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# OVERWHELMED: A QUALITATIVE STUDY OF THE MENTAL HEALTH EXPERIENCES OF MOTHERS OF MINOR CHILDREN AFTER RELEASE FROM JAIL AND PRISON

by

Ann E. Stanton

A Dissertation Submitted in

Partial Fulfillment of the

Requirements for the Degree of

Doctor of Philosophy

in Nursing

at

The University of Wisconsin-Milwaukee

May 2018

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ABSTRACT

OVERWHELMED: A QUALITATIVE STUDY OF THE MENTAL HEALTH EXPERIENCES OF MOTHERS OF MINOR CHILDREN AFTER RELEASE FROM JAIL AND PRISON

by
Ann E. Stanton

The University of Wisconsin-Milwaukee, 2018
Under the Supervision of Professor Peninnah Kako, PhD, RN, FNP-BC

Mass incarceration in US jails and prisons is a major public health concern. Over one million women are released from US jails and prisons each year. Incarcerated women experience disproportionately high rates of mental health issues and most incarcerated women are mothers of minor children. Mothers of minor children who leave jails and prisons with mental health issues face increased risks of experiencing substance use, risky behaviors, homelessness, and recidivism. Their children are also at increased risk for adverse mental health, behavioral, and social outcomes. The purpose of this study was to explore the mental health experiences of mothers of minor children after their release from incarceration.

This study used a cross-sectional, exploratory, narrative inquiry qualitative design and a transitions theory-intersectionality framework. Convenience and snowball sampling was used to recruit 25 adult women participants from the community. Data were collected using individual semi-structured interviews. Data were analyzed using narrative and thematic analysis techniques and led to 8 major themes: a) Overwhelmed, b) Shifting Perspectives; c) On Edge for A While; d) I'm Not Sure I Understand; e) A Tiring Routine; f) Deciding What I Have to Lose; e) Disconnecting; and h) Gaining Strength.

These findings suggest several implications for nursing practice, research, and policy. Nurses working with mothers with histories of incarceration can self-reflect on their biases to provide non-judgmental care and take active roles in pre- and post-release care coordination and



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follow-ups focused on building mutual trust. Policymakers can decriminalize substance use- and mental health-related behaviors as well as fund mental health- and family-centered diversion and reentry services that promote access to housing and basic needs. Researchers can explore factors related to mothers' post-release access to basic needs resources, social support, and mental health treatment; rates and trends of mental health symptoms, traumatic events, and service use; perceptions of mental health-related terms and coping strategies; factors that reduce substance use-related harms and promote recovery from trauma; and the roles of nurses in jails and prisons.



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**ACKNOWLEDGEMENTS**

I must first thank my twenty-five participants for sharing their deeply personal stories. Your words changed me completely and are the very essence of this research. I am forever indebted. I hope my work does you justice.

To my parents, Tom and Judy Stanton: I would never have dreamed this was possible without your undying support and encouragement from day one. You taught me what empathy looks like and how to never give up on life, myself, or others- no matter what.

To my brothers and their families, Paul, Brooke, Matt, Jess Gaddy, Mike, Molly, Sam, Clara, Henry, and Nora Stanton: Thank you for always reminding to speak up, follow my heart, remember why I started, laugh at everything, and see the big picture.

To my recovery family: Thank you for teaching me how to feel afraid and do things anyway; and for your relentless message of hope. You really started this all.

To my best friends and confidants, Emily Meyer and Brian Laning: Your listening ears and unconditional acceptance were everything; as were our many philosophical conversations and dance sessions. Thank you for showing me how to live and enjoy life along the way.

To my dear classmates and colleagues, Dr. Natalie McAndrew, Kelly Calkins, PhD(c), Dr. Jessica Coburn, Rebecca Schettle, APRN; and Leah Kohlmann, BSN, RN: Your friendship, passion, idealism, and tenacity helped me to keep thinking, writing, and advocating despite it all. I would have certainly quit without you.

To my major professor, committee members, and other mentors at UWM, Dr. Peninnah Kako, Dr. Jennifer Doering, Dr. Susan Rose, Dr. Lucy Mkandawire-Valhmu, Dr. Kathy Sawin, Dr. Bev Zabler, Dr. Pat Stevens, and the late Dr. Aaron Buseh: I am grateful for your invaluable feedback and encouragement; and for pushing my thinking far beyond what I ever expected.



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I must also extend my deepest gratitude to my past professors, Dr. Sharon Chappy and Nancy Ahrens, MSN. You taught me to question everything I thought I knew about nursing and inspired me to seek answers.

This work would not have been possible without the many dedicated people I met through The Benedict Center: Donna Hietpas, Genene Williams, Cassalee Housen, Jeanne Geraci, and Arnitta Holliman; as well as to countless Sisters over the years.

A special mention to Jonas Philanthropies, the Sigma Theta Tau Eta Nu Chapter, the Midwest Nursing Research Society, and the UWM Graduate School for their financial support.

And, to my co-workers and clients at Milwaukee County Behavioral Health Division Crisis Services and Rogers Behavioral Health: Thank you for giving me a chance and helping me stay grounded. You shaped this project by showing me what it means to be there for people as a mental health nurse, and what an honor that truly is.

I dedicate this dissertation to each of you and to whatever force brings such good fortune.



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## CHAPTER I

In this chapter, I will provide an overview of the research topic of the mental health of mothers of minor children after their release from incarceration. It will identify the prevalence and significance of the problem; differences between incarcerated men and women; and provide background information about mass incarceration, jails, and prisons. I end this chapter with the study's purpose, aims, research questions, and definitions.

### Problem

There are 2.2 million people incarcerated in US jails and prisons (Travis, Western, & Redburn, 2014). The US incarcerates 1 out of every 100 adults; a rate five to 10 times higher than similar countries (Travis, et al., 2014). The US holds 25% of the world's prison population yet accounts for only five percent of the world's total population (Travis et al., 2014; Institute for Criminal Policy Research, 2016). There are over 200,000 women incarcerated in the US on any given day, making up nearly one-third of the world's female prisoners (Walmsley, 2015). Women's incarceration rates in the US have increased nearly 700 percent since the 1980s, far exceeding that of men (Travis, et al., 2014; Carson, 2015). Most women incarcerated in US prisons will be released within two years and women in jails within one month (Bonczar, 2011; Escobar & Olson, 2012). Thus, an estimated one million women are released from US jails and 100,000 from prisons each year (Carson & Anderson, 2016; Solomon, Osborne, LoBuglio, Mellow, & Mukamal, 2008). Importantly, approximately three-fourths of women incarcerated in the US experience mental health issues (James & Glaze, 2006; Steadman, Osher, Robbins, Case, & Samuels, 2009); and up to 80% of incarcerated women are mothers of minor children (Glaze & Maruschak, 2009; Greenfield & Snell, 1999; McCampbell, 2005). The mental health issues of



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mothers of minor children released from US jails and prisons present major public health concerns because mental health problems increase their risk for injection drug use, risky drinking, risky sexual behaviors, housing problems, and employment instability, multiple incarcerations, and adverse outcomes for their children (Cutcher, Degenhardt, Alati, & Kinner, 2014; Dube et al., 2001; Dube, Felitti, Dong, Giles, & Anda, 2003; McClelland, Teplin, Abram, & Jacobs, 2002; Visher, Debus-Sherrill, & Yahner, 2011). However, because men make up most the incarcerated population, little is known about the mental health of mothers of minor children after their release from jail and prison.

**Prevalence of Mental Health Issues of Women in US Jails and Prisons**

Women incarcerated in US jail and prisons experience high rates of mental health issues. Nearly three-fourths of incarcerated women report mental health issues (James & Glaze, 2006; Steadman et al., 2009; Teplin, Abram, & McClelland, 1996). Of incarcerated women with mental health issues, an estimated three-fourths have co-occurring substance use disorders (Abram, Teplin, & McClelland, 200). Many incarcerated women meet diagnostic criteria for post-traumatic stress disorder, depression, bipolar disorder, and schizophrenia (Lynch, DeHart, Belknap, & Green, 2012). Incarcerated women also report high rates of abuse, violence, and trauma in the form of physical and sexual abuse as children and adults; as well as multiple types of other adverse childhood experiences (Ditton, 1999; Lynch et al., 2012; Messina & Grella, 2006). Furthermore, an estimated three-fourths of incarcerated women had an incarcerated caregiver as children and two-thirds witnessed violence or lived with a caregiver who used drugs or alcohol; illustrating the heritable nature of incarceration, trauma, and substance use issues (Lynch et al., 2012). Therefore, mothers of minor children experience mental health issues that pose significant risks after release.



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## Significance

### Women's Mental Health After Release from Incarceration

Incarcerated women's mental health issues are likely to continue after release. Compared with women without mental health problems, women with mental health problems released from prison experience higher rates of post-release suicidal thoughts (33 v. 3%), hallucinations (26 v. 2%), poor health (44 v. 25%), hospitalizations (30 v. 11%), housing problems (39 v. 23%), criminal activity (43 v. 20%), arrest (42 v. 26%); and lower rates of employment (22 v. 39%), and family support (6 v. 83%) (Visher & Bakken, 2014). While women's mental health symptoms may improve initially after release, those improvements appear to level off within 6 months (Guydish et al., 2011). Perhaps not surprisingly then, over two-thirds of women return to using drugs and alcohol within the first month of release (Scott & Dennis, 2012). Furthermore, lower levels of social and family support after release may contribute to worsening depression and post-traumatic stress symptoms, as well as an increased risk for rape, abuse, and violence (Salina, Lesondak, Razzano, & Parenti, 2011). Thus, the mental health problems of mothers of minor children released from incarceration require attention because they may increase their risk for substance use, suicide, homelessness, unemployment, re-arrest, insufficient support, violence, and trauma.

### Children of Incarcerated Mothers

Children whose mothers are incarcerated are at considerable risk for future health and social problems. Incarcerated mothers are parents to approximately 200,000 minor children in the US on any given day (Greenfield & Snell, 2000). However, the number of minor children who experience maternal incarceration annually has not been calculated. During their mother's incarceration, most minor children live with grandparents, followed by fathers, other relatives,



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foster parents, and friends (Glaze & Maruschak, 2008). Most children of incarcerated mothers were under their mother's care prior to her incarceration (Greenfield & Snell, 2000). Thus, they may face increased risks compared to children with incarcerated fathers due to increased exposures to homelessness; mental and physical health issues, and crime (Brown & Bloom, 2009; Glaze & Maruschak, 2008). Like their mothers, children of incarcerated women may experience high rates of abuse (44%), parental substance use (55%), and witnessing violence (77%) (Greene, Haney, & Hurtado, 2000).

Start here The mental health problems experienced by mothers of minor children after their release may increase their children's risks for adverse outcomes. Having an incarcerated parent and a parent with a mental health or substance use issue are classified as adverse childhood experiences (ACEs) (Dube et al., 2003). Thus, they increase children's risk for antisocial behavior, relationship issues, cognitive problems. depression, PTSD, anxiety, suicidal behavior, asthma, HIV/AIDS, poor academic performance, and criminal justice-involvement (Dube et al., 2001; Dube et al., 2003; Glaze & Maruschak, 2009; Huebner & Gustafson, 2007; Lee, Fang, & Luo, 2013; Murray & Farrington, 2005; Murray, Farrington, & Sekol, 2012; Wildeman, 2010). Furthermore, children whose mothers have mental health problems may be at additional risk for mental health problems, behavioral problems, delayed physical development, and violent offending (Burns et al., 2009; Lieb, Isensee, Hofter, Pfister, & Wittchen, 2002; O'Brien & Bates, 2005).

## Gender Differences of Inmates

### Mental Health

Incarcerated women are more likely to report mental health issues than men. Some studies have found that three-fourths of women versus two-thirds of men have mental health



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problems (James & Glaze, 2006; Trestman, Ford, Zhang, & Wiesbrock, 2007), while others have found lower rates (43 v. 21%; 40 v. 15%) (Binswanger et al., 2010; Freudenberg, Moseley, Labriola, Daniels, & Murrill, 2007; Fries, Fedock, & Kubiak, 2014). Thus, incarcerated women experience higher rates of most mental health disorders than men, including substance use problems (71 v. 49%; 59 v. 52%), injection drug use (24 v. 17%), substance-induced mood disorders (4.5 v. 1.6%), depression (26 v. 19%; 35 v. 17%), bipolar disorder (20 v. 8%), posttraumatic stress disorder (11 v. 4%), anxiety disorders (18 v. 6%; 51 v. 26%), and co-occurring mental health and substance use disorders (32 v. 10%) (Binswanger et al., 2010; Freudenberg et al., 2007; Fries et al., 2014; Trestman et al., 2007). However, incarcerated women appear to experience lower rates of psychotic symptoms, alcohol problems, and personality disorders (Binswanger et al., 2010; Drapalski, Youman, Stuewig, & Tangney, 2009; Trestman et al., 2007). Still, 15% of incarcerated women have reported a mental impairment that interfered with work, school, or other activities; compared to 9% of men (Maruschak, 2006). Thus, gender plays a significant role in contributing to the specific mental health issues experienced by mothers of minor children after their release.

**Parenthood**

Incarcerated women are more likely to be parents than men. Approximately three-fourths of incarcerated women have children, compared to two-thirds of men (McCampbell, 2005; Freudenberg, et. al., 2007). An estimated five percent of incarcerated women were pregnant upon admission (Maruschak, 2006). Incarcerated mothers are more likely than fathers to be their child's primary caretaker and live with their children prior to incarceration (Glaze & Maruschak, 2009; Mumola, 2000). Thus, most incarcerated women are single mothers of minor children (Begun & Rose, 2011; Covington & Bloom, 2003; McCampbell, 2005).



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**Seriousness of Offense**

Women are often incarcerated for less serious offenses than men. Women's criminal behavior is often motivated by poverty and substance use (Covington & Bloom, 2003). Drug offenses have been the largest source of increased incarceration rates for women, as opposed to violent offenses for men (Carson, 2015). Women are more likely than men to be incarcerated for nonviolent crimes, substance-related offenses (James, 2004), traffic offenses (Escobar & Olson, 2012), drug crimes (59% v. 32%), and probation violations (31 v. 8%); and have fewer previous incarcerations and arrests (77 v. 91%, 4 v. 10) (Freudenberg et al., 2007). Despite mothers of minor children's less extensive criminal records after release, their criminal records are still likely to interfere with their ability to gain employment and housing that may improve their mental health (Desmond, 2012; Holzer, Raphael, & Stoll, 2003; Legal Action Center, 2009; Legal Aid Society of Milwaukee, 2016).

**Physical Health Problems**

Incarcerated women experience higher rates of physical health problems than men; including dental problems (41 v. 23%), asthma (51 v. 17%; 24 v. 13%), arthritis (20 v. 12%), cancer (8 v. 1%), diabetes (6 v. 3%), hypertension (21 v. 17%), heart problems (11 v. 8%), and hepatitis (9 v. 4%) (Binswanger et al., 2010; Freudenberg et al., 2007). Prior to their arrest, women are more likely than men to visit emergency rooms (51 v. 26%) and be admitted to the hospital (26 v. 11%) (Binswanger, 2010; Freudenberg, 2007). Thus, mothers of minor children released from incarceration are likely to have physical health problems that confound their mental health issues.

**Housing, Education, Employment**



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Incarcerated women have more issues with housing, education, and employment than men. Women have higher rates of homelessness both pre-incarceration (35 v. 25%) and post-release (19% v. 6%) (Fedock, Fries, & Kubiak, 2013; Freudenberg et al., 2007). Women are also more likely than men to have less than a high school education (63 v. 46%) and are less likely to be employed prior to incarceration (18% v. 44%) (Freudenberg et al., 2007). Thus, gender plays a significant role in compounding the mental health issues and contributing to further disadvantage for mothers of minor children after their release from incarceration.

## Background

### Mass Incarceration

Mass incarceration in the US refers to an increase in the incarceration rate from 102 per 100,000 in 1974 to a peak of 506 per 100,000 in 2007 (Alexander, 2012). The roots of mass incarceration can be traced back to a perfect storm of political, economic, and social factors largely spanning the last century but rooted in slavery. Mass incarceration in the US resulted from the transformation of slavery into institutionalized racism (Wacquant, 2002); media depictions of both African Americans and persons with mental health issues as dangerous criminals (Wahl & Roth, 1982); political campaigns running on tough-on-crime platforms (Pinker, 2011), the criminalization of poverty (Edelman, 2017), and the decreasing availability of mental health care (Cutler, Bevilacqua, & McFarland, 2003). Furthermore, women's mass incarceration in the US can be linked to institutionalized gender discrimination (Covington & Bloom, 2003). Knowledge of the historical influences of mass incarceration adds essential context to this study and a means for policy solutions.

### Slavery



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While the current state mass incarceration in the US is often said to have begun in the 1980s when the Reagan administration implemented harsher sentences for drug offenses, it can be traced back to the 1700 laws permitting the enslavement of African Americans (Wacquant, 2002). Politician authors of the Declaration of Independence aimed to scientifically classify persons by race to justify slavery; thereby excluding African Americans from status as "men" so that they were excluded from the constitution's "all men are created equal" clause (Boulton, 1995). Thomas Jefferson's *Notes on the State of Virginia* noted that African Americans were inferior to whites in reason, imagination, emotional depth, and judgement (Peden & Jefferson, 1955). The first draft of the Declaration of Independence qualified "men" as those "from that equal creation" (Becker, 1922). Though the phrase was omitted, the stage had been set for barring not only African Americans from such rights, but also other races and women. Thus, slavery continued based on this "scientific" justification and transformed into mass incarceration.

**Institutionalized Racism**

Racism was institutionalized through racial segregation laws and language in the anti-slavery amendment. Black Codes were used to separate African Americans from Whites in public places and institutions in the northern states and Jim Crow Laws had a similar effect in the south (Forte, 1997). While the racial segregation policies included the "separate but equal" clause, facilities and institutions for African Americans were either nonexistent or subpar. The 13th Amendment policies stated that "Neither slavery nor involuntary servitude, except as punishment whereof the party shall have been duly convicted, shall exist within the United States…" (Cornell University Law School, 2016). While the law ended slavery in its standard form, racism had been institutionalized and tens of thousands of African Americans were killed by newly economically disadvantaged Whites while others were incarcerated and forced to work



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for false or petty crimes (Stevenson, 2014). Thus, the institution of slavery evolved into the beginnings of mass incarceration.

**Media**

The media played a role in mass incarceration by influencing public attitudes about African Americans, persons with mental health issues, and prison rehabilitation. Media depictions of both African Americans and persons with mental health issues have increased public fear of both groups. In the early 1900s, national media campaigns were waged against specific crimes and criminalized African Americans, Irish, Mexicans, and single women (Gross, 2006); including the 1915 movie *The Birth of a Nation*, which was the first movie to be shown at the White House and thought to have contributed to the rebirth of the Ku Klux Klan (DuVernay, 2016; Lehr, 2014). In the 1950s, popular television shows and films began to portray characters with mental health issues as confused, aggressive, dangerous, and unpredictable (Kondo, 2008; Wahl & Roth, 1982); while the news media was dominated by images of the protests and arrests of largely African American civil rights activists (DuVernay, 2016). In the 1970s, a review of prison rehabilitation programs concluded that most did not reduce recidivism; and it's "Nothing Works" message was distributed to the public through television, magazines, newspapers, and journals (Martinson, 1974; Miller, 1989; Sarre, 2001). In the 1980s and 90s, the media showed police arresting mostly African Americans and substance users (Oliver, 1994), depicted some juvenile offenders as "super-predators" (Pizarro, Chermak, & Gruenewald, 2007), and spread hateful messages about "welfare queens" (Gilliam Jr., 1999). Anti-drug ads led to public dissatisfaction and panic (Mackey-Kallis & Hahn, 1994; Rogers, 1995); as well as increased support for harsh penalties amongst African Americans themselves (Forman, 2011). Inciting



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public fear about African Americans and persons with mental health and substance use issues in an anti-rehabilitation era added to the groundwork of tough-on-crime politics.

**Tough-on-Crime Politics**

Tough-on-crime political strategies were a response to the sudden increase in mostly violent and urban crime in the 1960s (Pinker, 2011). However, many have argued that politicians were targeting African Americans and other minority groups in response to the civil rights movement (Brown, 2004; DuVernay, 2016; Mendelberg, 1997). The Truman and Johnson Administrations worked to expand the federal role of criminal justice policy, which laid the foundation for Nixon's Law and Order Era. Nixon's War on Drugs aimed to gain the votes of southern Whites by emphasizing the racial nature of crime (Brown, 2004; Travis, et al., 2014). Reagan's expansion of the War on Drugs through mandatory sentencing policies was a response to the highly-publicized overdose death of Len Bias and increasing crack cocaine use (Pentz & Valente, 1993; Rogers, 1995). During that period, women's rates of incarceration skyrocketed and began to outpace that of men (Travis et al., 2014); and African American women are nearly three times as likely to be incarcerated as White women today (Mauer, 2013). Then, the Bush campaign ran on a tough-on-crime platform (Mendelberg, 1997); and Clinton's responded with three-strikes laws, truth-in-sentencing policies, increased policing, and correctional facility construction (Heglin, 1994). While support for the rehabilitative purpose of incarceration increased in the 1990s, existing policies led to massive increases in incarceration rates until 2010 despite no little to no change in crime (Travis et al., 2014). Less punitive policies and economic concerns have led to an overall decline in incarceration rates since 2010 (Travis et al., 2014). While women's prison incarceration rates have declined slightly in the last year (Carson & Anderson, 2016), women's jail incarceration rates have increased from 50 per 100,000 in 2000 to



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70 per 100,000 in 2014 (Minton & Zeng, 2016). Thus, less punitive policies may be shifting incarcerated women from prisons to jails where they have less access to pre- and post-release services.

**The Criminalization of Poverty**

Persons living in poverty have been criminalized since the days of almshouses in the tenth century (Edelman, 2017). Most recently, the "War on Poverty" of the 1960s has evolved into a war on the poor. The poor and near-poor are at increased risk for involvement and ongoing contact with the criminal justice system due to their inability to pay fines and fees and retain adequate representation (Sobol, 2015). The poor and near-poor face an increased risk for criminal justice-involvement and incarceration when they engage with public institutions that aim to equalize life chances, including K-12 schools, unemployment insurance, and child support. For example, placing police officers in K-12 schools has led to the school-to-prison pipeline that disproportionately affects poor and minority students (Kim, Losen, & Hewitt, 2010). An estimated 40,000 Michigan residents receiving unemployment benefits have been wrongly charged with fines, fees, and penalties for fraudulent claims (Oosting, 2017; Ringler, 2016). Lastly, nonpayment of child support can and does lead to incarceration; even when offenders lack the ability to pay (National Conference State Legislators, 2016). Furthermore, persons with certain criminal offenses are prohibited from receiving Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), federal student loan, and low-income housing benefits; which only serves to compound the economic disadvantage that contributed to their initial criminal justice involvement and transforms misdemeanor charges into life sentences (Edelman, 2017). Thus, women living in poverty are at increased risk for incarceration (Chesney-Lind, 2006).



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**Institutionalized Gender Discrimination**

Gender discrimination was institutionalized through laws that barred women from several rights of men. Women were unable to own property, vote, make wills, inherit, serve on a jury, hold political office, or enter into legal contracts. While women's social status improved with the passage of laws that granted property rights to those who were married and voting rights, anti-woman policies continued to prevent women from accessing education and employment equal to that of men (Rierson, 1994). Mothers have been more so affected by educational, employment, health care, and criminal justice policies that devalue their motherhood roles (Benard & Correll, 2010; Ladd-Taylor, 1995; O'Reilly & Borman, 1984; Roberts, 1993). Mothers' criminal activity, especially that related to substance use, may seem more deserving of harsh punishment compared to non-mothers due to idealized images of suburban housewives; which plays out through the loss of parental rights in addition to individual freedoms (Carlen & Worrall, 1987; Roberts, 1993). To be sure, the late 1980s and 90s saw an 888% increase in women's drug-related incarceration rates compared to a 129% increase for other offenses (The Sentencing Project, 2007) and a doubling of the number of children with mothers in prison (Mumola, 2000). Furthermore, most mothers are incarcerated in jails and prisons designed for and operated by men, which overlook their specific needs (Covington & Bloom, 2003). Thus, institutionalized gender discrimination has infiltrated criminal justice policies and made mass incarceration particularly harmful for mothers and their children.

**Decreasing Mental Health Care**

The availability of mental health care was falling as incarceration rates were rising, which is a critical point given the high prevalence of mental illness among incarcerated populations (James & Glaze, 2006). The deinstitutionalization movement of the 1960s led to an influx of



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nearly 500,000 former psychiatric inpatients into communities nationwide and a 96% decrease in the number of psychiatric hospital beds (Talbott, 1979; Torrey, Fuller, Geller, Jacobs, & Ragosta, 2012). In 1963, Kennedy's Community Mental Health Act of 1963 funded community-based mental health services and programs, yet the ensuing war and economic crisis left it underfunded (Cutler et al., 2003). After 1967 legislation made involuntary hospitalizations more difficult, the number of incarcerated persons with mental illness doubled (Abramson, 1972). Deinstitutionalization also likely contributed the high rates of homelessness among persons with mental health issues, which compounds their risks for future incarcerations (Baillargeon, Binswanger, Penn, Williams, & Murray, 2009; Caton et al., 2005; Folsom et al., 2005; Greenberg & Rosenheck, 2008; Greenberg & Rosenheck, 2010; McQuistion, Gorroochurn, Hsu, & Caton, 2014; Metraux, 2003; Metraux & Culhane, 2004).

While President Carter's Mental Health Systems Act of 1980 aimed to re-energize the community health movement, Reagan's budget-balancing schemes defunded most of it and converted the remainder into block grants (Buck, 1984; Cutler et al., 2003). Thus, mental health services were cut and waitlists were born (Estes & Wood, 1984). Community mental health system shortfalls after 1980 are estimated to have contributed to up to 7% of the increase in incarceration rates (Raphael & Stoll, 2010). The managed care movement of the 1990s led to additional decreases in mental health care coverage and services (Iglehart, 1996). While the Mental Health Parity Act of 2007 aimed to increase coverage for mental health services, nearly $2 billion dollars were cut from state mental health spending during the Great Recession (Honberg, Diehl, Kimball, Gruttadaro, & Fitzpatrick, 2011). Today, community mental health care provider shortages present a major barrier to treatment; and mental health promotion and



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prevention programs are not widespread (National Research Council, 2009; Thomas, Ellis, Konrad, Holzer, & Morrissey, 2009).

## Differences Between Jails and Prisons

Jails and prisons are different, especially in terms of jurisdiction, populations, environments, releases, visitation, and services offered. There are approximately 3,200 jails and 1,800 prisons in the US (Stephan & Walsh, 2011; Stephan, 2005). Jails are run by county and city governments; while prisons are run by state, federal, or private facilities with government contracts. Thus, jails are often located within the cities or counties where crimes were committed and often near inmates' hometowns; while prisons are located further away (Begun & Rose, 2011).

### Inmate Population

Jails hold fewer inmates but have more admissions than prisons. Jails hold over 700,000 inmates on any given day (Minton & Zeng, 2016); while prisons hold over 1.5 million (Kaeble, Glaze, Tsoutis, & Minton, 2015). Jails admit approximately 14 million persons per year; while prisons admit 600,000 (Carson, 2015; Minton & Golinelli, 2014; Minton & Zeng, 2015). Most people in jail have not been convicted of crimes (pre-trial detainees) or have been sentenced to serve one year or less, though some jails hold inmates for up to five years (Thompson, 2013). In contrast, prison inmates have been convicted and sentenced to one year or more and typically have been convicted of more serious offenses (Hastings, Browne, Kall, & diZerega, 2015; Minton & Zeng, 2016). Both jails and prisons can hold persons convicted of violating supervision orders, who may not have committed a new crime (Klingele, 2013). Women comprise only 14% of the total jail population (Minton & Zeng, 2016) and 7% of the total prison population (Carson & Anderson, 2016). However, the number of incarcerated women



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incarcerated in both prisons and jails has increased over the last decade (Carson, 2015; Minton & Zeng, 2015).

**Jail and Prison Environments**

Jail environments are often more chaotic than prisons because of higher inmate turnover. Compared to prisons, jails are more likely to admit inmates in crisis, place them on inappropriate units, have irregular routines, and provide less structured time (Metzner, Cohen, Grossman, & Wettstein, 1998). While the experience of incarceration is stressful in both settings due to separation from supports, limited personal space and privacy, and authoritarian rules (Lindquist & Lindquist, 1997), jail environments may be more dangerous and jail inmates may be more vulnerable to violence, trauma, and isolation. Unsurprisingly then, jail inmates are more likely to die of suicide (33 v. 5%), drug/alcohol intoxication (7.2 v. 1.6%), accidents (3 v. 1%), and homicide (2.9 v. 2.6%) (Noonan, Rohloff, & Ginder, 2015). In fact, suicide has been the leading cause of death in jails since the year 2000, and jail suicide rates increased by 14% between 2000 and 2012 (Noonan et al., 2015). While similar proportions of jail and prison inmates have reported sexual victimization by staff and other inmates (3.2 v. 4%), incarcerated women report higher rates than men (3.6 v. 1.4%) (Beck, Berzofsky, Caspar, & Krebs, 2013).

**Releases**

People are released from jails and prisons for several reasons. People leave jails when they are able to pay bail in order to reside in the community before trial, when they have completed their sentence, or when they are transferred to prison. People leave prisons because they have completed or nearly completed their sentence. Persons leaving both jails and prisons may reside in the community either with or without supervision, which may include probation or parole; transitional living placements, home detention, electronic monitoring, work-release



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programming, day reporting, weekender programming, or treatment programming (Begun & Rose, 2011).

**Visitation**

Jails and prisons differ in terms of opportunities for visitation from children and other supports. City and county jails may be more accessible to some inmates' friends and families due to their more convenient locations. However, some jails have restrictive visiting policies that prohibit visitations from minor children, allow only one child to visit, allow visitation for less than one hour, allow for only pay-per-minute video visits, or otherwise prohibit physical contact during visits (Arditti, 2003; Phillips, 2012; Sitren, Smith, Applegate, & Gould, 2009). In contrast, children and families of prison inmates may have more difficulty visiting due to a lack of transportation, travel time, and travel costs (Christian, 2005; Monroe, 2012; Mumola, 2000).

**Mental Health Treatment Services**

Jails generally provide fewer mental health services than prisons, likely due to the challenge of providing services to persons with shorter or undetermined sentences and the sheer size of the population in-need. Most jails and prisons have some sort of mental health and substance use treatment program, yet few inmates in either setting have access to those services (Cropsey, Binswanger, Clark, & Taxman, 2012; Taxman, Perdoni, & Harrison, 2007). Jail inmates have less access to screening and treatment for both mental health problems (screening: 79 v. 46%; treatment: 73 v. 53 %) and co-occurring disorders (screening: 56 v. 40%; treatment 84 v. 73%) (Cropsey et al., 2012). Similarly, jail inmates in other studies were less than half as likely as prison inmates to receive mental health counseling and medication (Ditton, 1999; James & Glaze, 2006). One study found that while most jails reported screening all inmates for mental health issues, only 5% of jails asked detailed questions, 8% of jails reported screenings by



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medical staff, and 41% reported screening inmates in private (Scheyett, Vaughn, & Taylor, 2009). Only 15% of jails reported having mental health staff and 25% reported that community mental health staff provided regular services (Scheyett et al., 2009). Another study found that most jails were providing mental health services to 10% of inmates or less, and that mental health service availability in jails varied greatly by facility size (Steadman & Veysey, 1997). The most common mental health services provided in jails in order of decreasing prevalence were screening, suicide prevention, evaluation, outside inpatient care, crisis intervention, psychotropic medications, specialty housing, therapy and counseling, in-jail inpatient care, and discharge planning (Steadman & Veysey, 1997). Notably, case management services linking released jail inmates to community mental health services were rare (Steadman & Veysey, 1997).

**Substance Use Treatment Services**

Access to substance use treatment services varies from facility to facility (Steadman & Veysey, 1997). Only 7% of jail inmates with substance use diagnoses had received substance use treatment and 16% had participated in other substance use programs during their jail sentence (Karberg & James, 2005) compared to 10% and 20% in prisons, respectively (Mumola, 1999). The most common form of substance use programming offered in jails (61%) and prisons (74%) was substance use education and awareness (Taxman et al., 2007). However, jail inmates are less likely than prison inmates to receive substance use education (4 v. 9%), treatment in specialized units (3 v. 15%), intensive substance use treatment services (13 v. 26%), and case management services (7 v. 9%) (Taxman et al., 2007). Most jail inmates with substance use diagnoses who received substance use treatment services received self-help services (11%), followed by education (6%), residential care (7%), professional counseling (4%), detoxification (0.6%), and maintenance medications (0.2%) (Karberg & James, 2005). Similarly, another study



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found that jails were more likely than prisons to provide treatment for co-occurring mental health and substance use disorders, detoxification, and methadone maintenance; but had less capacity to do so (Cropsey et al., 2012). Only 0.7 % of jail inmates and 1.2 % of prison inmates in need of detoxification services received such treatment (Cropsey et al., 2012). Still, while jail inmates were more likely to receive methadone maintenance treatment (5.8 v. 0.08%), only 5.8% of jail inmates in-need of treatment received it. Still, few inmates in either prisons or jails were likely to receive detoxification and methadone maintenance treatment (Cropsey et al., 2012).

### Other Services

Jails are also less likely to provide programming related to parenting, education, employment, benefit coordination, and reentry support. Jail inmates are less likely than prison inmates to access parenting classes (3.8 v. 27%) (Glaze & Maruschak, 2009; Gray, Mays, & Stohr, 1995). Jails are less likely to have educational programs (60 v. 90%) and jail inmates are less likely than prisons inmates to gain access to both those programs (14 v. 55%) and post-release employment services (7 v. 56%) (Harlow, 2003). Importantly, jail inmates may be less likely to receive pre-release assistance with other basic community reentry needs, such as housing, health insurance, and public benefits (Hill, 2004; Roman & Travis, 2004).

## Purpose and Aims

The purpose of this study is to explore the mental health experiences of mothers of minor children after their release from incarceration through three major aims. The study aims to explore mothers of minor children's perspectives on their mental health after they were released from incarceration related to their a) mental health diagnoses and symptoms, b) substance use, and c) traumatic experiences.

### Research Questions



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This study asked one primary and three secondary research questions about mother's experiences related to their mental health after release from incarceration. The overarching research question is

1. How do mothers of minor children experience mental health after release from incarceration?

The secondary questions of the proposed study are:

2. How do mothers of minor children experience mental health diagnoses and symptoms after release?

3. How do mothers of minor children experience substance use after release?

4. How do mothers of minor children experience traumatic events after release?

**Definitions**

Several terms in this research proposal require definitions. *Mental health issues* were defined as mothers' psychiatric diagnoses or symptoms, thoughts, emotions, substance use, traumatic experiences, access to mental health resources, and related social functioning. *Incarceration* was defined as time spent in correctional facilities operated by state, federal, or local governments (Bureau of Justice Statistics, 2016). *Since release* referred to the period of time spent living in independent or family housing or community-based treatment facilities after a period of incarceration. *Mothers* referred to a social role that women identified with related to children in their care. *Minor children* referred to those aged 17 or less while the mother was incarcerated. *Jail* was defined as correctional facilities operated by local governments while *prisons* was defined as facilities operated by state and federal governments.

**Summary**



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In this chapter, I introduced the research topic of the mental health of mothers of minor children after their release from incarceration. Mothers of minor children are incarcerated because of a confluence of policy and societal factors that contributed to mass incarceration; including the decreasing availability of mental health care and gender discrimination. The mental health issues of mothers of minor children after their release from incarceration is a public health concern because of the potential impact of those mental health issues on their behaviors, social functioning, and children. The purpose of this dissertation study is to explore the mental health experiences of mothers of minor children after their release from incarceration. The remainder of this dissertation study proposal will review the literature and describe the research methods that will be used to address the study's purpose, aims, and questions.



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## CHAPTER II

In this chapter, I will synthesize the research literature on the mental health of mothers with a history of incarceration. This review is organized around seven concepts derived from a previous literature review: mental health diagnoses and symptoms; substance use, traumatic experiences, psychological services, motherhood, social support, and housing conditions (Stanton, Kako, & Sawin, 2016). The chapter ends with a summary of the major findings of the review and gaps in knowledge.

## Methods

I searched PsychINFO, CINAHL, and Criminal Justice Abstracts for research literature on the mental health of mothers with histories of incarceration. I included peer-reviewed research articles that were; a) written in English and completed in the United States, b) provided adult, mother-specific findings; c) included mothers who were incarcerated or incarcerated and released; and d) contained findings related to their mental health, substance use, or traumatic experiences. I used the search terms "mother," "incarceration," "jail," "prison," "reentry," and "mental health." The major subject headings related to those terms in each database were also used. A total of 472 article titles and 152 abstracts were reviewed.

### Sample & Data Abstraction

The sample contained 43 research articles. Data were abstracted to an electronic matrix while each article was reviewed in its entirety for purpose, theory, methods, sample characteristics, and findings (Table 1, Appendix A). I organized findings based on seven concepts: a) mental health; b) substance use; c) trauma; d) psychological treatment services; e) motherhood; f) social support; and g) housing, which were derived from a systematic review of women's mental health issues after their release from jail and prison (Stanton et al, 2016).



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## Findings

Forty-three studies met inclusion criteria, most of which were published after 2005 (Table 1). Thirty-four percent (15) of studies included at least some mothers who were released, while over half (23) focused on mothers incarcerated in prison. Other studies focused on at least some mothers who were released from prison (5); incarcerated (5) or released (5) from jail; or made no distinction between release from jail or prison (6). Eighty-one percent (35) of studies were retrospective; over half used (23) quantitative methods; while twenty-seven percent (12) used qualitative methods, eight used mixed-methods, and four used quasi-experimental designs. Most studies took place on the East Coast, with eight in Virginia, six in New York, two in New Jersey, one each in North Carolina and Connecticut; four studies were multi-state; and two focused on women in federal prisons.

### Mental Health

Mothers with a history of incarceration in the reviewed studies experienced high rates of mental health diagnoses and symptoms, which is similar to those of incarcerated women without children. These mothers most commonly reported diagnoses of depression, anxiety, and post-traumatic stress; experienced more than one mental health diagnosis and co-occurring substance use disorders; and many were found to have moderate-severe symptoms (Allen, Flaherty, & Ely, 2010; Laux et al., 2008; Schlager & Moore, 2014). In addition to symptoms associated with those diagnoses, mothers in the sample studies reported obsessions and compulsions, somatization, psychosis, anger issues, difficulty concentrating, stress, uncertainty, feeling overwhelmed, and frustration (Arditti & Few, 2008; Colbert, Goshin, Durand, Zoucha, & Sekula, 2016; Fogel & Martin, 1992; Houck & Loper, 2002; Laux et al., 2008; White, Galietta, & Escobar, 2006). Mothers also reported a history of suicidal behaviors, including 6% with



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suicidal ideation, 14% with self-harm; and 18-25% with past suicide attempts (Lewin & Farkas, 2012; Poehlmann, 2005b; Michalsen & Flavin, 2014; White et al., 2006).

Despite their high rates of mental health issues and the confounding effects of motherhood, mothers with a history of incarceration exhibited signs of positive mental health functioning and active coping. Some incarcerated mothers described positive views of themselves, high self-esteem, a sense of pride, a high sense of control, and optimism; and their levels of emotion dysregulation, mental health symptoms, and depressive symptoms decreased over time after release without intervention (Browne, 1989; Colbert et al., 2016; Shortt, Eddy, Sheeber, & Davis, 2014; Thompson & Harm, 2000; White et al., 2006). Mothers described coping with their difficult emotions by using distractions, like reading; as well as through denial or "blocking;" spirituality, focusing on their inner strength or ability to survive; and seeking social support or therapy to discuss their feelings (Chambers, 2009; Hutchinson, Moore, Propper, & Mariaskin, 2008; Moe & Ferraro, 2007).

**Substance Use**

Mothers with a history of incarceration experienced high rates of substance use issues, which often contributed to their incarcerations. Many mothers started using drugs or alcohol in their teens or twenties and were introduced by their parents or boyfriends. Mothers with recent histories of incarceration reported substance use at over twice the rates of those who had not been recently incarcerated (Turney & Wildeman, 2015). They most often reported abusing alcohol; followed by crack cocaine, marijuana, prescription medications, and heroin. Most mothers with histories of incarceration had moderate to severe substance use disorders, with many having traded sex for drugs prior to incarceration.



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Mothers with histories of incarceration frequently reported using drugs and alcohol as a coping mechanism. Many described experiences with using substances to cope with feelings of loss related to child custody issues, failed relationships, and deaths; guilt about being away from their children; as well as childhood trauma, depressive symptoms, poverty, sex work; and lack of support. Still, one study of incarcerated mothers found no association between incarcerated mothers' past substance use and current depression or self-esteem (Walker, 2011).

Motherhood seemed to confer some protective effects against substance use. Incarcerated mothers described how wanted to avoid using drugs and alcohol after release because of their potential to reunite with their children (Colbert et al., 2016; Moe & Ferraro, 2007). In the same vein, released mothers described how they used substances because they had given up hope for reuniting with their children (Hayes, 2009; Moe & Ferraro, 2007). The findings of two studies indicated that contact with children may be especially protective against crack cocaine use (Harp, Oser, & Leukefeld, 2012; Michalsen & Flavin, 2014). Only 12% of mothers in one study reported using substances since their release, and most mothers released from jail in another study avoided drugs and alcohol without being mandated to do so (Few-Demo & Arditti, 2014; Michalsen & Flavin, 2014). Thus, mothers of minor children may differ from those with grown children and non-mothers in how they experience substance use after release (Arditti & Few, 2008).

**Traumatic Experiences**

Both childhood and adult traumatic experiences were a common theme for mothers in the reviewed studies. Most studies described mothers' high rates of childhood physical (32-65%), sexual (30-55%), and emotional abuse (19-51%) (Arditti & Few, 2008; Carlson & Shafer, 2010; Greene, Haney, & Hurtado, 2000; Laux et al., 2008; Laux et al., 2011; Poehlmann, 2005a;



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Thompson & Harm, 2000). Approximately one-third of mothers reported experiencing three or more distinct types of trauma as children (Poehlmann, 2005a). Furthermore, most mothers felt scared in their home or witnessed violence or parental substance use, and many had been separated from their parents, rarely felt loved, or had an incarcerated family member.

Mothers' experiences with childhood abuse often transformed into victimization as adults. As adults, mothers reported high rates of physical (50-77%), sexual (14-51%), and emotional abuse (68%) (Arditti & Few, 2006; Borja, Nurius, & Eddy, 2015; Carlson, Shafer, & Duffee, 2010; Greene et al., 2000; Kjellstrand, Cearley, Eddy, Foney, & Martinez, 2012; Laux et al., 2008; Laux, et al., 2011; Poehlmann, 2005a; Thompson & Harm, 2000; White et al., 2006). They also reported other types of traumatic experiences, including over half who experienced the death of their partner, up to one-third who were involved in sex work, nearly one-fifth who experienced the deaths of their own children, and 9% had witnessed someone dying (Carlson & Shafer, 2010; Michalsen & Flavin, 2014; Lewin & Farkas, 2011). Thus, its unsurprising that nearly half of incarcerated mothers in one study reported experiencing 4 or more types of victimization as adults (Borja et al., 2015). Interestingly, mothers with histories of incarceration were at higher risk for victimization as adults if they were White or African American, had lifetime experiences of victimization, or had been involved in the child welfare or juvenile justice system as children.

More specifically, intimate partner violence (IPV) was a common experience among mothers with histories of incarceration. Half to three-fourths of mothers in 15 reviewed studies reported a past experience with IPV (Arditti & Few, 2006; Arditti & Few, 2008; Borja et al., 2015; Brown & Bloom, 2009; Carlson et al., 2010; Carlson & Schafer, 2010; Few-Demo & Arditti, 2014; Greene et al., 2000; Kjellstrand et al., 2012; Moe & Ferraro, 2007; Laux et al.,



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2008; Laux et al., 2011; Schlager & Moore, 2014; White, 2006). Post-release rates of IPV were less studied but reported amongst two-thirds of mothers in one sample (Arditti & Few, 2006). Still, given mothers' often high incidences of past incarcerations, it appeared likely that several studies that discussed IPV prior to their current incarceration had actually followed a previous release. Importantly, mothers connected their experiences with IPV to their financial dependence on their abusive partners (Brown & Bloom, 2009).

Mothers' traumatic experiences are often said to be the root of their issues with mental health and social functioning. The sample indicated that mothers with histories of incarceration experienced this connection first-hand. Mothers' in the reviewed studies described how their abuse and neglect as children led to depressive symptoms, including negative feelings, anger, low self-esteem, relationship problems, emotional issues, intrusive thoughts and dreams; mental and physical disabilities, reliance on medications, substance use, and learning disabilities (Borelli, Goshin, Joestl, Clark, & Byrne, 2010; Harris, 2017; Carlson & Schafer, 2010; Laux et al., 2008; Laux et al., et al., 2011; Kissman & Torres, 2004).

Mothers with histories of incarceration were also concerned about their children's trauma exposure. They described concerns about their children being under the care of grandmothers, who were often the people who had abused and neglected them as children (Harris, 2017). Furthermore, most mothers identified that their children had witnessed violence at home or lived with someone who used drugs or alcohol; nearly half identified that their children had experienced physical abuse; and 9% reported that their children had experienced sexual abuse (Greene et al., 2000).

Conversely, some mothers with histories of incarceration described positive experiences as children and active coping skills. Over half of mothers in two studies described having their



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childhood needs met, which they perceived as helping them develop positive relationships, a positive outlook, and self-awareness as adults (Laux et al., 2008; Laux et al., 2011). Mothers also described how reframing and retelling their stories of victimization in pre-release support groups helped them gain a sense of moving forward (Kissman & Torres, 2004).

**Psychological Treatment Services**

Rates of psychological treatment service use among mothers with histories of incarceration varied; and many mothers were court-ordered to attend (Colbert et al, 2016; Laux et al., 2008). The highest rates of pre-incarceration service use were reported for outpatient counseling (41-79%), followed by mental health related hospitalizations, substance use treatment, psychotropic medications, and childhood residential treatment (Allen et al., 2010; Borja et al., 2015; Michalsen & Flavin, 2014; Schlager & Moore, 2014; Laux et al., 2008; Laux et al., 2011; White et al., 2006). Rates of pre-release substance use treatment among mothers with histories of incarceration were lower, with approximately one-third requesting it, one-fifth receiving it, one-third experiencing long wait times, and others feeling it was inaccessible due to literacy issues (Laux et al., 2008; Carlson et al., 2010' Moe & Ferraro, 2007). Furthermore, mothers received pre-release substance use treatment more often than mental health treatment, felt services were intermittent and disjointed, and required them to change their psychotropic medication prescriptions. mothers in a transitional facility experienced conflicting suggestions from future-oriented correctional programming and present-focused 12-step groups (Colbert et. al., 2016). Still, nearly half of mothers who received substance use treatment in jail rated it as good and others described that pre-release group programming helped them with their difficult experiences with motherhood (Laux et al, 2008; Moe & Ferraro, 2007).



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Mothers with histories of incarceration in the sample experienced several barriers to post-release psychological treatment services. The most common barriers to post-release services use were cost and lack of insurance, followed by medication side effects, waiting lists, lack of childcare, lack of awareness about mental illness, lack of transportation, mistrust, past negative experiences with providers, not wanting to discuss grief, and stigma (Allen et al., 2010; Colbert et al., 2016; Laux et al., 2008; Laux et al., 2011; Lewin & Farkas, 2011). One study found that mothers appeared to seek mental health treatment at higher rates than non-mothers (Michalsen & Flavin, 2014). With that, mothers preferred post-release services that they could access quickly, were low-cost, provided in non-secure settings, addressed grief, and offered mental health awareness education and childcare (Laux et al., 2008; Laux et al., 2011, Lewin & Farkas, 2011). Thus, motherhood may have both positive and negative influences on mothers' ability to seek psychological treatment services after release.

**Motherhood**

The reviewed studies contained extant information about the experience of motherhood for both incarcerated and released mothers, including their pre-incarceration relationships, contact, and custody issues; caregiving arrangements; pre-release contact and visits, post-release experiences with motherhood and reunification, and the influence of certain aspects of motherhood on their thoughts and feelings. Prior to their incarceration, most mothers in the reviewed studies lived with their children (Houck & Loper, 2002; Kjellstrand et al., 2012; Shortt, et al., 2014; Schlager & Moore, 2014; Thompson & Harm, 2000). One study found that over half of incarcerated mothers retained legal custody, yet others noted that nearly all mothers voluntarily granted custody to others during their sentence (Shortt et al, 2014; Houck & Loper, 2002; Schlager & Moore, 2014). Mothers in several studies felt forced to terminate their



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parental rights or surrender custody because they wanted to protect or see their children in the future; and experienced poor communication with child welfare workers during their incarceration (Allen et al., 2010; Houck & Loper, 2002; Moe & Ferraro, 2007; Schlager & Moore, 2014).

Incarcerated mothers' relationships with their children's caregivers appeared to influence their mental health. The reviewed articles note that most children of incarcerated mothers lived with maternal grandparents and fathers; yet mothers whose children resided with friends or other relatives experience slightly less depressive symptoms (Allen et al., 2010; Arditti & Few, 2006; Loper, Carlson, Levitt, & Scheffel, 2009; Roxburgh & Fitch, 2014; Thompson & Harm, 2000; Schlager & Moore, 2014; Kjellstrand et al., 2012; White et al., 2006). While relatively few incarcerated mothers had children in foster care, those who did reported more distress and anger (Roxburgh & Fitch, 2014).

Incarcerated mothers' pre-release contact with their children was often limited because of custody issues, poor relationships with their children's caregivers, distance, and nature of offense (Gilham, 2012; Poehlmann, 2005a). Despite some studies reporting mothers' strong relationships with children's caregivers, others found that just over half (54-68%) of incarcerated mothers had visits from their children at least once in the last year and one-third had no visits (Houck & Loper, 2002; Gilham, 2012; Loper et al., 2009; Poehlmann, 2005a; Thompson & Harm, 2000; White et al., 2006). Thus, mothers were largely dissatisfied with how often they were in contact with their children pre-release, and experienced painful separations that lead to distress, remorse, depression, shame, and guilt (Gilham, 2012; Harris, 2017; Poehlmann, 2005a; Moe & Ferraro, 2007; Tuerk & Loper, 2006). Incarcerated pregnant and postpartum mothers reported added stress related to ongoing thoughts about their babies, who were often taken



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shortly after birth (Hutchinson et al., 2008). These mothers coped with those difficult emotions by using poetry, writing, emotional distancing, idealizing their past experiences, and having suicidal thoughts (Allen et al., 2010; Kissman & Torres, 2004; Moe & Ferraro, 2007; Poehlmann, 2005a). Still, some incarcerated mothers declined visitation altogether because it was often a difficult experience (Allen et al., 2010).

Painful visitation experiences may explain why other studies showed that most incarcerated mothers stayed in contact with their children through letters (86-88%) and phone calls (50-52%) (Houck & Loper, 2002; Loper et al., 2009). While one study found visitation to be associated with higher levels of parental stress, others found that more frequent visits lead to improved empathy for children's needs as well as decreased mental health symptoms, institutional behavioral infractions, and parental stress (Foster, 2012; Houck & Loper, 2002; Loper, 2006; Loper et al., 2009; Poehlmann, 2005a; Thompson & Harm, 2000). Similarly, mail contact with children was found to be associated with less anger, increased attachment, and improved parental competence; and increased overall contact was associated with an improved alliance with their children's caretakers, more positive mother-child relationships, and reduced parenting stress (Loper et al., 2009; Poehlmann, 2005a; Roxburgh & Fitch, 2014; Tuerk & Loper, 2006).

Nearly all incarcerated mothers in the reviewed studies desired help with parenting (Thompson & Harm, 2000; White et al., 2006). Several parenting practices and related interventions have been evaluated, with several having positive effects on mothers' mental health. Studies of pre-release parenting programs have demonstrated positive impacts on mothers' self-esteem, emotional adjustment, visitation- and competence-related stress, letter writing frequency, alliance with caregivers; empathy for children's needs, seeking fulfillment of



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needs from children, and post-release emotional dismissing of children (Loper et al., 2011; Shortt et al., 2014; Thompson & Harm, 2000). However, these parenting interventions had no or mixed impacts on mothers' self-control, self-criticism, self-efficacy, views of corporal punishment, or inappropriate expectations of children.

After release, most mothers had some type of recent contact with their children and nearly half reunited with them in some way; yet most did not did not return to living with them (Brown & Bloom, 2009; Schlager & Moore, 2014; Shortt et al., 2014). Thus, the reviewed studies demonstrated varied experiences with motherhood after release. Many mothers wanted to avoid further criminal activity because of their children and experienced fewer parenting difficulties compared to pre-incarceration; while others felt more disconnected, guilty, and ashamed; were angry at their children; had no relationships at all; and gave up hope for reunification (Arditti & Few, 2006; Arditti & Few, 2008; Brown & Bloom, 2009; Few-Demo & Arditti, 2014; Hayes, 2009; Schlager & Moore, 2014). Accordingly, mothers' post-release relationships with their children likely influenced their mental health; and one study found that mothers' quality of relationships with their children post-release buffered the impact of trauma symptoms and alcoholism on depression (Walker, 2011).

Mothers with a history of incarceration experienced difficult emotions related to motherhood that may have added to their mental health symptoms. Incarcerated mothers experienced a sense of missing out on their children's lives, concerns about their children being separated from each other, and fears about the effect of incarceration on their children. They also described fears related to barriers to custody, visitation, and reunification. Postpartum incarcerated mothers who were separated from their children after delivery experienced loneliness and emptiness; and both incarcerated and released mothers experienced grief, loss,



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guilt, shame, stress, low self-esteem, depression, anxiety, and sleeplessness. Mothers felt especially difficult emotions when their children witnessed or were directly affected by their crimes, or were stigmatized in their hometowns (Arditti & Few, 2008; Easterling & Feldmeyer, 2017; Few-Demo & Arditti, 2014; Hutchinson et al., 2008; Kissman & Torres, 2004; Laux et al., 2011; Laux et al., 2008). Importantly, incarcerated mothers of younger children had higher levels of distress and were more likely to report worse mental health than those with older children; and those who had been reincarcerated demonstrated higher levels of emotion dysregulation, depression, and mental health symptoms (Roxburgh & Fitch, 2014; Shortt et al., 2014).

Lastly, mothers with histories of incarceration were concerned about their children's well-being. Several studies found that mothers worried about the impact of their own mental health issues on their children through separation, emotional issues, and negative behaviors; as well as about their children's mental health, school, and legal problems (Laux et al., 2008; Few-Demo & Arditti, 2014; White et al., 2006). Still, mothers described how their past use of drugs and alcohol did not interfere with their ability to love their children (Moe & Ferraro, 2007). Others noted that mothers experienced fear over what others have told their children, concerns over their children being stigmatized, anxiety over having nothing to offer their children; a lack of confidence and sense of feeling overwhelmed about motherhood; and ongoing conflict with their children's caregivers (Arditti & Few, 2008; Brown & Bloom, 2009; Easterling & Feldmeyer, 2017; Hayes, 2009; Schlager & Moore, 2014). Therefore, their experiences with motherhood after release from incarceration may influence their mental health through their experiences of guilt and shame, child custody, children's caregivers, relationship quality, parenting skills and responsibilities, and children's well-being.



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**Social Support**

Though it was examined in less than half of studies, social support appeared to play a key role in the lives of mothers with histories of incarceration. Overall, mothers were dissatisfied with the social support they received before, during, and after incarceration (Allen et al., 2010; Borelli et al, 2010; Lewin & Farkas, 2011; Moe & Ferraro, 2007; White, 2006). Mothers also perceived incarceration as having both positive and negative effects on their family relationships. Mothers who had contact with their families reported both good and bad experiences because of their lack of support or inconsistency in the past, ongoing conflicts, and custody disputes; yet many relied on their family members for both emotional and financial support (Arditti & Few, 2006; Arditti & Few, 2008; Brown & Bloom, 2009; Colbert et al., 2016; Few-Demo & Arditti, 2014; Kissman & Torres, 2004; Lewin, 2011). Still, most mothers cited reuniting with family as major concern after release and 60% reported positive family relationships (Colbert et al., 2016; Schlager & Moore, 2014; White et al, 2006). Thus, many mothers sought support from friends, romantic partners, children, probation officers, and 12-step groups after release (Arditti & Few, 2006, Arditti & Few, 2008; Few-Demo & Arditti, 2014).

Positive social support impacted mothers' mental health after release. Incarcerated mothers reported benefitting from seeking social support both in group settings and more informally, yet many were afraid to share their feelings (Hutchinson et al., 2008; Kissman & Torres, 2004; Lewin & Farkas, 2011; Moe & Ferraro, 2007). Mothers who experienced a sense of support and healthy relationships were found to be better able to overcome issues with both substance use and motherhood; process feelings of past alienation and conflict; and had increased self-esteem and decreased trauma symptoms (Hayes, 2009; Kissman & Torres, 2004;



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Walker, 2011). Still, released mothers who experienced the death of a child reported that they intentionally avoided reaching out because they felt the need to isolate (Lewin & Farkas, 2011).

**Housing**

Though it was examined in less than one-quarter of the reviewed studies, mothers with histories of incarceration had housing issues before and after incarceration. Prior to their incarceration, approximately half of mothers reported living in motels or on the street and nearly one-quarter lived in shelters (Borja et al., 2015; Carlson & Shafer, 2010; Kjellstrand et al., 2012). Nearly two-thirds of incarcerated mothers in one study reported housing needs upon release, with higher needs among those with substance use issues (Carlson et al., 2010).

Incarcerated mothers experienced cycles of homelessness and incarceration, with some reporting 20-40 lifetime incarcerations and others experiencing jail as a second home (Allen et al, 2010; Moe & Ferraro, 2007). After release, only one-third of released mothers had stable housing and only 1% were living on their own (Michalsen & Flavin, 2014). In one study, most mothers reported moving between one and four times in the 16 months since their release; and most often stayed with adult relatives followed by in sober housing, with romantic partners, and with adult friends (Brown & Bloom, 2009). Mothers connected their post-release housing instability and homelessness with their lack of employment and other basic needs; as well as their need for family housing and issues with substance use (Arditti & Few, 2008; Brown & Bloom, 2009; Moe & Ferraro, 2007).

## Quality Critique

The overall quality of the reviewed studies posed several limitations. Most of the 43 studies were descriptive, cross-sectional, retrospective, quantitative, and collected self-reported data. Nearly half (18) of the studies did not describe a theoretical orientation. Nearly half (17)



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focused mostly on aspects of motherhood as opposed to mental health, substance use, or trauma. Thirteen studies included 30 participants or less; nine were secondary analyses; and six studies compared mothers to fathers. Thirteen studies included mostly white participants, twelve mostly African American; only five involved Hispanic mothers, and four did not provide racial demographics. Ten studies included mothers of adult children, and eleven did not include an average age of children. Of the studies completed with mothers who had been released, six used quantitative, six used qualitative, and three used mixed-methods designs. Most studies of released mothers did not specify their time since release, while others ranged between six months and five years. Finally, no studies included only mothers who were released from jail.

## Discussion

The results of this review indicate several important findings and knowledge gaps about the mental health of mothers of minor children after their release from incarceration. The findings of this review can be used to inform future nursing research and practice with mothers of minor children who have histories of incarceration.

This review indicated that mothers with histories of incarceration have experiences with mental health diagnoses and symptoms, substance use, traumatic experiences, psychological treatment services, motherhood, social support, and housing issues. The findings of this review demonstrated the complex inter-relationships among these domains.

Mothers in the reviewed studies were found to have high rates of depression, anxiety, and post-traumatic stress disorders; as well as co-occurring mental health disorders and difficult thoughts and emotions related to motherhood. Mothers also reported high rates of substance use disorders, which were influenced by their contact or hope for contact with their children and often described as a coping mechanism for past and current traumas. Trauma was a common



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experience for mothers in the reviewed studies; with most having experienced IPV and many being affected by their children's trauma exposure. Still, the review suggested that mothers with histories of incarceration have resilient personality traits and use adaptive coping skills. Nonetheless, they faced different barriers to accessing psychological treatment services both pre- and post-release, including waitlists, illiteracy, cost, medication side effects, and childcare obligations. Motherhood was a sensitive topic for women in the reviewed studies because it was often complicated by issues with remorse, custody, caregivers, and lack of parenting knowledge. Thus, mothers' relationships with their children both pre- and post-release influenced their emotional experiences. Overall, mothers in the reviewed studies sought social support through treatment and friends due to difficult relationships with family members. Finally, though housing data were rarely collected, mothers described pre- and post-release housing instability and homelessness related to their unemployment, substance use issues, and family housing needs; which led them to rely on various social and community supports.

**Knowledge Gaps**

This review indicates several important gaps in knowledge related to the above findings. First, few studies have examined the mental health diagnosis or symptom experiences of mothers of minor children after their release from incarceration, with no studies describing psychotic symptoms or suicidality after release. Second, few studies have explored mothers' experiences with substance use after release. Third, no studies have examined their post-release traumatic experiences beyond those related to domestic violence. Fourth, few studies have examined how mothers of minor children experience seeking post-release psychological treatment services for their mental health issues. Fifth, no studies have explored if and how the experience of being a mother of minor children after release relates to their mental health, substance use, or trauma-



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related experiences. Sixth, no studies have examined how mothers of minor children experience seeking post-release social support for their mental health issues. Seventh, no studies have explored if and how mothers of minor children experiences with post-release housing conditions relate to their mental health, substance use, or traumatic experiences.

**Limitations**

The findings of this review are subject to limitations. This review only included studies that were indexed in three databases; studies in other databases may have described additional or conflicting findings. This review only included studies completed in the US and written in English, limiting generalizability. This review contained studies that used a wide range of designs, sample sizes, sample characteristics, and methods; thereby limiting the combinability of results. Finally, a single reviewer performed the search, data abstraction, and synthesis; which increased the potential for error.

## Conclusion

The literature review indicated that mothers of minor children have inter-connected experiences with mental health symptoms, substance use, traumatic experiences, psychological treatment services, motherhood experiences, social support, and housing conditions after release. Mental health promotion services for mothers with a history of incarceration should include pre-release mental health screening, treatment, and services coordination; violence prevention; family- and friend-involvement, and both social support and community housing resources. Future research with mothers with a history of incarceration can build knowledge of their mental health issues after release by exploring their experiences with mental health diagnoses and symptoms, substance use, traumatic experiences, seeking psychological treatment services,



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motherhood experiences, seeking social support, and housing conditions related to their mental health issues.

## Summary

In this chapter, I described the state of the science about the mental health of mothers with histories of incarceration. The available literature indicated that mothers have experiences with a wide range of mental health concerns, which are connected to their family and social circumstances. However, several gaps in knowledge about the mental health of mothers of minor children after their release from incarceration remain. The following chapter will describe the research methodology used to explore mothers of minor children's experiences with mental health after release from incarceration.



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# CHAPTER III

In this chapter, I describe the methods that will be used in this study of the mental health experiences of mothers of minor children after their release from incarceration. It will first review the study's purpose, aims, and research questions as discussed in Chapter 1. Then, it will describe the rationale for the selected methods via design, data collection and analysis procedures. It will end with a discussion of methods used to maintain scientific rigor and address major ethical concerns.

## Purpose and Aims

The purpose of this study was to explore the mental health experiences of mothers of minor children after their release from incarceration through three aims. In this study, I aimed to explore mothers of minor children's perspectives on their mental health after they were released from incarceration related to their a) mental health diagnoses and symptoms, b) substance use, c) traumatic experiences,

### Research Questions

In this study, I asked one primary and three secondary research questions about mother's experiences related to their mental health after release from incarceration. The overarching research question was:

1. How do mothers of minor children experience mental health after release from incarceration?

The secondary questions of the proposed study were:

2. How do mothers of minor children experience mental health diagnoses and symptoms after release?
3. How do mothers of minor children experience substance use after release?



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4. How do mothers of minor children experience traumatic events after release?

## Research Design

In this study of the mental health experiences of mothers of minor children after their release from incarceration, I used a cross-sectional, exploratory, narrative inquiry qualitative design. A transitions theory-intersectionality framework was used to demonstrate a priori assumptions.

### Qualitative Methodology

Qualitative methodologies grew out of the need for social scientists from a variety of disciplines to understand the unique and dynamic nature of human beings (Grove, Burns, & Gray, 2013). The qualitative perspective on truth as complex, dynamic, and influenced by social and historical contexts was appropriate for this study of the mental health of mothers of minor children after release from incarceration because their life experiences are influenced by intersecting political, social, and personal factors (Marshall & Rossman, 2011). The qualitative approach was also appropriate given the lack of literature on mother's mental health after release, as described in chapter two. Only one-third of the 42 studies in the review included at least some participants who were released. Of those, 78% used quantitative or mixed-methods designs. Thus, little is known about the phenomenon of interest, including if and how it might be important to mothers' themselves. Lastly, the qualitative narrative inquiry approach is ideal for building knowledge of human experiences and social processes that are poorly understood, or which appear to relate to persistent problems (Grove, Burns, & Gray, 2013). As described in previous chapters, the confluence of factors influencing mothers' mental health after release likely contribute to the persistence of maternal incarceration and its multi-level consequences. Thus, an exploratory qualitative approach has the potential to produce new findings about



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mothers' mental health after release from incarceration that is grounded in their contexts, voices, and priorities.

**Narrative Inquiry**

I used narrative inquiry as the qualitative methodology for this study. Narrative inquiry originated as a response to life histories that described personal experiences with inequality based on income, gender, and other inequalities (Chase, 2005), making it a fitting approach for this study. While there is no one definition of narrative inquiry, it focuses on the construction of stories, the intentions of the storytellers, nature of the audience, and meaning (Chase, 2011; Patton, 2015c). Thus, the approach emphasized participants' voices rather than those of proxies (Driessnack, Sousa, & Mendes, 2007).

Narrative inquiry is also congruent with this study's transitions theory-intersectionality framework (Elliott, 2015; Hall & Powell, 2011; Hall & Carlson, 2016). Its coherence was determined based on its ability to direct attention to day-to-day lived experiences of participants in their individual social contexts (Patton, 2015c). Importantly, the narrative inquiry approach can allow participants to claim or reclaim their worlds and identities through storytelling; and for those experiences to be analyzed for marginalizing conditions and social patterns (Hall & Carlson, 2016; Holloway & Freshwater, 2007). Thus, the narrative inquiry methodology connected the transitions theory-intersectionality framework to the research questions by eliciting stories of participants' lived experiences with mental health as well as their individual social contexts after release (Fig. 1).

**Narrative Inquiry Approach in the Proposed Study**

This narrative inquiry study of the mental health of mothers of minor children after their release from incarceration drew on a range of narrative inquiry methods that aimed to build



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knowledge through collaboration (Chase, 2005). The narrative inquiry approach of this study focused on eliciting stories as guided by the research questions yet was an evolving process that aimed to promote a balanced research partnership. Thus, the narrative inquiry approach of this study sought to draw on participants' natural tendencies to tell stories (Polkinghorne, 1995; Sandelowski, 1991) using individual interviews guided by a semi-structured guide. In accordance with narrative inquiry qualitative methodology, I focused on establishing and maintaining rapport, beginning with non-threatening questions, responding to social cues, and asking participants to elaborate to gain deeper understandings of their experiences, contexts, and meanings.

## Theoretical Perspective

The theoretical perspective of this study combined transitions theory with intersectionality. Transitions theory is a nursing theory that was selected for its ability to frame various aspects of mothers' post-release experiences as they shift over time (Im, 2011; Masters, 2014). Intersectionality is a sociological theory that was selected for its assumption that oppression and discrimination are perpetuated by social identities that interact and multiply (Collins, 2015; Hankivsky, 2014). A transitions theory-intersectionality framework was selected for the proposed study to consider the oppressive forces operating in mothers' lives after release.

### Transitions Theory-Intersectionality Framework

The transitions theory-intersectionality framework of the proposed study is shown in Figure 1. The concepts derived from transitions theory and intersectionality are shown in white boxes with black text. The concepts of interest at the center of the proposed study are shown in black boxes with white text. Other major concepts thought to influence the mental health of



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mothers of minor children after release from incarceration are shown in gray boxes with black text. The aims and methods of the study are shown in dashed boxes.

The transition conditions-social context construct is indicated in the top portion and largest box of the framework. Its placement shows how the transitions theory construct of transition conditions was combined with the intersectionality constructs of social context, power, and social inequality. Those constructs were combined and emphasized to demonstrate how mothers' personal characteristics and community factors influence their post-release experiences. It contains the traumatic experiences phenomenon.

The nature of transitions construct is depicted in the middle portion and medium box of the framework. It contains some of the study's phenomena of interest: release from incarceration, mental health diagnoses and symptoms; and motherhood. It's position within the larger transition conditions-social context box illustrates that the nature of transitions experienced by mothers may be influenced by personal characteristics interacting with social conditions.

The patterns of response construct is in the lower portion and smaller box of the framework. It contains some of the study's phenomena of interest: substance use, seeking psychological treatment services, and seeking social support. It's placement within both the transition conditions and nature of conditions construct boxes depicts the influence of surrounding constructs.

The properties of transitions construct is in the middle right of the framework overlapping each of the other constructs. Its placement shows how participants' narratives about their awareness of and engagement with transition experiences are influenced by the nature of the transition and social context; as well as its influence on their patterns of response. The properties of transitions construct was placed nearer the research question and aims to show how



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participants' narrations about their experiences ultimately depend on their awareness, engagement, perceived changes, time spans, and critical points.

The social justice construct, derived from intersectionality, is on the right side of the transition conditions-social context box. Social justice was depicted in the model to demonstrate the connection between the transitions-intersectionality framework, phenomena of interest, study aims, and narrative inquiry methodology. In other words, social justice served to operationalize the study's aims through a narrative inquiry approach.

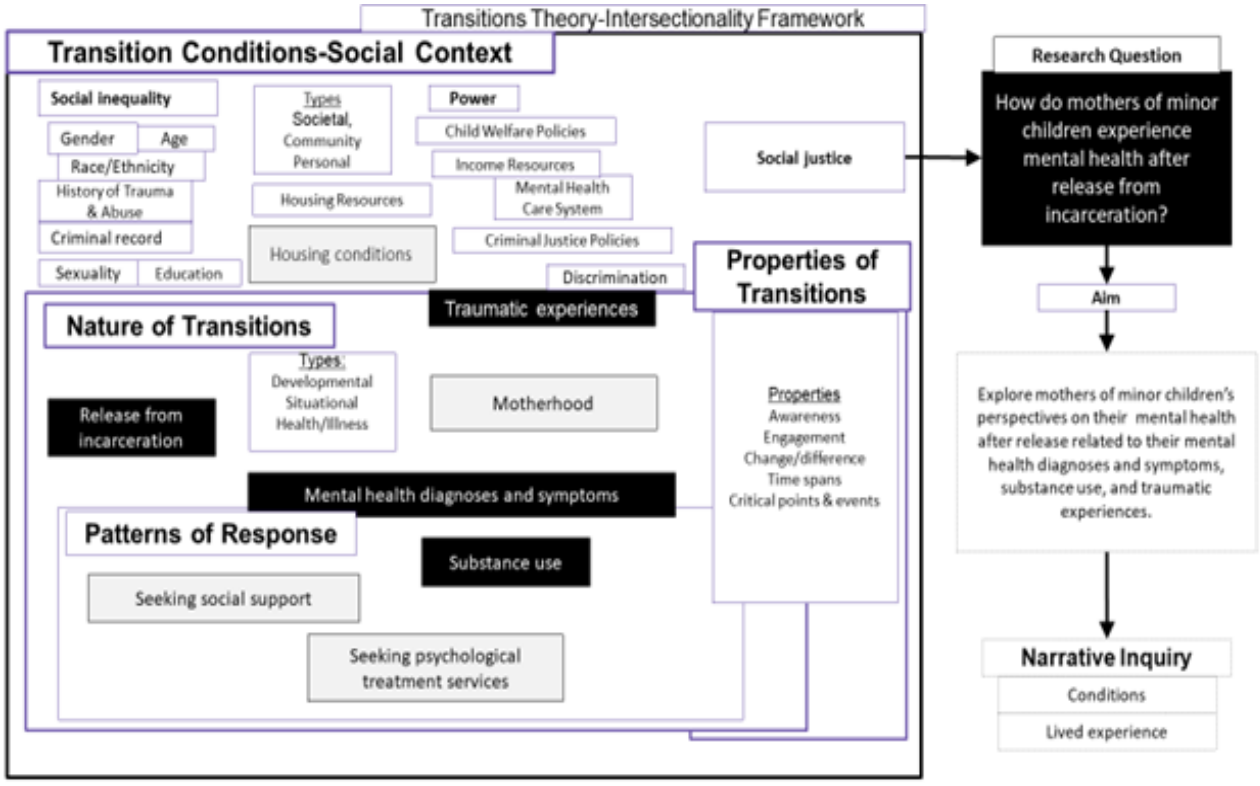


Figure 1 Transitions theory-intersectionality framework for the study of the mental health experiences of mothers of minor children after release from incarceration. Adapted from Meleis, A. I., Sawyer, L. M., Im, E. O., Messias, D. K. H, & Schumacher, K. (2000). Experiencing transitions: An emerging middle range theory. *Advances in Nursing Science, 23*(1), 12-28.



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## Transitions Theory

Transitions theory has six major assumptions. It first posits that nurses frequently encounter persons undergoing transitions, defined as time between stable states; thus, transitions are central to nursing practice (Chick & Meleis, 1986). Second, transitions involve changes in patterns that both lead to and are the result of change. Third, transitions are a universal human experience. Fourth, transitions are complex and multidimensional and characterized by flow and movement over time. Fifth, the meaning, interactions, and conditions of transition experiences shape everyday life. Sixth, transitions can lead to vulnerability to health risks and lead to damage, extended recovery, or unhealthy coping (Im, 2014).

## Using Intersectionality to Inform Transitions Theory

Intersectionality was used to inform transitions theory by emphasizing the influence of power structures and social identities on the mental health of mothers of minor children after release from incarceration. Intersectionality posits that oppression and discrimination are perpetuated by social identities that shape social inequalities as they interact and multiply (Collins, 2015). Identities such as race, class, gender, sexuality, ethnicity, nationality, ability, and age play out as social phenomena in layered, complex ways beyond the sum of their parts (Collins, 2015). Intersectionality's assumptions were integrated into the *transition conditions* construct of transitions theory to explore how social divisions leave mothers in different economic and social conditions after release; and how social institutions play roles in their mental health experiences (Collins & Bilge, 2016).

## Constructs of Transitions Theory

The four major constructs of transitions theory include transitions and their properties; types and patterns of transitions, transition conditions, patterns of response, and nursing



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therapeutics (Meleis, Sawyer, Im, Messias, & Schumacher, 2000). In this study, transition conditions was expanded to include important concepts and propositions of intersectionality. Transitions and their Properties. Transitions are defined as periods of time between stable states. Transitions are characterized by the interrelated properties of awareness, engagement; change and difference, time spans; and critical points and events (Fig. 1) (Meleis et al., 2000). Awareness refers to one's perception, knowledge, and recognition of the transition experience. Engagement refers to the degree to which one is involved in transition processes. Change refers to critical events and disruptions in relationships, routines, ideas, perceptions, and identities. Difference refers to being confronted by unmet expectations, feeling different, being perceived as different, and seeing the world differently. Time spans are defined as the beginning or ending of a transition as characterized by degree of stability and may not be applicable to all transition experiences. Critical points and events are specific incidents or changes in awareness.

In this study of the mental health experiences of mothers of minor children after their release from incarceration, transitions and their properties was operationalized by asking participants questions to explore their experiences with developing awareness and engaging with the transitions; if and how they noticed change and difference, perceived time spans, and experienced critical points. This was done through interview questions and follow-up probes that encouraged participants to share about various aspects of their lives before, during, and after release.

**Types and patterns of transitions.** Transitions theory identifies major types of transitions and transition patterns, which combine to create the nature of transitions construct (Fig. 1). The four major types of transitions are developmental, situational, health/illness, and organizational (Im, 2014). Developmental transitions refer to life events, such as birth,



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parenthood, and retirement (Im, 2014). Situational transitions refer to changes in external circumstances, such as family caregiving or attending school (Chick & Meleis, 1986). Health/illness transitions refer to events and circumstances like hospital discharge, diagnoses, and recovery periods (Meleis & Trangenstein, 1994). Organizational transitions refer to changing work environments (Meleis & Trangenstein, 1994). Patterns of transitions are characterized by their multiplicity and complexity, as in the co-occurrence of two or more types of transitions has cumulative and interacting effects (Im, 2014).

In this study, types and patterns of transitions were applied by exploring mothers' narratives of their experiences with mental health overall, mental health diagnoses and symptoms, traumatic experiences, and motherhood after release from incarceration. This was done through interview questions and follow-up probes that encouraged participants to tell their stories about various aspects of their lives outside of those that focused only on the primary questions, including their mental health prior and during incarceration as well as motherhood.

**Transition conditions and intersectionality.** Transitions theory holds that both personal and community or societal conditions influence transition experiences, which either inhibit or facilitate successful transitions (Fig. 1.) (Schumacher, 1994). Personal conditions include personal meanings, beliefs, and attitudes; cultural beliefs and attitudes, socioeconomic status, preparation, and knowledge (Meleis et al., 2000). Community and societal conditions include available resources and policies (Meleis et al., 2000). In this study, transition conditions meant that mothers' mental health experiences were affected by personal, community, and societal conditions; such as their access to their children, reentry programs, and employment. Still, this depiction of the construct was limited in this study because mothers' lives were thought to be more heavily influenced by existing resources and policies throughout their experiences with



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childhood, education, employment, motherhood, arrests, sentence length, access to pre-release services, and day-to-day lives after release. This limitation was addressed by incorporating major concepts and propositions of intersectionality.

***Concepts and propositions of intersectionality.*** Intersectionality includes the six concepts of social inequality, power, relationality, social context, complexity, and social justice and their related propositions. The application of these concepts varies depending on the problem and context at hand (Collins, & Bilge, 2016). Thus, the framework for this study incorporated the concepts of social context, social inequality, power, and social justice. Taken together, these concepts provide a way of informing transitions theory with an intersectional perspective to guide the study's design and analysis. Each concept will be discussed in terms of definitions, propositions, and application to the proposed study.

*Social context.* Social context refers to the human, historical, intellectual, and political conditions that shape thoughts and actions. From an intersectional perspective, all concepts under study are best thought of in terms of social conditions. Considering the influence of social conditions offers insight into their contributions to inequality and grounds the analysis (Collins & Bilge, 2016). In this study, social context referred to both the broader conditions of the study and to those influencing participants' narrations of their mental health as they related to shifting social conditions over time. This was operationalized by both asking participants directly about matters such as housing, social support, and treatment services and analyzing their narratives for evidence of varying social conditions.

*Social inequality.* Social inequality refers to the presence of unfair policies and decisions. The intersectional framework posits that social inequality is rooted in the interactions of multiple factors; and its existence frequently drives the application of an intersectional lens (Collins &



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Bilge, 2016). In this study, social inequality was conceptualized as experiences that reflect the negative influence of having one or more marginalized identities. This was operationalized during the interviews by asking participants to reflect on instances where they felt mistreated, and by analyzing narratives for evidence of mistreatment.

*Power.* Power, in intersectionality, always constitutes a relationship; and power relations refers to the interactions between and among individuals, groups, and institutions (Fig. 1). Power relations are mutually constructed, in that the actions of individuals, groups, and institutions on both sides influence the other. Power relations can be analyzed by examining the intersections of social phenomena, like racism and sexism, as well as across structural, disciplinary, cultural, and interpersonal domains (Collins & Bilge, 2016). Power relations also refers to both "power over" and "power with"; meaning people can simultaneously experience power and oppression in varying forms at various times (Collins, 1990; Guinier, Torres, & Guinier, 2009). In this study, power was conceptualized as mothers' narratives about their mental health after release in relation to their sense of power as they related to individuals, groups, and systems. This was operationalized by asking participants about their reasons for their decisions after release, particularly regarding coping with mental health symptoms, using or avoiding drugs and alcohol, and seeking social support and psychological treatment services.

*Social justice.* Social justice refers to the ultimate goal of an intersectional analysis. Social justice in an intersectionality-framed study demonstrates the importance of challenging the status quo regarding fairness and equality. In an intersectional analysis, working toward social justice means that the aim is to clarify the gap between social ideals and realities (Collins & Bilge, 2016). In this study, social justice was conceptualized as a major motivation for carrying out this study and reporting its findings. It was operationalized by analyzing mothers'



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narratives for evidence of the gap between social ideals and reality; and clearly reporting its implications for the existing state of affairs.

***Patterns of response***. Transitions theory describes patterns of responses as process and outcome indicators (Schumacher, 1994). Process indicators can lead one toward health or increased risk and vulnerability and may include sense of connection, interactions, feeling situated, confidence, and coping. Outcome indicators are signs of stability, such as achieving mastery and integrating a new identity (Im, 2014). Both process and outcome indicators can be assessed to determine the need for nursing intervention. While transitions theory's patterns of response concept in the form of process and outcome indicators can be useful for building knowledge of released mothers' reactions to their mental health issues; it is limited because they are only framed in terms of successful transitions: feeling connected, being situated, mastery, and integrated identities. Such positive framing overlooks mothers' other or ineffective patterns of response or the potential for those responses to facilitate transitions.

In this study, patterns of response was conceptualized as mothers' experiences with substance use, seeking social support, and seeking psychological treatment services. It was operationalized through interview questions about their experiences with difficult times, coping mechanisms, substance use, social support, and seeking treatment services after release.

***Nursing therapeutics.*** Transitions theory's final major concept is nursing therapeutics, or actions nurses take regarding the transition. These include assessment of readiness, preparation for transition, and role supplementation (Schumacher, 1994). Nursing assessments of readiness include multidisciplinary work and efforts to gain a comprehensive understanding of the person, transitions, conditions, and readiness. Preparation for transition includes nursing education and other efforts that help to produce ideal conditions. Finally, role supplementation



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refers to nursing interventions that help to fulfill unmet needs. In this study, nursing therapeutics was operationalized after the data were analyzed to report implications for nursing research and practice.

## Procedures

### Human Subjects Protection

This study was approved by the Institutional Review Board at the University of Wisconsin-Milwaukee (Appendix B). Leaders at each of the community-based organizations also provided their approval to post flyers and hold discussions with potential participants.

### Recruitment

Recruitment occurred via purposive and snowball sampling strategies, which primarily took place in a large urban area in Wisconsin. Purposive sampling strategies included discussing the study with leaders at approximately 20 community-based organizations, posting recruitment materials and holding discussions at organizations that provided their approval, providing recruitment materials to community contacts, and posting flyers in public places. Recruitment materials included flyers, postcards, and business cards that listed the purpose of the study, eligibility criteria, information about incentives, and researcher contact information (Appendix C). Community-based organizations included those who provided physical and mental health treatment services as well as those who provided services related to probation and parole, domestic violence, employment, education, housing, food, clothing, and advocacy support. After approximately three weeks of recruiting led to only two interviews, an IRB modification request was made to adjust recruitment procedures to include posting in public places, using community contacts, placing ads in local papers, hosting tables at local resource fairs, and recruiting through probation and parole offices. Public places included primarily churches and grocery stores.



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Community contacts were those with histories of working with women with substance use issues and histories of sex work. The latter three recruitment modifications were not implemented due to reaching the recruitment target being reached.

Participants were eligible for the study if they were female, at least 18 years old; spent 30 or more days incarcerated in jail or prison in the last five years, had been released for at least 60 days; and who identified as mothers of children under the age of 18 years old while they were incarcerated. Participants were excluded from this study if they had pending criminal charges, could not make their own medical decisions, could not speak English, and could not verbalize their consent to participate.

Participants who were interested in the study contacted me by phone or email. At that time, I discussed the purpose of the study and eligibility criteria. After determining eligibility, the $25 incentive gift card was discussed and an interview time was scheduled. After the initial phone call, several participants preferred to communicate via text messages. Reminder calls and texts were placed within a day of the scheduled interview. Three participants who expressed interest and met eligibility criteria were not interviewed due to not returning phone calls to schedule or reschedule an interview. Of the 28 women who expressed interest and qualified for the study during the recruitment period, 25 (89%) were interviewed. I received seven phone calls from women who were not eligible because they had been released more than 5 years or less than 60 days ago, had pending criminal charges, did not have minor children while they were incarcerated, or contacted me after recruitment had ended.

I reached the recruitment target of twenty-five participants between July and October of 2017. Six participants were recruited from a single community-based organization that provides various services for women involved in the criminal justice system, five participants were



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recruited through snowball methods, four participants were recruited through flyers they saw posted in public places, three participants were recruited from drop-in centers for women involved in street prostitution, three participants were recruited through community contacts, two participants were recruited through an offender advocacy organization, and one participant was recruited from a sober living home. Twenty participants resided in Milwaukee County, WI; while others resided in Racine, Eau Claire, Brown, Walworth, and La Crosse Counties.

**Data Collection**

The data of this study were collected via individual interviews conducted using an interview guide designed using the theoretical framework and narrative inquiry methodology (Patton, 2015b; Riessman, 1993) (Appendix E). This study used a cross-sectional design to explore participants' experiences since their most recent release from incarceration. Participants with multiple incarcerations were asked to compare their past and recent experiences after release. The cross-sectional design was selected based on the purpose of the study as well as the likelihood of losing participants to follow-up (Goshin & Byrne, 2012; Menendez, White, & Tulsky, 2001).

Most interviews took place at community-based organizations and public libraries, while one occurred at a participants' worksite. I took field notes before, during, and after each interview and kept a reflective journal throughout the data collection phase. I began interviews by discussing the informed consent (Appendix D), which included the purpose of the study and interview procedures. I adjusted the informed consent via an IRB modification after approximately 10 interviews had been completed to reduce confusing language. During the informed consent process, I gave each participant a $25 Wal-Mart gift card and offered them a guide to local mental health resources that was specific to their county. All participants accepted



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the gift card while most accepted the resource guide. I assured participants of the confidential nature of the study and that the information they discussed would not be provided to any other individuals or institutions, except in the case of abuse or neglect of children or vulnerable adults due to mandated reporting statutes. I also assured participants of their right to end the interview or withdraw from the study at any time without consequences. Three participants (12%) ended their interviews early due to scheduling conflicts, curfew, and symptoms of opiate withdrawal. After each interview, I provided participants with recruitment postcards and asked them to refer others who might be interested. All interviews were audio-recorded.

The individual interviews were semi-structured, meaning I encouraged participants to tell their stories with minimal redirection. Instead, I used probes and follow-up questions to encourage participants to expand on their responses. The interview guide allowed for questions to be asked in a logical order with what was assumed to be increasing sensitivity, though that was not always the case. I began by asking participants about their demographics followed by their experiences before and during incarceration, and post-release experiences with motherhood, social support, housing, mental health, psychological treatment services, substance use, and traumatic experiences. For several participants, their experiences with motherhood were difficult and the initial interview questions elicited tearful responses at times. Again, the initial interview guide was modified after 10 interviews had been completed because it contained questions that several participants found confusing.

Data saturation became apparent for certain topics after approximately fifteen interviews regarding participants' experiences with substance use and, to some degree, traumatic experiences. Recruitment continued to the target of 25 participants because of participants'



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varied experiences with mental health and certain traumatic experiences, which meant that data saturation had not entirely occurred.

Interview recordings were transcribed by a transcriptionist. I corrected errors in the transcripts by reading them while listening to recordings and reviewing field notes. At that point, I began narrative analysis by adding information to transcripts about participant's affect, tone, pitch, repetition, emphasis, and volume (Riessman, 2008). I delete interview recordings after transcripts were saved to two secure devices.

**Data Analysis**

I analyzed the data using descriptive statistics combined with both narrative and thematic analysis methods in an iterative process. I analyzed the demographic information using descriptive statistics. I analyzed interview data using narrative analysis as a connecting approach and thematic analysis as a categorizing approach (Maxwell, 2013). I chose to combine these approaches to address the threat of separating data from their context while recognizing that categorization can improve the translatability of findings (Patton, 2015a). I frequently reviewed the transitions theory-intersectionality framework assumptions and constructs throughout data analysis. Steps in the data analysis process included running descriptive statistics on demographic information as well as coding transcripts, creating a narrative document, and developing themes.

**Descriptive statistics.** I analyzed descriptive statistics of demographic information using Qualtrics software. Demographic information from participant's interview guides were entered into Qualtrics after each interview was completed. After all participant demographics were entered, Qualtrics data were exported to an Excel spreadsheet. Corrections to the Excel spreadsheet were made during qualitative data analysis when interview transcripts indicated that



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the initial demographic information they provided was either incorrect or incorrectly entered. For example, two participants denied having a substance use disorder diagnosis but discussed past substance use issues during the interview. After I made these corrections, I analyzed descriptive statistics of demographic information by hand and with Excel functions.

**Coding.** I coded interview transcripts after they were reviewed for accuracy and uploaded to a qualitative database (Dedoose 7). The qualitative database allowed me to code each transcript individually, compare codes within and between transcripts, and determine areas of divergence and convergence between interviews. I organized codes by interview question to assure that the research questions were answered while considering the transitions-intersectionality framework and keeping data within their context. The initial coding scheme included seven primary areas: mental health, substance use, trauma, motherhood, social support, housing, and psychological treatment services.

I began coding after I had completed 15 interviews and noted major similarities and differences. I assigned definitions to each code and exported to a codebook. I changed codes and their definitions as additional transcripts were reviewed. As I created new, I assigned them to previously coded transcripts and made notes in a reflective journal about which transcripts may contain evidence of new codes. After coding all 25 transcripts once iteratively yet sequentially, I read each transcript again in its entirety and re-coded it accordingly. During this second coding process, I created figures to visualize clusters of codes and think about potential themes. Overall, I created 477 codes and applied them to 1166 excerpts.

**Narrative document.** I created a narrative document containing each participants' story after each transcript had been read three times and coded twice. I created the narrative document by reviewing transcripts again so that each participants' story was depicted as accurately as



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possible and could be compared to others. Then, I read all participants' stories I took notes and considered the codes to spur the development of themes (Clandinin & Connelly, 2000).

**Theme development.** I developed the themes using codes and the narrative document in an iterative process by research question. First, I reviewed codes for their frequency within and across participant interviews by overall mental health, mental health diagnoses and symptoms, substance use, and traumatic experiences. Information about each code, including its frequency and where it occurred, was then listed in the reflective journal. Second, I reviewed transcript excerpts and the narrative document to determine if the code was applied appropriately, why it was applied, and what codes were related. I developed initial themes after combining the most relevant codes by research question. Third, I modified themes and placed them into tables (Appendix G) by participant to facilitate comparisons as I reviewed additional excerpts.

**Scientific Rigor**

Methods that promote scientific rigor in qualitative research aim to enhance the usefulness and integrity of findings by enhancing trustworthiness, or truth value and transparency (Cope, 2014). Trustworthiness includes credibility, dependability, confirmability, transferability, and authenticity (Lincoln & Guba, 1985; Guba & Lincoln, 1994). Credibility is similar to internal validity in quantitative research and refers to confidence in the truth of findings. Dependability is similar to reliability in quantitative research and refers to the stability of data over time and conditions. Confirmability is similar to objectivity in quantitative research and refers to consistency or ability to reproduce findings. Transferability is similar to external validity in quantitative research and refers to the degree to which findings can be applied elsewhere. Authenticity, which does not have a counterpart in quantitative research, refers the extent to which researchers realistically convey participants' experiences (Polit & Beck, 2014;



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Connelly, 2016). Trustworthiness in this narrative inquiry qualitative study was addressed through prolonged engagement, analyst triangulation, member-checking, negative case analysis, thick description, and reflexivity (Lincoln & Guba, 1985).

**Prolonged engagement.** I used prolonged engagement to enhance the credibility of the findings. This helped me to develop an understanding of the social and cultural contexts of mothers of minor children who have a history of incarceration or other criminal justice-involvement; building trust; and reducing the risk for researcher bias (Lincoln & Guba, 1985). In this study, prolonged engagement occurred through my ongoing work with organizations that provide services for women involved in the criminal justice system. This work includes developing relationships with women, facilitating groups, data management, health assessments, and service coordination. Prolonged engagement with women who are similar to mothers of minor children with histories of incarceration provided me with insight into how participants experienced their daily lives, the meanings of their words and behaviors; and the relationships between specific findings of the study (Given, 2008).

**Analyst triangulation.** I used analyst triangulation to ensure rigor by enhancing the credibility of the study's findings, which helped me to question my preconceived plans for the research; acknowledge multiple ways of viewing the data; and reveal both unrecognized biases and potential misinterpretations (Lincoln & Guba, 1985). I did this by consulting with university faculty with methodological and content expertise. Thus, analyst triangulation helped me to make decisions throughout the design, data collection, data analysis, and reporting portions of the study. Study design decisions were made with assistance from my major and coursework professors. Data collection and analysis decisions were made with assistance from my major professor and dissertation committee members during the comprehensive examination and



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proposal stages, with my major professor also assisting with decisions during data collection. Data analysis decisions were made with assistance from my major professor throughout data collection, analysis, and reporting. Specifically, my major professor reviewed several transcripts, codes and code definitions, excerpts of frequent codes, and working models of themes. I made additional data analysis and reporting decisions by incorporating feedback from dissertation committee members.

**Member-checking.** I used member-checking to ensure rigor by enhancing the credibility of the study's findings by giving participants an opportunity to clarify meanings, challenge my interpretations, and provide additional information (Lincoln & Guba, 1985). In this study, I carried out member-checks by clarifying the responses of previous participants with subsequent participants. While member checking is a debatable technique due to questions raised about which data are appropriate for member checks and what actions to take after participant feedback, it was an appropriate rigor-enhancing method for this study due to narrative inquiry's emphasis on participant voice (Riessman, 2008).

**Negative case analysis.** I used negative case analysis to ensure rigor by enhancing the credibility of findings through providing a means to search for data that did not fit with other participant responses (Lincoln & Guba, 1985). In this study, I carried out negative case analysis using narrative and thematic analysis procedures that included assessing code frequency and occurrence; creating and reviewing the narrative document, comparing participant data by them, then returning to transcripts to expand missing or underdeveloped themes. Negative case analysis allowed me to find information about deviant cases, further refine the analysis, and reframe data. Deviant cases helped me to my initial interpretations of data so that all or most narratives and themes were sufficiently covered.



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**Thick description.** I used thick description to ensure rigor by enhancing the transferability of findings through detailed accounts (Lincoln & Guba, 1985). I achieved thick description by reviewing audio-recordings of transcribed interviews, incorporating relevant field notes into the narrative document, keeping data in their context during analysis, and providing detailed accounts of field note, demographic, and interview data in the presentation of findings. The aim of using thick description was to allow others to evaluate whether the findings may be applicable to similar issues in different historical, geographic, cultural, and political contexts; or in other words, to contextualize the data and findings (Holloway, 1997).

**Reflexivity.** Lastly, I used reflexivity to ensure rigor by enhancing confirmability by attending to the potential for researcher bias throughout the design, data collection, analysis, and reporting phases of the study (Lincoln & Guba, 1985). In this study, I aimed to be reflexive through both analyst triangulation and using a reflective journal to document my thoughts, experiences, questions, and decisions prior to data collection and continuing throughout the analysis. While narrative inquiry acknowledges that my perspectives cannot be separated from the analysis, the use of a reflective journal may have reduced the chance that I would further silence participants by taking their statements out of context to make them fit my preconceived views (Riessman, 2008). The reflective journal assisted me to acknowledge when I should step away from data collection or analysis activities, ask additional questions, or test new perspectives (Lincoln & Guba, 1985).

## Ethical Considerations

The major ethical considerations of this study primarily concerned confidentiality and the sensitive nature of interview questions. Several measures were taken to protect participants' confidentiality and assure them that their information would not be shared or otherwise influence



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their individual relationships with social service, criminal justice, or health care contacts. A lot of time and energy were spent establishing and maintaining rapport before, during, and after interviews; including using participants' non-verbal cues to decide if and how much to use probes and follow-up questions, validating difficult emotions, asking participants if they would like to take breaks or end the interviews when indicated, and offering assistance with accessing community resources.

## Summary

In this chapter, I described the methods that were used in this study of the mental health experiences of mothers of minor children after their release from incarceration. This study used a cross-sectional, exploratory, narrative inquiry qualitative design guided by a transitions theory-intersectionality framework. I recruited 25 adult women who had spent at least 30 days in jail or prison within the last five years; had been released for at least 60 days; and who identified as mothers of children under the age of 18 while they were incarcerated. Participants were excluded if they were facing criminal charges, deemed incompetent to make their own medical decisions, unable to verbalize consent, or non-English speaking. Data were collected through individual interviews using a semi-structured interview guide. Data were analyzed through descriptive statistics and both narrative and thematic analysis techniques. Scientific rigor was addressed through prolonged engagement, analyst triangulation, member-checking, negative case analysis, thick description, and reflexivity. Limitations of the study design include its purposive sampling, reliance on self-reported data, researcher bias, and abstractness of interview questions. Ethical considerations related to confidentiality and the sensitive nature of interview questions were addressed throughout the course of the study. The following chapters describe the study's major findings and implications.



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## CHAPTER IV

In this chapter, I will describe the contextual information that frames participants' narratives about their mental health experiences after release from incarceration, which includes descriptive statistics and background themes. Descriptive statistics will include socioeconomic, motherhood, incarceration-related, physical health, mental health, and mental health and substance use treatment (Table 2,.Appendix F). Background themes will describe participants narratives before and during incarceration.

### Descriptive Statistics

#### Socioeconomic

Twenty-five women were interviewed for this study. Participants had a mean age of 38. Most participants were African American (44%) or White (28%), had completed high school (28%) or some college (26%), reported a monthly household income of $500-1500 (48%), and were employed full- or part time (48%), disabled (24%), or unemployed and looking for work (24%). Most participants had a boyfriend (48%) or were single (36%). Most participants were living with their adult partner (44%) and/or minor children (36%).

#### Motherhood

The 25 participants had given birth to 108 children. Participants had an average of 4 children each starting at age 19. Children's average age at the time of participants' first incarceration was 13. At the time of the interview, participants' children ranged in age from 1-33 years with an average age of 17. Nine participants (36%) were caregivers for unrelated children. Five participants (20%) had experienced the death of one or more children. Twenty-two participants (88%) had children before they were first incarcerated.

#### Incarceration



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Participants' had experienced an average of 6 incarcerations starting at the age of 27. Most participants were last incarcerated in jail (64%) for an average of 9 months, and an average of 18 months prior to the interview. Forty-percent (10) of participants were released within the last year, while 28% (7) were released two or more years ago.

**Physical and Mental Health Problems**

Participants reported various physical and mental health problems and experiences with mental health treatment. Forty-percent reported chronic pain, 36% asthma/breathing problems, 28% high blood pressure, and 20% diabetes. The most commonly reported mental health problem was substance use disorder (96%), followed by anxiety (80%), depression (68%), PTSD (48%), bipolar disorder (36%), schizophrenia (20%), and attention-deficit disorder (ADD) (20%). Eighty-percent of participants reported having co-occurring mental health diagnoses. Eighty-percent of participants reported receiving some type of formal mental health treatment during the last year, with sixteen reporting having received both medications and psychotherapy. At the time of the interview, 72% of participants were involved in some type of mental health treatment, with 28% taking psychotropic medications, 28% receiving outpatient counseling, and 20% involved in case management services. Sixteen-percent of participants were seeking or waiting for mental health or substance use treatment services. Sixteen-percent were engaged in self-help groups and no other formal services.

## Background Themes: Experiences Before and During Incarceration

The context of participants' lives before and during their incarceration provides a backdrop for the findings discussed in the next chapter. Participants themselves pointed the significance of these parts of their stories during the interviews both directly and indirectly. Thus, it is important to provide a review of themes that described their experiences



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before and during incarceration based on participant reports as well as the narrative inquiry methodology and theoretical framework. An analysis of participants' experiences prior to and during incarceration led to three major themes: *I Grew Up Fast and in Pain; Then, Life was Chaos*; and *Getting Locked Up was a Painful Break*

**I Grew Up Fast and in Pain**

*I Grew Up Fast and in Pain* describes most participants' childhood experiences. Many participants described parental absence via substance use or mental illness; childhood abuse, early motherhoods, deaths, early substance use, and mental health symptoms. Participants discussed their childhoods directly while others did so indirectly, both of which pointed to how fast and painful they were. Many participants used word "bad," while others used words like "unloved," "abused," "foster care," "parentified," "'battling," "angry," and "into drugs." *I Grew Up Fast and in Pain* was best exemplified in the following eight narratives.

**Parental absence.** Most participants described their experiences with I Grew Up Fast and in Pain by discussing their unstable or family systems, which often included their parents' physical and emotional absence. Abby succinctly described it by saying, "I was raised with two alcoholic parents. So, it kind of started from there." Like Abby, Valerie discussed childhood memories of how her parents' mental health and substance use issues led to her living with unfit relatives, her mother's serious suicide attempts, and how she stepped into the role of wife and mother at the age of 14 due to her then-sober father's insistence.

> Life as a child wasn't really normal either...My mom was bipolar, and an addict, and an alcoholic. My dad was an alcoholic. He got sober when I was five. I lived with different family members, some of them weren't the best family members to be living with. My mom tried to attempt suicide, twice. One of the



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times she was legally dead, and they brought her back to life. After that, she was in the hospital in ICU for a really long time. And then, after that, she was still in the mental health ward. So, that was like a year, where, as a fourteen-year-old, I was taking care of my brother and sister. And, my dad, because he's kind of old-fashioned, where it's like, "I want dinner at five, when I get home. Doesn't matter that I don't have a wife home to do it, I'll just expect my kids to do it."

(Valerie, 35 y/o, 2 children)

**Childhood abuse.** Several participants described experiences with childhood abuse, which was often sexual. Quirana discussed being assaulted by her sister's boyfriends, her experiences with being raped while she was young, and how those contributed to her drug use.

See, I think all my things occurred when I was younger...I've had a situation where my sister has had boyfriends. They try to touch me. I've never been molested by a family member or nothing, but I have been raped by a boyfriend when I was younger. Gang raped, stuff like that ... I feel that's how I ended up in the drug world.

(Quirana, 50 y/o, 3 children)

Similarly, other participants implied they experienced childhood abuse but declined to discuss details. Deidre briefly mentioned the abuse she experienced as a teenage mother of two prior to her first incarceration when she was pregnant with her third child and had started using drugs.

Well, (I went through) abuse. I had two kids. Yeah, before I got incarcerated I had two kids. The first time I was incarcerated, I was resisting arrest and pregnant...I think I was six or seven months...that's when I first started using.



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(Deidre, 38 y/o, 8 children)

**Early motherhoods.** Like Deidre, many participants discussed their experiences with early motherhoods. Catrina discussed how she became pregnant at the age of 14 but was treated poorly by her family compared to her cousin who was pregnant at the age of 12. She was raped shortly afterward and her family did not come to see her at the hospital, leading her to run away with her son's father and support herself ever since.

> (My cousin) got pregnant at the age of 12, had the baby but anyway. My grandma, all of them, "My first grand baby, and woo woo." So I get pregnant at 15, it's like, "Why you do this?" Then the incident happened where I had got raped. So, when I had got raped I went to the hospital, nobody showed up…. Nobody, my mama side, my daddy side, nobody showed up...Then after I got home, or whatever, I still was going through my little stuff. Then I feel like ain't nobody care, so I just called my son's father, and told him to come get me. That's when I ran away from home. While I was on the street, that's when I had cut my wrist...And I was on the street since I was 16, taking care of myself. I ain't never go back.

(Catrina, 43 y/o, 4 children)

**Deaths.** Many participants described experiencing the deaths of important people in their lives as children and teenagers. Zoey discussed her father's death from a drug overdose when she was 17 years-old. She did not know much about him except that he was sick and not home; and connected his absence and death to her first use of heroin and substance use treatment.

> My dad died when I was 17. He still wasn't around, but we'd talk on the phone. He always be like, "I'm going to come home. I'm going to get help." All I knew is he was



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sick. Then the reality of like "Oh," he died of a heroin overdose. That was when I started using opiates. It was a really convenient, like just strange time period. I was 16. I think within three months I went to treatment.

(Zoey, 26 y/o, 3 children)

**Early substance use.** Like Zoey, several participants described I Grew Up Fast and In Pain by discussing their experiences with using drugs and alcohol as teenagers. Faith discussed how she started using marijuana when she was 14 and alcohol at 15 when she was going through a difficult period prior to her having her first child.

I started (smoking weed) when I was 14...I don't drink. My mother is an alcoholic. When I started drinking, I tried liquor when I was like 15. I was going through a very bad time in them years, so I was drinking. After I got pregnant with my first baby, I wasn't even drinking before I even got pregnant with my first baby… (There were) just a lot of personal things that I just don't like to talk about (but) that ain't the reason why I started. It was just the situation I was going through. I made the decision to drink on my own. It wasn't no influence, no peer pressure, no none of that. It was just what the situation I was going through and I think that I first started drinking that I didn't think about it no more.

(Faith, 35 y/o, 5 children)

**Mental health symptoms.** Lastly, several participants described I Grew Up Fast and in Pain by discussing childhood experiences of mental health symptoms. Karla discussed how she was 15 years old when she was diagnosed with schizophrenia and started on medications for mood swings, depression, and suicidal thoughts; and how it was a difficult period of time for her.



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> I went to mental health and got diagnosis at the old Watertown Plank Road out where it used to be real, real far away. I would go there and talk to a psychiatrist and they would help me. Give me medication but that's been so long, and I have been through so much I don't know exactly. They had papers like this on me. So, I was going like when I was 15 on my own and she would give me medication for my mood swings, my antidepressant. Things like that. I had sometimes, I used to try to commit suicide. It's just things that were going on with me at the time.
>
> (Karla, 54 y/o, 3 children)

**Then, Life was Chaos**

The major theme *Then, Life was Chaos* described the participants' experiences of how their fast and painful childhoods devolved into a period of greater instability during their young adulthood. *Then, Life was Chaos* captured participants' experiences with relationship issues, financial problems, motherhood problems, violence, unexpected deaths, mental health symptoms, and substance use. Several women used the word chaos, while others said "bad," "hell," "horrible," "stressful," "scary," "a mess, "weird," and "unbalanced to describe their experiences immediately prior to incarceration. Then, Life was Chaos was best exemplified in the following eleven narratives.

**Relationship issues.** Many participants described difficult romantic relationships prior to their first incarceration. Brenda discussed that her divorce marked the beginning of her drug use and a chaotic period where she became addicted to prescribed pain medications then turned to street drugs and theft.



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Well, when I was 18, I got married. We had our two daughters, everything was great. I didn't use drugs. We were normal. Blah, blah, blah. Built a house. Da, da, da. We ended up getting a divorce. When we got a divorce, right before we got the divorce, I started drinking a little bit and smoking weed a little bit. So, then we get divorced and I started this little extracurricular thing. Then that got a little excessive probably...So before my third child was born, I started having a lot of medical issues...I had four major surgeries in a row...Then I went home with an open incision, so I had heavy pain meds. Blah, blah, blah. So probably around 28, 29 when all these issues started coming. Maybe even a little before that. I was getting pain meds non-stop. And then I just kept having more medical issues and I kept just able to get these pain meds. So then, when those pain meds started running out from the doctors...Then so when I started getting in trouble with the law, by then it was, I was, out of hand. The pills stopped coming, then heroin came in. So yeah. Then stealing came in and legal problems.

(Brenda, 46 y/o, 3 children)

Similarly, Rashida described how the conflicts with her husband brought up feelings of abandonment, neglect, worthlessness, and hopelessness prior to her being incarcerated.

I can't blame it all on my husband, but he had some parts in that, but I wasn't well for myself initially going into marriage, so it just got worse with all the responsibilities and with the neglect and with the abandonment and stuff like that. I already had neglect and abandonment issues from my parents, so when he would leave for days or we would fight or he would just, and we were separated, that triggered a lot of that nastiness, just the feelings of worthlessness and hopelessness that I used to feel when I was younger...It triggered that and I had stayed in that space during my marriage for a long while.



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(Rashida, 35 y/o, 2 children)

**Financial problems.** Some participants discussed Then, Life was Chaos by sharing their experiences with being financially unstable prior to being incarcerated. Louisa described how she had never felt stable, financially or otherwise, and how she was trying to find a place to live in the midst of scattered thoughts, stress, and drug addiction.

> I've never been stable in my life. Mentally, emotionally, financially, nothing. Never…Even from a little kid…. It's horrible. It's very stressful, draining, time-consuming, energy-consuming, everything because I'm just wandering from place to place, wanting, like a bag lady, my mind is here, there, and everywhere. I'm stressed because I've got to find somewhere else to live and this person stole this, and I'm on drugs. I'm homeless. I'm hungry. I'm tired. I'm this, I'm that, everything. It's hard.

(Louisa, 39 y/o, 3 children)

Similarly, Catrina discussed her financial problems prior to her first incarceration. She described how she was selling drugs and cleaning houses to make money for herself and her children as a teenager, and how she had started stealing after she stopped selling drugs and had planned to get a job.

> When I was 17 and this is when I was started selling drugs and stuff. The lady we're talking about the lady I cleaned the house for, she said, "Part of when you get 18 you might need to get you a ID." When I was 17, I was selling drugs, so I can have money myself. The girl that I was hanging with...I thought I could trust her. We was on the block, her boyfriend is down the block and he sell drugs over there. I go over there first and we go to the store to get something to eat and I



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wanted to get some cheese and some crackers. She wanted to get a moon something. That's what they had, and I stole first because I love chocolate. She went out the store first and whoever dude that was out there. The dude she goes with. Yes. We all sitting and talking, and she was like, "You need to stop selling them drugs." I was like, "I stopped selling. I got to wait till I get 18, now I'm getting a job and stuff."...(Then,) I got jumped, then she ran off and left me.

(Catrina, 43 y/o, 4 children)

**Motherhood problems.** Many participants described Then, Life was Chaos by discussing difficulties supporting their children. Grace discussed how she felt that she couldn't be there for her children, financially or otherwise; leading to a sense of hopelessness and her decision to surrender custody to their father when she was incarcerated.

I wasn't there for (my kids), I felt hopeless. Like, I can't help them I don't have no income, I don't, "I can't do this, I can't do that for them." So, yeah, I feel like, I feel hopeless like I didn't, how can I put it. I wasn't there for them, period. And they dad, he take care of them, don't ask me for nothing. Because he know my situation and my mental health and stuff. And you know, when I got incarcerated after I had my baby boy, I gave custody to him.'cause I knew I would see them any time I wanted to. And you know, they're taken care of.

(Grace, 48 y/o, 8 children)

Similarly, Helen discussed how she was not able to be there for her daughter due to OCD symptoms and memories of childhood abuse before her first incarceration.

(Before I was first incarcerated) I had my oldest daughter with me. I had left her father, it was a- he was involved with drugs and, of course, I was as well.



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> And I decided, I gave him a year in advance warning. I applied for low-income housing in Waukesha and we moved, me and my daughter and it was very nice. I had a good job, we had our own place...And that's when I realized I had this OCD problem with cleaning. I thought I needed a clean house before I could start playing with my daughter. And by the time I was done, the poor girl was on the couch asleep. So, that's when I knew something definitely was wrong. Then I also had started having, memories that came back to me, as my, when I had my children, back to my own childhood…She (my mother) had abused me. The memories of being molested by her had come, and I just held a lot of resentment towards her.
>
> (Helen, 48 y/o, 2 children)

**Violence.** Several participants described their experiences with Then, Life was Chaos by sharing stories of violence. Aliyha summarized her experiences with intimate partner violence leading to substance use as a means of escape prior to her incarceration at the age of 23.

> Eventually, I got married to someone who was abusive, first verbally and then it became physical. After being physically abused I allowed myself to abuse substances, narcotics, Percocets, pretty much it. I started to neglect the things that were important to me just to find a way to get high and escape the thoughts or feelings that I experienced. That's pretty much my life.
>
> (Aliyha, 21 y/o, 3 children).

Other participants described experiencing other forms of violence. Theresa described an incident where someone tried to shoot her son when she was six months pregnant and her attempts to protect him.



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Somebody tried to shoot my son out in front of our house and he had got muzzle burns on his arm from putting his arm up to deflect the gun. He was slow close to the gun he got muzzle burn on his arm. I think I was six months pregnant when that happened, and I literally was running around in the street covered in this other kid's blood who had got grazed on the side of his head and blew out his eardrum...I was literally covered in blood. I was walking up and down the street in a daze and didn't, I was just screaming and screaming for my son. He came running down the alley. He's like, "Mom, get out of the street. Get out of the street." I was trying to get him to come in the house, but he thought his friend was dead. It was all this chaos.

(Theresa, 44 y/o, 3 children)

**Unexpected deaths.** Several participants described how their experiences with deaths of close family members and friends contributed to their experiences with Then, Life was Chaos. Nadiya discussed how she was back in school for her GED and being a mother to her children before her last son was born ill and died at 4 months old. He was the third recent death she'd experienced after she lost her mother and daughter a few years before. The death of her last child led her to breakdown and stab her abusive husband.

I was working with Next Door Foundation. I was in MATC for my GED. I was on W2. I was going to school like I said. I had my kids in daycare and in school, I had them in my life. Doing laundry, cooking for my kids, being a mom. I was taking care of my child while I was getting ready to have him. I had a high-risk pregnancy 'cause he had health abnormalities. I ended up being his personal care worker and four months after him living he passed away. He died May 24th. I buried him June 2nd. I went to jail June 6th. He's the second child I had that passed away. I found my mom dead October 13th,



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2013, well 14th 2013. My daughter 2012 9:00 AM, then my mom at 9:00 AM, then my son at 2:00 PM, just last year. It was all rocky. Another thing that hit me out of nowhere, for the third time. So, I had a mental breakdown. I kind of blacked out. I almost killed my husband. Yeah, I stabbed him. I pierced his lung and I went to jail for three and a half months...We were fighting, he was putting his hands on me.

(Nadiya, 26 y/o, 6 children)

**Mental health symptoms.** Many participants described Then, Life was Chaos by discussing their experiences with mental health symptoms prior to their first incarceration. Billie discussed how her auditory and visual hallucinations contributed to her irritability toward her family and her need to leave home before she went to jail.

(Before I was incarcerated) life was kind of good, but it was also bad because my family put me out in a bad situation, my family moved up here. They told me I could come back, then they put me out again. I've been trying to do the best I can do to take care of me and my baby...It was hard. I try to just be patient with it, because I hear voices, see faces. They've been, I wasn't on the medication at first. That's why I had to leave the house, because if I didn't, I was going to get angry about the situation. (The voices were telling me) to harm myself, to harm other people.

(Billie, 20 y/o, 1 child)

**Substance Use.** Lastly, most participants described Then, Life was Chaos by sharing their experiences with using drugs and alcohol, often in response to trauma or loss. Jenna described how she started using heroin when she became more depressed after her ex-husband was awarded custody of their children. She discussed how heroin dependence led her to struggle



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to find drugs every day to avoid withdrawal symptoms and feel desperate, depressed, anxious, and consumed prior to being incarcerated.

> (My life was) absolute insanity. Chaos, which is, it was bad. The first time that I got incarcerated, I was just, I really had a bad, bad drug problem. I was heavily addicted to heroin, and a huge bad habit, and it was just insane trying to keep up with it every day. Running, trying to get the next one, it was absolute chaos. It was bad. It was really, really bad...I was a wreck. I was a complete wreck. I was desperate. I was depressed all the time. Anxious all the time. Just completely, I can't even tell you what my thought processes were, 'cause it was all about just getting to be okay for the day. Just getting unsick was the only priority, and it was all day, everyday thing. So, it was pretty bad...the depression stuff went on and off for years. The addiction didn't get real bad, well, the addiction didn't even start, I only used for about a year before I got caught up. That substance, I should say. I had dabbled in others for years, but nothing like that, and heroin, it's a beast. It took over really, really quick, and it started from depression. That was why I started in the first place, I'd lost everything (custody of my kids) and it was, I think it was just suicidal, at that point. Just self-destruct mode. And, it just kept getting worse, and worse, and worse, until it finally landed me in jail.
>
> (Jenna, 34 y/o, 4 children)

**Getting Locked Up was a Painful Break**

The theme *Getting Locked Up was a Painful Break* described participants' experiences of jail and prison. Most participants described their thoughts and feelings during their incarceration as involving low mood states and a contrasting sense of having a break from their chaotic lives. Participants often attributed those experiences to being disconnected from their children,



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challenges with mental health treatment; living in difficult conditions; and a sense of injustice. Several women used the word "hard," while others used words like "horrible," "scary," "irritating," and "depressing." *Getting Locked Up was a Painful Break* was best exemplified in the following nineteen narratives.

**Low mood states.** Many participants discussed *Getting Locked Up was a Painful Break* by sharing their experiences with low mood states, ranging from sadness and irritation to suicidal ideation. Stacy described how she was diagnosed with depression and anxiety during her most recent jail stay after she was experiencing sleeplessness, nightmares, racing thoughts, and generalized dysphoria; and how she related that experience to her break from using drugs.

> I was really depressed. I was really anxious, so that's when I finally got diagnosed. This last time is when I finally got diagnosed with depression and anxiety...I finally was like, I wasn't sleeping at night, I was having nightmares. So, then I figured something was wrong. But I talked to the doctor there...to me it was newer, but I was also clean. I wasn't using...And I never really noticed how depressed I was or how anxious, or like the ... My mind never shuts off. It's constantly going. I never really realized it because I was always chasing that high. But being sober and being in a spot like that, I started seeing things. You know, like how I was feeling, always depressed, never in a good mood. Obviously being in jail you're not going to be in a good mood, but waking up shitty every single day, I knew something was wrong. So, I finally said something.
>
> (Stacy, 33 y/o, 3 children)

Similarly, Jenna described going through opiate withdrawal while she was incarcerated. That experience involved fear, depression, and a sense of added chaos. Afterwards, she continued to feel afraid and depressed but kept her suicidal thoughts to herself.



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> Well, after the first eight days of pure hell, going through detox. I was scared. I had never been in trouble before. Caught my first case, and it was a really bad one. Yeah. It was horrendous. And, the circumstances behind my charges, if you understood what they were, it was very scary, very very sad, very depressing, very, I really didn't know what to do. And, it was just more chaos, but without the drugs. (After I went through withdrawal,) I was scared, I was depressed. I thought my life was over. Wanted my life to be over. It was just, it was a mess. (I was suicidal but) I wasn't gonna tell them and give them warning about what I was gonna do if I was gonna go that route.
>
> (Jenna, 34 y/o, 4 children)

Even participants who were not using drugs experienced low mood states while they were incarcerated. Billie discussed how she experienced fear, frequent crying, and command hallucinations that were telling her to harm herself. That led to her being sent to suicide watch multiple times, where she had no clothing or blankets to keep warm and was there 23 hours per day.

> Being in jail, it was hard. It was harsh. It was just too much, because I was in jail for petty situation. It's hard, because it was a group of people, we all went into a gas station and a person had a gun. I was scared, because I don't know what people do when they got guns, people crazy out here, so I just stole three candy bars…(Jail) was just too much. I was crying every day. It was just hard not seeing my son, that was the big issue...I stayed going to suicide watch...I was in there for three days (every time because) the voices were still telling me to harm myself. I was trying to just think over the



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voices… (Suicide watch) sucks. You don't have no clothes, it be cold. You don't get no blanket, no socks, nothing. You only get to come out for an hour.

(Billie, 20 y/o, 1 child)

**Challenges with mental health treatment.** As Billy described, most participants described low mood states in the context of insufficient mental health care during their incarceration. Valerie described her experience with mental health care in prison as non-existent,

The therapy is non-existent, as far as professional therapy, but you can attend the AA and NA meetings, and Al-Anon. Well, they were supposed to have Al-Anon, but nobody ever showed up for that." Similarly, Megan discussed how she was told she did not need medications despite her being diagnosed with mental health problems during her most recent jail stay. Her symptoms involved crying a lot, isolating, sleeping too much, and sweating; and without medications or other treatment, she decided to keep them to herself.

(Valerie, 35 y/o, 3 children)

Similarly, Megan discussed being told that she did not require psychotropic medications during incarceration despite her receiving mental health diagnoses in jail and experiencing persistent symptoms.

(I was diagnosed with depression, anxiety, and PTSD) when I went back to jail...I'd just hold it in 'cause they say I don't need meds, (that) I'm okay, but I know something's wrong with me. I know. I told them. Like, there's something really wrong with me. I always broke down crying. I didn't want to be by nobody, or be around nobody, or talk to nobody. I always stuck to myself, and I was sleeping a lot. And I would go crying a lot. And sweaty. All over. Stuff like that.



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(Megan, 35 y/o, 8 children)

Likewise, Theresa discussed that she became extremely depressed when she was in jail. She experienced a sense of shock, frequent crying, and a complete loss of appetite for over two weeks. After multiple requests to be seen by nursing staff, she was diagnosed with a bladder infection and eventually started on psychotropic medications. However, those medications stopped when she was transferred to prison two days later and she experienced shock all over again.

> I've probably been depressed since I was born, to be honest. What I can say about when I went to prison, first of all, I was in county jail for 17 days. I was in shock for 12 days. I laid there and literally cried. I lost 17 pounds in 17 days. I drank the two ounces of juice they give you in the morning…I couldn't eat. I couldn't stop crying...I kept sending out messages to the nurse, to the mental health. Plus, I had this horrible bladder infection that I got three or four days into jail. I think it was probably because of the rapid change in nutrition. I literally couldn't pee. He's like, "I don't know how you made it this many days." I'm like, "Well, I guess I'm depressed." They finally got me on a medication maybe two days before I went to prison. Then they didn't give it to me so once I got to prison, I was without medication for a month. It didn't have time to work and I was literally in prison in shock.

(Theresa, 44 y/o, 3 children)

**Disconnection from children and family.** Most participants attributed their low mood states during incarceration to feeling disconnected from their children and families. Helen discussed how she felt severely depressed, alone, dissociated, fatigued, hopelessness, and



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unloved because she did not have any contact with her family or know where her children were living.

> (Prison) was very detrimental to me. I had no family, no visits, no phone calls. I did have phone calls from a boyfriend. We kept in touch for about a year and then, last year then there was no connection...and (the) most worst part was that I was missing my children. I did not know where they were living. I had made birthday cards for them but did not know where to send them…. Definitely severe depression, loneliness, disassociation, lack of energy. I did see the psychiatrist there. No real therapy. They just had the pills, and there was always a big line for them psych drugs. No real therapy, that was of, you know...I did go a brief grief counseling, but it was just so very depressing. That was like the worst thing that ever happened in my life, and I believe me being incarcerated like that was the worst thing that happened to my children. Being away from my children. And being in there and feeling like there...hopelessness. I had nothing left, nobody loves me. So, yeah it was hard. Very hard.
>
> (Helen, 48 y/o 2 children)

Similarly, Theresa described how her sister began caring for her children a year before she went to prison and how their conflicted relationship contributed to her lack of contact with them. Her family did not visit or provide financial support; and she felt as though she was treated as a number and not a human being. All of these contributed to her low moods, which included depression, guilt, loneliness, and depersonalization.

> My kids had been living with my sister for a year. It was horrible. The visitation was shit. I was so depressed. I was having a lot of problems because of



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the robbery, the guilt of, I went to prison on August 25th and my birthday was September 5th. The year before on September 5th my kids had been taken from my mom and put with my sister. That was hard. So, I wasn't out on my birthday. I didn't get cards. (My sister) didn't send me pictures. She just was a vindictive, spiteful piece of crap...So I'm living in prison and I call home and the phone calls are just angry. I had no money. I had nothing... It's just little simple things. It's like, "You know, could you just send me ten fucking dollars? Really?" ...They went and visited (my brother) every week and put money on his books and he could call home...I mailed (visiting forms) to them three times and of course they sent it back and never came to see me...It's so lonely. It's just so far away. Like you're not a mom, you're just a number. When somebody calls you by your first name in prison… (it's like) this Stockholm frame of mind. Within two months of being in prison...you just go on like, "Are you fucking talking to me?" You don't even hear your name. Your kids are on the phone. It might as well be forever away.

(Theresa, 44 y/o, 3 children)

**Difficult conditions**. Most participants described low mood states related to the difficult physical and social conditions in both jail and prison. Stacy summarized her experience by saying, “It was horrible. The food's horrible. The environment's horrible… you're locked down like 19 hours out of the day…with a roommate that you have no control over…Jail is horrible. I wouldn't wish it upon anybody. Ever.” Similarly, Rashida described the difficult physical conditions of jail as well as her experiences with being disrespected by staff, which added to her own guilt and shame; and wanting to avoid breaking rules.



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> Well, when you get there, you know, just wearing someone else's clothes and just the guards ... they don't have really respect for you, which, I guess you're in a position where they see you as less than and you feel that, it's intensified. You're probably already beating yourself up. I know I was beating myself up for being away from my kids and going to prison or going to jail and everything. You get locked in. You're having to eat their food. You have to wear their clothes. You listen to all their rules and if you don't, you're going to get in trouble. You're already in trouble so you don't want to be "in trouble in trouble." The experience wasn't as bad as I would have thought it would have been, but it wasn't good or anything.
>
> (Rashida, 35 y/o, 2 children)

Similarly, several participants described difficult social conditions related to other inmates. Imani discussed how she was in a lot of fights and sent to solitary confinement because of the crowded conditions and her frequent sense of irritation. She tried to attend groups, read the bible, and spend time alone.

> I go to the hole a lot. My prison sentence, I'm in fights with a lot of people. I can't get along with a lot of people in prison, because it's crowded and it's in one room and people like irritates a person and we can't get along for communication with each other. We're trying to be around each other talking and so I'm mostly in the hole until my behavior is a little bit better to deal with being in population, but nine times out of ten...I don't really go into like a population try to work in jail...I try to go to meetings to help support, to give me a little thinking of how to keep things in the proper perspective of trying to control my behavior and how to refrain myself from being dysfunctional, knowing that's the reason



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why I got in jail. I try to read the bible a lot for a positive feeling or feeling good about life in prison….That was stressful…when I had to go to court and dealing with people for my behavior in jail, they be saying that I'm not, you know what I'm saying, out of my mind, I'm not out of control...I was able to deal (was) I'd just stay in my room. Mainly, I got me a little radio, I stayed in there and listened to that. I'm going to do all of my extracurricular activities in my room…other than that I just don't sit out in the community and hangout.

(Imani, 46 y/o, 3 children)

In a similar sense, several participants described how the social conditions were intolerable to the point that they found relief in both being in solitary confinement and on suicide watch. Faith described how she would start fights in prison to be sent to the hole and have a break from frequent arguments and noise.

It got better (when I went to the hole) because it's just quietness. I think that's what I probably really did need, peace and quiet. Then I stayed in the hole a lot because it was quiet. Like nagging all the females, the voices, and it's just constant. It'd be dumb shit. It was just dumb, like the arguing and everything. Certain stuff I can understand that you can fight over but all that other stuff, it was just petty. Literally, I used to literally start stuff just to go to the hole. It was quiet.

(Faith, 35 y/o, 5 children)

Conversely, some participants felt that prison conditions were better than jail. Omolara compared the crowded, noisy, and restrictive conditions she experienced in jail compared to the increased recreational, employment, educational, and social opportunities in prison.



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(There's) definitely a big difference (between jail and prison). Well, in county (jail), you do not leave your pod. You have a pod, about eight to ten rooms or so. Three people in a room. So, it was overcrowded, noisy, definitely in there with people you wouldn't deal with naturally on the streets. I mean, it was hard. We got no recreational time. They did allow us to go to Bible study, so I definitely took every opportunity to get myself right back in my, with my spirituality…(Jail) was annoying. County is just annoying. The food was terrible, and then they keep giving you these sandwiches…. Prison was like a weight lifted off of your shoulders for some reason. Because you're able to get up, you're able to go outside. You can exercise, you can go down to the recreational rooms. You had jobs. You were able to go to school. So, it definitely did something to keep you motivated. I was the head cook. I was the assistant choir director. I ran NA, AACA, Sister Groups. I did everything.

(Omolara, 39 y/o, 10 children)

**Sense of injustice.** Several participants described experiencing Getting Locked Up was a Painful Break in terms of the sense of injustice they felt during their incarceration. Faith described that racism appeared in the form of staff demographics alone, "I'm telling you, people just don't understand. Taycheedah is racist. Taycheedah is very, very racist. There's only two black guards there at the whole system."

Others described a sense of injustice related to their charges. Megan discussed how she had made considerable progress in her life since her last incarceration, including stopped drugs and alcohol and earning her nursing assistant certification. However, she felt as though that was unjustly taken from her when she was charged with child neglect when she fell on ice while carrying her infant daughter.



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(Being in jail was) very hard, 'cause I had my kids out here, 'cause I'd been clean for almost 10 years. And, I stopped drinking, I stopped using and everything. I got my life together. I went back to school, I can't be a CNA, and it took everything from me again. I worked so hard to get everything built back up where I was first started, and it still hurts me, 'cause they took my kids away from me. That's for something was very stupid, and they charged me with child neglect and harming child. I slipped with my newborn baby, I just had my baby in December. She was only a couple weeks old. I slipped on some ice, and I actually broke her leg, and they charged us with child neglect and bodily harm of a child. That was so devastating, 'cause I would never hurt my little kids. And that's when everything crashed down on me again when I was incarcerated. My anxieties, my pain attacks, my depression went sky high.

(Megan, 35 y/o, 8 children)

Others' sense of injustice stemmed from their mistreatment as mothers while they were incarcerated. Zoey discussed having her daughter while she was incarcerated. She tearfully discussed how she was able to spend only two short days with her infant daughter, being handcuffed to the bed, and how the prison staff initially refused to call a nurse when her daughter started having symptoms of opiate withdrawal

Oh my God like, (I had) less than 48 hours with her. And she started withdrawing while I was in the hospital and I felt so (crying)...Oh, it was awful. I was like so guilty. She started shaking. I was like, Oh, I am so mad at this Officer ... so everyday I'd yell at her. It was a lady Officer and a male Officer ... two male officers in the room with me- there was three that whole time. I was in handcuffs with her and they let me shower and



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stuff but, ya know, I did have my daughter when she wasn't being checked out, so it was 24 hours about when she started shaking. I was like you need to press ... I couldn't press the button ... and I was like you need to press the button, like my daughter is shaking and she said, "No, they'll check." And I'm like- No, I'm serious, I was like-what is the matter with you? And I kept arguing with her, and I was like No, look at her, look at this little baby, what is the matter with you? And one of the male Officers was like, come on now, like press the button. And so he did. I know, I was so like-I'm ready to fight. And, I'm not even a violent person. Like, I never had battery charges, I was never in like in a fight fight.

(Zoey, 26 y/o, 1 child, 2 step-children)

**A break.** Lastly, several participants described the pain the experienced while in jail or prison as somewhat ameliorated by the sense of relief they experienced from their chaotic lives, which often occurred through spiritual resources and earned release programs. Nadiya shared that she felt distraught, frequently cried, and experienced a sense of disbelief or depersonalization about being and jail, the death of her infant son, and her crime. She went on to discuss how she used spirituality and other resources to have a positive impact on others and her children.

(Being in jail was) a whole change. When I went there everything was...Like okay, I don't know. I don't know. I didn't take it seriously at first 'cause I was crying, I was distraught. I couldn't believe my baby had just died. Couldn't believe this had happened, it wasn't real to me. I didn't know I stabbed him for real. I had a blackout. All I seen was red from the fight until the time I got in jail, until the meds actually started kicking in and that's when reality kind of kicked



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in…. That my son was really gone, this had really happened, and I was in jail…So, I started to get really strong within my bible and I started to change my life and get deep into my word...I read the bible, I became a pods worker. I became a positive impact on people in jail. I got certificates for bible classes. I did mindfulness. I wrote letters to my judge and I asked for another chance to change my life and not become a statistic to prove to my kids that I could make a difference. That's what I've done ever since I've been out.

(Nadiya, 26 y/o, 6 children)

Similarly, Rashida discussed how it was difficult to be away from her children but that she also felt that her prison stay was beneficial because her life beforehand was so chaotic.

Well, being away from the kids, that was the hardest part but that intervention, the whole stopping in my tracks what was going on in my life, if that hadn't had happened, I don't know where I would be, so it wasn't a good thing, but it needed to happen. Not going to prison, per se, but I was just on a really bad roller coaster. Really emotionally bad. The storm was just, like I said, it was out of control.

(Rashida, 35 y/o, 2 children)

Similarly, others discussed how they found a sense of relief during their incarceration due to the change it preceded in their lives. Abby, who was in an earned release program, described how she was afraid that prison would change her for the worse so was surprised when she left without the anger and anxiety that she had gone in with; and that it provided a break from her previous dysfunctional patterns.



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It was scary at first, 'cause you hear all these things of how terrible it's going to be. But it actually wasn't bad. It was, you know, like I can't say I'd change it because I changed a lot from it. And I said to my mom when they sentenced me, I don't want this to change me. And when I said it I meant for the bad. I don't want to like come out with even more of an attitude or even more of a hate for whatever I was hating. And in fact, it did just the opposite for me. I came out with- I left all that hatred there, the anxiety. So, it turned out to be a really good thing for me. Not as bad. You know I was kind of plucked from all the bad things that I was doing. Was I sad? Yeah, I was away from my children. But I wasn't really medicated there either and I'm still not medicated. So, I think just a nice time out it was for me. To kind of reevaluate things.

(Abby, 31 y/o, 2 children)

Likewise, Omolara described the benefits of her earned release program as helping her to resolve her role in her son's death to avoid future drug use and incarcerations. She discussed the often-painful process of working with her facilitator, becoming extremely honest, sharing her story, and writing letters.

(My ERP facilitator would) be like well this is what I think I should work on…. like death and dying, and forgiveness and guilt trips...My greatest treatment program was working with the death...Nothing else in my life that has happened to me mattered at that point. It's like I meditated on my son. This situation surrounding my son's death and I became brutally honest...At the end, while I was going through that whole process, it was like, okay, now is your time. Okay, you down to the final four weeks. You're either going to get honest and say exactly



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what happened or you're going to keep this as a reservation and you're going to get back out there and you're going to use. You're going to die or you're going to come back to prison...The next day she had me read it in class to my group…(then) she had me read it in community...And I was reading it and I was crying and I kind of looked up like God help me...I had to write a letter from my (deceased) son to the judge, telling the judge why I should not be released from prison…Then I had to write a letter from my son to myself, what my son would say to me, you know. And so, I had to really dig deep for that. And then I had to write one to my son…. I did that lesson about everything that had happened that day...That broke me, but it built me because now I can stand up and I can tell my story to people without actually crying about it.

(Omolara, 39 y/o, 10 children)

**Summary**

In this chapter, I described the contextual information needed to frame participants' narratives about their mental health experiences after release from incarceration to answer the research questions. Overall, the sample was middle-aged and non-White; had completed high school or some college; were employed and were living with partners and/or minor children. Participant averaged 4 children who were 13 years old when they were first incarcerated. Participants averaged six lifetime incarcerations and were most recently released from jail 18 months prior to the interview. Participants were most often diagnosed with chronic pain, substance use disorders, anxiety, and depression; and most had one or more mental health diagnoses. Most participants were involved in some type of mental health or substance use treatment at the time of the interview.



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Themes that described participants' narratives about life before and during incarceration included *I Grew Up Fast and in Pain; Then, Life was Chaos;* and *Getting Locked Up was a Painful Break. I Grew Up Fast and in Pain* described childhood experiences with parental absence via substance use or mental illness; childhood abuse, early motherhoods, deaths, early substance use, and mental health symptoms. *Then, Life was Chaos* described participants' experiences with instability during young adulthoods marked in the form of relationship issues, financial problems, motherhood problems, violence, unexpected deaths, mental health symptoms, and substance use. Finally, *Getting Locked Up was a Painful Break described the often-low mood states they experienced during incarceration, which were often related to* being disconnected from their children, challenges with mental health treatment; living in difficult conditions; and a sense of injustice; as well as a of having a break from their chaotic lives. The following chapter will describe the themes that answer the research questions about mothers' mental health experiences after release from incarceration.



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## CHAPTER V

In this chapter, I will answer the research questions about mothers' mental health experiences after release from incarceration, which was the purpose of this dissertation study. The study asked one primary and three secondary research questions: a) How do mothers of minor children experience their mental health after release from incarceration? and b) How do they experience mental health symptoms and diagnoses after release; c) How do they experience substance use after release? and d) How do they experience traumatic events after release? The eight major themes identified as answers to the research questions were developed by dividing and combining codes as displayed in Figures 2-5.

### Research Question 1.

The primary research question was how do mothers of minor children experience their mental health after release from incarceration? Themes were included as answers to this question if they related to psychiatric diagnoses or symptoms, thoughts, emotions, substance use, traumatic experiences, access to mental health resources, or related social functioning and spanned two or more of the secondary questions. Answers to the primary research question were categorized under two major themes: *Overwhelmed* and *Shifting Perspectives*, which were developed from the codes displayed in Figure 2.



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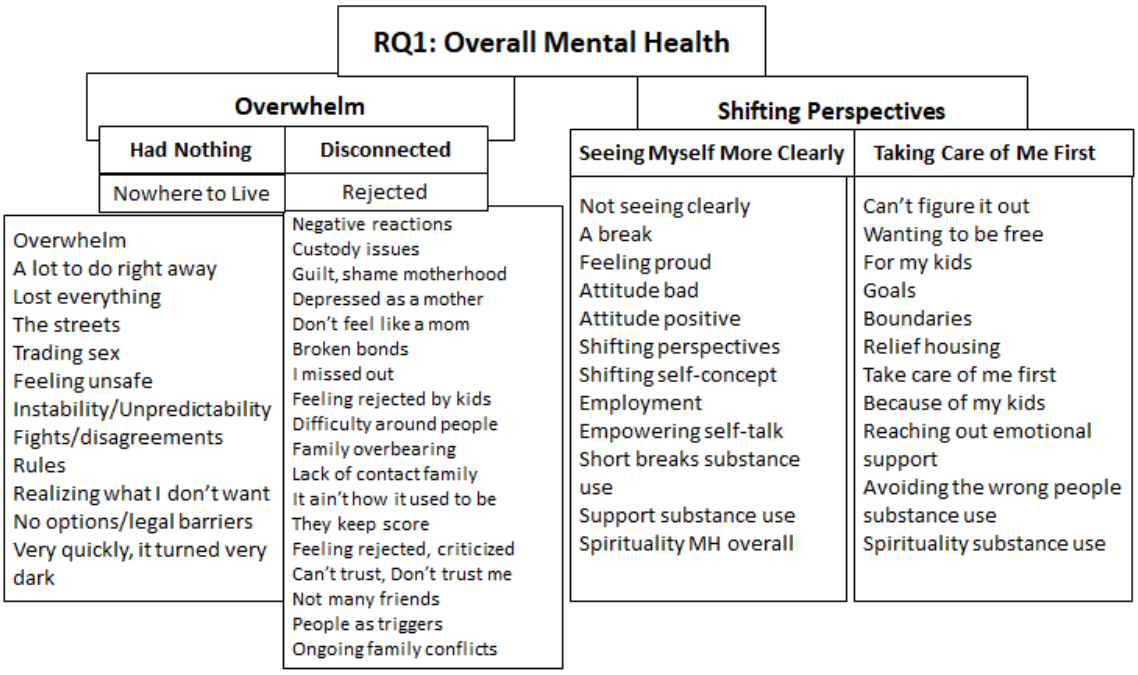


Figure 2. Development of themes related to overall mental health after release.

**Overwhelmed**

The first major theme, *Overwhelmed,* refers to one aspect of most participants' experiences of their overall mental health after release. *Overwhelmed* describes participants' experiences with often short-lived relief from incarceration followed by unexpected changes, new responsibilities, and few resources after release. *Overwhelmed* was present in some form in all participant narratives. Several participants used the word "overwhelm" to describe the experience, while others used words and phrases like "too much." Many participants' experiences of *Overwhelm* were categorized under the two subthemes *Had Nothing* and *Disconnected,* which described how their lack of physical and social resources contributed to the experience. The major theme *Overwhelmed* was exemplified in the following two narratives.

**Unexpected changes.** Several participants discussed being overwhelmed because of unexpected changes in their plans for themselves after release. For example, Faith described



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feeling overwhelmed about being assigned a new probation officer and being the only woman on the bus home. She discussed how she did not realize that the bus station had moved so she had to walk with all of her belongings much farther than she had expected in the middle of winter. Then, she realized the probation office was on a new floor and when she arrived she shocked to find out that she had been assigned a new probation officer who was unkind and mandated her to enter residential substance use treatment immediately instead of her original plans of going home.

> The first time I got released from prison, I was pissed the first day...I was the only female that got released... the only one on the Greyhound with a whole bunch of males that got released from prison...When I got there, I didn't even know that the Greyhound moved…I didn't know that it moved to the train station so I had to carry these heavy boxes. I kept taking breaks because I had gained weight…It was super cold. I got out in the wintertime…. It's freezing.... Then I finally make it down to the Sixth Street to the PO office…. I was sweating so hard. I'm like, "Oh God." …Then found out they moved the PO office all the way to the seventh floor...Then my PO come out and he was like, "I'm so sorry, Ms. (Brown) to tell you but I'm not your PO no more." "What?!" He said, "This lady came." She's a new PO, straight bitch...ain't no" Hello". No nothing...she came out straight attitude on this. I'm like, okay. I'm still going home. No. She told me "No, you got to go to (treatment)." "What? I don't do no damn drugs. I don't drink." I was pissed...I got to participate in this program to go back home to see my babies…I thought I still had the same PO. That was from my understanding because before you released, you have to do a six-month release package...My



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plans was going home. That didn't happen. Nobody contact me. My PO didn't… (Instead, they said) "Miss (Brown)...you're not going home."

(Faith, 35 y/o, 5 children)

**New responsibilities**. Several participants described feeling overwhelmed by the sudden shift in responsibilities after release. Stacy discussed how she returned to working full-time immediately after her previous release from jail in addition to being a mother and caring for her nieces and nephews.

(I felt) overwhelmed with all the responsibility. Because when I got out of jail the time before this time, I went right into working full time, being a full-time mom, helping her with her kids, and it overwhelmed me, and I ended up using (drugs).

(Stacy, 33 y/o, 3 children)

**Had nothing.** The subtheme *Had Nothing* describes a major component of the theme *Overwhelmed. Had Nothing* refers to participants' experiences with lacking basic physical needs. Had Nothing was clearly present in 18 participant narratives, while several others discussed women they knew who had nothing after release. Several participants used the phrase "had nothing", while others used phrases like "lost everything," and "start over." Most participants were specifically overwhelmed by their lack of housing after release, which will be discussed in the subtheme *Nowhere to Live.* The subtheme *Had Nothing* was best captured by the following four narratives.

***Lacking Basic Physical Needs.*** Several participants described being overwhelmed after release because they had few basic-need related items. Stacy discussed that she lost all of her belongings when she went to jail so was released with nothing. She received some help from her



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friends, family, and caseworker but at the time of the interview still did not own basic things like tennis shoes.

> I lost everything when I went to jail. When I got out I had nothing...So, some people, like my sister gave me some stuff. My CCS [Comprehensive Community Services] worker got me a voucher for the Goodwill. Friends gave me stuff. I still really don't have anything. I'm slowly accumulating it. I still don't know where I can go to get free stuff or whatever. Yeah, I don't own tennis shoes or nothing. So, everything was gone when I got out…
>
> (Stacy, 33 y/o, 3 children)

Similarly, Theresa described exactly how she had lost everything. She did not expect to go to prison on her court date, so she did not make long-term arrangements for her belongings and lost them when her storage fee went unpaid. When she was released, she was left with a few clothes, birth and death records, other random items, and a visit with her probation officer who did not offer her resources.

> I had no idea I was going to prison. I didn't have anything set. I lost absolutely every single thing I own…I had a pair of shower shoes that were two sizes too big, a pair of shorts, a pair of sweatpants, and three T-shirts. That's it...There's just no reentry. You're just out. They don't set up anything for you at home other than your PO appointment…And the POs have no resources...When I got out and I had no clothes, they didn't even have Goodwill certificates. They were out of them in July, so I couldn't get no clothes...I had a boyfriend when I went to jail who didn't pay my storage and my dad forgot to pay the storage and he was dealing drugs. He went to prison, all this. I lost everything. I had nobody



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to go to…. I had a massive coin collection worth thousands of dollars, gone. My laptop, gone. Every valuable thing I owned, gone…. I literally got back probably like a 30-gallon bag of just weird odds and ends shit like my laptop case and randomly my kids' birth certificates and my husband's death certificate, a bunch of Sharpies, a tampon box...some Eeyore pants and some camouflage Crocs and this hoodie.

(Theresa, 44 y/o, 3 children)

Catrina's experience with *Had Nothing* followed her initial sense of happiness after being released from a 10-year prison sentence. That brief period of relief was followed by the realization that, although she had a place to move into, it was an empty apartment without furniture. She had a lot to do to get furniture and entertainment arranged for her apartment so that she could relax.

Well, when I first got out, since everything had changed, I think I was happy and I was sad. The first few weeks was like, okay, I'm out and then when you get out, it's done. After you go down there and see your P.O. and then you get dropped back off at home. Now you in the house. Now I'm like, man, I need to get me this and that. Right now, I just got that TV, then I had to buy me another TV...It's not like you moving in a house with a bed. It's like you got to go to a empty house with nothing in it. Then it's like you ain't got stuff set up where you got a stereo if you don't want to watch TV or something. You need to relax or meditate or something. Then when I got out, I didn't have no cable or none of this.

(Catrina,.43 y/o, 4 children)



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Similarly, Imani described an initial sense of relief followed by unhappiness due to having nothing. She shared how she was overwhelmed by needing to do a lot of things just to have clothing, food, and housing without asking for too much. She likened her experience with that of a child who needed a lot of help.

> Well, I was happy that I got out, yeah…the part that I wasn't happy about was because I had lost everything that I had when I went in and I didn't have nothing when I came out and it took me a lot to establish and get something to, you know what I'm saying, like clothes, food, a place to stay, you know what I'm saying, a place where I can wash up. Stuff like that. Without trying to be needy on people…. Without asking the same people. You know what I'm saying, like you going to like, like you a kid and you just need, need, need and one person, you know what I'm saying, you got to, when someone ain't around, until you get stability and try to have something of your own.
>
> (Imani, 46 y/o, 3 children)

***Nowhere to live.*** As Imani implied, the subtheme *Nowhere to Live* pointed to how overwhelmed participants were about being homeless or that they were going to be homeless at some point after release. Participants' narratives included their experiences with homelessness, trading sex for housing, and otherwise chaotic living environments marked by unpredictability, abuse, and conflicts. Participants described their experiences with *Nowhere to Live* using words like "homeless," "someplace to stay,' and "find a place." *Nowhere to Live* was best exemplified in the following six narratives.

Several participants experienced homelessness after release. Imani described her overwhelming experience of homelessness for several months after her release from prison. She



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walked the streets, occasionally stayed with people, worked, and ate at churches for about six months before she was lucky enough to be able to rent a room. She also discussed how those conditions contributed to her return to using drugs, selling sex, being in dangerous situations, and feeling miserable.

> (The first few months after I got out) were bad. I was homeless. Nobody gave me, when I got out, nobody gave me, I didn't have no civility, no place to stay. It took me a long time to find, finding a home or somebody that would rent to me and then give me a place to stay, so sometimes, most of the time, I would walk the streets or somebody would let me sleep on their couch and then how I was able, I work, I go to churches and stuff to eat-I walked the streets and I would go to churches and eat and somebody, sometimes let me sleep on their couch and then when it was time for me to get up and go, I had to go. And then I got my own room now. It took me a long time. It took me a long time and luckily without, it took me maybe six months. Six months staying with people and then eventually my life had went back to using drugs again too and I was back to doing the same bull crap that could get me right back in jail...I was miserable. I was scared a lot. I cried a lot. I had to do a whole bunch of things that I didn't want to do. Go a lot of places that I probably could've got killed…. I went to a lot of places that I could've been killed in...it was miserable, because I had to do a lot of things for, strange things, to have money, to be outside all night.
>
> (Imani, 46 y/o, 3 children)

As Imani implied, homelessness was often accompanied by trading sex, which was described by six out of the seven participants who had slept on the street after release. Grace



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discussed how she used to stay with strangers and trade sex for housing. She described how overwhelmingly sad and degrading the nature of that experience was; and how she preferred to walk the streets if she could and talked herself into leaving those situations.

> (In the past, I stayed) from house to house (with) strangers… (by trading) sex, yeah, make money. And I used to cry...I used to cry, I was like, "Damn, I got to sell my body and get money and stuff, just to live here." I said, "Hell no." So, I'd leave that place and go somewhere else, or I'd just walk the streets…. Like, I deserve better than this. I don't even know this man, he touching me just to have a roof over my head, and I'd rather walk the streets. That's what I used to tell myself...It was like I don't even fucking know this man, and he wants sex with me. "Fuck it, I'm outta here." That's what I was thinking like, "You better than that." That's why all of the sudden I said, "You're better than that, just leave."
>
> (Grace, 48 y/o, 8 children)

Participants who were homeless often described staying in chaotic environments after release. Louisa discussed how she felt like she did not actually live anywhere after release. Instead, since her release from prison six months ago, she had moved 13 times, stayed with strangers, slept outside, spent time in shelters, and traded sex for a place to sleep.

> (After I got out of prison,) I really didn't live anywhere. No. I didn't live, I stayed places, place to place. I moved about twelve times, thirteen times since February seventeenth. I went homeless. (I've stayed) in different people's houses, garages, outside, parks, shelters. (I stayed with) all my tricks, my John's. Some were supposedly friends… (I say that) because I'm poor, they shouldn't have stealed the little stuff I have and them having so much...I had to prostitute to get the money. I sometimes sleep with



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the John's who I stay with or ask my tricks for money to help pay the rent. Either way I'm not just asking my tricks for the money was going to give it to me. I had to do something with him for it…

Louisa went on to discuss how the people she stayed with to avoid sleeping on the street were often using drugs, becoming violent, and kicking her out.

I was sleeping on the sofa in the living room. There were addicts everywhere. In and out. They stole from me even after I pay them rent. Two hours later they're telling me I've got to get the fuck out. They need more money for crack. We even signed a contract. They said, "We don't give a fuck about the contract. We're mentally ill." …I heard and seen a lot of violence. With the people, they fought each other and tried to fight me as well, to the point where I almost had to get physical. I had to defend myself many times.

(Louisa, 39 y/o, 3 children)

Aliyha experienced a different form of chaos while staying with her sister after her release from jail. She described witnessing prostitution, substance use, and verbal abuse of children; which triggered depressed feelings and memories of her lifestyle before jail.

(Living with my sister) was awful because I came home to a bunch of crap just young girls prostituting out of her house or her, or her friends smoking weed all day every day in front of the kids. Her yelling at her children telling them I want you guys to die after she just lost a son. It was a lot of verbal abuse there and a lot of disappointment there and I didn't want that. I didn't want my kids around that, I didn't want her kids around that. I took every chance I go when I got off work, I took them to do stuff and I told them that you are loved. I'm sorry, I don't want to tell you that your mommy is no good for you right now... I had to go because I didn't want to see those children go



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through that. It's not right...I stayed there for two months...It didn't feel safe because of what I had experienced before I got incarcerated. It reminded me of that same pattern…. I was a little depressed because I found myself falling back into it like I said the same pattern...In jail, at my sister's house. I felt like God was torturing me.

(Aliyha, 21 y/o, 3 children)

Similarly, other participants described how their chaotic living environments were often temporary and unpredictable. Rashida stayed with friends after release, where she felt afraid of being kicked out as well as triggered to crave alcohol or drugs and remember past traumas.

Living with my best friend's daughter, I had anxiety there too because I knew I wasn't supposed to be living there, so if I got caught living there by the landlord or something, I could just be put out. Plus, she wasn't the cleanest, so I would be doing all the cleaning plus the working and I was going through chemo then, so I used to be really sick. It was just a lot so that wasn't a good situation, so mentally, emotionally, I wasn't doing too well… (The next friend I stayed with) would have a lot of company and they'd do a lot of drinking and smoking and sometimes would trigger me... to crave to want to drink beer…. I'd have post-traumatic stress ... It would take me to when I would use and the bad things that would happen when my parents would use and the bad things that's happened and I'd be worried about, well, what's going to come out of when they're using. Are they going to get into a fight or she's going to be more controlling?...I couldn't really sit back in the couch and relax.

(Rashida, 35 y/o, 2 children)



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As Aliyha and Rashida described, chaotic living environments often included experiences with abuse and conflict. Megan discussed how living an abusive boyfriend after her first release from jail contributed to her substance use and suicidality.

> (I didn't feel safe where I lived after I got out the first time because) my baby daddy was abusive...he was abusive, mentally and physically… (I lived with him) for eight years. That's why my alcohol and drugs got really bad. It affect me a lot, 'cause a couple times, I did try and do suicide. I cut my wrists before, I took a lot of pills, I overdosed on some pills...about three times...I just got tired. I just got tired of everybody. I just got really tired of the bullshit and everything...He went to prison. That's how I stay away.

Megan's continued by describing the ongoing conflicts with her mother led to additional stress since her most recent release.

> (Living with my mom is) hard, it's hard. We're kind of tough. We had ups and downs. We always argue and fighting, but that's mom. My mom's still trying to rule me, like she'll be the boss of me, and I'm like, I'm 35 now. She's still trying to tell me what to do, and you know, like "Mom, I'm 35 now. I'm a way big girl."

Like other participants', Megan had no other housing options because of her criminal record and lack of income.

> I really don't (like living with my mom) but I don't got no choice right now, 'cause I'm still on probation and everything, and I'm still looking for a place... I didn't want to be there. I wanted to be on my own. I try so hard to find places, and everything, but, that's the main thing I'm trying to get now, because my background history.... I'm stuck. I'm kind of stuck.



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(Megan, 35 y/o, 8 children)

**Disconnected.** The subtheme *Disconnected* was the second component of the overarching theme *Overwhelmed* and included participants' experiences with strained or non-existent relationships after release. The theme *Disconnected* was present in all participant narratives in some form. Participants described how their sense of disconnection from their children, family, and others was one of the most difficult things they had experienced since release. Many participants also felt a deeper sense of disconnection through feeling rejected by others, which will be discussed under the subtheme *Rejected*. Participants described their experiences with *Disconnected* using terms like "missed," "guilty," "ashamed," and phrases related to custody issues, mistrust, and feeling alone. The theme *Disconnected* was best exemplified by the following seven narratives:

***Disconnection from children.*** Several participants shared their experiences with feeling disconnected from their children after release. Eryka described how she felt she was not allowed to be a mom because her children had been taken from her at different points prior to her last incarceration. She shared that not having much contact with her children in her life meant that she had little reason to change and caused her to feel depressed.

> They took my kids from me, so I couldn't be a mom. (They took my kids) different years, so I don't remember the days and I really ain't trying to because it bring me back to memories… (It affected me because) I had nobody to be a mom to, but I had kids, but I had no one to be a mom to because they took them all from me. That's why I kind of didn't straighten up right away because I had nothing to straighten up for, you know what I mean….(That affected my mental health) a lot because it kept me depressed, because thinking of the fact that I didn't have my kids, and I'm always thinking about it. I



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can't see them, can't touch them, can't talk to them, or that so it made my depression real bad, you know.

Eryka's recent contact with her adolescent son had been eye-opening because she wasn't used to how old he was or how he wanted to play with her. She was also concerned that he could be sent away like her other children because of his concerning behaviors.

> The 11-year-old just found me on Facebook...I ain't seen him in five, over six years and he just found me on Facebook, so he been coming over and boy, he's a handful. Jesus Christ. So I'm wrestling, he want to wrestle. I'm a woman, I can't wrestle...I got to get used to a big ole boy just laying in my lap, all cuddled up under me like my boyfriend. I'm like, I'm not used to this, this is my child, it's my child. Anyone had a child this big, that's how I be feeling like, and I got this big ole boy, like ahhh! I'm like I ain't got a child that old, but it's mine…(He be) trying to fight...disrespect, with his mouth is real bad though. That's what they're working on, they're trying to ... she trying to baby him, she want to keep him worse than a mom, out of town. You know my other kids got sent off out of town and they changed their names and everything. Yeah. So, I'm hoping that she don't do that to him, because that might happen to him.
>
> (Eryka, 34 y/o, 14 children)

Similarly, Karla discussed the shame and guilt she experienced because of giving up custody of her children prior to her incarceration due to using drugs and being on psychotropic medications.

> Well, I was really hurt and ashamed because I was doing drugs and I was pregnant. They had me what was on a lot of medication. That was scary to me because they were so tiny and small. I feel like I probably give them what they



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needed or late to give them their medication….So I let my sister raise my children, since birth...I wouldn't be able to handle because I was still getting high...so I think that I did the best thing…

Karla then shared about her sense of disconnection from her now-adult children, which included difficulties talking to them and still not feeling like a mother because of her recent drug use.

> Last time I talked to them was probably a week and a half ago, but usually it'll be months… (my daughter) she's 19, and I just, she came around me. Wanting to know who was her mom and that was just recently...It took all them years. When she finally turned 19. (I hadn't seen her since she was) two-years-old… Then I was like ashamed and guilty and didn't know what to say to my children. I would ask them the same questions, "How you doing? Where you at? Got any plans? Goals?" .... I chose drugs over my kids, so I knew it was wrong (and) wasn't nothing I could say. As long as they didn't come to be disrespecting me or say something, but sometimes I have to go with the consequences. Not to sugar coat it or anything like that. It was a struggle for me, it was a struggle…. I would love to (be a mom) now, but I would have to get more clean cut. I'm not ready now. I'm just getting ready. All them years and this is it.
>
> (Karla, 54 y/o, 3 children)

***Disconnection from family.*** Several participants shared their experiences with feeling disconnected from their family after release. Abby described how she was disconnected from her family prior to her incarceration due to her untrustworthiness and how that continued for a



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period of time after release despite their reaching out to her. She went on to share how it has been difficult for her to ask others for support because she found it difficult to trust.

> My family has been huge, because when I was arrested I didn't speak to any of them. I had done so many things wrong that they didn't trust me. And even when I first got out, they didn't trust me, but they reached out. Which was huge. And you know they've been supportive in every way that I've ever asked them to be. I'm really thankful for that…. That was very new, asking for emotional support or even like asking my sponsor to be my sponsor. That was weird, 'cause I didn't trust people.
>
> (Abby, 31 y/o, 2 children)

Similarly, Rashida's discussed that her family was supportive but that her sense of disconnection stemmed from their living out-of-state, which caused her to feel alone.

> I do have days where I get really down about my situation because I just feel alone…. That does affect me mentally, for sure. When I look up, I am alone, but I do have support from family and friends and stuff but essentially, I am alone. Essentially, I'm doing this by myself.
>
> (Rashida, 35 y/o, 2 children)

In a different sense, several participants shared that they were disconnected from their families because of long-standing conflicts. Theresa discussed how she was estranged from her family as a teenager because she was thrown out after her father impregnated his young wife.

> I don't trust (my family). Most of them I don't like them. I certainly wouldn't throw around the word love…I am estranged from most of my family. I have been since I was 14. Yes, I know who they are. Yes, my dad pretends he's



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father of the year. If I need 100 bucks, I'll call my dad and he'll probably throw it at me to make me go away. It's no different than when I was young. The important fact of the dynamic here is that my parents had foster kids. I shared a room with his wife. I was five. She was 15. A couple years later my dad got her pregnant and threw us out. So, for 35 years I've had to look at her fuckin' face and I don't like her. I never did...

Theresa went on to describe how her lack of human contact in prison made her feel like a different person and difficult for her to reconnect with her family after release.

(After I got out) my mom was just all over me, hugging me. It was this weird thing of like ... I don't know. You come out and you're kind of numb. You don't want to get close to people and it's hard to get close to people. So that first week was kind of hard for me. My older daughter stayed overnight with me…. (but I) wasn't feeling really like her mom…It was hard. The first week I was home was hard because it was just like I didn't ... When you're in prison, you're not touched by anyone...You don't have any physical, emotional contact. At least I didn't. There are those who do. Realistically, you just become a number. You become a last name. You're just nobody. It's really hard to come home to your family and then have to be somebody because you're not the same person. I don't care how long you fucking go to prison. You're not, not, not ever going to be the same person.

(Theresa, 44 y/o, 3 children)

***Disconnected from others.*** Several participants described feeling disconnected from others in the form of both friends and society. Abby discussed how she did not have many



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friends because her old friends were involved with drugs. She also discussed feeling disconnected because she feared having to explain her criminal record, but that she also thought she was better off compared to her life before she went to prison.

> Friends, I don't have many. I didn't have many when I was released. Nor did I want them, because every friend that I knew before was a using friend. So, I kind of stayed away, you know, which was fine with me…I still have a lot of self-doubt and I think that's because of the charges that I now carry with me. Now that I've gotten employment and stuff like that, it's not quite as- but like I said, if I move again I'm going to have to struggle with explaining myself. You know sometimes I feel like a piece of crap, but then I look at am I better off than I used to be even without the charges. I still was living worse.
>
> (Abby, 31 y/o, 2 children)

Similarly, Omolara discussed that her friends since release have been the people she met in prison because of wanting to avoid people who could put her at risk for getting into trouble.

> I do not have friends...I mean, I have the people that I knew from prison. That's home, you know. We on facetime so we may message each other. I've met friends because I stopped going to outside meetings. So, I joined some and became active in some of the online meetings. So, I made friends that way. . But other than that, it's like, I'm very picky in who I spend my time with and who I give my time to. Who I conversate with. I shouldn't be that way, but I have to, this is my life. This is not a game. I don't want to go to jail for somebody else's mess.
>
> (Omolara, 39 y/o, 10 children)



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*Rejected.* The subtheme Rejected pointed to how overwhelmed participants were by feeling a deeper sense of disconnection in the form of rejection through being mistreated or disrespected by children, families, and society in general. Participants described their experiences with Rejection using words and phrases like “left out,” “abandoned,” “down my back,” and “doesn’t listen.” The subtheme *Rejected* was best exemplified in the following twelve narratives.

Several participants described feeling rejected by their children after release, especially those with older children. Karla described the experience succinctly when she said, “(My son) said some things, that I had to earn (his) trust back. He didn't want me, now he says, “Do you want to come back in and play Momma now?”. Similarly, Grace described how her older children were resentful and had said some hurtful things to her because she was not there for them for several years; and how her conversations with them today were superficial and short.

> (My kids) used to come and see me and stuff. And then you'd look at them and say, "Oh, they got so big." And I missed this time of they life. And you know, my oldest one, they, they resentful...And you know, they saying some hurting things, "Well, you wasn't there." Okay, I wasn't there. You can feel the way you want to feel, you'll come around. And then they'll text me, sometimes they text me. "Ma, how you doing?" "I'm doing okay." And that'll be it.
>
> (Grace, 48 y/o, 8 children)

In a different sense, participants with younger children discussed how they felt rejected because of difficulty with disciplining them after release. Omolara shared how she had the most difficulty with feeling rejected by one of her younger sons because he was raised by her mother



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and sister since birth. She shared that he did not see her as his mother so did not respond well to her attempts at discipline.

> I had to leave him in the hospital (after I gave birth) ...Of course, I was using at the time. So, I ended up having to leave him there…. So, I never got a chance to know who (he) was. So, he came...to visitations and see me and interact with me and talk with me and stuff like that. But when I came home, and it was like, okay. I would see him doing things and I would try to help him correct his behavior, he tried me. He kept trying me. Yelling at me. He was about five. So, he just had a really rough. We both had it really rough…. So, I had to find a way to actually, "Okay, listen. This is your grandmother. I am your mother. Okay? You live with grandma. I am still your mother. When I tell you something, I mean it, okay? You do not yell at me. I'm not your friend."
>
> (Omolara, 39 y/o, 10 children)

Several participants described feeling rejected by other family members after release. Billie discussed how she was kicked out of living with her family after release because she expressed a desire to get her own place with her son.

> (After I got out, my family) put me out again...My auntie got mad, because okay, say if you had a daughter and she tell you she moving out, would you be mad? I'm grown, then. I make my decisions like I make all decisions. I feel like I need to move my baby into my own house, that's what it's going to be...They didn't want my baby to go with me...I was just tired of living with people. I just wanted to do things on my own now…

Billie also shared that she felt as though her mother had rejected her by not listening or offering support ever since she got a boyfriend.



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It's hard to talk to my mom one-on-one because she never listen. You can tell there's something going on and she won't listen, so I just don't talk to her...it's hard because my real daddy is dead. Her boyfriend was my stepdad, but it's just been all bad. Even since he's been around, I don't get a conversation with her. No attention, nothing.

(Billie, 20 y/o, 1 child)

In a different sense, other participants described an ongoing sense of being rejected by family members. Aliyha described her experience by saying, "(Living with my mom) just kind of reminded me of me being younger and how she always defended my little sister, no matter if she was wrong or right and then puts the blame on me." Similarly, Omolara discussed how she felt rejected by her brother because he had custody of her youngest son, who she had given birth to after release. She described how his disapproval of her fiancé contributed to his saying hurtful things and keeping her son from her.

The brother just before me...He's always been a jerk for choice of better words. But, he ended up getting custody of my son, but in the process he did not like my fiancé because my fiancé is very young. But that's not his business. You know, you should just be happy that I'm not out here using. I'm trying to get my life back together. And I would appreciate if you did more supported me than trying to put me down...So, he made life for me very hard, as opposed to trying to get my son back.... but he would say things about my fiancé...he made it very hard for us to have our son. We only got a chance to see him once a week. You know. I could have seen him a heck of a lot more. This process of getting him back home could have been, probably completed a long time ago.



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(Omolara, 39 y/o, 10 children)

Other participants described how they felt rejected by their families because they were the only ones with mental health or substance use issues. Paige shared her feelings of being rejected by her mother when she expressed embarrassment about attending treatment team meetings where she said discouraging things. She felt it was easier for her mother not to be involved and had come to accept her ongoing sense of rejection.

> Nobody in my family, I'm like the only person who has ever had a substance abuse problem. So, they don't know anything about it. They don't want to know anything about. My mom just cringed going into a treatment center. It was really hard for her. It was really hard, yeah. She said if she could wear a bag over her head, she would have. She was really embarrassed…she would tell me, "Just don't use pills! Just don't do it!" All the time. “Just stop.” And, with opiates that's not realistic. And, she would just tell me that every day. "Just don't do it. It's your fault. Just stop." We decided not to invite her to the team meetings... my mom was just too negative even for the facilitators. I mean, how do you set a goal when you have somebody sitting there, "Well, she's not going to complete that goal, so why are we even here?" So, yeah. They decided just not to do it. And, that's fine with me. She's just too negative. It doesn't hurt my feelings. It's easier for me.

(Stacy, 33 y/o, 3 children)

Several participants’ described experiences with being rejected by society in general, which was largely related to their homelessness, mental health and substance use issues, and



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criminal records. Wanda discussed how she felt like an outsider amongst her family and rejected by medical staff because of being homeless and using drugs.

> My family is working-class probably middle class a little bit to tell you the truth…. Me being a nurse not asking this all kinds of professionals in my family. But I'm the one that fell off. So, it's helluva embarrassing. (The most difficult thing has been feeling) like I'm all alone, nobody really there for support…Like here (at the drop-in center) now I have a place where I can be get myself together a little bit and stuff like that and have somewhere positive to start going out to handle my business….Can't be in the street all night and then I'm going to go to my doctor's appointment half-high and ain't had not sleep.
>
> (Wanda, 49 y/o, 3 children)

In a different sense, Zoey discussed how she felt rejected by her employer and society. She described how her employer not inviting her to community events triggered feelings of low self-esteem from her childhood.

> There's a period where I felt like really left out because I wasn't taking the classes and I wasn't taking the chances to do things. But they'd be like, "Oh, there's a drug task force meeting." I'm like "Tell me when it is," You know, nobody told me when it was and I was like, and now they come back and they're like, "We can't go because you're not on the list," but everyone else goes….sometimes I just feel like (my boss) kind of ...like she cares when it benefits her. I'll even tell her, and I'll be like," Are you even listening to me?" And sometimes it feels like she's not…. Usually when I've relapsed I've had like some sort of negative feeling beforehand. And a lot of it is like I'm not important...even



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had one of those situations the other day. Before I was told I couldn't have (my daughter) at work but I just felt left out.

Zoey went on to share how being on probation led to a sense of being rejected by society because she did not feel she would be respected as an advocate for others

> Like I just had a friend go to jail, she called me, and she was like, can you get me into treatment?... I called everyone…. all these treatment centers ... like trying to get her in, we gave her scholarships, all this stuff and she went to jail. And Nancy was like, call her PO and I was like, I'm on probation still, I feel like she's gonna be like "Why am I listening to you?" and there's those feelings too, still.
>
> (Zoey, 26 y/o, 1 child, 2 stepchildren)

Similarly, Vanessa described being rejected by society after release in terms of potential employers and people in her hometown. She shared that she felt stressed about finding work after release and was honest about her background in interviews but was ultimately turned down.

> Like, I was really stressed out about finding a job. That was my main thing. It took me a year. I got hired multiple times, even though I was completely honest at the interview. Like, "I have a felony." Sometimes, I would go into even more detail, and sometimes not, just depending on the interviewer. Even after that, I would get hired. Like, "We love you. Thanks for being so honest," and whatever. Then, it would come down to HR and they would be like, "No." I got five job offers rescinded, even after I would be completely honest. Lay it all out there for everyone. That was really hard... I was really stressed and depressed about not being able to find a job. That was really hard for me. That affected my self-esteem a lot, because I felt like I was, especially when you would work so hard, and you'd get it and then it would be rescinded again.



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Vanessa also shared about her sense of being rejected by society in terms of feeling embarrassed to see people out in public after her release.

> I think when I first got out, it was really hard. I felt like crap a lot of times. Just down, like, "I just got out of prison." I just felt so guilty, and bad about things still.... It was like a mix of being anxious I'd see someone I didn't want to see. And dealing with that, and that initial first seeing certain people was really hard. I was really embarrassed. I did this. Then, I ended up in prison, and all that. So then, dealing with seeing people for the first time afterwards, that was really hard for me. I was really anxious about that, a lot. But, it's been two years, so I've gone through that, I'm past that. Sometimes, I still get a little anxious about it, but for the most part, I'm past that weird initial, "I don't want to deal with it"
>
> . (Valerie, 35 y/o, 3 children)

Some participants shared their experience with *Rejected* in the form of feeling threatened by it as a possibility. Brenda shared her experience with the threat of rejection by employers, co-workers, and society because of her criminal record. She felt lucky to have found a job with co-workers who had become her friends; and was in disbelief about her doing interviews with local police in the course of her work.

> I got really lucky and found this job. And I have made, my partner (at work), is like my best friend in the whole world. The other people that work here, we're like a family. They have watched me go through all this. I started working here four months after I was out of prison. And they have, and my boss is a recovering alcoholic. So, he's been in recovery for 20 something years…. Now, I do interviews with the police department…. You guys used to arrest me. All the



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time. I spent all this time in your jail. So, and it's all because of these people that I work with, that I've -And not everybody gets that. I got really, really lucky…When I first had to start doing interviews on camera...I was so stressed out and it was with the chief of police in (town). And here I am, an ex-felon, still on probation, just still in shock that I get to be out in the real world. And I'm interviewing the chief of police. Are you kidding me?

(Brenda, 46 y/o, 3 children)

Lastly, several participants felt rejected by society as mothers. Omolara shared about how she lost custody of her newborn child after release because of her previous neglect charge. She shared how frustrated she felt when she lost custody of another child after release because she had already gone to prison and worked hard to start a new life.

They gave me a neglect charge. a CHIP's program, or something…. (so) one of my most difficult times was when I had my son and they took him. Because it was like, everything that I just went through, everything that I had went to prison for was like, null and void. It was like, what did I just go through all of this for? Why am I still fighting if y'all gonna constantly come in my life and just take my children from me? You know, I'm trying to get my children back. I'm trying to start this life. I haven't used, I haven't re-offended, "Why are you here?" You know, and so that was the most painful thing and then not knowing if they were ever going to give him back. So that hurt. That hurt.

(Omolara, 39 y/o, 10 children)

**Shifting Perspectives**

*Shifting Perspectives* was the second major theme related to mothers' overall mental health after release. *Shifting Perspectives* describes participants' experiences with changing



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views of themselves and their lives and was present in some form in all participants' narratives. Participants often used words that implied comparing their past and present selves and views, such as "back then," "now," "didn't see it," and "used to be" to describe their experiences with *Shifting Perspectives.* Many participants' experiences of *Shifting Perspectives* were categorized under the two subthemes *Seeing Myself More Clearly* and *Taking Care of Me First*, which described how their views changed and why. The major theme *Shifting Perspectives* was best exemplified in the following two narratives.

**Improved understandings**. Several participants described *Shifting Perspectives* by discussing how they felt they had improved understandings of their lives since their incarceration. Eryka summarized her sense of having an improved understanding as, "(My mood) changed a lot because I'm understanding more things better now than I did when I was in jail and doing time and all that, understand a whole lot clearer, a little bit better." Similarly, Abby described how she had an improved understanding of how she used to take the victim-role and reject the support offered by her family prior to her incarceration.

> I think that they were always trying to help me, and I just wouldn't accept it. There was a couple of days before I was arrested, my sister had called me. The one that wrote me, and she just was saying how I was doing and I flipped it around and got really mad at her and started screaming at her. And just ended the conversation. And I realized in prison that that was my way...You know, so it was really me pushing them away, but I didn't see it like that...I was a victim and they were doing what they wanted and giving me money or whatever, I made up in my head. So, I think that they were always (there), it's just that I wasn't accepting of them.
>
> (Abby, 31 y/o, 2 children)



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**Accepting responsibility.** Several participants described *Shifting Perspectives* by discussing how they had started to accept responsibility for their pasts. Brenda discussed how she came to accept responsibility through a painful process where her daughter wrote her a letter about what she had gone through as part of an Earned Release Program (ERP) in prison, which helped her see how she affected her children.

> The ERP program does this thing where they do a victim impact letter. And my daughter wrote this letter, holy camoly. I had to read it in front of like 80 different people in the ERP program. Because she did so, so well. She did not sugarcoat a thing. She laid it all out there and it was the most heartbreaking, beautiful letter all at the same time…. That letter completely like, I even remember just, I think it was a turning point even more so than where I already was. And when I look at things now, I see so much more on the other side of what my kids have gone through.
>
> (Brenda, 46 y/o, 3 children)

Likewise, Aliyha discussed how she had accepted her being labeled a felon by reframing it as an acronym with a positive meaning, which she wore on a t-shirt. She described how doing so helped her to both accept responsibility for her past choices and rise above its negative connotations to move foward.

> That's why I believe this research is a really good one because there are women who need help out here understanding that you're a felon, yes, that's what society says you are. I get it, you made yourself that by a choice that you made. I literally made an acronym for felon and I wear a shirt. I don't look at it as what society wants me to look at it as, I look at it as Fighter Enduring Life Operating in Newness, that is what I am. So, if I'm a felon, this is what I am. I'm a fighter enduring the life that I created for myself and



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I'm not going to allow that to stop me. I'm not going to allow my mental health to be affected because society wants me to do that or think that.

(Aliyha, 21 y/o, 3 children).

**Seeing myself more clearly.** The subtheme *Seeing Myself More Clearly* describes the first major component of *Shifting Perspectives. Seeing Myself More Clearly* refers to participants' experiences with changing self-perceptions. Some participants described sudden shifts in their awareness while others described more gradual process, and many described how they changed due to feeling proud of themselves. Several also discussed how their changing self-perceptions were related to some type of intervention or change in their environments, including experiences with earned release programs, mental health and substance use treatment; social support, and employment. *Seeing Myself More Clearly* was present in 18 participants' narratives. Several participants used words like "changed" and "different," while others said things like "naïve," and "used to." The subtheme *Seeing Myself More Clearly* was best exemplified in the following seven narratives.

***Sudden shifts.*** Some participants discussed *Seeing Myself More Clearly* by discussing sudden shifts in their self-perceptions. Theresa shared that she reached a decision one day during her earned release program before her release from prison that led her to work through some of her issues and realize her own value, as well as to start on the psychotropic medication that she felt helped her to survive.

(Before I got out) it was this thing and I'm doing my program. I think it was about eight weeks in. I was at the halfway point. I just was like, "You know what? I'm leaving this shit here." I dug in and I really, really, really did my program. I learned this thing about myself was that I have value. I started taking medication at that time. I'm still



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taking that medication. I am absolutely convinced, not that I would be dead if I hadn't taken it, but that I would be dead inside. I'm not sure that I would have or could have even survived those last eight weeks.

(Theresa, 44 y/o, 3 children)

***Gradual changes***. Conversely, others described more gradual changes in their self-perceptions. Zoey described how she continued to experience self-doubt and feel critical of herself despite having accomplished a lot, including avoiding drugs and alcohol. She described how she had started to slowly feel more secure and positive about herself.

I still have, I think, a lot of doubts about myself, more than anything. I think that I second guess myself a lot, or I start just kicking my own ass. I have accomplished a lot of stuff in the year that, almost a year, that I've been, since I've been clean for almost a year, now. It'll be a year next month. And, that's a huge deal for me, especially since I've been out for a good majority of it. I've come a long way, but I still get very insecure, at times. I'm getting there. Slowly but surely. But, I've gotten to be a lot more positive, and not let so much stuff get to me. I try to be grateful for what I do have, instead of focusing on how much that I still have to figure out, which is hard.

(Zoey, 26 y/o, 1 child, 2 stepchildren)

***Feeling proud.*** Several participants described how their self-perceptions changed as they experienced a sense of pride in their accomplishments. Often, this led them to experience an added sense of motivation. Paige discussed how she felt proud because of her voluntary participation in drug treatment court because she felt accountable to a very supportive team and was progressing quickly through the program's phases. That success helped her to want to complete the program and avoid acting on thoughts about using drugs and alcohol.



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(Family Drug Treatment Court) is a voluntary program. It's not ordered. You do it on your own…. It's just rewarding to me to be held accountable. You go in front of a judge every week. Your judge gets to see you every week. And, he gets a report of what you did all week, all your progress...it's really rewarding. It feels good…. It's not a formal courtroom. But, you just get to go up there with your team and they're very supportive… (When I start to think that) like I bet I could do (drugs) and nobody would know. Then, I shoot that out of my head right away. Like, I don't even want to do it. It's not worth it...We go to court every Friday and, I'm progressing so fast in court. I was like the fastest person to phase up, ever. It should take nine weeks to phase up and I did it in four. And, I just want to complete what I'm doing. Drugs aren't going to do anything for me. It's just going to set me back.

(Paige, 35 y/o, 4 children)

Similarly, Nadiya discussed how she felt motivated to keep going because she was proud of earning certificates, being in her children's lives, having the ability to start over each day, and being able to avoid negative people.

(The most positive things have been) completing my classes, getting my certificates…. (earning) my parenting certificate, that was a really great experience. It just kind of gave me motivation to keep going. My kids, every time I see their little smiles. Waking up every day, getting another chance to start over and do the right thing which I've always been doing lately. Knowing what I all gotta do and not let nothing else get me in trouble and stay away from the wrong people. I could do it.

(Nadiya, 26 y/o, 6 children)



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***Mental health and substance use treatment***. Several participants described how attending mental health and substance use treatment contributed to their experiences with *Seeing Myself More Clearly* after release. Jenna discussed how mental health and substance use treatment helped her to make and maintain mental changes that she needed, realize where she had made mistakes in the past, and learn to cope with stress differently; all of which helped her to feel more prepared to decline offers to use drugs on the street.

> This last time it was a lot easier transitioning, 'cause I went through treatment, and was counseled, and I got to figure out some more stuff, and I was in a more secure area…. It was in a much safer neighborhood. I was with people that I felt safe with. And, I was, I think I made a lot of changes, mentally, while I was in this last time. Because, I knew right away when I screwed up the last time, I didn't want to do this again. I made a mistake, I didn't want to be using anymore, and I think something changed. And then, rehab definitely helped instill those changes. Helped me figure out some better ways to deal with some of the stress and anxiety I was feeling and then going into a TLP, where I was still seeing counselors and still doing all of that, definitely, although, they put me in a TLP ...(where) I couldn't go outside for a cigarette without somebody trying to offer me free drugs, but this time, it was a little different. I was more prepared. I felt a lot better about it…. I smiled and was like, "No thanks," ...It got a lot easier to say no to it.
>
> (Jenna, 34 y/o, 4 children)

***Social support.*** Several participants described how their self-perceptions changed because of the social support they received after release. Diedre shared how she felt addicted to working and taking care of her family as opposed to her past additions to drugs and prostitution; and how social support played a role in helping her to access and complete treatment as well as



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having her criminal charges dismissed. She went on to describe how she had gone from disliking to loving herself and had gained a more positive attitude and likeable personality.

> I was addicted to drugs and prostituting and now I'm addicted to work and taking care of my family…Ms. (Darcy) and my fiancé (helped me the most) ...Ms. (Darcy), she knew the DA, and I just walked up to him and I asked him. I had the warrant and... I fought it and it got dismissed…. I didn't want to go back out there, and I didn't feel like I had to sell my body... (My fiancé was) like, "What do you want to do?" I said, "I want to go to treatment." ...So that's what I did, and he supported me all the way, all the way…He helped support me all the way. Made sure I got up and went to treatment when I didn't want to go. And made sure all drugs were kept out of the house. He supported me getting my daughter back, going to court...He actually came to my graduation and everything, he cried because he heard so many good things about me...I started to like myself for a change. I didn't like myself at all then. I grew to love, now I love, and I like myself. I love to look in a mirror now. I didn't used to look in a mirror at all. I was only looking in the mirror to fix my hair and ...I didn't like myself at all…My attitude. My personality. I think if my mental health was better, it would have showed more me. I think I had this mean look on my face a lot and (now) I smile a lot more.
>
> (Diedre, 38 y/o, 8 children)

***Employment***. Several participants described how working contributed to their changing self-perceptions after release. Imani discussed how her job was her most positive experience because she felt good about her ability to be productive and avoid drugs. She wanted to work again despite having been fired and recently using drugs.



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> The positive ones, what's the positive ones, okay, I see a positive one, it's that I have got some, to be able to work some certain jobs….you know what I'm saying, to get like productive...I worked a couple jobs and I could get back into working again with the jobs that I were at, because my application is still on the files and if I can get myself back together, I could still, I'm still able to work at that company...it helped me to go to leave my environment and to go somewhere and be somewhere productive and knowing that I'm doing good and not fluffing and lacking off my time and doing nothing around here and going to work.
>
> (Imani, 46 y/o, 3 children)

**Taking care of me first.** The subtheme *Taking Care of Me First* describes the second major component of *Shifting Perspectives*. *Taking Care of Me First* refers to participants' experiences with prioritizing their immediate needs ahead of others for a period of time. Most participants described how they took care of themselves because of wanting to reunite and develop better relationships with their children. Several also described how they prioritized their needs through setting goals and boundaries, seeking social support, and taking psychotropic medications. *Taking Care of Me First* was present in 14 participants' narratives. Several participants used words like "do it for me," "stand up for myself," "my goals," and "stay away." The subtheme *Taking Care of Me First* was best exemplified in the following seven narratives.

***Reuniting with children.*** Several participants described how *Taking Care of Me First* was related to reuniting or wanting to reunite with their children after release. Grace summarized her experience as, "Even though my kids act like that, I still be happy, because I have to live my life and get myself together in order to try to you know, bond with them again."



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Paige shared how having her children visit her when she was in a residential treatment program motivated her to want to avoid crime and stay in treatment.

> (Seeing my kids while I was in treatment) made me never want to commit a crime ever again. And, just stay there and get help. Although, it was kind of crappy being there. But, I knew I needed the help, so I had to stay no matter what people were doing around me. So, I just had to stick with it.
>
> (Paige, 35 y/o, 4 children)

Similarly, Rashida discussed how her children motivated her to take care of herself by staying on her medications and maintain healthy nutrition and sleep habits.

> (Reuniting with my kids) affected (my mental health) in a good way, I feel like because it gives me a reason to be healthy and it gives me a reason to stay on my meds. Even though I need to be the reason initially, but truthfully, my kids are my push. They're everything. Without them, I don't think I would even be alive, honestly, because I've been in and out of the hospital many a times where I just felt like I didn't want to go on but knowing I have their love and that they look up to me even after I've messed up and been away and they still want me just as badly as they did when I was home, it just helps me to try to be happier, make sure I'm eating and sleeping and taking my meds so it's helped my mental health more than it has hurt it any day. That's important to me to try to stay healthy, for myself first but definitely they are my push to be healthy.
>
> (Rashida, 35 y/o, 2 children)

Relatedly, Louisa had the opposite experience. Shared how her inability to reunite with her children after release made her feel like she did not need to take care of herself. She



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described how her mother did not allow her to visit her children, which led her to feel that she had no responsibilities and was free to use drugs.

> Actually, my mother taking care of my children and not letting me be a mother has made it more difficult for me because when I do want to be a mother, and I do want to step up and be a mother, I don't get that chance. She tells me no. I can't come over and visit even when I am clean. So, I just leave it to wander. "Okay, I'm a free woman, I have no responsibilities. I can just party." You know, I'm dammed if I do, dammed if I don't kind of thing. It goes both ways.
>
> (Louisa, 39 y/o, 3 children)

***Setting goals.*** Several participants shared how their setting goals after release were related to *Taking Care of Me First* because they often had to do with improving their relationships with their children. Brenda discussed how she set the goal of working on her family relationships before she was released from prison when she learned about Al-Anon Family Groups. After release, she worked toward that goal by asking her probation officer for resources then participating in family therapy sessions that promoted health communication.

> Oh, I think everyone should do (family therapy) ...that was my biggest goal when I got home...I knew I had this kid who I left as a young kid and a preteen. And I knew that they were having problems with them, but they didn't tell me the extent of the problems of course...So when I was in there I had learned about, there was these family AA groups or whatever…I found one in my area… I had it set in my mind I was going to do that. But then when I got home, and my probation officer got me hooked up to my bracelet, and blah, blah, blah and approved where I was living and all that, he gave me a list of people too. So, I called health and human services that was on the list and they said



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that they have the family blah, blah, blah thing…. I think family therapy should be for everyone because you're forced to sit down for an hour as a group. You learn how to communicate correctly. You learn how to listen correctly, and you're forced to spend that time together. We loved it. We really loved it.

(Brenda, 46 y/o, 3 children)

***Setting boundaries.*** Several participants described how they took care of themselves by setting boundaries with people who did not have their best interests in mind. Abby described how she had to set boundaries in order to avoid substance use after release because not doing so had been an issue for her in the past. She found that direct and honest communication was the most effective way at helping people to understand how she had changed.

You know, I had a kid message me the other day asking if I wanted drugs. And I was like "I'm not into that anymore." You know, those are the kind of things that I try to avoid, but they come up. Yeah, they come up more often than I would think even still. (So, I) just use honesty really. I was always so scared (of using drugs again) that I would keep boundaries. That was huge issue in my life and now I'm just right away, you know "I'm not into that anymore. I don't do that anymore." And that's been, it kind of makes them just go right away. Before I would probably beat around the bush. You know, and then I would drag it on for days. Where now if I'm just like that's not where I am anymore, it just goes away. So that's how I've been dealing with that.

(Abby, 31 y/o, 2 children)

Similarly, Diedre described that she had to set and keep boundaries with her family to avoid using drugs after release. She went on to share that she only had a few friends at work but



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that she prefers to keep her distance because of her fear of them leading her back to her previous patterns.

> I distanced myself from my family because they are a trigger. My drug use, they're a trigger. Right now, they be asking me to come over a lot and they drink and they still...they full of drama. It wasn't friends. I distanced myself from friends because they were all addicts. I probably have one or two friends that weren't, and we just see each other at work. We don't associate outside of work, don't call each other or none of that. Even today. I actually see that people don't mean me no good. I don't know what they did in their past or nothing. It's just, yeah. I'm playing it safe. Don't want nothing to trigger nothing that I used to do. Nothing. I don't even tell people about my past. Nothing that none of their business. All they know is I work…
>
> . (Diedre, 38 y/o, 8 children)

***Seeking social support***. Several participants experienced *Taking Care of Me First* by seeking social support after release. Some participants found such support through spiritual resources. Aliyah discussed how she sought out social support through her church after she decided that she did not want to return to old lifestyle. Her spiritual mother, as she called her, helped her to stay on her new path.

> My spiritual mother always checked in on me to make sure I was doing okay and completing my goals...just knowing that I didn't want to fall back into the same pit. Realizing that life is short after losing my nephew in a house fire at 18 months I realized that life was short, and I didn't want to go backwards, I wanted to go forward. My question to myself was how was I going to get there. Who can I talk to that I know lives a good life or tries to pursue righteousness or goodness to people no matter what they're



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going through, who could I talk to that will help me stay on a good path or even get on a good path. (So) honestly, I asked for spiritual support.

(Aliyha, 21 y/o, 3 children)

***Psychotropic medications***. Lastly, several participants shared how taking psychotropic medications was a part of their taking care of themselves because it helped them to control the symptoms that interfered with their relationships. Quirana shared how she was initially without her medications after her release from jail, which caused her to be irritable and have difficulties being around others. She described how the changes she made since release were reflected in her improved relationship with her grandson.

(When I couldn't get my meds after I was released) I was having problems. I can't even explain. I was always angry, always frustrated and at that time, my daughter didn't like to come around me. She said, "We're gonna take you to the doctor…. They gonna give you your meds," because my doctor don't like me to come there without being on my meds either. I can't explain it, but no one likes to be around me when I'm not on my meds… (the symptoms) be like any little thing. Any little noise. Somebody screw up their feet. I just can't. That's why I stay on them (medications)… (My family) didn't like to be around me when I'm not on my meds. I can't blame them…. Now, I had my 16-year-old grandson. We couldn't get along for anything...Since he got older, we have got very close...That's why I say things have really changed because that's the only grandchild I ever had that I didn't want at my house.

(Quirana, 50 y/o, 3 children, caregiver for 2 grandchildren)

**Research Question 2**



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The second research question was how do mothers of minor children experience mental health symptoms and diagnoses after release from jail and prison? Themes were determined to be answers to this question if they related to psychiatric diagnoses or symptoms and their related thoughts, emotions, mental health resources, or social functioning. Answers to the second research question were categorized under two major themes: *On Edge for A While* and *I'm Not Sure I Understand*. which were developed from the codes displayed in Figure 3.

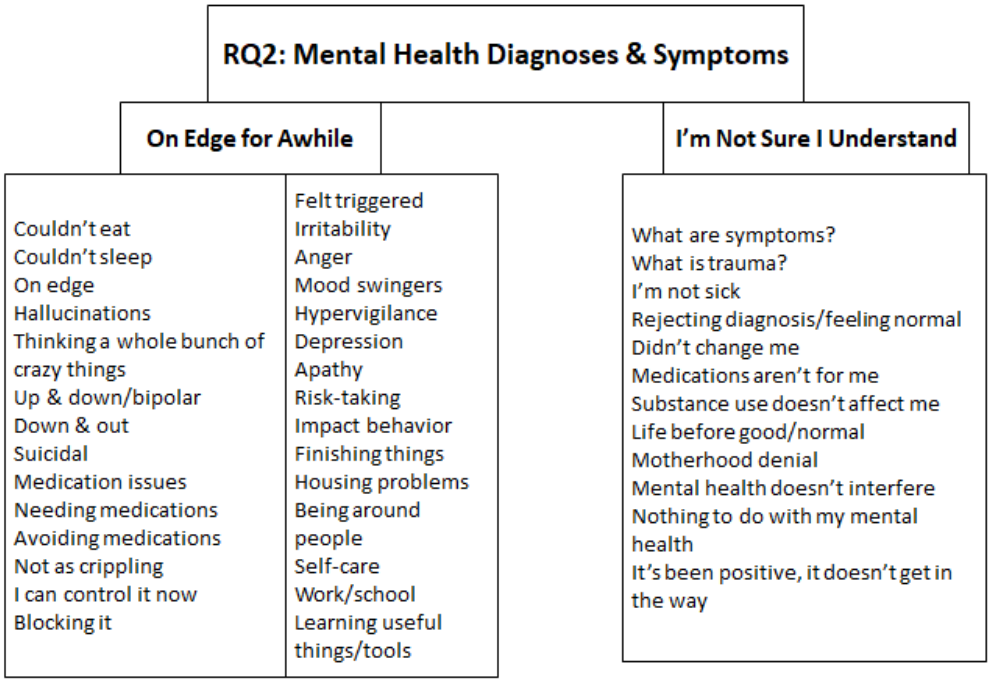


Figure 3. Development of themes related to mental health diagnoses and symptoms after release.

**On Edge for A While**

The major theme *On Edge for A While* refers to one aspect of most participants' experiences of their mental health symptoms and diagnoses after release. *On Edge for A While* describes two aspects of their experience: a) how participants were more nervous, anxious, or agitated as opposed to depressed or sad and b) their sense of how those feelings changed over time from the day of release to either a point of intervention or the interview. *On Edge for A*



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*While* was present in 19 participant's narratives in the form of anxiety, mood swings, risk-taking, irritability, hallucinations, depression, and suicidal thoughts. Participants described the experience using words and phrases like "up and down," "can't sleep,' "voices," "isolation," "anxiety," "on edge," "jumpy," "nerves," "panic," and "irritating;" while those who experienced more sad or depressed feelings said things like "isolation," "alone," "by myself," "never enough," "hurt," "sad," and "suicide." The theme *On Edge for A While* also included varying experiences with psychotropic medications after release, which will be described in the subtheme *Figuring Out My Medications.* The major theme *On Edge for A While* was best exemplified by the following 14 narratives.

**Anxiety.** Several participants described experiencing anxiety for at least a brief period of time after release. These included experiences with social anxiety, panic attacks, hypervigilance, uncontrollable thoughts, and sleeplessness.

***Social anxiety.*** Some participants described experiences with being anxious around other people. Megan described her experiences with symptoms of social anxiety interfering with her ability to take the bus alone, be around people, and do things with her children. She shared how she experienced breathlessness, feeling trapped, and fear; and related it to her stopping alcohol and drugs.

> At first, 'cause I couldn't take no bus. My anxieties. I don't like taking a bus by myself. I couldn't be around a lot of people. Yeah, 'cause I feel like I'm all, you know what I'm saying? All squished in, like you're taking my air away. That's how I feel. (It started after I was out for) about six months. I noticed everything. I couldn't take my kids to a park. I was scared to take my kids to the park...My anxiety always been like that. My



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anxiety always been like that for the longest time. It's just like I said, I stopped taking drugs and alcohol too.

(Megan, 35 y/o, 8 children)

***Hypervigilance***. Several participants described feeling anxious because they frequently felt like they were afraid of their surroundings. Rashida discussed experiencing sweaty palms, dry mouth, and a sense of being in danger; and her attempts to thought-stop and use breathing techniques. Like Jenna, she described how her current life circumstances contributed to those experiences.

(I've had symptoms of) my post-traumatic stress. I get those panic attacks or those sweaty palms and dry throats where I feel like I'm in danger. I've had that. My anxiety, unfortunately, is something that I just deal with on a regular. It's something I'm not getting used to but it's like I'm learning how to manage it with breathing techniques and just try to go to a different place in my mind because I have always been a naturally anxious person. Then, with how life is like, with everything I have to be anxious about is just intensifies but yeah, I've had symptoms.

(Rashida, 35 y/o, 2 children)

***Uncontrollable thoughts.*** Several participants described feeling anxious because they could not control the content or pace of their thoughts. Imani shared that she considered her experiences with losing control of her thoughts as traumatic. She discussed how her mind would shift toward sexual thoughts about others that she found unusual.

The only thing I could probably say is traumatic that happens to me, is if my mind goes haywire. I start thinking a whole bunch of crazy things about people. I start thinking people ain't nothing but fuck partners and they come and they fuck each other and I think



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people just are icky, for kissy face people. For conversation, me trying to be friendly and talk to them, like...be looking at people and behaviors on what they get doing and that, like just watching them and watch the stuff they be doing and how they pick up something and they move. I watch all that about a person, how they twist their body and what they do with all kind of shit. How they do all kind of talking and all of that and some of them might be a little bizarre to me.

(Imani, 46 y/o, 3 children)

***Sleeplessness***. Several participants described experiences with being unable to sleep after release. Theresa discussed how she always had issues with sleeping, which she attributed to her attention-deficit disorder, depression, hypervigilance, and shoulder injury. She also related it to her difficulty focusing and her not taking medications to target those symptoms.

I'm not a sleeper. My average sleeping time is two and a half to three hours a day. Part of that is ADD. Part of that is depression. Part of that is hypervigilance. There's no pills for that. So disrupted sleep. I have super disrupted sleep because of my shoulder (too).... I've been having issues with that for about eight months...Sleep interrupted, that's me. Failure to focus, well I'm not on ADD medication so I really have a problem with that.

(Theresa, 44 y/o, 3 children)

***Mood swings***. Some participants described how their experience of *On Edge for A While* involved mood swings. Aliyha summarized her experience with mood swings after release, "(My mood) was bi-polar. It was up and down, up and down, up and down." Participants' experiences with mood swings often involved risk-taking behavior. Louisa discussed how her mood swings



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came in the form of changing self-esteem and led to conflicts with people, snapping at her children, and a thrill-seeking in the form of drug use.

> I'm high self-esteem. I had lower self-esteem when I was little and other people that were using drugs and got me into drugs.… (Living with people is hard) because sometimes I have poor self-esteem and sometimes I have high self-esteem. I have people get over me and then I get over people...(It's been hard to be a mom) because I have a short fuse because my emotions change and because my bipolar and called them names and stuff, but I was under the influence of drugs...One time I feel confident, or okay being a mom, and other times I just don't want to be a mother. I want to be free. I want to do drugs. I want to hang out. I don't want responsibility. I don't know what responsibility is. I can't barely even take care of myself, so how can I take care of you?
>
> (Louisa, 39 y/o, 3 children)

***Risk-taking.*** Several participants described risk-taking behavior after release, often in the form of over-spending, gambling, substance use, and staying out. Faith discussed her experiences with spending a lot of money at bars, living recklessly, sleeplessness, and drinking.

> I had to stop spending money like I was. I love to play pool even though I'm not good at it. I've been practicing but I used to spend $300 to $500 a day in bars and all type of stuff...I'm gone and up out of here. I used to be with my friend. We'd be in Chicago, Indiana somewhere, we would be...I had to stop. I had to slow down…. I don't drink so when (my great aunt) died, I went on a drinking binge…. I was gone...Literally I used to get up in the morning. I'd drink this much water, and everybody know I love water. I drink this much water, pop open a Rip It. Pour out the Rip It and pour the liquor in….



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And I'm an early bird so just imagine. If I just went to bed at 3:00 and I'm being right back up at 5:00.

(Faith, 35 y/o, 5 children)

***Irritability.*** Several participants described how they felt easily irritated by others. Grace described how she had difficulty keeping jobs after previous releases because she became irritated when she was around a lot of people.

But being around working, a variety of too many peoples, yeah, I don't know. I don't pay too close of attention or in and out, staring off at the wall. I lost a couple of jobs like that, too. And then they always cackling and giggling. And you know, I lost a job, and I'm like, "Shut the fuck up!" And everybody looked at me and I'm like, "There's too many of you fuckers in here." I got my bags and left. Because the environment, it was too big. It was too many peoples, and I couldn't be around too many peoples like that.

(Grace, 48 y/o, 8 children)

***Hallucinations.*** Some participants described *On Edge for A While* by discussing their experiences with hallucinations after release. Imani discussed how she thought she heard people talking negatively about her, which made her angry despite not knowing if they were.

I can think I hear something and it might not, like you know, I think I be hearing a lot of vindictive conversation about me, thinking about me, it makes me resent people. They're saying it too. They say a lot of stuff about me. I hear it. Well, I don't know. I be thinking I hear it.

(Imani, 46 y/o, 3 children)



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Similarly, Diedre described how she began hearing voices again after release because of no longer having the medications they gave her in jail. Her symptoms returned quickly, and she felt scattered, afraid, and anxious for the first year until she sought treatment.

> (After I got out) I couldn't eat, couldn't sleep. I heard voices...Actually, it had been going on for years...They gave me medication when I was locked up...I had been diagnosed by a psychiatrist. I stopped going because once I was using, I didn't care… (After I got out, it came) flooding back, too. It was like a rush-back, like the wind...they released me with three days' worth (of medications so my mental health after I got out,) it was dirty...didn't know if I was coming or going and it was like I'm on edge and I didn't want to do too much, and I didn't want these people coming back here. I was really on edge for the first year. That's when I started going to outpatient and there I first got my pills. I had to take them because living with (my daughter) sober and no medications, it wouldn't happen.
>
> (Deidre, 38 y/o, 8 children)

***Depression.*** Some participants described *On Edge for A While* through their experiences with sadness or depressed moods. Catrina discussed how sad feelings set in for her after realizing that her 10-year prison sentence led to a lot of loss for her and her children. Her depression involved feeling isolated, racing thoughts, sleeping too much, and auditory hallucinations.

> (At first) I was happy, then after a while, I got sad. They took 10 years of my life; 10 years from my kids. I still got to look for them. (Isolation is) how I always feel. When I get depressed I don't want to be bothered by nobody. Because you know when you first get out, and you just now find your family members or whatever, and then they come and visit, but after a month it's like everybody disappear... I might even go to sleep at eight or



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nine o'clock and I won't get up until the morning time...I would want to sleep for four or five days. Then I could catch up and off whatever I'm thinking about. My mind be racing all the time...I be hearing voices sometimes, when I get depressed and stuff. (I hear them now) off and on.

(Catrina, 43 y/o, 4 children)

Similarly, Stacy described her experiences with depressed thoughts and feelings after her release. She felt that she did not or could not feel good despite not using drugs for several months and reuniting with her children.

Nothing ever feels good enough. No matter how great everyone tells me I'm doing or how great I feel about what I'm doing, it's never enough. I never can look at the silver lining of things... I think my depression and anxiety and all that keep me (feeling like that) ...Or it doesn't matter if I'm 160 days sober. Just stuff like that. It's hard for me to acknowledge my, how far I've come. And I don't know if that's because of the depression or what it is. It's just never enough.... like I want to be happy about me being sober for almost six months. I want to be happy about me completing Meta House. I want to be, you know, happy about getting in my children's lives again. But, something is missing. It just feels like something's always missing...I wake up cranky and shitty every day almost. Like I said, I don't know why because I'm happy right now in the position that I'm in. But for some reason, I just can't feel happy.

(Stacy, 33 y/o, 3 children),

Conversely, some participants described how they felt motivated by their experiences with depressed moods after release. Aliyha described how she felt depressed for a period of time



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after release, which involved negative self-talk and overeating while she lived with her sister. However, she felt that she had to be realistic and move forward because of her children.

> I've not been diagnosed, but I do feel like I might be bipolar. I've experienced bouts of depression...I was really hard on myself. Then I had to realize that I had just got out of jail, I have two children and there was no time for depression. Even though I found myself becoming more and more depressed through the experiences I encountered at my sister's. It was some depression there for sure. I even started to eat a lot...but I allowed that depression honestly to become a motivation.
>
> (Aliyha, 21 y/o, 3 children)

***Suicidal thoughts.*** Some participants described suicidal thoughts and behaviors after release. Megan described how she felt like she did not want to live anymore after her most recent release because of feeling like her life had become a struggle again despite being medicated. She shared that her children helped her to avoid acting on her thoughts of suicide.

> Everything crashed down again. I'm still struggling. They gave me medicine to calm down my nerves and stuff, but sometimes, it don't help. I still get them ... I don't want to be here no more kind of feelings, like I want to give up, but in my heart, I can't give up, 'cause I got my babies to worry about, so that's why I'm still being strong as I can.
>
> (Megan, 35 y/o, 8 children)

Similarly, Louisa described her experiences with past and recent suicidal thoughts, attempts, and recent hospitalizations. Her most recent episode occurred about two months prior to the interview after family conflicts led her to feel a sense of rejection, which led her to start



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using crack and selling sex. Her resulting sense of depression the next day progressed to wanting to die.

> (I attempted suicide) about three times…(Once) I was stranded in Illinois. I went to a hospital and I told them that I felt I was going to hurt myself. They kept me in there for like six days...(Then) I wanted to commit suicide on the fifth of July. On the Fourth of July I was at my family's house and no one wanted me around. I could feel it. We were fighting, arguing, throwing things at each other, getting physical. My children said they didn't want me there, to leave Grandma's house. Why am I there? Didn't acknowledge me. They treat me like an outcast...Then I started smoking crack that night... I smoked a lot of crack then I prostituted…. Taking risks I don't want to take anymore…. The next day I was still had on the same clothes, no money, depressed, feelings and emotions from the day before. I was still coming off the drugs…. I just wanted to die. I told a friend, my sister had text me a number (for the hospital) .... I looked it up in my phone and I called it at eight in the morning…. (My friend) came to take me by eleven o'clock. By then, I was already using again.
>
> (Louisa, 39 y/o, 3 children)

**Figuring out my medications**. The subtheme *Figuring Out My Medications* describes a major component of the theme *On Edge for A While.* This subtheme refers to participants' experiences with psychotropic medications after release and was present in 21 participants' narratives. Participants' experiences with *Figuring Out My Medications* often involved not having an adequate supply after release; balancing therapeutic effects with side effects and stopping them because of side effects and substance use. Participants used words and phrases like, "they only give you three days' worth," "needed something," "zombified," and "didn't care



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about them anymore." *Figuring Out My Medications* was best exemplified in the following six narratives.

***Inadequate Supply***. Several participants described not being released with an adequate supply of medications and their reemergence of symptoms. Jenna compared her two most recent releases in terms of her ability to get medication after release. She felt that she was over-medicated in jail and only received a prescription for a few days' worth of her medications upon release, which she was not able to get and contributed to her sense of being unprepared. Her experience with being released from prison was better because she felt that she was properly medicated, had a few months' worth of prescriptions, and was connected to outpatient services.

> (The first time) I had been in (jail) for a year-and-a-half. And, I had all these great ideas in my head, but I was completely unprepared for the real world when I got out, and very quickly, it turned very dark. When they release you from jail, they give you five days' worth of your medication, which takes two or three days to get from Walgreens, 'cause they don't call them back for days. And, I was on some pretty heavy-duty medications when they released me…When I was coming out of (jail), they had me over-medicated. And, coming out of the prison, I was not over-medicated. I was properly medicated, and when I got released, I was in good hands. So, it made a huge difference...I think I was much better prepared this time. Also, when you get out of prison, it's a little bit different, the way they do your meds. They actually give you a couple months' worth. And then, going into rehab, I still had, I had doctors and things lined up for me. I had help with those things, whereas the first time, they just dropped me out, and that was it.
>
> (Jenna, 34 y/o, 4 children)



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Overall, participants agreed with Jenna's experience that prisons provided more medications and connections to community-based services than jails at release. Theresa described how she was released from prison with two weeks-worth of her medications and how she wanted to get an appointment as soon as possible to avoid withdrawal.

> Basically, how when you start taking an antidepressant, the reaction that you have to it in the beginning is how you're going to come off of it too. I had such a horrible experience with (side effects of) this medication (in prison) ...When you leave prison, they give you a two-week supply of medication and a one-month, one-time refill. You literally have six weeks to get your shit straight or you are going to be fucked...I was scared coming out. I was on the phone literally within a couple days getting that appointment, not wanting to be without my medication.
>
> (Theresa, 44 y/o, 3 children)

Like Jenna's narrative about reemerging symptoms above, Billie described how going without her medications after release initially led to sleeplessness. She was waiting for an appointment with a psychiatrist to restart them at the time of the interview due to a reemergence of hallucinations but had missed her first appointment due to conflicting probation-related obligations.

> For the first couple days, I couldn't sleep. I was up all night because I was taking medication in there to put me to sleep because I couldn't sleep in there either. I'm waiting to see a psychiatrist (now) so I can start those medications back because I hear the voices and see the faces now, but I know how to control it. I just stay calm and just drink a Pepsi and smoke a Newport... I missed (my first appointment) because my PO referred me to go to this (job) training, so I couldn't do both at the same time.



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(Billie, 20 y/o, 1 child)

***Balancing side effects with therapeutic effects***. Several participants described the process of adjusting medications to balance the side effects with therapeutic effects. Grace described how both her functional ability and mood improved after her medications were adjusted. Ultimately, doing so gave her hope for future relationships with her children.

> I did used to be a zombie taking those Seroquels. I'd say, "Y'all I have to take my meds." "What'd you take, you don't need them pills, Momma." I'd say, "Yes I do." So, I cook and everything, then I take my meds, and go lay down. "Y'all can fix your own plates." They feel that I didn't need them pills to function and stuff. I'm not the same Mom… (In prison, the psychiatrist) was like, "Okay, I'm going to put you on this and see how this works, if that don't work then I'll put you on this, and see how that works." See with the Seroquels, I was gaining weight I weighed almost 400 pounds….. (now,) because she changed my meds, (I've had) sleeplessness. I don't take Benadryl no more, I take Prozac and then I take Trazodone to sleep. And they've been pretty good. And as far as me being depressed, no. I be happy all the time, now. Even though my kids act like that, I still be happy, because I have to live my life and get myself together in order to try to you know, bond with them again.

(Grace, 48 y/o, 4 children)

Similarly, Diedre described how she started on medications about six months after release while she was building a relationship with her daughter. She adjusted them on her own because of their side effects after her fiancé told her she was acting different.

> (I started on medication) like a good six months after. (My daughter) was coming back and forth to see me...It was rough...Since I've been on medication regularly every



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day, it's made it easier. Actually, I don't know what it is about medication, but it makes me think clearly and it makes me think before I react. Without my medication, I react without thinking, without thinking about the consequences, whether it's good or bad. I just act upon impulse and that's not good...I was supposed to take them every day, but I don't have to. I don't have to as much. I take them every day, but not as much as they say take them because I know they would have me zombified and I didn't like that. He saw it. He saw that it had me acting weird...He was like why are you acting weird? I was like what do you mean? I didn't notice it. I thought I was acting normal.

(Diedre, 38 y/o, 8 children)

***Stopping Medications.*** Still, some participants described how they stoppped taking their psychotropic medications after release because of side effects and substance use. Eryka summarized her experience as, "But I don't like to take the meds because they had me in a duh-like kind of frame and I don't get nothing done. That's why I stopped taking them, the meds, myself." Others described stopping medications when their drug use became a priority. Wanda described how she stopped taking her medications after release despite their positive impacts on her mood because she had started using drugs; and how she thought that it could be part of what helped her to stop using drugs in the future.

I was (taking medications), but I stopped going to see my counselor and my psychiatrist. I stopped simply because of the drugs, but I was on medication. And I found that one pill that I took, I think it was the Sertraline. I took it one time just by itself and I noticed that I was just talking, and I was just at a peace. That's the one pill that I think would work for me. I'm gonna find the formula to myself to stop this madness. So, the



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> Sertraline had me almost feeling like hell, the drug. This is kinda pretty cool. I wasn't high. I was content.
>
> (Wanda, 49 y/o, 3 children)

**I'm Not Sure I Understand**

The major theme *I'm Not Sure I Understand* describes participants' misunderstandings of mental health diagnoses and symptoms after release. *I'm Not Sure I Understand* was clearly present in twenty-one participant's narratives. in the form of not understanding what symptoms were related to their diagnoses, rejecting formal diagnoses, signs of dysfunction, or services; and learning about mental health symptoms and coping skills. Participants used phrases like, "I'm not sure," "anything to do with my mental health," "it's the drugs," and "that seems normal." Within this major theme, several participants also discussed their negative views of psychotropic medications. *I'm Not Sure I Understand* was best captured by the following eight narratives.

**Misunderstanding symptoms.** Some participants' narratives reflected *I'm Not Sure I Understand because* of their not connecting their diagnoses and symptoms. Catrina's narrative reflected her misunderstanding when she pointed out that she was diagnosed with schizoaffective disorder. When asked if she had any other mental health problems, she said, "Well, I be hearing voices sometimes, when I get depressed and stuff." Thus, she may not have fully grasped that her diagnosis actually implied those symptoms.

Similarly, Imani discussed how she had symptoms of schizophrenia that involved paranoia and hallucinations when she was asked at the beginning of the interview. Then, she went on to describe what appeared to be recent experiences with risk-taking behaviors and other symptoms. However, she denied that they were symptoms of her diagnoses when asked directly.



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Well, I have schizophrenia, you know what I'm saying, I have fears of, they think it's psychological, I think I hear voices and things that are going to come out on me and stuff like that, yeah, and I get really paranoid and scared about a lot of stuff…I got a drug habit. I got a sexual addiction. I got a wandering problem. I don't like to be at home, so I wander the streets a lot. I'm not a homebody… (and) because I can think I hear something and it might not, like you know, I think I be hearing a lot of vindictive conversation about me, thinking about me, it makes me resent people… (my children are) saying it too. They say a lot of stuff about me. I hear it. Well, I don't know (if people are talking about me but) I be thinking I hear it…Nope, I haven't (had symptoms since I've been out).

(Imani, 46 y/o, 3 children)

**Rejecting formal diagnoses.** Some participants discussed their experiences with *I'm Not Sure I Understand* by rejecting suggestions that they had mental health diagnoses that led to certain thoughts, feelings, or behaviors after release despite describing the same in their narratives. Faith discussed how she felt her mental health was fine despite feeling frequently agitated before she went to prison; and did not understand why she was court-ordered to be on mental health services prior to release. She denied that she had any mental health problems after release despite describing recent issues with irritability leading to arguments with her aunt and a physical altercation with her cousin's husband.

(Before I went to prison, my mental health) was fine, I was crazy though. I can tell you I was crazy. It was just like I just snapped at the drop of a dime. If something didn't sit my way, "Why are you here?" That's how it was, agitated. I would get irritated very, very quickly...It's like I get agitated very, very quickly and get pissed off very, very quickly. I control it now. (In prison,) they had put me down for depression...I had to do



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psychiatrist, therapist, and I had to be on meds because it was court-ordered. I didn't understand why but it was court-ordered…The only problem (after I got out) was me and my auntie just kept bumping heads because we're so much alike. That was just it because I was staying with her…(We) had got into it months later. We ended up getting into it over stupid shit, like it's always stupid shit. We got into it and she was like, "Get out the crib." I said, "Shit, no problem."…I ain't have no problem (living with my cousin) until I had to beat up her husband. Then after I beat up her husband, I left. That is the reason why I went to jail when the police came in November.

(Faith, 35 y/o, 5 children)

**Denying dysfunction.** Some participants denied that their thoughts or behaviors interfered with their ability to work or parent despite their narratives suggesting otherwise. Eryka described her mental health after release as "jumpy" and was restless, distracted, and guarded during the interview itself. However, she denied that her mental health impacted her ability to be a mother despite that it was easy for her to lose her patience. She emphasized how she continued to care for her children as she was supposed to do.

(My mental health doesn't get in the way of being a mom) but I worry about my snapping out, because I snap out on him real quick. Yeah, but that's about the only thing, but otherwise no, I'm good. I still give them their baths and change their clothes and do everything I'm supposed to do to them.

(Eryka, 34 y/o, 14 children)

***Rejecting formal services.*** Some participants rejected suggestions that they might need formal mental health services. Aliyha shared that her mother suggested she was bipolar but that she never sought formal services because she did not want to believe it. She described dramatic



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mood swings involving grandiosity and worthlessness and felt that she lacked knowledge about mental health yet normalized her experiences and did not think psychotropic medications were useful.

> Well, my mom always said I was bipolar, but I haven't seeked help for mental health because I don't want to believe that I'm bipolar, I just want to believe that someone makes me angry and I get angry. That's just human nature...When I was up, and I was happy I felt like I was untouchable. That I was child of God and I'm going to save souls and tell people about my life and hope that they would listen. I was a good mother, a good wife, a good friend. Then when I was down I was worthless, didn't know anything I'm stupid, oh my God, why was I even created? You know. Yeah, emotional rollercoaster it was I was a wreck...I'm not even too aware as to what mental health is besides just depression and anger, but that just seems like, okay, because I'm going to say it just seems like something we all go through. We all get depressed, mood swings...Anything besides medicine (would help mothers with mental health problems), I guess that's my thought on it.
>
> (Aliyha, 21 y/o, 3 children)

***Learning about symptoms and coping skills***. Several participants described how they had only recently started to learn about mental health symptoms and coping skills through formal treatment programs. For example, Paige discussed her experience with learning about mental health symptoms after her release from jail through being with affected peers.

> There are people there with a lot of mental health issues (in residential treatment) and just watching some of the stuff that goes on and hearing some of the stories that these women have went through. And, just listening to all this stuff. It's not fun. But, you've got



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to go through all that to heal, so. I actually learned a lot about mental health being there…

Paige went on to share how her life had changed since she learned about the meaning of trauma.

> I never really knew what trauma meant. I thought trauma was violence...I just always thought that's what trauma meant until I learned, have you ever heard of the ACE scoring? Like, an absent parent or just so many things can be trauma related. It's insane.... I never knew any of that. And, when I learned that in treatment, we learned that in health education, I had to step out of the room...the Child of Bureau Welfare or whatever they call themselves, they told me that my youngest son suffered some trauma issues. And, I'm like, "That's crazy, he's never seen anything violent!" And, I was just really mad that they kept telling me all of this. And, then when I learned that, yeah. I had to leave the room. Like, oh my god. They did. They were exposed to trauma.
>
> (Paige, 35 y/o, 4 children)

Similarly, Stacy summarized her experience with therapy, “Treatment changed me mostly for the positive because I'm more aware of things, about myself. And just learning how to manage my recovery, my depression, my anxiety.” She also discussed how she was not sure if her racing thoughts and worries were related to mental health and how she was just learning what it meant for her to be diagnosed with bipolar.

> I don't know if that has to do with my mental health or not, but my mind races, I'm constantly worried about stuff that I have no control over. And yeah, then learning I'm bipolar which is something that I was not expecting to find out. I know there's like manic and then there's ... I don't know there's all this other stuff, and I don't ever ... I've



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never seen myself really experience any of that. Or so I thought...after 33 years, "Now you're bipolar."

Stacy also described how she was trying to implement the coping skills that she had learned in therapy.

> Just focusing on the here and now. Not trying to control what I can't change or just ... I have a really hard time with staying in the present. I think that I get overwhelmed or get anxious or worried or all that…. I'm trying to do like coping skills, and grounding myself. Yeah. That's one of the really big things that my therapist has said like, staying in the now. I have a hard time doing that. So, I'm just working on it...Going to treatment has changed me mostly for the positive because I'm more aware of things, about myself. And just learning how to manage my recovery, my depression, my anxiety.
>
> (Stacy, 33 y/o, 3 children)

Similarly, Abby discussed how her experience in an ERP helped her develop self-awareness about her anxious thought patterns and ways to address them. She shared that that knowledge has helped her to be responsible as a mother and avoid crisis-mode thinking.

> I don't think in a crisis mode anymore, which I did most of my life. Every hiccup then was like this huge crisis and I need to just figure out…. (Now,) I mean sometimes I don't feel like being a mom that day. You know wake up and have a lot of stuff to do and be like, "Oh, my gosh I could really just lay here all day". But I just force myself to do it and at the end of it, I'm glad that I did cause I used to stew and stewing would roll over into the next day and the next day...That's kind of what prison taught me, just don't stew. (Don't) overthink or talk myself out of doing things because my anxiety's so bad...I really learned to like thought-stop and I've really learned to talk myself out of it versus



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> talk myself into it...There was this trauma group called Seeking Safety and then a women's group called Moving On...you literally had to break things down step by step. And I'm like this is stupid. But now in my real life, I break them down step by step. So, I think programs like that are needed. Of like, you're feeling angry but what's the feeling behind that. You know, we always go to anger, but why are feeling that way? I think stuff like that helped me.
>
> (Abby, 31 y/o, 2 children)

**Research Question 3**

The third research question was how do mothers of minor children experience substance use after release from jail and prison? Themes were included as answers to this question if they related to using and avoiding drugs or alcohol, substance use treatment resources, or related social functioning. Nine participants described returning to alcohol or drugs almost immediately after release; six more did so eventually; and 12 had been reincarcerated in the past for drug-related charges or probation violations**.** Answers to the third research question were categorized under two major themes: *A Tiring Routine* and *Deciding What I Have to Lose,* which were developed from the codes displayed in Figure 4.



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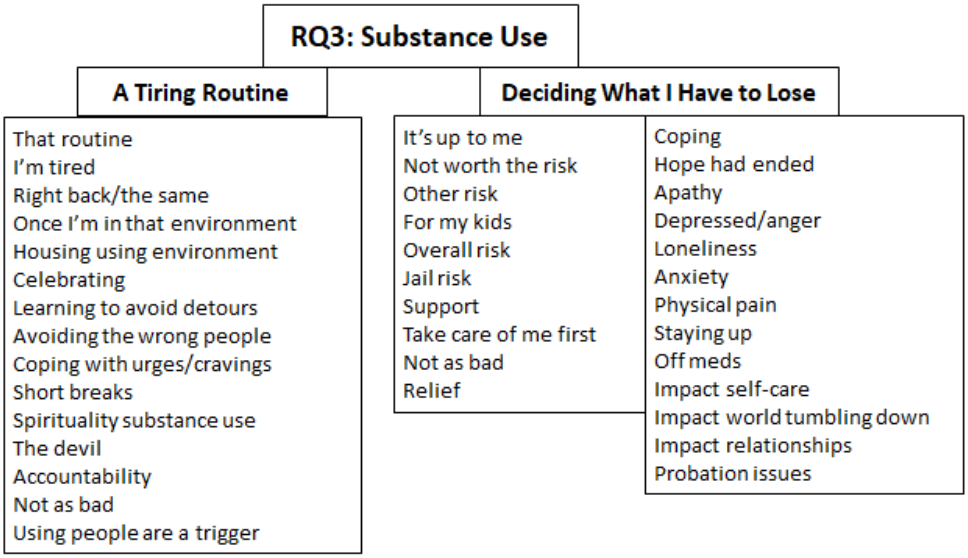


Figure 4. Development of themes related to substance use after release.

**A Tiring Routine**

The major theme *A Tiring Routin*e described one aspect of participants' experiences with substance use after release. Participants' narratives of *A Tiring Routine* included their experiences with the predictable series of events related to substance use, as well as feeling trapped, physical and psychological exhaustion, and feeling tired of the consequences. *A Tiring Routine* was present in 10 participant's narratives, most of whom stopped or avoided substance use after release because they felt tired of it and three whom were still using despite feeling tired. Participants described their experiences with *A Tiring Routine* using words and phrases like "routine," "the same," "normal," and "pattern," and "lifestyle;" as well as "tired," "stressful," 'horrible," "miserable,' and "enough." *A Tiring Routine* was best exemplified in the following eight narratives.



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**Predictable series of events.** Several participants described how using drugs and alcohol after release was *A Tiring Routine* because it followed a predictable series of events, including thoughts, feelings, behaviors, and consequences. Wanda described how her routine of using drugs began immediately after release when she got a ride to the gas station to meet her dealer because she did not consider changing her lifestyle. She also described how her routine of using drugs may have been more of a problem than the drugs themselves; and how the process would start again when she was offered drugs despite her being tired and wanting to stop.

> I probably was high with five minutes of leaving the jail. They'll drop you off by the old coroner's...right across from the big prison … (I went) to the bus stop and flagged the guy down for a ride. Got a ride to the gas station and my drug dealer was right there at that gas station so I was high within five minutes... (I did that because) I didn't make my mind up to stop. Cause I was going back to the same lifestyle...And actually, I don't even know if it's the drugs so much. It's just such a routine now. You know what I'm saying that I gotta get a new routine to break it. That's all. I actually half the time tired of getting high. I be sober they be "you want some beer you want some cigarettes"? “I'm good,” ... After a while your background kicks in.
>
> (Wanda, 49 y/o, 3 children)

Similarly, Zoey described how her routine of using drugs began again after her release from past incarcerations because she lost her support system starting with a counselor then moved in with her boyfriend and distanced herself from other people. That experience led to a feeling that led to thoughts about calling a friend who she had used drugs with in the past.

> (My counselor) had a relationship with my roommate, like a really inappropriate one...So then I lost him...Long story short, I ended up relapsing because I didn't have my



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support. Once you lose that, it's really hard, you'll get triggered, and it wasn't even like a thought, at first it was like a feeling. And then I examined that feeling, and I was like, "Oh, I should call (Kelly),' which was my using friend. I was like, "No, if I do that I'm gonna over-," you know like use, "I'm gonna relapse, if I call her." Basically, I talked myself into calling her like, "You'll be fine, I just wanted to see how she was doing." Basically, I ended up relapsing. So, within a month, I was devastated.

(Zoey, 26 y/o, 1 child, 2 step-children)

**Feeling trapped.** Several participants described their experiences with *A Tiring Routine* in the form of feeling trapped. Imani described feeling trapped in her routine of drug use, sex work, and crime. She felt that her greatest challenge was to not be influenced by people who were engaged in that lifestyle while living among them. She described feeling like she could no longer run from frequent offers to use drugs because she was already prone to saying yes; and how she felt more trapped once she started using and became unstable.

Well, I want to tell you, the most difficult thing that I could say and it's still difficult right now, but I'm still working on it, is being around people that's not influencing in my life, that influence me to do bad things, steal, rob, drugs, have all kinds of sexual preferences of doing...to live in the midst of it, to not take myself out of it, but to live in the midst of it and tell these people, "No, I don't do that no more." That's the one I've got to figure out. They'll be trying to say, then I get myself caught up into things that I, into criminal activity, sexual pleasure, bullcrap, what we call prostitution and drugs...And knowing that all this stuff is around me and don't have it affect my life no more, because it's not going to, I'm not going to be able to run from it, I don't think so...once I get in the situation, once I'm around the environment, I don't do too



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good...next thing you know I'm off track and I'm unstable...To just say, "I can't do it no more." I don't want to deal with this no more, so I don't know yet, I can't figure that one out, how to do that one yet.

(Imani, 46 y/o, 3 children)

**Physical exhaustion.** Several participants described the physical exhaustion related to using drugs and alcohol. Abby reflected on her past routine of using prescription sedatives, which often involved taking them immediately in the morning. She described how she was tired while she was taking them and did not know how she took so many and still functioned.

(I was prescribed it) from like 16 to 28, so most of my life...if I were to get anxious in the first thing in the morning years ago, I'd just take my medicine...And I was just thinking about that this morning about how medicated I was and I how even got through the day like that cause it, benzodiazepine pills, they make you tired. And I was taking four a day. And I can't imagine even taking one a week now. I'd feel so tired.

(Abby, 31 y/o, 2 children)

In a different sense, Louisa described her experience with being physically exhausted from substance use because of not sleeping; as well as the physical consequences of her decades-long routine of living on the streets, using drugs, and being incarcerated

I haven't used in two days. But before that I was more jittery, couldn't stop moving. My body movements were a lot worse than they are now. I was very tired, very tired. I had to catch up on sleep. I hadn't slept for four days. I finally got some rest the past two days, so I've looked good and feel more refreshed...I've been using since I was seventeen and I'm thirty-nine. Years of wears and tears from the streets, from the drugs and prison can make you old too.



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(Louisa, 39 y/o, 3 children)

**Psychological exhaustion.** Several participants described feeling psychologically exhausted of using substances. Brenda discussed how she was tired of how her addiction made life so difficult on a daily basis prior to her last incarceration. She described feeling somewhat relieved when she was incarcerated the last time because it meant she did not have to return to her usual routine of getting drugs just to avoid withdrawal; and had a chance to return to her life and children.

> I think by the time, because I had been in jail a couple times then already. By that time, I was so tired of my addiction and it was just so hard every day to do what I needed to do. That when I finally got arrested that last time, I was like happy almost. I was not happy, but I was. Because I knew, I don't have to be in the street tomorrow morning. I don't have to run and hustle and try to do this and that. Try to stay well. Because it was always just about staying well enough so that you don't get sick. By then, I was just exhausted and tired. And I missed my life, and I missed my kids.

(Brenda, 46 y/o, 3 children)

**Tired of the consequences.** Several participants discussed how they were tired of the consequences that resulted from using drugs and alcohol. Karla described how she had been in the routine of using drugs, homelessness, and selling sex for most of her life; and how she became tired of both having no sense of direction and trading sex for housing because she needed to sleep. Karla was residing in a residential treatment center at the time of the interview.

> I have been getting high for about 35 years.... (Drugs were) all I knew, my whole life. For read. Once the drugs was gone I was out (on the) hustle. Been gone for two or three days. Come home and I'm tired. I was prostituting. I had got well known. (The



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police) knew my name. They would holler my name on the speaker. “Go home!” Yeah, so that. I couldn't get a ride. “Move on! Go somewhere else!” ...That's another thing why I got tired. You know, being homeless. You know um, didn't have no direction. I can’t count (how long I’ve been homeless) but it has been years...Sometimes they, you know, sometime I had to have sex with them. That's before I caught HIV...They wanted to have sex with me to stay the night or stay a couple of days. You know, I didn't really like that, but I was on that stroll, so it, I would, cause sometimes I get tired and want to lay down. Once I get started, I ain’t going to stop. Then I had getting, get so tired that I would walk, and I would go to sleep and walk.

(Karla, 54 y/o, 3 children)

Similarly, Diedre described how she became tired of the consequences of drug use related to not being in her daughter’s life, living on the streets, and being treated poorly after she was released. She described how she felt scattered and depressed, used drugs for about a week, prayed, and then sought treatment after she experienced a sense of not being able to continue the routine.

(After I got out) I felt like I was going crazy. I was just so depressed to the point where it was too much. My child was in guardianship, my aunt had guardianship of my daughter, to the point I was tired of not being with my daughter and tired of running the streets. I just said, I'm tired…I just went right back. I went back to my old routine. It's like I didn't feel the same. It wasn't me and like I can't do this anymore, it's been so long. I was tired, and I prayed...When I got out, I used about a week after I got out, but it was over after that. It was over after that. I went to Ms. (Darcy) and Ms. (Glenda) and I was like, I know I've been playing all this time, but I'm ready, I'm tired…I said I want to go to



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> treatment….(I've had) urges and cravings and stuff like that, because I guess I've used it for so long, but deep down I didn't. I was just tired. (I used) off and on for 18 years... (I was) just tired of using. Tired of the same routine. Tired. Listen. What I notice is, I notice how they treat drug addicts, especially women, especially prostitutes. A lot of men are very, very nasty to us. I got tired of getting treated like that. I felt I was better than that. I felt I was worth more than that. I just couldn't get out the rut by myself. That's it.
>
> (Diedre, 38 y/o, 8 children)

**Deciding What I Have to Lose.**

The major theme *Deciding What I Have to Lose* described the second aspect of participants' experiences with substance use after release. Participants' narratives of *Deciding What I Have to Lose* describes how most felt they had a choice in whether or not they used drugs after release; and how that choice related to their thought processes about what they could gain or lose as a result. *Deciding What I Have to Lose* was present in some form in all participants narratives through their experiences with deciding to use or not use drugs or alcohol. Participants who used drugs and alcohol described how they decided to do so because it seemed safe while socializing or safer to use than to experience their uncomfortable thoughts and emotions (i.e.: coping). Those stopped or avoided drugs and alcohol after release described doing so for themselves and their children; or because they had gained too much in their lives already to risk it. Participants described their experiences with *Deciding What I Have Lose* with words and phrases like "decide," "choice," "up to me," "trigger," "crave," "not worth it," "numb," and "self-medicate." *Deciding What I Have to Lose* was best exemplified in the following thirteen narratives.



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**Making a choice.** Most participants described how their decision to use or not use drugs or alcohol after release was their choice alone. Omolara described feeling like she made the choice to be away from her children in the past because of her drug use. She described how she had little tolerance for others who vented about the consequences of their own choices and how the will to change comes from with and a desire to pursue something else.

> Well, I didn't have to be gone. I chose to be gone because of my addiction in the past so I was always gone. So, them, and what they thought about and what they felt, really didn't matter at that time. But now, it's like I take everything into consideration...I never really believed in going and sitting and listening to somebody cry all day about their situation and then the next week they're still going through the same thing because of choices that they made.... I know I had my drug addiction, but I've never been into medicating. Especially now that I'm off my addiction because it's like, I believe the power to change comes from within. You know if you really want it, you're going to do something about it. You're going to make the necessary steps and changes to do it.
>
> (Omolara, 39 y/o, 10 children)

Likewise, Louisa described her perception that she had a certain sense of control over whether or not she used drugs after release. Ultimately, Louisa felt that she had to choose if she had the desire to use or if she was strong enough to avoid it. Still, she added some ambiguity when she suggested it's relation to her physical cravings.

> You know, the triggers start in your head before, I can see a person and it's going to trigger me. I see a person in the neighborhood, but it actually really starts with me first. Then I have to make the decision. There were days about choices. I decided. "Am I going to want to use? Am I going to give in or am I going to be strong and stand my



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ground against the devil?" It's not always the devil, it's us. It's the flesh that wants and wants.

(Louisa, 39 y/o, 3 children)

**Socializing**. Some participants described that they decided to return to using drugs or alcohol after release because it seemed safe to do so for the purposes of socializing. Jenna described how she started drinking about two months after she was released from jail because she was excited to be out and see her friends; and how it eventually progressed to using heroin.

The first time I got out, I didn't use for probably a good month or so. Two months, maybe? And then I had drinks, like, the first week I got out. You know, you get out, you're excited to get out. You're excited to see your friends, and yeah, I did that. And then, that started to kinda, started drinking more. And then, quickly turned into doing dope again. All that nonsense.

(Jenna, 34 y/o, 4 children)

Similarly, Grace described how she had used after previous releases because doing so at family parties seemed harmless.

(I wouldn't use after I got out for) about a month or two and then I saw my family, I have to stay away from. See them partying and stuff and I would be like, "Okay. It won't hurt me." You know, that shit. Yes, it do hurt you.

(Grace, 48 y/o, 8 children)

Socializing was often connected to participants' experiences with only using drugs or alcohol on occasion after release, which seemed less risky than their previous patterns of use. For example, Rashida shared how she drank occasionally at social events after her release from prison because it did not seem as bad as doing so alone or with a problematic friend as she had



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done in the past. She described how her decision to do so involved the thoughts of wanting to avoid a probation violation and it not being as harmful as using drugs.

> I probably drank socially, maybe a handful of times because I didn't want to get back into that and I was on paper, so I didn't want to get in trouble. In Kenosha, I think we had a couple get-togethers and I drank there. Haven't used any kind of marijuana or drugs...It wasn't like that. I had, like I said, socially drank…. Other than that, I wasn't drinking. My best friend, she drinks quite a bit, but I wasn't drinking with her because me and her tend to clash when we drink. It's not good so I wasn't drinking with her.
>
> (Rashida, 35 y/o, 2 children)

**Coping.** Several participants described how they used drugs or alcohol after release to cope with difficult events, thoughts, and emotions. Imani summarized her experience with using drugs to cope after release, "(I didn't start using drugs) right away but it was when all hope had ended. When all hope had ended. When all hope had ended." Similarly, Faith discussed how she decided that marijuana was specifically worth the risk because it did not impact her ability to work and helped to calm her nerves. Essentially, she decided she had little to lose if she used marijuana.

> (When I got out,) I already knew I was getting fucked up...That's why I do marijuana...I've been smoking weed for forever and I still get high…. (So) I do smoke weed every day, but it doesn't mess up my ability. I have a very good memory...I graduated off weed, (from) high school…. I still smoking weed because I love to weed. Weed ain't going to ever stop. Weed save a lot of people. Even my job knows that. They don't have a problem with that because I don't do anything to put clients in harm's way or nothing. It's just the point that it helps my nerves and my doctors even, it helps me. I have



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very, very bad nerves and I don't know why. They still don't know why either. I had so many tests done on me, it don't make no sense. I just got bad nerves and it calms my nerves.

(Faith, 35 y/o, 5 children)

Similarly, Nadiya discussed how she used drugs for a few months after release because the pain of losing her son and being without her other children. Her decision to stop was related to getting pregnant and not wanting to lose another baby, as well as wanting to get custody of her other children. Ultimately, she felt that her decisions to use or stop using drugs were her responsibility.

I had started using (about two weeks after) I got out…it was like a relapse thing...I was sober at first (and) not seeing my kids...an impulsive thing kind of took over...The thought then crying a lot. I thought that that would help me forget. (Then,) I made the decision to get clean for my children. I just know it's not healthy. It was dumb. I don't even know why I was doing it. The depression I believe, that's the only thing that I think of, of why I was doing it...I was overly depressed, and I don't know, I kind of self-medicated. So, I didn't have to think about what really reality was. It wasn't working, and I realized it wasn't getting me nowhere…. (I decided to stop because) for one, I got pregnant. On top of that, I'm trying to get my kids back. Can't do nothing being high all the time...Nobody can affect what you do. It's up to you really. Well, (where I was staying) kind of (affected it) 'cause they were smoking cigarettes and stuff. But at the same time, I kind of picked myself up and chose to stop on my own. I was a success because now I'm in the First Breath program and I haven't smoked since before I got



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pregnant. I'm not planning to smoke when I'm done. I don't want to go back to that type of life. I like it better with clean and clear thoughts.

(Nadiya, 26 y/o, 6 children)

In a different sense, Wanda described how she continued to use drugs to stay awake, so she could cope with the fear of falling asleep on the street where she would likely be raped or harmed.

It's not fun. I have to spend a lot of time staying high just so I can stay woke. So, I don't fall asleep on the street. So, it's like a Catch-22. I really don't want to get high anymore. I'm actually tired of getting high, but I can't. I gotta stay high so I can stay woke. Or at least stay woke until the morning when I can come here and go to sleep. So, it's almost like actually I'm tired of drugs, but it's a Catch-22 because of the lifestyle it put me in. You better not go to sleep on the street. Those hyenas out there (laughs). Those hyenas and those buzzards flying around. They waiting on you to drop. Survival. No good. I don't go to sleep. Thank God, that I haven't been in a situation to have been raped and all kinds of stuff but one of my friend's girl fell asleep in her bed she went in an abandoned house to go to sleep. Raped. Yes, so I laugh not because it's funny it's just a nervous way of dealing with the topic because it's hard. Yes, so that's why I stay woke even when I don't want to get high tired of getting high. But where am I going? I can't just go to sleep anywhere. I gotta stay woke.

(Wanda, 49 y/o, 3 children)

**For myself and my children.** Several participants described that they avoided or stopped using drugs or alcohol after release because they wanted to have a better life for themselves and and/or their children. Quirana discussed how she started to write goals during



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her last residential treatment program and continued to do so. She described how her goals included keeping a home and being a role model for her grandchildren; and how using drugs would get in the way.

> I haven't did no drugs since I got out of jail. It's been a long time...I used to do crack cocaine and yes, I was out there...(I stopped because) I wasn't accomplishing anything and one day I sat back and added up all the money that I spend and thought out how many houses I could have bought and how many cars I done bought for the dealers and how many times I'm hungry and their freezers full and mine is not. That's what stopped me...I went to (treatment) and I started setting goals for myself…. I keep a journal and I keep goals for myself. If I go by this daily plan, I stay on track...I have to do something, one positive thing every day... (My grandkids are) very positive to me. Like I said, I usually spent time on drugs. They're the reason, besides myself, they were a part of my goal because they love to be around me, so I have to be the role model...Back then, I'd move in a house, I was getting evicted or things like that. That put me back.
>
> (Quirana, 50 y/o, 3 children)

Similarly, Rashida discussed not wanting to use drugs or drink, so she could address the underlying reasons that she did so in the first place so that she could become independent. She described that she was in substance use treatment for the first time and was just starting to deal with her trauma.

> (I've) been to mental health but not substance use (treatment)...this is my first time around doing that... I've got to treat my trauma and deal with all the areas that need to be really addressed and I hadn't been able to really do that. Being a mom, I focused all my attention to that. Being a wife, I was focusing all my attention on that and prior to, I



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was in college...I didn't really say, "Okay, let me treat the trauma," because I have a lot of trauma and I know that's where a lot of my issues stem from...I don't want to go back to prison behind drinking and I do want to address why I feel like I want to drink...It's a lot of work, but it's worth it. I think about my kids. I think about getting on my feet and I think about not going back to prison and with those thoughts, then it just helps me to make a different decision.

(Rashida, 35 y/o, 2 children)

**Gained too much.** Similarly, several participants described that they had gained too much in their lives to risk it by returning to using drugs. Brenda discussed how she thought that using drugs would damage the trust she had developed with her probation officer, and put her at risk for losing her freedom, children, and sense of normality.

I've been in situations where it's like a football game or something like that. Actually, I go watch a lot of hockey, so there are plenty of people drinking there. Situations like that. There's someone I know who, he smokes pot every day. He came over to help my fiancé move something, and then he offered, "Oh, you guys want to smoke?" Like, "No. You idiot."…It just doesn't, it's just not worth it to me, knowing that, this sounds bad, I don't want to say my PO would be fine with it, because he would not be fine with it. I have a good relationship with him...I have worked so hard…. (I've had thoughts like drinking or using drugs) would be nice, but nothing, I don't know. The other stuff is too important to me, to even think about it. (Stuff) like my kids, and being home, and having a normal life.

(Valerie, 35 y/o, 2 children)



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Similarly, Brenda described how she had gained a lot in her life since she was released and how using drugs would put it all at risk. She felt grateful for her improved relationships with her children, her new friends, and her job and would "think ahead" when she thoughts about using drugs to realize that she would not be able to hide it from others or herself.

> (Thoughts about using will) pop into your head sometimes. Or you'll think of it for a second. But, it goes away from me. I don't know, maybe because I am always so busy. I don't know. I mean, I feel really lucky and grateful, but I don't take it for granted because I know it can go right back super easy. You know?..... I think I just, I think about it ahead. Like, "Okay, that was weird that I thought like that." My life is so great right now. I don't take my life for granted. Thinking ahead like, if I use one time, one of my kids will be able to tell that I used that one time…. All of this trust and all of this closeness that I've gotten back with my family would be gone just like that...And I really like my life.
>
> (Brenda, 46 y/o, 3 children)

**Research Question 4**

The fourth research question was how do mothers of minor children experience traumatic events after release from jail and prison? Themes were included as answers to this question if they related to events that participants perceived as traumatic after release, such as experiencing or witnessing violence or abuse, losing people, or experiencing major accidents; as well as their effects and responses. Twenty-three participants reported experiencing something they perceived as traumatic after release; while 14 discussed experienced lasting effects of either recent or past trauma. Seven participants experienced trauma in the form of deaths or near-deaths of friends or family after release; four had been raped; three had been abused by intimate



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partners; four described traumatic re-incarcerations; and three experienced vicarious trauma. Participants also perceived that traumatic events after release include losing custody of their children (3), living against their values (3) and housing instability (2). Answers to the fourth research question fell under two major themes: *Disconnecting* and *Gaining Strength*, which were developed from codes displayed in Figure 5.

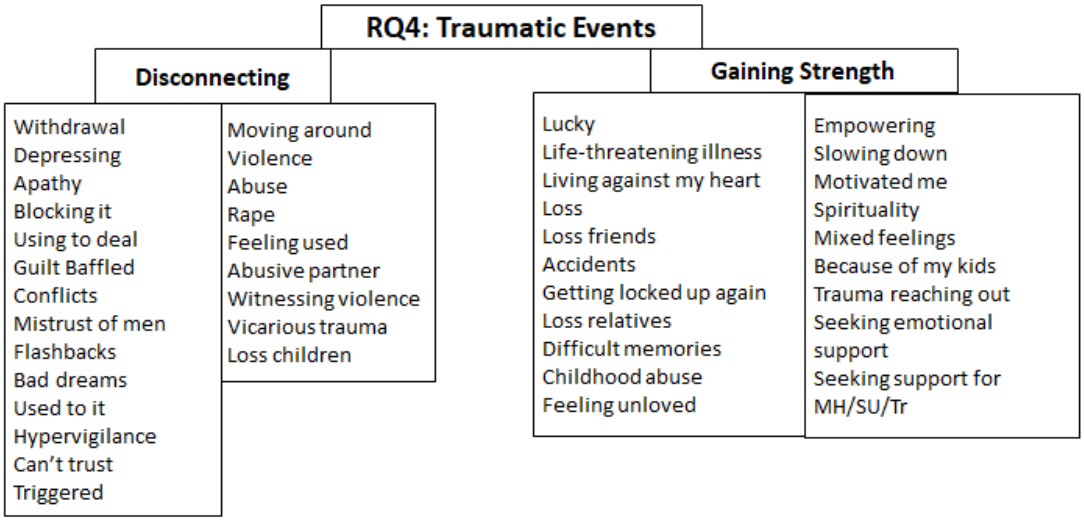


Figure 5. Development of themes related to traumatic events after release.

**Disconnecting**

*Disconnecting* described the first aspect of participants' experiences of traumatic events after release. Participants' narratives of *Disconnecting* described their experiences with responding to traumatic events by withdrawing from or avoiding life, themselves, or others. Participants' experiences with *Disconnecting* often followed the traumatic events of losing their children or violence by men; and took the form of depression, apathy, and mistrust. *Disconnecting* was present in 14 participant narratives. Participants described their experiences



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with *Disconnecting* after release with words and phrases like “didn’t care anymore,” “numb,” “autopilot,” and “don’t trust.” Participants’ experiences with *Disconnecting* after release was best captured by the following ten narratives.

**Disconnecting from life.** Several participants described how their experiences with traumatic events led to their sense disconnecting from their lives through apathy or losing the ability to care. Jenna discussed how disconnected after she came out of jail to find that her children had moved out of state, which led to a downward spiral involving worsening mental health symptoms, apathy, and drug use.

> I came out to find out that my plans to reunite with my children was pretty much all for naught, because my ex-husband had moved them out of state while I was in without telling me. And, my family knew, and they didn't tell me. I came out with no job, no money, no place to live, and then to find all that out, I hit a downward spiral pretty quick.... Probably the first two weeks, I was craving, but I wasn't, I think just things got so bad mentally, that I just didn't care anymore. I got to that same like, “Well, if I'm not gonna, if you're gonna keep everything from me, this is the way it's gonna be, I just don't care, I don't want to live anymore. So, if I'm gonna live, and I'm gonna be really fucked up.” I didn't care about my life anymore. There was no point.
>
> (Jenna, 34 y/o, 4 children)

Similarly, Diedre described how her past traumas involving the deaths of four of her children after previous incarcerations led her to a sense of apathy toward life.

> Because the traumatic stuff I went through and I felt like I just (said), “Fuck the world.” I didn't give a fuck about anything. When I lost my kids, I was, “Fuck everything.” Even though I had my little daughter, I still felt that way. I guess mentally I



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got tired. When I lost my daughter to SIDS. I already had lost my kids to a house fire so really when I lost my daughter to SIDS, I just, "F everything."

(Diedre, 38 y/o, 8 children)

Similarly, Faith described her experience with disconnecting from life after being raped through giving up her children to family, going out, and no longer caring about what happened to her.

I was out. I was going home. I was just leaving...this bar called Gigi's…. Dude was riding on a bike. He was already going around raping females…He caught me when I was on my way to my auntie's house...I had got raped. Then I went into a depressive state. I was already out for like 18 months. That was it. Dude got prosecuted. Then I was on bullshit. I've been on bullshit. I was on bullshit since September of 2013 all the way until basically until my great auntie just died in December...That I ain't give two fucks. I didn't give a fuck. I put my kids down the street at my auntie's house. Gave up my crib. I made sure they had clothes, shoes, they have food, all that. I didn't care where the fuck. I stayed out. I didn't care. Even though I know where I had a home or knew that I can go. I just didn't care what happened to me.

(Faith, 35 y/o, 5 children)

**Disconnecting from self.** Some participants discussed how they responded to traumatic experiences after release by disconnecting from themselves, often in the form of denial or sense of unreality. Aliyha discussed her experiences with disconnecting from herself related to her experiences with her abusive husband after being released from jail. She disconnected from her feelings that she did not love him and from thoughts about how bad his abuse affected her, which she described as going on "autopilot."



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> The thought of rekindling my marriage with my husband who I love, but don't love it's just absurd….We've been living together (again) for two months....in the past three weeks he hasn't said any of this, but before it was “You're a bitch, you're a hoe, your mom's a crackhead, you're a crackhead, you should have never been born, I would rather die than to live in a world with you”...That can be depressing...Anywhere I go or if I'm doing something with the kids it's “What are you doing? Are you cheating? You whore, you bitch, you hoe” ... I ask myself more than half the time, “When am I going to love myself enough to get you the hell out of my life until you can get some help?”...That's not love, that's hurt, that's pain...I (get through it because I) put my mind back on autopilot, which allows me to miss out on true happiness because I feel like I'm doing what God wants me to do, but that's a deception that's not true. Yes, I might be against divorce, but at the end of the day what is going to make you happy?
>
> (Aliyha, 21 y/o, 3 children)

Similarly, Faith described her sense of being disconnected from who she was before she was raped through her experiences with emotional numbness, hypervigilance, and flashbacks.

> The first week I was numb. I was still functioning, talking to people...I think by the second week I was back to myself, but everybody will tell you it was like, "You ain't going to the gas station. I must be driving." They could tell certain things was different for me...I had to start doing all the things I used to be able to do so freely that I did. I had to think about walking through alleys at night time...The first two days was kind of difficult to go to sleep because I was just thinking about the knife on my throat...After that, I didn't want nobody to touch me. I was used to sleeping with somebody, but they gave me my space because I was just like don't put your arm around me, no nothing. I



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didn't want to be touched. After the week, I started going back to myself. It took me a minute to have sex again though. The first time I tried it, it was like six months later and I didn't like it. I made the person stop because I didn't know I was going to have flashbacks. I had a flashback. Then after that probably like four months after that. I've been fine ever since.

(Faith, 35 y/o, 5 children)

Similarly, Wanda discussed how she disconnected from herself in order to trade sex by going somewhere else in her mind.

Sure, I can't stand (selling sex). I cannot stand giving any part of myself to somebody I really don't like. I mean, you know, in a relationship in, but it's survival...Survival. Drug habit. I need to eat. Whatever I may need. It's a means to the way. So, it's like you take yourself somewhere else.

(Wanda, 49 y/o, 3 children)

Wanda went on to describe disconnecting from herself when she was threatened with guns and other violence by feeling numb and using drugs. She was no longer afraid of being threatened with guns because it had happened several times yet the anxiety she experienced from witnessing violence contributed to her drug use.

I had a gun pulled on me twice. Nothing (happened.) I just got out of the car. "Start shooting, buddy." I'm gone. I'm too old to scare anymore with them tactics...It was a traumatic experience, but that's as close as traumatic as I can get cause to me it's not traumatic. Cause it's happened (about four times) before. I'm numb to that. Mm-hmm, and I'm just not going. (laughs) It's a scare tactic. "No, uh-uh. See 'ya" ...I've seen people get shot. I seen a girl one time I pulled up with one my guys one of my johns…. all of a



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sudden, a back car door pops open and a young lady jumps out nude and runs for her life...the girl was over the fence. The guy was chasing her...If I wouldn't pulled up, I hate to say what might've happened to her. I never forgot that...It's risky business. You never know what you getting. That's anxiety. So, I use the drugs to cover it up. Catch-22. It's a whole big circle...And the trauma makes me use the drugs. Carousel, this circle, merry-go-round. I got to get the hell off a this.

(Wanda, 49 y/o, 3 children)

**Disconnecting from others.** Other participants described how their traumatic experiences, both past and recent, led them to disconnect from others. Theresa summarized her experience by discussing her ongoing sense of mistrust, "I do not have the ability to have a best friend. I do not trust. I didn't trust before that but come from a long line of abuse and being molested…I'm not a truster." Similarly, Karla described disconnecting from others in the form of no longer trusting men because of her experiences with recent rapes and childhood sexual abuse.

(I was raped). It's been a while back. It ain't been that long. Like two years ago, guns put to my head. You know what I'm saying? Stranded. I didn't know him. I didn't go to the police, I went back on the thing and to change and get high...I just did what I had to do.…but um got that hit and go right back out there…. Then by me getting sexually assaulted by two brothers, you know, that's kind of scary. (I've been sexually assaulted before) like way back, guns, knives, meat cleavers, yeah...That's insane…(so) I don't really trust men now.

(Karla, 54 y/o, 3 children)



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Similarly, Quirana described how she disconnected from both men and others because of her past sexual assaults. She felt as though she could be triggered easily so chose to isolate herself from other people.

> Even that situation about them guys (when I was raped), I have a trust issue with men. Like I said. My fiancé, he knows. He just deals with me, but he knows I have a trust issue and he did something one time, not to me, but in our relationship. It's hard. Once I lose trust, it's hard for me because any little thing that triggers that way, I'm gonna go back to, something's gonna happen. My daughter said she don't know why that help me, but I just stay to myself a lot, but I know that ain't healthy either, but I do. It's healthy for me, but you really don't supposed to shut yourself off from everybody.
>
> (Quirana, 50 y/o, 3 children)

Likewise, Rashida described how she disconnected from her friend to avoid conflict as well as her friend's boyfriend sexual advances toward her. She related her reaction to her past experiences with being sexually assaulted and her current desire to avoid visiting her friend.

> When I lived with my best friend, her man tried to talk to me a couple of times and it brought up ... I've been assaulted a number of times in my life and it brought those feelings of ickiness. I don't want you to want me. I don't want you to be leering when I come around...that brought up stuff for me, just him approaching me and stuff like that...I wanted to talk to her about it, but I just didn't really know how to talk to her about it. I didn't want it to be my fault. I didn't want to cause them friction. I just shut him down every time, so I don't really go around her a lot and I think she thinks because I don't want to see her, but I really just don't want to deal with the whole situation sometimes. It's just too much. It's just gross.



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(Rashida, 35 y/o, 2 children)

**Gaining Strength**

*Gaining Strength* described the second aspect of participants' experiences with traumatic events after release. Participants' narratives of *Gaining Strength* described their experiences with responding to traumatic events by experiencing a sense of hope for themselves and their lives; often through others; which took the form of motivation, empowerment, and reaching out. Participants' experiences with *Gaining Strength* often followed the traumatic events of childhood abuse, life-threatening situations, and deaths of family or friends. *Gaining Strength* was present in 14 participant narratives. Participants described their experiences with *Gaining Strength* using words and phrases like "stronger," "motivated," "empowered," and "talk about it." Participants' experiences with *Gaining Strength* after release was best captured by the following seven narratives.

**Strength in self.** Several participants described their experiences with *Gaining Strength* in the form of developing a sense of faith in themselves, often feeling like they were a stronger or better person, as a result of traumatic events after release. Rashida discussed how she felt more like a survivor after experiencing a cancer diagnosis, losing guardianship of her son, and a serious car accident since she was released.

> Well, having the diagnosis of the breast cancer had, I was going through ups and downs with that. Losing my hair, being sick, just my health and stuff like that, it mentally affected me negatively but in the same space, it empowered me. I didn't know I could go through anything like that and really come out on the end and be okay. I just knew this is going to be the end of all ends…. I'm going to die, all this…it was heart-wrenching, but it was empowering for me to be able to get through it, to know that I had the strength to do



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and I did it. I was doing a lot while I had the diagnosis as opposed to just being able to just focus on that, so that's what empowered me to get through it because I still had life to live…, it changed my whole world, so I was just like, "Well, I want to live," and there was times where I didn't want to live but I was like, when you're faced with maybe that you could possibly not live, you make the decision real quick and I was like, "I want to live."

(Rashida, 35 y/o, 2 children)

Similarly, Theresa discussed how she felt as though she was stronger for having been through sexual trauma, abuse, a hostage situation, prison, and substance use. She described feeling like getting through those experiences meant she could survive anything.

I think because I have been in every worse place scenario. I have been raped. I've been molested. I've been beaten. I've been held hostage. I've been to prison. I've been on drugs. There's nowhere worse than the rear view...(So) I feel pretty safe wherever my space is. I think because of the robbery...We were locked in the basement and we couldn't get out.... I exude this anger, so I just feel like people aren't ever going to try and do that to me again...When the robbery was going on, my daughter was vibrating. She was 16...my mom was just terrified. The terror in her eyes made me so fucking angry. I can't even describe... It was this weird switch that clicked in my head…. I flipped the table over and I was like, "Fucking shoot me, bitch. I fuckin' dare you." I snapped... Then when he didn't shoot me, I was like, "Yeah, you a bitch." And I just sat there…. I think when you've been through the worst thing, the worst thing you could ever imagine, like being raped or being a hostage or being in prison, check, check, check. Now I always feel like I can survive anything.



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(Theresa, 44 y/o, 3 children)

**Strength for life.** Several participants described their experiences with *Gaining Strength* in the form of developing a sense of hope for their lives and feeling more motivated to pursue their goals after traumatic events. Megan discussed how almost losing her children motivated her to stop using drugs and alcohol after her first release from jail.

> My oldest son, I'ma start crying. Oh, he was six and I'm almost set the house on fire. I was drunk, and they were laying in the bed next to me. I'm sorry (crying)...I was very drunk, like super drunk. I fell asleep with a cigarette in my hand and laying next to my kids on the bed. That's when I had to stop. I told my neighbor, and my brother came, and he yelled at me. My brother cussed me out…(he) looked at me, he started crying…I dropped my kids off to my brothers to get clean on my own...It took me a long time. I freaked out. Like, I can't believe I almost killed my babies. That's what woke me up the most. Like, I can't believe I almost lost my babies because of my drinking…. That was the hardest thing in my life, that right there

(Megan, 35 y/o, 8 children)

Similarly, Jenna described how experiencing the deaths of her friends from overdoses and suicides led her to feel motivated because she did not want her or her family to experience a similar fate.

> And then, the second time I got out, this time I mean, I've had friends that have died, which is really hard. I've had two friends died of overdoses. One of them was suicide...and one of my friends disappeared…. So, yeah, I've lost a lot of friends this year.... when my one girlfriend died, that was pretty hard. I think that one hit me the hardest. I went to that funeral while I was in rehab...going to her funeral, and being



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around her family, and standing with her daughter was one of the ... I think the realization set in. Like, that could be my daughter standing there over me. And, it really clicked in my head. That one sat with me for days. I just couldn't get that image out of my head. I don't know about it stopping me from progressing. If anything, I think it's motivated me. 'Cause, I don't want to go out like that.

(Jenna, 34 y/o, 4 children)

**Strength through others.** Several participants described their experiences with *Gaining Strength* in the form of gaining strength from others by discussing their experiences with traumatic events after release. Abby described how learning about her father's difficult situation brought up old memories and how she reached out to her probation officer and pastor to process her conflicting emotions.

My dad and I don't have a relationship at all. And there's been abuse in the past. Sexual abuse in the past to where I was really angry about that...but word of him has come back in my life….one of my family members saw him at a homeless shelter and he's living really wrong. And at first it brought back like, "Well, good. I'm glad that that." You know, that's what he gets out of life when he was- and now it's kind of like, I just pray for him a lot more...cause he has to be miserable...That's been the biggest past trauma that's come back in my life. Do I feel that or don't I? Should I feel that or should I not?...I talked to my pastor about that a lot. Just talk. I talked with my agent, my PO Agent about it. And she says, you know, "I can't tell you how to feel, but you have a right to feel both sides." And then I talk with…my pastor. On bad days we just figure it out. On the good days we figure it out.

(Abby, 31 y/o, 2 children)



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Similarly, Quirana discussed her experiences with gaining strength from others in the form of talking to her children and therapist about past sexual trauma.

> I think all my things occurred when I was younger, and I stuff things. That's why I need therapy. I hold a lot of things in and when I hold it in and when it comes out, it comes out the wrong way because I've had a situation where my sister has had boyfriends. They try to touch me. I've never been molested by a family member or nothing, but I have been raped by a boyfriend when I was younger. Gang raped, stuff like that and I just hold it into myself without talking to someone about my feelings and dealing with it. That's why ... I feel that's how I ended up in the drug world. I talk to my kids about them (memories), a lot of things, I'm very open with my kids and grandkids.
>
> (Quirana, 50 y/o, 3 children)

Similarly, Paige described reaching out to her family to discuss how her roommate in treatment had committed suicide and another peer overdosed.

> (I call my family) all the time, all the time. There was multiple times. Well, one of the women that were at the treatment center, she was my roommate. And, she left a note on her bed. And, committed suicide. So, that was pretty horrible. It was pretty bad. We had somebody overdose in treatment, which that really sucked. Seeing the paramedics work on her. That sucked. So, being able to call family was great. I mean, yeah I could call my friend, but my (sister), that's just nice. And, I called my cousin. Both of them, yeah.
>
> (Paige, 35 y/o, 4 children)

**Revised Conceptual Framework**



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The conceptual framework was revised to depict each of the eight major themes, subthemes, and their related concepts (Fig. 6). Their overall mental health experiences are shown at the top of the framework and their mental health diagnoses and symptoms, substance use, and traumatic events are depicted from top to bottom. This revised framework demonstrates how participants' mental health experiences went beyond those related to diagnoses, symptoms, and formal treatment alone to include aspects of their social contexts, several types of transitions, different degrees of awareness, and common patterns of response depicted in the transitions theory-intersectionality framework used to conceptualize the study (Fig. 1).

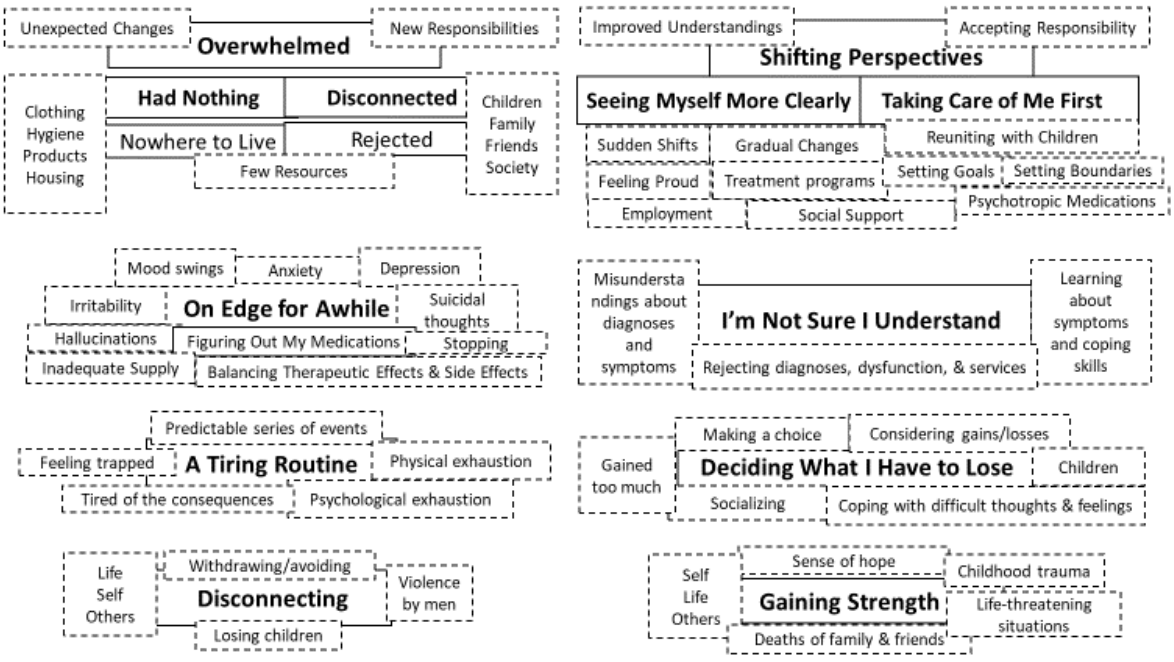


Figure 6. Revised conceptual framework of mothers' mental health after release from incarceration.

## Summary

In this chapter, I described mental health experiences of mothers of minor children after their release from jail and prison through their narratives of their overall mental health, mental



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health diagnoses and symptoms, substance use, and traumatic events. Themes were developed from the commonalities among the 25 participants' narratives.

The aims of this study were addressed using participants' narratives about their experiences with and perspectives on their mental health experiences after release from jail and prison. Themes were developed by analyzing their discussions about their thoughts, feelings, mental health symptoms and diagnoses; substance use, traumatic events, mental health resources, and related social functioning. Themes described their sense of overwhelm and shifting perspectives; challenging mental health symptoms and misconceptions; tiring routines of and decisions about substance use; and both losing hope and gaining strength after traumatic events. Each theme was expanded upon using four or more participant quotes.

Overall, participants described difficult yet transformative experiences after jail and prison. Most participants described a sense of overwhelm after release because they had few possessions and nowhere to live; as well as a shift in their self-perceptions and new ways of taking care of themselves. Most participants also described having challenging mental health symptoms for an extended period, which often required psychotropic medications; while others did not perceive their experiences as evidence of illness. Most participants described the tiring routine of substance use as well as their experiences with deciding to use or not use drugs or alcohol in light of risks. Finally, most participants experienced trauma events after release that led to the conflicting responses disconnecting or gaining strength in themselves, for their lives, and through others.

The following chapter will describe how participants' narratives about their mental health after release related to the theoretical framework and other literature. Then, the findings will be used to suggest implications for nursing practice, policy, and research.



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# CHAPTER VI

This exploratory study answered the research questions about the mental health experiences of mothers of minor children after release from incarceration through eight major themes. Overall, mothers were overwhelmed after release and most experienced a shift in their perspectives on their lives and selves. Mothers' experiences with mental health symptoms largely took the form of anxious feelings; psychotropic medication adjustments; and misunderstandings. Mothers experienced substance use as a tiring routine; and their decisions about using drugs and alcohol related to their perceived potential losses. Finally, mothers' experiences with traumatic events often led them to a sense of disconnecting from or gaining strength in their lives, themselves, and others.

## Discussion

These findings contribute to the scientific literature about mothers' mental health after their release from incarceration in five major ways. First, it's qualitative approach adds depth and meaning to a largely quantitative body of literature. Second, it's focus on mothers who had been released for various lengths of time from various facilities balances literature that has focused mostly on incarcerated mothers in one facility. Third, it's asking mothers directly about their mental health experiences after release makes them the experts in their own lives as opposed to a literature that has measured such concepts with pre-determined lists of symptoms or experiences. Fourth, the narrative inquiry approach adds background information about mothers' lives before and during incarceration to contextualize the findings and enhance their transferability; as opposed to demographic data alone. Finally, the transitions theory-intersectionality conceptual framework combined both structural and personal perspectives; as opposed to a literature largely based on attachment-related theories. Still, the findings of this



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study must be considered in light of the transitions theory-intersectionality conceptual framework, related literature, and theories to establish their veracity and value.

**Transitions Theory Intersectionality Conceptual Framework**

Strengths and limitations of the transitions theory-intersectionality conceptual framework (Fig 1) became apparent after considering the study's findings. First, the framework had the advantage of proposing that participants would be undergoing multiple types of transitions simultaneously after release. Indeed, most participants described how the post-release period was characterized by both a sense of instability regarding both mental health and motherhood. Second, the framework illustrated how those transitions related to both personal and community-level factors. This was perhaps most evident in mothers' experiences with the traumatic loss of their motherhood status through both incarceration and child protective services interventions. Third, the framework demonstrated how mothers often responded to their sense of instability after release by using drugs and alcohol as well as by seeking both treatment and social support, as was discussed in several themes. Fourth, the findings largely confirmed the framework's proposition that participants' degree of engagement with their transition experiences related to their awareness of the experience itself, perceptions about changes or differences in themselves and their lives; and experiences with critical points and events. This was best exemplified in the themes *Shifting Perspectives* and *I'm Not Sure I Understand.* Finally, the framework's focus on social justice successfully operationalize the study's aims. This was demonstrated by participants' willingness to tell such detailed and personal stories; their perceptions that such a study was important; and their expressions of both relief and gratitude after the interviews.

The transitions theory-intersectionality conceptual framework (Fig 1.) had four major limitations that mostly appeared during data analysis. First, the framework paid little attention to



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participants' experiences before and during incarceration. While it noted the potential effects of participants' histories of trauma and abuse, their narratives about other aspects of their lives and mental health during before and during incarceration offered information that was crucial to understanding their post-release experiences. Second, the framework overlooked social role transitions beyond motherhood. This was evident in participants' narratives related to their changing roles as daughters, sisters, friends, employees, and community members. Third, the framework failed to capture participants' diverse experiences with substance use as more than a response to other transition experiences. Instead, substance use was largely described as its own type of transition as exemplified in the themes *A Tiring Routine* and *Deciding What I Have to Lose.* Lastly, the framework did not illustrate how participants responded positively to their mental health symptoms, substance use, and traumatic experiences when they had appropriate support and resources. For example, participants described how they developed an increased sense of self-efficacy as demonstrated by the themes *Shifting Perspectives, Deciding What I Have to Lose*, and *Gaining Strength.*

**Overwhelmed**

The major theme *Overwhelmed* has been noted in other literature in different ways. In this study, *Overwhelmed* described mothers' sense of feeling inundated by new responsibilities and unexpected changes after release. These responsibilities and changes were often related to lacking basic needs and housing via the theme *Had Nothing;* as well as distant or difficult relationships via the theme *Disconnected.* Similarly, several authors have found that mothers were overwhelmed by their parenting responsibilities in the context of limited income and employment opportunities after release (Arditti & Few, 2008; Brown & Bloom, 2009; Colbert, Sekula, Zoucha & Cohen, 2013; Pritchard, Jordan, & Jones, 2014). Still, others have described



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women's sense of overwhelm post-release as related to their probation and parole requirements (Richie, 2001; Opsal, 2015). In this study, only a few participants discussed probation- and parole-related stress. The lack of such a finding here may be explained by the absence of direct questions about their probation and parole experiences or that most participants were no longer under such supervision.

The subthemes *Had Nothing* and *Nowhere to Live* have been frequently noted in other literature. In this study, *Had Nothing* described mothers' experiences with lacking basic physical needs and *Nowhere to Live* described experiences with lacking their own housing after release. Participants most often lacked basic clothing, hygiene products, and housewares because they had lost everything when they were incarcerated. Their housing issues included homelessness; challenges staying with friends, relatives, and strangers; and living in short-term transitional settings. Similarly, others have described the significant housing challenges of most persons reentering the community; especially those with mental health problems (Geller & Curtis, 2011; Roman & Travis, 2004; Richie, 2001; Williams et al., 2013). Previous researchers have also found how post-release housing insecurity was more common than outright homelessness (Herbert, Morenoff, and Harding; 2015); as well as mothers' difficult experiences staying with family, friends, and strangers after release (O'Brien, 2001; Richie, 2001).

Conversely, few studies of mothers with histories of incarceration have described their experiences with first losing and then going without clothing and hygiene products after release. Instead, most researchers have discussed their lacking housing and identifying documents; both of which are often required for securing benefits and employment; including those related to food, health insurance, childcare, transportation, and income (Ramaswamy, Upadhyayula, Chan, Rhodes, & Leonardo, 2015; Salem, Nyamathi, Idemundia, Slaughter, & Ames, 2013; Salina et



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al., 2011). These types of basic needs may outrank clothing and hygiene products in some respects, which could explain the relative lack of findings on this topic in the literature. However, participants in this study described how going without such necessities added to their stress, affected their self-esteem; and interfered with seeking both health care and social support after release. Thus, this finding adds to the literature by suggesting that mothers' lack of clothing and hygiene products after release may actually serve as a barrier to securing those seemingly higher-order benefits and services.

A few researchers have described incarcerated and released women's experiences with the sex trade (Hearn, Whitehead, Khan, & Latimer, 2014; Cropsey et al., 2011); yet few have described their exchanging sex for a place to sleep after release (Sered & Norton-Hawk, 2008). Such experiences with survival sex has been mostly described among youth, young adult, HIV-positive, and homosexual groups experiencing homelessness (Chettiar, Shannon, Wood, Zhang, & Kerr, 2010; Margolis, et al., 2006; Warf et al., 2013;). The findings related to survival sex among the middle-aged, largely heterosexual mothers with histories of incarceration in this study is an important finding. Its absence from other literature may be further explained by the recruitment sites used in this study combined with the scant housing resources, segregated neighborhoods, and high eviction and poverty rates in the county where most participants resided (Desmond, 2015; Institute for Community Alliances, 2016). Nonetheless it adds to the literature by suggesting that mothers turn to trading sex for a place to sleep after release from jail and prison, at least in this particular context.

The subthemes *Disconnected* and *Rejected* have been noted elsewhere in the literature. In this study, *Disconnected*, described mothers' experiences with strained or non-existent relationships with children, family, and others and *Rejected* described their experiences with



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feeling mistreated by children, families, and society after release. Other research has demonstrated similar findings related to women's relationship challenges after release. Relational and attachment theory-oriented researchers have described findings about mothers' sense of alienation from their children related to guilt, shame, self-blame, and custody challenges (Brown & Bloom, 2009; Few-Demo & Arditti, 2014; Leverentz, 2011; Parsons & Warner-Robbins, 2002; Ramaswamy et al., 2015). Still, participants in this study pointed out how they had different experiences with feeling rejected by younger versus older children. Experiences with feeling rejected by younger children related to their lacking familiarity with them as both authority figures and mothers, which interfered with discipline. Conversely, experiences with feeling rejected by older children related to their use of harsh words, mistrust, or deliberate avoidance largely stemming from a more long-term disconnection. Thus, this finding adds to the literature by suggesting that mothers' relationships with their children after release are related to both their time away and their children's developmental stage.

Beyond mothers' difficult experiences with their children, others have demonstrated similar findings related to their difficult family relationships after release. Participants in this study described how their family relationships were fraught with mistrust in both directions; which often related to childhood loss and trauma, long-standing dysfunction, and both past and current substance use. At the same time, some participants' narratives reflected their contrasting desire or need to maintain or build family relationships due to practical, childcare, and emotional reasons. Similarly, other researchers have described the "double-edged sword" of family support among released mothers (Arditti & Few, 2008; Leverentz, 2011). However, participants in this study described their added sense of rejection by their families related to their mental health and substance use issues; which mirrors findings of stigma researchers who have described how



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mental health and substance use issues interfere with family relationships through a sense of misunderstandings, mistreatment, judgement, blame, and shame (Corrigan, Watson, & Miller, 2006; Nicholson, Sweeney, & Geller, 1998). Thus, the finding adds to the literature by describing how mothers' experiences with difficult family relationships after release related to their mental health.

This study's findings about mother's sense of disconnection from friends and rejection by society in this study were, perhaps, two sides of the same coin. This was evident in subtheme *Taking Care of Me First* that described participants' purposeful disconnection from, or rejection of, friends based on their desire to avoid substance use and further legal issues. At the same time, the subtheme *Disconnected* described how participants' personal experiences with substance use and legal issues contributed to their sense of rejection by society. This finding is similar to the "people, places, and things" slogan common in substance use recovery programs and noted in other literature about women's experiences after release (Leverentz, 2010; Opsal, 2015; van Olphen, Eliason, Freudenberg, & Barnes, 2009). Likewise, participants' experiences with feeling rejected by society as mothers and potential employees.have been noted amongst mothers in substance use recovery who have described fears of being too honest, having to regain credibility, and trying to move out of isolation (Stengel, 2014; Marcellus, 2017). Overall, these finding adds to the literature by demonstrating how mothers with histories of incarceration may feel a sense of social instability or in-betweenness in that they no longer feel connected to their previous friends and have yet to feel accepted as an equal member of society.

The theme *Overwhelmed* also relates to Black feminist and abolitionist feminist perspectives. As Richie (2015) pointed out, most mothers with histories of incarceration are labeled so that they do not have the power to effectively challenge the oppressive forces that



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leave them without basic needs, housing, or social acceptance; nor can they "write the rules" that govern such social norms and policies. Mothers' statuses as non-White, non-rich, non-suburban, and otherwise non- "soccer moms" means that most do not fit the criteria for being "deserving" of attention, resources, or support (Crenshaw, 1989). In that sense, *Overwhelmed* may speak to their sense of competing in a game that's been rigged against them. Furthermore, their sense of subjugation is illustrated by the very fact that the theme itself has not been well-described in other literature despite increasing rates of women's incarceration and criminal justice reform efforts that are likely to add to the number of women released each year. The ongoing criminalization of mothers with histories of incarceration on multiple fronts points to society's attempt to justify the institutionalization of their continued disappearance, devaluation, and dehumanization (Richie, 2015). In that light, their sense of overwhelm and its components of having nothing and disconnection after release is largely unsurprising yet particularly troubling.

**Shifting Perspectives**

The major theme *Shifting Perspectives* has been described in related literature. In this study, *Shifting Perspectives* described mothers' experiences with changing views of themselves and their lives after release. *Shifting Perspectives* often involved experiences with improved understandings and accepting responsibility, which were discussed in the subthemes *Seeing Myself More Clearly* and *Taking Care of Me First.* Participants did not describe these positive shifts in their perspectives as related to incarceration alone. Instead, their improving self-perceptions and increased sense of responsibility for themselves and their futures were related to experiences with feeling proud, employment, social support, reuniting with children, setting goals and boundaries, and mental health treatment and medications. While other researchers have described similar phenomena in the form of women's "tipping points" and future



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orientation after release, they were often described as a relatively small component of their overall experiences (Leverentz, 2011; Flores & Pellico, 2011). Thus, this finding adds to the literature by describing mothers' changing views on themselves and their lives as a major component of their overall mental health experiences after release and related to experiences beyond incarceration-alone.

Similarly, research on criminal desistance has described themes like *Shifting Perspectives* in regard to persons' changing views of self and life after crime or incarceration. Men's desistance experiences have been described as involving gaining clarity about the past, the impact of their actions on others and their relative sense of powerlessness; as well as developing a new sense of moral agency; distancing themselves from their old identities; and having hope for future goals (Laub & Sampson, 2001; King, 2013; Maruna, 1999). Such shifts have often been preceded by "turning points," which for both the participants in this and other studies have related to pre-release treatment programs, spirituality, employment, social support, and motherhood (Garcia, 2016; Giordano, Longmore, Schroeder, & Seffrin, 2008; Kreager, Matsueda, & Erosheva, 2010; Opsal, 2012; Laub & Sampson, 1993; Stevens, 2012). Thus, this finding suggests the importance of exposing mothers with histories of incarceration to the conditions that support and promote self-reflection.

Still, criminal desistance research has described the positive impact of prosocial romantic partners (Wyse, Harding, & Morenoff, 2014; Rodermond, Kruttschnitt, Slotboom, & Bijleveld, 2016). Romantic partners were not a major component of participants' experiences with *Shifting Perspectives,* which may be explained by several factors. First, interview questions focused on general social support rather than that provided by romantic partner specifically. Second, participants' romantic partners often provided more practical, as opposed to emotional, support.



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Third, participants' support from romantic partners did not differ significantly from that of friends and relatives. Lastly, study participants were largely single and/or had negative or traumatic experiences with past partners.

The *Shifting Perspectives* theme also draws similarities to those found in research on women in substance use recovery. Kearney (1998) described recovering women's changed views in the form of painful realizations about the past; new goals related to employment, health, and motherhood; and developing the ability to communicate honestly and directly with themselves and others. However, her findings only briefly attended to the contributions of substance use treatment and social support to such experiences. In this study, several participants described how such resources preceded their experiences with *Shifting Perspectives* through both self-reflection and support. Thus, women in this study pointed out that incarceration alone did not precipitate their experiences with *Shifting Perspectives.* Instead, like the incarcerated women in another study, participants described how formal services were important for their learning new ways to manage thoughts, emotions, and high-risk situations (Doherty, Forrester, Brazil, & Matheson, 2014).

The contribution of mental health-specific treatment to participants' experiences with *Shifting Perspectives* points to an important finding. Indeed, the criminalization of drug and alcohol dependence has led most research literature on post-release treatment to focus on substance use-related services (Matheson, Doherty, & Grant, 2011; Prendergast, Wellisch, & Wong, 1996; Saxena, Grella & Messina, 2016). While it was difficult to determine the exact type of treatment participants were involved in, their experiences with receiving diagnoses and medications imply that it was beyond substance use alone. Still, there have been few published qualitative accounts of women's experiences with mental health treatment after release (Laux et



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al., 2011). Meanwhile, controlled trials of comprehensive post-release services with mental health components have demonstrated some positive impacts on women's trauma and depressive symptoms, substance use, and overall functioning (Messina, Calhoun, & Braithwaite, 2014; Sacks, McKendrink, & Hamilton, 2012; Zlotnick, Johnson, & Najavits, 2009). Thus, the finding that mental health-specific treatment pre- and post-release contributed to participants' experiences with *Shifting Perspectives* suggests the vital nature of such services.

Lastly, the transitions theory-intersectionality conceptual framework offers a useful lens through which to view the *Shifting Perspectives* theme. The framework posited that mothers experience multiple types of transitions, or periods of time between stable states, after release. Indeed, *Shifting Perspectives* described how participants' transitions related to their mental health, motherhood, social networks, and economic conditions. Their awareness of and realizations about those transitions occurred in several ways but ultimately led to a sort of values clarification and prioritization. Participants' values and priorities often shifted from self-protection and survival toward their own children and futures. Participants responded to these new priorities in the face of the multiple challenges that comprised *Overwhelmed* with the problem-focused coping skills of setting goals and boundaries. Success with these coping strategies led many to make progress toward their goals and to a sense of pride that culminated in more positive views of themselves. Positive psychological shifts in their self-perceptions built upon one another related to each type of transition experience and, over time, such feelings led to markedly new views on their lives. Thus, this interpretation of *Shifting Perspectives* adds to the literature by describing how mothers were not simply desisting from crime or recovering from substance use or mental health issues to return to some less-criminalized baseline status. Rather, they were simultaneously clarifying their values and applying them to multiple life domains with



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active coping strategies amid harsh social conditions. Over time, such cumulative experiences shifted their views on themselves and their lives above and beyond what they had considered previously possible and related to multiple types of transition experiences simultaneously.

**On Edge for Awhile**

The major theme *On Edge for A While* has been briefly described elsewhere and largely runs counter to several studies. In this study, *On Edge for A While* described how mothers experienced a sense of anxiety, nervousness, or agitation for a significant period of time after release. These often included their experiences with mood swings, risk-taking, irritability, hallucinations, depression, and suicidal thoughts. These experiences were often related to challenges with psychotropic medications after release, as described in the subtheme *Figuring Out My Medications.* Participants in this study described how their experiences with *On Edge for A While* occurred in the context of social challenges, as has been described elsewhere. For example, others have attributed mothers' post-release anxiety to family and relationship issues, health problems, and legal problems after release; and attributed depression to experiences with loss (Arditti & Few, 2008; Colbert et al., 2016; Few-Demo & Arditti, 2008; Kissman & Torres, 2004; Laux, 2008; Laux et al., 2011). Still, several participants talked about how the symptoms they described as comprising *On Edge for A While* began prior to their incarceration, often as adolescents. Thus, this finding adds to the literature by suggesting that mental health symptoms may have preceded participants' experiences with both substance use and incarceration; and points to the importance of early intervention.

Other researchers have also noted how mothers with histories of incarceration experience high rates of both depressive and anxiety symptoms, as noted in the literature review. However, only one other study suggested that mothers' feelings of anxiety were particularly bothersome



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after release (Colbert et al., 2016). Participants' narratives of *On Edge for A While* emphasized how experiences with more activated mood states were more common and often preceded both social dysfunction and substance use. Thus, this is the first study to suggest that mothers' anxiety-related feelings interfered with their functioning to a greater degree than depression after release; which may be explained by a number of factors. First, mothers may have been experiencing ongoing trauma symptoms, which are often characterized by avoidance, hypervigilance, nightmares, and dissociation and suggested in other studies (Messina et al., 2014). Second, mothers' anxiety-related experiences of sleeplessness, agitation, and inability to concentrate may have been symptoms of depressive disorders (Reynolds & Kamphaus, 2013). Third, mothers' experiences with anxious-feelings, in the form of irritability and mood swings may have been a manifestation of bipolar disorders, a diagnosis endorsed by one-third of participants (Vieta, 2014). Fourth, mothers' anxiety and trauma-related disorders could have been exacerbated by the multiple stressors they experienced after release compared to their more predictable routines of incarceration. Finally, their experiences with anxiety-related feelings may not be entirely attributable to any formal clinical diagnosis but instead could have resulted from the stressful nature of the post-release period. Thus, this study's findings about mothers' challenges with anxiety-related feelings after release emphasize the importance of focusing on their experiences with their thoughts and feelings instead of any particular symptom or diagnosis.

While mothers' experiences with hallucinations have been described quantitatively in two previous studies (Rose & LeBel, 2017; Visher & Bakken, 2014), their experiences with mood swings, risk-taking, irritability, and suicidal thoughts after release have not been described elsewhere. Such findings may explain why the post-release period has been noted as an especially hazardous time. For example, women with mental health diagnoses released from



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prison have been found to face an increased for injection drug use, risky drinking, physical health problems, hospitalization, unemployment, crime, and re-arrest (Cutcher et al., 2014). Bipolar disorders, which often include the symptoms of mood swings, risk-taking, irritability, and suicidal ideation; have been associated with a three-fold increase in the risk for multiple incarcerations (Baillargeon et al., 2009). Similarly, others have noted a 3.5 times increased risk for death within the first two-weeks of release; which were most often related to drug overdose, cardiovascular disease, homicide, and suicide (Binswanger et al., 2007). In fact, women in one study were 36 times more likely to die by suicide in their first year of release from prison compared to those in the general population (Pratt, Piper, Appleby, Webb, & Shaw; 2006). Such findings suggest that symptoms of bipolar disorder after release pose significant risks. Thus, mothers' experiences with mood swings, risk-taking, irritability, and suicidal ideation may serve as precursors to various adverse outcomes; up to and including death. This highlights the importance of mothers' experiences with mood swings, risk-taking, irritability, and suicidal thoughts; especially given the post-release context of inaccessible resources, social isolation, and substance use.

Participants' experiences with psychotropic medications, as described in the subtheme *Figuring Out My Medications,* were a key component of their narratives about feeling *On Edge for A While* after release. Participants described not having an adequate supply of psychotropic medications after release; working to balance therapeutic effects with side effects; and stopping psychotropic medications because of both side effects and substance use. Previous studies have more often focused on women's financial barriers to psychotropic medications (Colbert et al., 2013; Colbert et al., 2016; Laux et al., 2008; Laux et al., 2011; Ramaswamy et al., 2015). However, participants in this study described how their difficulties obtaining psychotropic



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medications after release went beyond financial barriers alone. This is similar to previous findings that demonstrate how women's perceptions of psychotropic medications after release from jail and prison ranged from improving their ability to function to fearing dependence and disruptive side effects; and adjusting or stopping them on their own (Arditti & Few, 2008; Colbert et al., 2016; Johnson et al., 2013; Laux et al., 2011). Thus, this finding confirms previous literature about women's post-release experiences with psychotropic medications and emphasizes the importance of addressing financial, practical, knowledge, and personal barriers to accessing them after release by attending to post-release supplies, follow-up appointments; side effects, and substance use.

**I'm Not Sure I Understand**

The major theme *I'm Not Sure I Understand* described participants' experiences with not understanding which symptoms were related to their diagnoses; learning about mental health symptoms and coping skills; and rejecting formal diagnoses, signs of dysfunction, or services, including medications. The finding that participants lacked an understanding of their symptoms and diagnoses have been noted by Laux and colleagues, who described how the issue interfered with their seeking treatment after release (Laux et al., 2011). Such misunderstandings have also been noted amongst the general public (Angermeyer & Dietrich, 2006). With that, this study adds to the literature by emphasizing how mothers with histories of incarceration may be unaware of the implications of their diagnoses on their specific experiences with thoughts, emotions, and behaviors.

This study's finding about mothers rejecting formal mental health diagnoses, related dysfunction, and services has not been well-described in previous studies of women with histories of incarceration. This may be due to several factors. First, participants may have simply



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been experiencing a lack of insight, or anosognosia, which is common to several mental health disorders (Cassidy, 2010; Peralta & Cuesta, 1998). Second, participants' experiences may not have met any particular formal diagnostic criteria. Instead, their experiences may have been completely normal human responses to abnormal conditions (Frankl, 1985). Thus, the suggestion here that they were, instead, "ill" was a challenging theme to consider and explain. Such challenges may have been faced by previous researchers, who may have taken "no' for an answer without additional probes. Relatedly, others have argued that such pathologizing has become an additional force of oppression in marginalized groups (Farmer, Connors, & Simmons, 1996; Sered & Norton-Hawk, 2008). This finding may demonstrate participants' active resistance to such a force. Finally, participants' rejecting formal mental health diagnoses, signs of dysfunction, and services may be explained by their desire to avoid additional stigmatized labels. This may be truer for minority mothers, who have been found to be particularly impacted by both internalized and treatment-related stigma that reduces their help-seeking behaviors (Clement et al., 2015). If this was the case, it is an important finding that speaks to the transitions theory-intersectionality framework proposition that mothers' mental health experiences would be influenced by their individual experiences of their social contexts and relative sense of power (Collins & Bilge, 2016).

Participants' experiences with *I'm Not Sure I Understand* also included their narratives about how they had learned about both mental health symptoms and coping skills, which has been described in other literature on women with histories of incarceration. Others have described that women were appreciative of programming that helped them learn about parenting skills and how to face their issues, relate to others, develop self-awareness, and avoid substance use (Gilham, 2012; Laux et al., 2011; van Olphen et al., 2009). Similarly, two studies have



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described how women desired services that taught them about mental health symptoms (Laux et al., 2011; Luther, Reichert, Holloway, Roth, & Aalsma, 2011). In fact, the assumption that mothers desire such knowledge have led to reentry interventions that involve manualized therapies, like *Seeking Safety*, *Helping Women Recover*, and *Moving On* (Messina, Grella, Cartier, & Torres, 2010; Messina et al., 2014; Zlotnick et al., 2009). Thus, this study's finding expands on previous literature by again suggesting that mothers with histories of incarceration may lack knowledge about mental health symptoms and coping skills prior to their experiences in formal treatment. It also suggests that mothers perceive this information as personally useful in their day-to-day lives after release, which counters findings of quantitative studies that have demonstrated more mixed effects of manualized therapies on quantitative outcomes (Messina et al., 2010; Messina et al., 2014; Zlotnick et al., 2009). Thus, mothers with histories of incarceration may benefit from educational interventions in ways that have not been measured by previously used tools like symptom checklists.

**A Tiring Routine**

The theme *A Tiring Routine* described how participants experienced using drugs and alcohol as an exhausting series of predictable events, with most participants stopping or avoiding alcohol and drugs after release and some continuing to use them. Participants' experiences with substance use often involved a sense of feeling trapped, physical and psychological fatigue, and feeling tired of the consequences. Similarly, others have described how using drugs and alcohol often involved feeling trapped or otherwise drawn to related habits and patterns (Harris, Fallot, & Berley, 2005; Nettleton, Neale, & Pickering, 2012); as well as how the tiring nature of those patterns contributed to their desire to stop (Cheney, Booth, Borders, & Curran, 2016; Prendergrast, Wellisch, & Wong, 1996)). While Cheney and colleagues (2016) described how



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women were tired of using and wanted to avoid incarceration; Prendergrast et al. (1996) noted that their internal motivations related to being tired and wanting to change outweighed external criminal justice system or family pressures by a rate of 9 to 1. This finding also draws similarities to literature on the "aging out" phenomenon in substance use where persons are more likely to stop naturally or seek treatment as they get older (Dawson, Grant, Stinson, & Chou, 2006; Labouvie, 1996; McIntosh & McKeganey, 2000). In fact, even Alcoholics Anonymous literature refers to the aspects of *A Tiring Routine*: "By the time we got to AA, we felt trapped. We were drinking to live and living to drink. We were sick and tired of being sick and tired," (A.A. World Services, 1973). Taken together with the other research and the transitions theory-intersectionality framework, this finding adds to the literature by suggesting that punitive legal interventions may have little impact on substance use compared to mothers' internal motivations and natural life transitions.

Participants in this study described a sense of both feeling tired and trapped in their experiences of substance use as part of *A Tiring Routine.* This finding speaks to the very definition of addiction to drugs and alcohol as a chronic brain disease with physical and social consequences marked by "the inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission," (American Society of Addiction Medicine, 2011). As the definition suggests, participants narratives in *A Tiring* Routine described their sense of powerlessness over using drugs and alcohol. To be sure, even participants who continued to use drugs and alcohol up until the day prior to the interview perceived it's destructiveness. This finding confirms the often-high addiction severity scores amongst women



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with histories of incarceration and explains why many return to using shortly after release (Arditti & Few, 2008; Rose & LeBel, 2017; Schlager & Moore, 2014; Scott & Dennis, 2012). Thus, this finding adds to the literature by suggesting how mothers seek relief from the painful psychological, physical, and social consequences of substance use; even if they use after release.

Beyond addiction severity, participants' experiences with *A Tiring Routine* also points to the personal consequences of moral models of substance use disorders. Participants described both feeling like and being treated as though they were "bad" instead of ill and "dirty' instead of human. Such views also played out in the laws and policies that led to many participants' incarcerations, separations from their children and families, and reduced access to resources after release (American Public Health Association, 2013). Flores and Pellico (2011) described similar findings that contributed to women's "downward spiral" after release. In addition to substance use, they found that this downward spiral included experiences with embarrassment, shame, pessimism, low self-esteem, stigma, children's substance use, and violent relationships, mistreatment by providers, and decreased access to services. When taken together with participants' sense of *Overwhelm*, other literature, and the transitions theory-intersectionality conceptual framework, *A Tiring Routine* suggests that mothers' post-release experiences with substance use may be tied to chronic social disorder. Thus, the finding adds to the literature by describing how mothers were both incarcerated in then released to demoralizing social conditions that not only compounded their exhaustion but also diminished their attempts to escape.

**Deciding What I Have to Lose**

The theme *Deciding What I Have to Lose* described how participants perceived that they were largely in control of whether or not to use drugs and alcohol after release. *Deciding What I*



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*Have to Lose* described how they made a choice about substance use based on what they could gain or lose from doing so. Participants often described how their decisions to use or not use drugs and alcohol were related to both socializing and difficult thoughts, emotions, and experiences; which has been described in social network and stress-coping literature (Galea, Nandi, & Vlahov, 2004; Wills & Hirky, 1996). Some participants who continued using drugs and alcohol described a sense of "nothing to lose." Participants' decisions to avoid drugs and alcohol were often related to their desire to prevent the loss of certain aspects of themselves, their children, and recent successes. This loss-aversion related to avoiding substance use has been found in research based on individual theories of health behavior (Prochaska, Redding & Evers, 2002). Overall, the finding that mothers' perceived a sense of control over their substance use related to their overall quality of life suggests their potential to, at the very least, reduce risky substance use-related behaviors in the right circumstances.

The Stages of Change Model (SCM) provides another lens through which to view the theme *Deciding What I Have to Lose* that related to participants decisions about using alcohol and drugs after release. The SCM includes five stages of change that are influenced by specific processes of change (Prochaska et al., 2002; Prochaska, DiClemente & Norcross, 1992; DiClemente & Hughes, 1990). Through the SCM, participants who continued to use nearer the time of the interview would be seen as experiencing the first two stages of precontemplation (denial) and contemplation where their decision-making was based on perceptions about substance use not posing significant risks to their overall well-being compared to its benefits. Those who described trying to or actually avoiding drug and alcohol use could be seen as experiencing the later three stages of preparation, action, and maintenance. Thus, they described their decision-making processes as they related to prioritizing their values, often about their



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children and future independence (self-reevaluation); feeling as though they could achieve their goals (self-liberation); and experiencing successes, setting boundaries, developing new routines, and using different coping skills (contingency management, counterconditioning, and stimulus control). Still, while the SCM provides support for the theme *Deciding What I Have to Lose*, it is limited by its rather sparing attention to the social context and assumption that humans are logical decision-makers. Indeed, some participants described larger forces at work in their lives, such as homelessness and mental health symptoms. When added to the abstinence-only models of care that dominate American substance abuse treatment programs, such limitations call for a more critical lens.

Critical perspectives on the theme *Deciding What I Have to Lose* suggest that mothers' decisions about substance use after release may have been an expression of internalized neoliberal views, their own perceived degree of power, and their resistance to oppressive forces. The transitions theory-intersectionality framework of this study would see their sense of ultimate responsibility for their substance use as evidence that they have internalized neoliberal views asserting individual responsibility, discounting social influences, and implying different degrees of deservingness (Harvey, 2005). Such an interpretation suggests how mothers' experiences with substance use were very much influenced by their social contexts. Those contexts likely played out in mothers' decisions about substance use because they implied their degree of social acceptability in different roles. In fact, those social contexts likely dictated the abstinence-only thinking that likely led some participants to silence themselves about their real experiences with substance use during the interviews themselves. Thus, both feminist and intersectional perspectives could frame mothers' sense of complete control over substance use as forms of resistance to such oppressive forces (Johansson & Vinthagen, 2016).



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The resistance perspective merits special attention because, indeed, some participants felt they had nothing to lose from their substance use because they had lost everything or felt that it had been taken from them. The criminal justice system had taken their belongings, homes, families, children, and future life chances. In fact, both participants who decided to use socially and those who decided not to because of the threat it posed to their social roles were demonstrating resistance to the marginalized identities and drug cultures that had marked much of their lives. Overall, such an interpretation of this finding adds to the literature by demonstrating how mothers' experiences with substance use were both influenced by their social contexts and, at the same time, worked as expressions of their objections to social inequality. Furthermore, the finding *Deciding What I Have to Lose* speaks to their need for autonomy through both their desire and ability to "police" themselves.

**Disconnecting**

The theme *Disconnecting* described mothers' experiences with responding to traumatic events with a sense of withdrawing from life, themselves, or others after release. Participants' experiences with this theme often took the form of depression, apathy, and mistrust. Participants who reported such experiences often described how they withdrew after experiencing violence by men or the loss of their children, some of which occurred before and some after their incarcerations. Such responses to abuse have been well-documented elsewhere and align with trauma-related symptoms of negative cognitions, low mood, arousal, and avoidance (American Psychiatric Association, 2013; Kaplan, Pelcovitz, & Labruna, 1999; Pill, Day, & Mildred, 2017). Unsurprisingly, others have also found that experiencing the death of a child can lead to long-lasting depressive symptoms; as well as how losing custody of children was perceived as traumatic, unbearable, and leading to dissociation through increased substance use (Kenny,



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Barrington, & Green, 2015; Rogers, Floyd, Greenberg, & Hong, 2010; Stephens et. al., 2016). Furthermore, Kenny and colleagues (2015) found that child custody-related trauma was further exacerbated by cumulative trauma exposure, ongoing separation from children, housing instability, intimate partner violence, injecting drug use, and sex work. Thus, this finding confirms those of studies demonstrating how mothers with histories of incarceration experience adverse psychological and behavioral consequences from both past and recent traumas (Messina et al., 2010; Messina et al., 2014). And, it adds to the literature on how structural forces of the criminal justice system, child welfare system, and other institutions complicate mothers' traumatic experiences of violence and loss after release.

Relatedly, participants' experiences with *Disconnecting* following traumatic events can be seen through the lens of structural violence. Structural violence refers to the harm exerted systematically and indirectly by everyone who belongs to a certain social order, often through ideologies that play out in political and economic restraints on life chances (Farmer, 2004). This explains how participants' experiences with violence and loss occurred in the context of multiple economic and social threats. These threats included incarceration and the policies that prohibited participants' post-release access to resources, thereby imposing life sentences on both them and their children. Participants' resulting economic and social marginalization likely contributed to their reliance on and exposure to violent men; as well as to the loss of their children through both increasing their risk for death and child protective services intervention (Brown & Bloom, 2009; Lewin & Farkas, 2011; Moe & Ferraro, 2007). Thus, the structural violence that played out in participants' narratives of violence and loss may have led to their *Disconnecting* from their lives, themselves, and others as a means of both psychological and social survival. Through the transitions theory-intersectionality lens, such *Disconnecting* could also be seen as a form of self-



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oppression in that they internalized their experiences of mistreatment and dehumanization. Thus, this finding adds to the literature by demonstrating how mothers' may respond to violence and loss in the context of incarceration and other forms of structural violence by internalizing oppression as a means of survival (David, 2013).

Participants' experiences with *Disconnecting* from themselves, their lives, and others in response to abuse and loss in the context of structural violence shares similarities to the criteria and symptoms of complex PTSD (C-PTSD). C-PTSD has been described in persons who have experienced long-term traumas, including imprisonment, childhood abuse and exploitation, prostitution brothels, and domestic violence (Herman, 1995). However, C-PTSD has received little attention in research with women with histories of incarceration (Jenks, 2010), possibly because it has yet to be accepted into the DSM. Nonetheless, C-PTSD relates to participants' experiences with *Disconnecting* from their lives, themselves, and others through depression, apathy, and mistrust through several criteria. C-PTSD criteria include a) loss of meaning (losing faith, hopelessness, and despair); b) altered self-perceptions (helplessness, lack of initiative, shame, guilt, self-blame, and stigma or sense of being different); and c) altered relationships (isolation, withdrawal, distrust, anger, and hostility, among other things); d) emotional dysregulation (persistent sadness, suicidality, anger); e) impaired consciousness (detaching from the past, present, or mental or physical processes); and f) distorted perceptions of perpetrators (attributing total power, becoming preoccupied with relationship or revenge). As described by many participants, C-PTSD may manifest through avoiding conversations about trauma, substance use, self-harm, and victim-blaming (U.S. Department of Veterans Affairs, 2018). Thus, this finding adds to the literature by suggesting that mothers' *Disconnecting* may be



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evidence of a more severe pathological response to violence and loss in the context of cumulative trauma and threatening social conditions.

Converse to *Disconnecting,* the theme *Gaining Strength* described mothers' experiences with responding to traumatic events by developing an increased sense of hope for their lives, themselves, and in others after release. These experiences were often described as motivation, empowerment, and reaching out, which often occurred in response to the traumatic events of childhood abuse, life-threatening situations, and the deaths of family or friends. *Gaining Strength* shares similarities to the phenomenon of post-traumatic growth (PTG), which has been defined as a set of positive responses to major life crises affecting change in five main areas: a) new possibilities, b) appreciation of life, c) personal strength, d) relating to others, and e) spiritual change (Tedeschi & Calhoun, 1996). PTG has been observed after a variety of life-threatening illnesses and accidents, deaths, interpersonal violence, and childhood sexual abuse (Elderton, Berry, & Cha, 2015; Hefferon, Grealy, & Mutrie, 2009; Hitter, Adams, Cahill, 2017). Furthermore, participants' experiences with *Gaining Strength* in the form of motivation, empowerment, and reaching out speak to several items on the PTG inventory (Tedeschi & Calhoun, 1996). Still, like C-PTSD, PTG has been largely overlooked in the literature on women with histories of incarceration. Just one study found evidence of PTG in the narratives of six female, first-time offenders (van Ginneken, 2016). However, these were largely related to their perceptions of the "silver linings" of incarceration itself. Thus, this finding adds to the literature by suggesting that mothers can ascribe positive meanings from certain traumatic events that lead to both psychological and social benefits after release.

Resilience theories shed additional light on participants' experiences *with Gaining Strength* after traumatic events. Resiliency theories posit that the negative effects of stress can



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be buffered by protective factors, which include self-esteem, trust, resourcefulness, self-sufficiency, self-efficacy, sense of mastery, internal locus of control, secure-attachment style, optimism, problem-solving skills, social skills, impulse control; and community protective factors include, a sense of safety, economic stability, strong role models, and emotionally supportive relationships (Ahmed, 2007; American Psychological Association, 2018; Benard, 1991). Thus, participants' experiences with the sense of motivation, empowerment, and reaching out to others after traumatic events may have reflected aspects of the personal and community level protective factors that prevented trauma-related stress reactions. Indeed, social support was a major component of *Gaining Strength;* and a previous study of mothers with histories of incarceration found that some had positive experiences with incarceration due to their being able to improve their educational status, become employed or employable; and have positive family relationships (Greene, 2000). Taken together with other research, this finding adds to the literature by suggesting how some mothers have, develop, or are exposed to protective factors that influence their ability to respond positively to both past and recent traumas.

Lastly, participants' experiences with *Gaining Strength* can be interpreted through the transitions theory-intersectionality framework. Transitions, defined as periods of time between stable states, were described by participants in their narratives about moving through their experiences of childhood abuse, life-threatening situations, and deaths of friends and family (Meleis et al., 2000). Transition properties were described in their narratives about experiencing those critical events followed by changes in their awareness and engagement; and noticing some sort of change after the traumatic event (Meleis et al., 2000). Transition conditions-social context was described in their narratives about power, resources, and their related responses to traumatic events (Collins, 1990; Guinier, Torres, & Guinier, 2009). Those traumatic events



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marked points in time that led participants to call on both personal and social resources. Whether or not they had or used those resources had to do with both their real and perceived sense of power with and over certain persons, groups, and institutions. Then, their use of those resources influenced their responses through the framework's process indicators of motivation, empowerment, and reaching out. Those experiences ultimately led to a more stable sense of hope in their lives, themselves, and others (Schumacher, 1994). Thus, this perspective on *Gaining Strength* adds to the literature by suggesting that mothers' degree of hopefulness after traumatic events depends on their access to personal and community resources as well as their perceived ability to use them.

## Implications for Nursing Practice

The findings described here through the eight major themes lead to several implications for nursing practice. The major themes of *Overwhelmed, Shifting Perspectives, On Edge for A While, I'm Not Sure I Understand; A Tiring Routine, Deciding What I Have to Lose, Disconnecting,* and *Gaining Strength* were developed from the personal narratives of twenty-five mothers who had been released from jail or prison in the last five years. These mothers shared strikingly intimate details of their experiences, which can provide nurses with much information to inform practice.

"Deservingness" is the most important concept for we, as nurses, to consider. Our assumptions about deservingness relate to how we talk about and to mothers with histories of incarceration and criminal justice-involvement. Our language about this group undoubtedly impacts the care we provide. The findings of this study suggest that mothers with histories of incarceration are often spoken of and treated as less deserving because of their criminal records, substance use issues, or any number of the other marginalizing labels assigned to them.



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Negative labels and their related assumptions, when used by practicing nurses, reify the oppressive forces that contributed to their development and consequences in the first place. Improved nursing care for this group starts with our self-reflections about our own perceptions of who deserves high-quality care and on how that translates into our words and affects our practice. The findings here demonstrate that this group of mothers are have faced often unimaginable challenges and made decisions based on limited choices; and desire both acceptance and support. Like any other patient population, both these mothers and non-mothers in similar circumstances are deserving of the recovery-oriented and empathic language that lead to high-quality nursing care.

Beyond addressing our implicit biases and judgements, practicing nurses can address the overwhelming nature of mothers' transitions out of incarceration by being involved in pre-release planning and post-release care coordination and follow-ups. Care planning should consider mothers' individual goals, strengths, and perceived challenges; and address their practical, relational, and health needs. Practical needs include clothing and hygiene products, safe housing, employment, telephone access, and transportation. Relational needs include contact with children and family, communication skill-building, options for seeking social support, and legal advocacy. Health needs include offering information about mental health symptoms, trauma, treatment options and coping strategies. Other health needs include enrollment in health insurance; supplies of medications that last until the date of the first scheduled appointment with community providers; referrals to case management services, and harm-reduction-based supports and providers. Prior to their release, Nurses can link mothers to aftercare services and promote their meeting with community providers during pre-release planning; which should take place in their outpatient offices whenever possible. Furthermore,



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nurses should also inform mothers about the barriers they may encounter to post-release resources and support; and provide them with ideas about and assistance to problem-solve those issues.

Nurses working with mothers prior to release in jails and prisons can tailor their care in specific ways. First, pre-release nurses can provide them with information on mental health diagnoses and symptoms, especially those related to anxiety, depressive, bipolar, and trauma-related disorders. Nurses can also provide pre-release information about psychotropic medications, accessible treatment options, the definition of and recovery from trauma; communication skills, and coping strategies. Nurses should provide such information in ways that are easily accessible after release; such as pocket-sized booklets written in everyday terms.

Second, pre-release nurses can screen mothers for mental health histories and symptoms upon admission using concrete examples and everyday terms. Effective admission mental health screens should use open-ended questions that permit less socially desirable responses. Such questions would encourage mothers to use their own words to describe their experiences as opposed to being limited to yes/no questions or those about being previously diagnosed. For example, such a screen could ask when they last felt down instead of if they ever felt that way. Jail and prison admission nurses must also avoid giving non-verbal cues about how they want mothers to answer by being mindful of their pitch, tone, and gestures. Empathic and authentic interactions are essential to avoid reinforcing mothers' sense of guilt, shame, blame, and rejection. Positive screens should lead to referrals for additional assessments and treatment, including continuing the medications that had been effective for them in the past.

Third, pre-release nurses can address mothers as they wish to be called, ask about their post-release goals, and discuss options for easing their transitions after release. Addressing



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mothers based on their preferences, like using first names instead of last names, will decrease their sense of depersonalization and potential for re-traumatization. Asking mothers about their post-release goals will convey hope, evaluate future-orientation, and provide a sense of autonomy and control. Similarly, conversations about mothers' options for easing their transition after release will assist with planning problem-solving strategies for the many obstacles they will likely face in the community.

Nurses working with mothers after their release in the community can offer additional support. First, these nurses can ask mothers about their experiences with incarceration and their children to gain an understanding of their stories. Seeking such an understanding will work to improve the nurse-patient relationship through promoting mutual trust, respect, and engagement. Then, the trusting relationship can be maintained through interactions where nurses maintain non-judgmental attitudes about mothers' experiences. Such non-judgement can stem from the understanding that these mothers often make decisions in the context of limited choices.

Second, community nurses can assess mothers' levels of knowledge of mental health and trauma-related topics and services as well as their interest in services. This will both promote mothers' sense of autonomy and determine their need for related interventions. Nurses should help mothers process their options both regarding self-managing their symptoms as well as seeking formal services; and assure them that they have a choice in the matter. Mothers who decline formal interventions should be provided with information about how to access them in the future.

Third, community nurses can offer mothers encouragement and tangible rewards, ask about their goals regarding their children; and offer related resources Encouragement and tangible rewards, like certificates of accomplishment, can promote a sense of pride and positive



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shifts in self-perceptions. Mothers' articulating their goals about their children can reinforce their motherhood identity, which offers a certain level of protection. Linking mothers to resources that support their motherhood-related goals, like family-oriented activities and therapy, can help them rebuild their relationship with their children.

Finally, community nurses working with adolescent and young women can observe them for risk factors for incarceration and offer related interventions. While the findings of this study speak to mothers' mental health after release from jails and prisons, their narratives demonstrate the importance of early intervention. Nurses should aim to intervene with adolescent and young women who are of minority race, experienced childhood abuse or neglect, parental mental illness or absence, and early motherhood; did not attend or complete college; report problems with motherhood; unexpected deaths of children or support persons, financial or relationship problems; intimate partner or community violence; or exhibit substance use issues or mental health symptoms. Preventive nursing interventions should be specific to mothers' multiple needs and aim to enhance their sense of stability and control. Importantly, nurses can also attend to non-mothers with these experiences and advocate for related policy changes.

**Implications for Policy**

The findings of this study suggest the need for policy changes on federal, state, local, and institutional levels. Policymakers and advocates can use these findings to inform practical strategies for promoting the mental health of both mothers at risk for and those with histories of incarceration. The findings elucidate a little-known topic and are transferable to jurisdictions that incarcerate women with similar background demographics, policies, and resources. New and updated policies should be evaluated for their effectiveness, costs, and consequences; and scheduled to be routinely reviewed and modified.



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Policymakers should see crime as a symptom of a major public health problem and criminal justice-involvement as an opportunity for intervention. Treating crime as the problem itself, instead of as a symptom of chronic social disorder, has led to decades of punitive, discriminatory, and otherwise harmful policies. Failure to change such policies to address the real reasons that mothers become ensnared in the justice system could lead to similarly adverse consequences for their children. To be clear, no participant in this study indicated that jail or prison, in isolation, helped them to address their issues. Instead, mothers' who experienced positive changes after jail and prison credited those benefits to pre- and post-release treatment and support programs. Therefore, inaction on the part of policymakers to promote such programs contributes to the heritable nature of incarceration by exposing women's children to the same difficult conditions and closed doors that made crime a viable option for their mothers and all but assures the ongoing marginalization of entire families. Thus, policies can be designed to see criminal justice-involvement as an opportunity for critical safety net interventions for these mothers and their families.

Treating crime as a symptom of a public health problem means preventive policy changes must occur at multiple levels. Policymakers should advocate for school-age and adolescent girls to be screened for and given information about adverse childhood experiences, mental health symptoms, and substance use issues in schools and at health care appointments. Drug policies must be changed to decriminalize substance use and prioritize treatment over criminal justice-involvement. Drug and mental health courts can be carefully implemented and limited to only those situations when treatment and other interventions fail. Policymakers can also advocate for harm-reduction-based substance use treatment services over abstinence-only programs that overlook the needs and realities of many women and girls in our communities.



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Additional policy changes should occur at federal, state, local, and institutional levels to promote mothers' mental health and their intertwined social well-being. Federal policy changes should include those that will promote the mental health of mothers with histories of incarceration. First, federal policymakers can improve mothers' access to reentry programs by providing grants to organizations that provide evidence-based, mental health- and family-centered support services. Second, federal policies can provide financial incentives to states that designate this population of mothers and their children as a special group and pass legislation to increase their access to basic needs, like post-release hygiene products, clothing, housing, and income. Third, federal policies can provide funding for communities to implement stigma-reduction to combat negative stereotypes of justice-involved mothers and their children. Such policy changes may require amendments to the subsidized housing and employer hiring regulations, the Second Chance Act (SCA), the Patient Protection and Affordable Care Act (PPACA), the Comprehensive Addiction and Recovery Act (CARA), Temporary Assistance for Needy Families (TANF), and the Supplemental Nutrition Assistance Program.

State policy changes should follow a similar pattern but with adaptations based on state-level prison systems. First, state policymakers should promote mothers' mental health by providing funding for state prisons to employ an adequate supply of mental health professionals and nurses to provide assessments, education, treatment, programming, and pre-release planning for all women beginning upon admission. Second, state policymakers should fund training programs for all correctional staff, probation and parole agents, and police officers to educate them about women's histories of trauma, its implications, and strategies to use to avoid re-traumatization. Third, state policymakers can fund pre-release educational and vocational services that provide mothers with basic job-seeking and high-demand vocational skills. Fourth,



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state policymakers should offer incentives to employers who hire women and mothers both pre- and post-release, which could entail public-private partnerships and social bond programs. Fifth, state policymakers should fund expansions of mental health professional training and internship programs to increase the supply of community-level providers and offer additional financial incentives for those who commit to working with justice-involved populations after graduation. Sixth, state policymakers should evaluate the risks, costs, and benefits of relying on for-profit corrections agencies and contractors, including those providing prison-based health services. Lastly, state policies should fund post-release transitional housing program for women leaving both prison and jail.

Local policymakers can take even more targeted actions to promote the mental health of mothers with histories of incarceration. First, local policymakers should determine women's current state of incarceration and release from surrounding prisons and both city and county jails. Then, they should evaluate the influence of local arrest and release practices to determine their specific areas for improvement in the context of existing resources and grant opportunities. Second, local policymakers should increase the available housing options for women leaving jails as well as their access to free or low-cost clothing, hygiene products, housewares, and transportation. Safe housing options should be in neighborhoods with low rates of drugs and crime and near public transportation. Access to low-cost clothing, hygiene products, housewares, and transportation could be improved by co-locating donation closets within correctional facilities, providing retail gift cards, and providing bus passes or cab vouchers. Third, local policymakers should fund jail diversion programs that address women's' and mothers' needs in the community after police contact. Fourth, local policymakers should fund programs for K-12 students and their families and include family support, violence prevention, and mental health



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education and promotion. Finally, local policymakers can both fund and attend neighborhood-level programs that promote social cohesion and provide an avenue for residents to voice neighborhood-level concerns.

Lastly, institutional policy changes can promote the mental health of mothers with histories of incarceration in both health care organizations and jails. Healthcare organizations providing both medical and mental health services should implement staff training on the common challenges and specific needs of justice-involved populations. Such training should discuss the high rates of trauma and adverse childhood experiences, describe mothers' already-high rates of guilt and shame; and provide staff with trauma-informed strategies. Healthcare organizations should also partner with local jails and nearby prisons to coordinate care, medications, and community-based services; and evaluate the impact of those policy changes on mental health outcomes to determine areas for improvement.

Local jails can take similar actions. First, jail administrators can implement similar staff trainings for both healthcare and non-healthcare staff about mental health symptoms and trauma-informed approaches. Second, they should implement mental health screening protocols and educational programming that inmates can attend no matter their length of stay. Third, jail policies should assure mental health screenings upon admission that follow a specific protocol and assess traumatic experiences. Those screenings should trigger pre-release mental health treatment protocols that include both mental health-related therapy and psychotropic medications. Fourth, jail administrators should implement reentry planning services that begin upon admission and address family, housing, and mental health concerns and goals. Lastly, local jails can promote mental health-related protective factors by reducing excessive stimulation,



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privacy violations, and overcrowding; enhancing mothers' contact with their children and social supports; and providing educational, work-release, and job-training programs.

## Implications for Research

The findings of this study lead to more questions for researchers interested in mothers' mental health after release from incarceration. Future research should include larger and more diverse samples of mothers with histories of incarceration at various points in the past, specifically including Hispanic and Spanish-speaking participants and those not engaged in treatment or services. Additional studies centered around each theme, their conceptual relationships, and fit with existing theories can expand the knowledge base for practitioners and policymakers. Researchers in this area should partner with local community group and policymakers to bring mothers' voices to decision-makers and advocate for evidence-based policies. Researchers should also seek out diverse methods of research and dissemination like community-based participatory designs and mass media projects, respectively.

The themes *Overwhelmed* and *Shifting Perspectives* lead to additional questions into mothers' overall mental health after release. Researchers can examine the most significant policy and practical barriers to mothers' post-release access to safe housing and basic needs. Researchers should also determine the extent to which community- and neighborhood-level factors and policies contribute to mothers' sense of social exclusion. Further exploration of mothers' most common reasons for relationship issues; how their children's ages influence their experiences with motherhood, and related interventions is also indicated. Furthermore, researchers can explore aspects of mothers' changing views after release to determine factors and interventions that improve their self-perceptions.



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The themes *On Edge for A While* and *I'm Not Sure I Understand* suggest the need for research centered around mothers' experiences with mental health symptoms and diagnoses after release. Future research can examine what types of mental health services are available to mothers in jails and prisons as well as their rates of access and effectiveness. Researchers should determine mothers' rates and trends of post-release anxiety, depressive, and bipolar symptoms; access to and engagement in treatment over time; and how symptoms are influenced by access to other basic needs. Additional research can explore mothers' perceptions of mental health and related terms to determine how they differ from that of professionals; and how they prefer to discuss those topics. With that, researchers can explore mothers' knowledge of mental health symptoms, diagnoses, and coping skills as well as their preference for receiving related information, treatment, and resources.

The themes *A Tiring Routine* and *Deciding What I Have to Lose* lead to research questions about mothers' post-release substance use. Researchers can explore how drug-control policies influence mothers' experiences with drugs and alcohol after release; such as if more punitive policies are associated with decreased substance use. They can also explore how mothers' post-release economic and social conditions to influence their substance use. Additional research that explores the fit of addiction theories with the experiences and outcomes of this population would offer additional insights into treatment approaches. Researchers can further examine factors that reduce the physical, psychological, and social consequences associated with mothers' substance use; including their access to opioid-substitution treatment and harm-reduction housing programs. Furthermore, researchers can evaluate if traditional forms of substance use treatment like cognitive behavioral therapy, motivational interviewing, and abstinence-only programming are effective for this group of women. Such treatment



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approaches should be compared to family-centered, feminist-based, harm-reduction interventions.

The themes *Disconnecting* and *Gaining Strength* indicate the need for research on mothers' experiences with traumatic events and conditions after release. Future research should explore the impact of domestic violence, housing, and violence-reduction policies on mothers' post-release experiences of traumatic events. Researchers should also investigate the events and conditions that this population perceives as traumatic as well as prevalence rates of post-release trauma. Researchers can further examine how mothers' experiences with specific types of traumatic events and conditions influence their responses and their degree of variance considering post-release risk and protective factors. Lastly, future research can explore mothers' experiences with recovering from traumatic experiences and conditions to determine their degree of fit with existing theories; as well as whether and how much their recovery is influenced by factors specific to the pre- and post-release period.

The findings of this study also suggest the need for researchers to compare women's experiences and outcomes post-release from jail versus prison. Researchers should compare the mental health experiences of women released from jail versus those released from prison; as well as their mental health and social outcomes. Research into the differences between women's experiences with jail and prison mental health screenings, treatments, and conditions would be extremely beneficial. Researchers can also examine how jail and prison pre- and post-release policies compare in their influence on women's mental health outcomes. Such analyses should look at the influence of prison versus jail mental health and substance use education and treatment, visitation policies, and trauma-informed practices.



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Additional research should explore nurses' involvement in the lives of mothers with histories of incarceration. Researchers should determine how nurses in prisons and jails perceive their work with this population. That research should include exploring how nurses in prisons and jails are involved with mothers' mental health screenings, related interventions, and access to pre- and post-release treatment. Additional research should examine those nurses' ideas about factors that both promote and impede the mental health and well-being of this population, the feasibility and acceptability of nursing interventions, and barriers to nursing advocacy in both practice and policy arenas.

## Limitations

The six major limitations of this study relate to its inclusion/exclusion criteria, cross-sectional design, participant demographics and involvement in treatment, and my own life experiences. First, I limited recruitment to women who had been released from incarceration for at least 60 days to assure that participants had experiences with mental health since release. This design decision resulted in excluding the stories of mothers who were in the midst the more acute phase of transition from incarceration to the community. While my rationale for excluding this group of women flowed from the study's purpose, I recognize that the stories of women who had had previous incarcerations and were less than 60 days post-release would have enriched the findings about experiences in the often-high-risk immediate post-release period.

Second, I chose to exclude women with open criminal cases to reduce the risk that their interview data would be sought by law enforcement, prosecutors, and probation officers. My decision to do so likely resulted in excluding the stories of women who were released on bail, awaiting trial, and facing the threat of incarceration in the near future. Each of those are common



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and important experiences that were not captured in this study and should be included in future research.

Third, the sample demographics posed a limitation because they were somewhat different from those of incarcerated women overall. The sample was relatively older given that the mean age of participants was 38 compared to nearly half of incarcerated women being between the ages of 25-34 (Greenfield & Snell, 2000). The sample had more education than incarcerated women in general as 75% of participants had attended at least some college or had a college degree compared to less than 17% of incarcerated women overall (Greenfield & Snell, 2000). The sample was also slightly less African American, White, and Hispanic than women incarcerated in US jails and prisons as 44% were African American (11), 28% were White (7), 4% were Hispanic (1), and compared to 46%, 34%, and 15%, respectively (Greenfield & Snell, 2000). Instead, 20% of participants (5) identified as multi-racial, a racial demographic for which national data are not available. Thus, Hispanic participants were under-represented and their stories in future studies would add valuable information about their experiences with family and cultural differences, immigration concerns, and language barriers.

Fourth, the sample reported slightly higher rates of certain mental health diagnoses than those reported in the literature review. Twenty-percent of participants (5) reported a schizophrenia-spectrum disorder compared to one study in the literature review indicating a rate of 9.2% (Rose & Lebel, 2017). Twenty-percent of participants (5) reported ADD yet prevalence estimates of this diagnosis were not described in the reviewed studies. While participants reported similar rates of substance use, depression, anxiety, bipolar, trauma-related disorders as those in previous studies; further investigation into the schizophrenia-spectrum and ADD symptom of this population rates would be have been useful.



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Fifth, it is difficult to determine if the sample was more or less engaged in services than the typical woman with a history of incarceration. The sample was comprised mostly of mothers who were engaged in some type of psychological treatment or service after release (72%, n: 18) and 26% of participants (6) were recruited from a treatment provider While women's overall rates of treatment or service use after jail and prison are unknown, one study found that 77% of women had received some type of mental health or substance use counseling within the first three months of their release from prison (Johnson et al., 2013). Thus, the findings here may not entirely capture the stories of women who cannot or do not access post-release treatment and services. Mothers' mental health experiences post-release sans treatment would be especially informative.

Sixth, the cross-sectional design posed some limitations. Many participants told stories that they recalled from several years in the past, which could increase the risk for recall bias to some extent. Participant's memories may have been further impaired by mental health symptoms, substance use, and traumatic experiences. Relatedly, a sort of halo effect may have influenced participants' stories in that those had more positive recent life experiences may have recalled their past experiences in a more positive light and vice versa. Still, problems with memory did not emerge as significant part of participants' stories. The cross-sectional design also precludes the findings from illustrating the direction of relationships between concepts. Nonetheless, the narrative inquiry methodology and transitions theory-intersectionality framework deemed participants the experts in their own lives and their narratives as illustrative of their actual experiences. In the future, a longitudinal design would be beneficial if balanced with the risk for loss to follow-up.



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Finally, my experiences likely influenced the findings in four ways. First, I work as a mental health nurse with uninsured or underinsured persons who often lack housing, basic needs, and stable support systems; which could be seen in the first theme. Second, I have been racialized and socialized as a white, middle-class woman; which has given me a privileged perspective. Those experiences may have led to unrealized assumptions, power differentials, and "othering" to some extent. Third, my personal experience with both mental health and substance use recovery services and supports likely influenced both the development and interpretation of themes. Finally, I could certainly identify with participants' sense of overwhelm and disconnection described in the first theme in the context of writing deadlines and related concerns.

## Conclusion

Mothers with recent histories of incarceration have been largely overlooked in nursing and healthcare practice settings. Their marginalized status follows them as they interact with clinicians and providers. Despite our basic understanding of some of the harms related to incarceration and what are arguably haphazard release practices; this population is often misunderstood by both the public and healthcare professionals. While this study and other research has started to focus on the experiences and needs of this population, those findings will not translate into practice and policy changes without considerable sustained effort and new approaches by persistent advocates. Nonetheless, the mothers in this study wanted to share their stories and speak on behalf of the millions of women who have similar experiences every day. I have no doubt that many of them, with the right resources and protections, would fight for criminal justice reform.



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These mothers' stories were deeply personal and truly moving; and I feel grateful, honored, and privileged to have heard them. To have such heart-wrenching narratives from such a small sample of women suggests that this population deserves additional attention from the community, advocates, healthcare providers, criminal justice professionals, policymakers, and researchers. We, as a society, must seek solutions informed by their voices by attending to the institutionalized violations of basic human rights that further their suffering and prevent true justice.



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## REFERENCES

A.A. World Services. Is A.A. for you? Alcoholics Anonymous Web site. https://www.aa.org/pages/en_US/is-aa-for-you-twelve-questions-only-you-can-answer. Updated 1973. Accessed March 5, 2018.

Abram, K. M., Teplin, L. A., & McClelland, G. M. (2003). Comorbidity of severe psychiatric disorders and substance use disorders among women in jail. *American Journal of Psychiatry, 160*(5), 1007-1010.

Abramson, M. F. (1972). The criminalization of mentally disordered behavior: Possible side-effect of a new mental health law. *Psychiatric Services, 23*(4), 101-105.

Ahmed, A. S. (2007). Post-traumatic stress disorder, resilience and vulnerability. *Advances in Psychiatric Treatment, 13*(5), 369-375.

Alexander, M. (2012). *The new Jim Crow: Mass incarceration in the age of colorblindness*. New York, NY: New Press.

Allen, S., Flaherty, C., & Ely, G. (2010). Throwaway moms: Maternal incarceration and the criminalization of female poverty. *Journal of Women and Social Work, 25*(2), 160-172.

American Psychiatric Association. (2018). What is post-traumatic stress disorder? Retrieved from https://www.psychiatry.org/patients-families/ptsd/what-is-ptsd. Accessed March 7, 2018.

American Psychological Association. (2018). The road to resilience. Retrieved from http://www.apa.org/helpcenter/road-resilience.aspx. Accessed March 7, 2018.

American Public Health Association. (2013). Defining and implementing a public health response to drug use and misuse. American Public Health Association Website. https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-



www.manaraa.com

database/2014/07/08/08/04/defining-and-implementing-a-public-health-response-to-drug-use-and-misuse. Updated 2013. Accessed March 7, 2018.

American Society of Addiction Medicine. (2011). Definition of addiction. American Society of Addiction Medicine Website. https://asam.org/resources/definition-of-addiction. Updated 2018. Accessed March 7, 2018.

Angermeyer, M. C., & Dietrich, S. (2006). Public beliefs about and attitudes towards people with mental illness: A review of population studies. *Acta Psychiatrica Scandinavica*, *113*(3), 163-179.

Arditti, J. A. (2003). Locked doors and glass walls: Family visiting at a local jail. *Journal of Loss & Trauma, 8*(2), 115-138.

Arditti, J., & Few, A. (2006). Mothers' reentry into family life following incarceration. *Criminal Justice Policy Review, 17*(1), 103-123.

Arditti, J., & Few, A. (2008). Maternal distress and women's reentry into family and community life. *Family Process, 47*(3), 303-21.

Baillargeon, J., Binswanger, I. A., Penn, J. V., Williams, B. A., & Murray, O. J. (2009). Psychiatric disorders and repeat incarcerations: The revolving prison door. *The American Journal of Psychiatry, 166*(1), 103-109. doi: 10.1176/appi.ajp.2008.08030416

Beck, A. J., Berzofsky, M., Caspar, R., & Krebs, C. (2013). *Sexual victimization in prisons and jails reported by inmates, 2011–12 (BJS publication no. NCJ 241399)*. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs.

Becker, C. L. (1922). *The declaration of independence: A study in the history of political ideas* Harcourt: Brace.



www.manaraa.com

Begun, A. L., & Rose, S. J. (2011). Programs for children of parents incarcerated for substance related problems. In S. L. A. Straussner, & C. H. Fewell (Eds.), *Children of substance-abusing parents: Dynamics and treatment* (pp. 243-268). New York: Springer.

Benard, B. (1991). Fostering resiliency in kids: Protective factors in the family, school, and community. Western Center for Drug-Free Schools & Communities. U.S. Department of Education. Washington, D.C.

Benard, S., & Correll, S. J. (2010). Normative discrimination and the motherhood penalty. *Gender & Society, 24*(5), 616-646.

Binswanger, I. A., Merrill, J. O., Krueger, P. M., White, M. C., Booth, R. E., & Elmore, J. G. (2010). Gender differences in chronic medical, psychiatric, and substance-dependence disorders among jail inmates. *American Journal of Public Health, 100*(3), 476-482. doi:10.2105/AJPH.2008.149591

Binswanger, I. A., Stern, M. F., Deyo, R. A., Heagerty, P. J., Cheadle, A., Elmore, J. G., & Koepsell, T. D. (2007). Release from prison—a high risk of death for former inmates. *New England Journal of Medicine, 356*(2), 157-165.

Bonczar, T. P. (2011). National corrections reporting program: Sentence length of state prisoners, by offense, admission type, sex, and race. Retrieved from http://www.bjs.gov/index.cfm?ty=pbdetail&iid=2056.

Borelli, J. L., Goshin, L., Joestl, S., Clark, J., & Byrne, M. W. (2010). Attachment organization in a sample of incarcerated mothers: Distribution of classifications and associations with substance abuse history, depressive symptoms, perceptions of parenting competency and social support. *Attachment & Human Development, 12*(4), 355-374.



www.manaraa.com

Borja, S., Nurius, P., & Eddy, J. M. (2015). Adversity across the life course of incarcerated parents: Gender differences. *Journal of Forensic Social Work, 5*(1-3), 167-185.

Boulton, A. O. (1995). The American paradox: Jeffersonian equality and racial science. *American Quarterly, 47*(3), 467-492.

Brown, F. (2004). Nixon's" southern strategy" and forces against brown. *Journal of Negro Education, 73*(3), 191-208.

Brown, M., & Bloom, B. (2009). Reentry and renegotiating motherhood: Maternal identity and success on parole. *Crime and Delinquency, 5*(2), 313-336. doi:10.1177/0011128708330627

Browne, D. C. H. (1989). Incarcerated mothers and parenting. *Journal of Family Violence, 4*(2), 211-221.

Buck, J. A. (1984). Block grants and federal promotion of community mental health services, 1946–65. *Community Mental Health Journal, 20*(3), 236-247.

Bureau of Justice Statistics. (2016). What's the difference between jails and prisons? Retrieved from http://www.bjs.gov/index.cfm?ty=qa&iid=322

Burns, B. J., Mustillo, S. A., Farmer, E. M. Z., McCrae, J., Kolko, D. J., Libby, A. M., & Webb, M. (2009). Caregiver depression, mental health service use, and child outcomes. In M. B. Webb, K. Dowd, B. J. Harden, J. Landsverk & M. Testa (Eds.), *Child welfare and child well-being: New perspectives from the national survey of child and adolescent well-being* (pp. 351-379). New York: Oxford University Press.

Carlen, P., & Worrall, A. (1987). *Gender, crime and justice*. Bristol, PA: Open University Press.



www.manaraa.com

Carlson, B. E., & Shafer, M. S. (2010). Traumatic histories and stressful life events of incarcerated parents: Childhood and adult trauma histories. *The Prison Journal, 90*(4), 475-493.

Carlson, B. E., Shafer, M. S., & Duffee, D. E. (2010). Traumatic histories and stressful life events of incarcerated parents II: Gender and ethnic differences in substance abuse and service needs. *The Prison Journal, 90*(4), 494-515.

Carson, E. A. (2015). *Prisoners in 2014 (NJC 248955).* Washington, D.C.: U.S. Department of Justice, Office of Justice Programs.

Carson, E. A., & Anderson, E. (2016). *Prisoners in 2015 (BJS publication no. NCJ 250229).* Washington, D.C.: U.S. Department of Justice, Office of Justice Programs.

Cassidy, F. (2010). Insight in bipolar disorder: relationship to episode subtypes and symptom dimensions. *Neuropsychiatric disease and treatment, 6*, 627.

Caton, C. L., Dominguez, B., Schanzer, B., Hasin, D. S., Shrout, P. E., Felix, A., . . . Hsu, E. (2005). Risk factors for long-term homelessness: Findings from a longitudinal study of first-time homeless single adults. *American Journal of Public Health, 95*(10), 1753-1759.

Chambers, A. N. (2009). Impact of forced separation policy on incarcerated postpartum mothers. *Policy, Politics, & Nursing Practice, 10*(3), 204-211.

Chase, S. (2005). Narrative inquiry: Multiple lenses, approaches, voices. In N. K. Denzin, & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (pp. 651-679). Thousand Oaks, CA.: SAGE Publications.

Chase, S. E. (2011). Narrative inquiry: Still a field in the making. In N. Denzin, & Y. S. Lincoln (Eds.), *The Sage Handbook of Qualitative Research* (pp. 421-434). Thousand Oaks, CA: Sage Publications.



www.manaraa.com

Cheney, A. M., Booth, B. M., Borders, T. F., & Curran, G. M. (2016). The role of social capital in African Americans' attempts to reduce and quit cocaine use. *Substance use & misuse*, *51*(6), 777-787.

Chesney-Lind, M. (1986). " Women and crime": The female offender. *Signs: Journal of Women in Culture and Society*, *12*(1), 78-96.

Chettiar, J., Shannon, K., Wood, E., Zhang, R., & Kerr, T. (2010). Survival sex work involvement among street-involved youth who use drugs in a Canadian setting. *Journal of Public Health*, *32*(3), 322-327.

Chick, N., & Meleis, A. I. (1986). Transitions: A nursing concern. In P. L. Chinn (Ed.), *Nursing research methodology* (pp. 237-257). Boulder, CO: Aspen Publication.

Christian, J. (2005). Riding the bus: Barriers to prison visitation and family management strategies. *Journal of Contemporary Criminal Justice,*

Clandinin, D. J., & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research* (1. ed. ed.). San Francisco: Jossey-Bass.

Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., ... & Thornicroft, G. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological Medicine*, *45*(1), 11-27.

Collins, P. H. (1990). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment*. Cambridge: Unwin-Hyman, Inc.

Collins, P. H. (2015). Intersectionality's definitional dilemmas. *Annual Review of Sociology*, *41*(1), 1-20.

Collins, P. H., & Bilge, S. (2016). *Intersectionality: Key concepts*. Malden, MA: Polity Press.



www.manaraa.com

Cornell University Law School. (2016). 13th amendment. Retrieved from https://www.law.cornell.edu/constitution/amendmentxiii

Connelly, L. M. (2016). Trustworthiness in qualitative research. *MedSurg Nursing, 25*(6), 435-437.

Colbert, A. M., Goshin, L. S., Durand, V., Zoucha, R., & Sekula, L. K. (2016). Women in transition: Experiences of health and health care for recently incarcerated women living in community corrections facilities. *Research in Nursing & Health, 39*(6), 426-437.

Cope, D. G. (2014). Methods and meanings: Credibility and trustworthiness of qualitative research. *Oncology Nursing Forum, 41*(1). 89-91.

Colbert, A. M., Goshin, L. S., Durand, V., Zoucha, R., & Sekula, L. K. (2016). Women in transition: Experiences of health and health care for recently incarcerated women living in community corrections facilities. *Research in Nursing & Health, 39*(6), 426-437.

Colbert, A., M., Sekula, L., K., Zoucha, R., & Cohen, S., M. (2013). Health care needs of women immediately post-incarceration: A mixed methods study. *Public Health Nursing, 30*(5), 409-419. 10.1111/phn.12034

Corrigan, P. W., Watson, A. C., & Miller, F. E. (2006). Blame, shame, and contamination: The impact of mental illness and drug dependence stigma on family members. *Journal of Family Psychology, 20*(2), 239.

Covington, S., & Bloom, B. (2003). Gendered justice: Women in the criminal justice system. *Gendered Justice: Addressing Female Offenders*, 3-24.

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *The University of Chicago Legal Forum*, , 139.



www.manaraa.com

Cropsey, K. L., Binswanger, I. A., Clark, C. B., & Taxman, F. S. (2012). The unmet medical needs of correctional populations in the united states. *Journal of the National Medical Association, 104*(11-12), 487-492.

Cropsey, K. L., Lane, P. S., Hale, G. J., Jackson, D. O., Clark, C. B., Ingersoll, K. S., . . . Stitzer, M. L. (2011). Results of a pilot randomized controlled trial of buprenorphine for opioid dependent women in the criminal justice system. *Drug and Alcohol Dependence, 119*(3), 172-178.

Cutcher, Z., Degenhardt, L., Alati, R., & Kinner, S. A. (2014). Poor health and social outcomes for ex-prisoners with a history of mental disorder: A longitudinal study. *Australian and New Zealand Journal of Public Health, 38*(5), 424-429.

Cutler, D. L., Bevilacqua, J., & McFarland, B. H. (2003). Four decades of community mental health: A symphony in four movements. *Community Mental Health Journal, 39*(5), 381-398.

David, E. J. R. (Ed.). (2013). *Internalized oppression: The psychology of marginalized groups*. Springer Publishing Company.

Dawson, D. A., Grant, B. F., Stinson, F. S., & Chou, P. S. (2006). Maturing out of alcohol dependence: the impact of transitional life events. *Journal of Studies on Alcohol, 67*(2), 195-203.

Desmond, M. (2012). Eviction and the reproduction of urban poverty. *American Journal of Sociology, 118*(1), 88-133.

Desmond, M. (2015). Unaffordable America: Poverty, housing, and eviction. Institute for Research on Poverty, University of Wisconsin-Madison, 22, 1-6.



www.manaraa.com

DiClemente, C. C., & Hughes, S. O. (1990). Stages of change profiles in outpatient alcoholism treatment. *Journal of Substance Abuse, 2*(2), 217-235.

Ditton, P. M. (1999). *Special report: Mental health and treatment of inmates and probationers (BJS publication no. NCJ 174463).* Washington, D.C.: U.S. Department of Justice, Office of Justice Programs.

Doherty, S., Forrester, P., Brazil, A., & Matheson, F. I. (2014). Finding their way: Conditions for successful reintegration among women offenders. *Journal of Offender Rehabilitation, 53*(7), 562-586.

Drapalski, A. L., Youman, K., Stuewig, J., & Tangney, J. (2009). Gender differences in jail inmates' symptoms of mental illness, treatment history and treatment seeking. *Criminal Behaviour and Mental Health, 19*(3), 193-206.

Driessnack, M., Sousa, V. D., & Mendes, I. A. C. (2007). An overview of research designs relevant to nursing: Part 2: Qualitative research designs. *Revista Latino-Americana De Enfermagem, 15*(4), 684-688.

Dube, S. R., Anda, R. F., Felitti, V. J., Chapman, D. P., Williamson, D. F., & Giles, W. H. (2001). Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the life span: Findings from the adverse childhood experiences study. *Journal of the American Medical Association, 286*(24), 3089-3096.

Dube, S. R., Felitti, V. J., Dong, M., Giles, W. H., & Anda, R. F. (2003). The impact of adverse childhood experiences on health problems: Evidence from four birth cohorts dating back to 1900. *Preventive Medicine, 37*(3), 268-277.

DuVernay, A., & Averick, S. (Producers), & DuVernay, A. (Director). (2016). *13th.* [Video/DVD] Sherman Oaks, CA: Kandoo Films.



www.manaraa.com

Easterling, B. A., & Feldmeyer, B. (2017). Race, incarceration, and motherhood: Spoiled identity among rural white mothers in prison. *The Prison Journal, 97*(2), 143-165.

Edelman, P. (2017). The criminalization of poverty. *Not a crime to be poor* (pp. 3-135). New York: The New Press.

Elderton, A., Berry, A., & Chan, C. (2017). A systematic review of posttraumatic growth in survivors of interpersonal violence in adulthood. *Trauma, Violence, & Abuse, 18*(2), 223-236.

Elliott, B. (2015). Military nurses' experiences returning from war. *Journal of Advanced Nursing, 71*(5), 1066-1075.

Escobar, G., & Olson, D. (2012). *A profile of women released into cook county communities from jail and prison.* Loyola University Chicago Faculty Publications.

Estes, C. L., & Wood, J. B. (1984). A preliminary assessment of the impact of block grants on community mental health centers. *Psychiatric Services, 35*(11), 1125-1129.

Farmer, P. (2004). An anthropology of structural violence. *Current Anthropology, 45*(3), 305-325.

Farmer, P., Connors, M., & Simmons, J. (1996). *Women, poverty, and AIDS: Sex, drugs, and structural violence*. Monroe, ME: Common Courage Press Monroe.

Fedock, G., Fries, L., & Kubiak, S. P. (2013). Service needs for incarcerated adults: Exploring gender differences. *Journal of Offender Rehabilitation, 52*(7), 493-508. doi:10.1080/10509674.2012.759171.

Few-Demo, A., & Arditti, J. (2014). Relational vulnerabilities of incarcerated and reentry mothers: Therapeutic implications. *International Journal of Offender Therapy and Comparative Criminology, 58*(11), 1297-1320. doi:10.1177/0306624X13495378



www.manaraa.com

Flores J.A., & Pellico L.H. (2011). A meta-synthesis of women's postincarceration experiences. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*. 2011;40(4):486-496.

Fogel, C. I., & Martin, S. L. (1992). The mental health of incarcerated women. *Western Journal of Nursing Research, 14*(1), 30-47.

Folsom, D. P., Hawthorne, W., Lindamer, L., Gilmer, T., Bailey, A., Golshan, S., . . . Jeste, D. V. (2005). Prevalence and risk factors for homelessness and utilization of mental health services among 10,340 patients with serious mental illness in a large public mental health system. *American Journal of Psychiatry, 162*(2), 370-376.

Forman, J. (2011). Racial critiques of mass incarceration: Beyond the new Jim Crow. *Faculty Scholarship Series. Paper 3599.*, Retrieved from http://digitalcommons.law.yale.edu/cgi/viewcontent.cgi?article=4599&context=fss_papers

Forte, D. F. (1997). Spiritual equality, the black codes and the Americanization of the freedmen. *Loyola Law Review, 43*, 569-611.

Foster, H. (2012). The strains of maternal imprisonment: Importation and deprivation stressors for women and children. *Journal of Criminal Justice, 40*(3), 221-229.

Frankl, V. E. (1985). *Man's search for meaning.* Boston, MA: Beacon Press.

Freudenberg, N., Daniels, J., Crum, M., Perkins, T., & Richie, B. E. (2008). Coming home from jail: The social and health consequences of community reentry for women, male adolescents, and their families and communities. *American Journal of Public Health, 98*(1), S202.

Freudenberg, N., Moseley, J., Labriola, M., Daniels, J., & Murrill, C. (2007). Comparison of health and social characteristics of people leaving New York city jails by age, gender,



www.manaraa.com

and race/ethnicity: Implications for public health interventions. *Public Health Reports, 122*(1), 733-43.

Fries, L., Fedock, G., & Kubiak, S. P. (2014). Role of gender, substance use, and serious mental illness in anticipated postjail homelessness. *Social Work Research, 38*(2), 107-116.

Galea, S., Nandi, A., & Vlahov, D. (2004). The social epidemiology of substance use. *Epidemiologic reviews, 26*(1), 36-52.

Garcia, J. (2016). The importance of the mentor–mentee relationship in women's desistance from destructive behaviors. *International Journal of Offender Therapy and Comparative Criminology*, *60*(7), 808-827.

Geller, A., & Curtis, M. A. (2011). A sort of homecoming: Incarceration and the housing security of urban men. *Social Science Research, 40*(4), 1196-1213.

Gilham, J. J. M. (2012). A qualitative study of incarcerated mothers' perceptions of the impact of separation on their children. *Social Work in Public Health, 27*(1-2), 89-103. doi:10.1080/19371918.2011.629907

Gilliam Jr., F. D. (1999). The" welfare queen" experiment: How viewers react to images of African-American mothers on welfare. *Niemann Reports, 53*(2) Retrieved from https://escholarship.org/uc/item/17m7r1rq

Giordano, P. C., Longmore, M. A., Schroeder, R. D., & Seffrin, P. M. (2008). A life-course perspective on spirituality and desistance from crime. *Criminology, 46*(1), 99-132.

Given, L. M. (2008). In The Sage Encyclopedia of Qualitative Research Methods (Ed.), *Prolonged engagement*. Thousand Oaks, CA: Sage Publications.

Glaze, L. E., & Maruschak, L. M. (2009). Parents in prison and their minor children. *Juvenile Justice Update, 14*(6), 10.



www.manaraa.com

Goshin, L. S., & Byrne, M. W. (2012). Predictors of post-release research retention and subsequent reenrollment for women recruited while incarcerated. *Research in nursing & health, 35*(1), 94-104.

Goshin, L. S., Byrne, M. W., & Henninger, A. M. (2014). Recidivism after release from a prison nursery program. *Public Health Nursing, 31*(2), 109-117.

Gray, T., Mays, G. L., & Stohr, M. K. (1995). Inmate needs and programming in exclusively women's jails. *The Prison Journal, 75*(2), 186-202.

Greenberg, G. A., & Rosenheck, R. A. (2008). Jail incarceration, homelessness, and mental health: A national study. *Psychiatric Services, 59*(2), 170-177.

Greenberg, G. A., & Rosenheck, R. A. (2010). Correlates of past homelessness in the national epidemiological survey on alcohol and related conditions. *Administration and Policy in Mental Health and Mental Health Services Research, 37*(4), 357-366.

Greene, S., Haney, C., & Hurtado, A. (2000). Cycles of pain: Risk factors in the lives of incarcerated mothers and their children. *The Prison Journal, 80*(1), 3-23.

Greenfield, L. A., & Snell, T. L. (1999). *Women prisoners (BJS publication no. NJC 175688)* Washington, D.C.: U.S. Department of Justice, Office of Justice Programs.

Gross, K. N. (2006). *Colored amazons: Crime, violence, and black women in the city of brotherly love, 1880-1910*. Durham, N.C.: Duke University Press.

Grove, S. K., Burns, N., & Gray, J. R. (2013). Evolution of research in building evidence-based nursing practice. *The practice of nursing research* (7th ed., pp. 17-33). St. Louis, MO: Elsevier-Saunders.



www.manaraa.com

Guba, E. G., & Lincoln, Y. S. (1981). *Effective evaluation: Improving the usefulness of evaluation results through responsive and naturalistic approaches.* San Francisco, CA: Jossey-Bass.

Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. *Handbook of Qualitative Research, 2*(163-194), 105.

Guinier, L., Torres, G., & Guinier, L. (2009). *The miner's canary: Enlisting race, resisting power, transforming democracy*. Cambridge, MA: Harvard University Press.

Guydish, J., Chan, M., Bostrom, A., Jessup, M. A., Davis, T. B., & Marsh, C. (2011). A randomized trial of probation case management for drug-involved women offenders. *Crime & Delinquency, 57*(2), 167-198.

Hall, J. M., & Carlson, K. (2016). Marginalization: A revisitation with integration of scholarship on globalization, intersectionality, privilege, microaggressions, and implicit biases. *Advances in Nursing Science, 39*(3), 200-215.

Hall, J. M., & Powell, J. (2011). Understanding the person through narrative. *Nursing Research and Practice, 2011*(1), 1-10.

Hankivsky, O. (2014). *Intersectionality 101*. Burnaby, BC: The Institute for Intersectionality Research & Policy at Simon Fraser University. Retrieved from https://www.sfu.ca/iirp/documents/resources/101_Final.pdf

Harlow, C. W. (2003). *Education and Correctional Populations. Bureau of Justice Statistics Special Report (BJS publication no. NCJ 195670).* Washington, D.C.: U.S. Department of Justice, Office of Justice Programs.



www.manaraa.com

Harp, K. L. H., Oser, C., & Leukefeld, C. (2012). Social support and crack/cocaine use among incarcerated mothers and nonmothers. *Substance use & Misuse, 47*(6), 686-694. doi:10.3109/10826084.2012.659367

Harris, M. S. (2017). Incarcerated mothers: Trauma and attachment issues. *Smith College Studies in Social Work, 87*(1), 26-42. doi:10.1080/00377317.2017.1246796

Harris, M., Fallot, R. D., & Berley, R. W. (2005). Special section on relapse prevention: Qualitative interviews on substance abuse relapse and prevention among female trauma survivors. *Psychiatric Services*, *56*(10), 1292-1296.

Harvey, D. (2007). *A brief history of neoliberalism*. Oxford University Press, USA.

Hastings, A., Browne, A., Kall, K., & diZerega, M. (2015). *Keeping vulnerable populations safe under PREA: Alternative strategies to the use of segregation in prisons and jails*. New York: Vera Institute for Justice. Retrieved from https://www.prearesourcecenter.org/sites/default/files/library/keepingvulnerablepopulationssafeunderpreaapril2015.pdf

Hayes, M. O. (2009). The lived experience of mothering after prison. *Journal of Forensic Nursing*, *5*(4), 228-236.

Hearn, L. E., Whitehead, N. E., Khan, M. R., & Latimer, W. W. (2015). Time since release from incarceration and HIV risk behaviors among women: The potential protective role of committed partners during re-entry. *AIDS and Behavior, 19*(6), 1070-1077.

Hefferon, K., Grealy, M., & Mutrie, N. (2009). Post-traumatic growth and life threatening physical illness: A systematic review of the qualitative literature. *British journal of health psychology*, *14*(2), 343-378.



www.manaraa.com

Heglin, R. (1994). A flurry of recidivist legislation means: Three strikes and you're out. *Journal of Legislation, 20*, 213.

Herbert, C. W., Morenoff, J. D., & Harding, D. J. (2015). *Homelessness and housing insecurity among former prisoners. Russell Sage Foundation (RSF), 1*(2), 44-79.

Herman, J. L. (1995). *Complex PTSD. In Psychotraumatology (pp. 87-100).* Springer, Boston, MA.

Hill, C. (2004). Re-entry/reintegration: Survey summary. *Corrections Compendium, 29*(2), 8-26. Retrieved from https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=205166

Hitter, T. L., Adams, E. M., & Cahill, E. J. (2017). Positive Sexual Self-Schemas of Women Survivors of Childhood Sexual Abuse. *The Counseling Psychologist*, *45*(2), 266-293.

Holloway, I. (1997). *Basic concepts for qualitative research*. London: Wiley-Blackwell.

Holloway, I., & Freshwater, D. (2007). Vulnerable story telling: Narrative research in nursing. *Journal of Research in Nursing, 12*(6), 703-711.

Holzer, H. J., Raphael, S., & Stoll, M. A. (2003). *Employment barriers facing ex-offenders*. New York: Urban Institute Reentry Roundtable.

Honberg, R., Diehl, S., Kimball, A., Gruttadaro, D., & Fitzpatrick, M. (2011). *State mental health cuts: A national crisis.* (). Arlington, VA:

Houck, K. D., & Loper, A. B. (2002). The relationship of parenting stress to adjustment among mothers in prison. *American Journal of Orthopsychiatry, 72*(4), 548.

Huebner, B. M., & Gustafson, R. (2007). The effect of maternal incarceration on adult offspring involvement in the criminal justice system. *Journal of Criminal Justice, 35*(3), 283-296.



www.manaraa.com

Hutchinson, K. C., Moore, G. A., Propper, C. B., & Mariaskin, A. (2008). Incarcerated women's psychological functioning during pregnancy. *Psychology of Women Quarterly, 32*(4), 440-453.

Iglehart, J. K. (1996). Managed care and mental health. *The New England Journal of Medicine,*

Im, E. (2011). Transitions theory: A trajectory of theoretical development in nursing. *Nursing Outlook, 59*(5), 285. E2.

Im, E. (2014). Transitions theory. In M. R. Alligood (Ed.), *Nursing theorists and their work* (pp. 378-395). St. Louis, MO: Elsevier Health Sciences.

Institute for Community Alliances. (2016). The state of homelessness in Wisconsin.; Retrieved from https://static1.squarespace.com/static/54ca7491e4b000c4d5583d9c/t/5787d9392994ca7e849a1963/1468520769243/2015+Wisconsin+Annual+Report+Booklet.pdf

Institute for Criminal Policy Research. (2016). Highest to lowest- prison population total. Retrieved from http://www.prisonstudies.org/highest-to-lowest/prison-population-total?field_region_taxonomy_tid=All

James, D. J. (2004). *Profile of jail inmates (BJS publication no. NCJ 201932)*. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs.

James, D. J., & Glaze, L. E. (2006). *Mental health problems of prison and jail inmates (BJS publication no. NJC 213600).* Washington D.C.: US Department of Justice. Retrieved from http://www.bjs.gov/content/pub/pdf/mhtip.pdf

Jenks, Amy (2010). Childhood sexual abuse in incarcerated females: Complex trauma symptomatology and the personality assessment inventory (Doctoral dissertation, Pacific University). Retrieved from: http://commons.pacificu.edu/spp/134



www.manaraa.com

Johansson, A., & Vinthagen, S. (2016). Dimensions of everyday resistance: An analytical framework. *Critical Sociology*, *42*(3), 417-435.

Johnson, J. E., Schonbrun, Y. C., Nargiso, J. E., Kuo, C. C., Shefner, R. T., Williams, C. A., & Zlotnick, C. (2013). "I know if I drink I won't feel anything": Substance use relapse among depressed women leaving prison. *International Journal of Prisoner Health*, *9*(4), 169-186.

Kaeble, D., Glaze, L., Tsoutis, A., & Minton, T. (2015). *Correctional populations in the united states, 2014 (BJS publication no. NJC 249513)*. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs.

Kaplan, S. J., Pelcovitz, D., & Labruna, V. (1999). Child and adolescent abuse and neglect research: A review of the past 10 years. Part I: Physical and emotional abuse and neglect. *Journal of the American Academy of Child & Adolescent Psychiatry*, *38*(10), 1214-1222.

Karberg, J. C., & James, D. J. (2005). *Substance dependence, abuse, and treatment of jail inmates, 2002 (BJS publication no. NCJ 209588)*. Washington, D.C.: US Department of Justice, Office of Justice Programs.

Kearney, M. H. (1998). Truthful self-nurturing: A grounded formal theory of women's addiction recovery. *Qualitative Health Research*, *8*(4), 495-512.

Kenny, K. S., Barrington, C., & Green, S. L. (2015). "I felt for a long time like everything beautiful in me had been taken out": Women's suffering, remembering, and survival following the loss of child custody. *International Journal of Drug Policy*, *26*(11), 1158-1166.

Kim, C. Y., Losen, D. J., & Hewitt, D. T. (2010). *The school-to-prison pipeline* (1st ed.). New York: New York University.



www.manaraa.com

King, S. (2013). Early desistance narratives: A qualitative analysis of probationers' transitions towards desistance. *Punishment & Society, 15*(2), 147-165.

Kissman, K., & Torres, O. A. (2004). Incarcerated mothers: Mutual support groups aimed at reducing substance abuse relapse and recidivism. *Contemporary Family Therapy, 26*(2), 217-228.

Kjellstrand, J. M., Cearley, J., Eddy, J. M., Foney, D., & Martinez, C. R. (2012). Characteristics of incarcerated fathers and mothers: Implications for preventive interventions targeting children and families. *Children and Youth Services Review, 34*(12), 2409-2415.

Klingele, C. (2013). Rethinking the use of community supervision. *Journal of Criminal Law and Criminology, 103*(4), 1015. Retrieved from http://scholarlycommons.law.northwestern.edu/cgi/viewcontent.cgi?article=7463&context=jclc

Kondo, N. (2008). Mental illness in film. *Psychiatric Rehabilitation Journal, 31*(3), 250.

Kreager, D. A., Matsueda, R. L., & Erosheva, E. A. (2010). Motherhood and criminal desistance in disadvantaged neighborhoods. *Criminology*, *48*(1), 221-258.

Ladd-Taylor, M. (1995). *Mother-work: Women, child welfare, and the state, 1890-1930*. Chicago, IL: University of Illinois Press.

Labouvie, E. (1996). Maturing out of substance use: Selection and self-correction. *Journal of Drug Issues*, *26*(2), 457-476.

Laub, J. H., & Sampson, R. J. (1993). Turning points in the life course: Why change matters to the study of crime. *Criminology*, *31*(3), 301-325.

Laub, J. H., & Sampson, R. J. (2001). Understanding desistance from crime. *Crime and Justice*, *28*, 1-69.



www.manaraa.com

Laux, J. M., Calmes, S., Moe, J. L., Dupuy, P. J., Cox, J. A., Ventura, L. A., . . . Lambert, E. (2011). The clinical mental health needs of mothers in the criminal justice system. *The Family Journal, 19*(3), 291-298. doi:10.1177/1066480711405823

Laux, J. M., Dupuy, P. J., Moe, J. L., Cox, J. A., Lambert, E., Ventura, L. A., & Williamson, C. (2008). The substance abuse counseling needs of women in the criminal justice system: A needs assessment approach. *The\Journal of Addictions & Offender Counseling, 29*(1), 36-48.

Lee, R. D., Fang, X., & Luo, F. (2013). The impact of parental incarceration on the physical and mental health of young adults. *Pediatrics, 131*(4), e1195.

Legal Action Center. (2009). After prison: Roadblocks to reentry. Retrieved from https://lac.org/roadblocks-to-reentry/

Legal Aid Society of Milwaukee. (2016). Landlord/tenant law. Retrieved from https://lasmilwaukee.com/services/civil-division/landlord-tenant-relationship/

Lehr, D. (2014). *The birth of a nation: How a legendary filmmaker and a crusading editor reignited America's civil war*. New York: Public Affairs.

Leverentz, A. (2010). People, places, and things: How female ex-prisoners negotiate their neighborhood context. *Journal of Contemporary Ethnography, 39*(6), 646-681.

Leverentz, A. (2011). Being a good daughter and sister: Families of origin in the reentry of African American female ex-prisoners. *Feminist Criminology, 6*(4), 239-267.

Lewin, L. C., & Farkas, K. J. (2012). Living with the loss of a child: Mothers in the criminal justice system. *Palliative and Supportive Care, 10*(04), 265-272.



www.manaraa.com

Lieb, R., Isensee, B., Hofter, M., Pfister, H., & Wittchen, H. (2002). Parental major depression and the risk of depression and other mental disorders in offspring: A prospective-longitudinal community study. *Archives of General Psychiatry, 59*(4), 365-374.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverley Hills, CA: Sage Publications.

Lindquist, C. H., & Lindquist, C. A. (1997). *Gender differences in distress: Mental health consequences of environmental stress among jail inmates*. New York, N.Y.

Loper, A. B. (2006). How do mothers in prison differ from non-mothers? *Journal of Child and Family Studies, 15*(1), 82-95.

Loper, A. B., Carlson, L. W., Levitt, L., & Scheffel, K. (2009). Parenting stress, alliance, child contact, and adjustment of imprisoned mothers and fathers. *Journal of Offender Rehabilitation, 48*(6), 483-503.

Loper, A. B., & Tuerk, E. H. (2011). Improving the emotional adjustment and communication patterns of incarcerated mothers: Effectiveness of a prison parenting intervention. *Journal of Child and Family Studies, 20*(1), 89-101.

Luther, J. B., Reichert, E. S., Holloway, E. D., Roth, A. M., & Aalsma, M. C. (2011). An exploration of community reentry needs and services for prisoners: a focus on care to limit return to high-risk behavior. *AIDS Patient Care and STDs, 25*(8), 475-481.

Lynch, S., DeHart, D., Belknap, J., & Green, B. (2012). *Pathways Project--Research Factsheet: Mental Health & Trauma among Women in Jails.* Pocatello, ID: Idaho State University. Retrieved from https://www.prainc.com/wp-content/uploads/2015/10/mental-health-trauma-women-jails.pdf



www.manaraa.com

Mackey-Kallis, S., & Hahn, D. (1994). Who's to blame for America's drug problem?: The search for scapegoats in the "war on drugs". *Communication Quarterly, 42*(1), 1-20.

Marcellus, L. (2017). A grounded theory of mothering in the early years for women recovering from substance use. *Journal of Family Nursing, 23*(3), 341-365.

Margolis, A. D., MacGowan, R. J., Grinstead, O., Sosman, J., Kashif, I., Flanigan, T. P., & Project START Study Group. (2006). Unprotected sex with multiple partners: Implications for HIV prevention among young men with a history of incarceration. *Sexually*

*Transmitted Diseases, 33*(3), 175-180.

Marshall, C., & Rossman, G. B. (2011). *Designing qualitative research* (7th ed.). Los Angeles, CA: Sage.

Martinson, R. (1974). What works? -questions and answers about prison reform. *The Public Interest,* (35), 22.

Maruna, S. (1999). Desistance and development: The psychosocial process of going straight. Paper presented at *The British Criminology Conferences: Selected Proceedings, , 2* 1-19.

Maruschak, L. M. (2006). *Medical problems of jail inmates (BJS publication no. NJC 210696).* Washington, D.C.: U.S. Department of Justice.

Masters, K. (2014). Transitions theory. *Nursing theories: A framework for professional practice* (pp. 261-270). Burlington, MA: Jones & Bartlett Publishers.

Matheson, F. I., Doherty, S., & Grant, B. A. (2011). Community-based aftercare and return to custody in a national sample of substance-abusing women offenders. *American Journal of Public Health, 101*(6), 1126-1132.



www.manaraa.com

Mauer, M. (2013). *The changing racial dynamics of women's incarceration* Sentencing Project Washington, DC.

Maxwell, J. A. (2013). Methods: What will you actually do? *Qualitative research design: An interactive approach* (pp. 87-120). Thousand Oaks, CA: SAGE Publications.

McCampbell, S. W. (2005). *The gender-responsive strategies project: Jail applications.* (). Washington, D.C.: U.S. Department of Justice.

McClelland, G. M., Teplin, L. A., Abram, K. M., & Jacobs, N. (2002). HIV and AIDS risk behaviors among female jail detainees: Implications for public health policy. *American Journal of Public Health, 92*(5), 818-825.

McIntosh, J., & McKeganey, N. (2000). Addicts' narratives of recovery from drug use: Constructing a non-addict identity. *Social Science & Medicine, 50*(10), 1501-1510.

McQuistion, H. L., Gorroochurn, P., Hsu, E., & Caton, C. L. (2014). Risk factors associated with recurrent homelessness after a first homeless episode. *Community Mental Health Journal, 50*(5), 505-513.

Meleis, A. I., Sawyer, L. M., Im, E., Messias, D. K. H., & Schumacher, K. (2000). Experiencing transitions: An emerging middle-range theory. *Advances in Nursing Science, 23*(1), 12-28.

Meleis, A. I., & Trangenstein, P. A. (1994). Facilitating transitions: Redefinition of the nursing mission. *Nursing Outlook, 42*(6), 255-259. doi:10.1016/0029-6554(94)90045-0

Mendelberg, T. (1997). Executing Hortons: Racial crime in the 1988 presidential campaign. *The Public Opinion Quarterly, 61*(1), 134-157.



www.manaraa.com

Menendez, E., White, M. C., & Tulsky, J. P. (2001). Locating study subjects: Predictors and successful search strategies with inmates released from a US county jail. *Controlled Clinical Trials, 22*(3), 238-247.

Messina, N., Calhoun, S., & Braithwaite, J. (2014). Trauma-informed treatment decreases posttraumatic stress disorder among women offenders. *Journal of Trauma & Dissociation, 15*(1), 6-23. 10.1080/15299732.2013.818609

Messina, N., & Grella, C. (2006). Childhood trauma and women's health outcomes in a California prison population. *American Journal of Public Health*, *96*(10), 1842-1848.

Messina, N., Grella, C. E., Cartier, J., & Torres, S. (2010). A randomized experimental study of gender-responsive substance abuse treatment for women in prison. *Journal of Substance Abuse Treatment, 38*(2), 97-107.

Metraux, S. (2003). Homeless shelter use and reincarceration following prison release. *Criminology & Public Policy, 3*, 139.

Metraux, S., & Culhane, D. (2004). Homeless shelter use and reincarceration following prison release. *Criminology & Public Policy*, *3*(2), 137-180.

Metzner, J. L., Cohen, F., Grossman, L. S., & Wettstein, R. M. (1998). Treatment in jails and prisons. In R. M. Wettstein (Ed.), *Treatment of offenders with mental disorders* (pp. 211-264). New York: The Guilford Press.

Michalsen, V., & Flavin, J. (2014). Not all women are mothers: Addressing the invisibility of women under the control of the criminal justice system who do not have children. *The Prison Journal, 94*(3), 328-346.

Miller, J. G. (1989, April 23,). The debate on rehabilitating criminals: Is it true that nothing works?; *The Washington Post* Retrieved from



www.manaraa.com

https://www.washingtonpost.com/archive/opinions/1989/04/23/criminology/3e8fb430-9195-4f07-b7e2-c97a970c96fe/?utm_term=.ac64332227b8

Minton, T. D., & Golinelli, D. (2014). *Jail inmates at midyear 2013-statistical tables (BJS publication no. NJC 245350).* Washington D.C.: US Department of Justice.

Minton, T. D., & Zeng, Z. (2015). *Jail inmates at midyear 2014 (BJS publication no. NJC 248629).* Washington, D.C.: U.S. Department of Justice.

Minton, T. D., & Zeng, Z. (2016). *Jail inmates in 2015 (BJS publication no. NCJ 250394).* (). Washington, D.C.: U.S. Department of Justice, Office of Justice Programs.

Moe, A. M., & Ferraro, K. J. (2007). Criminalized mothers: The value and devaluation of parenthood from behind bars. *Women & Therapy, 29*(3-4), 135-164.

Monroe, A. (2012). Effects of prison location on visitation patterns. *McNair Scholars Research Journal, 8*(1), 9. Retrieved from http://scholarworks.boisestate.edu/mcnair_journal/vol8/iss1/9/

Mumola, C. J. (1999). *Substance abuse and treatment, state and federal prisoners, 1997 (BJS publication no NCJ172871).* (No. 21). Washington, D.C.: U.S. Department of Justice, Office of Justice Programs.

Mumola, C. J. (2000). Incarcerated parents and their children. bureau of justice statistics special report.

Murray, J., & Farrington, D. P. (2005). Parental imprisonment: Effects on boys' antisocial behaviour and delinquency through the life-course. *Journal of Child Psychology and Psychiatry, 46*(12), 1269-1278.



www.manaraa.com

Murray, J., Farrington, D. P., & Sekol, I. (2012). Children's antisocial behavior, mental health, drug use, and educational performance after parental incarceration: A systematic review and meta-analysis. *Psychological Bulletin, 138*(2), 175.

National Conference of State Legislators. (2016). Child support and incarceration. Retrieved from http://www.ncsl.org/research/human-services/child-support-and-incarceration.aspx#Incarceration

National Research Council. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities* National Academies Press.

Nettleton, S., Neale, J., & Pickering, L. (2013). 'I just want to be normal': An analysis of discourses of normality among recovering heroin users. *Health., 17*(2), 174-190.

Nicholson, J., Sweeney, E. M., & Geller, J. L. (1998). Focus on women: Mothers with mental illness: II. family relationships and the context of parenting. *Psychiatric Services, 49*(5), 643-649.

Noonan, M., Rohloff, H., & Ginder, S. (2015). *Mortality in local jails and state prisons, 2000-2013 - statistical tables (BJS publication no. NCJ 948756).* Washington, D.C.: U.S. Department of Justice, Office of Justice Programs. Retrieved from https://www.bjs.gov/content/pub/pdf/mljsp0013st.pdf

O'Brien, P. (2001). ""Just like baking a cake": Women describe the necessary ingredients for successful reentry after incarceration". *Families in Society, 82*(3), 287-295.

O'Brien, P., & Bates, R. (2005). Women's post-release experiences in the U.S: Recidivism and re-entry. *International Journal of Prisoner Health, 1*(2/3/4), 207-221. doi:10.1080/17449200600554579



www.manaraa.com

Oliver, M. B. (1994). Portrayals of crime, race, and aggression in "reality-based" police shows: A content analysis. *Journal of Broadcasting & Electronic Media, 38*(2), 179-192.

Oosting, J. (2017, August 11). Michigan refunds $21M in false jobless fraud claims; *The Detroit News* Retrieved from http://www.detroitnews.com/story/news/politics/2017/08/11/michigan-unemployment-fraud/104501978/

Opsal, T. (2012). 'Livin'on the Straights': Identity, Desistance, and Work among Women Post-Incarceration. *Sociological Inquiry, 82*(3), 378-403.

Opsal, T. (2015). "It's their world, so you've just got to get through" women's experiences of parole governance. *Feminist Criminology, 10*(2), 188-207.

O'Reilly, P., & Borman, K. (1984). Sexism and sex discrimination in education. *Theory into Practice, 23*(2), 110-116.

Parsons, M. L., & Warner-Robbins, C. (2002). Factors that support women's successful transition to the community following jail/prison. *Health Care for Women International, 23*(1), 6-18.

Patton, M. Q. (2015a). Qualitative analysis and interpretation. *Qualitative research and evaluation methods: Integrating theory and practice* (pp. 520-651). Thousand Oaks, CA: SAGE Publications.

Patton, M. Q. (2015b). Qualitative interviewing. *Qualitative research and evaluation methods* (pp. 421-518). Thousand Oaks, CA: SAGE Publications.

Patton, M. Q. (2015c). Variety of qualitative inquiry frameworks: Paradigmatic, philosophical, and theoretical orientations. *Qualitative research & evaluation methods: Integrating theory & practice* (pp. 84-168). Thousand Oaks, CA: SAGE Publications.



www.manaraa.com

Peden, W., & Jefferson, T. (1955). *Notes on the state of Virginia.* University of North Carolina Press.

Pentz, M. A., & Valente, T. (1993). Project STAR: A substance abuse prevention campaign in Kansas City. *Organizational aspects of health communication campaigns: What works* (pp. 37-60). Newbury Park, CA: Sage.

Peralta, V., & Cuesta, M. J. (1998). Lack of insight in mood disorders. *Journal of Affective Disorders*, *49*(1), 55-58.

Phillips, S. D. (2012). *Video visits for children whose parents are incarcerated.* Washington, D.C.: The Sentencing Project.

Pill, N., Day, A., & Mildred, H. (2017). Trauma responses to intimate partner violence: A review of current knowledge. *Aggression and violent behavior*, *34*, 178-184.

Pinker, S. (2011). *The better angels of our nature: Why violence has declined*. New York: Viking.

Pizarro, J. M., Chermak, S. M., & Gruenewald, J. A. (2007). Juvenile "super-predators" in the news: A comparison of adult and juvenile homicides. *Journal of Criminal Justice and Popular Culture, 14*(1), 84-111.

Poehlmann, J. (2005a). Incarcerated mothers' contact with children, perceived family relationships, and depressive symptoms. *Journal of Family Psychology, 19*(3), 350.

Poehlmann, J. (2005b). Representations of attachment relationships in children of incarcerated mothers. *Child Development*, *76*(3), 679-696.

Polit, D. F., & Beck, C. T. (2014). *Essentials of nursing research* (8th. ed.). Philadelphia, Pa: Wolters Kluwer/Lippincott Williams & Wilkins.



www.manaraa.com

Polkinghorne, D. E. (1995). Narrative configuration in qualitative analysis. *International Journal of Qualitative Studies in Education, 8*(1), 5-23. doi:10.1080/0951839950080103.

Pratt, D., Piper, M., Appleby, L., Webb, R., & Shaw, J. (2006). Suicide in recently released prisoners: a population-based cohort study. *The Lancet, 368*(9530), 119-123.

Prendergast, M. L., Wellisch, J., & Wong, M. M. (1996). Residential treatment for women parolees following prison-based drug treatment: Treatment experiences, needs and services, outcomes. *Prison Journal,* 76, 253-274.

Pritchard, A., Jordan, C. E., & Jones, L. (2014). A qualitative comparison of battered women's perceptions of service needs and barriers across correctional and shelter contexts. *Criminal Justice and Behavior, 41*(7), 844-861.

Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist, 47*(9), 1102.

Prochaska, J. O., Redding, C. A., & Evers, K. E. (2002). The transtheoretical model and stages of change. In K. Glanz, B. K. Rimer & K. Viswanath (Eds.), *Health behavior and health education: Theory, research, and practice* (4th ed., pp. 99-120). San Francisco, CA: Jossey-Bass.

Ramaswamy, M., Upadhyayula, S., Chan, K. Y. C., Rhodes, K., & Leonardo, A. (2015). Health priorities among women recently released from jail. *American Journal of Health Behavior, 39*(2), 221-230. 10.5993/AJHB.39.2.9

Raphael, S., & Stoll, M. A. (2010). Assessing the contribution of the deinstitutionalization of the mentally ill to growth in the US incarceration rate. *The Journal of Legal Studies, 42*(1), 187-222.



www.manaraa.com

Richie, B. E. (2001). Challenges incarcerated women face as they return to their communities: Findings from life history interviews. *Crime & Delinquency, 47*(3), 368-389.

Richie, B. E. (2015). Reimagining the movement to end gender violence: Anti-racism, prison abolition, women of color feminisms, and other radical visions of justice. *University of Miami Race & Social Justice Law Review, 5*, 257.

Rierson, S. L. (1994). Race and gender discrimination: A historical case for equal treatment under the fourteenth amendment. *Duke Journal of Gender Law & Policy, 1*(89), 89-117.

Riessman, C. K. (1993). *Narrative analysis.* Newbury Park, CA: Sage Publications.

Riessman, C. K. (2008). *Narrative methods for the human sciences*. Thousand Oaks, CA: Sage Publications.

Ringler, D. A. (2016). *Michigan integrated data automated system (MiDAS).* Lansing, MI: Michigan Office of the Auditor General.

Reynolds, C. R., & Kamphaus, R. W. (2013). Major depressive disorder. Retrieved from https://images.pearsonclinical.com/images/assets/basc-3/basc3resources/DSM5_DiagnosticCriteria_MajorDepressiveDisorder.pdf

Roberts, D. E. (1993). Motherhood and crime. *Iowa Law Review, 79*, 95.

Rodermond, E., Kruttschnitt, C., Slotboom, A. M., & Bijleveld, C. C. (2016). Female desistance: A review of the literature. *European Journal of Criminology, 13*(1), 3-28.

Rogers, E. M. (1995). Diffusion of drug abuse prevention programs: Spontaneous diffusion, agenda setting, and reinvention. *NIDA Research Monograph, 155*, 90-105.

Rogers, C. H., Floyd, F. J., Seltzer, M. M., Greenberg, J., & Hong, J. (2008). Long-term effects of the death of a child on parents' adjustment in midlife. *Journal of Family Psychology, 22*(2), 203.



www.manaraa.com

Roman, C. G., & Travis, J. (2004). *Taking stock: Housing, homelessness, and prisoner reentry*. Washington, D.C.: The Urban Institute.

Rose, S. J., & LeBel, T. P. (2017). Incarcerated mothers of minor children: Physical health, substance use, and mental health needs. *Women & Criminal Justice, 27*(3), 170-190.

Roxburgh, S., & Fitch, C. (2014). Parental status, child contact, and well-being among incarcerated men and women. *Journal of Family Issues, 35*(10), 1394-1412.

Sacks, J. Y., McKendrick, K., & Hamilton, Z. (2012). A randomized clinical trial of a therapeutic community treatment for female inmates: Outcomes at 6 and 12 months after prison release. *Journal of Addictive Diseases, 31*(3), 258-269. 10.1080/10550887.2012.694601

Salem, B. E., Nyamathi, A., Idemundia, F., Slaughter, R., & Ames, M. (2013). At a crossroads: Reentry challenges and healthcare needs among homeless female ex-offenders. *Journal of Forensic Nursing, 9*(1), 14-22.

Salina, D., Lesondak, L., Razzano, L., & Parenti, B. (2011). Addressing unmet needs in incarcerated women with co-occurring disorders. *Journal of Social Service Research, 37*(4), 365-378.

Sandelowski, M. (1991). Telling stories: Narrative approaches in qualitative research. *Image: The Journal of Nursing Scholarship, 23*(3), 161-166.

Sarre, R. (2001). Beyond 'What works?'A 25-year jubilee retrospective of Robert Martinson's famous article. *Australian & New Zealand Journal of Criminology, 34*(1), 38-46.

Saxena, P., Grella, C. E., & Messina, N. P. (2016). Continuing care and trauma in women offenders' substance use, psychiatric status, and self-efficacy outcomes. *Women & criminal justice*, *26*(2), 99-121.



www.manaraa.com

Scheyett, A., Vaughn, J., & Taylor, M. F. (2009). Screening and access to services for individuals with serious mental illnesses in jails. *Community Mental Health Journal, 45*(6), 439-446.

Schlager, M. D., & Moore, B. (2014). Risk and resiliency of incarcerated mothers. *Families in Society: The Journal of Contemporary Social Services, 95*(2), 100-106.

Schumacher, K. L. (1994). Transitions: A central concept in nursing. *Image: The Journal of Nursing Scholarship, 26*(2), 119-127.

Scott, C. K., & Dennis, M. L. (2012). The first 90 days following release from jail: Findings from the recovery management checkups for women offenders (RMCWO) experiment. *Drug and Alcohol Dependence, 125*(1–2), 110-118. doi://dx.doi.org/10.1016/j.drugalcdep.2012.03.025

Sered, S., & Norton-Hawk, M. (2008). Disrupted lives, fragmented care: Illness experiences of criminalized women. *Women & Health, 48*(1), 43-61.

Shortt, J. W., Eddy, J. M., Sheeber, L., & Davis, B. (2014). Project home: A pilot evaluation of an emotion-focused intervention for mothers reuniting with children after prison. *Psychological Services, 11*(1), 1.

Sitren, A. H., Smith, H. P., Applegate, B. K., & Gould, L. A. (2009). Jail visitation: An assessment of organizational policy and information availability. *Southwest Journal of Criminal Justice, 5*(3), 207.

Sobol, N. L. (2015). Charging the poor: Criminal justice debt and modern-day debtors' prisons. *Maryland Law Review, 75*(2), 486-540. Retrieved from http://digitalcommons.law.umaryland.edu/cgi/viewcontent.cgi?article=3701&context=mlr



www.manaraa.com

Solomon, A. L., Osborne, J., LoBuglio, S. F., Mellow, J., & Mukamal, D. A. (2008). *Life after lockup: Improving reentry from jail to the community*. Washington, D.C.: Urban Institute. Retrieved from https://www.ncjrs.gov/pdffiles1/bja/220095.pdf

Stanton, A. E., Kako, P., & Sawin, K. J. (2016). Mental health issues of women after release from jail and prison: A systematic review. *Issues in Mental Health Nursing, 37*(5), 299-331.

Steadman, H. J., Osher, F. C., Robbins, P. C., Case, B., & Samuels, S. (2009). Prevalence of serious mental illness among jail inmates. *Psychiatric Services, 60*(6), 761-765. doi:10.1176/ps.2009.60.6.761

Steadman, H. J., & Veysey, B. M. (1997). *Providing services for jail inmates with mental disorders*. Washington, D.C.: US Department of Justice, Office of Justice Programs, National Institute of Justice Washington, DC.

Stengel, C. (2014). The risk of being 'too honest': Drug use, stigma and pregnancy. *Health, Risk & Society, 16*(1), 36-50.

Stephan, J. J. (2005). *Census of state and federal correctional facilities, 2005 (BJS publication no. NJC 222182).* (). Washington, D.C.: U.S. Department of Justice, Office of Justice Programs. Retrieved from https://www.bjs.gov/content/pub/pdf/csfcf05.pdf

Stephan, J., & Walsh, G. (2011). *Census of jail facilities, 2006.* (). Washington, D.C.: US Department of Justice, Office of Justice Programs. Retrieved from https://www.bjs.gov/content/pub/pdf/cjf06.pdf

Stephens, T. N., Parchment, T., Gopalan, G., Burton, G., Ortiz, A., Brantley, T., ... & McKay, M. (2016). Assessing the Needs of Reunified Families from Foster Care: A Parent Perspective. *Child Welfare, 94*(6), 9-37.



www.manaraa.com

Stevens, A. (2012). 'I am the person now I was always meant to be': Identity reconstruction and narrative reframing in therapeutic community prisons. *Criminology & Criminal Justice, 12*(5), 527-547.

Stevenson, B. (2014). *Just mercy: A story of justice and redemption*. Melbourne: Scribe.

Talbott, J. A. (1979). Deinstitutionalization: Avoiding the disasters of the past. *Hospital Community Psychiatry, 30*(9), 1112-1115.

Taxman, F. S., Perdoni, M. L., & Harrison, L. D. (2007). Drug treatment services for adult offenders: The state of the state. *Journal of Substance Abuse Treatment, 32*(3), 239-254.

Tedeschi, R. G., & Calhoun, L. G. (1996). The Posttraumatic Growth Inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress, 9*(3), 455-471.

Teplin, L. A., Abram, K. M., & McClelland, G. M. (1996). Prevalence of psychiatric disorders among incarcerated women: I. pretrial jail detainees. *Archives of General Psychiatry, 53*(6), 505-512.

The Sentencing Project. (2007). *Women in the criminal justice system.* ().

Thomas, K. C., Ellis, A. R., Konrad, T. R., Holzer, C. E., & Morrissey, J. P. (2009). *County-level estimates of mental health professional shortage in the united states*. Washington, D.C.

Thompson, D. (2013, February 28,). Jails house 1,100 long-term inmates. *San Jose Mercury News* Retrieved from http://www.nbclosangeles.com/news/local/California-County-Jails-House-1100-Long-term-inmates-194048551.html

Thompson, P. J., & Harm, N. J. (2000). Parenting from prison: Helping children and mothers. *Issues in Comprehensive Pediatric Nursing, 23*(2), 61-81.



www.manaraa.com

Torrey, E. F., Fuller, D. A., Geller, J., Jacobs, C., & Ragosta, K. (2012). *No room at the inn: Trends and consequences of closing public psychiatric hospitals*. Arlington, VA: Treatment Advocacy Center.

Travis, J., Western, B., & Redburn, F. S. (2014). *The growth of incarceration in the united states: Exploring causes and consequences*. Washington, D.C.: National Academies Press.

Trestman, R. L., Ford, J., Zhang, W., & Wiesbrock, V. (2007). Current and lifetime psychiatric illness among inmates not identified as acutely mentally ill at intake in Connecticut's jails. *Journal of the American Academy of Psychiatry and the Law Online, 35*(4), 490-500.

Tuerk, E. H., & Loper, A. B. (2006). Contact between incarcerated mothers and their children: Assessing parenting stress. *Journal of Offender Rehabilitation, 43*(1), 23-43.

Turney, K., & Wildeman, C. (2015). Self-reported health among recently incarcerated mothers. *American Journal of Public Health, 105*(10), 2014-2020.

US Department of Health and Human Services. (2016). Child welfare information gateway. Retrieved from https://www.childwelfare.gov/pubPDFs/planning.pdf

U.S. Department of Veterans Affairs. (2016). Complex PTSD. Retrieved from https://www.ptsd.va.gov/professional/PTSD-overview/complex-ptsd.asp

van Ginneken, E. F. J. C. (2016). Making Sense of Imprisonment: Narratives of Posttraumatic Growth Among Female Prisoners. *International Journal of Offender Therapy and Comparative Criminology., 60*(2), 208-227.



www.manaraa.com

van Olphen, J., Eliason, M. J., Freudenberg, N., & Barnes, M. (2009). Nowhere to go: How stigma limits the options of female drug users after release from jail. *Substance Abuse Treatment, Prevention, and Policy, 4*(1), 10.

Vieta, E. (2014). Diagnosing bipolar disorder. Retrieved from http://ime.springerhealthcare.com/wp-content/uploads/CR-Diagnosing-Bipolar-Disorder_SALES.pdf

Visher, C. A., & Bakken, N. W. (2014). Reentry challenges facing women with mental health problems. *Women & Health, 54*(8), 768-780. doi:10.1080/03630242.2014.932889

Visher, C. A., Debus-Sherrill, S. A., & Yahner, J. (2011). Employment after prison: A longitudinal study of former prisoners. *Justice Quarterly, 28*(5), 698-718.

Wacquant, L. (2002). From slavery to mass incarceration: Rethinking the 'race question' in the US. *New Left Review,* (13), 41.

Wahl, O. F., & Roth, R. (1982). Television images of mental illness: Results of a metropolitan Washington media watch. *Journal of Broadcasting & Electronic Media, 26*(2), 599-605.

Walker, E. K. (2011). Risk and protective factors in mothers with a history of incarceration: Do relationships buffer the effects of trauma symptoms and substance abuse history? *Women & Therapy, 34*(4), 359-376.

Walmsley, R. (2015). *World female imprisonment list: Women and girls in penal institutions, including pre-trial detainees/remand prisoners.* Institute for Criminal Policy Research.

Warf, C. W., Clark, L. F., Desai, M., Rabinovitz, S. J., Agahi, G., Calvo, R., & Hoffmann, J. (2013). Coming of age on the streets: Survival sex among homeless young women in Hollywood. *Journal of Adolescence, 36*(6), 1205-1213.



www.manaraa.com

White, M. D., Galietta, M., & Escobar, G. (2006). Technology-driven literacy programs as a tool for re-connecting incarcerated mothers and their children: Assessing their need and viability in a federal prison. *Justice Policy Journal*, *3*(1), 1-20.

Wildeman, C. (2010). Paternal incarceration and children's physically aggressive behaviors: Evidence from the fragile families and child wellbeing study. *Social Forces*, *89*(1), 285-309.

Williams, C. T., Kim, S., Meyer, J., Spaulding, A., Teixeira, P., Avery, A., . . . Simon, D. (2013). Gender differences in baseline health, needs at release, and predictors of care engagement among HIV-positive clients leaving jail. *AIDS and Behavior*, *17*(2), 195-202.

Wills, T. A., & Hirky, A. E. (1996). Coping and substance abuse: A theoretical model and review of the evidence. In M. Zeidner & N. S. Endler (Eds.), *Handbook of coping: Theory, research, applications* (pp. 279-302). Oxford, England: John Wiley & Sons.

Wyse, J. J., Harding, D. J., & Morenoff, J.D. (2014, June). Romantic relationships and criminal desistance: Pathways and processes. In *Sociological Forum* (Vol. 29, No. 2, pp. 365-385).

Zlotnick, C., Johnson, J., & Najavits, L. M. (2009). Randomized controlled pilot study of cognitive-behavioral therapy in a sample of incarcerated women with substance use disorder and PTSD. *Behavior Therapy*, *40*(4), 325-336.



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# APPENDIX A: Evidence Table

| Authors | Purpose | Methods | Inclusion/Characteristics | Findings | Quality |
|---|---|---|---|---|---|
| Allen et al., 2010 | -Explore impact of maternal incarceration on experience of motherhood through the eyes of mothers themselves. | -Theory: Feminist standpoint framework<br>-Descriptive qualitative<br>-Individual interviews<br>-$5 incentive | -n: 26<br>-All mothers with histories of substance abuse incarcerated in jail<br>-State: Kentucky<br><br>-Age: 24<br>-No. of children: 1-6<br>-Age of children: Minor<br>-Race: 57% White<br>-Time incarcerated: Unknown | **Mental health:** 50% had mental health diagnosis; many with dual diagnoses<br><br>**Substance use:** 75% reported addiction to crack cocaine; several traded sex for drugs; reported using to cope with feelings about losing children and having no support.<br><br>**Trauma:** Many with experiences of trauma and abuse. Parents with substance use issues.<br><br>**Psychological treatment services:** 50% had past substance use treatment, which was not successful due to cost, waiting lists, and inability to bring children.<br><br>**Motherhood:** 30% lost parental rights; 53% had children in kinship care; Shame, remorse, sadness about past mistakes; Visits in jail were painful due to lack of physical contact. Some decided to not have children visit. Many reported poor communication by child welfare workers. Many felt powerless about their parental status and forced to terminate their parental rights because they were told then their children could visit.<br><br>**Social support:** Perceived lack of family support after release.<br><br>**Housing:** Reported cycle of homelessness and incarceration; some had been incarcerated between 20-40 times. | -Coercion bias<br>-Majority White<br>-Convenience sampling<br>-Self-report<br>-Small sample<br>-Purpose: Motherhood |
| Arditti & Few, 2006 | -What are the primary risk factors for reentry mothers?<br>-How does incarceration and subsequent reentry | -Theory: None<br>-Descriptive mixed-methods<br>-General qualitative<br>-Interviews<br>-$25 incentive | -n: 28<br>-All mothers<br>-One minor child<br>-Time incarcerated: 2 month minimum | **Mental health:** 40% clinically depressed, 8% somewhat depressed<br><br>**Substance use:** 50% with SUD | -Coercion bias<br>-Majority White<br>-Small sample<br>-Self-report<br>-Purpose: Motherhood |



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| Authors | Purpose | Methods | Inclusion/Characteristics | Findings | Quality |
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| | influence mothers' perceptions of their parenting roles and their relationships with their children?<br>-What kinds of protective factors are helpful to mothers as they navigate reentry? | -Center for Epidemiologic Studies Depression Scale<br>-Parental Stress Scale<br>-Perceived Social Support Families and Friends Scale<br>-Family Resource Adequacy<br>-Descriptive statistics<br>-Content analysis | -Released from prison or jail<br>-State: Virginia<br><br>-Age: 35<br>-No. of children: 2.4<br>-Age of children: 11<br>-Race: 81% White<br>-Time incarcerated: 14 mo.<br>-Time since release: 10 mo. | **Trauma:** 57% witnessed violence, 25% with physical abuse, 25% sexual abuse, 19% emotional abuse as child; 50% past IPV, 64% current IPV<br><br>**Psychological treatment services:** None<br><br>**Motherhood:** 25% full custody of one child, shared custody (30%), father custody (15%), other custody (15%); slight decrease in closeness to children after release; 79% felt very close to children prior v. 71% felt very close to children after release; 46% with difficulties being a mother prior to incarceration v. 25% after release; 46% felt they were a very good mother after release.<br><br>**Social support:** Incarceration both strained and strengthened family ties; visits during incarceration were too short (61%), too few (42%), most had family members who assisted after release; 78% used family as confidants/moral support; 64% relied on friends; moderate supports and resources overall; lower resources associated with higher parental stress.<br><br>**Housing:** None | |
| Arditti & Few, 2008 | -Develop grounded theory related to maternal distress and reentry as defined by depression, psychological malaise, and unhappiness. | -Theory: Grounded theory --Descriptive qualitative: Multiple-case study<br>-Semi-structured private interviews<br>-Center for Epidemiologic Studies Depression Scale<br>-Grounded theory analysis | -n: 10<br>- All mothers<br>-7 released, 3 incarcerated<br>-Incarcerated or released from prison or jail<br>-State: Virginia<br><br>-Age: 36<br>-No. of children: 2<br>- Age of children: 13 (av.)<br>-Race: Most White<br>-Mixed prison & jail<br>-Time incarcerated: 11 mo<br>-Time since release: Unknown | **Mental health:** 8/10 clinically depressed; reported ADHD, depression, postpartum depression, anger issues, parenting stress, OCD, bipolar disorder, and anxiety; Commonly used coping skill of blocking things out.<br><br>**Substance use:** Using to cope with grief related to death and divorce.<br><br>**Trauma:** IPV, cycles of violence in intimate relationships; memories of parents being incarcerated and using drugs.<br><br>**Psychological Treatment:** Not screened by POs; felt need for medication v. not wanting to be on medication; transportation problems interfered with access to services; some women had services prior to | -Small sample<br>-Majority White<br>-Self-report<br>-Purpose: Motherhood |



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| | | | | release but others had limited services; pre-release CBT helpful.<br><br>**Motherhood:** Guilt about substance use and being incarcerated acted as deterrent to reincarceration; fear of what others have told children about them; grateful for help with children; anxious about returning to mothering and having nothing to offer; wish to reunite v. wish to move on.<br><br>**Social support:** Supported by family, mostly mothers; as well as female friends, partners, children, POs; 12-step groups<br><br>**Housing:** Homelessness related to unemployment and lack of other basic needs | |
| Browne, 1989 | -Describe primary prevention parent education program aimed at enhancing parenting skills and knowledge of incarcerated women. | -Theory: None<br>-Quasi-experimental, pre-post scores<br>-Parenting intervention took place twice per week over 24 weeks.<br>-Curriculum focused on needs, emotional involvement, development of individual personalities within a family setting, and self-esteem.<br>-Self-evaluation Inventory<br>-Adult-Adolescent Parenting Inventory<br>-Paired t-test | -n: 20<br>- 80% mothers<br>- Incarcerated in jail<br>-State: Pennsylvania<br><br>-Age: 24<br>-No. of children: 2<br>-Age of children:10<br>-Race: 75% African American<br>-Time incarcerated: Unknown | **Mental health:** Parenting intervention had positive impact on self-esteem scores but no effect on low pre-test scores of self-control, self-criticism, or self-efficacy. Pre-test scores of locus of control were average.<br><br>**Substance use:** None<br><br>**Trauma:** 50% with childhood abuse & neglect<br><br>**Psychological treatment services:** None<br><br>**Motherhood:** Parenting intervention had negative impact on Beliefs in Corporal Punishment and Inappropriate Expectations.<br><br>**Social support:** None<br><br>**Housing:** None | -Small sample<br>-Tool reliability/validity<br>-All in programming<br>-Purpose: Motherhood |
| Brown & Bloom, 2009 | -Detail interplay between subjective aspects of women's reentry and maternal experience with objective factors that | -Theory: None<br>-Mixed-methods: Descriptive<br>-Semi-structured private, life history interviews<br>-Review of institutional records | -n: 25 (interviews)<br>-n:203 (records)<br>-All mothers<br>-Released from prison<br>-State: Hawaii<br><br>-Age: Unknown | **Mental health:** None<br><br>**Substance use:** Guilt over using instead of caring for children.<br><br>**Trauma:** Financially dependent on partners who abused children. | -Self-report<br>-Objective data<br>-Purpose: Motherhood |



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| | limit and shape post-prison survival | -Descriptive statistics | -No. of children: Unknown<br>- Age of children: 42% <12 y/o; 33% > 18 y/o; 23% aged 12-17<br>-Race: unknown, some Asian/Pacific Islander<br>-Time incarcerated: 22 mo<br>-Time since release: 16 mo | **Psychological treatment services:** None<br><br>**Motherhood:** Guilt & shame about children witnessing crime; 47% reunited with children immediately after release. overwhelmed upon reunion and when trying to re-establish role; lack of confidence; conflict with caregivers.<br><br>**Social support:** Financial support from family.<br><br>**Housing:** 46% living with adult relatives; 25% recovery home; 17% with partner; 10% with adult friends; 0.8% alone; 53% moved 1-3 times; 10% moved 4 or more times | |
| Borelli et al., 2010 | -Describe distribution of maternal attachment representations within a sample of incarcerated mothers who resided with infants in prison nursery<br>-Evaluate association between maternal attachment type and substance abuse.<br>-Examine longitudinal connection between maternal attachment and depressive symptoms, perceptions of parenting competency, and perceived social support. | -Theory: Attachment Theory<br>-Descriptive correlational<br>-Data collected as part of a larger study<br>-Adult Attachment Interview<br>-Center for Epidemiologic Studies Depression Scale<br>-Substance use hx (yes/no; from prison records)<br>-Sarason Social Support Questionnaire | -n: 69<br>-All mothers<br>-Incarcerated in prison nursery program<br>-State: New York<br><br>-Age: 28<br>-No of children: 1-8<br>-Age of children: Unknown<br>-Race: African American<br>-Prison<br>-Time incarcerated: Sentences 2 mo – 10 years | **Mental health:** Preoccupied attachment styles increased depressive symptoms relative to dismissing attachment styles.<br><br>**Substance use:** Unresolved loss increased odds of having substance use history and depressive symptoms.<br><br>**Trauma:** Unresolved trauma associated with greater increases in depressive symptoms.<br><br>**Psychological treatment services:** None<br>**Motherhood:** Preoccupied attachment styles decreased sense of parental competency relative to dismissing attachment styles.<br><br>**Social support:** Preoccupied attachment styles associated with greater decreases in satisfaction with support relative to dismissing attachment styles.<br><br>**Housing:** None | -Data from larger study<br>-No baseline mental health data<br>-All in program<br>-Purpose: Motherhood |
| Borja et al., 2015 | -Examine differences between incarcerated mothers and fathers in their exposures to | -Theory: Life course theory, stress proliferation framework<br>-Descriptive correlational | -n: 357<br>-40% mothers<br>-60% fathers | **Mental health:** 21% reported a mental illness<br>**Substance use:** 93% reported substance use<br>**Trauma:** 50% with parents who used substances; 40% in foster care as children; 64% reported one type | -Data from larger study<br>-Self-report<br>-Purpose: Trauma |



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| | adversities across the life course. | -Data drawn from Parent Child Study RCT<br>-Interviews<br>-Family of Origin Adversity measure<br>-Childhood Adversity Measure<br>-Adult Adversity measure | -Incarcerated in pre-release prison facilities<br>-Child between 3-11 years old<br>-State: Oregon<br><br>-Age: Unknown<br>-No. of children: 3<br>-Age of children: 8<br>-Race: 59% White<br>-Time incarcerated: Unknown, had 9 mo. Or less remaining on sentence | of childhood adversity; 42% reported 4 forms of victimization as adults; 77% reported IPV as adults; 51% reported sexual violence as adults; child welfare and juvenile justice system involvement as children positively correlated with adult victimization for mothers.<br><br>**Psychological treatment services:** 22% had been in treatment facility as children.<br><br>**Motherhood:** None<br><br>**Social support:** None<br><br>**Housing:** 23% lived in shelter, 48% lived on streets; 58% lived in motels | |
| Carlson et al., 2010 | -Examine differences between incarcerated mothers and fathers | -Theory: None<br>-Descriptive correlational<br>-Independent t test<br>-Secondary data from study about number of inmates who were parents<br>-Questionnaires<br>-Parent Questionnaire<br>-Traumatic event questionnaire | -n: 2279<br>-63% mothers<br>-All incarcerated in prison<br>-State: Arizona<br><br>-Age: Unknown<br>-No. of children: Unknown<br>-Age of children: Unknown<br>-Race: Unknown<br>-Time incarcerated: Unknown | **Mental health:** None<br><br>**Substance use:** 81% reported substance use; problems; 55% reported alcohol problems; highest self-reported drug problems in White parents (83%) and lowest in Asian/Pacific Islanders (57%); having a self-reported alcohol or drug problem associated with lifetime physical and sexual abuse; parents with histories of alcohol problems more likely to report needing help with drug treatment.<br><br>**Trauma:** 46% experienced physical abuse as a child; 49% experienced childhood sexual abuse; 49% reported domestic violence; 14% reported adult sexual assault by an intimate partner IPV; White and Native Americans reported more domestic violence v. Latino, Black, and Asian/Pacific Islanders.<br><br>**Psychological treatment services:** 27% of mothers reported drug treatment needs<br><br>**Motherhood** None<br><br>**Social support:** None | -Self-report<br>-Purpose: Trauma, motherhood |



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| | | | | **Housing:** 59% of mothers reported housing needs; parents with histories of drug problems more likely to reported needing housing services. | |
| Carlson & Shafer, 2010 | -Examine differences between incarcerated mothers and fathers | -Theory: None<br>-Descriptive correlational<br>-Independent t test<br>-Secondary data from study about number of inmates who were parents<br>-Questionnaires<br>-Parent Questionnaire<br>-Traumatic event questionnaire | -n: 2279<br>-63% mothers<br>-All incarcerated in prison<br>-State: Arizona<br><br>-Age: Unknown<br>-No. of children: Unknown<br>-Age of children: Unknown<br>-Race: Unknown<br>-Time incarcerated: Unknown | **Mental health:** 30% had a diagnosed mental illness; having an adult mental illness diagnosis was associated with having one more childhood stressful event with 24% of mothers reporting such; and having a lifetime traumatic event was associated with having a mental illness, those diagnosed with a mental illness had an average of two more stressful life events.<br><br>**Substance use:** 81% reported substance use; problems; 55% reported alcohol problems<br><br>**Trauma:** 28% experienced natural disaster, 27% life-threatening accident; 53% death of intimate partner; 16% death of child; 49% witnessed someone dying; 73% physical violence by family member; 43% violence by stranger; 63% strip searched; 30% unwanted sex for money; 51% sexually abused by family member; 32% sexually abused by stranger; women were three times as likely to report domestic violence IPV(49 v. 17%) and adult sexual assault (14 v. 1.2%); sexual abuse as child increased likelihood of reporting sexual abuse as adults (29 v. 23% by stranger; 17 v. 12% by intimate); women who were sexually abused as children were more likely to report having unwanted sex for money as adults<br><br>**Psychological treatment services:** None<br><br>**Motherhood:** None<br><br>**Social support:** None<br><br>**Housing:** 50% had been homeless | -Self-report<br>-Purpose: Mental health, substance use, trauma |
| Chambers, 2009 | -Examine impact of forced separation policy on incarcerated postpartum mothers | -Theory: Attachment theory<br>-Descriptive qualitative<br>-Thematic analysis | -n: 12<br>-Postpartum mothers incarcerated in prison<br>-State: Texas | **Mental health:** Mothers experienced shocking losses once they were physically separated from their infants; felt alone and as if a part of them was missing and tried to cope through not thinking about the separation. | -Self-report<br>-Convenience sample<br>-Purpose: Motherhood |



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| | | | -Age: 25<br>-No. of children:<br>-Age of children: Unknown<br>-Race: 58% women of color, 42% White<br>-Time incarcerated: 5.5 mo | **Substance use:** None<br><br>**Trauma:** None<br><br>**Psychological treatment services:** None<br><br>**Motherhood:** Mothers experienced deep emotional connections with their children prior to birth.<br><br>**Social support:** None<br><br>**Housing:** None | |
| Colbert et al., 2016 | -Understand health priorities within the unique cultural context of women living in community corrections facilities in the first year after release form prison or jail. | -Theory: Cultural care theory diversity and universality<br>-Qualitative descriptive<br>-Focused ethnography<br>-Leininger & McFarland's four phases of qualitative data analysis<br>-Individual, semi-structured interviews<br>-$20 incentive | -n: 28<br>-96% mothers<br>-Released from jail or prison to community corrections facilities within the last year<br>-In structured pre-entry program<br>-State: mid-Atlantic<br><br>-Age: Middle-aged<br>-No. of children: 3.6<br>-Age of children: Unknown<br>-Race: 61% White, 39% African American<br>-Time incarcerated: Unknown<br>-Time since release: 1 year or less | **Mental health:** 71% with mental health diagnosis; Women expressed optimism and desire to be healthy; Women felt lucky to have avoided serious health issues, despite some having health concerns, diagnoses, or disabilities; Women felt that they had survived a difficult period and had an opportunity to focus on their health; Women had a desire to do so through various health behaviors; Women were concerned about chronic mental health issues; Women reported stress, uncertainty, and anxiety; Women reported stress related to uncertainty about what would happen when they returned home in regard to their relationships and maintaining sobriety; were concerned about the effect of stress on their lives, sobriety, and ability to function; and described the negative effects of consistent and overwhelming stressors in their lives over many years; Women gained some relief from the structure of the program; Women's stress, uncertainty, and anxiety combined with the requirements of correctional supervision created barriers to optimism, desire, and motivation to be healthy, which was often described as "overwhelming." Those forces led to women to feel too frustrated and return to addiction, avoidance, and destructive behaviors.<br><br>**Substance use:** 86% with history of substance dependence; Women were concerned about the detrimental effects of long-term substance use on their health and lives, and discussions of health | -Self-report<br>-Majority White<br>-Coercion bias<br>-Convenience sampling<br>-All in programming<br>-Purpose: Mental health, substance use, psychological treatment services |



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| | | | | centered on addiction and "being clean:" Women who were trying to avoid substance use felt that they could have better health and improve their quality of life; Women described long-term issues with substance dependence starting in adolescence and contributing to their disregard for other health issues, symptoms, seeking health care, nutrition, or taking medications; Women described self-medicating a variety of physical health symptoms with drugs and alcohol; Many women were forced to avoid alcohol and drug use; Women felt worried about being tested for infectious diseases since they stopped using alcohol and drugs; Women felt that maintain sobriety was essential to reconnecting with loved ones, staying healthy, and avoiding incarceration; Some women feared engaging with health care due to wanting to avoid becoming dependent on medication like they had been previously; Very few women were concerned about cigarette smoking; Some women described concerns about returning to the same health care provider that prescribed them addictive medications in the past.<br><br>**Trauma:** Many women described feeling lucky to have few health issues despite histories of repeated trauma.<br><br>**Psychological treatment services:** Many women described how the "one day at a time" philosophy of 12-step programs was incongruent with the goal-setting and planning encouraged by community corrections programming; Some women described how taking medications was not a priority prior to jail and that they noticed symptoms when they were reincarcerated and not taking medications; Several women discussed difficulties taking psychotropic medications as prescribed, and many stopped taking them when they started to feel better and started taking them when mental health symptoms returned; Women described a lack of trust in providers who wanted to prescribe them medication, especially when it could have side effects that interfered with their ability to participate in programming and avoid jail; and that providers did not understand their | |



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| | | | | criminal justice mandates; Some women were concerned about health insurance because they lacked community health insurance while at the transitional facility/were covered by the Department of Corrections and did not know how to gain coverage for their medications and health care after that coverage ended; Other women had a good understanding of the system and knew how to access insurance; Many women were mandated to take psychotropic medications, attend treatment/counseling but several were not truly engaged; Women described how the sedating side effects of psychotropic medications interfered with their ability to stay awake during programming, which was interpreted as being non-compliant and led to disciplinary action; Many women were motivated to take medications and be in treatment to avoid disciplinary action. Women disengaged from outside care and treatment providers due to their mandated requirements and wanted to do whatever they had to do in order to go home and avoid jail.<br><br>**Motherhood:** Women were motivated to make health-related changes by their responsibilities to children and others.<br><br>**Social support:** Women were concerned about relationships, both in regard to returning to homes where they could take up old behavior patterns; Women described reaching out for support due to not being able to access benefits while in the transitional facility;<br><br>**Housing:** Many women described feeling lucky to have few health issues despite histories of homelessness. | |
| Easterling & Feldmeyer 2017 | -Examine the experiences of imprisonment among White mothers from rural areas. | -Theory: Labeling and identity construction theory<br>-Descriptive qualitative<br>-Open-ended interviews<br>-Individual interviews<br>-Group interview | -n:42<br>-Mothers incarcerated in prison<br>-State: Kentucky<br><br>-Age: 34<br>-No. of children: 2 | **Mental health:** Mothers described shame, negative emotions, and stress related to their imprisonment; and felt that their "spoiled identity" was pronounced de to their coming from places where incarceration was rare. | -Convenience sampling<br>-Non-diverse<br>-Purpose: Motherhood |



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| | | -Handwritten responses | -Age of children: Unknown<br>-Race: All White<br>-Time incarcerated: Unknown | **Substance use:** One-third incarcerated for drug-related offenses, while others attributed their incarceration to their drug addiction. Most commonly reported using methamphetamines, prescription pills, and heroin. Mothers described that drugs addicts are not bad people; several discussed using drugs to cope with or escape from difficulties, including guilt about being away from their children. They also described how they considered themselves to be more sick than criminals.<br><br>**Trauma:** Mothers felt that negative family histories of abuse, drug use, and dysfunction contributed to their incarceration; others felt that they were raised in good families, which made their incarceration more stressful.<br><br>**Psychological treatment services:** None<br><br>**Motherhood:** Many women focused on what they did right as mothers and how their drug addiction did not interfere with their love for their children. Women felt that they continually let their children down because they were reincarcerated; and described feelings of grief, remorse, shame, guilt, low self-esteem, depression, and anxiety, as well as sleeplessness. Mothers felt that they no longer had the right to discipline their children due to their incarceration/separation. Mothers were concerned about the effects on their children, including living arrangements, shame, stigma; Mothers experienced poor communication with caregivers, who often forbid visits and contact, and withheld information.<br><br>**Social support:** None<br><br>**Housing:** None | |
| Few-Demo & Arditti, 2014 | -Describe how relational vulnerabilities manifested relative to justice-involved women's situational | -Theory: Vulnerability Conceptual Model<br>-Descriptive qualitative<br>-Semi-structured private interviews<br>-One personal diary | -n: 10<br>-All mothers<br>-Released/on probation or reincarcerated in prison or jail<br>-State: Virginia | **Mental health:** 9/10 with depressive symptoms; triggered by loss; 4 with chronic mental health issues.<br><br>**Substance use:** Triggered by loss; 5 with chronic addiction issues; 3 with mandatory sobriety, 7 with voluntary sobriety. | -Small sample<br>-Self-report<br>-Non-diverse<br>-Purpose: Mental health, trauma, social support |



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| | vulnerability and their implications. | -Modified analytic induction | -Age: 36<br>-No. of children: 2<br>-Age of children: 13<br>-Race: Most White<br>-Time incarcerated: 11 mo.<br>-Time since release: Unknown | **Trauma:** Unresolved loss characterized by family of origin addiction (7), incarceration (8), and violence (7), death of parent, sibling, child, partner triggered depression & substance use (7); current chronic IPV (7), deaths (7).<br><br>**Psychological treatment services:** Intermittent and disjointed during incarceration; different prescriptions for anti-depressants; received substance use counseling; 6 attended counseling at some point.<br><br>**Motherhood:** 3 estranged from children; children incarcerated (4); 4 lived with young children<br><br>**Social support:** 5 estranged from partner; 5 with family support; 5 with friend support<br><br>**Housing:** None | |
| Fogel, 1992 | -Compare the mental health of incarcerated mothers and nonmothers over time, specifically depression and anxiety | -Theory: None<br>-Descriptive correlational, longitudinal<br>-Data from larger study of general health of female inmates<br>-State Anxiety Inventory<br>- Center for Epidemiologic Studies Depression Scale<br>-Semi-structured interview guide<br>-ANOVA | -n: 49<br>-35 mothers, 11 non-mothers<br>-Incarcerated in prison<br>- State: North Carolina<br><br>-Age: 28<br>-No. of children: 1-3<br>-Age of children: < 18<br>-Race: Non-white<br>-Time incarcerated: Sentence 15 years | **Mental health:** 53% of mothers & 71% of nonmothers with high levels of anxiety; greater decreases in anxiety in nonmothers over time; anxiety in both groups decreased over time; 69% of mothers and 64% of nonmothers had clinical levels of depressive symptoms; similar decreases in depression in mothers and nonmothers over time.<br><br>**Substance use:** None<br><br>**Trauma:** None<br><br>**Psychological treatment services:** None<br><br>**Motherhood:** 69% reported concerns about children's adjustment to incarceration<br><br>**Social support:** 71% mothers v. 55% of nonmothers reported difficulties being separated from family<br><br>**Housing:** None | - Data from larger study<br>-Self-report<br>-Objective data (questionnaires)<br>-Purpose: Mental health |
| Foster, 2012 | -Examine influence of importation and | -Theory: General Strain Theory, Criminal Justice | -n: 102 | **Mental health:** 41% reported mental health as poor/fair; childhood trauma increased odds of poor | - Data from larger study |



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| | deprivation strains on maternal health while imprisoned.<br>-Examine the intergenerational consequences of maternal strains on child outcomes. | Inmate Adaptation Model, Life Course Model<br>-Mixed-methods, descriptive correlational<br>-Self-administered questionnaires with open-ended questions and research-generated tools<br>-Multivariate logistic and OLS regression procedures<br>-Importation strains (pre-prison characteristics of childhood trauma and drug dependence)<br>-Deprivation strains (in-prison contact with children)<br>-Self-assessed mental and physical health<br>-Children's subjective weathering (mothers' perception that child was older than actual age) | -All mothers incarcerated in prison<br>-State: Texas (federal prison)<br><br>-Age: 36<br>-No. of children: At least one < 18<br>-Age of children: 12<br>-Race: 44% Hispanic<br>-Time incarcerated: Unknown | mental health by 34%; drug dependency marginally associated with poor/fair mental health (OR 2.53, p<0.10). Serving sentence for drug offense lowered odds of fair/poor mental health by 72%.<br><br>**Substance use:** 70% reported drug dependency; drug dependency positively associated with child subjective weathering/growing up too fast.<br><br>**Trauma:** Experienced an average of 2.5 childhood traumas<br><br>**Psychological treatment services:** None<br><br>**Motherhood:** Increased children's age decreased odds of poor/fair mental health by 16%. Less contact with children increased odds for poor/fair mental health by 31%; Less contact positively associated with child subjective weathering/growing up too fast. Mothers reported a sense of missing out, lack of contact with children due to distance, concern about children being separated from each other, and concern about incarceration harming children.<br><br>**Social support:** None<br><br>**Housing:** None | -Tool reliability/validity<br>-Self-report<br>-Purpose: Motherhood |
| Gilham, 2012 | -Examine incarcerated women's perceptions of the consequences of illegal activity, confinement, and separations from their children on their offspring. | -Theory: None<br>-Descriptive qualitative<br>-Semi-structured interview<br>-Thematic analysis | -n: 17<br>-All mothers incarcerated in prison treatment program<br>-State: Ohio<br><br>-Age: 20-45<br>-No. of children: unknown<br>-Age of children: 4 mo – 18 yr<br>-Race: Most White<br>-Time incarcerated: 35% < 1 mo; 65% 3-5 mo. | **Mental health:** None<br><br>**Substance use:** 82% with SUD<br><br>**Trauma:** None<br><br>**Psychological treatment services:** None<br><br>**Motherhood:** Many mothers did not tell their children they were incarcerated, perceived their incarceration impacted children negatively; described not using drugs or committing crimes while children present; mothers described plans to change their parenting style after learning things in treatment; half of women were not able to have visits with children | -Small sample<br>-Unclear data analysis methods/rigor<br>-All in programming<br>-No quotes<br>-Purpose: Motherhood |



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| | | | | due to distance, nature of offense, and caregiver refusal.<br><br>**Social support:** None<br><br>**Housing:** None | |
| Greene et al., 2000 | -Explore background characteristics of incarcerated mothers and perceptions of risk factors for their children | -Theory: Risk factor model of development<br>-Mixed-methods descriptive correlational<br>-Structured interviews<br>-Quantitative coding | -n: 102<br>-All mothers<br>-Incarcerated in jail<br>-State: California<br><br>-Age: 32<br>-No. of children: 2.5<br>-Age of children: 10<br>-Race: 42% Latina<br>-Time incarcerated: Unknown | **Mental health:** None<br><br>**Substance use:** Some were introduced to substances by parents; 4% introduced to substances by boyfriend; "when you're poor, (drugs) can help you."; traded sex for drugs; 71% history of addiction; 4% addicted to alcohol; 58% addicted at time of arrest; 59% serving sentence for drug-related offense.<br><br>**Trauma:** 86% with childhood trauma, including physical abuse (65%), witnessing violence (60%), sexual abuse (55%). 33% never discussed childhood sexual abuse, separation from parents (54%); 62% witnessed substance use; 58% with IPV; reported abuse of children, including witnessing violence (70%), physical abuse (44%), sexual abuse (9%), witnessing substance use (55%).<br><br>**Psychological treatment services:** None<br><br>**Motherhood:** None<br><br>**Social support:** None<br><br>**Housing:** None | -Self-report<br>-Purpose: Trauma, motherhood |
| Goshin et al., 2014 | -Analyze 3 year recidivism data of women who resided in prison nursery program | -Theory: None<br>-Descriptive correlational, retrospective<br>-3-year recidivism (records)<br>-Center for Epidemiologic Studies Depression Scale<br>-Substance use (self-report yes/no, Michigan Alcohol Screening Test) | -n: 139<br>-All mothers<br>-Incarcerated in prison<br>-State: New York<br><br>-Age: 29<br>-No. of children: Unknown<br>-Age of children: Infants<br>-Race: Mostly Non-White<br>-Time incarcerated: Unknown | **Mental health:** 74% with clinical depressive symptoms; depressive symptoms did not predict recidivism<br><br>**Substance use:** 79% with substance use history; substance use history not associated with recidivism.<br><br>**Trauma:** None.<br><br>**Psychological Treatment Services:** None | -Pre-release mental health data<br>-All in programming<br>-Purpose: Recidivism |



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| Authors | Purpose | Methods | Inclusion/Characteristics | Findings | Quality |
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| | | -Survival analysis, mean survival, cox regression | | **Motherhood:** None<br><br>**Social support:** None<br><br>**Housing:** None | |
| Harp et al., 2012 | -What effect does social support have on the daily use of crack/cocaine for women?<br>-Is there a difference in the effect of social support on daily crack/cocaine use between mothers and nonmothers? | -Theory: Social support stress-coping model.<br>-Descriptive correlational<br>-Data collected as part of a larger study on risky relationships<br>-Interviews<br>-Frequency of crack/cocaine use in 6-mo pre-incarceration<br>-Multidimensional Scale of Perceived Social Support.<br>-Multivariate logistic regression | -n: 307<br>-209 mothers<br>-98 nonmothers<br>-Reported crack/cocaine use pre-incarceration<br>-Incarcerated in prison<br>-State: Four states<br><br>-Age: 34<br>-No. of children: 2.4<br>-Age of children: 68% with least 1 child < 18 y/o<br>-Race: 70% White<br>-Time incarcerated: Unknown | **Mental health:** None<br><br>**Substance use:** Social support negatively associated with frequency of crack/cocaine use for mothers, but not non-mothers.<br><br>**Trauma:** None<br><br>**Psychological treatment services:** None<br><br>**Motherhood:** None<br><br>**Social support:** None<br><br>**Housing:** None | -Self-report<br>-Majority White<br>-Excluded women with psychotic features in last mo.<br>-Pre-incarceration data<br>-Purpose: Substance use |
| Harris, 2017 | -Explore unresolved issues of trauma and attachment for incarcerated mothers involved with the child welfare system | -Theory: Attachment theory<br>-Descriptive correlational<br>-Semi-structured Adult Attachment interview (AAI) protocol<br>-Trauma Attachment Belief Scale<br>- Coding and classification (AAI)<br>-Descriptive statistics | -n: 28<br>- Incarcerated in prison<br>-State: Washington<br><br>-Age: 30.6<br>-No. of children: Unknown<br>-Age of children: Unknown<br>-Race: 82% White<br>-Time incarcerated: Unknown | **Mental health:** Mothers discussed depression related to fear of having parental rights terminated and little communication with children's caregivers.<br><br>**Substance use:** 67% incarcerated for drug-related offenses.<br><br>**Trauma:** 64% of mothers had elevated self- and other-trust scores, indicating slightly negative view of self and self in relation to others.<br><br>**Psychological treatment services:** None<br><br>**Motherhood:** Mothers discussed painful separations from children; Some mothers discussed that children were under the care of the attachment figures that had abused/neglected them as children.<br><br>**Social support:** 54% of mothers had unresolved/disorganized attachment styles; 21% had preoccupied attachment styles; both of these indicate abuse and/or neglect by primary attachment figures. | -Small sample<br>-Majority White<br>-Self-report<br>-Tool validity/reliability<br>-Purpose: Motherhood |



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| | | | | **Housing:** None | |
| Hayes, 2009 | -Gain a better understanding of the experience of mothering after prison | -Theory: Phenomenology<br>-Descriptive qualitative, longitudinal<br>-Semi-structured<br>-Multiple interviews | -n: 6<br>-Mothers released from prison and living with minor children<br>-State: New Hampshire, Massachusetts<br><br>-Age: 30<br>-No. of children: 2<br>-Age of children: 1-18<br>-Race: White & Hispanic<br>-Time incarcerated: 3<br>-Time since release: Unknown | **Mental health:** Mental health problems resulted from poor parenting and childhood trauma<br><br>**Substance use:** Family history of substance use; son born with disabilities due to drug use; mothers reported using drugs because they lost hope of reuniting with children<br><br>**Trauma:** None<br><br>**Psychological treatment services:** None<br><br>**Motherhood:** Mothers lacked trust in caregivers; children lacked trust in mothers; mothers felt that childhood abuse interfered with their abilities to be a mother; wanted children to have a better childhood than they did; all had difficulties gaining formal custody; felt that grandparents were taking better care of their children to make up for mother's childhood<br><br>**Social support:** Support was a double-edged sword because some caretakers encouraged reunification but others told their children not to trust them; those with positive family support were able to overcome more difficulties with parenting and avoid substance use.<br><br>**Housing:** None | -Small sample<br>-Self-report<br>-Purpose: Motherhood |
| Houck & Loper, 2002 | -Examine stress related to parenting among incarcerated women to relate self-perceived levels of parenting stress to anxiety, depression, somatization, and institutional misconduct. | -Theory: Attachment Theory<br>-Descriptive correlational<br>-Participants were asked to think about the child <21 y/o to whom they felt closest<br>-Parenting Stress Index (BSI)<br>-Brief Symptom Inventory<br>-Legal issues r/t children (y/n) | -n: 362<br>-All mothers<br>-Incarcerated in prison<br>-State: Virginia<br><br>-Age: 36<br>-No. of children: 2<br>-Age of children: Unknown<br>-Race: 55% African American<br>-Time incarcerated: Most serving > 5 yr sentence | **Mental health:** 61% with clinical level of psychiatric symptoms on Global Severity Index; 40% had clinical levels of anxiety symptoms; 51% had clinical levels of depressive symptoms; 33% had clinical levels of somatization per the BSI; 86% of women charged with behavioral infractions had 'moderate" offenses and 4 since arrival; Higher levels of distress positively associated with non-minority race; More frequent and severe behavioral infractions associated with younger age and minority race.<br><br>**Substance use:** None | -Self-report<br>-Data referred to one child with closest relationship<br>-Purpose: Mental health, motherhood |



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| | | -Institutional misconduct reports<br>-Multiple linear regression | | **Trauma:** None<br><br>**Psychological treatment services:** None<br><br>**Motherhood:** 68% received visits from children less that 1x/mo; 52% had weekly phone contact; 86% weekly letter writing; 73% voluntarily granted temporary custody to others during sentence; 30% had custody disputes; 84% intended to resume custody; 25% thought it would be difficult to gain custody; 15% had children with legal issues; Psychological distress was positively associated with parenting stress about contact, visitation, and sense of parental competence, but not attachment; Parenting stress related to parental competence was related to severity of institutional infractions; did not demonstrate significant distress related to attachment.<br><br>**Social support:** None<br><br>**Housing:** None | |
| Hutchinson et al., 2008 | -Examine proximal and distal influences on incarcerated pregnant women's psychological experiences, measuring current symptoms of psychological distress, and recall of past parenting relationships | -Theory: Attachment<br>-Mixed-methods<br>-Individual semi-structured interviews<br>-Brief Symptom Inventory<br>-Beck Depression Inventory<br>-Parent Bonding Inventory<br>-Thematic analysis<br>-Descriptive statistics | -n: 25<br>-Pregnant or post-partum mothers incarcerated in prison<br>-State: Southeast<br><br>-Age: 27<br>-No. of children:<br>-Age of children:<br>-Race: 56% African American; 44% Caucasian<br>-Time incarcerated: 21 mo | **Mental health:** Mothers coped with difficult emotions through distraction, denial, relying on inner strength and survival, and talking about their feelings but, overall, felt alone; Mothers had moderate depression scores.<br><br>**Substance use:** None<br><br>**Trauma:** None<br><br>**Psychological treatment services:** None<br><br>**Motherhood:** Mothers feared separation/lack of attachment, planned for reunification, thought about baby constantly, and had confidence in their mothering skills; had barriers to visitation; Mothers had low warmth and high control scores.<br><br>**Social support:** Mothers coped through talking to others | -Small sample<br>-Purpose: Mental health, motherhood |



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| | | | | **Housing:** None | |
| Kissman & Torres, 2004 | -Describe pilot program aimed at substance abuse relapse prevention of mothers in jail | -Theory: Cognitive-behavioral, Group process<br>-Descriptive qualitative<br>-Group discussions in two mutual support groups over three months<br>-Discussions targeted toward strengthening coping skills to reduce substance abuse relapse rates<br>-Group agenda guided discussions to identify relapse triggers, relaxation methods & spiritual connection; cope with past trauma and depression; and enhance communication, problem-solving, parenting skills, | -n:30<br>-Incarcerated in jail<br>-State: Virginia<br><br>-Age: unknown<br>-No. of children: Unknown<br>-Age of children: Unknown<br>-Race: unknown<br>-Time incarcerated: unknown | **Mental health:** Spiritual connections helped women move from self-blame & guilt to hope & self-nurturance; and heal depression, despair, and dejection connected to past substance use; thought-management techniques like journals were useful for reducing ruminations about the past; Women described how feeling used, exploited, and abused led to mistrust in relationships; and how giving too much contributed to their lack of healthy relationships.<br><br>**Substance use:** Women described self-medicating to continue sex work prior to incarceration; Women sensed a lack of power in resolving family conflicts that led to self-destructive behaviors, which could be channeled into active resistance to avoid relapse; Women described how anger led to past relapses, especially in response to boundary violations and abuse.<br><br>**Trauma:** Reframing, retelling stories about victimization helped women move past grievances that triggered relapse; family conflicts led to self-blame, feeling victimized, anxiety, worries about the future, and depression; Women described anger and physical conflicts as responses to intense feelings of past injustices.<br><br>**Psychological treatment services:** None<br><br>**Motherhood:** Poetry helped women process shame and guilt associated with past mistreatment and disconnection from children.<br><br>**Social support:** Mutual support groups helped heal feelings of alienation and conflicts associated with past experiences.<br><br>**Housing:** None | -Incomplete description of sample<br>-Uncertain analysis/rigor<br>-All in programming<br>-No ethics discussion<br>-Purpose: Substance use |



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| Kjellstrand et al., 2012 | -Examine differences between incarcerated mothers, incarcerated fathers, and their families regarding background and experiences, child placement, and current contact. | -Theory: None<br>-Descriptive correlational Data from Parent Child Study RCT<br>-Interviews at baseline, 3 months after baseline, and 6 months after release<br>-Pearson chi square<br>-Goodman & Kuskal's gamma<br>-Independent t-tests | -n: 359<br>-55% women<br>-Incarcerated then released from prison<br>-State: Oregon<br>-Had one child aged 3-11<br>-Expected role in parenting after release<br>-<9 mo. remaining on sentence<br><br>-Age: 32<br>-No. of children: 3<br>-Age of children: 8<br>-Race: 69% White<br>-Time incarcerated: 1.5 year sentence | **Mental health:** 52% reported being diagnosed with learning/behavioral/mental health problem; 45% reported experiencing mental health problem.<br><br>**Substance use:** 93% reported substance use history, 33% used marijuana daily or weekly; 75% used other drugs weekly or daily.<br><br>**Trauma:** 77% experienced IPV, 51% reported sexual assault; 73% had parent who was arrested; 67% had parent incarcerated, 75% reported parental substance use.<br><br>**Psychological treatment services:** None<br><br>**Motherhood:** 68% in contact with child prior to incarceration, 9% with full-time custody, 19% with part-time custody, 15% had visits more than once/week, 5.9% had phone/mail contact; 13% had no contact; 33% of children living with biological parent; 40% of children living with grandparent.<br><br>**Social support:** None<br><br>**Housing:** 48% had lived on the street | - Data from larger study<br>-Self-report<br>-Majority White<br>-Purpose: Trauma, substance use, mental health, motherhood |
| Laux et al., 2008 | - Conduct needs assessment of current and historical substance abuse counseling needs of women who are in the criminal justice system | -Theory: None<br>-Mixed-methods descriptive: Multi-trait approach using gap analysis<br>-Semi-structured, private interviews<br>-Written questionnaire<br>-Qualitative method of Miles & Huberman<br>-Descriptive statistics | -n: 174<br>-n: 1170 (questionnaires)<br>-All mothers incarcerated in or released from jail<br>-State: Ohio<br><br>-Age: 34<br>-No. of children: 2.9<br>-Age of children: Child through adult<br>Race: 45% African American<br>-Time incarcerated: 3 years total<br>-Time since release: Unknown | **Mental health:** 50% of women were diagnosed with a mental health disorder, most commonly depression and bipolar; 73% reported lifetime experience of depression; 65% reported lifetime experiences of anxiety; 50% of women with IPV reported symptoms of PTSD and depression; 66% of women reporting IPV were diagnosed with depression; women felt that they were depressed due to experiences with loss; women felt that they were anxious because of family and relationship issues, health problems, and legal problems; Mothers reported coping through both talking and not talking about their feelings.<br><br>**Substance use:** 50% had lifetime history of alcohol, marijuana, cigarette use; 33% had lifetime history of crack/cocaine use; 25% had lifetime history of using prescription medications. | -Coercion bias<br>-Self-report<br>-Purpose: Substance use, treatment |



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| | | | | **Trauma:** 38% experienced childhood sexual abuse, 19% experienced other child abuse; 65% experienced IPV; many felt that childhood abuse led to negative feelings, low self-esteem, relationship issues, and mental and emotional issues; 56% felt that their childhood needs were met and helped them to have positive relationships.<br><br>**Psychological treatment services:** 50% had received substance use treatment in past; 22 % received substance use treatment in jail; opinions of substance use treatment in jail varied from poor (21%), fair (28%), good (25%), very good (24%), waited too long for treatment (31%), did not wait too long for treatment (23%), 18% were ordered to treatment; 59% of women received inpatient mental health treatment, mostly for depression and suicidal thoughts; 79% of women reported outpatient mental health counseling; 90% of women who went to counseling did so because of a court order; preferred treatment that they could access quickly, was low cost, provided in non-secure setting, offered education about mental health issues; some could not afford their medications; barriers to treatment included lack of insurance, medication problems, lack of awareness about mental illness, lack of transportation, and stigma.<br><br>**Motherhood:** Some women felt that their mental health issues impacted their children through separation, emotional and mental issues, and negative behaviors.<br><br>**Social support:** None<br><br>**Housing:** None | |
| Laux, et al., 2011 | -Investigate the mental health status and counseling needs of mothers in the criminal justice system. | -Theory: None<br>-Descriptive qualitative<br>-Semi-structured interviews.<br>-Written questionnaires.<br>-Constant comparison.<br>-Descriptive statistics. | -n: 314 total interviews (some participants interviewed up to 4 times)<br>-n: 1170 (questionnaires)<br>-All mothers currently incarcerated or released from jail | **Mental health:** 50% with diagnosed mental health disorder; most common diagnoses were depression & bipolar; Depression r/t loss and anxiety about family issues, interpersonal conflicts, health problems, legal problems.<br><br>**Substance use:** None | -Self-report<br>-Purpose: Mental health, treatment |



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| | | | -State: Ohio<br><br>-Age: 35<br>-No. of children: 2.9<br>-Age of children: Child through adult<br>-Race: 45% African American<br>-Time incarcerated: Unknown<br>-Time since release: Unknown | **Trauma:** 38% had hx of childhood sexual abuse; 19% had hx of other types of childhood abuse; 65% had hx of domestic violence as adults; 50% of women who reported domestic violence noted intrusive thoughts, dreams, and behaviors related to the abuse; as well as mental and physical disabilities; difficulty learning, reading, concentrating, working, going to school, and reliance on psychotropic medication; 66% of women who reported domestic violence were diagnosed with depression; Women felt that childhood abuse led to negative life feelings, issues with interpersonal relationships, mental and emotional problems, and family problems; Women who perceived that they had their emotional needs met in childhood thought that it led them to develop positive relationships with their families, a positive outlook on life, and awareness of their personal deficits; while women who did not felt that it led them to have unhealthy relationships and low self-esteem.<br><br>**Psychological treatment services:** 43% of women were prescribed medications for mental health problems, but some could not afford them; 9 women reported that medication was helpful while 5 reported that medication side effects were serious burdens; 59% of women received inpatient mental health treatment, mostly for depression and suicidal ideation; 79% of women participated in outpatient mental health counseling; 90% of women who participated in counseling did so because of a court order; Women preferred mental health treatment that offered more services, could be accessed quickly, offered education about mental illness, was low-cost, and provided in a non-institutional setting; Women perceived that the barriers that kept them from receiving mental health treatment were medication problems and lack of awareness about mental illness; Women perceived that the barriers that kept them from receiving mental health treatment were lack of insurance, lack of transportation, and stigma. | |



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| Authors | Purpose | Methods | Inclusion/Characteristics | Findings | Quality |
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| | | | | **Motherhood:** -Women felt that their mental health issues impacted their children through separation, emotional and mental issues, and negative behaviors.<br><br>**Social support:** None<br><br>**Housing:** None | |
| Lewin & Farkas, 2011 | -Talk with women who had experienced the death of a child and a history of incarceration to determine grief process and effects of death on women's relationships with family members. | Theory: Complicated grief<br>-Descriptive qualitative<br>-Individual interviews | -n: 10<br>-All women incarcerated (6) in jail or released to reentry program (4)<br>-State: Midwest<br><br>-Age: 38<br>-No. of children: Unknown<br>-Age of children: 13 at time of death<br>Race: 80% African American<br>-Time incarcerated: 2-7 mo<br>-Time since release: Unknown | **Mental health:** Attempted suicide after child's death; felt empty; cut wrists; felt dissociated & depressed; isolation.<br><br>**Substance use:** Several used substances to cope with feelings of grief<br><br>**Trauma:** Did not pick up remains from funeral home; isolated self from child's father; difficulties seeing families with children.<br><br>**Psychological treatment services:** Seeing psychiatrist for grief was not helpful because they didn't ask about it; did not want to talk about it<br><br>**Motherhood:** None<br><br>**Social support:** Seeking help from therapy group in jail for grief was helpful; would like to talk to a counselor; Did not seek counseling for grief despite thinking about death frequently; did not want to talk about death; didn't want to be around anyone despite family support; inconsistent family support; experienced conflicts with family after death; avoid talking to family because they'd been unsupportive; family didn't reach out; family withheld information about death; felt hurt by not being able to be involved in death or post-death care; custody proceedings interfered with involvement in death<br><br>**Housing:** None | -Death of child<br>-Small sample<br>-Self-report<br>-Released participants in programming<br>-Purpose: Trauma |
| Loper, 2006 | -Examine adjustment patterns and criminal characteristics of incarcerated mothers | -Theory: None<br>-Descriptive correlational<br>-Data from larger study<br>-Questionnaires | -n: 516<br>-67% mothers<br>-All women incarcerated in prison | **Mental health:** Mothers reporting low parent stress had less mental health symptoms than non-mothers, whereas there was no difference between high-stress mothers and non-mothers; mothers reporting more | -Mothers and non-mothers did not differ from each |



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| | of children under 21 years old to nonmothers | -Prison records<br>-Independent t-tests<br>-Brief Symptom Inventory<br>-Prison Adjustment Questionnaire<br>-Parenting Stress Index for Incarcerated Women | -State: Virginia<br>-One child under 21 years old<br><br>-Age: 32<br>-No. of children:<br>-Age of children:<br>-Race: 54% African American<br>-Time incarcerated: Unknown | high-parent stress reported higher levels of conflict during prison adjustment than low parent stress mothers; mothers reporting low parent stress had increased levels of non-violence institutional misconduct than non-mothers; mothers reporting high parent stress had more rule infractions than low parent stress mothers.<br><br>**Substance use:** None<br><br>**Trauma:** None<br><br>**Psychological treatment services:** None<br><br>**Motherhood:** None<br><br>**Social support:** None<br><br>**Housing:** None | other in overall adjustment<br>-Self-report<br>-Purpose: Mental health, motherhood |
| Loper et al., 2009 | -Contrast parenting stress and adjustment patterns of mothers and fathers incarcerated in prisons. | -Theory: Attachment theory<br>-Descriptive correlational<br>-Data from larger study of history and perceptions of prison life<br>-Interviews<br>-Random selection<br>-Data from larger study<br>-Repeated measures ANOVA<br>-Parenting Stress Index-Modified<br>-Prison Violence Inventory<br>-Beck Depression Inventory<br>-Parenting Alliance Measure | -n: 211<br>-47% women<br>-All mothers incarcerated in prison<br>-State: Texas, Ohio<br>-One child under the age of 21<br><br>-Age: 34<br>-No. of children: Unknown<br>-Age of children: 11<br>-Race: 50% White<br>-Time incarcerated: 2.7 years | **Mental health:** Mean score of 80 on depression score (more than fathers); Depression contributed to overall parenting stress; Women with stronger caretaker alliance reported less depressive symptoms; some evidence of relationship between parenting stress and prison violence mostly via parental competence stress.<br><br>**Substance use:** None.<br><br>**Trauma:** None.<br><br>**Psychological treatment services:** None<br><br>**Motherhood:** 80% had daily responsibilities for their child; 76% had daily contact with their child prior to incarceration; 88% had written to child in last month; 50% had phone contact with child in last month 70% had contact with caretaker in last month; 54% had in-prison visit in last year; 34% of children living with grandparent; 7% were in foster care19% were with another relative; reported more stress regarding visitation and competence than attachment; women felt stronger alliance with caretakers; letter writing | - Data from larger study<br>-Majority White<br>-Self-report<br>-Purpose: Mental health, motherhood |



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| | | | | and phone calls improved parenting alliance with caretakers; less frequent contact associated with increased stress about competence.<br><br>**Social support:** None<br><br>**Housing:** None | |
| Loper & Tuerk, 2011 | -Assess effectiveness of parenting intervention in group of inmate mothers in a state prison in terms of parenting stress, alliance with caregivers, communication with children and caregivers, and emotional well-being. | -Theory: Cognitive behavioral theory<br>-Quasi-experimental, waitlist control<br>-Mixed-model ANOVA<br>-Independent t test<br>-Parenting Stress Index-Modified<br>-Child-contact<br>-Parenting Alliance Measure<br>-Brief Symptom Inventory<br>-MOM-OK<br>-Parenting from the Inside Curriculum delivered to groups over 8 sessions. | -n: 136<br>-All mothers incarcerated in prison<br>-State: Virginia<br>-At least 1 child < 18<br><br>-Age: 33<br>-No. of children: Unknown<br>-Age of children: 10<br>-Race: 55% White<br>-Time incarcerated: Sentence length 7 years | **Mental health:** Pre-post analyses indicated increased emotional adjustment; Intervention group with decreased visitation-related stress.<br><br>**Substance use:** None<br><br>**Trauma:** None<br><br>**Psychological treatment services:** None<br><br>**Motherhood:** Pre-post analyses indicated that intervention increased mothers' letter writing to children; pre-post analyses indicated that intervention reduced competence stress, visitation stress; some improvement in alliance with caregiver after intervention.<br><br>**Social support:** None<br><br>**Housing:** None | -Majority White<br>-Initial comparisons did not show significant results<br>-Self-report<br>-Purpose: Motherhood |
| Poehlmann, 2005 | -Do imprisoned mothers describe links between their experiences of separation from children and feelings of depression?<br>-Are early and current relationship disconnections associated with maternal depressive symptoms during incarceration? | -Theory: Relational theory<br>-Mixed-methods, descriptive<br>-Hierarchical Regression<br>-Frequency of contact with children in last 2 mo.<br>-Inventory of Family Feelings: perceived relationships with children and caregivers<br>-Early relationship disconnections and trauma | -n: 98<br>-All women incarcerated in prison<br>-State: Midwest<br>-Had children aged 2-7<br>-Had parental rights<br>-Child not in foster care<br><br>-Age: 28<br>-No. of children: 3.5<br>-Age of children: 4.5<br>-Race: Most African American<br>-Time incarcerated: 19 mo. | **Mental health:** 79% with clinical depressive symptoms; 6% were initially suicidal due to separation from children; 41% had balanced view at time of interviews; 22% reported continued focus on distress; 13 % used distancing strategies; 8% idealized past experiences; Fewer visits with children and early trauma were associated with increased depressive symptoms.<br><br>**Substance use:** 72% with history of substance use.<br><br>**Trauma:** 14% experienced no trauma; 68% witnessed parental violence; 40% were sexually assaulted by non-relative; 30% were sexually abused by a relative; 39% had one parent in prison during | -Self-report<br>-Purpose: Mental health, motherhood, trauma |



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| | -Are mothers' early and current relationship disconnections associated with the mother-child relationship during maternal incarceration?<br>-Is quality of the mother-caregiver relationship associated with frequency of mother-child contact during maternal incarceration? | -Center for Epidemiological Studies Depressions Scale | | childhood; 32% experienced physical abuse; 28% lived in foster care; 30% experienced 2-3 types of childhood trauma; 30% experienced 4-8 traumas.<br><br>**Psychological treatment services:** None<br><br>**Motherhood:** Mean of 2.5 visits with children in past 2 mo.; mean of 5.3 telephone contacts with children in past 2 mo.; 37% had no visits; 30% had no phone contact; 17% received visits only; 19% received phone calls only; 11% had no contact; separation from children led 68% of women to report intense feelings of distress, depression, or guilt; 19% reported emotional distancing; mother-child relationships were more positive when mothers had more frequent telephone contact with older children; conflicted relationships with caregivers led to less contact with children.<br><br>**Social support:** None<br><br>**Housing:** None | |
| Michalsen & Flavin, 2014 | -Compare mothers and non-mothers backgrounds, physical and mental health, histories of substance use and criminal justice involvement. | -Theory: None<br>-Descriptive correlational<br>-Data from case files of social service organization.<br>-Chi square<br>-Criminal justice involvement<br>-Family ties<br>-Housing<br>-Work history & income<br>-Substance use history<br>-Service history<br>-Service needs | -n: 1334<br>-19% without children<br>-Women released from jail and prison<br>-State: New York<br><br>-Age: 36<br>-No. of children: Unknown<br>-Age of children: Unknown<br>-Race: 76% African American<br>-Time incarcerated: Unknown<br>-Time since release: Unknown | **Mental health:** 43% of mothers reported never feeling sad for long periods of time v. 36% of non-mothers; 18% of mothers had attempted suicide at some point (no difference from non-mothers).<br><br>**Substance use:** 73% of mothers had ever used alcohol v. 82% of non-mothers; 76% of mothers had ever used drugs (no difference from non-mothers); 12% of mothers had used drugs in the last year (no difference from non-mothers); 54% of mothers had ever used marijuana (no difference from non-mothers); 41% of mothers had ever used crack v. 33% of non-mothers; 27% of mothers had used powder cocaine (no difference from non-mothers); 24% of mothers had ever used heroin (no difference from non-mothers).<br><br>**Trauma:** 17% of mothers had been involved in sex work (no difference from non-mothers). | -Purpose: Mental health, substance use, treamtent |



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|---|---|---|---|---|---|
| | | | | **Psychological treatment services:** 41% of mothers reported talking to a mental health professional regularly v. 36% of non-mothers; 30% of mothers prescribed mental health medication at some point (no difference from non-mothers); 15% of mothers had been hospitalized for mental health reasons (no difference from non-mothers).<br><br>**Motherhood**: None<br><br>**Social support:** None<br><br>**Housing:** 34% of mothers reported stable housing v. 16% of non-mothers; 70% of mothers had leased a home v. 44% of non-mothers; 74% had utilities in their name v. 55% of non-mothers. | |
| Moe & Ferraro, 2007 | -Examine ways in which motherhood resonates with incarcerated women's self-perceptions, relates to their motivations for crime, and informs therapeutic programming within the carceral environment. | -Theory: Strengths-restorative theory<br>-Descriptive qualitative<br>-Standpoint epistemology<br>-Semi-structured, life-history interviews<br>-Data from larger study on link between victimization and offending<br>-$10-20 incentive | -n: 27<br>-Mothers incarcerated in jail<br>-State: Southwest<br><br>-Age: 34<br>-No. of children: 3<br>-Age of children: 92% < 18, two pregnant, one post-partum<br>-Race: 50% White, 23% African American, 10% Latina, 7% American Indian<br>-Time incarcerated: Unknown | **Mental health:** Mothers used spirituality to cope with guilt and remorse about their children.<br><br>**Substance use:** Mothers described using substances because they lost custody of their children; Mothers described engaging in sex work to support drug use. Mothers described children as motivators to avoid substance use.<br><br>**Trauma:** Mothers described domestic violence as well as financial abuse by partners.<br><br>**Psychological treatment services:** Some mothers described benefits of facilitated group programming about domestic violence, anger management, and substance abuse regarding their difficulties with motherhood, Others described how the group was not accessible due to lack of reading and writing skills. Mothers described that many peers needed intensive therapy rather than incarceration.<br><br>**Motherhood:** Mothers viewed motherhood as a social status that made them part of a valued group and experienced guilt and remorse about their difficulties with motherhood; many used spirituality to cope; Mothers felt compelled to contact their children to continue with motherhood roles and | -Coercion bias<br>-Majority White<br>-Purpose: Motherhood, treatment, social support |



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| Authors | Purpose | Methods | Inclusion/Characteristics | Findings | Quality |
|---|---|---|---|---|---|
| | | | | identities, even those whose children had died or were out of contact for years. Mothers described surrendering custody and turning themselves in to avoid having their children be in the child welfare system; Mothers felt that judges and probation officers who sentenced them to jail did not care about them, their children, or their futures. Mothers described the challenges of balancing probation requirements with motherhood responsibilities.<br><br>**Social support:** Mothers described the therapeutic effect of talking but also the fear of "losing it" because they never discussed things in the past; Mothers described not having anyone on the outside, so jail felt like a place where they were taken care of. Mothers built informal social support networks and were encouraged to lead groups. Mothers described plans to share their incentives with others who weren't interviewed.<br><br>**Housing:** Several mothers described homelessness and living on the streets and how jail felt like a sort of home for them. | |
| Rose & LeBel, 2017 | -Describe self-reported physical health, mental health, and substance use problems of mothers of minor children screen in large Midwestern county jail. | -Theory: None<br>-Descriptive correlational<br>-Alcohol Use Disorders Identification Test (AUDIT-12)<br>-Study-generated measures of specific mental health condition, physical health condition, and co-occurring health problems. | -n: 240<br>-Mothers of minor children incarcerated/within 30-45 days of release from jail who screened positive for substance use problems<br>-State: Wisconsin<br><br>-Age: 31<br>-No. of children: Unknown<br>-Age of children: Minor<br>-Race: 52% African American<br>-Time incarcerated: Unknown | **Mental health:** 59% received treatment for depression, 46% for anxiety, 19% for bipolar disorder, and 9.2% for schizophrenia; those with at least one mental health concern received treatment for both depression (88%) and anxiety (46%). 53% with co-occurring mental health/substance use disorders; Having 6 or more jail incarcerations associated with increased odds of (a) both reporting substance use and physical health problem and mental health treatment history and physical health problem (b) all three health conditions; 1-year increase in age associated with increased odds of reporting all three conditions by 4.5%.<br><br>**Substance use:** 72% with SUD, high severity score.<br><br>**Trauma:** 30% received treatment for past abuse.<br><br>**Psychological treatment services:** 67% had received treatment for mental health problem. | -Self-report<br>-Large sample<br>-Purpose: Mental health, substance use |



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| Authors | Purpose | Methods | Inclusion/Characteristics | Findings | Quality |
|---|---|---|---|---|---|
| | | | | **Motherhood:** None<br><br>**Social support:** None<br><br>**Housing:** None | |
| Roxburgh & Fitch, 2014 | -Are parents more or less depressed and angry than other incarcerated men and women? And, does gender modify the association between parenthood and distress?<br>-Among parents, is the custodial situation of children associated with distress and anger? Which custodial settings are least and most stressful for incarcerated parents? And, does this vary by gender?<br>-Is child contact associated with distress and anger? And, does gender modify the association between types and frequency of child contact? | -Theory: Role theory, gender role socialization theory<br>-Date from larger study<br>-Descriptive correlational<br>-Questionnaires<br>-Least squares regression<br>-Center for Epidemiologic Depression Scale<br>-Anger measure<br>-Parent status<br>-Child custody<br>-Child contact | -n: 5,830<br>-18% women<br>-Incarcerated in prison for at least four weeks<br>-State: Nationwide (state & federal)<br><br>-Age: 35<br>-No. of children: 2.6<br>-Age of children: Unknown<br>-Race: African American<br>-Time incarcerated: At least four weeks | **Mental health:** Mothers with children <16 y/o are more distressed than those with older children; mothers with children in foster care are more distressed and angry than those with children in other places; increased frequency of mail contact associated with less anger; visitation and phone contact not associated with less anger; having children living with friends and other relatives associated with somewhat less depression than those who have children living with other parents or grandparents.<br><br>**Substance use:** None<br><br>**Trauma:** None<br><br>**Psychological treatment services:** None<br><br>**Motherhood:** 9% with children in foster care<br><br>**Social support:** None<br><br>**Housing:** None | -Data from larger study<br>-Self-report<br>-Objective measures<br>-Purpose: Mental health, motherhood |
| Schlager & Moore, 2014 | -Explore factors associated with risks and resiliency for incarcerated mothers and their children | -Theory: Risk and resiliency theory<br>-Mixed-methods, descriptive<br>-Case file reviews<br>-Protective factors<br>-Crime/criminal history<br>-Intergenerational crime and abuse | -n: 81<br>-Mothers released from prison to halfway house with children under 18<br>-State: New Jersey<br><br>-Age: 37<br>-No. of children: 2.7<br>-Age of children: 10 | **Mental health:** 41% had mental health issue; over half were taking prescribed medications; 75% of those with mental health issues classified as severe; 46% had histories of violence.<br><br>**Substance use:** 54% with prior substance use; average first age of use was 20 years old; 12% reported primary drug of heroin and 11% reported | -Convenience sampling<br>-Secondary data recorded by case managers<br>-Self-report<br>-Purpose: Mental health, trauma, |



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| Authors | Purpose | Methods | Inclusion/Characteristics | Findings | Quality |
|---|---|---|---|---|---|
| | | -Substance abuse and mental health<br>-Mother-child relationships | -Race: 58% African American<br>-Time incarcerated: 26 months<br>-Time since release: Unknown | crack cocaine; 37% with moderate substance use problem; 57% with severe substance use problem.<br><br>**Trauma:** 37% had incarcerated family member at some point; 37% described experiences of abuse as children but were not specific; women who reported abuse described IPV.<br><br>**Psychological treatment services:** Most had outpatient mental health treatment; 2 had inpatient hospitalizations.<br><br>**Motherhood:** Most mothers had custody prior to incarceration; 41% in custody of grandparents; 15% in custody of other relatives; 15% in non-kinship custody; most surrendered custody prior to incarceration; most had ongoing relationship with children; 63% reported relationship with children was fair or good; worry about children's school performance, getting into trouble, not getting along with caregiver; some thought they could improve their relationships; some had animosity toward children due to lack of support during incarceration; others had no relationships with children and didn't expect to have them after release; 49% had information about their children in their discharge plan; 16% had child-centered goals in discharge plan related to well-being or welfare of children; 1 woman was working with child protective services to initiate visitation, working two jobs to pay child support; and elected to leave children with foster family.<br><br>**Social support:** 60% had positive relationships with families.<br><br>**Housing:** None | substance use, motherhood |
| Shortt et al., 2011 | -Evaluate and pilot post-release program aimed at improving emotional regulation in incarcerated mothers as they transition home | -Theory: None<br>-Quasi-experimental<br>-Interviews at baseline, after the program, and 6 mo after release<br>-Repeated measures ANOVA | -n: 47<br>-All mothers released from prison<br>-State: Oregon<br>-Participants in pre-release parenting intervention | **Mental health:** Both groups decreased in emotion dysregulation, mental health symptoms, and depressive symptoms over time; mothers in intervention group increased in effortful emotional control from baseline to after release compared to controls; intervention group increased in emotional dismissing from baseline to after release compared to | -No significance levels<br>-Majority White<br>-Small sample<br>-Self-report<br>-All in programming |



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| Authors | Purpose | Methods | Inclusion/Characteristics | Findings | Quality |
|---|---|---|---|---|---|
| | | -Chi square<br>-Effect-size estimates used instead of significance<br>-Comparison group had pre-release parenting intervention<br>-Difficulties in Emotion Regulation Scale<br>-Adult Temperament Questionnaire<br>-Maternal Emotional Style Questionnaire<br>-Center for Epidemiologic Studies Depression Scale<br>-Brief Symptom Inventory | -Age: 32<br>-No. of children: Unknown<br>-Age of children: 4-12<br>-Race: 68% White<br>-Time incarcerated: 3.6 years<br>-Time since release: 6 mo. | intervention group; mothers who were reincarcerated had higher levels of emotion dysregulation, depressive symptoms, mental health symptoms; and criminal behavior.<br><br>**Substance use:** None<br><br>**Trauma:** None<br><br>**Psychological treatment services:** None<br><br>**Motherhood:** 89% had legal custody of child prior to incarceration; 74% lived with children prior to incarceration; 53% had contact with children in the last month; 55% had legal custody of child during incarceration 42% returned to living with their children after release; since release, 82% had contact with their children in the last month; mothers who were reincarcerated were more likely to be single, not be legal guardians of children, and less likely to be living with children. There was no association between child contact or employment and reincarceration.<br><br>**Social support:** None<br><br>**Housing:** None | -Purpose: mental health, motherhood |
| Thompson & Harm, 2000 | -Evaluate parenting program in women's prison designed to enhance mother-child interactions during imprisonment | -Theory: None<br>-Quasi-experimental, pre-post<br>-Data collection at<br>-Chi square<br>-MANOVA<br>-Semi-structured questionnaires<br>-Hudson's Index of Self-Esteem<br>-Bavolek's Adult-Adolescent Parenting Inventory | -n: 104<br>-All mothers incarcerated in prison<br>-State: Arkansas<br><br>-Age: 29<br>-No. of children: Unknown<br>-Age of children: Infant-Adult<br>-Race: 46% White<br>-Time incarcerated: Most < 5 years | **Mental health:** 75% viewed themselves positively as persons; 85% viewed themselves positively as parents; self-esteem improved in those with some visits or contact with their children through letters.<br><br>**Substance use:** 56% used drugs, 47% used alcohol.<br><br>**Trauma:** 44% physically abused, 44% sexually abused, 51% emotionally abused as children; 70% physically abused, 46% sexually abused, 68% emotionally abused as adults; 33% rarely or never felt loved as children; those who were abused as children were more likely to be abused as adults.<br><br>**Psychological treatment services:** None | -Attrition<br>-Self-report<br>-All in programming<br>-Purpose: Motherhood, trauma |



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| Authors | Purpose | Methods | Inclusion/Characteristics | Findings | Quality |
|---|---|---|---|---|---|
| | | | | **Motherhood:** 79% lived with children prior to incarceration, 72% had legal custody; 75% of children living with other family, 16% living with fathers, 9% living in foster care; Improved empathy for children's needs noted among White mothers and those whose children visited them monthly, but declined for those who visited less often; Decreased approval of harsh punishment, especially among those with histories of abuse. Black mothers had lower approval scores and those with fewer visits had the greatest increase in scores; Mothers became less likely to seek fulfillment of their needs from their children; especially those who had visitation, frequent substance use, and no physical or sexual abuse as children; nearly all reported good to excellent relationships with children before and after intervention; 96% reported desire for future parenting help.<br><br>**Social support:** None<br><br>**Housing:** None | |
| Turney & Wildeman, 2014 | -Examine self-reported health among formerly incarcerated mothers. | -Theory: None<br>-Descriptive correlational<br>-Logistic regression<br>-Interview data from baseline at birth of child and 5 years old.<br>-Self-reported health conditions (depression, illicit drug use, heavy drinking, fair-poor health, health limitations)<br>-Recent incarceration in last 5 years | -n: 4096<br>-7% (287) mothers with history of incarceration in jail or prison<br>-State: Nationwide<br><br>-Age: 25<br>-No. of children: 2.3<br>-Age of children: 1-3 yrs<br>-Race: 49% African American<br>-Time incarcerated: <5 years<br>-Time since release: up to 5 years | **Mental health:** 29% of recently incarcerated mothers reported depression v. 15% of those without recent incarceration; no differences by racial groups; incarceration had more effects on women's health than men's.<br><br>**Substance use:** 8.7% of recently incarcerated mothers reported illicit drug use v. 3% of those without recent incarceration; 14% of recently incarcerated mothers reported heavy drinking v. 5% of those without recent incarceration; no differences by racial groups.<br><br>**Trauma:** None<br><br>**Psychological treatment services:** None<br><br>**Motherhood:** None<br><br>**Social support:** None | -Self-report<br>-Purpose: Motherhood, mental health, substance use |



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| Authors | Purpose | Methods | Inclusion/Characteristics | Findings | Quality |
|---|---|---|---|---|---|
| | | | | **Housing:** None | |
| Tuerk & Loper, 2006 | -Examine incarcerated mothers contact with their children and its effect on parenting stress. | -Theory: Attachment theory<br>-Descriptive correlational<br>-Chi square<br>-Data collected as part of larger study<br>-Parenting Stress Index for Incarcerated Women<br>-Questions focused on children under age 21<br>- | -n: 357<br>-Mothers incarcerated in prison<br>- State: Virginia<br><br>-Age: 32<br>-No. of children:<br>-Age of children: 8<br>-Race: 55% African American, 37% White<br>-Time incarcerated: Unknown | **Mental health:** None<br><br>**Substance use:** 32% with drug-related offense.<br><br>**Trauma:** None<br><br>**Psychological treatment services:** None<br><br>**Motherhood:** Mothers who were responsible for their children prior to incarceration were more likely to write several letters per week, have phone contact once per week, and received visits four times/year; higher levels of contact were associated with reduced parenting stress. Letter writing was associated with increased attachment and improved sense of parental competence.<br><br>**Social support:** None<br><br>**Housing:** None | - Data from larger study<br>-Purpose: Motherhood |
| Walker, 2011 | -Explore whether and how relationships buffer psychological distress of mothers who have been in prison and incidence of depression, self-esteem, trauma symptoms, and substance abuse in mothers post-incarceration. | -Theory: Relational theory<br>-Descriptive correlational<br>-Multiple regression<br>-Sobel analysis<br>-Peer relational health<br>-Perceived mutuality in relationships<br>-Perceived quality of mother-child relationship<br>-Depressive symptoms<br>-Self-esteem<br>-History of substance abuse (Michigan Alcohol Screening Test; Drug Use Screening Test)<br>-Current trauma symptoms | -n: 91<br>-Mothers with a history of incarceration<br>-State: New Jersey<br>-In romantic relationships<br><br>-Age: 37<br>-No. of children: 2.5<br>-Age of children: 7; 95% <18 years old<br>-Race: 70% African American, 16% White, 7% Hispanic<br>-Time incarcerated:<br>-Time since release: 51% < 6 mo. since release; 17% between 6 & 12 mo. since release; 30% 1 year since release | **Mental health:** Higher mother-child relationship quality associated with lower depressive symptoms; higher peer and partner relational health associated with higher self-esteem; higher peer relational health mediated impact between impact of current trauma symptoms and their effect on self-esteem; Current trauma symptoms associated with indicators of depression.<br><br>**Substance use:** Substance use not associated with depression or self-esteem.<br><br>**Trauma:** Trauma symptoms associated with mother-child relationship quality; Mother-child relationship quality mediated depression in mothers experiencing trauma symptoms.<br><br>**Psychological treatment services:** None<br><br>**Motherhood:** Perceived quality of mother-child relationships buffers the impact of trauma symptoms | -Self-report<br>-All in programming<br>-Tool validity/reliability<br>-Purpose: Mental health, trauma, motherhood |



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| Authors | Purpose | Methods | Inclusion/Characteristics | Findings | Quality |
|---|---|---|---|---|---|
| | | | | and history of alcoholism on depression; healthy mother-child relationships decrease depressive symptoms<br><br>**Social support:** Relational health and perceived mutuality in partnerships buffer effects of trauma symptoms on self-esteem; healthy peer and partner relationships increase self-esteem.<br><br>**Housing:** None | |
| White et al., 2006 | -Conduct needs assessment of literacy-based program in prison for incarcerated mothers and their children | -Theory: None<br>-Descriptive quantitative<br>-Descriptive statistics using qualitative categories<br>-Interviews<br>-Structured Clinical Interview for DSM-IV<br>-Education<br>-Work history<br>-Criminal history<br>-Trauma history<br>-Relationship with children<br>-Coping<br>-Social support<br>-Self-esteem<br>-Motivation for intervention | -n: 36<br>-All mothers incarcerated in prison<br>-State: Connecticut<br>-Had child between 7 & 16 years old<br>-No severe mental illness<br>-Special or maximum security housing<br>-No immigration issues<br><br>-Age: 35<br>-No. of children: 1-2<br>-Age of children: 12-13<br>-Race: 44% White<br>-Time incarcerated: Sentence 7.5 years | **Mental health:** 57% reported trauma symptoms; 77% reported panic/anxiety symptoms; 50% reported obsessions or specific phobias; 25% reported depression or dysthymia; just under half reported SMI such as Bipolar or psychotic disorders; 14% reported history of self-harm; 25% reported past suicide attempt; self-harm and suicide attempts attributed to depression and lack of self-confidence; women reported average self-esteem as 7/10; self-esteem affected by prison and feelings of shame, regret, and guilty for causing pain to children; women reported high sense of control over life 8/10; most frequent coping technique was reading; most frequent technique for coping with separation from children was contact by phone/letters.<br><br>**Substance use:** 53% reported past or current substance use problems.<br><br>**Trauma:** 72% reported some type of trauma; IPV was most frequent type of trauma (69%); 33% reported physical harm as a child; 39% reported sexual abuse as a child<br><br>**Psychological treatment services:** 57% reported having mental health treatment currently or in the past.<br><br>**Motherhood:** Separated from children when < 10 years old; 37% reported children having behavioral problems, most commonly anger and ADHD; 39% of children were in care of father; 31% with maternal grandmother; reported strong relationships with | -Self-report<br>-Small sample<br>-Tool validity/reliability<br>-Purpose: Mental health, trauma, treatment, social support, treatment |



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| Authors | Purpose | Methods | Inclusion/Characteristics | Findings | Quality |
|---|---|---|---|---|---|
| | | | | child's caregivers; low satisfaction with frequency of contact with children; 30% had never seen children; 72% had seen children 1-3 times/year.<br><br>**Social support:** Reported low satisfaction with amount of social support prior to incarceration (5/10); most cited reuniting with family as major concern after release; most cited re-unification with children as what they looked forward to the most; 84% expressed interest in parent training program.<br><br>**Housing:** None | |

Table 1. Literature review table of 43 studies on the mental health of mothers with histories of incarceration



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## APPENDIX B: IRB Approval

UNIVERSITY of WISCONSIN
UWMILWAUKEE
Department of University Safety & Assurances

**Melody Harries**
*IRB Administrator*
*Institutional Review Board*
Engelmann 270
P. O. Box 413
Milwaukee, WI 53201-0413
(414) 229-3182 *phone*
(414) 229-6729 *fax*

http://www.irb.uwm.edu
harries@uwm.edu

**Modification/Amendment - IRB Expedited Approval**

**Date:** August 22, 2017

**To:** Peninnah Kako, PhD
**Dept:** Nursing

**CC:** Ann Stanton

**IRB#:** 17.342
**Title:** Mothers' Mental Health After Release from Incarceration

After review of your research protocol by the University of Wisconsin – Milwaukee Institutional Review Board, your protocol has received modification/amendment approval for:

- Rewording of informed consent document
- Revisions to interview questions
- Changes to recruitment procedures
- Addition of potential interview locations

IRB approval will expire on July 4, 2018. If you plan to continue any research related activities (e.g., enrollment of subjects, study interventions, data analysis, etc.) past the date of IRB expiration, a Continuation for IRB Approval must be filed by the submission deadline. If the study is closed or completed before the IRB expiration date, please notify the IRB by completing and submitting the Continuing Review form in IRBManager.

Any proposed changes to the protocol must be reviewed by the IRB before implementation, unless the change is specifically necessary to eliminate apparent immediate hazards to the subjects. The principal investigator is responsible for adhering to the policies and guidelines set forth by the UWM IRB, maintaining proper documentation of study records and promptly reporting to the IRB any adverse events which require reporting. The principal investigator is also responsible for ensuring that all study staff receive appropriate training in the ethical guidelines of conducting human subjects research.

As Principal Investigator, it is also your responsibility to adhere to UWM and UW System Policies, and any applicable state and federal laws governing activities which are independent of IRB review/approval (e.g., FERPA, Radiation Safety, UWM Data Security, UW System policy on Prizes, Awards and Gifts, state gambling laws, etc.). When conducting research at institutions outside of UWM, be sure to obtain permission and/or approval as required by their policies.

Contact the IRB office if you have any further questions. Thank you for your cooperation, and best wishes for a successful project.

Respectfully,
Melody Harries
Melody Harries
IRB Administrator



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UNIVERSITY of WISCONSIN
UWMILWAUKEE

Department of University Safety & Assurances

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**New Study - Notice of IRB Expedited Approval**

**Date:** July 5, 2017

**To:** Peninnah Kako, PhD
**Dept:** Nursing

**CC:** Ann Stanton

**IRB#:** 17.342
**Title:** Mothers' Mental Health After Release from Incarceration

After review of your research protocol by the University of Wisconsin – Milwaukee Institutional Review Board, your protocol has been approved as minimal risk Expedited under Category 6 and 7 as governed by 45 CFR 46.110. Your protocol has also been granted approval to waive documentation of informed consent for the immigrant women interviews as governed by 45 CFR 46.117 (c).

In addition, your protocol has been granted **Level 3** confidentiality for Payments to Research Subjects according to UWM Accounting Services Procedure: 2.4.6.

This protocol has been approved on **July 5, 2017** for one year. IRB approval will expire on **July 4, 2018**. If you plan to continue any research related activities (e.g., enrollment of subjects, study interventions, data analysis, etc.) past the date of IRB expiration, a continuation for IRB approval must be filed by the submission deadline. If the study is closed or completed before the IRB expiration date, please notify the IRB by completing and submitting the Continuing Review form found in IRBManager.

Any proposed changes to the protocol must be reviewed by the IRB before implementation, unless the change is specifically necessary to eliminate apparent immediate hazards to the subjects. It is the principal investigator's responsibility to adhere to the policies and guidelines set forth by the UWM IRB, maintain proper documentation of study records and promptly report to the IRB any adverse events which require reporting. The principal investigator is also responsible for ensuring that all study staff receive appropriate training in the ethical guidelines of conducting human subjects research.

As Principal Investigator, it is your responsibility to adhere to UWM and UW System Policies, and any applicable state and federal laws governing activities which are independent of IRB review/approval (e.g., FERPA, Radiation Safety, UWM Data Security, UW System policy on Prizes, Awards and Gifts, state gambling laws, etc.). When conducting research at institutions outside of UWM, be sure to obtain permission and/or approval as required by their policies.

Contact the IRB office if you have any further questions. Thank you for your cooperation and best wishes for a successful project.

Respectfully,
Melody Harries
Melody Harries
IRB Administrator



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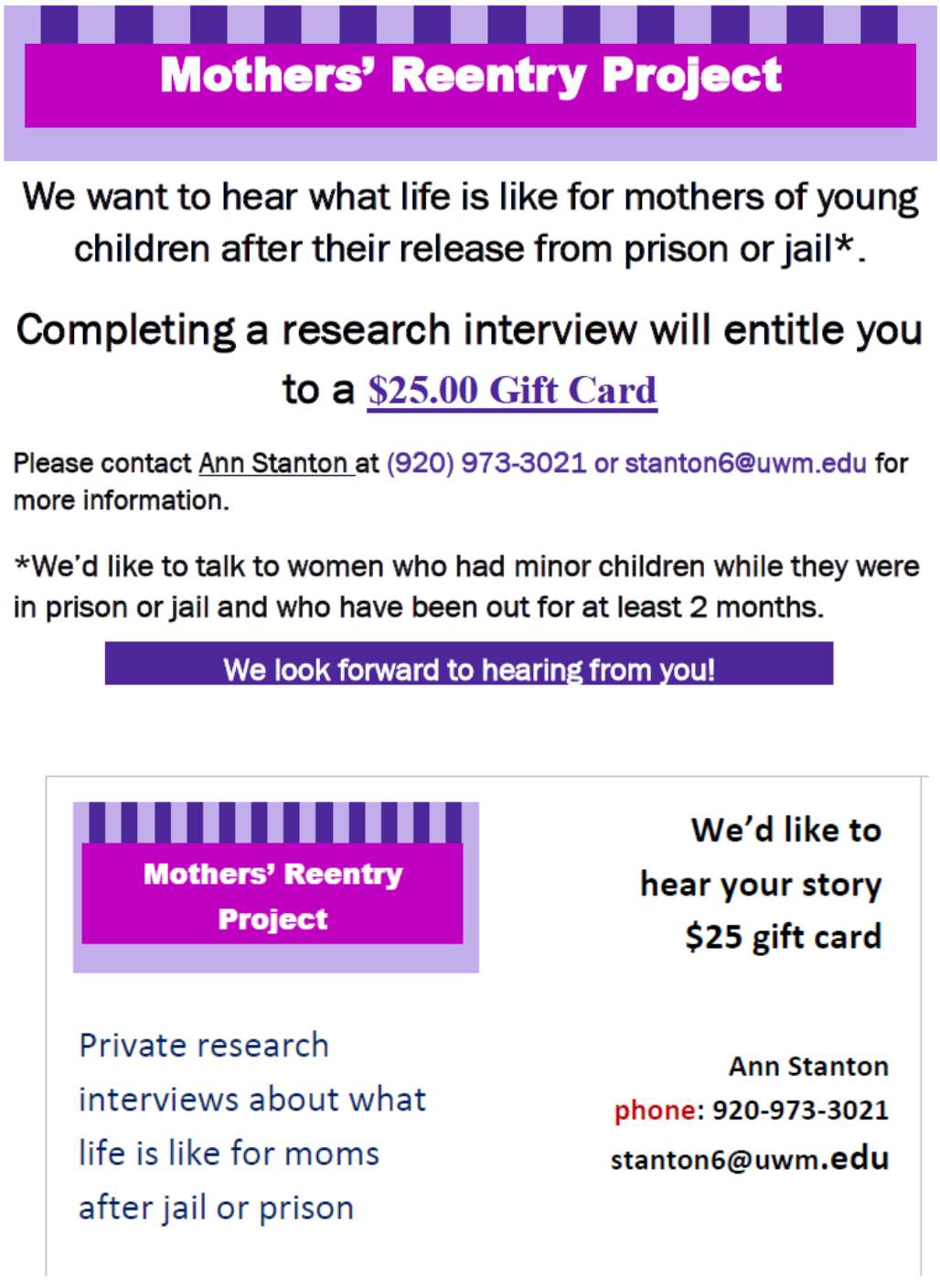
**APPENDIX C: Recruitment Materials**



**Mothers' Reentry Project**

We want to hear what life is like for mothers of young children after their release from prison or jail*.

Completing a research interview will entitle you to a **$25.00 Gift Card**

Please contact Ann Stanton at (920) 973-3021 or stanton6@uwm.edu for more information.

*We'd like to talk to women who had minor children while they were in prison or jail and who have been out for at least 2 months.

We look forward to hearing from you!

**Mothers' Reentry Project**

Private research interviews about what life is like for moms after jail or prison

We'd like to hear your story
$25 gift card

Ann Stanton
phone: 920-973-3021
stanton6@uwm.edu



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# Mothers' Reentry Project

## Seeking Mothers Who've Been in Jail or Prison

### We'd Like to Hear about Your Life After Release

- We are looking for 25 mothers for research interviews
- If you qualify and are interviewed, *you will receive a $25 gift card*
- We're looking for women who:
    - Are 18 or older
    - Are mothers
    - Had a child under the age of 18 while they were in jail or prison
    - Spent at least 30 days in jail or prison in the last 5 years
    - Have been out of jail or prison for at least 60 days
    - Are not facing criminal charges
- Interviews will be confidential and may last up to 2 hours
- Interview will be completed by a nursing student at a private location

**Please contact Ann Stanton, BSN RN at 920-973-3021 or stanton6@uwm.edu for more information.**

**We look forward to hearing from you!**

Interview Opportunity Ann Stanton 920-9 73-3021

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## APPENDIX D: Interview Consent



IRB Protocol Number: 17.342

IRB Approval date: July 5, 2017

### University of Wisconsin – Milwaukee
### Consent to Participate in Interview Research

**Study Title:** Mothers' Mental Health after Release from Incarceration

**Person Responsible for Research:** Peninnah Kako, Ann E. Stanton

**Study Description:** The purpose of this study is to explore the mental health experiences of mothers of minor children after their release from incarceration. Up to 25 women will participate in this study. If you agree to participate, you will be asked to take part in an interview. Interview questions will be about mental health symptoms after release, you will be asked questions about your background information, life before incarceration, motherhood, seeking social support, housing, mental health, substance use, traumatic experiences, and treatment. This will take approximately one to two hours of your time. The interview will be audio recorded and private. You will need to give permission for your interview to be audio-recorded in order to participate in this study.

**Eligibility:** You are not eligible to participate if you are under the age of 18, did not spend 30 or more days incarcerated in the past five years, were released from jail or prison less than 60 days ago, if you did not have a child under the age of 18 while you were incarcerated, if you are facing criminal charges, if you have been deemed incompetent to make your own medical decisions, cannot verbalize your consent to participate, or cannot speak English.

**Risks / Benefits:** Risks that you may experience from participating are psychological discomfort, guilt, and shame through discussion of difficult memories and/or uncertain future. If you would like more information about where and how to get help with those thoughts and feelings, we can give you a guide to local resources and help you access local mental health resources. Your confidential information is also at risk. We will address this by discarding any contact information; protecting interview data on password-encrypted devices in locked locations; removing your real name from your interview data; and destroying all de-identified data after 5 years. There are no costs for participating. The benefits of participating include the opportunity to tell your story, discuss your needs, and help us learn how to improve the lives of women being released from jail or prison in the future.

**Incentives:** A $25 Walmart gift card will be issued whether or not you complete the entire interview.

**Confidentiality:** We are required to report any suspected abuse or neglect of children and elderly; and any intent to harm yourself or others.

During the interview, your name will not be used. Instead, we will call you by a pseudonym/another name that you choose. Your responses will be treated as confidential and any use of your name and or identifying information about anyone else will be removed during the transcription process so that the transcript of our conversation is de-identified.

All study results will be reported without identifying information so that no one viewing the results will be able to match you with your responses. Direct quotes may be used in publications or presentations.



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Data from this study will be saved on both a password-encrypted laptop and password-encrypted flash drive. The password-encrypted flash drive containing the interview transcripts without your name or contact information will be kept in a locked office (UWM's Cunningham Hall Room 629) for five years; while this consent document with your signature will be kept in the locked office for the duration of the study, but no later than 12/31/2022. Audio recordings will be destroyed after they are transcribed and those transcriptions are secured in two locations.

Only the primary and student investigators will have access to this consent form containing your name. However, the Institutional Review Board at UW-Milwaukee or appropriate federal agencies like the Office for Human Research Protections may see your name on the consent if they review this study's records.

**Use of Data in Future Studies:** If we want to use the data collected during this interview in future studies, we will submit a formal request to the UWM committee that reviews that the appropriate human subjects protections are followed. Examples of this might be if we wanted to look at specific aspects of your answers, like related to depression or experiences with therapy, or combine the results with those of a future study. However, the transcript of our conversation today that we might look at in such a case will not contain your name.

**Future Contact:** To ensure your confidentiality, we will not contact you after this interview. Therefore, we will destroy any contact information you may have provided.

**Voluntary Participation:** Your participation in this study is voluntary. You may choose not to take part in this study, or if you decide to take part, you can change your mind later and withdraw from the study.

You are free to not answer any questions or withdraw at any time. Your decision will not change any present or future relationships with the University of Wisconsin Milwaukee, or that with any service agencies you may work with. If you choose to withdraw, we will destroy any information you have provided.

There are no known alternatives available to participating in this research study other than not taking part.

**Who do I contact for questions about the study:** For more information about the study or study procedures, contact Ann Stanton at 920-973-3021 or stanton6@uwm.edu.

**Who do I contact for questions about my rights or complaints towards my treatment as a research subject?** Contact the UWM Human Subjects Protection Office at 414-229-3173 or irbinfo@uwm.edu.

**Research Subject's Consent to Participate in Research:**
To voluntarily agree to take part in this study, you must be 18 years of age or older. By signing the consent form, you are giving your consent to voluntarily participate in this research project.

If you would rather not sign this document to further protect your confidentiality, you can simply tell me that you understand what this document means and agree to participate in the study.



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Printed Name of Participant

Signature of Participant Date



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IRB Protocol Number: 17.342

IRB Approval date: August 22nd, 2017

# University of Wisconsin – Milwaukee
# Consent to Participate in Interview Research

**Study Title:** Mothers' Mental Health after Release from Incarceration

**Person Responsible for Research:** Peninnah Kako, Ann E. Stanton

**Study Description:** The purpose of this study is to explore the mental health experiences of mothers of minor children after their release from incarceration. We will recruit up to 25 women. If you agree to participate, you will be asked to take part in an interview. Interview questions will be about your experiences after release, including your thoughts, feelings, mental health, experience with alcohol and drugs, background information, life before incarceration, motherhood, seeking social support, housing, traumatic experiences, and treatment. This interview will take approximately one to two hours of your time, be audio recorded, and be completed in private. You will need to give permission for your interview to be audio-recorded to participate in this study.

**Eligibility:** You are eligible to participate if you are over 18, spent 30 or more days incarcerated in the past five years, were released from jail or prison at least 60 days ago, had a child under the age of 18 while you were incarcerated, are not facing criminal charges, are legally able to make your own medical decisions, can verbalize your consent to participate, and can speak English.

**Risks / Benefits:** You face a few risks by choosing to take part in this interview. First, you are at risk for experiencing psychological discomfort, guilt, and shame that may come up as you talk about difficult memories or experiences. If you would like more information about where and how to get help with those thoughts and feelings, we can give you a guide to local resources and help you access local mental health resources. Second, your confidential information is at risk because you are sharing personal details that we will record and turn into transcripts. We will address this by discarding your contact information, likely your phone number, protecting interview recordings and transcripts on password-protected devices in locked locations; removing your real name from your interview data; and destroying all de-identified data after 5 years. You are not responsible for any costs of the study. You may also experience benefits from participating, including the opportunity to tell your story, discuss your needs, and help us learn how to improve the lives of women being released from jail or prison in the future.

**Incentives:** You will be given a $25 Walmart gift card for completing this interview.

**Confidentiality:** We are required to report any suspected abuse or neglect of children and elderly; and any intent to harm yourself or others.

During the interview, I will not use your name. Instead, I'll likely not say your name at all. If you say your own name or the names of others, we will change those in the interview transcripts. We will also remove any other identifying information that you might say.

All study results will be reported without identifying information so that no one viewing the results will be able to match you with your responses. Direct quotes may be used in publications or presentations.

Data from this study will be saved on both a password-protected laptop and password-protected flash drive. We will destroy the interview recordings as soon as they are transcribed and those transcriptions are secured in two locations. The password-protected flash drive containing the interview transcripts without your name or contact information will be kept in a locked office (UWM's Cunningham Hall Room 629) for up to five years; while this consent



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document with your signature will be kept in the locked office for the duration of the study, but no later than 12/31/2022.

Only the primary and student investigators will have routine access to this consent form containing your name. However, the Institutional Review Board at UW-Milwaukee or appropriate federal agencies like the Office for Human Research Protections may see your name on the consent if they review this study's records.

**Use of Data in Future Studies:** If we want to use the data collected during this interview in future studies, we will submit a formal request to the UWM committee that assures that the appropriate human subjects protections are followed. Examples of this might be if we wanted to look at specific aspects of your answers, like related to depression or experiences with therapy, or combine the results with those of a future study. Again, the transcript of our conversation today that we might look at in such a case will not contain your name.

**Future Contact:** To ensure your confidentiality, we will not contact you after this interview. Therefore, we will destroy anything we have that contains your phone number or other contact information..

**Voluntary Participation:** Your participation in this study is voluntary. You may choose not to take part in this study. If you decide to take part, you can change your mind later and withdraw from the study. In the case of withdrawal, we will destroy any information you have provided.

You are free to not answer any questions or withdraw at any time. Your decision will not change any present or future relationships with the University of Wisconsin Milwaukee, or that with any service agencies you may work with.

There are no known alternatives available to participating in this research study other than not taking part.

**Who do I contact for questions about the study:** For more information about the study or study procedures, contact Ann Stanton at 920-973-3021 or stanton6@uwm.edu.

**Who do I contact for questions about my rights or complaints towards my treatment as a research subject?** Contact the UWM Human Subjects Protection Office at 414-229-3173 or irbinfo@uwm.edu.

**Research Subject's Consent to Participate in Research:**
To voluntarily agree to take part in this study, you must be 18 years of age or older. By signing the consent form, you are giving your consent to voluntarily participate in this research project.

If you would rather not sign this document to further protect your confidentiality, you can simply tell me that you understand what this document means and agree to participate in the study.

_____
Printed Name of Participant

_____ _____
Signature of Participant Date



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## APPENDIX E Interview guide

**Interview Guide**

*Preamble- Thank you again for taking the time to talk with me. I am a mental health nurse and doing interviews with women like yourself for school to finish graduate degree. There are no right or wrong answers to any of the questions. I'm only interested in hearing about your story and experiences.*

Do you have any questions before we begin?



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**Demographics**

First, I would like to get to know you a little better. Like I said before, all of the information you provide is confidential and you can choose not to answer any question that feels uncomfortable. If that happens, just ask me to go to the next question.

1. What is your age?

2. How would you describe your race or ethnic background?

| White | African American | Hispanic or Latino | Asian/Pacific Islander | Native American | Other |
|---|---|---|---|---|---|
| | | | | | |

3. Are you in an intimate relationship with someone?

| Single | Married | Divorced/Separated | Boyfriend or partner and living together | Boyfriend or partner and not living together | Widowed |
|---|---|---|---|---|---|
| | | | | | |

4. What is the last grade you completed?

| 8th grade | 9th grade | 10th grade | 11th grade | High school | Years of college completed | College degree | Other |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

5. What is your current monthly household income?

| 0 | <500 | 500-1000 | 1000-1500 | 1500-2000 | >2000 | W2 Wisconsin Works Program |
|---|---|---|---|---|---|---|



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6. What is your employment status?

| Employed full-time | Employed part-time | Unemployed and looking for work | Unemployed and not looking for work | Student | Disabled | Other |
|---|---|---|---|---|---|---|
| | | | | | | |

7. What is your housing status?

| Living alone | Living with minor children | Living with adult children | Living with adult relatives | Living with adult friends or partner | Shelter | Residential treatment | Homeless | Other |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

8. How many children have you given birth to?

9. How old were you when you had your first child?

10. Are all of your children living?

| Yes | No |
|---|---|
| | |
| | If no, how many have you lost? |

11. How many children do you take care of for family or friends?



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12. How old are your children now?

| Child 1 | Child 2 | Child 3 | Child 4 | Child 5 | Child 6 | Child 7 | Child 8 | Child 9 |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

13. How many times in your life have you been incarcerated in either jail or prison?

14. How old were you when you were incarcerated the first time?

15. How old were your children were under 18 the first time you were incarcerated?

when you were incarcerated the first time?

16. How old were they approximately?

17. The last time you were incarcerated, how long was it for??

| Years | Months | Days |
|---|---|---|
| | | |

18. How long has it been since you were last released?

| Years | Months | Days |
|---|---|---|
| | | |

\

19. Has a doctor diagnosed you with any of the following physical health problems?

| High | Heart | Asthma/breathing | Infections | Chronic | Other |
|---|---|---|---|---|---|



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| | | | | | |
|---|---|---|---|---|---|
| blood pressure | disease | problems | | pain | |
| | | | | | |

20. Have you been diagnosed by a doctor with any of the following mental health conditions?

| Depression | Anxiety | Bipolar | Schizophrenia |
|---|---|---|---|
| | | | |

| Attention Deficit Disorder | Post-traumatic stress Disorder | Substance use disorder | Other |
|---|---|---|---|
| | | | |

21. Have you received treatment for any of those mental health problems?

| No | Yes, in the last year | Yes, not in the last year |
|---|---|---|
| | | |

22. If yes, what kind of treatment?

| Medications | Therapy | Other |
|---|---|---|
| | | |



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**Interview**

Now, I'd like to know a little bit about know about how life has been for you.

I. Thinking back to before you were incarcerated, could you tell me what that was like for you?

   a. How would you describe your mental health at that time?

II. Thinking back to life during your last incarceration, could you tell me what that was like for you?

   a. How would you describe your mental health at the time?

In this section, I'd like to know about some of your experiences in the first few weeks and months after you got out of jail or prison.

1. What was a typical day like for you in the first few weeks or months after you were released?

**Motherhood**

1) First, I'd like to know a little bit more about what it was like to be a mom in the first few weeks or months after you were released.



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a) How do you think being a mom affected what you did after you were released?

b) How do you think being a mom affected your mental health in the first few weeks or months after you were released, like how you felt or what you thought about?

c) How do you think your mental health affected your relationship with your children in the first few weeks or months after you were released?

d) What did you like about being a mom in the first few weeks or months after you were released?

e) What didn't you like about being a mom in the first few weeks or months after you were released?

f) How did your children react when you came home?

   i) What did you think of their reaction?

g) How did the length of your incarceration affect your children's reaction once you were released?

**Seeking Social Support**



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1) I'd like to know a little bit about your experiences with getting help or support from family and friends in the first few weeks or months after you were released.

   a) Tell me about a time when you received help from your family or friends for after you were released?

      i) Did you ask for that help or did they just offer it?

      ii) If asked for help, how did it feel to do that?

      iii) What led you to ask for help?

      iv) Tell me about the help you received. How did that go for you?

   b) Did you seek help from family or friends for any mental health or substance use issues, or difficult thoughts or feelings, in the first few weeks or months after you were released?

   c) What led you to ask for them help with those things?

   d) What stopped you from asking them for help with those things?

   e) How do you think that affected you?

**Housing Conditions**

1. Where did you live those first days after you were released?



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a) Who did you live with? How was that for you?

2. What was your living situation like in the first few weeks or months after you were released?

a) Did you feel safe where you lived in the first few weeks or months after you were released?

i) Why or why not?

b) What did you like about where you lived in the first few weeks or months after you were released?

c) How did where you lived affect or change you? Like, for the better or worse?

d) How do you think where you lived in the first few weeks or months after release affected your mental health?

e) How do you think where you lived affected your substance use in the first few weeks or months after you were released?

f) How do you think where you lived affected your experiences with traumatic events in the first few weeks of months after you were released?

g) How do you think that your mental health affected your living situation? As in, did it make it better or worse



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i) Can you tell me more about that?

**Mental Health Symptoms and Diagnoses**

1) How would you describe your mental health during the first few weeks after you were released?

a) What do you remember feeling like during that time?

b) How did you feel about yourself during that time?

c) How did your mood change over time?

d) Did you experience mental health symptoms after you were released?

i) If so, could you tell me about those?

ii) And, how did those mental health symptoms change? As in, were they better, worse, or the same?

e) Can you tell me about the positive thoughts and feelings you had after you were released?

f) Can you tell me about the difficult thoughts or feelings you had after you were released?

g) How do you think your symptoms affected your ability to be a mom after you were released?



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h) How do you think your mental health affected your ability to look for or go to work or school after you were released?

i) How do you think your mental health affected your ability to do other things you had to do?

j) How did you get through this difficult time? What helped you most? What helped the least?

k) Did anything or anyone help you with returning to life after incarceration?

l) Did anything or anyone make returning to life after incarceration more difficult for you?

**Seeking Psychological Treatment Services**

1) Next, I'd like to ask you a little bit more about your experiences with treatment services in the first few weeks or months after you were released. This includes things like seeking help from healthcare providers, therapy, counseling, and medications.

a) Did you try to find formal treatment for any mental health, substance use, or traumatic experiences in the first few weeks or months after you were released?

i) Why or why not?

ii) **If did not try to find treatment, skip to next section.**

b) What led you to seek treatment in the first place?



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c) What stopped you from seeking treatment?

d) What was your experience with finding treatment, like was it easy or hard?

e) What was treatment like for you?

f) How do you think going to treatment affected you?

g) How do you think not going to treatment affected you?

h) What were the treatment staff like?

i) What did you like most about treatment?

j) What didn't you like about treatment?

k) If you wanted treatment but couldn't get it, what do you think stopped you?

**Substance Use**

1) Next, I'd like to ask you about any experiences you had with drugs and/or alcohol in the first few weeks or months after you were released. I want to remind you that all your answers are confidential.

a) Did you use alcohol or drugs in the first few weeks or months after you were released?

b) Did you want to use, or experience urges or cravings, to use drugs or drink alcohol in the first few weeks or months after you were released?



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i) **If no, skip to next section.**

ii) If yes, can you tell me about what that was like for you?

c) How do you think using or drinking affected your ability to do things, like go to work or school or spend time with your kids??

d) How did you get though that?

e) Did anything or anyone help you with that?

f) Did anything or anyone make that more difficult for you?

2) The next part is about your experience with traumatic events in the first few weeks or months after you were released.

**Traumatic Experiences**

1) Can you tell me about any traumatic things that happened to you in the first few weeks or months after you were released? Trauma can include many things, like violence, abuse, deaths, and accidents.

a) Could you tell me about something traumatic you experienced after being released?

i) **If nothing, skip to next section**

ii) What was it like to go through that?



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iii) What was most difficult about that?

iv) How do you think that affected your ability to do things, like take care of your kids, look for or go to work or school?

b) How did you get through that?

c) Did anything or anyone help you get through that?

d) Did anything or anyone make that more difficult for you?

**Participant Perspectives**

1. What do you think is the most important thing we could do to help mothers after they are released from jail or prison?

   a) What are some other important things that could help?

2. What do you think is the most important thing we could do to help mothers with mental health difficulties in the first few weeks or months after they are released?

   a) What other things could help mothers with mental health challenges after they are released?



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Thank you so much for your time.

I am turning off the recorder now. [recorder turned off]

End with: Do you have any questions about this interview before we end?



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## APPENDIX F: Descriptive Statistics

| Descriptor | Mean / % | Range/No. |
|---|---|---|
| Age | 38 (μ) | 20-54 |
| | **Race/Ethnicity** | |
| African American | 44% | 11 |
| White | 28% | 7 |
| Multi-racial | 20% | 5 |
| Latina | 4% | 1 |
| Other | 4% | 1 |
| | **Education** | |
| < High school | 24% | 6 |
| High school degree | 28% | 7 |
| Some college | 36% | 9 |
| College degree | 12% | 3 |
| | **Monthly Household Income** | |
| No income | 24% | 6 |
| <$500/mo | 4% | 1 |
| $500-1000/mo. | 40% | 10 |
| 1000-1500/mo. | 8% | 2 |
| 1500-2000/mo. | 4% | 1 |
| >$2000/mo. | 16% | 4 |
| | **Employment** | |
| Employed full-time | 36% | 9 |
| Employed part-time | 12% | 3 |
| Unemployed/seeking work | 24% | 6 |
| Disabled | 24% | 6 |
| Student | 4% | 1 |
| | **Current Relationship Status** | |
| Boyfriend | 48% | 12 |
| Single | 36% | 9 |
| Married | 8% | 2 |
| Divorced | 4% | 1 |
| Widowed | 4% | 1 |
| | **Housing** | |
| With adult partner | 44% | 11 |
| With minor children | 36% | 9 |
| Alone | 12% | 3 |
| Short-term transitional | 12% | 3 |
| Shelter | 8% | 2 |
| With adult relatives | 8% | 2 |
| With adult non-relatives | 8% | 2 |
| Rooming house | 8% | 2 |
| Homeless | 4% | 1 |
| Residential substance use treatment | 4% | 1 |
| | **Motherhood** | |
| Age of first childbirth | 19 (μ) | 14-28 |



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| | | |
|---|---|---|
| No. of children given birth to | 4 (μ) | 1-14 |
| Caregiving for others' children | 36% | 9 |
| Experienced death of child | 20% | 5 |
| Age of children at first incarceration | 13 (μ) | 6 mo.-21 yrs. |
| Age of children at time of interview | 17 (μ) | 1-33 yrs. |
| **Incarceration** | | |
| Age of first incarceration | 27 (μ) | 15-45 |
| No. times incarcerated | 6 (μ) | 1-59 |
| Length of last incarceration | 9 mo. (μ) | 2 days-6 years |
| Last released from jail | 64% | 16 |
| Last released from prison | 36% | 9 |
| Time since release | 18 mo. (μ) | 2 mo.-4 yr. |
| **Physical Health Diagnoses** | | |
| Chronic pain | 40% | 10 |
| Asthma/breathing problems | 36% | 9 |
| High blood pressure | 28% | 7 |
| Diabetes | 20% | 5 |
| **Mental Health Diagnoses** | | |
| Substance use disorder | 96% | 24 |
| Co-occurring disorders | 80% | 20 |
| Anxiety | 76% | 19 |
| Depression | 68% | 17 |
| PTSD | 48% | 12 |
| Bipolar disorder | 36% | 9 |
| Attention deficit disorder | 20% | 5 |
| Schizophrenia | 20% | 5 |
| **Mental Health and Substance Use Service Use** | | |
| Treatment within last year | 80% | 20 |
| Currently in formal treatment | 72% | 18 |
| Outpatient counseling | 28% | 7 |
| Psychotropic medications | 28% | 7 |
| Caseworker | 20% | 5 |
| Manual-based group therapy | 16% | 4 |
| Seeking/waiting for treatment | 16% | 4 |
| Self-help groups only | 16% | 4 |
| Intensive outpatient therapy | 12% | 3 |

Table 2. Sample Descriptive Statistics (n: 25)



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## APPENDIX G: Theme Development Tables

| Stability by Interview Questions | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Participant** | **Mental health** | **Substance use** | **Trauma** | **Housing** | **Motherhood** | **Support** | **Treatment** |
| P1 | | Partially stable- prescribed opiates for pain | Unstable- Abusive husband | Partially stable- living with abusive husband | | | Completed |
| P2 | Partially stable- Coping with hallucinations | | | Partially stable- Depending on family | | Partially stable- felt rejected by mother | Seeking |
| P3 | Partially stable- occasional issues with symptoms | | Partially stable- Recent deaths led to dropping out of school | | Partially stable- Difficult relationship with daughter | Partially stable- felt alone, mistrust | Engaged |
| P4 | On medications | | | | | | |
| P5 | Partially stable- difficulty concentrating, jumpy | Partially stable- Using THC to cope with anxiety | | | Unstable- Bothered by lack of contact with most children | | |
| P6 | Partially stable- lack of knowledge re: risk-taking | Partially stable- Using THC to cope with anxiety | | | | | Rejecting |
| P7 | Partially stable- Recent symptoms, building coping skills | | | Partially stable- Depending on boyfriend, no income | Partially stable- Taking care of herself first | | Engaged |
| P8 | Partially stable- Symptoms | | | Partially stable- Living in homeless | Partially stable- Unable to contact one child | Partially stable- Felt alone | Engaged |



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| Stability by Interview Questions | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Participant** | **Mental health** | **Substance use** | **Trauma** | **Housing** | **Motherhood** | **Support** | **Treatment** |
| | interfering with relationships | | | shelter, no income | | | |
| P9 | Unstable- Active symptoms without awareness | Unstable- Recently actively using | Unstable- Ongoing trauma and re-experiencing, trading sex | Partially stable- Unsafe environment | Unstable- Felt rejected by children | Unstable- Felt rejected by everyone | Waiting for funding |
| P10 | Partially stable- Building coping skills and adjusting medications | | | | Partially stable- Weekend visits, fighting for custody | | Engaged |
| P11 | Partially stable- On medications that need to kick in first/with side effects | Unstable- Recently actively using | Partially stable- Unresolved trauma from childhood and adulthood | Partially stable- In residential facility | Unstable- Felt rejected by her children | Partially stable- … | Engaged |
| P12 | Unstable- Active mental health symptoms, off of medications | Unstable- Recently actively using, active urges/cravings | Unstable- Recent traumatic events | Partially stable- Trading services for housing, trading sex | Unstable- Felt rejected by children | Unstable- Felt rejected by family | Seeking |
| P13 | Partially stable- Occasional active symptoms | | Partially stable- Unresolved loss from incarceration | Partially stable- Depending on mother, no income | Partially stable- Fighting for custody | Partially stable- Learning to trust | Engaged |
| P14 | Partially stable- unable to take | | Partially stable- Resolving loss | Partially stable- In homeless | Partially stable- Fighting for custody | Partially stable- | Engaged |



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| Stability by Interview Questions | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Participant** | **Mental health** | **Substance use** | **Trauma** | **Housing** | **Motherhood** | **Support** | **Treatment** |
| | medications d/t pregnancy | | of children and mother | shelter, no income | | Difficulty reaching out | |
| P15 | | | | | | | Not seeking/self-help |
| P16 | | Partially stable- Not using for X months | | Partially stable- In bridge housing, no income | Partially stable- Taking care of her first | | Engaged |
| P17 | | | Partially stable- Coping but needing additional help | | | | Seeking |
| P18 | Partially stable- Misses medications at times | Partially stable- Recent urges/cravings | | Partially stable- In TLP | Partially stable- fighting for custody | Partially stable- Family lives out of state | Engaged |
| P19 | Partially stable- Active symptoms, going through diagnostic process | Partially stable- Recent urges/cravings | | Partially stable- In Bridge housing, no income | Partially stable- Taking care of herself first | Partially stable- Difficulty reaching out | Engaged |
| P20 | Partially stable- Active symptoms, adjusting medications | | Partially stable- Recent vicarious trauma | | | Partially stable- Felt rejected by her family | Engaged |
| P21 | | | | | | | Not seeking/self-help |



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| Stability by Interview Questions | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Participant** | **Mental health** | **Substance use** | **Trauma** | **Housing** | **Motherhood** | **Support** | **Treatment** |
| P22 | Unstable- anxiety r/t being on the street | Unstable- Actively using | Unstable- Ongoing trauma | Unstable- Homeless | Unstable- Felt like a part-time mother, daughter supported her | Unstable- All friends were using drugs, embarrassed to see mother, daughter supported her | Rejecting |
| P23 | Partially stable- on medications, occasional depressive episodes | | | | | Partially stable- Felt rejected | Not seeking/Conflicting obligations |
| P24 | Partially stable- symptoms of anxiety, actively coping | | Partially stable- Recent difficulty with memories r/t father | | Partially stable- caregivers/fathers interfering with contact | | Not seeking/self-help |
| P25 | | | | | | | Not seeking/completed |



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| Mental Health Overall | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Overwhelmed by:** | Probation requirements | Lost everything | Feeling alone | Difficulty being around people | Homelessness, difficult housing conditions | Not knowing resources | Kept from/fighting for children | Caretaking responsibilities | Traumatic events | Family conflicts | MH symptoms | Drug addiction | Work responsibilities |
| **Participant #** | 2, 6, 7, 18, 19, | 3, 6, 8, 10, 9, 13, 19, 19, 20 | 3, 8, 10, 9, 12, 18 | 3, 7, 9, 13 | 1, 6, 4, 10, 9, 12, 14, 16, 18, 22, 24 | 10, 18 | 8, 10, 13, 15, 18, | 17, 19, 20, 21 | 6, 10, 18, 20, 22 | 6, 13, 10, 18, 20, 21 | 2, 10, 12, 13, 14, 19, 22, 11, 9, 4 | 4, 10, 12, 14, 19, 22, 8, 12, 9 | 18, 19, 20, 21 |
| **Total participants** | 5 | 9 | 6 | 4 | 11 | 2 | 5 | 4 | 5 | 6 | 10 | 9 | 4 |

| Overwhelmed | |
|---|---|
| **Participant** | **Overwhelmed by** |
| 1 | Difficult housing conditions |
| 2 | Probation requirements, mental health symptoms |
| 3 | Lost everything, feeling alone, difficulty being around people/trusting |
| 4 | Homelessness, drug addiction |
| 5 | Disconnection from children |
| 6 | Probation requirements/treatment, difficult housing conditions, family conflicts, getting an ID, traumatic event/rape |
| 7 | Probation requirements, being around people |
| 8 | Lost everything, feeling alone, kept from/fighting for children |
| 9 | Lost everything, transportation, rejection/feeling alone |
| 10 | Lost everything, homelessness/difficult housing conditions, MH symptoms/no medications, not knowing resources, kept from/fighting for children, drug addiction, lack of support/feeling alone |
| 11 | Substance use, rejection |
| 12 | Homelessness/difficult housing conditions, drug addiction, MH symptoms/off of medications |
| 13 | Kept from/fighting for children, lost everything, MH symptoms, difficulty being around people/trusting, family conflicts |
| 14 | Homelessness/difficult housing conditions, drug addiction |
| 15 | Kept from/fighting for children |



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| | |
|---|---|
| 16 | Difficult housing conditions/rules of treatment |
| 17 | Caretaking responsibilities |
| 18 | Traumatic events/multiple, DUI, losing children; kept from/fighting for children; feeling alone, pressure to be successful, not knowing resources, work responsibilities, homelessness/difficult housing conditions, probation requirements |
| 19 | Work responsibilities, caretaking responsibilities/motherhood, lost everything, probation requirements, MH symptoms, triggers/cravings, lost everything |
| 20 | Work responsibilities, kept from/fighting for children, family conflicts, caretaking responsibilities/children's mental health, traumatic events/daughter assaulted, lost everything, physical health issues |
| 21 | Work responsibilities, caretaking responsibilities/motherhood, family conflicts |
| 22 | Drug addiction, homelessness, MH symptoms/off of medications |
| 23 | |
| 24 | Homelessness/difficult housing conditions |
| 25 | |

| **Overwhelmed** | | |
|---|---|---|
| **Participant** | **Had Nothing/Nowhere to live** | **Disconnected/rejected** |
| **1** | Sister's | From family, rejected by mother, society |
| **2** | MH sx | From children, rejected by mother |
| **3** | Possessions | Mistrust, custody issues, rejected by family |
| **4** | *Homelessness* | From children, friends |
| **5** | | Custody issues |
| **6** | Homelessness<br>Probation, treatment<br>Overall | From family |
| **7** | Homelessness | By children |
| **8** | Homelessness | Custody issues, from others, alone, by family |
| **9** | Homelessness & MH | Custody issues, mistrust |
| **10** | Homelessness & MH | Custody issues |
| **11** | Homelessness & MH | From children, by children |
| **12** | Homelessness & MH | From children, from family, by children |
| **13** | Mother's, MH | Custody issues, mistrust |
| **14** | Homelessness & MH | Custody issues |
| **15** | Motherhood | From children, by family |



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| Overwhelmed | | |
|---|---|---|
| **Participant** | **Had Nothing/Nowhere to live** | **Disconnected/rejected** |
| **16** | Residential | From children, by mother |
| **17** | Caretaking | - |
| **18** | Homelessness & MH | Custody issues, alone |
| **19** | Homelessness & MH | From children, by family |
| **20** | Homelessness & MH | From children, from family |
| **21** | Employment, motherhood | From children, by society |
| **22** | Homelessness & MH | From children, by family, by society |
| **23** | Substance use, motherhood, MH | From children, by family, by co-workers |
| **24** | Homelessness | From others, by ex-boyfriend |
| **25** | Motherhood | From children, by children, by society |
| | 24 | 24 |

| Overwhelmed: Rejected | | | |
|---|---|---|---|
| **Participant** | **By children** | **By family, friends** | **By society** |
| 1 | | x | X |
| 2 | | X | |
| 3 | X | x | X |
| 4 | X | | |
| 5 | | X | X |
| 6 | | X | |
| 7 | X | X | |
| 8 | X | X | X |
| 9 | X | X | X |
| 10 | | X | X |
| 11 | X | X | X |
| 12 | X | X | X |
| 13 | | X | X |
| 14 | | | X |
| 15 | X | X | X |
| 16 | | X | |
| 17 | | x | |



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| | | | |
|---|---|---|---|
| 18 | | | X |
| 19 | X | | |
| 20 | | X | X |
| 21 | X | X | X |
| 22 | X | X | X |
| 23 | | X | X |
| 24 | | | X |
| 25 | X | | |
| | 12 | 19 | 17 |

| Shifting Perspectives | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Participant** | **Lives** | **Selves** | **When/How** | **Because of my kids** | **Can't figure it out** | **Wanting to be independent** | **Feeling proud** | **Boundaries** | **Goals** |
| 1 | X | X | Jail/bible/trauma/spirit | X | | X | X | X | X |
| 2 | X | | Jail/meds/motherhood | X | | X | | | |
| 3 | X | | Prison/meds | X | | | | X | |
| 4 | X | X | Boyfriend/otreatment/spirit | | | X | X | | |
| 5 | X | | Unknown | X | | X | X | | |
| 6 | X | X | Trauma-Rape, death | | | | X | | X |
| 7 | X | X | Trauma-Rape prior, otreatment | X | | X | X | | |
| 8 | X | | Lost everything, otreatment | | X | | X | | X |
| 9 | | | Unknown | | X | X | X | | X |
| 10 | X | X | oTreatment | X | | X | X | X | X |
| 11 | | | oTreatment/spirit | | X | X | X | | X |
| 12 | | | Unknown | X | X | X | X | | x |
| 13 | X | X | oTreatment | X | | X | X | | |
| 14 | X | X | Jail/bible/otreatment/spirit | X | | X | X | | x |
| 15 | X | X | Prison/bible/erp/spirit | X | | X | X | X | x |
| 16 | X | X | oTreatment | X | | X | X | | x |
| 17 | X | X | oTreatment prior/support/spirit | X | | X | X | X | X |
| 18 | X | X | Prison/bible/meds/Trauma/spirit | X | | X | X | | x |



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| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 19 | X | X | Jail/meds/otreatment | X | X | X | X | X | x |
| 20 | X | X | Trauma prior/otreatment prior/Prison/meds/erp | X | | X | X | X | x |
| 21 | X | X | oTreatment prior/Prison/erp/support | X | | X | X | X | |
| 22 | X | X | Unknown | X | x | X | X | | X |
| 23 | X | X | oTreatment prior/Prison/motherhood/support | X | | X | X | X | X |
| 24 | X | X | Prison/erp/support/spirit | X | | X | X | X | X |
| 25 | x | x | Prison/erp/otreatment | X | | X | x | x | x |
| | 22 | 18 | | 20 | 6 | 22 | 23 | 11 | 15 |

| Mental Health Diagnoses and Symptoms | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Participant** | **On Edge for Awhile** | **Medications** | **Nothing wrong with me now** | **It got worse before it got better** | **Its worse now** | **It was better right away** | **It got better then worse** |
| 1 | Up & down | Rejected | X I'm normal | x | | | |
| 2 | Sleeplessness, hallucinations | Wanted | I can control it | | | | |
| 3 | Isolation | Needed | | x | | | |
| 4 | Hallucinations | Needed | | X | | | |
| 5 | Jumpy | Rejected | X I don't want help | | | Being out | |
| 6 | | Rejected | X I don't want help | | | | Substance use |
| 7 | Anxiety | Needed | | | | Medications | |
| 8 | Sadness | ? | | | | | Substance use |
| 9 | Delusions, agitation | Rejected | X What are symptoms | | x | | |
| 10 | Anxiety | Needed | | x | | | |



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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 11 | Sadness, delusions | Needed | | x | | | |
| 12 | Depressed | Needed | | | x | | |
| 13 | Anxiety | Needed | | x | | | |
| 14 | Depression | Rejected | | x | | | |
| 15 | | X | X | | | | Losing children |
| 16 | | X | X | | | Happier being clean | |
| 17 | | Needed | | | Needs to talk | Medication | |
| 18 | PTSD, anxiety | Needed | | x | | | |
| 19 | Depression | Needed | | x | | | |
| 20 | Sleeplessness, ADD, depression | Needed | | | x | | |
| 21 | Nervous | Needed | | X | | | |
| 22 | Anxiety | Needed | | | X | | |
| 23 | Depression | Needed | | X | | | |
| 24 | | X | X | | | Coping skills | |
| 25 | | X | x | | | Therapy | |
| | | | | 12 | 6 | 6 | 1 |

| Mental Health Diagnoses and Symptoms | | |
|---|---|---|
| **Participant** | **On Edge for Awhile** | **I'm Not Sure I Understand** |
| **1** | Anxiety, up & down, no meds | Dx/sx |
| **2** | Anxiety, hallucinations, sleeplessness, needing meds | |
| **3** | Isolation, hallucinations/anxiety, needing meds | Dx/sx |
| **4** | Hallucinations/anxiety, needing meds | Tools |
| **5** | Anxiety, No meds | Dx/sx |
| **6** | no meds | Dx/sx |
| **7** | Anxiety, Needing meds | Tools |



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| Mental Health Diagnoses and Symptoms | | |
|---|---|---|
| **Participant** | **On Edge for Awhile** | **I'm Not Sure I Understand** |
| **8** | Depression, Therapy | |
| **9** | Delusions/anxiety, No meds | Dx/sx |
| **10** | Anxiety, Needing meds | Tools |
| **11** | Depression, needing meds | Tools |
| **12** | Depression, anxiety, up & down, risk-taking, suicide, needing meds | |
| **13** | Anxiety, depression, needing meds | Tools |
| **14** | Depression, No meds | Dx/sx<br>Tools |
| **15** | No dx | ERP |
| **16** | No dx | Dx/sx<br>Tools |
| **17** | Schizophrenia/anxiety without meds, needing meds | Tools |
| **18** | Anxiety/PTSD, needing meds | Tools |
| **19** | Depression, Bipolar/anxiety, racing thoughts, needing meds | Dx/sx<br>Tools |
| **20** | ADD, depression, needing meds | Dx/sx<br>ERP |
| **21** | Anxiety, needing meds | |
| **22** | Anxiety, depression, needing meds | Tools |
| **23** | Depression, needing meds | Tools |
| **24** | No dx | Tools/ERP |
| **25** | No dx | Tools/ERP |
| | 21 | 21 |

| Substance Use | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Participant** | **Returned to using** | **Immediately** | **Reincarcerated d/t drugs** | **Giving up** | **That routine** | **Still using** | **Stopped using** | **Avoided completely** |
| 1 | X depressed | | | X trauma | X | | X | |
| 2 | | | | | | | | X no issues |
| 3 | | | | | | | | X 10 years |
| 4 | X apathy | X | X | X trauma | X tired | | X | |
| 5 | X anxiety | X | | X custody | X | X anxiety | | |



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| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 6 | X celebrating Apathy | X | | X trauma | X | X same, anxiety | | |
| 7 | X previous apathy | X | X | X homelessness | X tired | | | X, treatment, tired |
| 8 | X boyfriend | | X | | X | | ? | |
| 9 | X, years, routine, hopelessness | | X | X Homelessness | X tired | X hopelessness | | |
| 10 | X previous Hopelessness | | X | X custody | X | | | X, treatment, kids |
| 11 | X boyfriend, lonely, years | X | X | X homelessness | X tired | | X | |
| 12 | X self-medicating bipolar, years | X | X | X custody | X tired | x | | |
| 13 | X previous boyfriend depressed | X | | X Trauma | X tired | | | X, treatment, kids |
| 14 | X depressed | | | X trauma | X tired | | X | |
| 15 | | | | | | | | X erp, support, spirituality |
| 16 | X previous numbing | X | X | ? | X tired | | | X treatment, kids |
| 17 | | | | | X tired | | | X support |
| 18 | X social, hopelessness | | X | X custody | | | X | |
| 19 | X depressed | | X | ? | | | | X treatment, kids |
| 20 | | | | | | | | X erp, risk |
| 21 | | | | | | | | X erp, risk |
| 22 | X , years | X | | X homelessness | X tired | X same | | |



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| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 23 | X , boyfriend, depression | | X | X<br>Alone | X tired | | X | X treatment, kids |
| 24 | | | | | X tired | | | X erp, support |
| 25 | X, years | | X | ? | X tired | | | X erp, risk |
| | 13/5 | 9 | 12 | 12 | 15 | 5 | 7 | 13 |

| Substance Use | | |
|---|---|---|
| **Participant** | **A Tiring Routine** | **Deciding what I have to Lose** |
| **1** | X routine | X family<br>X job, kids, self<br>X God<br>X discomfort-> |
| **2** | | |
| **3** | | X jail |
| **4** | X routine<br>Tired | X family<br>X job, kids, boyfriend<br>X god<br>X discomfort-> |
| **5** | X routine | X anxiety, kids<br>X discomfort<br>X jail |
| **6** | X routine | X anxiety<br>X discomfort |
| **7** | X routine tired | X family, depression, homelessness, jail<br>X discomfort<br>X self, kids |
| **8** | | X men<br>X kids |
| **9** | X routine tired | X others<br>X jail<br>X god |
| **10** | X routine | X others<br>X discomfort<br>X kids, self, job, boyfriend |



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| Substance Use | | |
|---|---|---|
| **Participant** | **A Tiring Routine** | **Deciding what I have to Lose** |
| **11** | X routine tired | X X discomfort<br>X homelessness, depression<br>X kids, god |
| **12** | X routine tired | X X discomfort depression, others<br>X self, jail, god |
| **13** | X routine tired | X depression, anxiety, boyfriends<br>X kids |
| **14** | X routine tired | X depression<br>X discomfort<br>X kids, job, god |
| **15** | | X depression<br>X kids, god, job |
| **16** | | X thoughts<br>X drug court, kids, self |
| **17** | | X others<br>X discomfort->X god, self |
| **18** | | X discomfort<br>X depression, friends<br>X kids, job, goals |
| **19** | X routine tired | X others<br>X kids, self |
| **20** | X routine tired | X self, kids<br>X jail |
| **21** | | X friends<br>X jail, kids, boyfriend |
| **22** | X routine tired | X discomfort<br>X others, homelessness, anxiety<br>X self |
| **23** | X routine | X discomfort<br>X boyfriend, depression<br>X kids |
| **24** | X routine<br>Tired | X others<br>X god, job, kids |
| **25** | X routine tired | X family<br>X jail, kids, job |
| | 10 | 24 |



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| Traumatic Experiences | | |
|---|---|---|
| **Participant** | **Losing hope** | **Gaining Strength** |
| **1** | X witnessing violence<br>X abusive men<br>X giving up using, depression | X gaining strength motivation<br>X gaining strength reaching out<br>X gaining strength new me |
| **2** | none | none |
| **3** | X death family<br>X death children<br>X trauma effects<br>X giving up school<br>X mistrust | none |
| **4** | X trauma effects<br>X giving up using | X gaining strength motivation<br>X gaining strength reaching out |
| **5** | X did not ask | none |
| **6** | X trauma rape<br>X death family<br>X trauma effects<br>X giving up using, risk-taking<br>X giving up trust | X gaining strength reaching out |
| **7** | X homelessness<br>X trauma rape<br>X trauma effects | X gaining strength reaching out |
| **8** | X homelessness<br>X abusive men<br>X trauma effects past | X gaining strength motivation<br>X gaining strength new self |
| **9** | X Homelessness<br>X trauma rape<br>X trauma thoughts<br>X trauma effects | X gaining strength motivation |
| **10** | X<br>Custody<br>X trauma threat<br>X death friends | X gaining strength motivation<br>X gaining strength reaching out |
| **11** | X Homelessness<br>X trauma rape<br>X trauma effects<br>X mistrust | none |
| **12** | X witnessing violence<br>X trauma effects | none |



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| Traumatic Experiences | | |
|---|---|---|
| **Participant** | **Losing hope** | **Gaining Strength** |
| | X Custody<br>X giving up using, suicidal | |
| **13** | X<br>Trauma<br>X abusive men<br>X trauma effects<br>X trauma losing kids<br>X giving up, using suicidal | X gaining strength motivation<br>X gaining strength reaching out |
| **14** | X trauma<br>X trauma losing kids<br>X trauma housing | X giving up using, suicidal<br>X gaining strength motivation |
| **15** | X trauma effects | X gaining strength reaching out |
| **16** | X death friends | X gaining strength reaching out |
| **17** | X trauma effects<br>X mistrust | X gaining strength reaching out |
| **18** | X custody<br>X trauma losing kids<br>X trauma housing<br>X trauma life-threatening illness<br>X trauma car accident<br>X trauma effects<br>X giving up using<br>X mistrust | X gaining strength motivation<br>X gaining strength new self |
| **19** | X none | None |
| **20** | X witnessing trauma children<br>X trauma life-threatening illness<br>X mistrust | X gaining strength, reaching out<br>X gaining strength new self |
| **21** | X death family | X gaining strength reaching out |
| **22** | X homelessness<br>X trauma witnessing violence<br>X trauma sex<br>X trauma effects<br>X giving up using, numb<br>X mistrust | None |
| **23** | X Alone<br>X near death family<br>X near death friend<br>X death friend | X gaining strength reaching out |



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| Traumatic Experiences | | |
|---|---|---|
| **Participant** | **Losing hope** | **Gaining Strength** |
| | X giving up using, dep, suicidal | |
| **24** | X trauma effects<br>X anger | X gaining strength reaching out |
| **25** | none | none |
| | 21 | 18 |



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**Curriculum Vitae**

Ann E. Stanton

Place of birth: Sturgeon Bay, WI

**Education**

University of Wisconsin-Milwaukee, College of Nursing
**PhD** May 2018
Advisor: Dr. Peninnah Kako
Dissertation Title: Mothers' Mental Health After Release from Incarceration

University of Wisconsin-Oshkosh, College of Nursing
**BSN** May 2010

Lakeshore Technical College, College of Health Services
**ADN** May 2006

Lakeshore Technical College, College of Health Services
**LPN** May 2005

**Professional Experience**

Milwaukee County Behavioral Health Division, Milwaukee, WI July 2017-present
*Crisis Mobile Team RN*

Rogers Memorial Hospital, Milwaukee Co, WI February 2015-present
*Staff RN, Partial Hospitalization Program*

Lakeland Care District, Manitowoc, WI March 2010-July 2013
*Registered Nurse Care Manager*

Parkview Manor Health and Rehabilitation, Green Bay, WI May 2009-March 2010
*Registered Nurse*

Aurora St. Luke's Medical Center, Milwaukee, WI June 2006-December 2008
*Registered Nurse*

Manitowoc County Health Care Center, Manitowoc, WI June 2005-July 2006
*Licensed Practical Nurse*

Manitowoc County Health Care Center, Manitowoc, WI June 2005-July 2006
*Certified Nursing Assistant*



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**Community Involvement**

| | |
|---|---|
| Milwaukee Community Justice Council Member | July 2017-present |
| UWM Nursing Endeavor Program Professional Speaker | May 2015-present |
| Benedict Center Sisters Diversion Program Volunteer | Spring 2015-present |
| UWM Nursing Endeavor Program Professional Mentor | Fall 2014-Spring 2015 |
| Lakeshore Community Health Center (merged with CCMC) | |
| Manitowoc Clinic Advisory Committee Secretary | January 2014-July 2015 |
| Farm2School of Manitowoc County | |
| Building Awareness Committee | March 2013-December 2013 |
| Community Clinics of Manitowoc County (CCMC) | |
| Board Member | January 2010-July 2011 |
| Board Secretary | July 2011-December 2013 |
| Fundraising Subcommittee | October 2012-March 2013 |

**Professional Affiliations**

| | |
|---|---|
| Wisconsin League for Nursing | November 2014-present |
| Sigma Theta Tau International Honor Society of Nursing | October 2014-present |
| American Psychiatric Nurses Association | August 2014-present |
| Midwest Nursing Research Society | December 2013-present |
| Research Interest Group: Diverse Populations | November 2014-present |
| Membership Committee: Wisconsin Representative | August 2015-present |
| UWM Doctoral Nursing Student Organization Member | September 2013-present |
| President | May 2015-May 2017 |
| Vice President | May 2014-April 2015 |
| American Nurses Association | May 2012-present |
| Wisconsin Nurses Association | May 2012-present |
| Lakeshore Student Nurses Association | Spring 2004-Spring 2006 |

**Honors and Awards**

| | |
|---|---|
| Sigma Theta Tau Eta Nu Chapter Doctoral Student Poster Award | Spring 2018 |
| UWM Distinguished Dissertator Fellowship | 2017-18 |
| Harriet Werley Doctoral Fellowship | 2017-18 |
| Practice Paper of the Year Award: Issues in Mental Health Nursing | Fall 2016 |
| American Psychiatric Nurses Association Board of Directors Scholarship | Fall 2016 |
| Eliana Berg Women's Studies Graduate Research Award | Spring 2016 |
| Wisconsin League for Nursing Blue Cross Blue Shield Scholarship | Spring 2016 |
| Scholarship in Memory of Simon Ontscherenki | 2015-16 |
| Eliana Berg Women's Studies Graduate Research Award | Spring 2015 |
| Wisconsin League for Nursing Wellpoint (Anthem) Scholarship | Spring 2015 |
| Sigma Theta Tau Outstanding Graduate Student Performance Award | Fall 2014 |
| Jonas Nurse Leader Scholar Award | 2014-16 |
| Milton & Joan Morris Doctoral Scholarship | 2013-15 |
| Summa Cum Laude Honors Graduate, BSN, UW-Oshkosh | Spring 2010 |
| Program Excellence Award, ADN, Lakeshore Tech. College | Spring 2006 |
| Honors Graduate, ADN, Lakeshore Tech. College | Spring 2006 |



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Phi Theta Kappa Honor Society, Lakeshore Tech. College 2004-2006

**Teaching Experience**

Concordia University, Mequon, WI
Psychiatric Wellness Course
BSN program, Guest Lecturer 2017-18

University of Wisconsin-Milwaukee College of Nursing, Milwaukee, WI
2016- 2017
Mental Health Nursing Across the Lifespan
Direct Entry Master's Program; Independent Instructor Spring 2017
Perspectives on Healthcare Systems
BSN Program; Teaching Assistant Spring 2017
Nursing and Society
Direct Entry Master's Program; Teaching Assistant Fall 2016
Professional Role II
Undergraduate Nursing Program; Teaching Assistant Fall 2016

**Funding**

Sigma Theta Tau Graduate Student Research Award:
*The Experiences of Mothers of Minor Children Released from Jail and Prison: A Pilot Study* (Student PI) Dec 2015-Dec 2016
Midwest Nursing Research Society Dissertation Grant Award:
*Mothers' Mental Health After Release from Incarceration*
July 2017-July 2018

**Research Experience**

*Mothers' Mental Health After Release from Incarceration* (Student PI) July 2017-present
*Transitioning from Jail to the Community for Impoverished Women* (Research Assistant; PI: Dr. Susan Rose) Jan-July 2017
*The Experiences of Mothers of Minor Children After Release from Jail or Prison: A Pilot Study* (Student PI) 2015-16

**Certifications**

Collaborative Institutional Training Initiative (CITI) for social and behavioral researchers January 2017
Basic Life Support April 2018-April 2020

**Publications**

**Stanton, A.E**., Kako, P., & Sawin, K.J. (2016). The mental health issues of women released from jail and prison: A systematic review. *Issues in Mental Health Nursing* (published online ahead of print). doi: 10.3109/01612840.2016.1154629

**Stanton, A. E.** (2015). Response to editorial: "What's new about Freud?" *Issues in Mental Health Nursing, 36* (6), 396. doi 10.3109/01612840.2015.1014588



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**Stanton, A.E.** (2015). Women, mental health, and the criminal justice system. *Wisconsin Chapter of the American Psychiatric Nurses Association Newsletter*. p. 5. Retrieved from http://www.apna.org/files/public/Chapters/Newsletters/Chap_WI_Newsletter_072115.pdf

**Stanton, A. E.** & Krueger, J. (2014) Graduate Nursing Student Perspectives: Midwest Nursing Research Society Annual Conference. *Nursing Matters.* p. 9. Retrieved from http://issuu.com/madisondotcom/docs/nm2a010624cp/0

**Stanton, A. E.** (2013, October 1). Learn more about Farm2School. *Herald Times Reporter*, p. A4.

**Presentations**

**Stanton, A. E.** & Kako, P. (2018). Mothers' mental health after release from incarceration. Accepted for podium presentation at the American Psychiatric Nurses Association Annual Conference, Columbus, OH. October, 2018.

**Stanton, A. E.** & Kako, P. (2018). Mothers' mental health after release from incarceration. Accepted for poster presentation at the Building Bridges to Research-Based Nursing Practice Conference. Milwaukee, WI. May, 2018.

**Stanton, A. E.** & Kako, P. (2018). Mothers' mental health after release from incarceration. Accepted for podium presentation at the Midwest Nursing Research Society Annual Conference. Cleveland, OH. April, 2018.

**Stanton, A.E.** & Kako, P. (2017). The mental health of mothers of minor children after their release from incarceration: Preliminary findings. Poster presentation at American Psychiatric Nurses Association Annual Conference. Phoenix, AZ. October, 2017.

**Stanton, A.** E. (2018). Professionals and addiction: A nurse's story. Podium presentation at Drug Trends and Addictions: Learning the Facts to Address the Issues Conference. Green Bay, WI. September, 2017.

**Stanton, A. E.** & Kako, P. (2017). The mental health experiences of formerly incarcerated mothers of minor children: A pilot study. Podium presentation at Building Bridges to Research-Based Practice Conference. Milwaukee, WI. May, 2017.

**Stanton, A. E.** & Kako, P. (2017). A pilot study of the mental health-related experiences of mothers of minor children after release from incarceration. Podium presentation at Midwest Nursing Research Society Conference. Minneapolis, MN. March, 2017.

**Stanton, A. E.** & Kako, P. (2016). The mental health-related experiences of mothers of minor children released from jail or prison: A pilot study. Poster presentation at American Psychiatric Nurses Association Annual Conference. Hartford, CT. October, 2016.

Holt, J., Zabler, B., & **Stanton, A.E.** (2016) Using electronic health record data to transform clinical practice in nurse-managed health centers. Invited for podium presentation at Center for Medicare and Medicaid Services Region 3 Transforming Clinical Practice Initiative Conference, Baltimore, MD; May, 2016.

Zabler, B., Albert, K., Holt, J., **Stanton, A.E.,** Kunkel-Jordan, L.; & Schaubel, C. (2016). Nurse-managed health centers: Our time is now. Invited for panel presentation at Building Bridges Building Bridges to Research Based Nursing Education Conference; Milwaukee, WI; May, 2016.

**Stanton, A.E.** & Kako, P. (2016). The experiences of mothers of minor children released from jail or prison: A pilot study. Poster presentation at Building Bridges Building Bridges to Research Based Nursing Education Conference; Milwaukee, WI; May, 2016.



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**Stanton, A.E**. (2016). Survival behaviors of mothers of minor children released from jail or prison: A concept synthesis. Podium presentation at Midwest Nursing Research Society Annual Conference; Milwaukee, WI; March, 2016.

**Stanton, A.E.** & Kunkel-Jordan, L. (2015). The conceptualization of a nurse-managed health center client-perceived quality survey. Podium presentation at the National Nursing Centers Consortium Conference; Philadelphia, PA; November, 2015.

**Stanton, A.E.** (2015). The leadership journey to developing a nurse-managed health center client-perceived quality survey. Roundtable presentation at Jonas Scholars 2014-16 Cohort Conference, Washington, DC; October, 2015.

**Stanton. A.E.** (2015) A Systematic Review of the Lundeen Community Nursing Center and Primary Health Care Model. Poster presentation at Building Bridges Annual Conference; Milwaukee, WI; May, 2015.

**Stanton, A.E.** & Kako, P. (2015). Mental health needs of women after release from correctional facilities: A systematic review of qualitative literature. Poster presentation at Midwest Nursing Research Conference; Indianapolis, IN; April, 2015.

**Stanton, A.E.** Work-Life-School Balance. University of Wisconsin-Milwaukee First Year Nursing Endeavor Program Cohort. Milwaukee, WI. May 2015.

**Stanton, A.E.** Work-Life-School Balance. Herzing University First Semester Nursing Class, Brookfield, WI. August 2014

**Stanton, A.E.** Time Management in Nursing School. Herzing University First Semester Nursing Class, Brookfield, WI. October 2013

**Stanton, A. E.** Training Review: Food, Mood, and Cognition. Lakeland Care District. Manitowoc, WI. July 2012



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