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Coming Home: Challenges Related to Reentry and Recidivism for Previously Incarcerated New Mothers

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Abstract

This thesis explores the intersection of motherhood, recidivism, and the reentry process for recently incarcerated new mothers. Women were recruited from the Healthy Beginnings Project, a program that works with pregnant, incarcerated women from correctional institutions in the Williamsburg area to provide perinatal education and support. Completed intake and postpartum surveys (n=103) were analyzed for quantitative data on the incremental ability of maternal, psychological, and contextual stressors to predict new mothers' likelihood to recidivate. 34.3% (n=34) of the new mothers recidivated when the child was one to twelve months old. None of the summed stressor variables were significantly associated with recidivism, nor was the cumulative measure of combined stressors. However, some of the individual contextual variables were: monetary stress ($t(94)$=-2.04, p=0.04), unemployment (x^2=10.53, p<0.00), and drug use around the time of conception (x^2=15.94, p<0.00). Follow up interviews (n=15) collected narratives on the women's experiences related to incarceration, motherhood, and reentry. Women who recidivated (n=6) did not attribute their reincarceration to their children, but women who were successful in their reentry (n=9) attributed their success to their children.

Coming Home: Challenges Related to Reentry and Recidivism for Previously Incarcerated New Mothers

In the United States today, there are 85 million mothers, 37.8 million of whom live with their children under 18 years old (U.S. Census Bureau, 2012). There is no one experience of motherhood, and the context in which the transition to motherhood occurs can prime how new mothers adapt to their new role (Figueiredo & Costa, 2009; Figuierdo, Costa, Pacheco, & Pais, 2008; Hung, Lin, Stocker, & Yu, 2010; Miller & Sollie, 1980; Taubman-Ben-Ari, Ben Shlomo, Sivan, & Dolizki, 2009). This experience of motherhood can be further complicated by contextual factors occurring independent of the birth of the new baby, such as finding housing, a job, struggling with addiction, or attempting to reintegrate into society after being incarcerated (Brown & Bloom, 2009; Dodge & Pogrebin, 2001; Blitz, 2006; Harm & Phillips, 2001, Lynch & Sabol, 2001, Richie, 2001).

The reintegration process in particular, including the process known as reentry, can add additional levels of stress on a new mother's life or serve as a protective factor assisting the mother throughout the reentry process (Giordano, Seffrin, Manning & Longmore, 2011; Kreager, Matuseda, & Erosheva, 2010; Massoglia & Uggen, 2010; Michalsen, 2011; Willinger, Diendorfer-Radner, Willnauer, Jorgi, & Hager, 2010). The experiences of incarceration, reentry, and motherhood all intersect dynamically and pose unique challenges in the lives of the women impacted. This thesis uses data from two separate studies conducted with the Healthy Beginnings Project to examine the individual stressors present during these processes and how they compound upon or combat each other to affect patterns of recidivism among a population of recently incarcerated new mothers. The first study utilizes original quantitative Healthy Beginnings data and the second supplements the quantitative data with qualitative data as the Healthy Beginnings Follow Up Study and was collected for the purposes of this thesis.

Females within the Criminal Justice System

It is estimated that, on average, 950,000 women are under some form of supervision by the justice system each day, including parole and probation (Richie, 2001). In the past twenty years, the number of women involved with the criminal justice system has grown exponentially. This increase is partially a byproduct of policies from the "War on Drugs" that disproportionately affect women (Cloyes, Wong, Latimer, & Abarca, 2010; Reisig, Holtfreter, & Morash, 2006; Steffensmeier & Allan, 1996). Steffensmeier and Allan (1996) argue that much of the increase is due to a change in general policies within the justice system, such as increased formalization of the crime reporting process for law enforcement and increased opportunities for offending that are "female" in nature. In a seminal work on female offenders, Chesney-Lind (1986) argues that most female offenders come from minority backgrounds and impoverished communities and offend out of necessity. Chesney-Lind believed that the explanation for the increase in female incarceration rates could be explained by "patriarchal biases in convictions" that serve as punishments not necessarily for the crimes committed by poor, minority women, but instead for their nonconformity to traditional social roles. These more traditional roles include marriage and a traditional view of childrearing. Though her work is now thirty years old, her theories on females within the justice system remain relevant and are often cited (Steffensmeier & Allan, 1996; Holtfreter, Reisig, & Morash, 2004). Today, this bias is often seen in how women come into contact with the justice system.

Not only do women come into contact with the justice system in different ways than men, once they are there, they have different needs than men. A study on the unique needs of female offenders indicated that females require more support in the areas of substance abuse, housing, debt, empathy, and mental health disorders (Byrne & Howells, 2002). Additionally, female

offenders were disproportionately characterized by high rates of mental health disorders such as depression, anxiety, substance abuse, and PTSD, as well as a greater likelihood of experiencing physical and sexual abuse (Byrne & Howells, 2002; Cloyes, Wong, Latimer, & Abarca, 2010). The research of Byrne and Howells supported Chesney-Lind's argument, and found that women were sentenced differently than their male counterparts for reasons Byrne and Howells believe to be related to the deviation from traditional gender roles. Vainik (2008) conducted a literature and policy review on incarcerated women and found that the vast majority of female offenders were largely uneducated, unemployed minority mothers who have experienced abuse and drug addiction, again deviating from traditional female gender roles.

Mothers who are involved in the criminal justice system have even more unique needs and are often met with more bias than other women (Vainik, 2008; Roberts, 1995; Hannah-Moffat, 2004). Expectant mothers are at an extreme disadvantage within the system, as many state prisons have either no policy directly pertaining to the treatment of pregnant women or policies that are "vague or inadequate" (Vainik, 2008). Additionally, mothers often have more at stake if they are incarcerated: twenty-five states have automatic laws that terminate parental rights or place children into adoptive custody when a custodial parent – often the mother – is incarcerated (Vainik, 2008). Roberts (1995) argues that many laws criminalize deviance from the normative definition of motherhood, and though accused mothers who fit the stereotypical archetype of "mother" may receive lighter sentences than men, mothers who don't fit the archetype are sometimes treated more harshly. Parole decisions mark another place where institutional bias can be introduced.

In a 2004 study on risk assessments for women eligible for parole, Hannah-Moffat studied 144 parole candidates' case files and collected data on how the parole board determined

the risk level of the candidates. The average age of the candidates was 37 years old and half of the women were Caucasian. Most women (81%) were serving sentences for drug-related charges. Decision sheets reflected gendered biases, including references to the female's attitude, personal character, and romantic involvements (Hannah-Moffat, 2004). These factors were deemed important by the parole board regardless of the direct relevance to the woman's case at hand. It is biases like these that are disproportionately affecting the growing population of female offenders.

Stress and the Transition to Motherhood

Mothers in the justice system face these biases, but also are subject to general stresses experienced by all mothers. Maternal stressors are often felt long before the birth of the baby and maternal stress during pregnancy can influence her postpartum interactions with her newborn. Figueiredo and Costa (2009) argue that pregnancy is a period in which important bonding occurs between the child and the mother that prepares her to assume the role of a caregiver upon the birth of the child. In a study of 91 pregnant women, the team observed maternal anxiety, depression, and cortisol levels three months prior to the birth of the child and three months postpartum. The participants were between 16 and 40 years old, mostly white, and married or cohabitating with the father of the child (Figueiredo & Costa, 2009). They found that maternal cortisol and anxiety levels increased between the two time points, and prenatal attachment to the baby predicted postpartum levels of depression and anxiety. Thus, factors that are at play during pregnancy and at the time of birth can impact the mother-child relationship as well was into the postpartum period.

In addition to biological factors that are at play, contextual factors also affect a woman's experience of motherhood. Contextual factors unrelated to the biological experience of

pregnancy can greatly affect maternal anxiety and impact emotions toward their pregnancy. Stressors such as the absence of a child's father, maternal depression or the presence of other mental illnesses, and unemployment have been linked to more negative emotions towards the child and higher levels of postpartum stress (Figuierdo, Costa, Pacheco, & Pais, 2008; Hunger, Lin, Stocker, & Yu, 2010). Conversely, women with strong social support networks have reported less postpartum stress (Hunger et al., 2010). Miller and Sollie (1980) suggest that a "successful transition" to motherhood hinges on family resources available to the new mother such as adaptability, coping strategies, and support. The presence of these contextual factors can introduce stress into the women's lives regardless of their pregnancy, but are aggravated by the additional stressors of new motherhood.

These contextual stressors can be compounded by the presence of stressors directly pertaining to the pregnancy and early maternal experiences. During interviews with 315 new mothers conducted in the first two days after delivery, mothers who did not plan their pregnancies and did not want their child or the particular gender of their child reported difficulty in bonding with the child (Figueiredo et al., 2008). Postpartum stress can be greatly increased due to the presence of complications during the pregnancy (Hunger et al., 2010). Regardless of the presence of negative biases toward the child or complications, pregnant mothers experience heightened levels of personal stress. Miller and Sollie (1980) found that mothers reported higher scores of personal stress after their transition to parenthood. They studied 109 couples mid-pregnancy, when the baby was five to six weeks old, and when the baby was six to eight months old. The researchers collected data on personal well-being, personal stress, and marital stress. Of the married couples reporting, wives demonstrated higher levels of personal stress after this transition, whereas husbands reported higher levels of personal stress during the pregnancy.

Though these studies focus on the general experience of motherhood, incarcerated and recently incarcerated mothers are subject to these same stresses and additional ones related to their experiences within the justice system.

Motherhood and Recidivism

In addition to the stressors present in the lives of incarcerated mothers, motherhood itself may also impact the future offending patterns of women. Some argue that the transition to motherhood may work as a catalyst for encouraging criminal desistance (Giordano, Seffrin, Manning, & Longmore, 2011; Kreager, Matuseda, & Erosheva, 2010; Mossoglia & Uggen, 2010; Michalsen, 2011). Massoglia and Uggen (2010) suggest that the mere act of successfully transitioning to an "adult" role increases the likelihood of desistance from crime because mothers have a greater level of responsibility and heightened commitment to their children.

Others have found an inhibitory effect of motherhood on crime that is independent of other factors such as age and marital status. Specifically, motherhood was associated with reductions in the use of marijuana and alcohol use that persisted across time and was most salient for Hispanic women (Kreager, Matuseda, & Erosheva, 2010). Mothers who reported wanting the pregnancy were more likely to desist from criminal activities, and socioeconomically advantaged mothers experienced the most benefits from the transition (Giordano et al., 2011). However, some studies have indicated it is not necessarily the presence of children themselves that catalyze desistance. Previously incarcerated mothers who had desisted from crime reported their children as both sources of stress and sources of pro-social attachments. Though children were mentioned the most in terms of their impact on the mothers' criminal desistance, they also mentioned incarceration itself and their sobriety as factors impacting their desistance (Michaelsen, 2011).

In contrast to this line of research, other research indicates that there are additional stressors that accompany motherhood that have been associated with difficulty in criminal desistance during reentry. Michaelson (2011) points to the transition back to the roles and responsibilities of motherhood as a major stressor during this time, in addition to the stresses of food and clothing costs for children, finding stable housing and childcare if the mother is employed. Michaelson's study found that some mothers thought that their children were "better off without them" and that their children were better off living with their previous caretakers. Other researchers have studied how early bonding processes, which often do not occur when the mother is incarcerated, impact the ability of parents to handle parenting stress (Willinger, Diendorfer-Radner, Willnauer, Jorgi, & Hager, 2010). They found that mothers who have positive and pro-social bonds with their children report a lower level of parenting stress than parents with more tense bonds. Given the impact of incarceration on mothers, it is important to recognize and research the unique experiences related to motherhood and recidivism of the almost 65,600 mothers involved with the criminal justice system (Bureau of Justice Statistics, 2010).

Study 1: Healthy Beginnings

The Healthy Beginnings Project began in 2012 with a grant from the W.K. Kellogg Foundation. The purpose of the project was to work with pregnant women housed in seven local jails to identify pregnancies and provide prenatal counseling to the expectant mothers. The project has continued to the present in different forms due to grants from Anthem and the March of Dimes. Healthy Beginnings is currently overseen by Professors Danielle Dallaire and Catherine Forestell and run from the Child and Families Research Department at the College of William & Mary. The project provides jails with prenatal vitamins and pregnancy tests to

administer to their female offenders. Incarcerated women who are identified as pregnant are given information about Healthy Beginnings and offered the opportunity to receive prenatal nutritional counseling and support throughout their pregnancies.

Using information from the Healthy Beginnings intake and postpartum interviews, the aim of this study is to (1) assess the individual and incremental ability of maternal, psychological, and contextual stressors to predict new mothers' likelihood to recidivate and (2) determine the specific stressors within each of these categories that are predictive of the recidivism rates for these new mothers. Though previous literature has studied the issues of mental health and the criminal justice system (Byrne & Howells, 2002; Richie, 2001, Cloyes, Wong, Latimer, & Abarca, 2010), unique patterns of offending and recidivism among women (Chesney-Lind, 1986; Cloyes et al., 2010; Harm & Phillips, 2001; Steffensmeier & Allan, 1996) and the links between motherhood and offending and recidivism (Arditti & Few, 2008; Giordano et al., 2011; Kreager et al., 2010; Massoglia & Uggen, 2010; Michaelsen, 2011; Willinger et al., 2010), this work is unique in attempting to look at each issue within the context of the others and determine how each individual experience compounds upon and interacts with the others. Given the previous research, it is hypothesized that mothers experiencing heightened levels of psychological, maternal, and contextual stressors will be more likely to recidivate. Additionally, these stressors will compound upon each other and increase likelihood of recidivation for recently incarcerated new mothers.

Study 1: Method

Participants

In addition to its outreach to jails and women, the Healthy Beginnings Project collected data from the women to determine their greatest areas of need and study the birth outcomes of

their children. Between June 2012 and 2015, 185 pregnant and incarcerated women participated in the Healthy Beginnings Project. Interviews occurred at three time points: intake, post-nutritional counseling, and postpartum. To match analyses from measures in both the intake and postpartum interviews, women who did not complete all three interviews were excluded from the study. The 103 eligible participants were an average of 24.99 (*SD*=4.73) years old, a quarter were first time mothers (*n*=20, 19%), and many were single (*n*=74, 72%), black women (*n*=52, 48%), with a high school or high school equivalent education (*n*=75, 73%) (See Table 1). There were no significant differences between the women who had completed all three questionnaires and those who did not.

Procedure

Participants for the study were recruited from seven local jails: Riverside Regional Jail, Pamunkey Regional Jail, Hampton Road Regional Jail, Henrico West Regional Jail, Henrico East Regional Jail, Virginia Peninsula Regional Jail, and Western Tidewater Regional Jail. A list of pregnant inmates was obtained from each institution's nursing staff to determine women who would be eligible for the Healthy Beginnings Project and study. Project staff and approved researchers asked women if they would like to participate in the Healthy Beginnings Project and, separately, the study. Women who participated were compensated for their time, given nutritional counseling and information regarding community resources, and support in the form of dissemination of diapers and information following their release.

Trained Healthy Beginnings staff members and research assistants administered the intake interview, provided nutritional counseling, administered the post-nutritional counseling interview, and, once the woman had given birth, the postpartum interview. At each stage of the interview process, women were both given a hard copy and were read the informed consent. It

was explained to them that they could decline to answer any question or terminate their involvement in the study and project at any time they may wish. They received compensation in the form of a gift card for involvement in each interview regardless of how many questions they completed or if they moved forward with the project. Answers they gave in relation to any questions were kept private and would not affect in any way their current sentence or be used in any future hearings.

The Healthy Beginnings study received approval from the William & Mary Institutional Review Board under the protocol PHSC-2014-09-11-9781-dhdall.

Measures

The Healthy Beginnings Study included interviews at three time-points: intake, post-nutritional counseling, and postpartum. These interviews were modeled after the Pregnancy Risk Assessment Monitoring System (PRAMS; CDC, 2012) questionnaire and were composed of surveys aimed at gathering demographic information, nutritional information, and information regarding the baby. For the purposes of this study, the intake and postpartum questionnaires were most heavily used, with only one scale used from the post-nutritional counseling questionnaire. Questions used from the intake and postpartum interviews can be found in Appendix A and C, respectively.

Demographics. Demographic information on the participants was gathered from the Healthy Beginnings intake interview (Appendix A). Mothers gave information about their age, ethnicity/race, educational attainment, marital status, and history with incarceration.

Recidivism. Recidivism was tracked using Vinelink, an online service for tracking offenders. Recidivism was defined as incarceration 1-12 months after the birth of the participants' child.

Psychological Stressors. Psychological stressors were measured in two different ways. First, participants completed the Centers for Epidemiological Studies – Depression Scale (CES-D) at intake, post-nutritional counseling, and postpartum (Appendix B). The CES-D (Radloff, 1977; 1991) is a 20-item self-report scale. The CES-D is designed to measure depressive symptomology and focuses on affective issues. Each of the items on the scale reflects symptoms associated with depression (e.g. loneliness, irritability, hopelessness). Representative items include "I talked less than usual" and "I was bothered by things that don't usually bother me." Participants rated each item in relation to how frequently they experience the represented symptom, using a scale of 0 (rarely or none of the time) to 3 (most or all of the time). Some items on the scale were reverse scored, such as "I enjoyed life" or "I felt happy." When added together, scores of 16 or higher were considered to indicate clinical depression. CES-D scores were then compared to the CES-D scale and coded as no indication for clinical depression if their score was less than 10 (0), some indication for clinical depression if their scores were between 10 and 16 (1), and indication for clinical depression (2) if their scores were over 16. CES-D scores were compared at all three time points.

Participants were also asked "do you have any of the following chronic physical conditions?" including "mood disorders (depression, anxiety, bipolar)" and "other psychiatric conditions (schizophrenia, PTSD)". Results were coded as dichotomous variables (no=0, yes=1) (See Appendix A).

To determine the relationship between psychological stressors and recidivism rates among the Healthy Beginnings participants, a new variable was created. Psychological stress (n=103) was measured by summing the scores for responses to 1) if the woman indicated the presence of psychological or mood disorders at intake, and 2) where their CES-D scores fell on

the scale at intake, post-nutritional counseling, and postpartum. Summed scores were then divided by the number of responses to create an average score of psychological stress. Average psychological stress ranged from 0.00 stresses per variable to 2.00 stresses per variable (m=0.81, SD=0.64). An indicator for enhanced psychological stress, including those who scored within the top quartile (score>1.33) was then created.

Motherhood and Maternal Stressors. Questions relating to motherhood were administered in the Healthy Beginnings Study postpartum questionnaire, modeled off the PRAMS questionnaire (Appendix D). Additional questions were coded dichotomously (no=0, yes=1) and included items such as "were you incarcerated when you gave birth," "after your baby was born, was he or she put in an intensive care unit?" and "is your baby living with you now?" Other variables were calculated given information from the participants. For example, preterm births were determined by comparing the participant's reported date of expected delivery in comparison to their actual delivery date.

The Parenting Sense of Competence (PSOC) Scale was used to determine the mother's personal feelings of satisfaction and efficacy in her role as a mother (Appendix E) (Gibaud-Wallston, J., & Wandersman, L. P., 1978). The scale contains 16-items measuring the mother's anxiety, motivation, frustration, capability levels, and problem solving abilities within her role as a parent. The scale includes items such as "My mother was better prepared to be a good mother than I am", "If anyone can find the answer to what is troubling my child, I am the one", and "My talents and interests are in other areas, not being a parent." Participants are asked to respond to the statements using a 6-point scale and range from 1 (strongly agree) to 6 (strongly disagree). Eight of the items on the scale are reverse scored, and the scores summed. A higher score

equates to a greater sense of efficacy within the maternal role. Internal consistency for the scale, measured by Cronbach's alpha, was .79 (Gibaud-Wallston, J., & Wandersman, L. P., 1978).

A separate variable was created to determine the presence of maternal stressors in the lives of the participants. Maternal stressors (n=103) consisted of the average stresses indicated for 1) if the baby was determined to be low birth weight, 2) if the baby was preterm, 3) if the mother reported the pregnancy was unplanned, 4) if the mother reported the baby had serious medical problems, 5) if the baby was placed in the NICU, 6) if the baby was living with them at the time of the postpartum questionnaire, and 7) their average score on the Parenting Sense of Competence Scale, which was reverse scored to indicate perceived incompetency. Averaged scores for maternal stress ranged from 0.00 stressors reported per variable to 1.65 stressors per variable (m=0.55, SD=0.32). The indicator for maternal stress included those in the top quartile of reported stressors (score>0.79).

Contextual Stressors. All three interviews asked the participants about stressors that were present in their lives outside of their status as mothers such as life stress, food insecurity, income insecurity, social support, history of drug use, and recent history of domestic violence. All measures except for the food insecurity scale were modeled from the PRAMS questionnaire (See Appendix A). Food insecurity was measured using the intake interview from a 5-item scale (See Appendix C) (Gary, Nord, Price, Hamilton, & Cook, 2000). Participants were asked if in the past year they had experienced any of the events such as "I ate less than I felt I should because we didn't have enough money for food." Responses were coded dichotomously (true=0, false=1). Participants' scores were summed, so the greatest score one could receive would be a 5 and the least would be a score of 0.

The life stress of the participants was also measured during the intake interview (See Appendix A). The questionnaire included a 14-item checklist. Participants were provided each statement and prompted to answer whether or not each item happened during the previous 12 months. Responses were recorded dichotomously (no=0, yes=1). Items ranged in stress from "I moved to a new address" to "Someone very close to me died." Participants were given the survey during the intake interview. One item on the scale, "My husband or partner or I went to jail" was removed from analysis due to confusion leading women to answer "no" despite their own incarceration.

Income insecurity was measured from participant responses to the questions "I was homeless", "My husband or partner lost his job", and "I lost my job even though I wanted to go on working" (See Appendix A). Each of these items were asked in the life stress questionnaire and thus were coded dichotomously (no=0, yes=1).

Social support was measured using a 4-item scale where participants were asked to answer if they had the support during their pregnancy (See Appendix A). Items included "someone to loan me $50" and "someone to take me to the clinic or doctor's office if I needed a ride." Participants responded "yes" or "no" and the results were coded dichotomously (no=0, yes=1). Scores were then reversed so that a higher score indicated less support.

History of drug use was measured by asking participants if they had taken any illegal drugs in the past two years, 3 months prior to conception, and around the time of conception of the baby (See Appendix A). Participants were asked if they had engaged in illegal drug use 3 months prior to the conception of their child because it was expected women would be less likely to answer honestly about drug use at the time of conception. Responses to these questions were coded dichotomously (no=0, yes=1).

Recent history of domestic violence was measured by asking participants if they experienced abuse from a "husband or partner, ex-husband or ex-partner, or anyone else" (See Appendix A). Abuse was recorded if the participants answered that any of those individuals "pushed, hit, slapped, choked, or physically hurt [them] in any way" either during the 12 months prior to their pregnancy or during their pregnancy. Each of the six questions were coded dichotomously (no=0, yes=1). Participants who answered "yes" to any of the questions were coded as experiencing some form of recent abuse (1).

The participants' food instability score, social support score, and life stress index score, along with the variables for recent history of domestic abuse, unemployment, and drug use at the time of conception were summed to create the contextual stressor variable. The number of reported contextual stressors (n=65) ranged from 1 stressor to 19 stressors (m=6.8, SD=4.30).

For this analysis, several factors found in the life stress index were also recombined to create a variable related to monetary stress. This was not included in the contextual stress variable to avoid double-counting those stressors. Stresses related to money consisted of 1) if the participant was unemployed in the last twelve months, 2) if they were homeless, 3) if their partner or they lost their jobs, or 4) they had bills they couldn't pay.

The variable for contextual stressors was created by summing the participants' food instability score, social support score, and life stress index score, along with the variables for recent history of domestic abuse, unemployment, and drug use at the time of conception and then dividing the summed score by the number of variables reported. The average contextual stress score (n=103) ranged from 0.00 stressors per variable to 3.17 stressors per variable (m=1.16, SD=0.73). The upper quartile of women reported having 1.60 or more stressors per variable and were included in the indictor for contextual stress.

Cumulative Stress. The newly created variables were combined to create a measure of cumulative stress. A measure of cumulative stress was created using the average total stress reported. All stress scores were summed and then divided by the number of variables reported. Scores of cumulative stress (n=103) ranged from 0.09 stresses per variable to 1.89 stresses per variable (m=0.84, SD=0.37). The indicator for cumulative stress was determined by identifying those in the top quartile who averaged 1.02 or more stressors.

Study 1: Results

Preliminary Analyses

To begin, overall recidivism rates for the eligible Healthy Beginnings participants were calculated (Table 1). Due to intervening circumstances such as women being granted furlough to give birth to their children, recidivism was calculated beginning one month after the birth of the participants' child. Between one month and twelve months after the birth of their children, 34.3% of the women recidivated, and were reentered into Virginia's VineLink service (n=34). The women who recidivated in this timeframe spent an average of 24.2 weeks (SD=13.79) in the community before becoming rearrested, and their children were an average of 20.7 weeks old (SD=16.14) at the time of rearrest. The majority of women who were rearrested were done so on a parole violation or court related charge (n=43, 41.7%), while others reported rearrest due to a monetary, theft, or larceny charge (n=31, 31.1%), charge of violent action (n=14, 3.6%), charge related to child neglect or abuse (n=4, 3.9%), vehicular charge (n=10, 9.7%), or prostitution charge (n=3, 2.9%). Black mothers were more likely to recidivate than others (x^2=4.79, p=0.03) (Table 3). There were no other significant demographic differences between mothers who recidivated and those who did not. To determine the association between variables and recidivism, independent sample t-tests (Table 2) and chi-squared analyses (Table 3) were used.

Psychological Stressors

Once the variables were created for psychological stress, an independent t-test was run to determine if there were significant differences in the mean number of psychological stressors reported by women who recidivated and those who did not recidivate. There was no statistically significant difference between the women who had (m=3.33, SD=2.91) and had not (m=3.62, SD=1.79) recidivated $t(97)$=-0.31, p=0.75. The indicator for heightened psychological stress was tested using a chi-squared analysis and was also not significantly associated with recidivism (x^2=0.26, p=0.61). When analyzed separately, no individual psychological stressor was found to be significantly associated with recidivism (Tables 2 and 3).

Maternal Stressors

An independent sample t-test was run to determine if the mean number of maternal stressors reported was significantly different between women who recidivated and those who did not (Table 2). No significant difference between the means was detected ($t(97)$=1.37, p=0.17). The relationship between the indicator for an elevated number of maternal stresses reported and recidivism was tested using a chi-squared analysis and was not significant (x^2=2.42, p=0.12) (Table 3). Only one of the seven maternal stressors (if the baby was living with the mother at the time of the postpartum interview) was found to be associated with recidivism in that women who had their children with them were less likely to recidivate than those who did not (x^2=4.35, p=0.04) (Table 3).

Contextual Stressors

Neither the contextual stress variable ($t(97)$=-0.83, p=0.41) nor the indicator for heightened levels of contextual stress (x^2=0.67, p=0.41) were associated with recidivism (Tables 2 and 3). Four of the individual stressors and indexes were related to the recidivism rates of the

participants. Women who recidivated reported a greater number of monetary stressors than those who did not recidivate ($t(94)=-2.04$, $p=0.04$) (Table 2). Chi-squared tests also indicated relationships between recidivism and reported unemployment ($x^2=10.53$, $p<0.00$) and drug use around the time of conception ($x^2=15.94$, $p<0.00$) (Table 3). Though drug use was reported in the three months prior to conception and at the time of conception to allow for participants reluctant to disclose drug use at the time of conception, the two variables were reported equally.

Cumulative Stressors

Independent sample t-test and chi-squared analyses were conducted to determine the relationship between recidivism and the cumulative stress variable and indicator. The cumulative stressor variable ($t(97)=-0.42$, $p=0.67$) was not associated with recidivism, and the indicator for heightened levels of cumulative stress ($x^2=2.77$, $p=0.10$) demonstrated a trend.

Study 1: Discussion

Implications

Previous research has separately studied links between psychological, maternal, and contextual factors and recidivism (Cloyes et al., 2010; Harm & Phillips, 2001; Greiner, Law, & Brown, 2015). The aim of this research was to assess the ability of individual and combined factors within these stress categories to predict rates of recidivism among a population of previously incarcerated new mothers. Most of the hypotheses were not supported by the results, as the results indicated that stressors directly related to psychological illness or maternal experiences are not as integral to the prediction of recidivism as contextual factors present in the lives of the women regardless of their roles as mothers. Additionally, a cumulative measure of stressors was not significantly linked to higher rates of recidivation. Only the indicator for heightened stress demonstrated a trend toward association. However, individual contextual

stressors were found to have the most significant connection to recidivism rates. Monetary stressors, including unemployment and homelessness, in addition to drug use are most closely linked with recidivism. These results are supported by previous work where general factors, particularly income instability and substance abuse, were also predictive of recidivism patterns (Greiner et al., 2015; Harm & Phillips, 2001; Holtfreter et al., 2004). In some studies, similar factors such as drug use were associated with recidivism, but having dependent children was not (Huebner et al., 2010). Therefore, the implication is that effective interventions for incarcerated mothers should focus mainly on substance abuse, addiction, and financial stability rather than primarily on promoting and building parenting skills.

Problems Posed by the Research

In contrast with these findings, many previous studies have espoused the importance of the maternal relationship in combatting recidivism rates among recently incarcerated new mothers. These links include active parenting and decreased criminal involvement, motherhood regardless of marital status, and the increased commitment to responsibilities (Giordano et al., 2011; Kreager et al., 2010; Massoglia & Uggen, 2010). This would suggest the stresses of motherhood actually work as social obligations that would decrease the likelihood of mothers to recidivate.

However, other work has suggested the opposite effect. The stress of parenting children, providing food and clothing, attempting to find both caretakers and jobs, and other juggling other responsibilities has been linked to increased rates of recidivism among mothers (Arditti & Few, 2008; Brown & Bloom, 2009, Dodge & Pogrebin, 2001; Michaelsen, 2011). Furthermore, in studies by Michaelsen (2011) and Richie (2010), mothers specifically mentioned the impact of their children on their decisions to dissociate from criminal peers and activities. However, in

these same studies, motherhood quantitatively appeared to have an inhibitory effect on criminal desistance.

This above finding presents an inconsistency between what has been quantitatively shown to impact rates of recidivism and what mothers have reported in qualitative studies. Could this be due to the two processes outlined by prior research – motherhood as a protective factor and motherhood as a stressor – countering the effects of the other experience? Furthermore, most studies concerning the intersecting experiences of motherhood and recidivism place a larger emphasis on the reentry process than can be studied using the original Healthy Beginnings data. In order to address these inconsistencies and further research the connections between motherhood and reentry a second study must be conducted. This new study would collect narratives from the Healthy Beginnings mothers and determine if, in a study of the same participants, the women's narratives refute the quantitative results of the impact motherhood has on the reentry process.

Study 2: The Healthy Beginnings Follow Up Study

The reentry process begins when a woman is released from jail or prison and continues until she is assimilated back into her community. This is a tumultuous time for the woman, she is often expected to comply with parole and probation requirements, find housing, reacquaint herself with her family, and cut all ties with the friends and behaviors that encouraged previous criminal activity (Arditti & Few, 2008; Brown & Bloom, 2009; Harm & Phillips, 2001; Schram, Koons-Witt, Williams & McShane, 2006). If the woman is unsuccessful in these endeavors, she may find herself rearrested and back in jail. The Healthy Beginnings study aimed to explore the stressors that may impact the patterns of recidivism among a population of recently incarcerated new mothers. Results indicated that contextual stressors present in the lives of the women such

as unemployment, homelessness, and drug abuse were most significantly related to their rates of recidivism. Factors related to mental health and motherhood were not found to have an empirically demonstrated relationship with recidivism.

The Healthy Beginnings Project, from which the analyses were crafted, was a quantitative study focused on the nutrition and birth outcomes for the mother and child. Previous research has demonstrated discrepancies between quantitative data on motherhood and reentry and qualitative data on the same topic (Arditti & Few, 2008; Brown & Bloom, 2009, Dodge & Pogrebin, 2001; Giordano et al., 2011; Kreager et al., 2010; Massoglia & Uggen, 2010; Michaelsen, 2011; Richie, 2010). Qualitative works like that of Richie (2010) focus more on collecting narratives of women that explore their own experiences with the processes at play during their incarceration and reentry. The three main processes that impact the lives of the women after their release are their experiences during incarceration, their maternal experiences, and their experiences during reentry (Arditti & Few, 2008, Brown & Blom, 2009; Dodge & Pogrebin, 2001; Harm & Phillips, 2001; Richie, 2001).

Motherhood and the Experience of Incarceration

A mother's experiences during incarceration can have great impact on her experiences during reentry. While incarcerated, mothers may have the opportunity to participate in various types of programming aimed at increasing parenting skills, social skills, job skills, working through substance abuse, domestic violence, mental health, and other issues (Byrne & Howells, 2002; Brown & Bloom, 2009; Bruns, 2006; Chesney-Lind, 1986; Lynch & Sabol, 2001). Involvement in skills based programming of any type has been linked to mitigating the level of maternal stress during the reentry process and lowering their rates of recidivism (Arditti & Few, 2008; Bruns, 2006; Lynch & Sabol, 2001).

Programming focused on parenting and allowing women to retain contact with their children helps mothers assume their roles upon their release, and mothers who attend these programs often show marked increase in self esteem and understanding of the expectations they should have for their children (Bruns, 2006). Though the ability to live with one's children is optimal for the development of the mother-child relationship, it is not an option for most women in jail or prison. Instead, most women are only allowed short visitations with their children. Tuerk and Loper (2006) studied visitation in a sample of 357 mothers detained in a maximum-security prison. They found that mothers who were able to maintain frequent contact with their children were less likely to experience stresses related to attachment and perceived parental competency than those who did not. Contact, in this case, included letter writing (Tuerk & Loper, 2006). However, other studies have found increased recidivism rates among inmates who were visited by their children (Bales and Mears, 2008).

It is often imperative for women to be able to maintain contact with their friends and families during their incarceration, because these social bonds can help facilitate a smoother transition during their reentry. In a study that compiled interviews from 38 women who had experienced the reentry process, many cited the relationships with their families as both the most helpful and difficult part of their reentry process (Harm & Phillips, 2001). The added stress of reintegrating into the family unit may exacerbate other stresses present during the reentry process, while the added support of having a family unit to help house them, find them jobs, and provide childcare can mitigate some of the aforementioned stresses (Harm & Phillips, 2001).

Many women are released on parole or probation. In a study of 546 women on parole, researchers assessed 28% as exhibiting some need for assistance with housing, employment, or another area of reentry (Schram et al., 2006). However, of those women in need only 42%

received any assistance in those areas, and 58% did not have any needs addressed during their entire 12-month parole period (Schram et al., 2006). In another study, Harm and Phillips (2001) interviewed women during their reentry who stated that counseling and drug treatment programming were the two biggest resources that could have helped them successfully reintegrate into their communities, but they were too often absent. This is an important finding, as other researchers have found that it is these comprehensive, community-based programs that work best for reducing recidivism rates (Richie, 2001).

Maternal Bonding

Strong maternal bonding may also provide protective factors, especially when mothers are apart from their children, as is the case with incarcerated mothers. In a study of incarcerated mothers, Barnes and Stringer (2014) found that mothers who lived with their children prior to incarceration, believed they had an emotionally close family, and anticipated having custody over their children upon their release, reported greater personal identification as a mother. A study of the experiences of mothers and non-mothers during incarceration found that those who were experiencing more parental stress had greater difficulty adjusting to prison, however; incarcerated mothers who had children at home were more likely to adjust well to prison (Loper, 2006). The author suggests this may be rooted in the sense of connection to the outside world and purpose that these mothers may experience while incarcerated. Muzik et al. (2013) conducted a three time point study of 150 mothers aged 18 to 45 to determine the impact a history of child abuse and neglect has on the mother's ability to bond with her infant. The study reported significant associations between maternal bonding issues and negative parenting behaviors. (Muzik et al., 2013).

The Reentry Process

Mothers who were previously incarcerated face the typical challenges related to reentry—securing employment, negotiating family dynamics, following parole or probation requirements, finding programming, and fighting the label of "offender"—while also navigating the stressful role of motherhood (Brown & Bloom, 2009; Dodge & Pogrebin, 2001; Blitz, 2006; Harm & Phillips, 2001, Lynch & Sabol, 2001, Richie, 2001). In a study of women on parole, researchers found 35% were living in unstable housing, exacerbating many of their challenges (Schram et al., 2006). The process of overcoming each of these challenges can produce enormous stress for the formerly incarcerated woman. According to the Bureau of Justice Statistics, 34.4% of the women released in 2005 were rearrested within one year and 68.1% were rearrested within five years (2014).

In addition to allowing a mother to support her family, procuring gainful employment may be a condition of her parole, probation, or custody of her child (Brown & Bloom, 2009; Dodge & Pogrebin, 2001). Gaining employment, however can pose its own challenges. Returning offenders are often concentrated in areas of poverty where opportunities for employment are scarce (Lynch & Sabol, 2001). A study of female parolees found that two-thirds of the over 550 participants were frequently unemployed during their first year of parole (Schram et al., 2006). Most incarcerated women can be characterized as young, minority mothers who have mental health issues and low levels of education, both of which have been associated with difficulty in finding work (Blitz, 2006). Finding employment is also important for combatting recidivism. In fact, poverty was linked with both recidivism and violating parole in one study on female offenders and posed as the strongest predictor of risk (Holtfreter et al., 2004).

The label of "offender", even "previous offender" follows many of the women throughout their reentry process. Dodge and Pogrebin (2001) interviewed over fifty female offenders on parole and found that the first challenge they often faced was the isolation that came from this label. This status may separate them from previous personal and professional relationships, may disqualify them from community based and public programming, and hamper their upward mobility. The realization of these restrictions resulted, for many of their participants, in feelings of powerlessness and vulnerability, lowered self-esteem, shame, and a need to prove themselves to their friends, family, and community (Dodge & Pogrebin, 2001). These feelings add another layer of complexity to their reentry process and may bring about additional stress. Given the high levels of rearrest among women, exploring how experiences related to incarceration, motherhood, and reentry intersect is essential to studying motherhood and recidivism.

Study 2: The Healthy Beginnings Follow Up

While previous research has employed quantitative methods (Greiner et al., 2015; Stuart & Brice-Baker, 2004; Huebner et al., 2010) and qualitative methods (Brown & Bloom, 2009; Dodge & Pogrebin, 2001, Arditti & Few, 2008; Richie, 2001) to determine the impact of motherhood on the reentry experiences of women, there is a scarcity of research that utilizes both methodologies to create a complete picture of the experiences of these women. The Healthy Beginnings study provided important insight into how the reentry process is affected for mothers by psychological, maternal, and contextual stressors. The data suggested that contextual stressors may be the most poignant factors in determining the likelihood of a mother to recidivate. However, from the previous data, it is difficult to determine if motherhood truly had no impact

on recidivism for these women, or if the women who were positively and negatively influenced by their maternal experiences cancelled each other out in the quantitative data.

The Healthy Beginnings Follow Up Study was created for this thesis to expand upon the prior quantitative data collected by the Healthy Beginnings Research Project and to provide narratives as context for the data. It is through this integrated methodology that this research hopes to better understand the impact motherhood has on the reentry experiences of recently incarcerated new mothers. The aim of conducting a second interview is to (a) supplement the quantitative data on motherhood and recidivism from the Healthy Beginnings Project with qualitative data, (b) explore the impact of experiences during incarceration, maternal experiences such as bonding, and the reentry process on recidivism from the mothers' viewpoints, and (c) compare the two sources of data to determine the impact, if any, motherhood has on reentry and recidivism for recently incarcerated new mothers. It is hypothesized that (a) experiences during incarceration such as access to programming will impact the mothers' experiences of reentry, (b) mothers with stronger bonds to their children will be less likely to recidivate, and (c) the experience of motherhood will be closely tied to the women's narratives regarding their reentry experiences.

Study 2: Method

Participants

The Healthy Beginnings Follow Up Study was launched in the summer of 2015 to gather further qualitative data from the women who participated in the original study. Women who were eligible for the Follow Up Study had fully completed the Healthy Beginnings Study including the intake, post-nutritional counseling, and postpartum interviews. They had also been released from their original sentence and had given birth. Data collection began in September

2015 and continued through March 2016. Given the exclusion criteria, 103 of the Healthy Beginnings participants were eligible for participation in the Follow Up Study. At the data collection's conclusion, 15 women were interviewed. The mothers were mostly black (*n*=10, 66.7%), single (*n*=10, 66.7%), and unemployed (*n*=10, 66.7%) with a high school diploma or equivalency (*n*=10, 66.7%) (See Table 4). None of the participants had completed college. There were no significant demographic differences between the eligible women who participated in the Follow Up Study and those who did not.

Procedure

Due to the time that had lapsed since the conclusion of the Healthy Beginnings Study, women eligible for the Follow Up Study were contacted using a multimodal approach. Initially, previous participants were contacted through phone calls, mailings, email, and Facebook to verify their contact information. The majority of interviews were collected over the phone, though some participants who had been reincarcerated were interviewed in jail. Two trained Healthy Beginnings Honors students and a Healthy Beginnings Project staff member conducted the interviews. Participants were given information regarding the Healthy Beginnings Follow Up questionnaire and asked if they would like to continue with the questionnaire. They were then given information regarding the informed consent. It was explained to them that they could decline to answer any question or terminate their involvement in the Follow Up study at any time without repercussion.

Participants who were interviewed over the phone were read the consent form and asked to give verbal consent prior to the initiation of the interview. Two consent forms were then mailed to their address, one to keep and one to sign and return. Participants interviewed in person were asked to sign the informed consent form prior to initiation of the interview. Participants

were informed that they would be compensated for their time with a $10 Wal-Mart gift card no matter how many questions they answered. Again, participants were informed that any answers they would give would be confidential and would not affect any of their court proceedings. Once collected, data was analyzed using content analysis, looking for themes that emerged in the previous study, including issues related to substance abuse, financial instability, social support, and motherhood.

The Healthy Beginnings Follow Up study received approval from the William & Mary Institutional Review Board under expedited review with the protocol PHSC-2015-09-01-10503-dhdall.

Measures

The Healthy Beginnings Follow Up Study consisted of one interview comprised of two parts, (a) the participants' experiences with motherhood and reentry, and (b) the mothers' experiences with breastfeeding. The survey's aim was to gather qualitative data. For the purpose of this study, only the Healthy Beginnings Follow Up Study (a) was utilized (See Appendix F).

Demographics. Demographic information that could have been changed during the lapse in communication with the participants was confirmed in the Follow Up questionnaire such as their marital status, educational attainment, and history of incarceration (See Appendix F).

Recidivism. Recidivism was tracked using Vinelink, an online service for tracking offenders. Recidivism was defined as incarceration 1-12 months after the birth of the participants' child.

Experiences Related to Incarceration. Questions pertaining to the participants' incarceration and reentry experiences were asked in the Follow Up interview (See Appendix F).

Sample items include “Were you offered or did you attend any programming in jail?” and “Were you offered any information about programs or agencies to assist you upon your release?”

Motherhood. Other questions relating to motherhood were administered in the Follow Up survey (See Appendix F). These questions followed a narrative format and included “how do you feel about your pregnancy?” There was also a scale regarding maternal stress “On a scale from 1-5, 5 being very stressful, how would you rate your experiences as a mother?”

The follow up interview included one scale that was not original to the study. The Postpartum Bonding Questionnaire (PBQ; Brockington et al., 2006) was composed of 25 statements. Participants were asked to consider each statement in relation to their attitude towards their baby (See Appendix G). There were six responses ranging from ‘always’ to ‘never’; responses to positive statements such as “I love my baby to bits” were scored from zero (‘always’) to 5 (‘never) and responses to negative statements such as “I resent my baby” were scored from 5 (‘always’) to zero (‘never’). Mothers were asked to complete the PBQ in relation to their feelings in general. Two statements, “I have done harmful things to my baby” and “I feel like hurting my baby” were removed due to human subjects concerns. The scores were summated for each factor, a high score indicating disordered attachment in three areas; general, rejection and pathological anger, and anxiety about the infant. All fifteen of the mothers completed the Postpartum Bonding Questionnaire. Scores on the questionnaire were reverse coded so that higher scores indicated a less stable bond between the mother and her child. The average score on the Postpartum Bonding Questionnaire was 6.13 (*SD*=5.13) and scores ranged from 0 to 17.

Reentry. Finally, the Follow Up questionnaire asked questions pertaining to the mothers’ reentry experiences (See Appendix F). These questions were mostly open-ended in nature and

included “Were you on parole or probation?”, “Where did you live when you were released?”, “Would you say you got any support from family, friends, or the community when you were released? How did that support/lack of support help/hurt you?”, and “How much did being a mother affect your reentry process?” The questionnaire also had questions for women who had successfully completed their reentry such as “What factors or support systems do you think helped you, if any, in completing your reentry successfully?” and questions for women who had recidivated such as “What was the biggest obstacle you faced during your reentry?” The Follow Up survey also included a scale pertaining to reentry, asking the participants “On a scale from 1-5, 5 being very stressful, how would you rate your experiences related to your reentry?”

Study 2: Results

Fifteen women were interviewed for the Follow Up interview. Three of the women were interviewed in jail and twelve were in the community and participated via a telephone interview. To determine the association between variables and recidivism, independent sample t-tests (Table 5) and chi-squared analyses (Table 6) were conducted.

Experiences Related to Incarceration

Most women had previous experience with incarceration prior to their incarceration during which they came in contact with the Healthy Beginnings Project. Women reported being incarcerated between 1 and 8 times (m=3.60, SD=2.22). Experiences related to incarceration were focused mainly on programming received.

Programming. Women were asked whether or not they were offered programming in jail, programming to see their children, or information to assist her upon her release. Women who responded “yes” to any of the three questions were asked whether or not they attended any of the programming available. Women from six different jails stated that they were offered

programming while incarcerated (*n*=10), and most women reported attending such programming (*n*=9). Four women in three separate jails reported being offered programming to help them see their children, but only two of the women attended such programming. All women who reported being offered programming or information to assist them upon their release reported attending the programming (*n*=4). These women were located in three different jails.

Women were also asked to describe the programming that they were offered and their involvement, if any, in such programming. Their responses were varied, but generally positive about the programming:

> "We had a pre-release class, I graduated and got my certificate last Friday. They help you find a job, prepare you when you get a job, keep you from getting incarcerated again"
> "We had Healthy Beginnings, Avalon, and AA/NA. I participated any chance I got"
> "Bible study once a week, it was okay"

Two women reported having to change their programming or work-program placements due to their pregnancy:

> "They had hair stuff but due to my pregnancy they wouldn't let me do it. They don't want you in the kitchen or around the chemicals. It was very limited for a pregnant woman"
> "I was in the work force and substance abuse classes once a week. I worked in the kitchen and moved to laundry during my pregnancy"

Chi-squared analyses were run to determine if there was an association between being offered or attending programming of any kind and recidivism. No significant results were found (See Table 6).

Motherhood

At the time of the Follow Up interview, the average age of the children was 15.40 months (*SD*=7.09, *min*=2 months, *max*=24 months), more than half of whom were living with their mothers (*n*=9, 60%) (Table 4). Three of the mothers who did not have their children with them were incarcerated. Almost all of the children not with their mothers were with family members (*n*=5), and one was with an adoptive family.

Pregnancy. Women reported having positive (*n*=7, 46.7%), negative (*n*=3, 20%), and mixed feelings (*n*=5, 33.3%) feelings about their pregnancies. When asked to explain their feelings, women reported mixed feelings:

> "It was easy, but I was depressed all the time"
> "It was okay, I had easy days and hard days, but it wasn't bad"
> "It was very easy, I didn't get sick"
> "It was difficult, I was big and uncomfortable, hungry all the time, I had dizzy spells, and there was lots of movement"

Bonding. Independent sample t-tests revealed that there was no significant difference in the mean scores on the PBQ between women who recidivated and those who did not. The overall score on the questionnaire was also not associated with recidivism $t(13)=-0.62$, $p=0.54$ (See Table 5).

Parenting. Most mothers described their Healthy Beginnings child as "easy" (*n*=13, 86.7%). Only one mother described her child as "difficult" and one mother described her child as "both." Of the nine mothers who had children living with them, six said that they received childcare support from friends or family. Mothers were asked how confident they felt in their roles as mothers. All mothers reported feeling happy or confident in their roles as mothers, despite the levels of support received from friends and family:

"I'm very confident, but sometimes I wish I had more support"
"Pretty confident, most of the time just wanted a little more support"
"I pretty much got support, I was confident in my role"
"I feel like I'm a good mom, I'm happy with the support I get"

Mothers were also asked to rate their experiences as a mother on a scale from one to five, one being not stressful and five being very stressful. Most mothers reported that, for them, motherhood was not stressful (n=7), and no mothers chose "very stressful" as their rating (m=1.93, SD=1.03). Mothers were asked to explain why they chose their particular rating to reflect their experience of motherhood. Most narratives were positive about the experience of motherhood, and those who did point out difficulties qualified their statements by noting that there were positives as well:

"Stresses only relate to the family relationship of me and my son's dad, because when it's just me and my son I am fine. When I backtrack and it's me and his father it's very stressful"
"There's no need to stress. I take it as they come. I've been through harder things that have happened in my life".
"Some days are harder than other days"
"It was stressful at times, but I can handle it"
"You know I'm not going to say it's all peaches and cream but I get a lot of help"
"It's not stressful at all, you have your moments, but it's easy"

An independent samples t-test was run to determine if there was a significant difference in the mean evaluation of maternal stress between mothers who recidivated and those who did not. No differences were found $t(13)=0.81$, $p=0.44$ (Table 5). Chi-squared tests were conducted to determine if there were any associations between recidivism and mothers who had their children living with them, and recidivism and mothers who reported having childcare support. Whether or not the mother had her child with her was marginally associated with recidivism

x^2=2.96, p=0.08. There were no associations between a mother receiving childcare support and recidivism (Table 6).

Reentry

Less than half of the women interviewed reported being reincarcerated after the birth of their Healthy Beginnings baby (n=6, 40%). Of the women who were reincarcerated, five reported being reincarcerated once, and one participant reported being reincarcerated two times. Women reported being arrested on charges related to court or their probation (n=3), drug use (n=1), vehicular charges (n=1), or charges related to violent action (n=2). No women reported being arrested on charges related to theft or larceny, child endangerment or abuse, or prostitution (See Table 4).

All of the women were asked to discuss openly the challenges they faced during their reentry. Three central themes arose from their responses, (1) staying away from peers and situations that would tempt them to engage in illegal behaviors:

> "Staying positive and away from all the negativity"
> "Trying not to communicate more with people who said they were friends but weren't"
> "Leaving the baby's father. I knew I could do it being a single parent, but it's hard after being in a relationship for so long"

(2) financial challenges. Eight of the fifteen responses related to money and financial stability or trying to find a job:

> "Mainly upbringing my son and making ends meet. Getting around without a car. My PO says there's nothing really in Richmond for women and children, only Roanoke but I'm not going there with no money or means or friends, that's absurd"
> "Financial challenges […] raising three kids"
> "Finding a job"

(3) overcoming addiction and substance abuse:

> "Substance abuse and staying clean"
> "Staying clean, being confident, and having a strong mind to stay clean"

When speaking openly about the challenges facing these mothers during their reentry, only three mentioned their children. Only one of the responses above cited children as a primary challenge, and all were mentioned in relation to other financial or social challenge.

The women were also asked to rate their experience of stress related to reentry on a scale from "1" to "5", 1 being "not stressful" and 5 being "very stressful." Responses ranged from "not stressful" to "quite stressful" (*m*=3.00 or "moderately stressful", *SD*=1.19). Almost half of the women stated that their experiences during reentry were "quite stressful" (*n*=7, 46.7%). Women were asked to explain why they chose their rating. Here, only two people mentioned their babies or parenting, one in the context of transitioning from a two-parent household to a single-parent household, and one in the context of applying for resources. Responses ranged thematically:

> "My mind was set to change"
> "I had to go back to limited resources, no help for women. You have to know someone instead of things being available to you"
> "I wouldn't want to go through it again but it wasn't as bad as I thought it would be"
> "It was quite hard trying to pay bills"
> "Probation is always hot on you to find a job and stuff"
> "It wasn't hard at all"
> "I didn't think having a misdemeanor would affect me this much. I can't apply for things that'll help my kids. The charge needs to be 5 years old to apply for an apartment, there are more steps for me to apply to the military"

An independent sample t-test was conducted to determine if there were differences in the mean stress ratings for women who recidivated and those who did not. No relationship was found (See Table 5).

Probation. Almost all of the participants were on probation when they were released (*n*=14). Participants were asked if there were any conditions of their probation or parole. Most of the conditions involved meetings with the Parole Officer, staying sober, and complying with basic rules:

> "I had to meet with the PO and follow court ordered anger management and detox classes"
> "I just had to follow the rules"
> "Random drug testing, staying clean, being on good behavior, taking methadone at the beginning. I was on probation for almost two years"
> "No drugs or alcohol, I had to have a job, and keep the peace"

Of those on probation, only four stated that they had any difficulty meeting the conditions set by the court. When asked what the hardest condition to satisfy was, the majority of the women brought up the difficulties of transportation:

> "Being on good behavior and not having a driver's license"
> "Transportation"
> "Getting rides to everything was the hardest"

One woman had difficulty attending her required classes due to financial reasons. She was asked to pay for each of the classes she attended:

> "The hardest condition was when I got in trouble again and violated my probation by catching a new charge. For the classes I had to bring $20 each time for eighteen weeks. They knew I had a baby and I tried to get sent back to court to get off probation because I didn't have money for all of this stuff"

Women were asked how confident they were in their ability to successfully complete their probation. Most women stated they were "very confident" (*n*=6), one woman stated that she was "quite confident", and others stated that they were "not confident" (*n*=3). An independent samples t-test was run to determine if there were differences in the mean confidence reported between women who recidivated (*m*=2.00, *SD*=2.00) and those who did not (*m*=4.83, *SD*=0.41) $t(8)=3.47$, $p<0.01$. (See Table 5).

Support. Women were also asked about the support they received from family, friends, and the government. When asked where they lived upon their release, most women reported living with family members (*n*=7), a few women lived alone (*n*=4), and two women reported living with the baby's father (*n*=2). For almost all of the women, their current living situation was their first choice placement (*n*=13).

The participants were also asked about the support they received from family and friends. The majority of women (*n*=13) stated that they did receive this support. When asked to describe the support they received and how it affected their reentry, the majority of responses related to emotional and social support:

> "I got family support no matter what. It helped a lot. I'm always confident but I need support"
> "My family and friends helped me get back on track"
> "My fiancé's family helped. It was nice to have someone believe in you. It made me feel confident"
> "It helped me tremendously. I don't know where I'd be without them"

Three of the mothers talked about the support they received related to childcare and support in their pregnancies:

> "I got help with childcare and the basic necessities"
> "I got support form my mother because I couldn't work. It helped out a lot with [my baby's] things"
> "My family supported me. It helped make it easy with them just being there when I was pregnant, taking me back and forth to the doctor's and eating right"

The two mothers who stated that they did not receive support described how it affected their reentry process as well:

> "It put me in a state of depression"
> "No, and that lack [of support] put me back in here"

Finally, mothers were asked if they received any public assistance upon their release such as WIC or Food Stamps. Most of the women received some kind of public assistance (*n*=11). All of the women who received public assistance except for one stated the process for obtaining the assistance was "easy". Only one of the women stated that she had a difficult time in securing the assistance she needed.

Support was also examined with a chi-squared analysis to determine if living at her first choice placement, receiving support from family, or receiving public assistance was related to recidivism. No relationships were found (Table 6).

Recidivation. The six women who recidivated were asked separate questions regarding their unique experiences. Women were asked what they saw as the biggest obstacle to a successful reentry. Responses varied:

> "Financial challenges"
> "Probation violations"
> "Finding a job"
> "People and my surroundings. I surrounded myself with the wrong people"

Women were also asked if they could identify something that could have helped them during their reentry process. Again, responses varied due to the unique situations of the women:

> "Being able to get my license back or having someone chauffeur me"
> "Nothing. I didn't know I was on probation"
> "Not drinking"
> "Not getting back with my son's father […] it took me to get reincarcerated to wake up"

The women were asked about what happened to their baby during their reincarceration. Participants related where the child lived and what their relationship was like with the person or people with whom their child was living. Three of the women placed their children with family members, and the other three placed their children with the father. All of the women stated that they had generally positive relationships with the people caring for their children in their absence.

Successful Reentry. Nine of the women interviewed had not recidivated since the birth of their Healthy Beginnings child. They were asked about helpful factors that assisted them in their reentry. More than half of these women (n=5) attributed their success in some way to their children:

> "Having my son and support from my family"
> "Having childcare, being around the baby. Focusing on life and focusing on the baby prevents me from doing what I used to do"
> "Going back is probably my biggest fear in life. The job was helpful, it was the luck of the draw to get safe housing. Going to meetings, staying off drugs, and having my son. I don't know what I'd do without him"
> "Having my kids to live for and my family"
> "Being with my kids. I don't want to go back. Getting out and staying clean"

However, when the same women were asked about the biggest challenges they overcame to successfully complete their probation, only one mentioned their children and again, in the context of providing for them. Here, the major themes were avoiding negative social relationships and financial challenges:

> "Staying positive and staying away from all the negativity"
> "Not going back to what I used to do, not hanging around with the wrong crowd"
> "That was the biggest challenge – severing ties with friends I've had for a while was really hard"
> "Staying clean, not surrounding myself with the same people as before"
> "Money and resources"
> "Finding a job"
> "Not other than not having any money"

Motherhood. Finally, mothers would ask to describe the impact, if any, the believed motherhood had on their reentry process. Some (*n*=6) thought it made it easier:

> "When you don't have any kids it's all you. When you have kids, it's all about the kid. I'm still getting used to it, learning this time around. I can't let my feelings override my son's feelings. It's all about his feelings now"
> "I was more interested in my son than all of that. It made it easier"
> "It made it much better, made me think about who else my decisions affected"
> "It made it easier. I would have been in the same place as before. I had to look positively and make big changes. There are others depending on you"
> "I went back to a regular routine, my motherhood instincts went back to normal. It wasn't difficult"
> "It made it easier, I wanted to be there for the kids"

A few (*n*=3) described motherhood as making the transition more difficult:

> "It was trying at first to find a safe environment where I could move upward versus being in a shelter. It was scary at first but a blessing to find a job. There needs to be something here for women with children"

> "[Motherhood] made it difficult. My oldest child asked a lot of questions"
> "It didn't affect the process much, but it did make it more difficult"

And the others (n=6) did not think that motherhood had an effect on the reentry process:

> "It really didn't affect [the process] that much. I already was [a mother]"
> "Not at all"
> "Not really, it was pretty much myself I had to work on. It didn't make it different, it was all the other stuff when kids were in daycare and school"
> "I have four kids, I'm used to it"
> "Not too much, they don't really get in my way"
> "It doesn't make it easier or more difficult"

Study 2: Discussion

There are noted discrepancies in the results gathered from qualitative and quantitative work on issues related to motherhood and incarceration (Brown & Bloom, 2009; Dodge & Pogrebin, 2001, Arditti & Few, 2008; Richie, 2001). The aim of this study was to determine the degree to which this discrepancy would be observed using the same population for both methodologies. The results indicated that within a population of recently incarcerated new mothers, the empirical data regarding patterns of recidivism does not always correspond with the individual's own narratives concerning the process. Despite the results demonstrating minimal statistical significance between factors relating to incarceration, motherhood, and the experience of reentry with recidivism, several themes in the narrative emerged.

It was hypothesized that experiences during incarceration such as access to programming would impact the mothers' experiences of reentry. Though previous research emphasized the importance of programming during the mother's incarceration, programming did not have a relationship with recidivism (Arditti & Few, 2008; Bruns, 2006; Lynch & Sabol, 2001). Most

women attended some type of programming during their incarceration, and had generally positive things to say about the programming they did attend. However, only half of the women that were offered programming to help see their children attended such programming. Previous research has linked continued ties to children with positive reentry experiences (Bales & Mears, 2008; Borelli, Goshin, Joestl, Clark, & Byrne, 2010; Tuerk & Loper, 2006). However, much of the previous research was done in a prison setting, where women are often far away from their families and serving longer sentences than women who are in jail. This may account for some of the discrepancy between the results and previous works.

The second hypothesis expected mothers with stronger bonds to their children, as measured by the Postpartum Bonding Questionnaire (PBQ) and experiences during pregnancy, would be less likely to recidivate. In contrast with previous work, neither the experience of pregnancy nor the bonding measured by the Postpartum Bonding Questionnaire were associated with recidivism (Miller & Sollie, 1980; Muzik et al., 2013; Giordano et al., 2011). Despite reporting varying levels of stress related to motherhood, the mothers were generally positive and confident when speaking about their role as a mother, and everyone thought their child was fairly easy to parent, regardless of the level of support from friends and family they received. The results supported previous work that emphasized the importance of childcare (Hunger et al., 2010; Dodge & Pogrebin, 2001; Harm & Phillips, 2001). Assistance with childcare may demonstrate an area in which both the stresses of motherhood and reentry can be alleviated. If mothers received help with childcare, they may have been more able to secure employment, look for houses, and receive financial in addition to social support from family members.

The importance of social support was underlined when women were asked about how support helped them or how lack of support challenged them during their reentry. The

participants talked earnestly about how helpful social support was to their experience, and the women who stated they did not receive social support spoke about how much that lack negatively impacted their experience. Previous studies on the reentry process have also found social support to be an important factor during the reentry process for recently incarcerated women and mothers (Harm & Phillips, 2001; Dodge & Pogrebin, 2001; Lynch & Sabol, 2001; Greiner et al., 2015). However, despite the polarized discussion of the importance of social support, neither social nor government assistance was associated quantitatively with recidivism.

Themes that did appear in the women's narratives concerning their reentry process, however, were much more consistent with previous literature. Here, women mostly talked about relationships with peers, struggling financially, and overcoming addiction (Dodge & Pogrebin, 2001; Harm & Phillips, 2001; Lynch & Sabol, 2001; Schram et al., 2006; Greiner et al., 2015). The problems and stresses associated with successfully completing probation were also salient in the women's narratives. Most of these stressors had to do with the three major themes noted above, as women are often required to obtain and maintain a job and sever their ties with negative relationships and drugs. The only statistically significant qualitative finding in the Healthy Beginnings Follow Up Study was that women who stated they were not confident in completing the terms of their probation were more likely to recidivate. However, as previously discussed, this data was collected after their reincarceration, so was quite possibly skewed due to the timeline of questioning.

Finally, the third hypothesis suggested that the women's experiences of motherhood would be closely tied with their experiences during reentry in their narratives. Both in the general conversation about reentry and in the conversation about obstacles women who recidivated faced, children were largely absent from the conversation. They were only brought up in relation

to financial struggles or relationships with others. This finding is supported by prior research (Stuart & Brice Baker, 2004; Michaelson, 2011; Huebner et al., 2010). For example, Stuart and Brice Baker (2004) studied over twenty-six variables to determine their correlations with recidivism using a sample of 60 female offenders. Though they found previous history related to incarceration to be significantly correlated with recidivism, no factors related to motherhood were associated.

On the other hand, more than half of the women who were successful in their reentry and, therefore, had not yet recidivated, talked about the positive impact their children had on their reentry. This finding supports similar results from qualitative works on motherhood and reentry (Harm & Phillips, 2001; Richie, 2001). Though they attributed their successes to their children, when asked about challenges they faced during their reentry, children were again absent from their responses. When all women were asked directly how they thought motherhood impacted their reentry process, most mothers thought it had a positive effect or no effect on their reentry, while only a few believed that motherhood had a negative effect.

Overall Conclusion

Together, the Healthy Beginnings and Healthy Beginnings Follow Up Study aimed first to assess the ability of individual and grouped variables related to psychological, maternal, and contextual stressors to predict the likelihood of a population of recently incarcerated new mothers to recidivate and then collect narratives from the same mothers on how they viewed similar variables to impact their reentry process. In conjunction, the results from this thesis suggested that contextual stressors such as drug use and financial instability are the most salient variables when predicting recidivism rates among previously incarcerated mothers. The implication here is that for populations of recently incarcerated mothers to successfully complete

the reentry process, more attention must be paid to assisting them with drug counseling and treatment and helping them secure stable employment within a reasonable commute.

The most interesting finding from this thesis is how motherhood seems to relate to the reentry process. In both sets of quantitative findings, results indicated that motherhood had no effect, positive or negative, on rates of recidivism. Additionally, mothers who did recidivate did not attribute their reincarceration in any way to their children, except for one mother who discussed her relationship with the child's father. Furthermore, when the participants were asked directly how they believed motherhood impacted their reentry experience, the responses were mixed. Many mothers believed motherhood to have either a positive impact or no impact on their reentry, while a smaller portion believed it to have a negative impact. Despite this, almost all of the mothers who successfully completed their reentry attributed their success in some way to their child. Though the results suggest the experience of motherhood may not have a direct impact on rates of recidivism, they do suggest that a positive view of motherhood may have an impact on the women who successfully complete reentry.

Limitations and Future Directions

Though the results from this thesis add important insight to the study of motherhood and the reentry process, it is important to acknowledge the limitations of the studies at hand. First, the sample size for the qualitative interviews could be expanded to gain a more well-rounded perspective on recently incarcerated new mothers' experiences of motherhood and the reentry process. Other works with similar methodologies had sample sizes of 42 (Richie, 2001) and 38 (Harm & Phillips, 2001) women. However, given the sample size of the original population, the difficulty in regaining contact with a highly transient population, and the short timeframe in

which data collection was able to occur, a sample size of 15 was an appropriate number for the analyses that took place.

Another limitation was the sequence in which questions were asked. For example, women who recidivated had a lower average confidence level in believing they would successfully complete their probation than those who did not recidivate. This data could easily have been skewed by the hindsight afforded to the women who did recidivate. Furthermore, women had the ability to reflect on their reentry processes and attribute meaning to their successes and failures during the reentry process. In that search for meaning, women who successfully completed their reentry could have retroactively found meaning in their children and attributed their successes to them. In contrast, women who did not successfully complete their reentry process may not be as inclined to attribute the challenges they faced to their children.

Future study should work to minimize these limitations and continue to build upon the literature concerning the impact of motherhood and reentry. Given the qualitative results, the impact of motherhood – and the stressors and responsibilities that come with it – may still have more direct impact on reentry than the quantitative data implies. Perhaps more sophisticated analyses or more pointed questions could aim to explore the mechanism by which motherhood affects this process and why it may or may not have demonstrable impact in previous works. If future works are able to more completely vet these processes, researchers and policy makers would be better able to assist recently incarcerated new mothers throughout their reentry and provide them with the necessary tools and support to successfully complete their reentry and stay at home with their children.

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Table 1

Characteristics of Healthy Beginnings Participants

Variable	Range or Percentage	M	SD
Participant Demographics			
Age (years)	18-40	24.99	4.73
How Many Previous Pregnancies	0-8	2.26	1.85
Race			
Black	47.70% (52)	--	--
Not Black	52.30% (57)	--	--
Educational Attainment			
Some High School	17.50% (18)	--	--
High School Graduate	20.40% (21)	--	--
Working on GED	10.70% (11)	--	--
Completed GED	24.30% (25)	--	--
Some College	23.30% (24)	--	--
College Graduate	1.00% (1)	--	--
Completed Trade/Tech School	2.90% (3)	--	--
Marital Status			
Single	71.80% (74)	--	--
Married	8.70% (9)	--	--
Divorced	9.70% (10)	--	--
Legally Separated	1.00% (1)	--	--
Cohabitating	5.80% (6)	--	--
Other	2.9% (3)	--	--
Recidivated	34.3% (34)	--	--
Age of Child (weeks)	0.14-51.57	20.71	16.14
Charge			
Court or Parole	41.70% (43)	--	--
Drug	14.60% (15)	--	--
Money/Theft	31.10% (32)	--	--
Violent Action	13.60% (14)	--	--
Child Neglect	3.90% (4)	--	--
Driving Violation	9.7% (10)	--	--
Prostitution	2.9% (3)	--	--

Table 2

Healthy Beginnings
Relationships between Demographic Information, Individual, Collective Stressors, and Recidivism - Independent Sample T-Tests

Stressor	Did Not Recidivate mean (SD)	Recidivated mean (SD)	*t*	df	*p*
Demographic Information	--	--	--	--	--
Age	25.05 (4.69)	24.85 (4.96)	0.19	97	0.85
Marital Status	0.83 (1.65)	0.47 (1.05)	1.16	97	0.25
Education Level	1.56 (0.19)	1.65 (0.28)	-1.60	97	0.11
Psychological	0.79 (0.63)	0.84 (0.66)	-0.31	97	0.75
CES-D Intake	1.13 (0.85)	1.26 (0.93)	-0.75	96	0.45
CES-D Post-counseling	0.96 (0.93)	0.97 (0.89)	-0.11	84	0.99
CES-D Postpartum	0.57 (0.80)	0.70 (0.95)	-0.62	72	0.54
Maternal	0.58 (0.31)	0.49 (0.34)	1.37	97	0.10**
Average Parenting Sense of Competence Score (reverse)	3.27 (0.43)	3.11 (0.38)	1.06	46	0.30
Contextual	1.14 (0.76)	1.27 (0.68)	-0.83	97	0.41
Food Instability	0.95 (1.53)	0.78 (1.42)	0.45	62	0.66
Social Support (reverse)	0.72 (1.07)	0.56 (1.02)	0.71	96	0.48
Money Stress	1.48 (0.94)	1.88 (0.88)	-2.04	94	0.04**
Recent History of Abuse	0.48 (0.85)	0.47 (0.83)	-0.08	96	0.94
Life Stress Index	3.98 (2.83)	4.32 (2.61)	-0.58	97	0.56
Cumulative	0.84 (0.38)	0.87 (0.36)	-0.42	97	0.68

***Indicates significance, $p<0.05$, *Indicates trend, $0.05<p<0.10$*

Table 3

Healthy Beginnings
Relationships between Demographic Information, Individual, Collective Stressors, and Recidivism – Chi-Squared Analyses

Stressor	Total *n*	x^2	*p*
Demographic Information		--	--
Race (Black or Not)	99	4.79	0.03**
First Time Mother	98	0.27	0.60
Psychological Indicator	99	0.35	0.55
Reported Mood Disorder	64	0.09	0.92
Maternal Indicator	99	0.54	0.46
Low Birthweight	95	1.25	0.26
Preterm	91	2.12	0.15
Unplanned Pregnancy	99	0.39	0.53
Serious Medical Issues	84	0.15	0.70
NICU	92	3.09	0.08*
Baby Living With You	67	4.35	0.04**
Contextual Indicator	99	1.21	0.27
Unemployed	99	10.52	0.00**
Using Drugs around Conception	96	15.94	0.00**
Cumulative Indicator	99	2.18	0.14

*df=1, **Indicates significance, p<0.05, *Indicates trend, 0.05<p<0.10*

Table 4

Characteristics of Healthy Beginnings Follow Up Participants

Variable	Range or Percentage	M	SD
Participant Demographics			
Age of Child (Months)	2-24	15.40	7.08
Race			
Black	66.67% (10)	--	--
Not Black	33.33% (5)	--	--
Educational Attainment			
Some High School	33.33% (5)	--	--
High School Grad	40.00% (6)	--	--
Completed GED	13.30% (2)	--	--
Some College	13.30% (2)	--	--
Marital Status			
Single	66.67% (10)	--	--
Married	13.30% (2)	--	--
Divorced	6.70% (1)	--	--
Other	13.30% (2)	--	--
Employment			
Employed	66.67% (10)	--	--
Unemployed	33.33% (5)	--	--
Incarceration			
How Many Times	1-8	3.60	2.23
Did Not Recidivate	60.00% (9)	--	--
Recidivated HB	40.00% (6)	--	--
Charge - Recidivated			
Court or Parole	50.00% (3)	--	--
Drug	16.70% (1)	--	--
Money/Theft	0%	--	--
Violent Action	33.33% (2)	--	--
Child Neglect	0%	--	--
Driving Violation	16.70% (1)	--	--
Prostitution	0%	--	--

Table 5

Healthy Beginnings Follow Up
Individual and Collective Stressors - Independent Sample T-Tests

Stressor	Did Not Recidivate mean (SD)	Recidivated mean (SD)	*t*	df	*p*
Maternal	--	--	--	--	--
Rating Experiences	2.11 (1.05)	1.67 (1.03)	0.81	13	0.44
Parenting Bonding Questionnaire (reverse)	5.44 (4.85)	7.17 (5.81)	-0.62	13	0.54
Incarceration	--	--	--	--	--
How Many Times	2.88 (2.32)	4.67 (1.75)	-1.59	13	0.14
Reentry	--	--	--	--	--
Confidence in Completion	4.83 (0.41)	2.00 (2.00)	3.47	8	0.01**
Rating Experiences	3.00 (1.32)	3.00 (1.10)	0.00	13	1.00

***Indicates significance, p<0.05, *Indicates trend, 0.05<p<0.10*

Table 6

Healthy Beginnings Follow Up
Individual and Collective Stressors – Chi-Squared Analyses

Stressor	Total *n*	x^2	*p*
Maternal		--	--
Baby Living With You	15	2.96	0.09*
Childcare Support	9	0.32	0.57
Incarceration		--	--
Programming In Jail	15	1.25	0.26
Programming to See Children	15	0.23	0.63
Programming for Reentry	15	2.78	0.10*
Reentry		--	--
First Choice Living Placement	15	1.54	0.22
Support from Family/Friends	15	0.96	0.76
State Assistance	15	0.51	0.48

*df=1, **Indicates significance, p<0.05, *Indicates trend, 0.05<p<0.10*

Appendix A

Healthy Beginnings Intake Interview

The College of William & Mary – Research Project

Expectant Mother Intake Interview

Interviewer Name:

Date:

Start Time:

End Time:

Consent Given? YES NO

Location of Interview:

VPRJ	**Henrico East**	**Henrico West**	**RRJ**
Pamunkey	**WTRJ**	**HRRJ**	**Home/ Residence**

Other: _____

Today's Date is: _____ / _____ / _____
(month) (day) (year)

To begin, we'd like to learn a little more about you and the child's father.

1. What is your age (in years): _____

2. What is your date of birth ____/____/____

3. What best describes your marital status:

SINGLE, never been married MARRIED DIVORCED WIDOWED

LEGALLY SEPERATED COHABITATING

OTHER (please describe): _____

4. What is your race:

White Black Asian Native American

Other (please describe): _____

5. Are you Hispanic:

YES NO

6. What is your biological father's ethnicity?

_____

7. What is your biological mother's ethnicity?

_____

8. Which of these best describes your current level of education?

8th grade or less Some High School High School Graduate

Working on GED Completed my GED Some College College Graduate

Completed Trade or Technical School Some education after College

Masters Degree Doctorate Degree (e.g., MD, Ph.D., JD) Still Attending_____

What is the last grade level you have completed in a school setting?

_____

9. How far along in this pregnancy are you?

_____

10. When was the first day of your last menstrual cycle or period?

_____/_____/_____ (m/d/y)

11. Did you find out you were pregnant when you were in jail? YES NO

12. How did you feel when you found out you were pregnant?

13. Not including this pregnancy, how many times have you been pregnant?

_____

14. Not including this pregnancy, how many biological children/live births have you had?

_____

15. Please list their first name, age (**from youngest to oldest**), gender, and if in school, their grade (e.g., 5th):

Name: _____ DOB: _____ Gender: ____ Grade in School: _____

Name: _____ DOB: _____ Gender: ____ Grade in School: _____

Name: _____ DOB: _____ Gender: ____ Grade in School: _____

Name: _____ DOB: _____ Gender: ____ Grade in School: _____

Name: _____ DOB: _____ Gender: ____ Grade in School: _____

Name: _____ DOB: _____ Gender: ____ Grade in School: _____

Name: _____ DOB: _____ Gender: ____ Grade in School: _____

If the mother has other children, where are your other children? Who is their caretaker?

How often do you see or speak with your other children?

16. Please describe your living situation both before coming to jail (or if released, please describe your current living situation):

17. Will you be returning to that living situation upon release? YES NO N/A
If no, where will you be going to live upon release?

18. Please list all the people in your household and their relationship to you.

19. In total, how many children (that is, people under the age of 18) live in this home: _____

20. What are the approximate dates of your current (or most recent) incarceration?

This sentence began: ___ / ___ / ___ This sentence is expected to end: ___/ ___/ ___
Month Day Year Month Day Year

If you don't know your release date, when is your next court date?

What is the reason for your current (or most recent) incarceration (e.g., charge)

_____

Have you enrolled in any other programs while incarcerated?

21. Including this most recent time, how many times have you been incarcerated: _____

General Health Questions

Do you have any of the following chronic physical conditions?

Chronic Hypertension	**YES**	**NO**	**MAYBE – Symptoms Exist, no Diagnosis**
Cardiovascular disorders **(septal defects, mitral valve stenosis, mitral valve prolapse, previous myocardial infarction)**	YES	NO	MAYBE – Symptoms Exist, no Diagnosis
Neurologic disorders **(epilepsy, multiple sclerosis, Bells palsy)**	YES	NO	MAYBE – Symptoms Exist, no Diagnosis
Pulmonary disorders **(asthma, COPD, cystic fibrosis)**	YES	NO	MAYBE – Symptoms Exist, no Diagnosis
Thyroid disease **(Hypo or hyper thyroid)**	YES	NO	MAYBE – Symptoms Exist, no Diagnosis
Renal disease	YES	NO	MAYBE – Symptoms Exist, no Diagnosis
Blood disorders **(sickle cell anemia, iron deficiency anemia, hemophilia)**	YES	NO	MAYBE – Symptoms Exist, no Diagnosis
Autoimmune disorders **(lupus, Crohn's disease, myasthenia gravis)**	YES	NO	MAYBE – Symptoms Exist, no Diagnosis
Gastrointestional disorders **(gallbladder disease, gallstones, inflammatory bowel disease, GERD)**	YES	NO	MAYBE – Symptoms Exist, no Diagnosis
Mood Disorders **(depression, anxiety, bipolar)**	YES	NO	MAYBE – Symptoms Exist, no Diagnosis
Other Psychiatric Condition **(Schizophrenia, PTSD)**	YES	NO	MAYBE – Symptoms Exist, no Diagnosis
Infectious Disease **(e.g., Hepatitis, HIV)**	YES	NO	MAYBE – Symptoms Exist, no Diagnosis
Other	YES	NO	MAYBE – Symptoms Exist, no Diagnosis

The next questions are about the time when you got pregnant with your new baby.

17. Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant? [Check one answer]

- ☐ I wanted to be pregnant sooner
- ☐ I wanted to be pregnant later
- ☐ I wanted to be pregnant then
- ☐ I didn't want to be pregnant then or at any time in the future

18. Was this a planned pregnancy?

- ☐ No
- ☐ Yes

19. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- ☐ No
- ☐ Yes
- ☐ N/A

20. What were your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant?

- ☐ N/A
- ☐ I didn't mind if I got pregnant
- ☐ I thought I could not get pregnant at that time
- ☐ I had side effects from the birth control method I was using
- ☐ I had problems getting birth control when I needed it
- ☐ I thought my husband or partner or I was sterile (could not get pregnant at all)
- ☐ My husband or partner didn't want to use anything
- ☐ Other
    - o Please tell us:

21. Did you take any fertility drugs or receive any medical procedures from a doctor, nurse, or other health care worker to help you get pregnant with your new baby? (This may include infertility treatments such as fertility-enhancing drugs or assisted reproductive technology.)

- ☐ No
- ☐ Yes

The next questions are about drug use around the time of pregnancy

42. Have you taken any prescription drugs in the past 2 years? (birth control, pain medication, blood pressure med) YES NO

43. Please list the medications you have taken. List dosage if known.
1.
2.
3.
4.

44. Were these medications prescribed by a medical professional? (doctor, NP) YES NO

45. If yes, why were they prescribed? (surgery, medical issue)
1.
2.
3.
4.

46. If yes, did you take these medications as prescribed? YES NO

47. Were you taking any prescription during the 3 months prior to the conception of this baby? YES NO

48. Were you taking any prescription around the time of conception of this baby? YES NO

49. Have you used illegal drugs in the past 2 years?(heroine, cocaine, meth, marijuana)?YES NO

50. If yes, what did you use? How often?

51. Did you use illegal drugs during the 3 months prior to the conception of this baby? YES NO

52. Did you use illegal drugs Around the time of conception of this baby? YES NO

53. Have you used methadone in the past 6 months? YES NO

54. Was the methadone prescribed by a doctor? YES NO

55. What was methadone prescribed for?

a. pain management
b. opiate addiction
c. other

56. What is the dosage?

57. Are you currently taking methadone? YES NO

58. During any of your prenatal care visits, did a doctor, nurse, or other health care worker advise you to quit using drugs or stop prescription drug use?

☐ No
☐ Yes
☐ I had quit using drugs before my first prenatal care visit
☐ I didn't go for prenatal care

59. This question is about things that may have happened during the previous 12 months. For each item, circle Y (Yes) if it happened to you or circle N (No) if it did not.

a. A close family member was very sick and had to go into the hospital . . . . . N Y
b. I got separated or divorced from my husband or partner . . . . . .N Y
c. I moved to a new address . . . . . .N Y
d. I was homeless . . . . . .N Y
e. My husband or partner lost his job. . . . . .N Y
f. I lost my job even though I wanted to go on working . . . . . .N Y
g. I argued with my husband or partner more than usual. . . . . .N Y
h. My husband or partner said he didn't want me to be pregnant. . . . . N Y
i. I had a lot of bills I couldn't pay . . . . . .N Y
j. I was in a physical fight . . . . . .N Y
k. My husband or partner or I went to jail. . . . . N Y
l. Someone very close to me had a problem with drinking or drugs. . . . . N Y
m. Someone very close to me died . . . . . N Y
n. It hasn't been safe around where I live . . . . . N Y

61. During the 12 months before you got pregnant with your new baby, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any way?

- ☐ No
- ☐ Yes

62. During the 12 months before you got pregnant with your new baby, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any way?

- ☐ No
- ☐ Yes

63. During the 12 months before you got pregnant with this baby, did anyone else physically hurt you in any way?

- ☐ No
- ☐ Yes

64. During this pregnancy, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any way?

- ☐ No
- ☐ Yes

65. During this pregnancy, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any way?

- ☐ No
- ☐ Yes

66. During this pregnancy, did anyone else physically hurt you in any way?

- ☐ No
- ☐ Yes

OTHER EXPERIENCES

67. For this pregnancy, will you have had the kinds of help listed below if you needed them? For each one, circle Y (Yes) if you would have had it or circle N (No) if not.

a. Someone to loan me $50. . . . . .N Y
b. Someone to help me if I were sick and needed to be in bed. . . . . N Y
c. Someone to take me to the clinic or doctor's office if I needed a ride . . . . . N Y
d. Someone to talk with about my problems. . . . . .N Y

Appendix B

Centers for Epidemiological Studies - Depression Scale

This is the last questionnaire.

Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week.

DURING THE PAST WEEK :

	Rarely or None of the time (less than 1 day)	Some or Little of the Time (1-2 days)	Occasionally or a Moderate Amount of time (3-4 days)	Most or All of the Time (5-7)
1. I was bothered by things that usually don't bother me.				
2. I did not feel like eating; my appetite was poor.				
3. I felt that I could not shake off the blues even with help from my family or friends.				
4. I felt I was just as good as other people.				
5. I had trouble keeping my mind on what I was doing.				
6. I felt depressed.				
7. I felt that everything I did was an effort.				
8. I felt hopeful about the future.				
9. I thought my life had been a failure.				
10. I felt fearful.				
11. My sleep was restless.				
12. I was happy.				
13. I talked less than usual.				
14. I felt lonely.				
15. People were unfriendly.				
16. I enjoyed life.				
17. I had crying spells.				
18. I felt sad.				
19. I felt that people dislike me.				
20. I could not get "going."				

Appendix C

Healthy Beginnings Intake Interview – Food Insecurity

Pregnancy can be a difficult time for some women. The next questions are about things that may have happened before and during your most recent pregnancy.

60. Thinking about the last 12 months, are the following statements **true** or **false** for you. These things could have happened at any point over the last year.

a. "The food that we bought just didn't last, and we didn't have money to get more."

   TRUE FALSE

b. "We couldn't afford to eat balanced meals."

   TRUE FALSE

c. "We cut the size of meals, or had to skip meals, because there wasn't enough money for food."

   TRUE FALSE

d. "I ate less than I felt I should because we didn't have enough money for food."

   TRUE FALSE

e. "I was hungry but didn't eat because we didn't have enough money for food."

   TRUE FALSE

Appendix D

Healthy Beginnings Postpartum Interview

The College of William & Mary – Research Project

Post-Partum Interview

Interviewer Name:

Date:

Start Time:

End Time:

Consent Reviewed and Initialed? YES NO

Location of Interview:

VPRJ Henrico East Henrico West RRJ WTRJ Home/ Residence

Other:_____

Today's Date is: _____ / _____ / _____
(month) (day) (year)

1. Did you have a baby boy or a girl? BOY GIRL

2. What was your baby's weight at birth? _____ lbs./oz.

3. What was your baby's length at birth? _____INCHES

4. When was your baby due?

Month___ Day___ Year_20___

5. When did you go into the hospital to have your baby?

Month___ Day___ Year_20___
☐ I didn't have my baby in a hospital (if you didn't have your baby in a hospital, where was the baby delivered?)

6. When was your baby born?

Month___ Day___ Year_20___

7. When were you discharged from the hospital after your baby was born?

Month___ Day___ Year_20___
☐ I didn't have my baby in a hospital

The next questions are about the time since your new baby was born.

14. After your baby was born, was he or she put in an intensive care unit?

☐ No
☐ Yes
☐ I don't know

15. After your baby was born, how long did he or she stay in the hospital?

☐ Less than 24 hours (less than 1 day)
☐ 24 to 48 hours (1 to 2 days)
☐ 3 to 5 days
☐ 6 to 14 days
☐ More than 14 days
☐ My baby was not born in a hospital
☐ My baby is still in the hospital

16. Is your baby living with you now?

Yes No If no, please list reason: _____

These next questions are about the time after your baby was born and the baby's health.

33. Has your baby had jaundice at any time since he or she was born?

Yes □ No □

34. If yes, how was the jaundice treated? **(PLEASE "X" ALL THAT APPLY)**

I fed formula in addition to breastfeeding for a while . . . . . □
My baby was placed under a lamp (phototherapy) . . . . . □
I stopped breastfeeding for a while . . . . . □
My baby received an exchange transfusion . . . . . □
I stopped breastfeeding and did not begin breastfeeding again . . . . . □
My baby received some other treatment . . . . . □
No treatment was given . . . . . □

35. Since the time your baby was discharged from the hospital after the birth, has he or she been hospitalized for any reason or has your baby been taken to a hospital for any outpatient procedure or surgery?

Yes□ No□

36. If yes, how many nights was your baby in the hospital for the most recent problem since discharge after the birth? *(Write in 0 if your baby did not stay overnight.)*
_____NIGHTS

37. Does your baby have any serious, long-term medical problems?
No □ Yes □ **(PLEASE EXPLAIN BRIEFLY)** _

38. How much does your baby weigh now? _____ lbs./oz.

Appendix E

Healthy Beginnings Postpartum Interview – Parenting Sense of Competence Scale

Listed below are a number of statements. Please respond to each item, indicating your agreement or disagreement with each statement in the following manner.

If you **strongly agree**, circle the letters SA
If you **agree**, circle the letter A
If you **mildly agree**, circle the letters MA
If you **mildly disagree**, circle the letter MD If you disagree, circle the letter D
If you **strongly disagree**, circle the letter SD

1.	The problems of taking care of a child are easy to solve once you know how your actions affect your child, an understanding I have acquired.	SA A MA MD D SD
2.	Even though being a parent could be rewarding, I am frustrated now while my child is at his/her Present age.	SA A MA MD D SD
3.	I go to bed the same way I wake up in the morning – feeling I have not accomplished a whole lot.	SA A MA MD D SD
4.	I do not know what it is, but sometimes when I'm supposed to be in control, I feel more like the one being manipulated.	SA A MA MD D SD
5.	My mother was better prepared to be a good mother than I am.	SA A MA MD D SD
6.	I would make a fine model for a new mother to follow in order to learn what she would need to know in order to be a good parent.	SA A MA MD D SD
7.	Being a parent is manageable, and any problems are easily solved.	SA A MA MD D SD
8.	A difficult problem in being a parent is not knowing whether you're doing a good job or a bad one.	SA A MA MD D SD
9.	Sometimes I feel like I'm not getting anything done.	SA A MA MD D SD

10.	I meet my own personal expectations for expertise in caring for my child.	SA A MA MD D SD
11.	If anyone can find the answer to what is troubling my child, I am the one.	SA A MA MD D SD
12.	My talents and interests are in other areas, not in being a parent.	SA A MA MD D SD
13.	Considering how long I've been a mother, I feel thoroughly familiar with this role.	SA A MA MD D SD
14.	If being a mother of a child were only more interesting, I would be motivated to do a better job as a parent.	SA A MA MD D SD
15.	I honestly believe I have all the skills necessary to be a good mother to my child.	SA A MA MD D SD
16.	Being a parent makes me tense and anxious.	SA A MA MD D SD

If you **strongly agree**, circle the letters SA
If you **agree**, circle the letter A
If you **mildly agree**, circle the letters MA
If you **mildly disagree**, circle the letter MD If you disagree, circle the letter D
If you **strongly disagree**, circle the letter SD

Appendix F

Healthy Beginnings Follow Up Interview

The College of William & Mary – Research Project

Healthy Beginnings Follow Up Interview

Interviewer Name:

Date:

Start Time:

End Time:

Consent Given? :

RPRF Signed? :

Location:

Jail - _____ In Person - _____ Phone

Other - _____

Today's Date Is: _____/ _____/ _____
(month) (day) (year)

Hello, we're part of the Healthy Beginnings Research Project at William & Mary. We're reaching out because we have some follow up questions about your reentry experiences and breastfeeding and would like to hear from you. First, I'd like to ask you some questions about your experiences as a mother.

Motherhood:

1. What is your baby's name?

2. How old are they now?

3. How are they doing? Is s/he an "easy" or "difficult" child?

4. Are they living with you now?

    a. If with them: do you have any childcare support?

    b. If not with them: how often do you see them?

5. Who else is in the household?

6. Now that it's over, how do you feel about your pregnancy? Did you enjoy your pregnancy? Was it a difficult one?

7. How do you feel about your role as a mother? Are you confident in your role? Do you wish you had more support?

8. On a scale from 1-5, 5 being very stressful, how would you rate your experiences as a mother?

1 2 3 4 5

9. Why did you choose that rating to reflect your experience?

Next, I'd like to talk a little bit more about you. It may have been a while since you've seen us and I want to see if anything has changed since we've last talked.

Background and Checking In:

10. What is your current level of education?

11. Your marital status?

12. Do you have a job? If so what is your title?

- **a.** Describe the process of gaining employment. How was it for you? Was it difficult with reentry?

13. How many times have you been incarcerated?

14. Have you been incarcerated since the birth of your Healthy Beginnings child?

- **a.** If so, how many times?

Now I'd like to talk with you a little about your most recent experience with incarceration. We have here that you were incarcerated from _____ to _____.

Incarceration and Reentry:

15. Were you offered or did you enter any programming in jail? What programming did you attend? How often? What was it like?

16. Were there any programs available to you to help you see your children?

17. Were you offered any information about programs or agencies to assist you upon your release? Did you access any of them?

18. Were you on parole or probation? Did you have any conditions of your release?

a. What were some of those conditions? Did you have any difficulty meeting any of those? Which ones were hardest?

b. How confident were you in your ability to successfully complete your requirements?

19. Where did you live when you were released? Was this your first choice placement?

20. Would you say you got any support from family, friends, or the community when you were released? How did that support/lack of support help/hurt you?

21. Did you receive any public or state assistance when you were released? What assistance did you receive?

a. How easy/hard was it to apply for and receive the assistance you requested?

22. What were some of your biggest challenges during reentry? (Maternal, probation, employment/financial, housing, health, intimate, others)

23. How much did being a mother affect your reentry process? Why? Was it for the better or did being a mother make it more difficult?

24. On a scale from 1-5, 5 being very stressful, how would you rate your experiences related to your reentry?

1 **2** **3** **4** **5**

25. Why did you choose that rating to reflect your experience?

If they were reincarcerated: You said earlier you were incarcerated since the birth of your baby…

26. What was the biggest obstacle you faced during your reentry?

27. What was the charge for your reincarceration?

28. What do you think could have helped you stay out of jail?

29. Who did your children live with during your incarceration?

a. What is your relationship like with that person?

If they have not been reincarcerated: You said earlier you were not reincarcerated since the birth of your baby…

30. What factors or support systems do you think helped you, if any, in completing your reentry successfully?

31. What were some of the biggest challenges you faced?

Appendix G

Healthy Beginnings Follow Up Interview – Postpartum Bonding Questionnaire

Now I'm going to ask you some questions about your relationship with your most recent baby. Please think about how you feel on an everyday basis when answering these questions. (N.B. answers are 'always', 'very often', 'quite often', 'sometimes', 'rarely', and 'never')

	Always	Very Often	Quite Often	Some-times	Rarely	Never
I feel close to my baby						
I wish for the old days						
The baby does not seem to be mine						
The baby winds me up						
I love my baby to bits						
I feel happy when my baby smiles or laughs						
My baby irritates me						
My baby cries too much						
I feel trapped as a mother						
I resent my baby						
My baby is the most beautiful baby in the world						
I wish my baby would somehow go away						
My baby makes me feel anxious						
I am afraid of my baby						
My baby annoys me						
I feel confident when caring for my baby						
I feel the only solution is for someone to look after my baby						
My baby is easily comforted						