events, relationships, and the self (Ignelzi, 2000). Research on identity development explores how meaning-making is used to integrate experiences in order to construct life stories and explain how past events led to or influenced another event or aspect of the self (Habermas & Bluck, 2000).

This constructivist grounded theory investigation with ten women who were formerly incarcerated aimed to explore women's experiences and meaning-making. Themes from interviews with ten women revealed an overarching storyline, which narrated the compilation of experiences that contributed to women's incarceration and their meaning-making process post-incarceration. Themes were organized in women's stories by three important time periods in the women's lives: which were pre-, during-, and post-incarceration. The grounded theory that emerged from this study indicated that the three time periods interrelated to one another, and some similar themes appeared across the three periods, playing evolving roles at each time period based on the individual's growth and meaning-making. Particular themes and their connections to prior findings are discussed in the sections below. Next, limitations to the study are presented along with directions for future research. Finally, clinical implications based upon these findings are discussed

Stage Model

Findings from this study point to a stage model which outlines the process that emerged for women from the interviews. There are three phases, which are pre-incarceration, during incarceration (also known as the traumatic event), and post-incarceration. The experiences that emerged during pre-incarceration and during incarceration phases influenced the ways in which

the women transitioned out of prison and re-entered their communities. Additionally, the ways in which the women reacted to incarceration and how they chose to make-meaning of difficult events played critical role in their post-incarceration process, including their desistance or recidivism.

This stage model meets Glaser's initial goals for grounded theory because it followed Glaser's general outline for conducting grounded theory analysis. First and foremost, this study utilized purposive sampling due to the specific nature of the inclusion and exclusion criteria related to formerly incarcerated women. Secondly, it utilized semi-structured interviews to generate data. Third, initial coding was done by researcher to establish category identification. Fourth, intermediate coding was done by researcher to select core categories and begin organizing around core themes. Fifth, theoretical coding was done by researcher to describe the emerging storyline from the women's narratives. Additionally, this stage model is the result of memoing and constant comparative analysis by researcher throughout the entire process. The method and processes that were followed by the researcher created an unfolding, iterative system of actions and interactions which are inherent to grounded theory. The methods interconnect and inform the recurrent elements in the process and demonstrate that grounded theory is both iterative and dynamic.

Pre-Incarceration Life Experiences

Findings from this study revealed themes pre-incarceration, during incarceration, and post-incarceration for the women. Themes highlighted the notion that individuals are composed of several puzzle pieces that construct who they are as a whole. More specifically, findings from this study demonstrated that puzzle pieces can change and evolve across timeframes in life. The first timeframe illuminated as relevant from interviews with women was pre-incarceration, which

consists of various themes that women identified as shaping their early sense of self. One of those puzzle pieces for women during pre-incarceration was traumatic experiences, specifically in childhood and early adulthood. Findings from this study indicated that most women reported experiencing at least one traumatic event pre-incarceration, including sexual abuse, physical abuse, emotional abuse, or suicide of close family member. This finding aligns with previous research that has shown that incarcerated women have histories of victimization and trauma at higher rates than incarcerated men (Bilyeau, 2020). The lifetime prevalence of Post-Traumatic Stress Disorder among incarcerated women is around 53%, compared with a prevalence of around 10% for women in the general population (Bilyeau, 2020).

A second puzzle piece was the women's family and early attachments which began shaping their view of themselves and the world. Most women reported a family history of mental health symptomatology and challenges. Specifically, women in this study reported mental health conditions within their immediate family, such as biological parents and siblings. The mental health challenges of close family members, typically one or both parents, was described as negatively impacting their home environment and relationship.

A third puzzle piece was women's own mental health symptoms whose onset varied from childhood, adolescence, and early adulthood. While the relationship between mental health problems and involvement in the juvenile legal system is complicated and it is difficult to disentangle correlational from causal relationships, the women in this study reported experiencing mental health symptoms in childhood, adolescence, or early adulthood. Unfortunately, these women reported that they did not receive needed treatment at that time for a variety of reasons, including lack of understanding their symptoms, stigma, and lack of knowledge regarding available resources. Women in this study reported that their untreated

mental health symptoms led them to find their own ways to manage symptoms, including substance use and subsequent engaging in activities that were illegal. This finding aligns with previous research that has found that about two-thirds of youths in the juvenile legal system have at least one diagnosable mental health disorder compared with an estimated 9 to 22 percent of the general youth population in the U.S. (Schubert and Mulvey, 2014; Schubert, Mulvey, and Glasheen, 2011). Prior data also have shown that people with mental illness are 4.5 times more likely to be arrested and incarcerated than the general population (James & Glaze, 2016). Data from 2005-2006 showed that over half of prison and jail inmates meet criteria for mental illness.

A fourth puzzle piece indicated by most women in this study was engaging in illegal behaviors during adolescence and having juvenile legal history. This finding corroborates those from prior research that show incarcerated adolescents are at significant risk for poor adult outcomes (Todis et al., 2001). Furthermore, previous studies have demonstrated that experiencing mental health symptoms while involved in the juvenile legal system increases youths' likelihood of recidivating or engaging in other problem behavior as they age (Yampolskaya and Chuang, 2012).

A fifth puzzle piece that the women reported was substance abuse. Women cited a number of factors that have contributed to their substance use, including peer pressure, desire to belong to social groups, and as a way to cope with stressors or mental health symptoms. While mental health can have a number of contributing factors for every individual, previous research is clear that mental health problems in youth often go hand-in-hand with other health and behavioral risks, such as increased drug use, experiencing violence, risky sexual behaviors, and more easily influenced by peers (U.S Department of Health & Human Services, 2021).

A sixth puzzle piece was race and ethnicity. Several of the women of color in this study reported that growing up as a person of color was challenging for a number of reasons. Women reported experiencing racism from a young age, in particular while at school or at jobs. Research has shown that when children and adolescents experience racism, they can develop a trauma response and internalize it, which has poor mental health outcomes (Walker, Spohn, & DeLone, 2012). Racism can lead to ongoing stress, which may negatively impact their ability to concentrate, perform well in school, socialize appropriately, and contributes to increased anxiety and feeling helpless (Walker, Spohn, & DeLone, 2012). Previous research has shown that people of color are significantly overrepresented in the criminal justice system, with African American individuals being five times more likely to be stopped without just cause than a white individual (Mauer, 2011). Furthermore, the rate of incarceration for African-Americans is 2,306 individuals incarcerated per every 100,000 African-Americans as compared to the rate of incarceration for white individuals of 450 individuals incarcerated per every 100,000 (Mauer, 2011). Furthermore, despite research indicating that more white people have been killed by police, African-Americans and Latinos are disproportionately impacted (Mauer, 2011). While white people make up a little over 60% of the population, they make up about 41% of fatal police shootings. African-Americans who make up 13.4% of the population make up 22% of fatal police shootings (Mauer, 2011). Much media attention has been devoted to this issue in recent years and research has begun to document the cumulative effects on individuals. For example, a study conducted in 2018 found that a police killing of an unarmed African-American triggered days of poor mental health for African American people living in that state over the following three months, which has long-term mental health impacts (Bor, Venkataramani, Williams, Tsai, 2018).

Experiences During Incarceration

Findings from these interviews indicated that the second critical timeframe for women was during incarceration. Several themes were endorsed by most women as being significant factors that impacted their experiences. First, the arrival to incarceration and initial adjustment to the highly structured environment was challenging for women to adapt to at the onset. Over time, most women reported that once they moved past the initial shock of incarceration, they began to find benefits from its structure. This aligns with previous research that has found that the initial shock of incarceration challenges the women's assumptive world drastically, including their preconceived assumptions about the criminal system, themselves, and their lives (van Ginnenken, 2016).

For women in this study, the initial shock of the transition to incarceration manifested in symptoms of depression and, at times, rebellious behavior by the women who expressed anger about their initial sentence and struggled to come to terms with their punishment. Mental health continued to be a theme that women described as being salient during incarceration. For several women, this was the first time receiving professional mental health treatment. All women reported that mental health treatment during prison was a positive influence in their daily functioning and ability to strengthen other skills. This aligns with previous research, which indicates that psychiatric rehabilitation during prison is shown to increase independence, self-efficacy, and reduce recidivism in individuals who utilize treatment during their incarceration (Morgan et al, 2012). Additionally, it aligns with previous research that mental health treatment during incarceration can therapeutically adjust criminally risky cognitions. For example, interpreting interpersonal situations in a more pro-social manner rather than personal attacks has been documented to be a helpful therapeutic strategy that can be exercised during incarceration

and can benefit individuals' interpersonal interactions upon release (Stringer, 2019). However, the literature also indicates that type and quality of mental health treatment available at each prison is different, and some women do not receive the necessary treatment modalities (Morgan et al., 2012). For example, there are some prisons that do not have certified mental health professionals on staff and other prisons that only offer a narrow range of treatment options. Research shows that a high percentage of incarcerated women have experienced at least one traumatic event prior to incarceration and therefore would benefit most from trauma-informed mental health treatment. Unfortunately, not all prisons are equipped to provide specialized mental health care, which limits the gains that women can make while incarcerated (Morgan et al., 2012).

In addition to mental health treatment during incarceration, women utilized many resources offered during incarceration. Several women took classes focused on trade skills, completed their GED, and/or held jobs in various departments while incarcerated. Research shows that, unfortunately, most programming funds are given to male prisons due to a larger percentage of men being incarcerated compared to women (James & Glaze, 2016). However, with the increasing rates of incarcerated women in the past few decades, there has been an increased need for additional programming in women's prisons. Research supports that engaging in education during incarceration helps individuals who are incarcerated to better prepare for the harsh realities that are associated with re-entry (Stringer, 2019). Not only does education make a job applicant more competitive for prospective employers, but it is extremely important for individuals who have been previously incarcerated to be able to point to their degrees or certifications when responding to concerns about their criminal records. Consistent with the experiences reported by women in this study, securing employment upon release is helpful in

individual's transitions out of incarceration. Prior research shows that securing employment during re-entry reduces an individual's likelihood of recidivating by 43% further suggesting that investing in educational programs for women in prison is a worthwhile investment (Stringer, 2019).

Experiencing a health-related challenge during incarceration was reported by most women. The reported health-related challenges included seizures, migraines, chronic pain, bacterial infections, reproductive health conditions, and cardiovascular conditions. The women in this study reported negative experiences during incarceration related to perceived treatment from health care providers. A few women reported that they did not perceive that their health complaints were taken "seriously enough," which caused heightened distress and mistrust of staff. Across general health care settings, not only in prisons, research has shown that women who present with the same symptoms as men may not receive the same evidence-based care and diagnosis, which leads to poorer outcomes for women (Paulsen, 2020). Research on physicians has indicated that one reason for gender bias in treatment is due to a history of medical research being conducted only on men, which has led to more understanding and careful attention to men's symptoms (Paulsen, 2020). This gender bias in medical treatment aligns with research examining women in prison as well. Research has shown that incarcerated women have gender-specific health needs, such as higher rates of substance use disorder, history of trauma, mental illness, and reproductive health issues (Sufrin et al., 2015). Furthermore, the majority of women who are incarcerated are younger than 45 years old and have specific reproductive health needs (Sufrin et al., 2015). All of the women in this study were younger than age 45 and felt dismissed by health care staff in prison when they reported symptoms related to reproductive health and chronic pain, which also are associated with a history of trauma. This experience was

emotionally distressing for several women who reported losing trust in their overall health-related care while incarcerated.

Findings also showed that experiences of racism continued while incarcerated. For most women of color in this study, experiences of racism from prison staff and/or other inmates compounded their negative experiences of incarceration. These women of color reported that although it was not their first-time experiencing racism, it was nonetheless painful to deal with on an emotional level and reinforced internalized messages. These women reported that they tended to lack trust in forming friendships with others while inside prison and did not feel comfortable reporting racist events to authorities due to being dismissed. The findings from this study aligns with previous research on the negative race-based experiences that incarcerated women face, even throughout adulthood (Sufrin et al, 2015). Women of color are significantly overrepresented in the criminal justice system, with two-thirds of incarcerated women identifying as women of color (Richie, 2015). For every 100,000 white women in the U.S, 53 were incarcerated whereas for every 100,000 African-American women in the U.S 109 were incarcerated (Richie, 2015). Additionally, African-American women are pulled over for traffic offenses seventeen times more often than white women due to racial profiling (Richie, 2015). Therefore, not only are incarceration rates higher for women of color, but racial profiling is also more prevalent for women of color.

Post-Incarceration Experiences and Meaning-Making

The third important timeframe that emerged during interviews with women in this study was post-incarceration and the re-entry process, which involved transitioning out of prison and adjusting to living in the community. As the women reflected on their transition process from

incarceration back into their communities, several themes arose that impacted their process. The women reported a number of initial challenges to adjusting to life out of incarceration.

Many women experienced increased psychological distress due to their uncertainties of how they would re-build their lives in a healthier manner than pre-incarceration. At the same time, they were navigating the challenge of finding safe and stable housing. This was reported to be a huge factor for recidivism or desistance for all of the women in this study. As previous research has shown, securing a home or stable housing with a criminal record is challenging for a variety of reasons. In this study, some women reported that their parole restrictions had limitations on where they could live, several women confronted landlords who refused to rent to women who were formerly incarcerated, and some described that available housing was located in violent neighborhoods with easy access to drugs. Taken together, this aligns with data that formerly incarcerated individuals are ten times more likely to become homeless than the general population (U.S Department of Health & Human Services, 2021). Research has shown that finding and maintaining stable housing upon release from prison is critical to desistance. The inability to obtain safe housing is a leading factor for returning to prison (U.S Department of Health & Human Services, 2021). A large portion of formerly released individuals struggle to find secure housing because it requires several interrelated resources, including having a job to pay for the housing, finding a home in a safe neighborhood without easy access to substances, and finding a landlord who is willing to rent to individuals who were previously incarcerated. In particular, women of color have higher rates of unemployment and homelessness after release from prison (Wright et al., 2012).

Several women in this study reported that they were connected to non-profit organizations that helped formerly incarcerated women get connected with community

resources. Several women reported that those non-profit organizations were a significant positive support. Women benefitted by accessing community resources and many began volunteering their time to help other women going through similar experiences. Several women reported that volunteering for those organizations gave them a sense of purpose and satisfaction. Additionally, some of those women reported that they were later offered part-time or full-time jobs at those organizations. This finding fits with the recent emphasis on expanding community organizations working to serve women during their re-entry process (Pedlar, Arai, Yuen, & Fortune, 2018). These organizations often offer wraparound services to women being released, including transitional housing, case management, and legal services to support women until they find permanent housing. Unfortunately, despite the success of these organizations, they often lack the funding and staff capacity to serve all of the women who desperately need them. This aligns with the findings from this study, which included stories from most of the women who struggled to secure safe housing for themselves and their children.

As discussed above, securing employment post-incarceration was endorsed by several women as helping them gain independence and stability in their lives upon release. This aligns with previous research, which has found that women who are economically independent are more likely to desist from crime than women who are not (McIvor et al., 2009; Taylor, 2008). Research has shown that economic instability increases the likelihood for women to engage in behaviors such as theft, shoplifting, sex work, or selling drugs in order to meet basic needs (McIvor et al., 2009; Taylor, 2008). However, individuals who have been formerly incarcerated face significant obstacles to finding stable employment. While they may find short-term jobs, there is greater difficulty with securing long-term, permanent jobs for those with criminal records. Previous research has shown that formerly incarcerated individuals tend to have an

average of 4 jobs throughout the initial four years post-release (McIvor et al., 2009; Taylor, 2008). This suggests long-term job insecurities for those with a criminal record, which aligns with most the narratives from the women in this study. Additionally, previous research indicates that individuals with criminal records have lower earnings than the general population (McIvor et al., 2009; Taylor, 2008). Earnings were the lowest for African-American and Native American people released from prison, which has exacerbated the stigma and racial discrimination associated with incarceration (McIvor et al., 2009; Taylor, 2008). Employment is one of the most important benchmarks for a successful re-entry process, yet research has shown that it takes individuals an average of over six months to find their first job post-release (McIvor et al., 2009; Taylor, 2008), further highlighting the importance of re-entry services to support women.

Mental health symptoms and a need to access treatment post-incarceration continued to be an ongoing theme for women. Several women emphasized the significant impact that access to mental health treatment during incarceration had on their transition back into the community. Leaving incarceration without knowledge of condition, guidance, referrals, or community connections would be difficult for any individual to navigate, but especially so for women who were battling a pre-existing mental health condition and were continuing to struggle with symptoms. Narratives from this study showed that knowledge that the women learned from psychoeducation contributed to their increased self-efficacy and ability to manage their mental health. This finding is consistent with previous research that has shown that many formerly incarcerated individuals with mental health issues continue to lack access to mental health services and are at increased risk of recidivating within the days and weeks following release from prison (Pew Center on the States, 2011). Justice system personnel, behavioral health providers, and policymakers agree that the maintenance of better individual-level outcomes and a

reduction in recidivism necessitate a formalized continuity of mental health services from prison to community settings (Griffin, Heilbrun, Mulvey, DeMatteo, & Schubert, 2015).

Finally, all women shared important identities that contributed to a pro-social image, sense of belonging, and increased social satisfaction. For example, the identity of being a mother was endorsed by most women as being a positive influence in desistance from crime. This finding aligns with previous research, which has found that having children contributes to desistance from crime among women more than men (Benda, 2005; Broidy & Cauffman, 2006; Gunnison, 2011; Huebner et al, 2010). Studies have shown that children provide heightened levels of social satisfaction and attachment among women (Hope, Wilder, & Watt, 2003). Other research has highlighted the role that having children can play in the development of a pro-social self-image, which is associated with reduced recidivism (Giordano et al., 2002) if the pregnancy was wanted (Kreager et al., 2010). All women who were mothers in this study reported that their pregnancies were wanted, even if initially unexpected.

In addition, women shared other salient identities that contributed to their meaning-making post-incarceration. These included, holding other roles in their family, spirituality, religious affiliation, race/ethnicity, and gender identity. This finding contributes to prior research regarding the ways that valuing salient identities contribute to an individual's sense of self, which is defined as one's perception of oneself and an awareness of who you truly are. Previous research has shown that a person's sense of self is directly related to how they feel about themselves, their self-esteem, and their self-confidence (Neff, 2011). Having a sense of self is vital to a person's mental, physical, and emotional health because it serves as an internal compass for how the individual views themselves, others, and the world (Neff, 2011). Having a strong sense of self allows an individual to remain firm and in control of their values and

behaviors despite external influences (Neff, 2011). Additionally, it allows an individual to feel confident in setting healthy boundaries with themselves and others (Neff, 2011).

Connection of Findings To Post-Traumatic Growth, Meaning-Making, and Intersectionality

In 2016, a research study conducted by VanGinniken in the United Kingdom examined the narratives of six women who were incarcerated in order to explore the phenomenon of post-traumatic growth. VanGinniken's study found that the initial shock of incarceration challenged the incarcerated women's assumptive worlds, but they managed to overcome this crisis by finding meaning in the prison experience and using it as an opportunity for personal development. It was found that this facilitated a positive reconstruction of their identity, which positively contributed to desistance process post-incarceration. More specifically, that study found that it is plausible that post-traumatic growth facilitates the process of desistance because it aids the construction of an identity as a non-offender. Additionally, the study found that prison can provide opportunities for personal development through offering support with problems and resources for learning new skills. While the negative impact of incarceration is also recognized, it is still worthwhile exploring how various types of professionals can best assist incarcerated individuals with preparation for re-entry.

The findings from VanGinniken's research align with the findings from this study as they both showed themes of post-traumatic growth among formerly incarcerated women. These findings, similar to VanGinniken, found that the need for implementing a strengths-based approach during prison would better equip and empower incarcerated individuals upon re-entry. Similar to VanGinniken's findings, this study found that when individuals are offered "hooks for change" during incarceration they are more successful at desisting from crime. A "hook for

change" is defined as being a catalyst that initiates the desistance process for individuals formerly incarcerated. These can include programming during prison, such as participating in mental health groups, taking classes, and learning a new skill that can help in obtaining employment once released. This aligned with this study's findings regarding importance of engaging in programming during incarceration in order to improve re-entry process.

The meaning-making literature on formerly incarcerated individuals has found that the strongest predictor for desistance is whether the individual showed distinct meanings in life post-incarceration (Maruna, 2001). In other words, those who desisted from crime post-incarceration developed meaning in their lives which consisted of self-transcendent values and the desire to mean something for others (Maruna, 2001). Those findings aligned with the current findings, which highlighted the sense of purpose and meaning that the women reported feeling with various identities, including taking care of their children or volunteering for a non-profit organization that helped other women. Whereas the individuals who recidivated showed "empty" meanings, in other words, they were in the pursuit of hedonic happiness, hyper consumption, and thrill-seeking (Maruna, 2001). In a similar study, Tedeschi and Calhoun (2004) found that new meanings only appeared after an intensive period of processing a distressing life event that had disrupted their foundations in life (Tedeschi and Calhoun, 2004). In particular, their study found that the entry phase of incarceration was highly distressing due to heightened vulnerability of harm from others and/or mental health symptoms (Tedeschi and Calhoun, 2004). Similarly, in the current study entry to incarceration was a particularly distressing phase for the women. However, this study showed that the phase of incarceration near the end also created distress. Specifically, once the women knew their release date and it was within a month of being released

from prison, they reported heightened distress and mental health symptoms due to uncertainties and fears of how they will re-enter society.

Research conducted by Dr. Kimberle Crenshaw led to the development of the term "intersectionality" in 1989 to describe how systems of oppression overlap to create distinct experiences for people with multiple identity categories (Crenshaw, 1990). Intersectionality is a lens through which individuals can examine where power comes, collides, and where it intersects. Dr. Crenshaw's research on intersectionality of identities was first developed as a way to help explain the oppression of African-American women (Crenshaw, 1990). Intersectionality can be applied to all social identities to describe how they work on multiple levels and result in unique lived experiences and barriers for each individual (Crenshaw, 1990). The intersectionality framework was evident in my findings, as all ten women self-reported holding multiple identities that had shaped their life experiences and barriers. Specifically, relating to their time incarcerated in prison, the women reported that their gender, race/ethnicity, physical and mental health status, and family roles intersected in ways that created different treatment from staff and abilities to cope. For example, one African-American woman who was incarcerated for robbery reported that the staff often made racist assumptions about her crime and health status, falsely accusing her of selling drugs and being a drug addict because of her race. A different African-American woman with health conditions reported that she was not treated fairly by health care providers in prison. She reported that the health care providers did not take her symptoms seriously, refused to be transparent about the types of medications she was prescribed, and would dismiss her pain more easily compared to other inmates. For some of the women, their intersecting identities made their situations more difficult, but for others, one or more of their identities helped to improve their situations. For example, one bi-racial woman reported that although her bi-racial

status made her feel alienated in prison, the fact that she was a mother, educated, and did not have health conditions helped to improve her ability to cope inside prison.

Research on intersectionality and its impact across various life events has found significant support for the importance of examining an individual's salient identities and the ways in which they impact one another (Crenshaw, 1990). In the current findings, all ten women endorsed several salient identities that influenced the ways in which they view themselves, others, and the world. Identities are important for a number of reasons, including that they impact how we view ourselves, how others may view us, and the types of social resources that we may have access to as a result of our identities. Furthermore, due to the types of identities that an individual may hold they may experience discrimination and oppression. The concept of intersectionality states that identities are interconnected and linked (Crenshaw, 1990). Intersectionality is important to examine because an individual's experiences, in this case incarceration, are not based solely on one identity that they may hold. In my current study, the intersectionality of each woman's identities played a role in their pre-incarceration, during incarceration, and post-incarceration phases. Specifically, gender, race, and mental health status, and motherhood status were four critical identities that influenced each woman's life experiences. For example, one woman identified as a white woman, mother of two kids, and struggling with substance abuse for most of her life. This woman did not report experiencing racist comments or assumptions about her legal history while incarcerated and she attributed this to her "white privilege." In contrast, an African-American woman, also mother of two children, but without a substance abuse history reported experiencing frequent racist comments and assumptions from prison staff during her incarceration. Specifically, she reported that the staff would mistreat her and wrongly assume that she consumed and sold drugs because she was

African-American. It is, therefore, essential to consider women's intersectional identities throughout each stage that emerged in these interviews with women in this study and to carefully consider how these may impact decision-making regarding clinical implications.

Clinical Implications

The findings from this study highlight the need for an increase in mental health professionals across a variety of settings, including schools, community clinics, hospitals, and prisons. Most women in this study reported experiencing mental health concerns prior to incarceration but did not have access and subsequently turned to other toxic means of coping. Increasing mental health resources as early as elementary school would help to better identify and support individuals that would benefit from mental health services. Furthermore, the findings highlight the need for mental health professionals to be aware of experiences that may be common to formerly incarcerated women while also attending to the subjective personal account that has impacted each woman. Most women reported that they engaged in various forms of health services pre- and post-incarceration where mental health symptoms could have been evaluated for but were not. The women reported that they did not always have access to mental health care and thus it is important for other health care settings and providers to evaluate and submit referrals to mental health, when possible. Furthermore, the women indicated that lack of understanding their mental health symptoms pre-incarceration led to exacerbation of symptoms. Thus, increasing psychoeducation across various healthcare and educational settings for youths would have positive impact on knowledge of mental health.

All women reported that they engaged in various opportunities while incarcerated, such as taking classes, learning a skill, engaging in mental health groups, or having a job. The women reported that these opportunities were invaluable to their self-growth, ability to make meaning

from a difficult experience, and helped them with their transitions back to their communities. Findings provided support for the importance of productive opportunities being offered in prisons. Specifically, access to mental health treatment while incarcerated was frequently reported to be a major contributing factor to stabilizing symptoms and improving outcomes once released. Many women reported that psychoeducation was often impactful and helped them with their treatment. A simple intervention, such as psychoeducation, should be increasingly utilized in prisons as it provides benefits with low cost. Thus, the findings indicate that emphasis on increasing access to mental health treatment while incarcerated is needed.

Findings also highlight the importance of mental health practitioners feeling competent in their work with clients. Through conducting this study, I have grown as a clinician. I have learned how to work with individuals with legal histories and feel more comfortable asking questions that may feel uncomfortable but are important in better understanding their unique experiences with incarceration and the potential impacts it has had on their mental health. Through my own clinical training in various hospital settings I have become more aware of asking about legal histories, as it is an important aspect of an individual's life narrative and potential needs. I have trained in a wide variety of clinical settings, including community clinic, forensic state hospital, academic medical center, and veterans' affairs hospitals. I have realized how prevalent and important the exploration of possible legal histories is when doing clinical work, even in non-forensic settings where clinicians may assume legal history is not present and may miss an opportunity to obtain important clinical indicators and connect them to helpful resources.

Additionally, findings from this study further emphasize the importance of early mental health assessment. Previous research has highlighted the importance of conducting universal

screenings as early as the intake process to prison in order to detect mental health issues and connect individuals with case management (Griffin, Heilbrun, Mulvey, DeMatteo, & Schubert, 2015). Case managers play an important role, not only during incarceration, but particularly in providing referrals and resources to individuals that will need continuity of mental health care upon release. The planning for discharge should be started when the individual enters the prison system in order to have enough time to connect them with community resources, per previous research (Griffin, Heilbrun, Mulvey, DeMatteo, & Schubert, 2015).

Findings also highlight the need to attend to financial, housing, and job security. While not all healthcare providers assess for housing situation, the findings from this study indicate that housing reduced distress for these ten women. The findings indicate that increasing awareness within healthcare settings regarding patient's housing situations may be one way to increase connection to resources for those that experience unstable housing. Furthermore, several cities across the United States have begun providing rental assistance to individuals who have been formerly incarcerated. Thus, healthcare workers being aware of legal history is important in order to appropriately refer them to resources that will contribute to their positive adjustment. On a federal level, there are government officials working to reduce recidivism rates by updating sentencing guidelines, decriminalizing some minor offenses, and raising the age of criminal responsibility.

Substance use pre- and post-incarceration was a theme endorsed by several women. Specifically, women reported that their substance use began as a reaction to a traumatic event and/or to cope with mental health issues. The importance of monitoring substance use, even during sobriety, is clinically relevant when working with formerly incarcerated women. Ensuring

that healthcare providers monitor substance use and that women have knowledge of substance use resources in their communities are both indicated by findings.

Limitations and Directions for Future Research

These findings should be considered in light of several limitations. This study was conducted in the United States and included ten participants who self-identified as cisgender women. The ten women were incarcerated at least once above the age of 18 years old. This study utilized constructivist grounded theory to guide the analysis of the women's experiences with incarceration. However, the extent to which these findings can be attributed to all women who have been incarcerated in the United States is unknown. All ten participants were recruited from the same midwestern state, which limits our ability to generalize the findings to other geographic regions with potentially different cultural influences. Additionally, the racial/ethnic composition of this study, based on self-report, included 4 African-Americans, 4 Caucasians, 1 Latina, and 1 Bi-racial woman (African-American and Caucasian). While the representation of various racial/ethnic identities is a strength, the total number for each identity is small and therefore may not be generalizable to other women of that identity. To obtain a more nuanced understanding of formerly incarcerated women's experiences, recruiting a larger sample size from various geographic regions is needed. Diversifying the participant sample in other ways, such as with socioeconomic class, education level, or race/ethnicity, would also allow for a more nuanced understanding of incarceration experiences and meaning-making across women who hold various positionalities and identities. Future research also is needed in order to examine the impact of intersecting cultural identities more closely, including but not limited to, sexual orientation, gender, social economic status, and ability status on the experiences of incarceration.

A second limitation is the way in which the women were recruited to participate in this

study. This study focused on enrolling participants who had experienced incarceration at least once in their adult years, with the age requirement simply stating, “over 18 years old.” This selection criteria led to a wide range of ages being included in this study, ranging from 28 to 46 years old. This range in ages may be another intersecting identity that may influence their developmental levels, generational beliefs, and how they perceived experiences.

Additionally, women were recruited by contacting community organizations that provide support to individuals as they transition out of prison and into the community. The recruitment flyers and emails may have led to selection bias in regard to which women felt comfortable reaching out and discussing their personal experiences. As well, women who were connected to these resources and services may share few experiences with women who are not. It is possible that the women in this sample have had different (and perhaps more positive) experiences in their adjustment post-incarceration because of the supports they have received from these resources. For future studies, recruiting from a wide variety of settings may provide more diversity among participants and nuanced perspectives of incarceration experiences.

A third limitation is the questions that were asked during clinical interviews and the possible withholding of information that the participants chose to do based on their personal level of comfort with interviewer and/or with the questions themselves. This limitation highlights the difficulty in knowing whether all necessary information was provided to understand their experiences. Most likely, there are aspects of the women’s experiences that were not shared during the interviews for a number of possible reasons. One possible reason is the interaction between interviewer’s perceived racial/ethnic identity and participant’s racial/ethnic identity. Specifically, some participants may have felt and thought that the interviewer would not understand their lived experiences and thus chose to reveal minimal information. Additionally,

all interviews were conducted via telephone due to the COVID-19 pandemic restrictions in place at that time. While conducting interviews via telephone may have had some benefits, such as accessibility and convenience due to no travel, it is important to consider a possible limitation. Telephone interviews may reduce ability to build rapport and sense of comfort between interviewer and participant, leading to less information being disclosed about experiences.

A final limitation is the variety in types of incarceration settings. While most women in this study did serve their incarceration sentences inside prisons, there was one woman that served her sentence in a jail due to the short length of her incarceration. Additionally, the women were incarcerated at different prisons across the midwestern United States, which may influence the women's experiences and types of resources that were offered at each prison.

Findings emphasized the importance of examining the use of mental health treatment by incarcerated individuals, availability of mental health staff, and types of treatments available inside prisons. Research is needed to better ascertain the extent to which women who are incarcerated have access to mental health treatment, and to determine mental health interventions that may be most effective. For example, conducting objective psychological testing may be beneficial in offering women accurate diagnoses and informing treatment during incarceration that women can use to find services upon release. In this study, many women reported not knowing their diagnosis for several years and not understanding their symptoms, which exacerbated their distress.

In psychology, resilience is defined as the process of adapting in the face of adversity, trauma, tragedy, threats, or significant sources of stress (Yates, Tyrell, & Masten, 2014). It is important to note that resilience does not mean that a person won't experience difficulty or distress, but rather that their response to the stressor will ultimately facilitate their adaptation

process. Furthermore, there are several factors that impact an individual's resiliency, some of which can make it more difficult. Previous research examining the impacts of incarceration on individuals have focused mainly on the negative impacts, which are indisputably valuable to understand. However, as resilience and meaning-making have been increasingly studied in other adverse events in life, it is important to examine with incarceration due to the increasing rates of imprisonment. Meaning-making and personal growth were reported by all women in at least one significant area of their lives, including evolution of their own self-views from negative to positive and adopting healthier ways of coping with challenges, and finding purpose in adverse events. Through self-reflection during the interviews, the women described how they viewed themselves pre-incarceration compared to post-incarceration. The changes occurred across various life domains, including their psychological well-being, understanding of themselves, and how they viewed others and the world. It is important to emphasize that human development and growth are a continuous process and these findings in no way claim to be the final destination for these women's growth journeys. These women noted that in the midst of continued challenges they felt better able to approach them in a "more mature" and "self-efficacious" manner post-incarceration. Previous research has examined the ways in which incarceration "changes" people. Findings from the 1980's have indicated that when individuals face long-term prison sentences, specifically more than four years, there is a more significant negative psychological impact (Haney, 2015). While recent research agrees that incarceration has detrimental impact, a growing body of literature examines resilience and growth after adverse events. This does not dismiss the hardships that accompany trauma, but rather provides nuance to the way in which human beings can hold multiple experiences, increase resilience to adverse events, and remain on a path that aligns with their values.

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Appendix A
Demographic Form

1. Name:

2. Date of Birth:

3. Age:

4. Gender:

5. Race/Ethnicity:

6. Children/Dependents:

7. Relationship Status:

8. Employment Status:

9. Social Class:

10. Income Bracket:

11. Job/Work (present):

12. Job/Work (history):

13. Length of Incarceration (most recent incarceration, if applicable):

14. Year Released:

Appendix B

Meaning-Making and Posttraumatic Growth after Incarceration: Interview Questions

(Prior to Beginning Participant Interviews)

1. Tell me a little bit about yourself.
2. Tell me about your experience while incarcerated.
3. What was your experience of being released from prison and re-entering the community like for you?
4. What issues, if any, did you face when you were released from prison?
5. What helped you cope?
6. How would you describe yourself before being incarcerated and after being released from prison?
7. What identities are important to you?
    a. How have those identities influenced your transition out of incarceration and adjustment back to your community?
8. How did you hear about this study and what made you choose to do it?
9. Is there anything we haven't talked about today that you think is important for me to know or anything you want to say more about?