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Reentry as Experienced by Women in Jail: Advocating for Change

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We conducted a phenomenological study with 35 women in a substance abuse treatment jail program about their lived experiences in preparing for reentry. The women addressed their past, the needs of their families, and education of criminal justice personnel, providers, and the whole citizenry. The women advocated for effective reentry practices.

Keywords: reentry, women, phenomenology, advocacy, empowerment

There is increasing recognition that incarcerated women struggle when reentering their communities from jail (e.g., Kelsey et al., 2017; Nowotny et al., 2014; Zeng, 2019). The percentage of female inmates in the total U.S. jail population increased from 12.7% in 2005 to 15.3% in 2017 (Zeng, 2019), with the rate of women's incarceration growing at twice the rate of men's (Prison Policy Initiative, 2019). The high recidivism rate for women contributes to this increase and reflects the need for more effective reentry practices (Scott et al., 2014).

Many studies have focused on the reentry of women from prison (e.g., Codd, 2013; Holtfreter & Wattanaporn, 2014; Johnson et al., 2014; Rowe, 2011), but fewer have examined reentry of women from jail (Rodda & Beichner, 2017). Women in prison are retained long term in a state, federal, or private penitentiary, whereas those in jail are housed locally, serving short-term sentences

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after being convicted, awaiting sentencing, or preparing to transfer to prison (Rodda & Beichner, 2017).

Very few qualitative studies address the experiences of women in jail in the United States. In one such study, 20 women interviewed in a midwestern jail had concerns about the well-being of their children, mental health issues related to trauma and victimization, and navigating the community upon their release (Rodda & Beichner, 2017). In a focus group study in the northeastern United States, women in drug treatment courts, community providers, and court staff agreed that incarcerated women face systemic barriers that affect their ability to maintain health and wellness (D. S. Morse et al., 2015). In a qualitative study conducted in a county jail in upstate New York, women expressed that they often felt invisible, were desexualized, received minimal programming compared with men, and experienced a culture of alienation (Rockell, 2012). The authors of these aforementioned studies (D. S. Morse et al., 2015; Rockell, 2012; Rodda & Beichner, 2017) cited the need for future qualitative research that would raise awareness of the social barriers and stigma faced by women preparing for reentry from jail.

CHALLENGES WOMEN FACE AT REENTRY

Experiences of reentry for a woman must be understood through her position in the life span (Dobmeier et al., 2017; Holtfreter & Wattanaporn, 2014), her mental health (DeHart et al., 2014) and substance abuse (Scott et al., 2014) history, and her responsibilities toward her family (Codd, 2013). Furthermore, her experiences in drug court (D. S. Morse et al., 2015), in jail (Rockell, 2012), with service coordination at the point of reentry (Rodda & Beichner, 2017) and following reentry (Dobmeier et al., 2017; Holtfreter & Wattanaporn, 2014), and with social stigma (Johnson et al., 2014) all bear on her experience of reentry.

Mental Health and Family Needs

Depression, anxiety, poor self-esteem, and other mental health problems (DeHart et al., 2014; Rodda & Beichner, 2017; Thompson, 2008) often accompany an inmate's loss of freedom and separation from family at the time of incarceration. Women with a history of incarceration pose a higher risk for using substances to cope with trauma symptoms (DeHart et al., 2014). Criminal behavior and subsequent arrest and incarceration often result from a woman's addiction to one or more illegal substances (Johnson et al., 2014; Nowotny et al., 2014; Ruglass et al., 2018). Women with a criminal history often report using alcohol and other drugs to relieve emotional and physical pain associated with victimization and childhood adversities (DeHart et al., 2014; Johnson et al., 2014; Ruglass et al., 2018; Thompson, 2008). Upon reentering the community, these women are at risk of falling back into a

lifestyle that involves substance use as a means of coping with mental health, familial, and financial difficulties (Scott et al., 2014).

Women anticipating reentry experience stress in facing their family responsibilities. Incarceration places marital and parental relationships at risk (Apel, 2016). Being in jail places a strain on intimate partner relationships, sometimes resulting in breakup during or post release (Apel, 2016). Children may end up in the foster care system, and visitation and family reunification create additional stress at reentry (Scott et al., 2014). Codd (2013) concluded that families of women who are incarcerated live “in the shadow of the prison” (p. 1), often enduring their own losses due to separation from partner, spouse, mother, or daughter.

Criminal Justice, Service Providers, and Stigma

For women transitioning back into the community, policies and practices of drug courts (Liang et al., 2016) and jails (Rodda & Beichner, 2017), lack of services and resources (D. S. Morse et al., 2015; Rodda & Beichner, 2017), and social stigma related to one’s status as an offender (Rowe, 2011) frequently exacerbate the challenges they face. Many women have bemoaned the flaws of a drug court system that often result in recidivism and broken families (Kilgore, 2015). Systemic hurdles undermine women’s health and wellness (D. S. Morse et al., 2015), and the court often fails to help women access natural family support networks (Zschau et al., 2016). Liang et al. (2016) advised drug courts to deviate from the “one-size-fits-all” (p. 285) model to create programs tailored to the needs of the individual and that seek participant input to create best practices.

The professional literature does not document the immediate crises faced by women upon their entering jail (Rodda & Beichner, 2017). At the time she is admitted, a woman frequently does not know the duration of her sentence (Begun et al., 2009; DeHart et al., 2014). She may be anxious over childcare arrangements, especially if she does not know when she will be released (Rodda & Beichner, 2017). A woman who is addicted to a substance may experience withdrawal in her first several days of incarceration (Rodda & Beichner, 2017). Furthermore, she may not have access to mental health services to help her manage her emotions as she adapts to incarceration. A study by Kelsey et al. (2017) on care of pregnant women in jails found that 56.7% of facilities used restraints on women hours after they had given birth. Kilgore (2015) reported that although women represented only 7% of the overall U.S. prison population, they accounted for 33% of reported sexual assaults by staff members. These and other negative experiences in drug court or jail can be debilitating to an individual attempting to prepare for reentry.

Service gaps and poor coordination of services between correctional and community service providers exacerbate the barriers women face at reentry (Rodda & Beichner, 2017; Substance Abuse and Mental Health Services Administration 2017). Moreover, an incarcerated woman living with a mental health problem,

and frequently a substance use disorder, faces multiple forms of social stigma in the world (Nowotny et al., 2014).

Given the high rate of recidivism for women who have been incarcerated, we sought to understand the women's experiences as they prepare to reenter their communities. We believe that women who are incarcerated have the right to be respected as human beings and to share their stories about preparing for reentry. Furthermore, we anticipate that these women would have insights that providers, leaders, and the community would need to comprehend if we hope to make progress in reducing recidivism (Johnson et al., 2014).

We sought to answer two research questions: (a) What do women who are incarcerated in a jail experience as they prepare to reenter their communities? and (b) What recommendations do women make that will help them to reenter in ways that support them, their families, and the community?

METHOD

Setting

We conducted the current study at a county correctional facility (jail) located near a medium-sized urban area in the northeastern United States. All the women—both those who had already been sentenced and those awaiting sentencing—were serving time for nonviolent offenses and had a history of substance abuse. The women volunteered to participate in this jail-based treatment program as an alternative to incarceration in a traditional jail setting within the county, which did not offer substance abuse treatment. Participation in our study was optional. In their daily routine, the women participated in psychoeducational groups covering topics such as addiction to alcohol and drugs, parenting, and general equivalency diploma (GED).

Participants

The 35 women who participated in the study represented a purposeful sample in that we sought to conduct focus groups with women serving time in a jail setting. The Sheriff's Office of the county near the college with which we were affiliated invited us to conduct the study in their substance abuse treatment jail program. Twelve women were African American or Black, seven were Hispanic or Latina, and 16 were White. In consultation with the jail substance abuse treatment program supervisor, who was our study liaison, we hypothesized that sentence status would make a difference in a woman's preparation for reentry (Begun et al., 2009). Women who know how long they will be in jail are more able than those who have not yet been sentenced to plan for childcare and living arrangements, help themselves and family members manage the separation, and have hope that their current confinement will end (Rodda & Beichner, 2017). Women who are still awaiting their date of release experience heightened anxiety and frustration for themselves and their families (Begun et al., 2009). We anticipated that a woman's age would influence how she thought

about reentry. Position in the life span influences how one views oneself and the world, relationships with family, career and life goals, and perception of reentry (Dobmeier et al., 2017; Holtfreter & Wattanaporn, 2014). There were seven age-based focus groups in our study. Four focus groups were for women who had been sentenced and include women ages 18–24 ($n = 3$), 25–34 ($n = 4$), 35–44 ($n = 5$), and 45 or older ($n = 3$). Three focus groups were for women who had not been sentenced and include women ages 18–24 ($n = 2$), 25–44 ($n = 3$), and 25 to 45 or older ($n = 15$). Some of the women in the 25–44 age group participated in the focus group with women who were 45 years or older because they were unable to attend a separate focus group for the 25–44 age group that took place earlier in the week.

Procedure

We participated in a mandatory jail orientation training before conducting the focus groups. Subsequently, we met with a group of female inmates invited by the substance abuse treatment program supervisor/study liaison to learn about the study. We informed the women that their participation was voluntary, their views could contribute to more effective reentry practices, and their responses would remain anonymous. The study was approved by administrators of the correctional facility and the institutional review board of the college where we taught or attended as students.

Instrument. We developed an interview guide consisting of open-ended questions, based on a review of the literature that included the following factors in the women's life: the influence of criminal activities (Scott et al., 2014), incarceration (Kilgore, 2015), and health/mental health problems (Ramaswamy et al., 2015); services needed at reentry (D. S. Morse et al., 2015); and contributing factors to reoffending (Scott et al., 2014). (Contact the first author for a complete copy of the interview guide.) Group leaders allowed free discussion among the participants consistent with use of the interview guide (Johnson et al., 2014; Moustakas, 1994). Group leaders intervened only to ask a clarifying question or to guide the discussion into an area of the interview guide not yet touched on.

Research design. We determined, in consultation with the study liaison, that participants would talk more freely about reentry in a focus group format than in individual interviews. We anticipated that participants could receive support from peers and probe more deeply into their mutual experiences, such as loss (Creswell & Poth, 2018; D. S. Morse et al., 2015; Rodda & Beichner, 2017). We used phenomenological research methods wherein a phenomenon—in the current study, planning for community reentry from a jail facility—is comprehended through lived experience (Creswell & Poth, 2018; van Manen, 2014). We sought to create an environment by being transparent about our intentions to empower the women to express their views so that they could freely share their experiences as they prepared to leave the correctional facility.

Data Collection and Analysis

Prior to each focus group, we informed the participants that their experiences were critical to understanding reentry needs and invited them to sign a consent form. To strengthen the confidential nature of the focus groups, we did not use any recording devices during the sessions. For each focus group, one of the senior researchers (a faculty member) took the lead in facilitating the group, with two other researchers serving as notetakers who recorded the women's responses. The notetakers strove to write down the women's responses verbatim and subsequently transferred their individual handwritten notes to a word processor. The research team used the notes transferred to word processors to code the women's responses for each focus group. The seven focus groups each lasted between 90 and 120 minutes and were conducted over a 2-week period.

We used two strategies for validating the data. First, in two member-checking sessions (Creswell & Poth, 2018; Saldana, 2013), one with participants who had been sentenced and the other with participants who had not been sentenced, we presented initial codes from the women's responses and five initial themes that were later revised after a thorough coding process. For the initial coding, we each created our own initial codes and recommended themes from these codes. The first author worked with the initial codes and themes to identify those most frequently used by the research team. The member-checking sessions took place 2 weeks after completion of the focus groups while we could still meet the women before they were released from the jail and we would lose the opportunity for follow-up. We discussed the initial codes and themes with the women, who provided feedback and clarification.

In our second strategy for validating the data, we pursued consensual validation (Creswell & Poth, 2018) using a thorough coding analysis conducted as follows over several months. We numbered line by line in a Word document the two sets of notes for each focus group, with at least one code indicated for no more than every six lines. For coding purposes, we created two subteams of two members each and one subteam of three members. Each of us took the lead in coding both sets of notes for one of the seven focus groups. For each coder, another member of their subteam reviewed their codes and either confirmed or added codes. The first author tallied all the codes, identifying five overall themes as the codes became saturated (Creswell & Poth, 2018). All members of the research team reviewed the themes and subthemes (see Table 1) before they were finalized.

RESULTS

In addressing reentry, the women shared their lived experience in five areas, which we identified thematically as mental health, family, practices of the criminal justice system, access to services/resources, and social stigma. Moreover, we recognized 13 subthemes (see Table 1) in the focus group dialogue. Women

TABLE 1
Quotes per Theme and Subtheme: Number and Percentage

Theme and Subtheme	Quote	
	<i>n</i>	%
Mental health		
Self-awareness and self-empowerment	61	14.6
Substance abuse	45	10.8
History/current trauma, anxiety, or depression	36	8.6
Mental health counseling and psychotropic medication	26	6.3
Family		
Separation from children and other family members	57	13.7
Need to support each other	22	5.3
Family history	10	2.4
Criminal justice system		
Nonspecific concern with criminal justice system	33	7.9
Drug court challenges	18	4.3
Jail challenges	16	3.8
Access to services/resources		
Money, housing, transportation, and legal	28	6.7
Job training or education	14	3.3
Other supports	17	4.1
Social stigma (as inmate or former inmate)	34	8.2

Note. Total *N* = 417.

from every age group, irrespective of sentence status, faced considerable mental health challenges, family concerns, need for services and resources in preparing for reentry, and social stigma related to their history of incarceration. (Contact the first author for additional information on breakdown of participant quotes by age and sentence status.) Women who were awaiting sentencing seemed more anxious about the future, and many shared negative experiences they had had with the drug court and jail personnel. Younger women (ages 18 to 24), whether sentenced or awaiting sentencing, perceived greater power to make personal changes on their own compared with older women. Two younger women who were awaiting sentencing seemed more concerned with social stigma of being in jail than any of the other women. Women who had been sentenced, especially those who were older, seemed more willing to discuss their use of drugs than did women who had not been sentenced.

Mental Health

Self-awareness and self-empowerment. Participants made many comments about taking ownership for their mistakes and seeking empowerment to be their real selves and contribute to their communities. One woman stated, “It is my individual doings, bad company, and inability to deal with stress-related situations—or not taking my expected responsibilities.” Several young women sought power to make personal changes. One woman said, “To stay out [of jail], you need a purpose—be a good mother for my kids. [We need] job opportunities.

Give us opportunities to learn new things. Give us tools to learn new things.” Another young woman expressed, “They [people in her community] don’t feel responsible to fix things—[they need] pride. Make the neighborhood nice again.” A third young woman advocated for herself: “Hold us responsible. I want to own my own nail salon and need education.” An older woman shared,

Life is going to be what I make it. I am independent and want to work—get a job and find a place to live. I am blaming myself for the current situation—need to get my GED. This will elevate me to get a better job.

Several of the participants hoped for improvement in women supporting each other. One woman commented, “As females, we should support each other—be nonjudgmental and compassionate.” Another said, “Women don’t sit together. Don’t let anybody in. Yes, I want support from other women.” A third added, “It’s not fair how the VA [Veterans Affairs] has treated women. I want to advocate for female veterans.”

Substance abuse. A majority of participants spoke of ongoing struggles with substance use. Several women reflected on their first experiences of substance use with a family member or intimate partner. One woman shared, “My dad was a crack addict. Mom was a good mom. Drugs gave me a way not to be bored.” Another woman said, “Mental health [challenges] brought me here [to jail]. My coping skills are drugs.” An older woman who knew the duration of her sentence talked openly about her drug addiction: “I have PTSD [posttraumatic stress disorder] from my drug history and from jail. [I] have served time in federal and state penitentiaries.” Another older woman who knew her release date stated that, in the past, her training in “coping skills emphasized that relapse is a part of recovery. This interpretation for me indicated a justification in the use of drugs.” Many of the women referred to difficulties managing negative emotions prior to or during incarceration. One woman shared, “I had real struggles with alcohol. I would drink on my way to work and on the job. I did not drink until I was a student in college. I believe I struggled with undiagnosed depression and possible PTSD.”

History/current trauma, anxiety, or depression. Most participants described mental health problems that derived from early childhood trauma. Several participants reported physical or sexual abuse by a family member, friend, or relative. One woman shared that she experienced sexual abuse by an older brother as a child and her childhood peers made fun of her by saying, “You had sex with your brother.” With strong emotions, she attempted to reassure herself that the past trauma was not her fault, stating, “I did not choose my upbringing of chaos as a child.” Another woman discussed experiencing sexual abuse as a child and as an adult from the same abuser:

I was abused when younger—it’s numbing. I’ll never get over it. Drugs in [my] body. Mom did not protect me. [My] enabler was [an] abuser. I was responsible [when abuse resumed] as an adult. As an adult, I did it for drugs. I can’t forgive myself yet.

One woman remarked, “I would rather have a date [for release from jail]—it [not knowing] is more anxiety. I am sitting here waiting to find out what is happening to me.” Another woman commented on what she observed among her fellow inmates in the jail, “I have never seen so much mental illness.”

Mental health counseling and psychotropic medication. Participants sought help to cope with their emotional challenges, such as poor self-concept, low self-worth, and internal barriers to self-advocacy. One woman expressed that she “wanted real therapy and someone to talk to who won’t judge us.” Another added, “Addiction is a side effect [of other issues the person is facing]. Stop treating addiction and focus on the problem, the trauma.” Another woman concluded, “We need real counseling, grief counseling. We didn’t do bad things. Tough love doesn’t work. Everybody’s different.” Other participants commented on help they received from psychotropic medications and setbacks from a break in their medication routine. One woman said,

You come to jail; they take you off all your meds. Why am I being changed [referring to medications]—because it’s cheaper. They do not properly medicate you in here. I am bugging out when you took my meds away from me and now I am in trouble.

We noted that during the focus group with the 15 women, nine of them got up to receive medication from jail personnel.

Family

Separation from children and other family members. Relationships with family members were a top priority for most of the women. Sometimes these relationships were an essential lifeline, whereas other times they were stressful or debilitating. Many participants stated experiencing familial disruption while incarcerated. One woman stated, “I have three kids. [I] did three tours in Iraq. People have failed the females.” Another woman shared, “Each time I come to jail, it is [a] process to reconnect with my children, [to] have to start all over again [with] broken trust.” One woman lamented, “My family expects me to fail. They doubt me. I asked myself, ‘Do I want to go out and steal, sell and use drugs, hurt myself and my family?’” Another woman shared, “My mother never showed me love, so I don’t show my children love. I have five children and five grandchildren.”

Need to support each other. Many of the women benefited from the support of family members. One woman stated, “The father of my older two [children]

brought me back to life. He brought me to family court. He says, ‘I’m taking a 6-week vacation when you get out.’ He’s gonna help me more.” Another woman expressed relief, saying “My kids are with my parents.” Several women felt the need to protect or provide support to their families. One woman commented, “Grandmothers [who are caretakers] need grandkids programs, very similar to young mothers.” Another added, “It’s expensive to call out of jail: \$15 per minute for long distance and \$5 normally for a local call. The commissary is expensive and inmates are overcharged. Our families take the burden of supporting us.” Some women advocated for education about criminal justice and eligibility for counseling for their families. A woman requested, “Teach my family what I’ve been through. Teach my family why I do the things I do.” Another advocated, “My family needs education about drug addiction.” Yet another woman added, “Educate me and my family to accept me and to build trust. It’s not easy for both parties to change. Some preparedness is important. Family counseling is important.”

Family history. A number of the women shared difficult and even traumatic experiences in their families. One woman expressed, “Dad was alcoholic. Mom was not. My sister and nephew were sexually molested. There was always tension. I hated my stepmom and stepbrother.” Another woman added,

I grew up in a home with alcohol and crack with not much food. Dad was on crack and eventually got clean. Mom was on crack and drank, and never got clean. Mom left dad for dad’s best friend when I was 7 years old. Mom and dad never formally divorced.

A third woman shared,

My mother was a hoarder. I stole my mother’s identity and was charged with identity theft and forgery. Mother caught us and my sister and I went before a grand jury. My sister lied in front of the grand jury. My drug of choice is heroin, but drugs were not a part of this crime.

Criminal Justice System

Nonspecific concern with criminal justice system. Participants recognized positive effects of drug courts and of incarceration in jail. One woman stated, “Incarceration has both positive and negative impacts. It provides the importance of structure, discipline, and continuity of treatment.” Another woman said,

[The judge] took time to express care for my well-being. He took my mom and I, and my lawyer, aside. I could have drunk myself to death, but the judge said he wanted to help and doesn’t want that for the women.

One woman stated, “In jail, the structure was important in turning around. There is opportunity to participate in multiple activities and classes. I secured eight certificates, a big accomplishment.” Another woman added that the “program [jail] brings out your best qualities.”

Many of the women wished to identify shortcomings of these criminal justice programs. Negative experiences in drug court or in jail often exacerbate preexisting problems for women, for example, poor self-esteem (Rockell, 2012) and social stigma (Rodda & Beichner, 2017), which can diminish the individual’s sense of self needed for effective planning at reentry.

Drug court challenges. Some women believed that drug courts stripped inmates of their rights as U.S. citizens: “In [drug] treatment court, you have to plead guilty. You throw your rights away when you plead guilty.” Another woman added, “It’s [the judge and court] unfair. He doesn’t pay attention to what’s going on in a person’s life—children.” Several participants believed that drug court judges focused more on gaining monetary profits than on rehabilitation for inmates. One woman stated, “Drug court is getting bigger, but you [the judge] are not doing anything to make it work.”

Jail challenges. Many participants highlighted experiences of unjust and dehumanizing treatment by jail personnel. One woman expressed, “I don’t like the way they talk to us; no one is listening. We are people, too, regardless that we are in jail. We all make mistakes.” Another woman said, “This is my first time here. I’m trying to be positive, now I fear failure [listening to others’ stories about drug court and jail].” Several participants added that they became frightened, with more self-doubt, when they witnessed or became aware of sex abuse of other inmates by corrections officers. A woman shared, “There is favoritism in jail. A deputy picked an inmate as [a] favorite child, with pornography later.”

Several of the participants made recommendations as to how drug courts and jails could improve their operations. One woman suggested, “Let the woman settle things before she is imprisoned—[where the] dogs [will go] and somewhere for my kids to go.” Another woman added, “[Don’t] suspend SSI [Supplemental Security Income] and SSD [Social Security Disability Insurance] payments [while we are incarcerated]. The bills still have to be paid.” A woman questioned, “How can you put a mentally ill person in jail? How can you put a crackhead in jail?” Another woman responded, “Ninety percent of the girls are in here related to using [drugs]. If someone leaves, she’s gonna be right back. Go for a few months to jail to rehabilitate—that’s too long.” One woman remarked, “It’s a *brain f--* [with emotion] to be put back in jail. Programs are not individualized; they are cookie cutter programs.” Another added, “They are trying to treat everyone the same and not everyone is the same.” One woman urged, “Believe in the client—teach them [criminal justice personnel] to disassociate addictive behavior from the addict.”

Access to Services/Resources

Money, housing, transportation, and legal. Women reentering from jail are particularly vulnerable to loss and failure, as they must address multiple demands simultaneously. One participant shared, “At reentry, everything piles up on you.” The women often need help to find housing and a job, step back into the parent role, and gain access to other resources. One woman commented, “You end up back in here if there are no resources.” Another added, “Biggest issue is getting out to nothing, especially if you have kids.” Referring to why she performed illegal activity, a woman stated, “Money is a trigger—I am a waitress.” Another woman added, “One reoffends due to self-support [needs money to survive].” Several women believed that finding housing upon reentry would be difficult because of their criminal history. One woman stated, “We need more [living] facilities for women. What’s available for men inmates should be available for women inmates.” Another responded, “We need stable housing to escape the bad folks—and more places for women.” Another woman added, “People have a lack of knowledge of legal and other services. You need transportation—medicab.”

Job training and education. Many of the women addressed the need for a job and money. One woman expressed the need for employment opportunities that “show [our] good [emphasis added] qualities!” Another added, “[We] need an advocate for helping us in securing a job or vocational training opportunities.” Yet another woman suggested, “We need a program or company willing to hire women and men [with a history]. Legal Aid should offer a certificate showing the individual has served her time and is trustworthy.” Several participants brought up the need for opportunities to further their education. A younger woman who had not yet been sentenced expressed, “I need support to go back to school. I want to be somebody! I do not want recovery to be my entire life. Education is a small price of being normal.” Another woman said that she was seeking “education—opportunities for college courses,” and another expressed her “need for school and a deferred loan [for school].”

Other supports. Women also sought access to coaches, mentors, and advocates who could provide support and guidance during reentry. A woman offered that there is a

need for recovery coaches who are trained and can talk on a one-to-one basis. The real world is difficult. There is no guidance once you get out. We need some intermediary help along the road to provide emotional support. Most inmates have this issue. Most inmates come from dysfunctional situations and need advocates while in jail and out of jail.

Social Stigma

Most participants felt that they were often treated as less than human because they were incarcerated. One woman urged, “People need to analyze the ways

they treat versus the ways they should treat inmates. Putting us down makes it worse.” Another added, “Imagine if you were the one being judged, denied, stigmatized. [They need to know] what it is like to have so many medical bills. How would you feel when death is more of an option than life?” One woman bemoaned, “Punishment continues to exist. We have to cope with multiple barriers or bumps in reintegration.” Another woman added, “Don’t punish me the rest of my life. Following my husband’s death, they are pushing me further into a hole.”

Several women referred to lost opportunities because of their criminal identity. One said, “I could not do volunteer work because I had a felony 10 years ago. [Your] history of incarcerations may show up in social media. Especially misdemeanors should be expunged.” Another woman shared, “You can look up charges on Google. My boyfriend took me off Facebook because it can affect him getting a job.” She added, “I would like an expungement of my record. It should be dependent on what it [the charge] is—misdemeanors should go out. Misdemeanors hurt in getting a job.” Another participant commented, “Take a chance on us. If you’re addicted, don’t be a nurse; if a molester, don’t work with children.” Another woman responded, “Look into the person to see if they are trying to better their life.”

Several women made comments that suggested they were motivated to do better because of the stigma they faced. One woman shared, “A counselor listened to me. I was more than a number. She cared about our stories.” Another woman encouraged counselors to have “love for their job and compassion—challenge, push, be supportive, and help the client to achieve her goal.” Another woman, in commenting on behavior of drug courts and jail personnel toward female inmates, entreated, “Respect is key!”

DISCUSSION

The purpose of this study was to understand women’s experiences of preparing for reentry and to learn from these women what they need to adjust from incarceration to life back into their communities. The women who experienced incarceration and now faced the responsibilities of returning to their families, needing to earn income, and finding a place to live had knowledge of the barriers they would face and the opportunities they would need in order to perform their life roles successfully.

Main Findings

Trauma and family in reentry. The women in this study frequently turned to substances to avoid emotions associated with trauma suffered in physical and sexual abuse. Moreover, they turned to criminal behavior to support their addictions. These findings confirm those of Nowotny et al. (2014), Rodda and Beichner (2017), and others who have advocated for practices that address the

root causes of crime and addiction. Furthermore, the women in the current study stressed their need for experienced counselors to help them recognize the impact of stigma on their self-concept (Rowe, 2011), strengthen their self-worth (Rodda & Beichner, 2017), and learn self-advocacy skills (D. S. Morse et al., 2015). Consistent with previous findings, the women in the current study were mindful of the stress on their children and other family members when the family is separated during incarceration (Codd, 2013). The study participants recommended that criminal justice and service providers should develop practices that are family centered, making families feel welcome when they visit the jail. Furthermore, the participants advocated for empowerment of women who are incarcerated and their family members to participate in conversations in legislatures, jails, prisons, judicial systems, and service provider organizations about reentry practices that support families. The unique contribution of the current study is to recognize the benefits of allowing women who have been incarcerated to educate leaders, criminal justice and community providers, and other stakeholders about what will help them to prepare for reentry.

Criminal justice, services, and stigma issues in reentry. The women in our study expressed that they had feelings of low self-worth and hopelessness when corrections officers and drug court officials failed to treat them with dignity and respect. This finding is consistent with what others have reported of oppressive, disrespectful, and inhumane behavior toward female inmates within jail settings (Kelsey et al., 2017; Rockell, 2012). The women expressed concern with drug court judges who withhold information, delay sentencing, or focus more on fees and financial penalties than on rehabilitation. Participants awaiting sentencing were more anxious about the future (Begun et al., 2009), which seemed to exacerbate negative experiences with criminal justice personnel, suggesting the value of early and timely sentencing to support the mental health of women who are incarcerated and to build relationships that are based on respect and cooperation in the jail setting. The women appealed for the training of court officials and jail personnel in respectful and humane treatment that promotes the women's well-being.

The women who had been sentenced, especially if they were older, seemed more open to talking about their drug use. Perhaps those awaiting sentencing were hesitant to talk about their drug use for fear that discovery by the court could result in a longer sentence. Thus, early sentencing might assist women who are incarcerated to address their substance abuse head on. As discovered in an earlier study (Dobmeier et al., 2017), younger women more often expressed a belief that they could change their lives around on their own. They might benefit from working with counselors and criminal justice personnel who support young women's need for hope while planning realistically for the social stigma and other obstacles often associated with reentry.

In Rodda and Beichner's (2017) study, the women identified development of a resource directory among their top three priorities for reentry. The women in the current study frequently brought up the need for services and resources

when reentering society, including adequate housing, gainful employment and money, mentorship, and mental health services. Several participants advocated for specialty services for women, including supportive housing (D. S. Morse et al., 2015), adequate health services (Schonberg et al., 2015), childcare (Ramaswamy et al., 2015), and transportation. Our participants expressed that being a woman with a history of incarceration sometimes makes it impossible to find a job or a place to live. DeHart et al. (2014) advocated for the development of gender-responsive programming to counter the stigma of being a woman who has been incarcerated. The women in our study called on employers to recognize their employment history and work skills, property owners to take note of incarcerated women who have successfully managed their own homes or someone else’s rental property, and every citizen to see that biased views against women who are reentering contribute to a cycle of failure.

Limitations and Implications for Future Research

This study contributes to the counseling literature by adding the voices of women who are in jail to the dialogue about reentry, offering these women’s recommendations as to how stakeholders can support them more effectively in returning to their communities. There were some limitations in the study. Although the use of note-taking to document the women’s dialogue seemed to support the women’s opening up about their experiences and perceptions, note-taking was based on the quotes of what seemed important to the notetakers at the time. Thus, there may have been important considerations left out because the notetakers did not see them as particularly important at the time. The initial coding and thematic analysis that were prepared for immediate member check with the participants lacked the thoroughness of the coding and thematic analysis subsequently undertaken by the research team. The initial codes were fewer in number, and the initial six themes (mental health, rehabilitation, drug/alcohol addiction, family, drug court, and need multiple supports) did not include concerns about jails and social stigma, which emerged in the later comprehensive coding and thematic analysis. As anticipated, we were unable to do a final member check after completing our coding and thematic analysis because we no longer had access to the women who participated in the study.

Some of the women between the ages of 25 and 44 years who were awaiting sentencing were unavailable to attend the focus group for their age group on the designated date. Therefore, they participated with women 45 years and older in a large focus group of 15 members on a later date. We made the decision to include this blended focus group of women ages 25 to over 45 in the data analysis because the input of all the participants was essential to our purpose of understanding their experiences of reentry (J. M. Morse, 2008). Another limitation of the study was that we did not look at differences between races, ethnicities, or socioeconomic statuses in the women’s experiences of reentry. Additionally, during the focus groups, there were occasional interruptions

to administer medications or for a participant to attend a medical or other appointment. We recommend that for future focus group studies in jails, participants and researchers be prepared for interruptions given the structure of jail schedules, as well as maintain close communication with facility personnel to maximize uninterrupted time in which to conduct focus groups.

Although we added to the voices of women from a jail setting as called for by Rodda and Beichner (2017), Schonberg et al. (2015), and Rockell (2012), there is a need to expand research on the experiences of women reentering their communities from jails. Future qualitative reentry studies with women could replicate sentence status while taking into consideration age, race/ethnicity, and socioeconomic status. In addition, personal experiences of reentry for family members, criminal justice personnel, and service providers should be sought through qualitative studies to contribute to best practices for reentry.

CONCLUSION

The women who participated in this study expressed a deep desire to know themselves. Several of the women concluded that they needed well-seasoned counselors to help them gain self-awareness, heal from their emotional wounds, manage their addictions, and become empowered to represent their reentry preparation needs. Counselors should be mindful of the need for gender-specific empowerment for these women, many of whom have suffered trauma, and help them develop effective relationship skills, including providing support to other women who have been incarcerated. Government service providers, criminal justice and community leaders, family, and other support entities must coordinate their interventions prior to, during, and following reentry given the multidimensional needs and high recidivism rate of women who are incarcerated.

The current systems responsible for reentry were emotionally damaging for many of the women in the study and were ineffective or minimally effective for the other women. Failure to reform criminal justice, provider, and societal systems responsible for reentry practices will likely doom the United States to having the highest recidivism rates in the world (Johnson et al., 2014). Courts, jails, and prisons need to be transformed from settings in which incarcerated women are viewed as criminals, stigmatized, and retraumatized to settings that prioritize rehabilitation, empowerment, and healing. Government and criminal justice leaders, family members, professional counselors, and health providers need to support women's personal empowerment to advocate for themselves within systems responsible for reentry. Property owners, employers, educators, and the whole U.S. citizenry need to be educated in a new paradigm of how to view crime, its root causes, and rehabilitation, ensuring reentry practices that support the whole woman—mind, body, spirit, and family.

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