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DOCTOR OF PHILOSOPHY IN NURSING

THE CASE OF REINTEGRATION OF WOMEN POST INCARCERATION

By

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Dissertation Committee

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Abstract

Women released from prison or jail face particular obstacles and challenges on reentry to the community, many of which are related to their childhood and to gender roles as women and mothers. This study relates the lived experience of one woman's successful transition to economic and mainstream societal reintegration and family reconnection after release from prison and the insights gained by the researcher. Case study methodology congruent with Miller's Relational-Cultural Theory philosophical framework was utilized in this in-depth, single case design and represents a unique case. The overall purpose of this descriptive and explanatory research was to explore precursors to criminality particular to women and the connective constructs enabling cognitive, psychological, and behavioral lifestyle change.

This qualitative study was a step in understanding how a formerly incarcerated woman successfully overcame obstacles to reconnection, employment, and reintegration into society, leading to the discovery of a structure comprising four major themes, nine minor themes, and three sub themes. *Factors initiating a turning point* related to the participant's dramatic, life-changing spiritual experience and resulting dynamic motivation; *factors affecting reentry into the community* were apparent in the participant attending college, obtaining a job, and reconnecting with significant family members; *factors influencing the journey to jail* were represented as clarity of lifestyle consequences to self and others; *factors affecting reentry into the community* were associated with understanding of self and others, increased confidence and self-esteem, and excelling in college and work; and *factors supporting and maintaining successful*

reintegration were exampled by relational reconnection, mentoring opportunities, and community involvement.

Implications for further research were uncovered through better understanding of the life experiences leading to a spiritual, life-changing choice and subsequent successful reintegration of the participant post incarceration.

Dedication

I dedicate this endeavor to my wonderful, long suffering yet supportive, encouraging, and patient family. To my husband, Barclay, and children, Dave and Judy, Rebecca and George, and Paul and Sarah, thank you for your love, laughter, prayers, and belief in me that helped me to persevere. I am truly humbled and grateful. You are remarkable individuals and I love you all. And to my outstanding grand darlings: what an inspiration you are. Thank you.

Finally, I dedicate this to the memory of my parents, to whom I am indebted for the gifts of fortitude, tenacity, and humor. They would be so pleased with this accomplishment.

Thank you all for seeing me through.

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My heartfelt thanks to each of you who has encouraged and aided me in the completion of this adventure.

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CHAPTER 1

FOCUS OF THE INQUIRY

One's philosophy is not best expressed in words;
it is expressed in the choices one makes...
and the choices we make are ultimately our responsibility.
--Eleanor Roosevelt

There are a startling number of incarcerated adults in the United States. More

people are incarcerated here than in the top 35 European countries combined (The Pew

Charitable Trusts [PEW], 2010; Shalev, 2009). PEW's 2010 report noted a greater than

300 percent increase in incarcerations in the United States since 1980 with subsequent

and substantial state and federal government costs to build and maintain prison and jail

facilities as well as house offenders. And though there has been a slight but steady

decline in US incarcerations since 1980, the number of women in correctional facilities

has increased (Glaze, 2010; LaVigne, Brooks & Shollenberger, 2009; PEW, 2010).

According to Covington (2004),

> In recent decades, the number of women under criminal justice supervision has
>
> increased dramatically. Although the rate of incarceration for women continues to
>
> be far lower than the rate for men (51 of every 100,000 women vs. 819 of every
>
> 100,000 men), since 1980 the number of women imprisoned in the United States

has increased at a rate nearly double the rate for men. (p. 1)

The majority of prison population research and information has been based on male inmates and former inmates. However, a growing number of studies are recognizing gender differences among offenders and that prison and reentry challenges differ for males and females. This is especially significant given the substantial number of incarcerated adults released into the community from prison or jail each year (Woods, Lanza, Dyson, & Gordon, 2013). The Council of State Governments Justice Center (2010) reported that in 2010 more than 700,000 adults were released from federal and state prisons and almost 5 million were on probation or parole. With the increased number of imprisoned and paroled women comes an increased need to understand the dynamics of incarceration for women and the subsequent societal consequences. Gender sensitive research has revealed that there are challenges unique to women inmates and former inmates, particularly as they relate to the ease with which women are able to reintegrate into society and obtain and maintain economic stability (Covington, 2004; LaVigne et al., 2009).

The PEW report on the collateral costs of incarceration on economic mobility noted not only the downward economic mobility trend affecting the earning prospects of the incarcerated (such as increased debt and decreased marketable skills), but also the long-term effects of incarceration such as stigma, lower self-esteem, fewer job options, and lower pay. Incarceration also has long-term effects on offenders' children and families. Parents of 2.7 million children are incarcerated across the US, and these children are left to grow up under the care of extended family or in foster or other care (PEW, 2010).

Some studies outlining unique challenges for women offenders revealed gender differences that affect women's prison and reentry experience (Covington, 2003, 2010; Lynch, DeHart, Belknap & Green, 2012). Women who have been incarcerated experience many of the same economic difficulties as men; however, women have additional barriers related to earning prospects and long-term economic stability such as childcare responsibilities, fewer job skills, less education, lower self-esteem, and higher rates of mental health problems that may compromise their economic stability (LaVigne et al., 2009; Visher, Debus & Yahner, 2008). However, limited research is available regarding the unique challenges women offenders face as they endeavor to reconnect and reestablish themselves both economically and socially in their communities. Namely, there is a gap in understanding women offenders' lived experiences of detention, reentry, and reintegration from their perspectives (Costrel, 2009; Woods et al., 2013).

Purpose and Significance of the Study

The overall purpose of this qualitative study is to better understand women's reintegration into society after release from prison. Specifically, this study attempts to answer why and how women offenders, who may have experienced many of the known precursors of criminality for women resulting in incarceration, choose to initiate life change, societal reconnection, and reintegration. A single case study best answers the questions of why and how individuals experience a phenomenon (Yin, 2014); thus, the specific aim of this single case study research is to explore why and how the participant, a female offender who may have experienced many of the known precursors of criminality for women resulting in incarceration, chose to initiate life change and societal reconnection and reintegration. Two research questions will be addressed in this study:

1. Why did the participant choose to reintegrate into society?

2. How was the participant able to reintegrate into society successfully?

Reentry employment and social stability are challenges are faced by a large number of persons annually released from US jails and prisons (LaVigne et al., 2009). This is important because of the negative impact of incarceration on future employment and recidivism (Costrel, 2009; PEW, 2010). Incarceration can reduce a person's income by as much as 40 percent, an important factor that reduces former inmates' employability and directly affects the potential for recidivism (PEW, 2010). Research on recidivism among former inmates indicated there was lower recidivism among those who got and maintained work and/or had work that earned more (Visher et al., 2008).

In an economically challenged job market, access to employment is even more difficult, particularly for women, and even more so for women with a prison record. Obstacles such as childcare responsibilities, fewer job skills, less education, and higher rates of mental and physical health problems may further limit their employability (Costrel, 2009; Visher et al., 2008; Weiss, Hawkins, & Despinos, 2010). Of increasing concern is the financial impact felt not only by former inmates but also by their children, families, and communities (Parke & Clarke-Stewart, 2001; PEW, 2010). In order to aid women's successful transition to economic and mainstream societal reintegration, an understanding of the circumstances influencing life choices that resulted in incarceration is useful. This qualitative study is a step in understanding how formerly incarcerated women have successfully overcome obstacles to reconnection, employment, and reintegration into society. This study seeks to establish a baseline for other researchers to

build upon in understanding the obstacles and opportunities faced by formerly

incarcerated women.

CHAPTER 2

CONTEXT OF THE INQUIRY

*What you get by achieving your goals is not as important
as what you become by achieving your goals.*
--Henry David Thoreau

The alarming growth in the prison population since the 1970s has drawn state and

national attention during the last few years. According to the US Bureau of Justice

Statistics (BJS), by the end of 2012, 6,937,600 adults were incarcerated in federal and

state prisons and county jails or supervised on parole or probation. In comparison to

2011, the total adult correctional population under supervision decreased by 0.7% or

51,000 offenders in 2012. The rate of adults on probation or parole or incarcerated in jails

or prisons in 2012 was one in every 35 adults (Glaze & Herberman, 2013). In addition, a

total of 61,423 juveniles were in juvenile detention in the United States in 2011.

According to the Office of Juvenile Justice and Delinquency Prevention (2013), each

state delineates the age parameters for offenders who will be placed under juvenile court

jurisdiction. The minimum age is generally not specified, although in states specifying

minimum age of delinquency jurisdiction, North Carolina has the lowest age limit at age

six. Seventeen is the maximum age in most states, and many states have exceptions and

provisions to the age criteria based on type of offense, abuse, neglect, dependency, or

some combination of these that may extend the maximum age to 20. These juveniles are at increased risk for incarceration as adults (Sickmund, Sladky, Kang, & Puzzanchera, 2013).

The PEW Center on the States' 2009 report noted the total fiscal impact of housing and caring for incarcerated populations was estimated at $52 billion, which caused states to take a closer look at the costs and benefits of the prison system and its purpose to protect the public's safety in relation to other state fiscal responsibilities. One factor that contributes to the increasing cost and impact of caring for the incarcerated is recidivism. Recidivism rates have remained relatively stable over the years in spite of various programs aimed at reduction (LaVigne et al., 2009). According to results from a 2011 PEW survey, "45.4 percent of people released from prison in 1999 and 43.3 percent of those sent home in 2004 were re-incarcerated within three years, either for committing a new crime or for violating conditions governing their release" (p. 2). Women released from prison without support in the community are 10 times more likely to be returned to detention within the first 6 weeks of release (Matheson, Doherty & Grant, 2011). The most frequent offenses resulting in re-incarceration for women are related to drug and alcohol abuse, physical and mental health problems, homelessness, property offenses, and earning money through illegal means (Beck, 2000; Covington, 2003).

Female Offenders

Increased recognition of gender differences, including health problems, in the prison population influenced the justice system's efforts to rethink how to address women's unique gender needs both in prison and on release to promote reintegration into communities (Blanchette & Taylor, 2009; Covington, 2007). Gender issues distinctive for

women in the justice system are interrelated and potentiate a progressive downward path beginning from early childhood experiences such as emotional, physical and sexual abuse, neglect, trauma, abandonment, parental mental health problems, dysfunctional family, poverty, substance abuse, homelessness, mental health problems and criminal behaviors (Blanchette & Taylor, 2009; Covington, 2007; Fingeld-Connett, 2010).

Female offenders are disproportionately women of color, in their early to mid-thirties, with family histories of detention of other family members. These women are survivors of physical and/or sexual abuse, have significant substance abuse problems and multiple physical and mental health problems, are unmarried mothers of minor children, have a high school degree or GED, have limited vocational training, and have sporadic work histories. Offences for these women are most often drugs or drug related (Covington, 2006; LaVigne et al., 2009; Lynch, DeHart, Belknap & Green, 2012). Offenses contributing most to the increase in detention of women are property and drug offenses (1 in 10 women in 1979, 1 in 3 women in 1999 (Covington, 2003, p. 2).

Factors Impacting Detention and Reentry

In an effort to understand the circumstances influencing life choices resulting in women's incarceration, studies have documented that women face particular obstacles related to their gender roles as women and mothers (Covington & Bloom, 2006; PEW, 2010). Research exploring precursors to incarceration for women reveal that women experience more childhood trauma and adult physical and sexual abuse, sexual assault, and domestic violence than do men (Covington, 2003; Pollack, 1998; Steffenmeier & Allen, 1998). Other common precursors to detention for women are histories of family dysfunction, lack of support, substance use/abuse, mental and physical health problems,

poverty, homelessness, and criminal activity (Covington, 2003; Weiss et al., 2010).

Blanchette and Taylor (2009), in their study on what works for reintegration, gave an

example of women's pathway into the criminal justice system. They reported,

> The 'typical' female trajectory into the criminal justice system begins with an
>
> abusive (or otherwise aversive) home environment. For self-preservation, the
>
> young female then quits school and leaves home to live on the streets. This, in
>
> turn, may lead to further victimization, and to cope, the individual may begin to
>
> abuse substances. The woman is likely to resort to behaviors such as prostitution,
>
> fraud or robbery to survive. These survival strategies are 'criminalized' and the
>
> individual ends up caught in the criminal justice system. (p. 2)

Homelessness

The Council of State Governments Justice Center (2009) found that homelessness

was experienced before incarceration by more than 10 percent of those incarcerated, and

there were higher rates of homelessness for those with mental illness. Released detainees

who had used homeless shelters in the past were five times more likely to use homeless

shelters after being released and were also at increased risk of committing new crimes

and returning to detention.

Relational Disconnection

In "A Women's Journey Home: Challenges for Female Offenders" Covington

(2004) explores areas influencing reentry for women offenders such as psychological

wellbeing and family relationships. Covington reports, "Disconnection and violation

rather than growth-fostering relationships, characterize the childhood experiences of most

women in the corrections system" (p. 6). Dysfunctional family relationships such as child

mistreatment contribute to disconnection. Disconnection is detrimental to an individual's psychological and emotional wellbeing and is a significant factor in failed community reintegration.

Covington's association of relational disconnection's detrimental influence on the psychological and emotional wellbeing of women drew on Jean Baker Miller's paradigm-changing Relational-Cultural Theory (RCT). This research found that the psychological development of women was influenced positively with supportive relational connections and negatively with detrimental relational disconnections. Miller's contention was that "...connection, not separation, leads to strong, healthy people." (Miller & Stiver, 1997, p. 3). Although Miller holds the RCT is true for men and women, it is more significant in the US for women, as they are most often tasked with fostering development and building relationships with others. Traditional societal norms and goals of self-sufficiency, independence, and parental emotional and psychological separation are generally considered the individual mark of maturity. Contrary to this perspective, the RCT posits that the "inner sense of connection to others" is central to framing healthy development and wellbeing (Miller & Stiver, 1997, p. 16). This is particularly true for women. However, relationship and connection building is difficult to establish when women are confronted with power inequities and experiences that result in disconnection, such as family dysfunction and childhood and adult mistreatment.

Traumatic Events

Childhood traumatic events have lifetime affects. The greater the number of childhood traumas, the more likely it is that women will have mental and physical health issues, gynecological problems, eating disorders, alcohol and substance use problems,

and sexually transmitted diseases, engage in prostitution, and attempt suicide (Covington, 2007). These vulnerable women are also at high risk of being re-victimized; Green et al.'s study of jailed women found that 98% reported experiencing a traumatic event and 71% had experienced domestic violence (2005).

The Centers for Disease Control and Prevention's (CDC) Adverse Childhood Experience (ACE) Study found an association between mistreatment in childhood and significant social, emotional, and cognitive problems affecting health and well-being in later life, often leading to risky behaviors with negative consequences (CDC, 1998). The ACE researchers found increased exposure to abuse or household dysfunction during childhood led to increased health risk factors in adulthood that are associated with leading causes of death. Research categories designated in the study of Adverse Childhood Experiences were abuse, neglect, and household dysfunction experienced in the first 18 years of life. The abuse category included emotional, physical and sexual abuse. The neglect category included emotional and physical neglect. The household dysfunction category included mother treated violently, household substance abuse, household mental illness, parental separation or divorce, and an incarcerated household member. The relationship of adverse childhood exposure to predictive adult health risks was studied in the ACE research and the degree of exposure was indicative of the level of health risk. An adverse childhood exposure of four or more categories increased the health risk for alcoholism, drug abuse, depression, and suicide 4 to 12 fold. The gender breakout revealed that of those participants with 4 or more categories of adverse childhood exposures, 15.2% were women and 9.2% were men. The ACE Pyramid

(Figure 1) represents the conceptual framework of the study and exemplifies the gradation of adverse events to health risks (CDC, 1998).
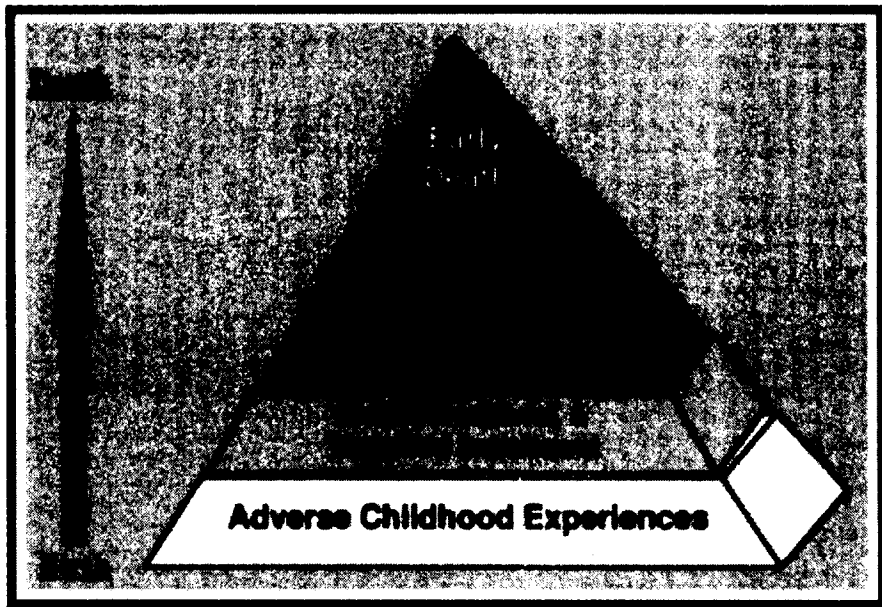
Figure 1. ACE pyramid of adverse events and health risks.

Childhood and adolescent delinquency is thought to have roots in early childhood. A study by the Office of Juvenile Justice and Delinquency found, "Compared with juveniles whose delinquent behavior begins later in adolescence, child delinquents (offenders younger than age 13) face a greater risk of becoming serious, violent, and chronic juvenile offenders" (Wasserman et al., 2003, p. 1). McClosky (2001) reported more arrests for violent offences, usually for domestic violence, were made for girls than for boys and girls almost always had a history of child abuse. Covington (2008) reported a relationship between a history of violence and abuse and an increased probability of drug and alcohol abuse for women.

Mental Health

In a study submitted to the Bureau of Justice Assistance by Lynch et al. (2012), childhood victimization and adult trauma alone were not found to be a direct precursor to criminal behavior and detention. Rather, the combination of a history of childhood mistreatment, adult abuse, and mental health problems increased the probability of criminal behavior and incarceration for women. Mental health problems and serious mental illness are more common among female offenders (Pew Charitable Trusts, 2010). Managing mental health problems was cited as one of the challenges to successful reintegration by a number of researchers (Gobeil, 2008; Richie, 2001; Lynch et al., 2012; Visher et al., 2008; Women's Prison Association, 2003). Vishser and Mallik-Kane (2007) found that both male and female prisoners had more health problems and mental illness than the general population. In addition, they found that 90% of female prisoners had chronic health problems that needed treatment and management.

Substance Abuse

Women with a history of violence and other types of abuse are at increased risk for alcohol and drug abuse, and the links between detention and victimization, poor mental health, alcohol and drug abuse, and detention for women are well documented. The Bureau of Justice Assistance report on the roles and intersections of mental illness and trauma for women found that serious mental illness increased the risk of substance use and abuse and when combined with trauma experiences, potentiated criminal behavior such as drug dealing, property crime, fighting/assault, and running away. In addition, the researchers found from participant interviews that women connected their

mental health problems, drug use, and violence to childhood traumatic events (Lynch et al., 2012).

Health and Health Care Problems

Jails and prisons have limited resources to meet the physical and mental health problems of inmates. As a result, many inmates do not receive needed health services. Additionally, female offenders may neglect their health because health care is not affordable, not acceptable, or because the need for it is not understood or women's mental health or decision making ability is impaired. Health care needs reported for detained women are conditions resulting from trauma, sexually transmitted infections, including HIV and AIDS, diabetes, hypertension, asthma, hepatitis, depression, anxiety disorders, co-occurring disorders and other mental health problems, prenatal care, reproductive/gynecologic disorders, and other chronic and contagious diseases (Baer et al., 2006; Covington, 2007; Fingeld-Connett, 2010; McDonald & Dickerson, 2013). These problems were often not addressed prior to detention, and detention facilities' resources were seldom sufficient to meet women's health care needs; thus, inmate health problems, especially mental health problems, are often not treated or not well managed during detention. On release to the community, transition preparation and continuity of care are absent or insufficient and available services and resources are fragmented and difficult to access. (Vishser and Mallik-Kane (2007; Wilper et al., 2009). One implication for poor health care management is that women are at increased risk of death. In Patterson's study of the effect of time served in prison on mortality, incarceration was found to shorten life span. It was noted that with each additional year of incarceration there was a two-year drop in life expectancy (2013).

The Universal Declaration of Human Rights was adopted by the United Nations in 1948. In 1955 the United Nations High Commissioner for Human Rights established standards for prisoners to ensure basic human rights, including access to health care, of inmates during incarceration (United for Human Rights, 2014; United Nations, 1957, 1977). Standards for health care of persons in US custody have been devised predominately by the American Public Health Association (APHA), the American Medical Association (AMA), the American Correctional Association (ACA), and the National Commission on Correctional Health Care (NCCHC), with the latter also promoting its accreditation tool for correctional institutions. Barriers to adopting the NCCHC (2002) health care standards and/or providing quality inmate health care include

> …lack of smoke-free housing, inadequate ventilation systems, restrictions on "keep-on-person" medication programs, lack of timely urgent care access, lack of adequate system to ensure medication continuity, lack of follow up assessment and treatment modification by the primary care physician following emergency room visit." (p. 100)

Conditions and diseases with highest inmate prevalence are hypertension, mental illness (especially major depression and anxiety), diabetes, asthma, tuberculosis, hepatitis B and C, HIV/AIDS, gonorrhea, syphilis, and chlamydia. On release from detention, inmates' untreated and undiagnosed chronic and infectious diseases increase the financial burden on the community and increase the risk of spreading infectious diseases. The NCCHC's 2002 report to Congress on the health of soon-to-be-released inmates argued that improving health care and disease prevention services to inmates during incarceration provides better disease control in the community on inmate release.

Women bring their mental and physical health problems and life histories with them when incarcerated. Consequent management of aberrant detainee responses and adjustment to prison regulations and supervision are more effective when detention administrators and staff incorporate gender-sensitive approaches that reinforce the need for services and programs designed to meet women's health and other needs during incarceration (Blanchette & Taylor, 2009; Dinkel & Schmidt, 2014; PEW, 2011). Information and planning well before release will help detainees be more prepared for the challenges and adjustments awaiting them.

Factors in Recidivism

Even with the introduction of gender-sensitive services and programs into more areas of the criminal justice system, recidivism remains a major concern. In the summer of 2013 the Supreme Court ruled that California had to release 10,000 "low-risk" state prison inmates to the community to reduce extreme overcrowding that was deemed cruel and unusual punishment. The expectation was that the move would also allow for better medical care and treatment for the remaining sick and mentally ill prison inmates, enabling them to be better prepared to cope with reentry challenges on their release (Elias & Sherman, 2013). However, early release of inmates that are ill-prepared for the challenges of reentry strains communities' scarce resources and increases the likelihood of re-offense and return to detention. The re-offense and return to detention within 3 years of release for 7 out of 10 offenders demonstrates the high degree of recidivism (La Vigne et al., 2009; Lynch et al., 2012; Weiss et al., 2010).

Many states have added programs or other avenues of support for female

offenders, both in the justice system and in the general community, in an effort to address some of the unique needs of women, aid reentry success, and decrease recidivism (Gobeil, 2008; PEW, 2010). According to the Council of State Governments Justice Center (2011), 177,252 persons were re-incarcerated in 2010 due to parole violations or new convictions. The large proportion of released inmates who return to detention is a public safety and economic concern. Former inmates who managed to remain free and reintegrate into community acknowledge barrier factors to reintegration as well as facilitating factors to reintegration.

Barrier Factors

Access to health care. Lack of or inadequate access to health care increases the potential for recidivism for former inmates. LaVigne et al. (2009) noted a gap in availability and/or continuity of health services after detention release; for example, eight to ten months after release, less than half were still taking the medication prescribed for them on release. Women's health care through Medical is stopped when they are incarcerated and re-institution following release has time and access limitations. Lack of health care access leads to overuse of emergency rooms and hospitalizations and under use of non-emergent, cost effective health care resources. Lack of health insurance, transportation, finances, employment, housing, family support, and planning before release also play a role in post-detention health care management (LaVigne, et al., 2009; PEW, 2010). LaVigne et al. found that when former inmates gained employment, access to health care increased, although those individuals with health problems, particularly mental illness, had more difficulty obtaining and retaining employment (2009).

Substance abuse treatment. Substance abuse treatment is an important step in preventing recidivism. Covington (2007) found that in addition to substance abuse treatment, addressing a woman's history of violence and abuse and mental health is necessary for addiction treatment to be effective. Ineffective treatment resulted in a return to the former risky lifestyle and increased risk for reoffending and return to detention. Providing health care that also addresses addictions and mental health needs during incarceration and continues on release is more effective in reducing the risk of recidivism (Covington, 2008; LaVigne, et al., 2009; Visher et al., 2008; Weiss, et al., 2010).

Other barrier factors. Female offenders expressed that barrier factors posing the most difficulty, especially if they were alone, included the time right after release, adjusting to housing in a halfway house or reconnecting with family, staying away from drugs or people who use drugs, adjusting to lack of prison structure and/or adjusting to a different or less-restrictive structure, finding employment to meet basic needs, addressing previous or accrued debt, dealing with rejection and stigma, maintaining self-efficacy, transportation, and lack of knowledge of supportive services (Gobeil, 2008; LaVigne et al., 2009).

The stigma of incarceration is also a difficult to overcome. Many women find that disclosing their imprisonment limits their job and social opportunities. PEW's 2010 study reported certain work and service options can be curtailed for ex-inmates by law, even if they have obtained education and training; one example is licensure as a registered nurse. All voting privileges are forfeited by inmates as well. Other key barriers mentioned are, "...living in public housing, and receiving various government benefits, including Temporary Assistance for Needy Families (TANF) [CalWORKs in California], food

stamps, educational benefits." These and other challenges—child care responsibilities, lack of job skills and education, and physical and mental health problems— conspire to create greater reentry barriers for women and can make post-release persistence overwhelming (PEW, 2010).

Facilitating Factors

In spite of the many challenging obstacles facing former inmates, there are factors facilitating successful reentry. High on the list of facilitating factors reported by women were a decision to remain crime-free, faith, spiritual motivation and inner strength, examples of positive coping, information and advice from other women who succeeded after release, reconnection and support from family, friends, partners and/or mentors, being able to meet basic needs such as housing, food and medical treatment, employment, financial stability, and children (Blanchette & Taylor, 2009; LaVigne et al., 2009). Recidivism decreased for former detainees from detention facilities that provided education, job training, empowering programs, mentoring, community collaboration and coordination for work opportunities, continuity of care for medication and physical and mental health problems, and other release preparation for inmates (Baer et al., 2006; Miller, 2009; PEW, 2010). Having positive, reinforcing relationships was a common thread and significantly helpful for constructive decision-making (Gobeil, 2008).

Hope. Covington (2003) related the importance for many women of the connection with their children as their "only source of hope and motivation" (p. 9). Other women interviewed cited inner strength, hope, faith, spirituality, church connection and living with purpose as motivation to be successful on release from detention (Covington, 2003; Gobeil, 2008; McDonald & Dickerson, 2013).

Hope is a spiritual concept, an inherent forward motion in life enabling many

people to endure, persevere, and overcome severe obstacles. It gives meaning to life

(Vaughn-Foerster, 2001). Hope has the potential to empower former inmates to move

forward. The positive role and vital life force of hope in human life, in health, in illness,

and in difficult life situations is widely accepted (Morse & Penrod, 1999; Parse, 2010). It

is even found in Judeo Christian scriptures such as Romans 5:3-5 (New International

Version):

> 3 Not only so, but we also glory in our sufferings, because we know that
>
> suffering produces perseverance; 4 perseverance, character; and character, hope; 5
>
> And hope does not put us to shame, because God's love has been poured out into
>
> our hearts through the Holy Spirit who has been given to us.

The concept of hope has been widely studied by researchers in a broad range of

disciplines (Desroche, 1973; Moltmann, 1993; Stuart, 2010). That hope and despair are

interrelated with health and illness has been suggested from various research studies

(Parse, 1999; Snyder, 1995). Kylma and Vehvilainen-Julkunen (1997) stated, "Hope is

considered an important coping strategy in the critical stages of human life" (p. 364).

Hope is seen as a healing force and a powerful coping mechanism enabling

individuals to ward off despair and transcend current difficulties (McGee, 1984) and

fortify psychological and physiological defenses (Hall, 1990; Herth, 1996; Hickey, 1984).

Nurses can have a supportive, positive role in their care of female ex-offenders

regarding hope. Nurses' foster hope in clients quite often, wherever they work, on an

intuitive, compassionate, caring, and supportive basis whether they intend to or not.

Quality of nursing care is enhanced when hope-engendering interactions occur (Herth,

2000; Tollett & Thomas, 1995). Cutcliffe (1997) calls hope the ultimate inner resource for humans. He posited that effective nursing practice and hope inspiration were inextricably linked and "interwoven with the concepts of nursing, caring and help" (Cutcliffe, 1997, p. 888), but without outside help and support, the inner energy it takes to nurture hope would eventually dry up.

There are very few studies that explore hope from the perspective of women successfully reintegrated into society post incarceration. Gaining a better understanding of factors that foster or stymie hope from the perspective of ex-inmate women will help support reintegration efforts. Learning more about women's perceptions of hope and their experience of reintegrating into society will add to the body of nursing knowledge.

CHAPTER 3

METHODOLOGY

Optimism is the faith that leads to achievement.
Nothing can be done without hope and confidence.
--Helen Keller

The purpose of this qualitative study is to better understand the phenomenon of

women's reintegration into society after release from prison. The research participant is a

formerly incarcerated woman who successfully overcame challenging obstacles to

employment, reconnection, and re-integration into society and understands the elements

aiding success in this process. This study seeks to establish a baseline for other

researchers to build upon in understanding the obstacles and facilitators to reintegration

faced by formerly incarcerated women as seen from their experiences and perspectives.

Two research questions guided this study:

1. Why did the participant choose to reintegrate into society?

2. How was the participant able to reintegrate into society successfully?

Philosophical Foundation

The philosophical foundation and sensitizing framework for this study is Jean

Baker Miller's Relational-Cultural Theory (RCT; Miller 1976; Miller 1986; Miller &

Stiver, 1997). This theory applies human growth and social-psychological development

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to the areas of relational connectedness or disconnectedness with others and the broader community. Miller's groundbreaking theory presented a new view of female psychological development that recognized its gender differences from male psychological development (1986). Tenets of the theory that lead to achieving "mutual, empathetic and empowering relationships" are "1) increased zest and vitality, 2) empowerment to act, 3) knowledge of self and others, 4) self-worth, and 5) a desire for more connection" (Covington, 2003, p. 5). Lack of connection or disconnection evidences negative experiences such as abusive relationships and disempowerment.

For women inmates and former inmates, this theory is important to understanding how growth-hindering life experiences may affect behavior in prison and employment and re-entry into society post prison. The relational-cultural model sees connections through positive, empowering relationships as a central human necessity and Covington (2003) argues that "Women develop a sense of self and self-worth when their actions arise out of and lead back into connections with others." Conversely, many of women's psychological problems are traceable to disconnections in family, personal, or societal relationships (Covington, 2003; Miller, 1976). A research approach that applies the RCT model of relational connection and disconnection to the life experiences of women who have experienced incarceration facilitates understanding of why and how women overcome negative life experiences, surmount employment and social acceptance obstacles, benefit from supportive elements, reestablish relational connections, and obtain stability.

Research Design

The overall purpose of this descriptive and explanatory research is to explore precursors to criminality particular to women and the connective constructs enabling cognitive, psychological, and behavioral lifestyle change. Yin's (2009, 2014) single case study design is thus utilized for this study because it is congruent with the sensitizing philosophical framework of Miller's RCT (Miller, 1976) and is the best design to answer the research questions "Why?" and "How?"

According to Yin, "A single case design is analogous to a single experiment, and many of the same conditions that justify a single experiment justify a single case study" (2009, p. 47). Yin lists five rationales to consider in determining appropriateness of conducting a single-case study design: "a) critical test of existing theory, b) an extreme or unusual circumstance, or c) a common case or where the case serves a d) revelatory or e) longitudinal purpose" (2014, p. 57). The chosen unit of analysis, an individual participant with a history of incarceration and an increase in incarcerations and current early release from jail/prison trend, meets one of these five rationales.

This research study represents an extreme or unique circumstance (Yin, 2014). This case study will describe the case of reintegration after release from detention, reporting in-depth on a woman's pathways to criminality and incarceration as well as her lived experience to re-establish connectedness, employment, and social stability post incarceration. This study presents an opportunity to add to the body of knowledge surrounding this individual and societal concerns about incarceration and reintegration.

Data Collection

Principles of data collection include establishing multiple sources of evidence, creating a case study data base that includes supportive information such as a thorough literature review, producing field interview narratives and notes, creating easily retrievable, organized files, and maintaining an ethical chain of evidence for case study data. Following principles of data collection, the researcher collected relevant data from the participant to study the phenomenon of reintegration after release from detention. Data collected for this descriptive, qualitative case study were a demographic questionnaire and four in-depth, qualitative interviews with one participant.

Type of Data

Multiple sources of evidence—including literature reviews, documentation, interviews, direct observation, and field notes—contributed to creating a case study database and chain of evidence to describe and analyze the case and to increase information reliability and quality of the case study. The data was retrieved by administering a Demographic Questionnaire (Appendix A), and a Participant Interview Guide (Appendix B). The nine-item Demographic Questionnaire Data Form was designed by the researcher and includes questions about the participant's age, gender, race/ethnicity, marital status, employment status, and history of homelessness, abuse, substance abuse, and incarceration. The 18 questions of the Participant Interview Guide were also developed by the researcher to facilitate discussion of the participant's lived experience of factors resulting in incarceration and post incarceration, employment, reconnection, and reintegration into society post-incarceration.

Setting and Sample

The case unit of analysis was a woman who was incarcerated and obtained employment, reconnection, and social reintegration, and whose lived experience is the phenomenon of study. The participant was recruited through telephone contact with women who had made known publically that they met the criteria. The potential participant pool included women who were open about their detention experiences and were or may have been employed by agencies that serve women who have been incarcerated or women who were mentors of newly released inmates or speakers sharing their detention and rehabilitation experiences in detention facilities and/or public venues. Recruitment was complete once a contact who met the inclusion criteria agreed to be a participant. Inclusion criteria were that the participant be 18 years of age or older, that she had experienced incarceration, and that she gained and maintained employment and reconnected and reintegrated into society post incarceration.

The participant was given a detailed explanation of the study, after which she was asked to sign agreement to participate in the study, complete the demographic questionnaire, and participate in four personal interviews and a post-study review of the content. Researcher-participant interviews were conducted over a fourteen-week period. Interviews were held in the participant's home and at an agreed-upon public place where privacy could be maintained.

Research Timetable

Data collection and interactions with the researcher consisted of four in-depth interviews that addressed the participant's lived experience pre-incarceration, post-incarceration, and reintegration into community. These interactions between researcher

and participant required a total of six hours and forty-five minutes of participant

involvement, broken down as follows:

1) Data collection session #1 (occurred June 5, 2014, at the participant's

    residence): explanation of the study, obtaining written, informed consent;

    completion of Demographic Questionnaire. Total time: 1 hour and 15 minutes.

2) Data collection session #2 (occurred July 11, 2014, at a local city library): In-

    depth qualitative interview from the Participant Interview Guide regarding

    influential precursors to incarceration and life direction change (Interview

    Questions 1-6). Total time: 2 hours and 10 minutes.

3) Data collection session #3 (occurred July 21, 2014, at the participant's

    residence): In-depth qualitative interview from the Participant Interview

    Guide regarding influences enabling overcoming obstacles to employment and

    social acceptance and facing various challenges post incarceration (Interview

    Questions 7-12). Total time: 2 hours.

4) Data collection session #4 (occurred September 1, 2014, at the participant's

    residence): In-depth qualitative interview from the Participant Interview

    Guide regarding influences of hope, faith, or spirituality in overcoming

    obstacles to employment, social acceptance, maintenance of changes, and

    future plans (Interview Questions 13-18). Total time: 1 hour and 20 minutes.

Ethical Considerations

Informed Consent

The participant was given adequate opportunity to ask questions and discuss the

study prior to enrolling. The participant was provided a copy of the consent text to keep

for her records. All consent text was written in language that can be understood by the general lay population aged 18 and older.

Confidentiality

All data were coded using numbers or a pseudonym. All data collection tools were free of any names or identifiers. Recordings of participant interviews were transcribed by a professional transcriptionist who did not keep or store the files; all recordings were returned to the researcher. All data will be stored in a locked file cabinet and password-protected computer file. Only the researcher and her advisor have access to the data. All data will be kept a minimum of five years before being destroyed (Strauss, 1973; Straus, 1996; Yin, 2014).

Risks

The participant was informed that the risks of participation in the study were minimal, meaning the study involved no greater risk than any encountered in everyday life. There was the possibility that the questions included in the questionnaire or asked during the interviews could result in negative or uncomfortable emotions or even mild/transient sadness or anxiety that could result in negative or uncomfortable emotions. To minimize this risk, the consent form included the telephone number of the San Diego County Mental Health Hotline so the participant could ask for help should she experience these emotions. There was also the possibility that the survey or interview questions could result in stimulating the participant's interest in restorative or rehabilitative support services; thus, the consent form also included the telephone numbers of the San Diego County Office of Violence Prevention and the County of San Diego Alcohol and Drug Services should the participant need or want additional resources. An additional risk was fatigue. The participant was told that at any time she could stop the interviews and rest or

she could choose to reschedule the session or quit participating entirely if she wished to do so.

Benefits

The participant was informed there were no monetary or other direct benefits involved for participation in the study. There was a potential benefit of an enhancement in the general knowledge of study in this area. The potential benefits in this study outweighed the potential risks.

Validity

According to Yin (2014), certain skills and values are necessary to perform quality case study research. At minimum, they are:

Ask good questions-and interpret the answers fairly. *Be a good 'listener'* not trapped by existing ideologies or preconceptions. *Stay Adaptive,* so that newly encountered situations can be seen as opportunities, not threats. *Have a firm grasp of the issues being studied,* even when in an exploratory mode. *Avoid biases* by being sensitive to contrary evidence, also knowing how to *conduct research ethically".* (p. 73)

Data Analysis

Data analysis techniques used to analyze the case study evidence and increase validity included pattern matching and explanation building following Yin's (2014) case study format. Pattern matching and explanation building are data analytic techniques that address internal validity in case study research.

Pattern matching. Pattern matching is a technique that compares collected case study data with projected pre-collection results to determine whether there is congruence or comparability of the results pre- and post-data collection. When the outcomes or

results are comparable, internal validity of the case study is strengthened. Alternate or competing explanations need to be described, addressed, and contested as well. Because of the nature of this case study, precise comparisons may not be possible; however, obvious congruities or incongruities may be suggested (Yin, 2014).

Explanation building. Explanation building is a type of pattern matching that uses the case study data to build an explanation of the causal event links of the case study. This is to address the questions of why and how of the phenomenon under study as outlined before the data collection was instituted (Yin, 2014).

Systematic procedures were followed to maintain study rigor. According to Yin (2014), rigor is maintained by following an orderly plan from well thought-out research questions through a comprehensive literature review, adhering to ethical research procedures, protecting validity, exploring and examining alternate explanations, and preserving the chain of evidence. Attention was given to matching the case study's operational measures to the concepts being studied by using multiple sources of evidence (citing previous research with the same matches), establishing a chain of evidence, and having the participant review the draft manuscript (construct validity). External validity assesses the use of theory for generalizing the study findings. To establish reliability, the design of the case study is such that the research steps can be easily followed by a future researcher (Yin, 2014).

Summary

This study employed Miller's Relational-Cultural philosophical framework and Yin's single case study research methodology to accomplish the research purpose of better understanding the phenomenon of reintegration after release from prison. Two

research questions (Why did the participant choose to reintegrate into society? and How was the participant able to reintegrate into society successfully?) laid the groundwork for the case study. The development of a general strategy for analyzing data from beginning to end of the study helped reduce the chance of analytic problems as the research progressed. Further, a strategic plan to establish and maintain a descriptive framework followed by the utilization of systematic procedures, analytic techniques, a chain of evidence, and ethical conditions all contributed to preserving rigor and protecting validity.

CHAPTER 4

FINDINGS OF THE INQUIRY

Then they cried out in their trouble, and he saved them from their distress.
He brought them out of the darkness, the utter darkness,
and broke away their chains.
--Psalms 107:13-14

The purpose of this descriptive research was to describe the lived experience of

women reintegrating into society after release from prison. The specific aim of this single

case study research (CSR) was to explore how and why the participant gained

reconnection, employment, and reintegration into society post incarceration. The study

addressed the following research questions:

1. Why did the participant choose to reintegrate into society?

2. How was the participant able to reintegrate into society successfully?

Demographic Profile of the Participant

The participant for this CSR design was Tennyson (pseudonym), a 52-year old

former convict and recently widowed self-supporting woman of Irish and Cherokee

heritage who was completing an undergraduate degree. The participant was a certified

California Association of Alcohol and Drug Abuse Counselor (CAADAC II) and a

substance abuse counselor for a health insurance company. At the time of this study, the

participant lived with and was the source of financial support for her adult daughter, two young grandchildren, and a dog.

The participant completed the nine-item demographic questionnaire giving information about her age, gender, race/ethnicity, marital status, employment status, and history of homelessness, abuse, substance abuse, and incarceration. The participant also completed the 19-item Participant Interview Guide asking her to discuss her experience of factors resulting in incarceration and becoming employed, reconnecting, and reintegrating into society post incarceration. Interview transcript analysis, enhanced by field notes and observations, revealed environmental and human elements of the interviews. Literature reviews were analyzed to corroborate findings.

In-Depth Informant Interviews

Four in-depth interviews addressed the participant's lived experience pre-incarceration, post-incarceration, and reintegration into community. Interview # 1 occurred on June 5, 2014 at the participant's residence and lasted 1 hour and 15 minutes. Interview # 2 occurred on July 11, 2014 at a local city library and lasted 2 hours and 10 minutes. Interview # 3 occurred on July 21, 2014 at the participant's residence and lasted 2 hours. Interview # 4 occurred on September 1, 2014 at the participant's residence and lasted 1 hour 20 minutes. Major themes that emerged from the interviews were *childhood and adult factors influencing the journey to jail, factors initiating a turning point, factors affecting reentry into community*, and *factors supporting and maintaining successful reintegration.*

Factors Influencing the Journey to Jail

Childhood Factors

Research indicates risky behaviors experienced in childhood along with emotional neglect and household dysfunction such as mother treated violently, household substance abuse, mental illness, parental separation or divorce, are associated with later-life problems that include incarceration (CDC, 1998). Several researchers have found that, for girls and women, the typical course into the criminal justice system is, among other concerns, "…an abusive (or otherwise aversive) home environment" (Blanchette & Taylor, 2009, p. 13; Covington, 2007; Fingeld-Connett, 2010).

Many of Tennyson's life experiences mirror those identified as precursors to incarceration reported in the literature. Precursors such as childhood maltreatment, family dysfunction, lack of support, substance use and abuse, mental and physical health problems, and criminal activity were a part of her experience (Covington, 2003; Weiss, et al., 2010). Two exceptions to this precursor pattern were race and childhood poverty.

Tennyson, described her childhood as "not terrible… but it was messy and chaotic and dysfunctional." Prior to her mother's second marriage she lived in a "beautiful home" in an affluent community with her mother, grandmother, and one sibling. Her mother and grandmother worked while she and her sibling were cared for by Spanish-speaking nannies. But when Tennyson's mother remarried, "everything changed." The family moved to less affluent neighborhoods, and family life was characterized by "lots of fighting, some domestic violence, [and] lots of drinking." Tennyson described her stepfather as a large, imposing figure who was "…a mean drunk," verbally abusive to her and her sibling, and both verbally and physically abusive to their mother. After a violent separation and divorce, the family relocated to a home across the street from a local high

school. Her mother was busy working and because childcare was no longer available, Tennyson experienced a "permissive home" environment: "lots of time we were on our own, you know, kids are gonna get up to stuff, and we did." She described meeting "all the bad kids" at school and engaging in behaviors such as cutting classes, sneaking out, and stealing money, robbing, or doing "anything to get high." In spite of these negative behaviors, she liked school, and finished well academically in high school, where she was considered "bright" but hyperactive by her teachers.

Tennyson started smoking at age 12, started "using" (alcohol, cocaine and marijuana) at age 14. She referred to using alcohol and drugs "being in my disease" and revealed a multi-generation history of alcoholism on both sides of her family:

> My grandfather was an alcoholic, his father was an alcoholic, my mother was an alcoholic; on my dad's side, his father was an alcoholic...Everyone drank around me. ... I remember having my first drink at age eight...I'm pretty sure that's when my disease onset.

Adult Factors

Tennyson was 20 when her daughter, Katie (pseudonym), was born, and the family pattern of child neglect and dysfunction continued. Tennyson admitted smoking, using drugs, and drinking during her entire pregnancy and after Katie's birth, which contributed to a continued "chaotic" lifestyle:

> ...[I] would not even call it a family life; it was just chaos and dragging Katie with me. I absolutely had no clue how to raise a kid...Much of that time is kind of a blank to me, I don't remember a lot of it. I just remember that I was using the whole time I had a little kid, it was homeless, right on the streets—it was chaotic.

When Katie was two years old her father, Tennyson's then-partner, blew up a meth lab and then left the state to avoid arrest; he rarely contacted them afterward. While Tennyson wanted to keep Katie with her when she wasn't "out using" or in custody, most often Katie was left in the care of her maternal grandmother or aunt. For "twelve or thirteen years" Katie lived with her maternal grandmother or aunt and had only periodic contact with Tennyson. Even though Tennyson expressed anger with her mother "for keeping [Katie] from me," she knew Katie was safer living with her mother than living with her "on the edge of a disaster."

Substance abuse. Childhood experiences of neglect and household dysfunction influenced Tennyson's alcohol and drug use and "all the decisions that I made, and not in a good way." She reported becoming addicted the first time she tried methamphetamines (meth), which became her drug of choice for the next 15 to 20 years:

> I didn't sleep for about five days [after first trying meth]…I know to be able to identify meth's psychosis now…the brain gets a little crazy…[but I] was driven to remain under the influence of that drug. Get it, have it, sell it…so you're involved with…people that are also engaged, driven to do those same things. There's some pretty dangerous characters out there…

She recalled aspects of the meth culture revolving primarily around "…getting, selling, having, manufacturing drugs," staying under the influence ("it's usually just really about…staying loaded"), supporting her habit as a meth dealer ("I was either dead-ass broke, owing the connection a bunch of money, or I had $15, $16,000 in my pocket"), and avoiding law enforcement, "because I would bring heat. Traffic [people in and out]. Law enforcement right behind." But leaving the meth culture was not an option: "[I]

would not have considered stopping doing what I was doing because I hadn't hit the bottom."

Tennyson was arrested and detained several times for possession of, manufacturing, and/or selling methamphetamines. She shared that upon her release from confinement, Tennyson's mother always let her come home and that her mother was her "chief enabler" because she allowed Tennyson to continue drinking:

> I had managed to not use meth for seven months. But I was drinking like a fish, I was at my mom's house, but that was okay with her. Alcohol is not a problem. As long as you're not using that evil meth stuff.

Health. The culture and environment around a lifestyle of substance abuse can and does have negative health consequences. Tennyson described herself as "sickly" but reported she often ignored her health problems "because I was loaded". She experienced four separate bouts of viral meningitis, diagnosed by spinal tap lab results, and attributed the infection to contaminated drugs. Her last hospitalization for viral meningitis was following her last release, when she was sober. Because she had no health insurance and no money, the hospitalization was short: "they kick[ed] me out as soon as they possibly [could]."

Other health problems Tennyson experienced were gall bladder attacks, urinary tract infections, dental problems, a hip injury resulting from a car accident as a teenager while she was using drugs, and mental health problems such as depression, anxiety, and paranoia—and although undiagnosed, Tennyson also shared she believed she had an attention deficit disorder. Tennyson held a job in the prison dental clinic during her last imprisonment and while there "I got my teeth fixed". She underwent four surgeries to

repair her hip, the last being a hip replacement while she was employed by a community college after her final release from prison.

Cycle of incarceration. Tennyson had a twenty-five year pattern of active drug use, arrests, and incarceration: "I did twelve years total, off and on, on the installment plan, in prison—to prisons and jails. And that doesn't really count all the times in county jail." Tennyson's lifestyle of substance abuse, criminal activity, and incarcerations estranged her from the family members most important to her, especially her daughter. This was a circumstance she wanted to change.

Factors Initiating a Turning Point

According to Miller's Relational-Cultural Theory (RCT), it is difficult for women to build relationships and connections when circumstances and experiences such as family dysfunction and childhood and adult mistreatment result in disconnection (Miller & Stiver, 1997). Covington (2003) considers disconnection detrimental to an individual's psychological and emotional wellbeing and a significant factor contributing to failed community reintegration. Tennyson began to gain some awareness of the harm of her lifestyle when she realized the impact her drug use might have on her daughter: "Katie walks into a hotel room and there's [sic] syringes all over the bed... I got more clarity than I ever had because I examined stuff this time." But the path toward sober living and relationship reconnection began when she finally made the association between substance use and arrests.

Hope

Along with recognizing the relationship of substance use to arrests, Tennyson spoke of feeling hopeless. She described her feelings of shame and the things "I had

thrown away or had just disintegrated over the years. I describe it as a nuclear bomb blast. Nothin's living." She said she had "been ashamed for so very long" and that to cope with the shame she would "get loaded. Really quick. Not gonna feel that feeling." However, there were hopeful times as well, "pain and hopeful."

Hope gives meaning to life (Vaughn-Foerster, 2001). It is a spiritual concept, an intrinsic forward motion allowing people to endure, persevere, and overcome severe obstacles. For former inmates, hope has the potential to enable them to move forward. Researchers who interviewed women ex-convicts cited inner strength, hope, faith, spirituality, church connection, and living with purpose as motivation to be successful on release from detention (Covington, 2003; Gobeil, 2008; McDonald & Dickerson, 2013). Covington (2003) related the importance for many women of the connection with their children as their "only source of hope and motivation" (p. 9). Tennyson was hopeful that "one day Katie and I would be reunited and that she would begin to trust me and that my family would begin to trust me."

The desire to reconnect with her daughter became a strong incentive and part of the confluence of events spurring Tennyson's decision to "get sober." Precursor events such as being arrested, cuffed and "watching [Katie] driving away in a cop car. Again" (by Child Welfare Services), not wanting to be informed, while in jail, that another member of her family had died, realizing she was at risk of being imprisoned for most of the rest of her life as a result of the new Three Strikes Law (California 1994, mandating at least 25 years to life), becoming tired of "the life," and feeling sick and that "the drugs are killing me" were factors influencing her resolve, when released, to make a change to stop using drugs and to get off parole.

Faith

Recognition of the cause-and-effect nature of her addictive lifestyle crystallized for Tennyson during her last prison confinement when, at an "in-prison drug program" video presentation, she realized she was a drug addict. She relates it was "one of those light bulb moments" because she did not fit the typical description or behavior of a drug addict, and thus "in my head I wasn't like those people that were a mess out there." Until that moment she had believed "law enforcement was the problem. If they would just leave me be, everything would be just fine."

Although she had tried to stay sober after past releases, she returned to "using" and eventually to re-confinement. Tennyson's determination to stay sober on this last release from confinement took her on a very different path. While in prison she said she constantly slept because when she was awake she was unable to stop thinking about the "fallout from all my latest bullshit"—thoughts and mental pictures of a) the critical condition of a newborn whose mother she sold drugs to during the pregnancy, b) struggles her daughter, Katie, was going through, c) her mother having to get Tennyson's car out of the impound yard, d) SWAT raiding her mother's house once again, and e) herself being indicted by the Grand Jury. And Tennyson also had been feeling unwell:

> My arms feel heavy. I can't move my head. Just lay there with tears pouring down the side of my face 'cause my head weighs a hundred pounds. And I'm like, "I can't do this anymore. God I'm sick." I was just crying out. I didn't know God then, didn't know who He was. But I was just gasping with pain. And I realize now I was in a depression. I didn't know what that felt like. Now I do.

An adjacent cellmate was coming off heroin ("she's kickin' heroin and she's, god she's sick. She's so ill, she's, you know, poopin and vomiting") but Tennyson also noted this woman was reading a Bible. When Tennyson questioned what she was doing, the woman showed her Psalms 107: 13-14 and she recalled the words about "breaking away the chains" got her attention so she "grabbed a Bible and I took it in my room." Shortly after, Tennyson described a clear "conversion experience":

> ...[It was] a hallelujah moment when everything became clear in my drug-addled brain...[it was] like bubbles... like the best high, only without [drugs]...it's clarity, it's like peace, it's like joy, all those things...you come to an understanding that your way doesn't work and that God can and will remove the obsession of drinking and using.

Supportive and reinforcing events and people unexpectedly came into her life as she completed her sentence to strengthen her resolve to "choose differently" and stay sober. Choosing a sober lifestyle brought challenges; she described an incident when she was asked to "pin," or be a lookout for a cellmate attempting to smuggle drugs into prison. This was an activity Tennyson had participated in previously in her many jail and prison stays, and she worried she would have no choice but to still participate:

> ...there's still a code...there's a way that you act in prison. You have to. And it's very racially segregated. The white girls hang around the white girls, the black girls hang around the black girls. And there's little gangs... all my other prison terms, was part of that. If you stray from that, you get beat up...you can't say no. That's the way it works...in that culture.

Tennyson was faced with a serious dilemma that had her feeling anxious and ill: "my gut's clenching and my heart's pounding...just sick feeling in my stomach." She remembers praying, "If you're real [God], I really need your help right now...show me what I'm supposed to do." The morning the event was to take place, Tennyson received mail in her cell during the 4:00 am mail drop—another in a series of "love notes" from the leader of a Christian women's service group who encouraged her in her faith. In part the note said, "The Lord loves you, the Lord delights in you. The Lord keep you safe." Later that day, word spread that "the drugs got busted coming in" and her cellmate was taken to a jail inside the prison. Tennyson felt this was a "little miracle" and from then on she began to "trust Him...to be in charge of every small detail."

By this time Tennyson had been clean for over a year and she noticed her mental "clarity was coming back." During the rest of this 18-month confinement she was given leadership jobs in the prison that, in the past, would have been opportunities for her to "make money on the sly." She chose not to "do any of that" but to instead engage in behaviors that encouraged her in her new lifestyle: Bible reading, attending church meetings held in the prison, asking questions, becoming "involved with different people" and sharing her "spiritual awakening" with other addicts. A short time later she was able, through some manipulation, to get into the California Rehabilitation Center (CRC) drug treatment program, available to offenders who recognized their drug addiction. The program offered a shorter prison sentence and a better jail-to-community transition opportunity, but a longer parole period. Tennyson was assigned a public defender to represent her in court, he told her, "I believe in you and I'm gonna fight for you." When he said this Tennyson thought, "I must've already been changing, 'cause I'd never heard

those words before…from a public defender." This was another of the "little miracles" she associated with prayer and God working in her life.

During this time Tennyson connected with and was encouraged by the leader of a Christian peer recovery support service for women. This support service connection was significant as she transitioned from prison to the CRC drug treatment program into the broader community and later, into employment and service. Tennyson credited the women in this organization for encouraging and motivating her continued spiritual growth and for providing moral support for the reconnection and reintegration challenges facing her.

Factors Affecting Reentry Into the Community

The process of coping with reentry challenges can be daunting for any ex-offender, but especially for women. Working to stay sober and adapting to a different environment while trying to reconnect with children and family members and meet basic living needs with minimal finances can be overwhelming. Former inmates who managed to remain free and reenter the community have acknowledged barrier factors to reintegration; Tennyson preferred to term these barriers "difficulties."

Social Acceptance

Research indicates the most difficult barriers reported by women after release from detention, particularly when attempting reintegration alone, are a) adjusting to housing in sober living facilities or reconnecting/adjusting to family, b) staying away from drugs or people who use drugs, c) adjusting to different or less structure than that in prison, d) finding a job, e) meeting basic needs, d) dealing with rejection and stigma, e) maintaining self-efficacy, f) obtaining health care, g) handling transportation, and h)

accessing supportive services (Gobeil, 2008; LaVigne et al., 2009). Additional barriers to reentry for women are increased childcare responsibilities, lack of job skills and education, and physical and mental health problems.

The barriers or "difficulties" Tennyson faced mirrored most of those identified in the literature: staying sober, adjusting to sober living housing requirements, reconnecting and adjusting to family, getting a job, acquiring transportation ("me, ridin' [sic] the bus?"), physical and mental health problems, lack of trust, lack of health insurance, and dealing with stigma of incarceration, including low self-worth, guilt, shame, and rejection.

Tennyson struggled with low self-worth and described the way she often felt about herself and her life led to thoughts such as, "You're a piece of shit, you're dumb,…you're worthless." To counter these demotivating thoughts, which she termed "negative self-talk" or "the Committee," Tennyson used positive self-talk ("No, I'm not. I am worthy, I am smart, I am capable"), a strategy she learned from Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) programs.

She acknowledged there would always be people who would not find her socially acceptable and would "judge" her, but found when she shared her story with individuals or groups of people, they were surprised that "someone with my background could overcome these barriers." She felt and heard their acceptance of her.

Employment

Tennyson did not consider employment as difficult a barrier for her as it might have been. She had had work experience other than her drug business prior to and between incarceration experiences. She had worked from time to time in her mother's

restaurant supply business, had been employed as a petition signature gatherer in the community, and had worked in various prison jobs. She was able to obtain employment at a gas station after her last release because "they didn't ask the felony question on the application, so I was able to get that job." Later, she worked for a Christian women's peer recovery service organization where being an ex-offender was a required condition for employment. Then, while attending a community college, she obtained a job on campus where her background was well known: "they all knew I was in recovery, they knew I was an ex-offender, they knew all about me, and I think that's the reason why they hired me." As her education advanced she obtained certification to work with and educate substance users/abusers and became employed in this arena.

Even though employment did not turn out to be difficult for her, Tennyson knew her case was an exception rather than the rule and counseled other ex-offenders as such:

> ...felonies are gonna be a barrier to employment. All the women we knew had between one and fifty felony convictions. So of course those were gonna be barriers... there are employers that will never hire an ex-offender, period. So [I would tell others] where maybe you used to apply for one or two jobs, you might have to apply for fifty now. But you're gonna get hired.

Rather than stress about employment barriers, Tennyson recommended ex-offenders "consider education first [because] you're gonna put some time between yourself and your conviction and you're gonna put some experience between yourself and your conviction[s]. You know, multiple felony whatever."

Regaining Self Confidence

Tennyson's interest in reading the Bible grew and changes began to happen in her life; significant barriers were removed or modified to her benefit that she interpreted as answers to prayer. She was accepted into CRC and then a sober living facility after release, received financial aid to attend community college, began to reconnect with her daughter and mother, and got married. Although she continued to face "difficulties" because of her criminal history "because you are not looked at as the same as other people," she worked to regain loved ones' trust, cope with less than minimal income, manage illness, be supportive of a husband who was also an addict and had relapsed and gone to jail, and resolve abusive workplace conflicts. Tennyson credited these differences compared with previous releases to the fact that, "I had time to breathe, I had time to grow, I had a safe place to stay, and not having to barter… my life, my liberty, by selling drugs in order to have this, a place to stay."

Lack of self-esteem and confidence influence reentry success for women; but Tennyson's enjoyment of and success in school contributed to her growing self-confidence. Her mind was clearer, and she remembered thinking, "…my brain's working again…Wow, I am smart…so it was sort of a self-fulfilling kick ass." Tennyson shared, "my education overcame my self-esteem and confidence issues…which was really the barrier." Tennyson's sense of worthiness increased and she was encouraged when her effort and abilities were confirmed by her community college employer: "Wow. They really like me! I really am good!…'cause you know, my confidence level was up, I knew I was doing a good job." When she found herself in a difficult employment situation, facing "power trip" abuse from an authority figure, she realized she could choose her

response to conflict: "It's not about them. It's about my behavior." This was a perspective change for her. In the past she dealt with difficult circumstances and feelings by using drugs:

> ...if something was difficult, I just didn't do it. I ran the other way, got loaded...I would wake up sometime in the morning, obviously still under the influence from the day before...and think about Katie, [and] my heart would clench, and I would reach for the drug. Because I didn't want to feel that.

But Tennyson recognized that her thinking, attitude, behaviors and responses were changing; she no longer used her old approach to dealing with difficulties:

> So I began to embrace difficulties...I think I can frickin' [sic] do this, too. And I was just determined, you know?... I chose to do a good job. I chose to be above reproach. I chose to strive for excellence...I chose to go to school. I chose to do everything different. And that's how the barriers get broken down.

This was an exciting time for Tennyson: "I'm doing what I'm doing, and I'm loving what I'm doing, I'm loving my school, I'm loving my job, I'm loving being in service in, you know, every aspect of my life."

Family Relationships

Reconnecting with family, particularly her daughter, was a significant motivating factor influencing Tennyson's determination to remain clean after her last prison release. She was following the CRC drug program, getting into a sober living drug rehabilitation program, maintaining her spiritual practices, and staying sober.

Family was more of a challenge. Tennyson had tried to stay clean and sober on prison release several times before, but it never lasted. She would always go to her

mother's house when released and the pattern of drinking, arguing, leaving angry, getting "loaded," and returning to the drug culture would resume:

> I can remember many times with my mom, she'd let me come back home even though the last time it was bloody awful and I used all her shampoo and I took money out of her purse and dot, dot, dot, dot, dot. She always let me come back home and I can remember quite a few times, working through an argument with her and waiting for the opportunity to say "Eff you" and walk out the door with my "Yeah, she's just gonna do that anyway." And I look back now and realize that I was making the excuse to get in a fight with her so that I could give her the big "Eff you" and go do what I wanted to do anyway.

This dysfunctional pattern continued for several years and over time, her mother's health began to fail. Tennyson spoke of times she would care for her mother:

> ...she was very ill from drinking and smoking and did not have the wind to do her own shopping and taking care, so I would come home and take care of her, she would take care of me, and [we would] support each other in our active addiction. Until I went off somewhere.

Contemplating her last release, Tennyson knew the pattern of returning to her mother's house would put her at risk of picking up the same substance use pattern as before, and she decided the pattern had to change. While still in prison, and as part of the CRC requirement, she applied to go directly into a sober living facility on release. Unfortunately, no sober living beds were immediately available to her, so she had to go to her mother's house first. But this time Tennyson was diligent to stay sober; she kept the "within 24 hours" parole appointment, met with the sober living drug treatment

facility representative, and was accepted into their program a week after her release from prison. Tennyson's mother spent a day with her at the facility and noticed a change in her daughter. She called the next day and "she was just over the moon excited" that Tennyson was making different choices this time around. Tennyson attributed her new life changes to the "Holy Spirit...with new creation sort of bubbling out of me."

The relationship between Tennyson and her mother improved as she continued her sober lifestyle, went to school, worked, and lived her faith. Her family began to trust her more. At times her mother would remind her of terrible things she did in the past and while Tennyson knew "My mom's going to try to push my buttons. I accept that. She's probably got that comin,'" she still brought this to her mother's attention:

> [I said] Mom, do you realize how often you bring up the past? How often you start a conversation with "Do you remember when you did this?"...I just wanted you to be aware of it. 'Cause that's not who I am anymore. I'm sorry for the things that I did. Awful stuff. All I can do is try to...be good today.

Tennyson's relationship with Katie was improving as well. Katie, now a teenager, had returned to live with her grandmother and recognized the change in her mother. At a "blessing circle" she attended with Tennyson she said, "I *know* that my mother's never going back to jail again"—a powerful, uplifting statement for Tennyson to hear and to know Katie was beginning to trust her. Tennyson and Katie had "rough patches" as they worked through their relationship difficulties, but whether Katie lived with Tennyson or her grandmother, Tennyson "stayed involved": "I was driving her to school every day by that time and I wasn't abandoning her...it was better that than the huge blow-up fights we were having." One factor associated with the "blow-up fights" was friction between Katie

and her new stepfather. Tennyson recognized this as "some obvious dysfunction [because] I didn't know how to be a parent."

Tennyson met her husband at the sober living facility. She described their relationship as a key component to her reintegration:

> So one of the pieces of reintegration…one of the key pieces for every single woman, including myself, is relationships. Developing, having, being in healthy, boundary-set relationships.

She and her husband worked to overcome challenges to reentry together, supporting and encouraging one another. They found when "you're putting God first, your recovery first…all the rest just seemed kind of to fall into place." She shared, "we met at the perfect time. We were both early in recovery and both of us heading in that healthy direction. And we loved each other well for 15 years."

Making amends with her sister was a different story. By the time Tennyson had determined to finally get clean, her sister had been caring for Katie for several years and was not open to reconciling for the pain her sister had caused the family. She told Tennyson, "I will never forgive you." Tennyson accepted the rejection and let her sister know how much she appreciated everything she had done for Katie. Sources that helped Tennyson accept her sister's rejection, while hoping one day she would change her mind, were internalizing and applying both AA's philosophy of "making amends" and their version of the Serenity Prayer (see Appendix D), in this instance referring to the phrase "God grant us the serenity to accept the things we cannot change."

Early on, Tennyson began to act on the principles of the Serenity Prayer and the

spiritual lessons she was learning. In doing so, she found her anxiety decreased and her self-esteem, confidence, faith, and trust increased. She shared, "I absolutely would not have, could not have continued with that process of change but for that spiritual light bulb moment that I had."

Factors in Supporting and Maintaining Successful Reintegration

The Future

The changes that influenced Tennyson's life and vision of the future had roots in her "spiritual awakening" while in prison. She credited the personal work required in following each step of the twelve-step program that is "guided and geared towards that twelfth step, a life of service." She began to apply this principle even before she was released, believing the aim of the twelfth step is to "carry the message to the addict[s] who still suffer." This meant:

> ...[staying] connected with other women in recovery. Serving other women who are beginning the process. I mean, as you are able to give someone a ride to the dental program and then see their smile when they get their teeth. That's just a little microcosm of how important that service element is.

Tennyson shared her belief that it is her life's work to continue to work with women through the process of recovery and reintegration and to help them focus on their potential, knowing that most, if not all, experience feelings of worthlessness, hopelessness, and loss of belief in their capabilities because of the "crummy things you do when you're loaded":

> So that's why this process is so neat because it's a strength-based approach...it's how she [Christian women's group leader] helps the people. If she sees the

potential, she describes the potential, she talks about potential, and she encourages

baby steps towards your potential. And as you begin to take the first baby step

[you realize], "Well, that worked." Second baby step, "Well, that worked." You

begin to believe that you're capable and hopeful and have, you know, potential to

achieve.

She acknowledged that overcoming barriers and achieving goals is "an incremental

process...a program of rigorous honesty... a daily process." She noted the importance of

utilizing the "tools" of recovery to aid in life change and successful reintegration:

God is always there but you can drift away from both your recovery and your

faith...You're given a toolbox... This is what you do when you get into that, this

or that situation. You read your Bible. So there are things that, you know, It

doesn't just happen to you. There's [sic] action steps and there's a maintenance

phase of this process...doesn't mean you stop working a program. Working a

program is...Fellowshipping, reading, praying, contacting. Not isolating. All of

those things are the action steps that you have to do to maintain what you're

doing. Service to your to other human beings... recovery is action, faith is action.

Applying these "tools" helped Tennyson stay on track with her recovery an overcome her

own feelings of inadequacy, especially during serious challenges. Crucial support came

from the leader of the Christian women's peer recovery support service program, who

believed in Tennyson until she could begin to believe in herself. This is a model

Tennyson has adopted throughout her employment with and support of the service

organization. Through it she worked to meet the needs of women in the program.

Tennyson shared that she plans to stay connected to other women "who are beginning the process" of recovery and complete her bachelor's degree in psychology, then obtain a master's degree in either social work or drug and alcohol counseling and become a licensed clinical social worker. She considers herself a lifelong learner and plans to continue learning all she can about addiction so that she can better help others:

> In order to keep what you have, you have to give it away. Those are my strategies and, you know. I'm gonna continue with my education, I'll probably be in school for the rest of my life... [but] all of my education, all my work [will help me give back to others] what God gave to me.

Summary

This chapter presented a description of the participant's background, the circumstances of her early life that contributed to her subsequent licit and illicit drug use, criminal behavior, and incarcerations, and the turning points that influenced her change of direction in life and resulted in successful reconnection, employment, and social reintegration, utilizing representative anecdotes and analysis to illustrate patterns, insights, concepts, and themes.

The data revealed why an ex-offender chose to initiate a life change and how societal reconnection and reintegration into the community occurred. A description of predisposing factors, life altering decision points, employment, relationship and social reconnection challenges was related. Four major themes, nine minor themes, and three subthemes emerged. The four major themes were *factors influencing the journey to jail, factors initiating a turning point, factors affecting reentry into community*, and *factors in supporting and maintaining successful reintegration*. The nine minor themes were a)

childhood factors, b) *adult factors*, c) *hope*, d) *faith*, e) *social acceptance*, f) *employment*, g) *regaining self-confidence*, h) *family relationships*, *and* i) *the future*. The three sub themes were *substance abuse, health, and cycle of incarceration.*

The major themes that emerged from the data illustrate what this experience was like for the participant. However, none of the themes is complete alone. The strongest theme was *factors initiating a turning point*. A discussion of the findings, establishing the trustworthiness of the data, limitations of the study, and recommendations for future practice and research are presented in the next chapter.

CHAPTER 5

DISCUSSION

God grant us the serenity to accept the things we cannot change,
courage to change the things we can,
and wisdom to know the difference.
--Alcoholics Anonymous

This chapter discusses the findings of the study in relation to other information

available in the literature. The questions "Why did the participant choose to reintegrate

into society?" and "How was the participant able to reintegrate into society

successfully?" are important in order to understand the life experiences of a marginalized

member of society.

Rates of recidivism for incarcerated individuals indicate that almost half of those

released will return to prison within three years (PEW/ASCA, 2011). Women released

from prison without community support are ten times more likely to be returned to

detention within the first six weeks of release (Matheson, Doherty & Grant, 2011).

Reentry has been more successful for women when community resources, employment

and safety concerns were addressed. This study was undertaken to understand the

experience of women who have surmounted the challenges and successfully reintegrated

into society post incarceration. Case study methodology developed by Yin (2009, 2014)

was utilized in this in-depth, single case design and represents a unique case. The overall

purpose of this descriptive and explanatory research was to explore precursors to criminality particular to women and the connective constructs enabling cognitive, psychological and behavioral lifestyle change. Yin's method is congruent with the sensitizing philosophical framework of Miller's Relational-Cultural Theory.

Miller's Five Tenets

Miller's Relational-Cultural Theory (RCT) research found that the psychological development of women was influenced positively with supportive relational connections and negatively with detrimental relational disconnections. Miller posits that strong, healthy people are developed through positive connections with, not distance from, other people (Miller & Stiver, 1997). Connection is especially important for women, as they are more often responsible for fostering development and building relationships with others. Lack of connection or disconnection evidences negative experiences such as abusive relationships and disempowerment. Relationship and connection building is difficult for women to establish when they are confronted with power inequities and experiences that result in disconnection, such as family dysfunction and childhood and adult mistreatment, experiences common among incarcerated women. These experiences, among others, increase challenges to relationship building and reconnection for former felons on reentry into society.

Tenets of RCT theory to achieving "mutual, empathetic and empowering relationships" are "1) increased zest and vitality, 2) empowerment to act, 3) knowledge of self and others, 4) self-worth, and 5) a desire for more connection" (Covington, 2003, p. 5; Miller, 1986). In this study, *increased zest and vitality* correlates with the participant's dramatic, life-changing spiritual experience and resulting dynamic motivation seen in

factors initiating a turning point theme; *empowerment to act* relates well to factors affecting reentry into the community theme as seen in the participant attending college, obtaining a job, having others confirm good work and reconnecting with significant family members; *knowledge of self and others* correlates with the theme of factors influencing the journey to jail as clarity of lifestyle consequences to self and others began to surface and also to the theme of factors initiating a turning point as self-awareness, understanding of self and others, and accountability increased; *self-worth* was strongly associated with the factors affecting reentry into the community theme as confidence and self-esteem were bolstered by excelling in college and work; and *a desire for more connection* was aligned most positively with the theme factors supporting and maintaining successful reintegration as relational reconnection barriers were gradually overcome, opportunities to mentor former offenders grew, and community involvement increased.

The use of Yin's methodology and Miller's RCT proceeded from an effort to familiarize myself with the application of case study methodology with the purpose of understanding the experience of successful reintegration post incarceration. Throughout this contemplative process, I took the position of listener as the participant recalled particular life experiences that led to incarceration and how she was able to overcome barriers and become reestablished in society. The uniqueness of her experiences provide insight into the navigation of opportunities and management of reentry obstacles that is valuable for former offenders and for nursing, the correctional system, community leaders, and for further exploration.

Factors Influencing the Journey to Jail

As described in Chapter 2, the pathway to jail for women frequently follows negative childhood and adult experiences. The Centers for Disease Control and Prevention's Adverse Childhood Experience (ACE) study found mistreatment in childhood was associated with significant social, emotional, and cognitive problems affecting health and well-being in later life that often led to risky behaviors with negative consequences (CDC, 1998). The risk of incarceration is one of the negative consequences of risky behavior. The participant's childhood and adult life experiences follow the adverse events and risky behavior patterns mentioned in the literature and culminated in her incarceration.

Childhood factors. The conditions of the participant's childhood environment and activities coincided with known precursors to incarceration for women. The participant experienced a dysfunctional, chaotic, relatively unsupervised home environment. At a young age she was exposed to excessive alcohol use in the home as well as likely genetic predisposition to alcohol sensitivity due to multigenerational alcoholism in the family. As described in Chapter 4, these factors coupled with her falling in with "all the bad kids" contributed to a decision pathway that led to alcohol and drug addiction, loss of self-esteem, relationship disconnection, and, ultimately, criminal activities. Research indicates risky behaviors experienced in childhood along with emotional neglect and household dysfunction such as mother treated violently, household substance abuse, mental illness, parental separation or divorce, are associated with problems later in life (CDC, 1998). Several researchers have found that, for girls and women, the typical course into the criminal justice system is, among other concerns,

"...an abusive (or otherwise aversive) home environment", Tennyson experienced this type of home environment (Blanchette & Taylor, 2009; Covington, 2007).

Adult factors. Tennyson was 20 when her daughter, Katie, was born, and the family pattern of child neglect and dysfunction continued. Tennyson admitted smoking, using drugs, and drinking during her entire pregnancy and after Katie's birth, which contributed to a continued chaotic lifestyle. She spoke of her lack of parenting skill, periods of homelessness, and episodes of blacking out due to substance abuse. Tennyson preferred to keep her daughter with her but for most of Katie's childhood and early teens she was left in the care of Tennyson's mother or sister. This was difficult for Tennyson but she knew her lifestyle was not a safe place for her daughter.

Substance abuse. Alcohol and drug use affected the life decisions that culminated in Tennyson's involvement in the drug culture and incarceration. Her experience correlated with research on common pathways into the criminal justice system for women (Blanchette & Taylor, 2009; Covington, 2007). Tennyson attributed the effect of methamphetamine and its powerful addictive control on her brain as "meth psychosis" that made her "a little crazy" and according to research, brain and behavior changes from chronic methamphetamine use may present as anxiety, confusion, insomnia, mood disturbances, and psychosis, such as paranoia, visual and auditory hallucinations, delusions, and violent behavior (National Institute on Drug Abuse, 2014). Tennyson recounted aspects of the methamphetamine culture including drug acquirement, sales, manufacture, interacting with dangerous others, bartering items such as TVs, stereos, and guns for drugs, and avoiding law enforcement. When her daughter was exposed to drug

paraphernalia Tennyson gained awareness and clarity of the harm of her lifestyle, for herself and others that led her to begin to examine her choices.

Health. The culture and environment of a lifestyle of substance abuse can have negative health consequences. Although "sickly," Tennyson tended to ignore her health problems as they were often masked by drugs. She experienced both chronic and infectious disease episodes. She had four separate bouts of viral meningitis diagnosed by spinal tap lab results that were attributed to contaminated drugs. Post release, she was hospitalized for a serious infectious disease event. At that time she was without health insurance and had no money. She dealt with mental health problems such as depression, anxiety and paranoia as well, and although undiagnosed, Tennyson believes she also has an attention deficit disorder. Health problems remedied for her were dental repair while in prison and hip replacement when employed in community college after her final release.

Cycle of incarceration. Tennyson had a twenty-five year pattern of active drug use, arrests, and incarcerations. On release her mother always let her come home and enabled her drinking. Tennyson tried to 'stay clean from meth' but was never able to sustain it. Her lifestyle of substance abuse, criminal activity, and incarcerations estranged her from family members and especially her daughter.

Factors Initiating a Turning Point

According to Miller's RCT, it is difficult for women to build relationships and connections when circumstances and experiences such as family dysfunction and childhood and adult mistreatment result in disconnection (Miller & Stiver, 1997). But the

path toward sober living and relationship reconnection began when Tennyson finally made the association between substance use and arrests.

Hope. As noted in Chapter 2, researchers who interviewed women ex-convicts cited inner strength, hope, faith, spirituality, church connection and living with purpose as motivation to be successful on release from detention (Covington, 2003; Gobeil, 2008; McDonald & Dickerson, 2013). Covington (2003) related the importance for many women of the connection with their children as their "only source of hope and motivation" (p. 9). Tennyson was hopeful that she would reunite with her daughter and regain the trust of her daughter and her family, and these and other motivating factors were incentives for Tennyson to stop using drugs and alcohol.

Faith. When Tennyson was shown Psalms 107: 13-14 by another cellmate, the words about "breaking away the chains" strongly impacted her and she took a Bible for herself, which led to a conversion experience in which she learned her "way doesn't work and that God can and will remove the obsession of drinking and using." Later, unexpected events and people came into her life, underscoring her spiritual experience and strengthening her resolve to stay sober as she completed her sentence. Choosing a sober lifestyle brought challenges. After praying when she found herself in a tight spot at a critical time, the problem was taken out of her hands, her new faith remained uncompromised, and Tennyson related her faith and trust in God grew "from then on." Her new lifestyle revolved around Bible reading, attending church meetings, associating with likeminded people, and sharing her "spiritual awakening" with other addicts. She was accepted into a drug treatment program for drug addicts, was assigned a public

defender who believed in her, and experienced "little miracles" she associated with prayer and God working in her life.

Chapter 4 also related that during this time Tennyson connected with and was encouraged by the leader of a Christian peer recovery support service for women. This support service connection played a major role in supporting her continued spiritual growth during the reconnection and reintegration challenges she faced. This corresponds with research studies suggesting programs that nurture the faith or spirituality aspect of a person "have a positive effect on recidivism and reintegration" (Willison, Brazzell, & Kim, 2011, p. 14).

Factors Affecting Reentry into the Community

Reentry into the community for women ex-offenders—maintaining sobriety while attempting to reorganize their lives, reconnect with children and family members, and meet basic living needs with minimal finances—can be daunting. Ex-offenders who accomplish these tasks recognize barrier factors to reentry.

Social acceptance. Research reveals the most difficult barriers reported by women ex-offenders, particularly when attempting reintegration alone, are a) adjusting to housing in sober living facilities or reconnecting/adjusting to family, b) staying away from drugs or people who use drugs, c) adjusting to different or less structure than that in prison, d) finding a job, e) meeting basic needs, f) dealing with rejection and stigma, g) maintaining self-efficacy, h) obtaining health care, i) handling transportation, and j) accessing supportive services (Gobeil, 2008; LaVigne et al., 2009). Additional barriers to reentry for women are increased childcare responsibilities, lack of job skills and education, and physical and mental health problems.

Tennyson's experience mirrored most of those identified in the literature. She struggled with low self-worth and described the way she often felt about herself and her life in negative terms. She countered these negative thoughts with positive thoughts, a technique taught in support groups like Alcoholics Anonymous, and she recognized she would face stigma and would not be acceptable everywhere or to everyone. However, those who heard her story were captivated with her ability to achieve in spite of her background and she felt their approval.

Employment. Gaining employment is a significant barrier for most ex-offender women. For Tennyson this did not prove to be the case. Her previous work experience and employment opportunities aided her in moving forward with employment. As her education advanced she obtained certification to work with and educate substance users/abusers and became employed in this arena. However, Tennyson knew her case was an exception rather than the rule. She was an effective advisor to other ex-offenders regarding employment realities, encouraging them to pursue education because she found ex-offenders were more apt to succeed when allowed "time to breathe" to gain experience and perhaps confidence before seeking employment.

Regaining self confidence. As Tennyson's interest in reading the Bible grew and changes began to happen in her life; significant barriers were removed or modified to her benefit interpreted to be answers to prayer. She was in a treatment program, attending college, reconnecting with her daughter and mother, and married. Although she continued to face societal stigma because of her criminal history and had personal and workplace relationship challenges, Tennyson's confidence and self-esteem increased. Tennyson's enjoyment of and success in school also contributed to her growing self-confidence. She

was choosing to "embrace difficulties," which meant she was managing difficulties differently, endeavoring to excel in every area, which she found helped remove barriers.

Family relationships. Reconnecting with family, particularly her daughter, was a significant motivating factor influencing Tennyson's determination to remain clean after her last prison release. Tennyson's relationship with her mother improved with her adherence to her sober lifestyle, school, work, and faith. Tennyson's relationship with her daughter improved as well, and while challenges remained, Tennyson committed to be present for her daughter and to learn to parent a teenager. Tennyson described her relationship with (and later marriage to) to an ex-offender drug addict as a key component to her reintegration. As a couple they concentrated on their spiritual relationship with God and recovery and found other things sorted themselves out.

Tennyson was unable to reconnect with her sister, who had cared for Tennyson's daughter for several years and was closed to reconciliation. Although Tennyson accepted the rejection and appreciated everything her sister had done for Katie, she hoped reconciliation would someday be possible. Tennyson was able to accept her sister's rejection by internalizing and applying AA's philosophy of "making amends" and a phrase in its version of the Serenity Prayer: "God grant us the serenity to accept the things we cannot change." The principles of the Prayer and the spiritual lessons she was learning helped decrease anxiety and increase self-esteem, confidence, faith, and trust.

Factors in Supporting and Maintaining Successful Reintegration

The future. Tennyson's life and future direction had roots in her "spiritual awakening" while in prison. Bible teachings along with the guiding principles of the twelve-step program influenced her interest in a life of service. She continues to direct

her service toward connecting with and serving other women in recovery, particularly those beginning the recovery process. She knows that most if not all these women experience feelings of worthlessness, hopelessness, and loss of belief in their capabilities because of their substance abuse history. Identifying their potential to achieve, believing them capable and encouraging their progress step by step is Tennyson's approach with the women she mentors because this "strength-based" approach aided her own successful reentry. She acknowledges overcoming reentry challenges is an "incremental process" and to circumvent wandering away "from both your recovery and your faith," Tennyson stresses utilizing "tools" drawn from AA such as Bible reading, worshipping, praying, and maintaining contact with others as guides and coping strategies when confronting life circumstances. Maintaining the recovery process and the faith commitment requires engagement.

In addition to completing her bachelor's degree in psychology and continuing on to higher education, Tennyson plans to stay connected to other women beginning recovery. She has a strong conviction that "in order to keep what you have, you have to give it away" and strives to give back to others "what God gave to me."

Ethical Issues

The University of San Diego's Committee on the Protection of Human Subjects approved this study after reviewing the measures established to protect the participant's rights and welfare and maintain judicious ethical practices. Following this approval, the participant was invited by telephone to participate in the study. Prior to the initial interview, written consent was obtained from the participant and she was advised that the risk to her was no greater than any encountered in everyday life. The participant was

informed she could stop and rest, reschedule the session, or withdraw from the study at any time if she wished to do so. Additionally, the participant was informed that all questions about the study would be addressed, and that a copy of the findings would be made available to her if desired.

Confidentiality has been rigorously maintained. The participant's name has been kept separate from the audio recordings of the interviews and from the transcripts for those interviews. Pseudonyms were used in the narrative. Computer data files, USB drives, and hard copy transcripts have been kept secure. All research data will be destroyed within five years of the completion of this study.

While no direct benefits were expected from participation in this study, potential benefits as a participant in a research project may be increased self-esteem and empowerment and a sense of contributing to a greater awareness and insight into women's reentry challenges. Another possible participant benefit is gratification in sharing her story with someone she knew, an attentive listener and researcher who was a registered nurse and who had some knowledge of and had worked with women in jail and in recovery in the community.

Data was analyzed following Yin's case study format. Techniques used to describe and analyze case study evidence included pattern matching and explanation building. Case study data collection results were comparable to and congruent with previous research, thereby strengthening the results. The "why" and "how" of the study were explained linking causal events of the participant's life experience that led to her incarcerations, life direction change, and successful reentry.

Systematic procedures were followed to maintain study rigor. Attention was given to matching the case study's operational measures to the concepts being studied by using multiple sources of evidence, establishing a chain of evidence, and having the participant review the draft interview manuscript (Chapter 4) for accuracy. This case study research was compatible with Miller's (1986) RCT and principles of relational connection and disconnection. The design of the case study was such that the research steps can be followed by a future researcher, as detailed in Chapter 3.

Critique of the Study

The researcher kept careful notes of observations, emotions, responses and related thoughts as the interviews were conducted, soon after the first interview was concluded writing began. Careful, extensive data reviewing led to the development of four major themes, nine minor themes and three sub themes. Major themes were identified as: 1) factors influencing a journey to jail, 2) factors initiating a turning point, 3) factors affecting reentry into the community and 4) factors supporting and maintaining successful reintegration. Minor themes related to *factors influencing a journey to jail* were *childhood factors* and *adult factors*. The *adult factors* minor theme had three sub themes: *substance abuse, health,* and *cycle of incarceration.* Minor themes associated with *factors initiating a turning point* were *hope* and *faith.* Minor themes correlated to *factors affecting reentry into the community* were *social acceptance, employment, regaining self-confidence,* and family *relationships.* The minor theme of *the future* linked with *factors supporting and maintaining successful reintegration.* All major, minor, and sub themes were congruent with content recognized in the research literature.

While the opportunity to spend an extended period of time with the participant as she recounted her life experience during the four interview sessions added to the richness of the findings, the results of a single case study focusing on one participant's successful reentry into society has limited generalizability to another location or reentry population. Continuation of data collection to the point of saturation helped address this issue. The participant was of Irish and American Indian ancestry and classified herself as Caucasian. Her life experiences as related in the study had commonalities with but was not necessarily representative of other racial or ethnic ex-offenders' life experiences.

According to Yin (2014), minimizing bias in a case study necessitates the qualitative researcher be open to contrary evidence, avoid pursuing or advocating for a particular issue, and maintaining the highest ethical standards. Participation in qualitative research inevitably involves interaction with the participant that may be construed as bias and can be difficult to eliminate. Insight into the participant's experience of incarceration and reentry was achieved through direct communication and observation of emotional responses. The participant responded positively to meeting with the researcher and to the opportunity of contributing to research by sharing her story. Case study methodology lends itself to discovering the stories of women ex-offenders of different backgrounds, ethnicities, cultures and environments. This area, in which there is scant information, could unquestionably benefit from further research.

Reflections on the Study

Listening to, appreciating, and learning from the participant's story provided insight into the powerful addictiveness and consequences of methamphetamine use and of the drug culture as well as a perspective of the criminal justice system and life in

detention. The confluence of events and awareness motivating the participant's decision to stop using drugs, comply with parole restrictions, and change her lifestyle on release was enabled by her dramatic and inspiring faith conversion. On reentry subsequent spiritual development, sober living, treatment adherence, academic achievements, employment acquisition, housing and financial stability, confidence and self-esteem empowerment, relationship reconnections, and "giving back" opportunities afforded motivation, meaning, and purpose in the maintenance of the lifestyle change.

During the interview sessions some aspects of the participant's physical, emotional, and mental responses were observed by the investigator. During the first interview it was apparent both from our conversation and her demeanor that she was somewhat despondent. She shared feeling and grieving the recent loss of her husband. That his death was a profound loss was apparent throughout all the interview sessions. Her love for and attachment to her daughter and grandchildren were also apparent and sustaining for her, as was her substance abuse education job and her mentoring work shepherding newly released women on their return to the community.

As she told her story in the interviews, strong emotions were elicited on occasion as experiences were recalled and even, it seemed, momentarily relived. Changes in her language, which she generally chose to sanitize for the listener, would on occasion manifest in idioms and expletives from the past that elicited an apology and/or a modification to more conventional language. Emotional responses were most pronounced with recollections of her neglect of her daughter, drug culture activities, interactions with her mother, her spiritual awakening, meeting her husband, losing her husband and mother, and experiencing conflict in the workplace.

Major events such as the deaths of loved ones often trigger recovering addicts into reverting to drugs to numb the pain and feelings of loss. To resist this pull, the participant turned each day to her faith "tools" to maintain her recovery. The researcher was reminded that, for this population, maintaining and sustaining recovery is not a once-and-for-all occurrence but a daily commitment to sobriety.

An area of her life the participant touched on but did not elaborate on was sexuality in the drug culture. Because methamphetamines alter judgment and reduce inhibitions, people who engage in unsafe sex risk contracting sexually transmitted infectious diseases (National Institute on Drug Abuse (2014). This is an area of public health concern in correction facilities and in the community. Chronic disease and mental illness in the reentry population are another area of concern for the community.

Directions for Future Research

The Urban Institute's (2009) "Returning Home: Understanding the Challenges for Prisoners" study, although extensive, did not include the qualitative research component of prisoners lived experiences in prison and during their first year of reentry. They suggested real-life stories of the prisoners would add an important research element to the qualitative findings. Further qualitative research of real-life stories of women prisoners of different races, ethnicities, cultures, and environments would aid in understanding this marginalized population.

Further research on successful reintegration of women ex-offenders is warranted as it could assist the successful reentry of others. Future research on prisoner pre-release education and preparation programs with above average reentry success is also merited.

Finally, further research into community preparedness for newly reclassified and released detainees is vital for facilitating sustainable reentry.

Summary

The four major themes identified in this study, 1) *factors influencing a journey to jail*, 2) *factors initiating a turning point*, 3) *factors affecting reentry into the community*, and 4) *factors supporting and maintaining successful reintegration*, are all congruent with categories recognized in the literature and with the revolutionary shift in understanding of human development and gender psychology found in Miller's (1976, 1986) relational-cultural theory. The RCT emphasizes the importance of relational connection and disconnection for women in how relationships are formed and sustained. The five tenets of Miller's theory (*increased zest and vitality, empowerment to act, knowledge of self and others, self worth*, and *a desire for more* connection) and the major themes of this study were congruent. Further research on successful reintegration of women ex-offenders is warranted.

This chapter has provided a discussion of the findings using both literature and Yin's (2014) case study methods. The personal account of the ex-offender participant's experience of reintegration, precursors to incarceration, decision to choose a different path, barriers and facilitators to reentry, relational reconnection to family and others, and future trajectory have been discussed. These meanings have relevance to nurses, health care providers, and community service-oriented individuals and organizations that provide care, services, support and encouragement to women released from detention and reintegrating into communities and society.

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Appendix A

Demographic Questionnaire Data Form

Please complete the following questions:
1.   Age: _____
       (must be 18 years of age or older)

2.   Gender
       Female _____

3.   Race & Ethnicity
       _____African American
       _____Asian
       _____Caucasian
       _____Hispanic
       _____Native American
       _____Other
       _____Do not wish to answer

4.   Marital Status
       _____Single
       _____Married
       _____Other
       _____Do not wish to answer

5.   Are you employed?
       _____Yes
       _____No
       _____Do not wish to answer

6.   Have you ever been homeless?
       _____Yes
       _____No
       _____Do not wish to answer

7.   Have you ever been a victim of violence?
       _____Yes
       _____No
       _____Do not wish to answer

8.   Have you ever used an addictive substance?
       _____Yes
       _____No
       _____Do not wish to answer

9.   Have you ever been in jail or prison?
       _____Yes
       _____No
       _____Do not wish to answer

Appendix B

Participant Interview Guide

1. Looking back prior to your incarceration, do you remember a time when you felt things were going well for you? If so, can you talk about that?

2. What experiences do you feel influenced your life choices?

3. Tell me about the circumstances that you feel led to your incarceration.

4. How do you feel your family life has been affected by your incarceration?

5. Were there influences you feel enabled you to change the direction of your life?

6. What were/are the barriers to succeeding you feel you faced /continue to face?

7. What influences do you feel enabled you to succeed in overcoming barriers to reconnection with family, friends and other significant persons?

8. What influences do you feel enabled you to succeed in overcoming barriers to employment?

9. What influences do you feel enabled you to succeed in overcoming barriers to social acceptance?

10. Were there times when you felt hopeless or like giving up?

11. How did you deal with those feelings?

12. Were there times when you felt hopeful?

13. How did you maintain those feelings?

14. What do you feel kept you hopeful?

        Outside of yourself

        Inside of yourself

15. How important do you feel faith or spirituality was/is for you in overcoming challenges and barriers?

16. You are employed and resuming your life in society. You probably know other women who have not been successful after incarceration. What do you think is the difference?

17. Do you feel being incarcerated, becoming employed, reconnecting and re-entering society changed you in any way?

18. What are your strategies for maintaining the changes you have made in your life?

19. What are your future plans?

Appendix C

Research Participant Consent Form

For the research study entitled "The Case of Reintegration of Women Post

Incarceration." Deana Raley Noble is a student in the Hahn School of Nursing at the

University of San Diego. You are invited to participate in a research study she is

conducting. The purpose of this research study is: to explore the experience of women

with an incarceration record who have been able to obtain employment and acceptance in

society upon release.

If you decide to be in this study, you will be asked to complete a questionnaire

that asks you questions about your age, ethnicity, and life events. You will also be asked

to participate in 4 private interviews about your experience of obtaining employment,

reconnection and reintegration into the community. You will be audiotaped during the

interview. The researcher may take paper/pencil notes during the interview. Your

participation in this study will take approximately 4 hours total.

Sometimes when people are asked to think about their feelings, they feel sad or

anxious. If you would like to talk to someone about your feelings at any time, you can

call toll-free, 24 hours a day: San Diego Mental Health Hotline at 1-800-479-3339.

Sometimes when people are asked about past experiences, interest in restorative or

rehabilitative support services is stimulated. If you would like to talk to someone about

support services at any time, you can call toll-free, 24 hours a day: San Diego County

Office of Violence Prevention at 1-858-581-5800 and County of San Diego Alcohol and

Drug Services at 1-888-724-7240.

While there may be no direct benefit to you from participating in this study, the indirect benefit of participating will be knowing that you helped researchers better understand barriers and facilitators to employment, reconnecting and re-entering mainstream society for women who have been incarcerated.

Any information provided and/or identifying records will remain confidential and kept in a locked file and/or password-protected computer file in the researcher's office for a minimum of five years. All data collected from you will be coded with a number or pseudonym (fake name). Your real name will not be used. The results of this research project may be made public and information quoted in professional journals and meetings, but information from this study will only be reported maintaining individual anonymity.

You will receive no compensation for your participation in the study. Participation in this study is entirely voluntary. You do not have to do this, and you can refuse to answer any question or quit at any time. Deciding not to participate or not answering any of the questions will have no effect on any benefits you're entitled to, like your health care, or your employment. <u>You can withdraw from this study at any time without penalty.</u>

If you have any questions about this research, you may contact either:

Deana Raley Noble, Principal Investigator
Email: dnoble@pointloma.edu
Phone: 760-519-5382

Dr. Jane Georges, Faculty Advisor
Email: jgeorges@sandiego.edu
Phone: 619-260-4566

I have read and understand this form, and consent to the research it describes to me. I have received a copy of this consent form for my records.

_____

Signature of Participant   Date

_____

Name of Participant (**Printed**)

_____

Signature of Investigator   Date

Appendix D

Serenity Prayer

God grant me the serenity
to accept the things I cannot
change;
courage to change the things I
can;
and wisdom to know the
difference.

Living one day at a time;
Enjoying one moment at a
time;
Accepting hardships as the
pathway to peace;
Taking, as He did, this sinful
world
as it is, not as I would have it;
Trusting that He will make all
things right
if I surrender to His Will;
That I may be reasonably happy
in this life
and supremely happy with Him
Forever in the next.
Amen.

--Reinhold Niebuhr

Retrieved from http://www.cptryon.org/prayer/special/serenity.html