

"THAT'S WHAT IT'S ALL ABOUT, BECOMING MOTHERS THAT CAN LIVE
A NORMAL LIFE AND RAISE THEIR CHILDREN": HOW A GROUP OF
MOTHERS NAVIGATE AN ALTERNATIVE TO INCARCERATION
INTERVENTION

By

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ABSTRACT

"THAT'S WHAT IT'S ALL ABOUT, BECOMING MOTHERS THAT CAN LIVE A NORMAL LIFE AND RAISE THEIR CHILDREN": HOW A GROUP OF MOTHERS NAVIGATED AN ALTERNATIVE TO INCARCERATION PROGRAM.

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Introduction: Approximately 60% of all incarcerated women in the United States are mothers with minor children and most of them are single mothers (Glaze & Maruschak, 2009). When mothers with minor children are incarcerated, the disconnection and loss of relationship as well as tangible support can have a “traumatic” impact on families (Sadof, 2015, p. 1). Alternatives to incarceration (ATI) are a viable option to hold women accountable for their crimes while maintaining their significant relationships and providing them with necessary rehabilitation (Goshin, 2015). *Purpose:* The purpose of this study was to examine how a group of mothers reportedly navigated an alternative to incarceration intervention and how the ATI compared to any previous incarceration they experienced. *Methods:* An exploratory thematic analysis was conducted, and data were collected from eight focus groups involving mothers (N = 34) who were current participants or graduates of an alternative to incarceration program. The focus groups were audio taped, fully transcribed and reviewed with field notes prepared from the researcher and assistant. Data were coded and themes developed to answer the two research questions. *Results:* Analysis revealed ten salient themes: “reasons for criminal legal involvement”, “an ideal ATI”, “trust the process”, “case-by-case”, “support- they help with everything”, “breaking the intergenerational cycle”, “incarceration is not rehabilitation”, “incarceration is easy, the program is hard”, “I’m not the same person”, “connection with children” *Discussion & Implications:* Findings suggest that mothers may successfully navigate

an ATI that provides targeted rehabilitative services that include tangible and emotional support and prioritizes connection with children. Staff should understand the apprehension of mothers to engage in services, teach parenting and life skills and provide non-judgmental and hands-on services. Future research should evaluate current alternatives to incarceration interventions and outcomes for graduates of ATI should be studied. Studies involving women of color and ATI are needed, including the rate they are offered ATI and reasons they may decline the option. More qualitative studies must be conducted to continue hearing from mothers themselves regarding their experiences within the criminal/legal system.

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CHAPTER ONE: INTRODUCTION

Women's involvement within the criminal/legal system has increased significantly over the past three decades, with more than one million women currently incarcerated or under criminal legal supervision in the United States (Glaze & Maruschak, 2009). The number of women in prison has grown over 800% in the past thirty years (Sawyer, 2018) which is more than twice the rate of increase for men. Additionally, the number of women in jail is expanding at a faster rate than any other population in corrections, accounting for half of all females behind bars (Glaze & Maruschak, 2009). Women of color have disproportionality high rates of imprisonment in the U.S.; Hispanic women have an incarceration rate of 71 per 100,000 residents and Black females have an imprisonment rate of 96 per 100,000 residents, which is 2.5 times the rate for White women (49 per 100,000 residents) (Carson, 2018). Furthermore, nonviolent African American female offenders are six times more likely to receive sanctions than any other group of women and they experience harsher and longer sentencing (Wildeman & Western, 2010).

Female offenders differ from males regarding the ways they enter the criminal/legal system. For instance, most women have nonviolent offenses such as theft (Guerino, Harrison, & Sabol, 2011) and many of their crimes such as drug possession relate to addiction (Mauer, 2013). They also have histories of trauma and are victims of domestic violence more often than their male counterparts (Belknap, 2007 p. 78; Covington & Bloom, 2007). More women with mental health and substance use disorders are incarcerated than men (Komarovskaya, Booker-Loper, Warren, & Jackson, 2011; Mears, Cochran & Bales, 2012; Pimlott & Sarri, 2002; Steadman et al., 2009; Swavola, Riley, & Subramanian, 2016). Prior to incarceration women are more likely than men to have been unemployed and homeless (Mumola, 2000). Lastly, approximately 60%

of all incarcerated women in the United States are mothers with minor children and most of them are single mothers (Glaze & Maruschak, 2009). Within jail systems, the number of incarcerated mothers increases to nearly 80% (Swavola, et al., 2016). Although fathers are also incarcerated, mothers involved in the criminal/legal system tend to be the primary caretakers for their children (Swavola, et al., 2016). When a mother is incarcerated, her children live with their father only 37% of the time, whereas nearly 90% of children remain with their mothers upon their father's incarceration (Glaze & Maruschak, 2009).

A significant number of female offenders have histories of trauma (Lynch, et al., 2014) and the correctional facility environment and incarceration experience can be retraumatizing (Lynch, et al., 2014; Swavola, et al., 2016). Women are also more likely than men to be sexually assaulted by other inmates and correctional officers while incarcerated (Beck, Rantala & Rexroat, 2014). Customary procedures such as searches and restraints can trigger PTSD symptoms (Bloom, 2015) and women generally do not receive adequate behavioral health treatment while incarcerated (Kosak, 2005).

Problem Statement

Mothers separated from their children due to incarceration can experience depression, anxiety and other trauma-related symptoms (Smyth, 2012) and their children are likely to be negatively impacted. According to Myers, Smarsh, Amlund-Hagen & Kennon (1999) "children whose mothers are in prison or jail are among the riskiest of the high-risk children in our nation" (p. 11). Parental incarceration is an adverse childhood experience (ACE) that can be as traumatic as a parent's divorce or death (Dworsky et al., 2020). Children with an incarcerated parent face stigmatization, poor sleep patterns, declining academic performance and developmental regressions (Poehlmann, 2005b), as well as behavioral problems (Murray, Farrington, & Sekol,

2012). African American children account for half of all children of incarcerated parents (Miller, 2007) and are nine times more likely than white children to have an incarcerated mother (Glaze & Maruschak, 2009).

Most mothers involved in the criminal/legal system are the sole caretaker for their children so when they are incarcerated, their children must live with relatives or enter the foster care system (Glaze & Maruschak, 2009). This transition generally includes changing schools, communities and separation from siblings (Davies, Brazzell, La Vigne, & Shollenberger, 2008) which adds additional stress to an already challenging situation. Research supports contact between incarcerated mothers and their children to reduce recidivism, maintain a necessary mother-child connection and reduce emotional and physical distress in both mothers and children (Arditti, 2005; Arditti & Few, 2008; Laughlin, Arrigo, Blevins, & Coston, 2008; Mignon & Ransford, 2012; Poehlmann, 2005a; Poehlmann, 2005b; Snyder, 2009; Thompson & Harm, 2000). Most mothers in prison report having some contact with their children via letters and phone calls (Glaze & Maruschak, 2009) but approximately half of mothers have never had an in-person visit with their minor children (Mumola, 2000).

When mothers with minor children are incarcerated, the disconnection and loss of relationship as well as tangible support can have a “traumatic” impact on families (Sadof, 2015, p. 1). In addition to the strain of separation from her children, incarceration can cause a mother to lose employment, child-care options and housing (La Vigne, Davies & Brazzell, 2008). Upon reentry mothers with a criminal record face many challenges such as ineligibility for food programs, subsidized childcare and housing options, as well as limited access to employment and educational funding (Swavola, et al., 2016). Women also incur substantial fines associated with

criminal/legal system involvement. The inability to pay these fees, can lead to reincarceration, perpetuating a vicious cycle (Swavola, et al., 2016).

Recidivism refers to "subsequent contact with the criminal/legal system" (Hubner, DeJong, & Cobbina, 2010, p. 226) upon a person's release from prison or jail. Researchers agree that most women have further contact with the criminal/legal system upon release from incarceration (Cobbina, Huebner, & Berg, 2012; Greiner, Law & Brown, 2015; Holtfreter, Reisig, & Morash, 2004; Makarios, Steiner, & Travis III, 2010; Stalans & Lurigio, 2015; van der Knaap, et al., 2012). The criminal/legal system aims at rehabilitating offenders during their incarceration. However, high rates of recidivism support the notion that this is not working for women.

Significance of the Study

According to Kubiak, Young, Siefert & Stewart (2004) women need prevention services to keep them out of confined settings. Alternatives to incarceration (ATI) are a viable option to hold women accountable for their crimes while maintaining their significant relationships and providing them with necessary rehabilitation (Goshin, 2015; Kates, 2011). Alternatives to incarceration, also referred to as "diversion" in the literature are any kind of punishment or treatment other than incarceration given to a person who commits a crime (FAMM, n.d.). Common ATI include probation, treatment courts, electronic monitoring, and substance use rehabilitation (Center for Health and Justice at TASC, 2013). ATI are available at local, state and federal levels and most commonly occur as a sentencing recommendation at the discretion of a judge (United States Sentencing Commission, 2017). Berman & Adler (2018) report that ATI are less expensive than incarceration, focus on rehabilitation, and allow low-risk offenders to remain in the community as active citizens.

Aiello & McQueeney (2016) argue that “mother” is perhaps the most deeply valued but highly criticized identity in our society. Warner (2005) states that mothers are the moral backbone of society and are held to extremely high standards. Researchers have argued that although the cultural expectations placed on mothers are impossible to obtain, mothers are often disparaged when they do not meet society’s expectations (Blair-Loy, 2003; Crittenden, 2001; Hays, 1996). When a mother is incarcerated this “fall from grace” can imply a severely damaged or depraved character (Aiello & McQueeney, 2016). Sharp (2014) reports that incarcerated mothers are viewed by the general population as unacceptable because they do not love their children enough to make better choices. Corston (2007) says, “To become a prisoner is almost by definition to become a bad mother” (p. 20). Incarcerated mothers are not the only stigmatized group of mothers, but according to Aiello & McQueeney (2016), they are among the most marginalized women in society. The combination of the stigma and shame of incarceration for mothers “renders this powerless population essentially disposable in the eyes of society” (Allen, Flaherty, & Ely, 2010, p. 162).

Studies of incarcerated mothers (Allen, Flaherty, & Ely, 2010; Barnes & Stringer, 2014; Enos, 2001; Ferraro & Moe, 2003) demonstrate the negative consequences that incarceration can have on mothers and her children. Keeping mothers out of jail and prison may reduce the associated stigma and shame that can accompany this situation for both mothers and children. Very few studies have sought to examine how mothers view alternatives to incarceration and therefore the understanding of this reported experience is limited. Little is known about the reported strengths and challenges of ATI from participant’s perspectives or how the experience affects the relationship between a mother and her children. The purpose of this study is to contribute to the current gap in literature on ATI for mothers and elevate the voices of mothers

themselves. Further, it aims to examine how mothers reportedly compare any previous incarceration they experienced with an alternative to incarceration intervention. This insight may assist in enhancing the development of ATI for mothers, policy reform and inform future research.

The study is also in response to a national recommendation for research on alternatives to incarceration and the incarceration experience (National Research Council, 2014). Further, there is a documented need for more research on mothers in the criminal/legal system (Arditti, 2015; Goshin, 2015).

Research Questions

The specific questions guiding this study are:

(R1): How do mothers reportedly navigate an alternative to incarceration intervention?

(R2): How does the ATI compare to any previous incarceration they experienced?

CHAPTER TWO: LITERATURE REVIEW

History of Women in the Criminal/Legal System

Traditional studies of women and crime occurred at the end of the nineteenth century and middle of the twentieth century. Researchers of these classical positivist studies include Lombroso & Ferrero (1895), Thomas (1923), and Pollak (1950). They assumed that the differences in rates of criminality between men and women were due to gender differences and that women who commit crimes are more “masculine” which made them prone to break the law (Belknap, 2007, pp. 32-33). Lombroso & Ferrero held a dualistic view that women were either “masculine and bad” or “feminine and law-abiding” (Rafter & Gibson, 2004, p.10). They viewed women who committed crimes as less evolved and inferior to men (Smart, 1976). Thomas veered from Lombroso & Ferrero by defining criminality as “a socially induced pathology rather than a biological abnormality” (Smart, 1976, p. 37). Thomas (1923) theorized that females commit crimes because they need to feel and give love, resulting in crimes like prostitution.

The positivist legacy on female criminality influenced research for decades. Pollock, (1950) argued that women by nature are deceitful and commit crimes to get their way. Similarly, Konopka (1966) portrayed women as instigators of crime who are driven by sexuality and loneliness (Klein, 1973). According to Tyler (1997), feminist theories that emerged in the 1970’s were the first to drift from original theories by pointing to a patriarchal society as cause for oppression of women and their involvement in crime. Freda Adler’s (1975) *women’s liberation theory* also referred to as the “emancipation hypothesis” (Belknap, 2007, p. 56) contended that women committing violent crimes would increase due to their newfound “liberation” in society. Building off this theory, Simon (1976) developed the *theory of opportunity* agreeing that women have additional opportunities in society, which exposes them to more crimes. However, she

differed from Adler stating that violent crimes would decrease because women have access to new educational and employment opportunities so the frustration that caused violence would diminish (Belknap, 2007).

Throughout the 1980's criminologists considered *control theory*, *conflict theory*, and *labeling theory* for female offenders, but most studies supported by these theories did not find much differences between male and female offending (Schwartz, & Steffensmeier, 2007). Feminist perspectives continued to frame research on female offenders and the pathways perspective gained traction over the years. In the 1990's, theories recognizing the differences of women and men who are involved in the criminal/legal system, specifically *relational theory* (Covington, 1998; Miller, 1976), *trauma theory* (Herman, 1992) and the *theory of economic marginalization* (Chesney-Lind, 1997) were developed. Today, the *pathways perspective* is widely recognized as a prominent theory of women's involvement in the criminal/legal system (Belknap, 2007; Bloom et al., 2003; Chesney-Lind, 1997; Daly, 1994; Salisbury & Van Voorhis, 2009).

Current Trends of Women in the Criminal/legal system

Nature of Female Offending

Since men commit more crimes and women constitute a smaller proportion of jail and prison populations, much less research exists on female offenders compared to males (Belknap, 2007, p. 179). Overall, men commit crimes five to ten times more frequently than women do (Steffensmeier & Haynie, 2000). Prostitution is the only crime category that women are charged more than men are (Swartz & Steffensmeier, 2008). Despite a lack of attention in the literature, trends in the extent and nature of female offending in the United States appear to have remained consistent throughout history. Female offenders are disproportionately women of color. Women

are incarcerated at a lower rate than men and their offenses tend to be less serious and less violent than their male counterparts (Belknap, 2007, p. 95; Sawyer, 2018; Steffensmeier & Allan, 1996; Urbina, 2008, pp. 27-28). Although most women are nonviolent offenders, there are those incarcerated for violent crimes. Women who commit violent crimes often do so in self-defense such as situations of domestic violence (Van Deiten, Jones, & Rondon, 2014). In addition, when women commit violent offenses, they are typically against family members or intimate partners in their homes (Rossegger et al., 2009).

Increase in Female Incarceration

Prison Policy Initiative recently conducted a report (Sawyer, 2018) that tracked U.S. state prison population trends from 1978-2015 and found striking results regarding gender disparities. While statistics demonstrate the total population of prisoners in the U.S. has decreased since 2009, almost all these prisoners are men. In fact, “since 1978, the number of women in state prisons nationwide has grown over twice the pace of men, to over 9 times the size of the 1978 population” (Sawyer, 2018, p. 3). Sawyer (2018) reports that states that focused their efforts on reducing male prison populations and ignored women had counterproductive results. For instance:

Michigan reduced the number of men incarcerated in its state prisons by 8% between 2009-2015, but counterproductively incarcerated 30% more women over the same period. Texas cut its men’s prison population by 6,000 but backfilled its prisons with an additional 1,100 women. Idaho backfilled half of the prison beds it emptied from its men’s prison by adding 25% more women to its prisons. And in Iowa and Washington, the modest reductions in the men’s populations were completely canceled out by growth in the women’s populations (Sawyer, 2018, p. 4).

While the attention on reforming the criminal/legal system is positive (Mancini et al., 2016; Opsal, 2015), the data shed light on the lack of consideration of female offenders. Women were typically incarcerated for nonviolent crimes such as larceny-theft, fraud, forgery, and prostitution until the 1980's when incarceration for drug related crimes skyrocketed (Sokoloff, 2001). Between 1986 and 1999 female offenders incarcerated in state prisons for drug related offenses increased by 888% (compared to an increase of 129% for non-drug related offenses) (Lapidus et al., 2005). Research indicates that women's drug use and involvement in drug trafficking can be tied to their relational needs and/or coercion from male partners (Bloom, Owen, & Covington, 2003; Smyth, 2012).

No policy has had as much effect on female incarceration as the federal "war on drugs" declared by President Nixon in 1971 and later revamped by President Reagan in the 1980's (Allard, 2007; Chesney-Lind, 1997; Longinaker & Terplan, 2014; Wiewel & Mosley, 2006). The Anti-Drug Abuse Act of 1986 established lengthy mandatory minimum sentences to prosecute drug offenders (Mesic, 2017). These sentences were significantly longer and did not allow for judicial discretion based on individual cases or factors such as criminal history, gender, community stance, employment, parenthood or education (Mesic, 2017). Just two years later, the Anti-Drug Abuse Act of 1988 passed which applied these same mandatory minimum sentencing policies to anyone considered part of a drug trafficking conspiracy (Mesic, 2017). Women who were living where drugs were sold or being present during a drug sale, even if they were unaware, were eligible for mandatory minimum sentencing. Women were incarcerated for 20-30 years or life, even if they were not directly involved in the distribution or sale of drugs (Mesic, 2017).

These policies disproportionately affected women of color who tended to live in poverty and often had little choice regarding the illegal involvement of the men in their lives (Salina, Lesondak, Razzano, & Parenti, 2011; Stevens-Watkins et al., 2014). The number of women in U.S. prisons grew 460 percent from 1980-1995, compared to a 241 percent increase for men (Wiewel & Mosely, 2006). The ramifications of these policies continue today. In a report by the U.S. Bureau of Justice Statistics within state prisons in 2016:

A higher percentage of females (25%) than males (14%) had a drug crime as their most serious offense. In comparison, nearly half (47%) of federal prisoners serving time in September 2016 (the most recent date for which data are available) were convicted of a drug offense. As in state prisons, a larger percentage of females (56%) than males (47%) were serving time in federal prison for drug crimes (Carson, 2018, p.1).

The result of these policies was a clear increase in the mass incarceration of women but also greatly affected their lives upon reentry. Having a felony drug conviction as opposed to a misdemeanor offense can result in losing the right to vote, secure employment, receive student loans, and be eligible for certain public assistance (Mauer & McCalmont, 2013).

Legislation

Movements to reform drug policies, which negatively affect mothers and children, are discussed in recent literature (Allard, 2007; Longinaker & Terplan, 2014; Wiewel & Mosley, 2006) but slow to come into fruition. Hser et al., (2007) asserts that less punitive laws for minor and non-violent drug infractions are the best single means of reducing the incarceration of women. California implemented Proposition 36, in July 2001, which allows adults convicted of a nonviolent drug offense to choose community-based drug treatment instead of incarceration. The overall benefit-cost ratio was nearly 2.5 to 1 over a thirty-month follow-up period, resulting in

state and local governments saving \$173.3 million (Longshore, Hawken, Urada, Anglin, 2006).

Although research specific to the outcomes of Proposition 36 for mothers have not been conducted, one study found that females were more likely than males to remain free from substance use and criminal contact when participating in drug treatment (Hser et al., 2007).

In 2009, the state of New York reformed its longstanding Rockefeller Drug Laws. The updated policy eliminated mandatory prison sentences for certain drug offenses and allowed drug court alternatives to some nonviolent offenders in lieu of incarceration (Kellam & Bates, 2014). The most recent known evaluation of the reform compared prison inmates (n=2008) convicted of a drug charge to drug court participants (n=2,010) with similar charges. Results indicated that participants in the ATI had significantly lower levels of recidivism than the comparison group (Kellam & Bates, 2014). However, the study did not provide outcomes by gender, let alone evaluate results for mothers.

Some states have created legislation to divert parents with any nonviolent offense, not just specific to drugs. In 2010, Washington enacted the Family and Offender Sentencing Alternative and Community Parenting Alternative into law, which allows judges to order an ATI for caregivers of minor children. In response to this program, in 2016 Oregon passed a similar bill, which gives discretion to judges to sentence parents of minor children to probation in lieu of prison. Similar proposed bills in Massachusetts and Texas would allow for community-based alternatives instead of incarceration for parents with nonviolent offenses who are the primary caretakers of dependent children.

Evolution of Alternatives to Incarceration for Mothers

Starting in the 1840's probation and parole targeting male offenders became a substitute for incarceration or for reducing prison terms (MacKenzie, 2010). Similar practices occurred

throughout US history until prisons became overcrowded in the 1970's and more formal diversion programs developed (Sung, 2011). Diversion programs throughout the 1970's and 1980's emerged to combat overcrowded male prisons, save taxpayer money, and attempt to rehabilitate eligible offenders (Sung, 2011). While these programs focused on inmates sentenced to or housed in prison, in 1989, the Miami-Dade County Drug Court was established. This was the first program to focus on diverting offenders with a substance use disorder from incarceration (Berman & Adler, 2018, p. 104). In the 1990's, the US Department of Justice responded to an alarming increase in youth criminal offenses by creating alternative to incarceration programs for juvenile offenders (Vera Institute of Justice, 1996). The success of the Miami-Dade drug court and juvenile ATI in reducing recidivism allowed for the development of further ATI programs including those for women.

In recent years, overcrowded prisons and jails, strained budgets, and a shift in public sentiment regarding lack of rehabilitation for inmates, has led to an increased interest in diversion options within the criminal/legal system (Patchin & Keveles, 2004). Despite the call for more alternative options to incarceration, this is yet to become a well-developed field. In fact, the landscape of ATI in the United States is largely uncharted. There is significant diversity among what constitutes an ATI and philosophies of governance and oversight (Skeem, Emke-Francis, & Loudon, 2006). Currently no universal benchmarks exist for collecting and publishing data for purposes of evaluating ATI programs against common sets of performance measures such as cost savings or reduced recidivism (Center for Health and Justice at TASC, 2013). There is also a lack of consensus on eligibility criteria for ATI (Patchin & Keveles, 2004) and the most effective ATI for specialized populations such as pregnant/parenting women, violent offenders and juveniles (Berman & Adler, 2018).

Research is scarce on women and ATI in the U.S. “despite the fact that their rapidly increasing population, offense types, family circumstances, treatment concerns, and the inadequacy of corrections resources make women particularly appropriate candidates for diversion” (Kates, 2011, p. 2). Furthermore, even less research exists for ATI specific to mothers parenting minor children despite research indicating the numerous negative consequences of parental incarceration on children. The most widely studied programs involving incarcerated mothers and their children are prison nurseries (Byrne, 2010; Byrne, Goshin, & Blanchard-Lewis, 2012; Carlson, 2009; Goshin & Byrne, 2009; Byrne & Henninger, 2014) where infants reside with mothers in a segregated prison unit. In contrast to prison nurseries, advocates for ATI prefer that mothers remain in a community setting with their children rather than be imprisoned with them (Correctional Association of New York, 2015; Rebecca Project for Human Rights, 2010; Women’s Prison Association, n.d.). Some incarcerated mothers themselves have advocated for ATI. Dworsky et al. (2020) interviewed 42 mothers in a Midwestern prison to learn about their experiences as parenting while incarcerated. These mothers recommended “community-based alternatives to incarceration, including substance abuse treatment, that would allow them to maintain contact with their children and continue to play an active parenting role in their children’s lives” (p. 19).

Although there is some flexibility in how ATI are implemented, typically they occur at four levels: 1) the law enforcement level, 2) the pretrial or prosecution level, 3) the specialty court level, and 4) the post sentencing level (Center for Health and Justice at TASC, 2013).

Law Enforcement Level

The most known law enforcement ATI is Crisis Intervention Training (CIT), which developed to provide police officers with training to respond to situations where behavioral

health may be a contributing factor. The purpose is to divert people with mental illness and/or substance use disorders to treatment rather than incarceration (Compton, Bahora, Watson, & Oliva, 2008). Another promising law enforcement ATI is the Law Enforcement Assisted Diversion (LEAD) program. This is a pre-booking diversion that offers case management and legal services for crimes committed due to unmet behavioral health needs (Collins, Lonczak, & Clifasefi, 2017).

There are currently no known law enforcement level ATI specifically for women or mothers but research on the success of CIT (Compton et al., 2008; Compton et al., 2014; Hodges, 2010) and LEAD (Clifasefi, Lonczak, & Collins, 2017; Collins, Lonczak, Clifasefi, 2017) with general populations is promising. Research on these programs targeting outcomes for women and mothers are needed.

Pretrial Level

ATI programs at the pretrial level occur to reduce the burden on the criminal/legal system by referring individuals with first time or low-level charges and/or behavioral health concerns into community treatment (Ulrich, 2002). Potential benefits include lowered recidivism and conserving court and jail resources (Ulrich, 2002). The main pretrial ATI for mothers are residential substance use disorder (SUD) treatment centers that allow children to reside at the facility (Cassidy et al., 2010; Lichtenwalter, Garase, & Barker, 2010). Another pretrial level ATI for women is JusticeHome, a program provided by the Women's Prison Association (WPA) in New York City. This is the first home-based ATI for women and mothers, and it is not limited to those with substance use disorders (Women's Prison Association, n.d.) but rather any woman facing a felony or misdemeanor charge in New York City. No known outcome data are currently available for JusticeHome.

The Center for Alternative Sentencing and Employment Services (CASES) Women's Diversion Services (WDS) is a pretrial ATI in Manhattan. It offers women and mothers charged with a misdemeanor or felony who have at least three previous charges, an alternative to incarceration. The program's website (<https://www.cases.org/womens-diversion-services/>) lists the following ATI outcomes:

In 2015 WDS diverted 171 women from jail. While 94% of these women were assessed at WDS intake as at a high or very high risk for recidivism, 77% successfully completed WDS, thus fulfilling their court obligations and avoiding incarceration. Of those who completed the WDS court mandate, 50% chose to continue in voluntary case management services lasting up to four months. WDS participants who chose to engage in these services experienced a 45% reduction in recidivism (based on comparing periods pre- and post-WDS participation)

Treatment Court Level

Specialty or treatment courts aim to reduce recidivism and court costs by providing treatment that address addiction, mental illness, and other needs underlying criminal behaviors (Carey, Mackin, & Finigan, 2012; Redlich et al., 2005). Treatment courts are the third type of ATI and serve offenders whose criminogenic behaviors may be symptoms of mental health, substance abuse, and/or trauma. They also target populations with specific needs like veterans and people who are homeless (Carey, Mackin, & Finigan, 2012; Redlich et al., 2005). These courts focus on treatment versus incarceration and aim to assist in rehabilitating these individuals and reduce recidivism. There is only one known treatment court designed specifically to assist mothers: Alternatives to Incarcerating Mothers (AIM) Court. This court created in Wisconsin in 2007 responded to the overwhelming number of mothers arrested for substance use disorders as

well as being involved in child welfare services (AIM Court, n.d.). AIM Court serves mothers with both misdemeanor and felony charges, who have mental health and/or substance use disorders as a condition of their probation and/or an alternative to incarceration (AIM Court, n.d.). According to a 2014 Eau Claire County AIM Court Report, outcomes demonstrate a 14% recidivism rate for current participants and graduates (compared to 31% for women not accepted into the court or terminated from the program) (National Resource Center of Justice Involved Women, n.d.). Use of AIM court reportedly saved 933 jail bed days and 2933 prison days; this was a savings of \$263,400 (National Resource Center of Justice Involved Women, n.d.). The scientific rigor for the source of data in terms of research design, sample and analysis appears to be unknown and therefore more research must be conducted for validation of these findings.

Although not a separate specialty court, STEPS To End Family Violence (STEPS) is the only known ATI for victim-defendants in the US. The STEPS team attends court hearings for women who are survivors of gender-based intimate partner violence and have an open criminal case related to their histories of abuse (Shuman, 2013). Judges supportive of the STEPS will allow defendants to participate in programming that offers trauma informed rehabilitative services to assist women to remain out of jail. Shuman (2013) evaluated the program and found that in 2009, only 18.5% of participants were rearrested in the two years following discharge and 93% of participants had successful legal outcomes.

Post- Sentencing Level

ReMerge in Oklahoma is an example of a post-sentencing level ATI that assists pregnant women and mothers facing incarceration. According to the ReMerge website, the program has a 67% completion rate and has saved Oklahoma \$14.5 million dollars by keeping its graduates out of prison (<https://www.remergeok.org/what-we-do>). Women in Recovery (WIR) is another post-

sentencing ATI in Oklahoma. This program located in Tulsa provides rehabilitative services to women, not just mothers, who are facing prison (<https://www.fcsok.org/services/women-in-recovery/>). Empirical research is needed on these programs to determine their effectiveness.

Probation represents an early response to a conviction for a low-level or first-time offense and is the most common used post-sentencing ATI practice (Kates, 2011). A judge orders probation in lieu of incarceration where they assign requirements related to rehabilitation such as therapy, community service and recovery meetings (Schmallegger & Smykla, 2017). Although probation allows people to remain in the community versus incarceration, lack of support can result in probation failure (Kubiak, Young, Siefert, & Stewart, 2004). If the requirements are not completed in a satisfactory or timely manner, the offender could be sentenced to jail (Schmallegger & Smykla, 2017).

Nearly one million women within the U.S. correctional system are on probation (Kajstura, 2019) but studies targeting women on probation are lacking. Morash (2010) conducted the only known study of women (n= 369) on probation drawing from multiple sources of data that compared “traditional” and “gender-responsive” supervision. The study revealed unmet needs for women in both groups, but those receiving gender-responsive oversight had more positive change and less illegal behavior. Additionally, they received more referrals and monitoring for substance use disorders. Research for women on probation must be increased and expanded to include specific outcomes for mothers.

Theoretical Foundation

Pathways Perspective

The gender gap in criminology that males commit more crimes than females is well established (Lauritsen, Heimer, & Lynch, 2009). Beginning in the late 1980's feminist

criminologists began to assert that a gap also exists within theories of crime; primarily that original criminological theories are not generalizable to women (Chesney-Lind, 1998; Daly & Chesney-Lind, 1988; Daly, 1998; Simpson, 1998). According to the pathways perspective, gender plays a key role in men and women's involvement in crime, namely that women's pathways into crime are different than men's (Belknap, 2007; Belknap & Holsinger, 2006; Chesney-Lind, 1997; Daly, 1994; Daly, 1998; Pollock, 2002; Salisbury & Van Voorhis, 2009). Additionally, research has found that women's desistance (remaining out of crime) and recidivism (returning to crime) surrounding their criminality is also impacted by their gender (Byrne, & Trew, 2008; Reisig, Holtfreter & Morash, 2006). The pathways perspective literature posits that women's criminal involvement:

Are based on factors either (a) not typically seen with men, (b) typically seen with men but in even greater frequency with women, or (c) seen in relatively equal frequency but with distinct personal and social effects for women (Salisbury & Van Voorhis, 2009, p. 543).

These factors originated with Daly's (1992) study that used a narrative approach to understand how women became involved in felony court. Daly examined 80 sentencing transcripts and pre-sentence investigation reports from 40 females and 40 males with similar felony charges. She then created life histories that revealed five unique pathways women take into crime: (a) *street women*, who commit crimes as a way of surviving life on the streets; (b) *battered women*, whose criminal justice involvement was directly related to abuse from violent partners; (c) *harmed and harming women*, who experienced physical or sexual abuse and/or neglect as children, acted out violently, had mental health issues and abused substances; (d) *drug-connected women*, who were addicted to drugs and/or sold drugs due to relationships with

partners or family members and; (e) *other* which involved women who commit financially motivated crimes. This was later termed *economically motivated women* (Morash & Schram, 2002 p. 42).

Subsequent pathways research has demonstrated that women involved in the criminal/legal system have histories of poverty, mental illness, trauma, substance abuse, domestic violence and abuse/neglect (Belknap & Holsinger, 2006; Brennan et al., 2012; Chesney-Lind, 1997; Covington & Bloom, 2007; Salisbury & Van Voorhis, 2009; Shechory, Perry, & Addad, 2011; Wattanaporn & Holtfreter, 2014). Many African American women have traumatic histories, including witnessing murders and/or surviving domestic violence (Salina, Lesondak, Razzano, & Parenti, 2011; Stevens-Watkins et al., 2014). Additionally, they tend to lack access to mental health treatment. Therefore, their pathway into crime is increasingly due to untreated behavioral health issues (Ruiz & Kopa, 2014). African American women "are at least twice as likely as white women to be living in poverty" (Cawthorne, 2008, p.1) and those in poverty struggle with low education and lack options for high-paying employment (Pimlott & Sarri, 2002). The marginalization of African American women lacking opportunities for mental health treatment, education, or viable employment can lead them into criminal activity at high rates (Chesney-Lind, 1997; Holtfreter et al., 2004; Pimlott & Sarri, 2002).

Relational Cultural Theory

Relational theory was developed by Jean Baker Miller, M.D., which she first discussed in her book, *Toward a New Psychology of Women* (Miller, 1976). Miller claimed that men and women have differences in how they develop psychologically, namely that women need connection and relationships to obtain a healthy development (Miller, 1976; Miller, 1986a). This challenged the traditional models of psychology, which emphasized a healthy development as

one that moves from dependence to independence; meaning the goal was to be autonomous rather than interdependent (Jordan, 2018). Miller later improved upon the original theory as a response to criticism that women of color and cultural differences were not included. She added these significant elements and created Relational Cultural Theory (RCT).

The key concepts of RCT are connections, growth fostering relationships and disconnections. Connection is defined as "an interaction between two or more people that is mutually empathic and mutually empowering" (JBMTI, n.d., p. 2). Miller (1986b) defines growth-fostering relationships as those that promote five psychological outcomes: (a) increased zest and vitality; (b) empowerment to act; (c) knowledge of self and others; (d) self-worth; and (e) a desire for more connections (p. 3). Disconnections occur in relationships where mutual empathy and empowerment do not occur. Abuse is a traumatic experience that creates disconnection and impairs the ability to form growth-fostering relationships (Jordan et al., 1991). Abuse and trauma are dominant characteristics of female offenders and the resultant disconnection can be marked by addiction and criminal involvement.

RCT has been used to address concerns about women involved in the criminal/legal system beginning with Covington (1998), who recognized the need for female offenders to have strong connections to begin to heal. She also found that correctional facilities do not have adequate structures and services to meet the needs of women. Covington & Bloom (2007), posit that "the relational theory of women's psychological development helps us understand what women and girls need from our criminal justice system" (p. 1). According to Bloom and colleagues (2003): "A relational context is critical to success in addressing the reasons why women commit crimes, their motivations, the ways in which they change their behaviors, and their reintegration into the community" (p. 56).

A tenet of RCT is naming oppressive systems and elevating the voice of marginalized populations (Jordan, Hartling, & Walker, 2004, pp. 3-6). According to Jordan (2008) when people have power exercised over them, they can feel silenced and shamed, leading to psychological damage. Traditional correctional facilities are based on power and control where women inmates are governed by correctional officers and relationships are based on a dominate/subordinate model (Covington & Bloom, 2007). Relational cultural theorists argue that domination over marginalized groups leads to disconnection, feelings of being unworthy and disempowerment (Jordan, Hartling & Walker, 2004). Correctional facilities are not meant to be relational; they are meant to keep the public safe from criminals (Covington & Bloom, 2007). Correctional officers are trained to view inmates as potential threats and not to develop reciprocal relationships with them (Lynch, et al., 2014). Prisons and jails impede women's psychological growth because they promote disconnection rather than connection (Covington & Surrey, 1997).

Review of the Key Empirical Literature

This review first presents an overview of prominent findings in the literature regarding critical risk factors for criminal justice involved women, negative consequences of incarceration for mothers and children, and community reintegration for mothers. It is imperative to situate this body of literature within the context of alternatives to incarceration for mothers. The dominant discourse of literature centers on reasons women enter the criminal/legal system, experiences during incarceration and issues pertaining to recidivism. Rarely does it focus on the challenges for mothers and children associated with maternal incarceration. The relational disconnection during incarceration coupled with the arduous reintegration process and high rates of recidivism require a different solution. Alternative options that address the underlying causes of women's

offending could be more effective than incarceration in helping them learn to lead law-abiding lives while benefiting from rehabilitative services and maintaining connections with their children.

The pathways perspective makes it clear that women's involvement in the criminal/legal system is unique from men. However, within group differences between mothers and non-mothers is also important to investigate. Only one known empirical study compares mothers and non-mothers involved in the criminal/legal system. Loper (2006) surveyed mothers ($n=350$) and non-mothers ($n=166$) incarcerated in a maximum-security prison to compare their adjustment to prison, as well as demographic and criminal characteristics (e.g., offense type). Loper's comparisons regarding women's adjustment to prison life using multivariate analysis of variance and controlling for sentence length yielded no significant differences ($F(6,447) = 1.45, p \leq .05$). Women's adjustment to prison was self-reported. Adjustment to prison for mothers could be impacted by the loss of their children and without asking specifically about children, the results may not be accurate for mothers. More research is needed to measure specific differences between mothers and non-mothers in prison.

Demographics were similar between groups in their age, race and educational status, but differences were observed in the length of sentence, as non-mothers averaged longer sentences ($M = 13.77$ years, $SD = 19.88$) than did mothers ($M = 7.93$ years, $SD = 11.66$), $t(174.59) = 3.23, p = .001$). Relatively more of the mothers were either married ($n = 98, 28.7\%$) or previously married but now single ($n = 104, 30.5\%$), than was the case for non-mothers ($n = 22, 13.7\%$ married, $n = 30, 18.6\%$ previously married). Findings indicated mothers were convicted of violent offenses less often than non-mothers were ($X^2(1, n=472) = 10.99, p \leq .01, \Phi = .15$).

Mothers were convicted of drug offenses or property crimes less than non-mothers were ($X^2(1, n = 472) = 11.42, p \leq .01, \Phi = .16$).

Critical Risk Factors for Criminal Justice Involved Women

Trauma

Research demonstrates high rates of trauma among the female incarcerated population and women on probation (Asberg & Renk, 2012; Belknap & Holsinger, 2006; Browne, Miller, & Maguin, 1999; DeHart, 2008; Gaarder & Belknap, 2002; McDaniels-Wilson & Belknap, 2008; Scott, Coleman-Cowger, & Funk, 2014; Walsh, DiLillo, & Scalora, 2011). Most people will experience some type of trauma in their lives (e.g., job loss, death of a loved one, divorce) however; the outcomes for women involved in the criminal/legal system are severe. These women experience multiple and cumulative traumas, which increases the severity of mental health and substance use disorders (Carlson, Shafer, & Duffee, 2010; DeHart, 2008). Women in jail with mental health issues are three times as likely to report a history of physical and/or sexual abuse in the past year when compared to women without mental health issues (James & Glaze, 2006) and 24-59% of incarcerated females report childhood sexual abuse (Green, Miranda, Daroowalla, & Siddique, 2005; Messina & Grella, 2006). Studies of adult sexual assault among incarcerated women reveal prevalence estimates as high as 70% with variance depending on the measure and methodology (Cook, Smith, Tusher, & Raiford, 2005; Green et al., 2005; McDaniels-Wilson & Belknap, 2008; Wolff et al., 2011).

Substance Use Disorder

Substance use disorders (SUD) have been ranked in numerous studies of incarcerated women as their most prevalent or main problem (Barnett, 2012; Green et al., 2005; Grella & Greenwell, 2007; Lynch et al., 2014; Salina, Lesondak, Razzano, & Parenti, 2011). Research

conducted within Michigan prisons screened inmates using an evidenced based tool (SASSI-3) to identify substance use disorders (Kubiak, Boyd, Young & Slayden, 2005). Results indicated that 19% of the women compared to 15% of men met criteria for “severe dependence” ($\chi^2(3, n = 22,334) = 19.53, p = .000$). Drug and alcohol dependence rates have been found to be higher for female prisoners than male prisoners and for women in the general population (Fazel, Bains, & Doll, 2006). Abram, Teplin, & McClelland (2003) found substance use disorders linked more with mental health disorders for incarcerated women than incarcerated men.

Mental Health

Research by Lynch et al., (2014) reviewed 491 women in jails throughout five states and found that 43% met the lifetime prevalence criteria for serious mental illness (SMI), 53% met the lifetime criteria for PTSD, and 82% met the lifetime criteria for substance use disorder. A total of 38% of the women met the lifetime criteria for co-occurring SMI and SUD and 26% met the lifetime criteria for co-occurring SMI, PTSD, and SUD (Lynch et al., 2014). Similarly, Dehart et al., (2014) conducted a mixed-methods study with 115 jailed women from five states in the U.S. and found most women met lifetime diagnostic criteria for a serious mental illness (50%), posttraumatic stress disorder (51%), and/or substance use disorder (85%). Numerous study findings assert that the link between behavioral health issues for women and their incarceration is stronger than it is for men (Komarovskaya et al., 2011; Steadman et al., 2009; Warren, & Jackson, 2011). For example, Komarovskaya and colleagues (2011) found that women in a Midwestern prison were more than 3 times as likely (40.2%) as men (12.5%) to have diagnosed posttraumatic stress disorder. Similarly, results from a study of jail inmates in New York found that women were twice as likely as men to have a serious mental illness (Steadman et al., 2009). Another study analyzed data from a nationally representative survey of U.S. jail inmates

(n=6982) to examine substance use and psychiatric disorder differences in men and women (Binswanger et al., 2010). Results indicated that women had a significantly higher rate of psychiatric disorders and drug dependence and had 0.69 times the odds of alcohol dependence (95% CI=0.60, 0.80) compared with men.

Studies of women-only samples demonstrate correlations between mental health, substance abuse and trauma. Green and colleagues (2005) used convenience sampling to interview 100 females incarcerated in jail regarding lifetime exposure to trauma and found that 98% had been exposed to at least one trauma, 74% reported a substance abuse problem, 25% had current major depressive disorder, 22% had current PTSD, and 13% had bipolar disorder. Similarly, James (2004) noted that most female jail inmates whom she interviewed reported having been abused (physical abuse 45%, sexual abuse 36%, and both physical and sexual abuse 10%).

Domestic Violence

Lynch, Fritch, & Heath (2012) conducted a cross-sectional study of female prison inmates (n=102) to explore interpersonal violence (IPV) among participants and IPV history as a predictor of current mental health. Results indicated women who experienced IPV and identified as ethnic minorities endorsed significantly higher rates of depression than Caucasian women ($M = 22.54$, $SD = 12.70$ vs. $M = 17.31$, $SD = 10.38$), PTSD ($M = 43.63$, $SD = 14.71$ vs. $M = 37.87$, $SD = 12.82$), and general distress ($M = 1.26$, $SD = .77$ vs. $M = .94$, $SD = .61$) than women who identified as Caucasian. For all women, the longer they had been incarcerated, the higher the levels of general distress were reported to be ($r = .23$, $p < .02$). At the univariate level, experiencing multiple types of IPV was significantly associated with psychological outcomes on all measures: depression symptoms, $F(1, 99) = 6.71$, $p = .01$; PTSD symptoms, $F(1, 99) = 5.38$, p

= .02; general distress, $F(1, 99) = 5.24$, $p = .02$; and recent substance use, $F(1, 99) = 4.96$, $p = .03$.

Grella, Stein, and Greenwell (2005), utilizing structural equation modeling with data collected from 440 adult women on parole, found that women who experienced interpersonal violence as children were more likely to engage in problematic behaviors as youth and subsequently to commit crimes as adults. In a qualitative study of 60 incarcerated women using grounded theory, DeHart (2008) reported that many of the women explicitly connected traumatic experiences (e.g., childhood violence) with the onset of criminal behaviors (e.g., running away, using illicit drugs).

Negative Consequences of Incarceration for Mothers and Children

Impact of Maternal Incarceration on Children

The literature regarding the effects of parental incarceration on children is vast (Wildeman, 2009), however research exploring the specific impact maternal incarceration has on children is much less common. Studies have found some children with an incarcerated mother have poor educational outcomes (Dallaire, 2007) antisocial behavior (Murray & Farrington, 2008) and higher rates of becoming incarcerated themselves (Phillips, Erkanli, Costello, & Angold, 2007).

Secondary data analysis from two separate studies using the National Longitudinal Study of Adolescent to Adult Health, found maternal incarceration to have damaging effects on children's wellbeing. Hagan & Foster (2012) compared educational performance of participants with an incarcerated mother or father. They found high school students with an incarcerated mother had lower grade point averages and college completion rates were lower for students who

had an incarcerated mother. Another study found that young adult children of incarcerated mothers are less likely to receive necessary health care (Foster & Hagan, 2017).

Huebner & Gustafson (2007) used data from women and their children surveyed through the National Longitudinal Survey of Youth 1979 (NLSY79) to examine the relationship between maternal incarceration and adult offspring criminal/legal system involvement. The results suggested that children of incarcerated mothers were significantly more likely to be involved in the criminal/legal system as adults.

A quantitative study used longitudinal data from the *Fragile and Child Wellbeing Study FFCWB* (Reichman, Teitler, Garfinkel & McLanahan, 2001) to investigate heterogeneous effects, meaning that some children might suffer substantial harm and that others might considerably benefit from maternal incarceration (Turney & Wilderman, 2015). The FFCWB was a birth cohort study of 4,898 children born between 1998 and 2000 where parents were interviewed upon the child's birth and when children were one, three, five and nine years old. Propensity score matching “which matches incarcerated mothers with mothers who are similar across a distribution of covariates except for their incarceration experience” (p. 131) was used to account for a breadth of social contexts for children prior to maternal incarceration. Results suggest that compared to their counterparts, children with incarcerated mothers have greater internalized behaviors ($b = 0.105, p \leq .10$), greater externalizing behaviors ($b = 0.179, p \leq .01$) and earlier juvenile delinquency ($b = 0.279, p \leq .001$).

Trice & Brewster (2004) examined the impact of maternal incarceration on adolescent educational, community, and home adjustment. Mothers (n=38) who had children between the ages of 13 and 20 (n=58) connected the authors to the guardians of their children. The guardians completed a 13-item questionnaire developed by the researchers regarding the child's school,

community, and home behavior over the previous year. There is no information about the validity or reliability of the questionnaire, which would have strengthened the study. A comparison group was created using results of the same questionnaire completed by parents of the children's best friends (n= 41). Both groups were similar in gender, age and race. Results indicated that children with an incarcerated mother were significantly more likely to have failing grades (45%) than the comparison group (20%). They also had higher rates of dropping out of school (36%) compared to 7% of the comparison group and 34% of children with incarcerated mothers were arrested (during the previous 12 months) compared to the comparison group rates of 15%.

Another study found that adults who had an incarcerated mother at any time in their life significantly increased their odds of becoming incarcerated themselves (odds ratio [OR] = 1.71 vs. 1.50; $p \leq .01$) (Burgess-Proctor, Huebner, & Durso, 2016). Similarly, Dallaire (2007) found that adult children with incarcerated mothers are “2.5 times more likely to be incarcerated than adult children with incarcerated fathers” (p. 446). Huebner & Gustafson (2007) found that adults with an incarcerated mother had three times higher incarceration rates than adults whose mothers were never incarcerated.

Qualitative research using case studies, in-depth life history narratives, and phenomenological methods has found maternal incarceration to have a negative impact on children (Arditti, 2012; Giordano, 2010; Siegel, 2011). However, Turanovic and colleagues (2012) found maternal incarceration might be beneficial to some children. The authors completed in-depth, semi-structured interviews with caregivers (n=100) of children whose parents were in prison to try to explore the consequences that incarceration reportedly had on the children. Caregivers of children with incarcerated mothers include grandparents (n = 27), fathers

of children (n = 12), family members and friends (n = 5) and former romantic partners of the mothers (n=6). The authors used thematic content analyses to capture the major themes in caregivers' accounts. Results indicated that one fourth of the caregivers believed that maternal incarceration was a positive experience for the children. The caregivers reported that prior to incarceration these mothers were "bad" and "in and out" or "rarely involved" in the children's lives (Turanovic, Rodriguez, & Pratt, 2012, p .930). They said that maternal incarceration allowed them to provide consistent caretaking of children without conflict or disruptions from the mothers.

Another study surveyed mothers (n=96) in a minimum-security prison regarding their perceptions of how their incarceration affected their families. Regarding their children, mothers reported high rates of depression, alcohol/drug use, running away and problems at school (Sharp & Marcus-Mendoza, 2001). However, a few mothers also indicated that their children were "better off" since their incarceration. Prior to becoming incarcerated these mothers reported they had kept drugs in the home while the children were present and 4.9% of the entire sample (n=7) used drugs with their child. Although based on a small sample of mothers, these results challenge the common assumption that maternal incarceration has a deleterious effect on all children.

The Adoption and Safe Families Act (ASFA) mandates the initiation of proceedings to terminate parental rights when a child is in foster care for fifteen of the past twenty-two months (Halperin & Harris, 2004). The average mother in state prison serves a sentence of forty-nine months and mothers in the federal system serve an average of eighty-three months (Day, 2005). Thus the "15 /22 months" provision is particularly relevant to incarcerated mothers whose sentences generally exceed the time limit for reunification options. Genty (2002) found a 250 percent increase in the termination of parental rights of incarcerated parents in the 5 years after

ASFA was enacted. A study in Vermont found that a parent's incarceration was a key factor in 18 percent of cases where parental rights were terminated (Zavez, 2008). Most mothers are not incarcerated for a crime due to their parenting (Luke, 2002) but could lose their parental rights because of the rigid ASFA guidelines.

Reintegration for Mothers and Children during Reentry

When women leave jail or prison and return to their community, they face significant barriers. They likely have limited finances, are socially stigmatized and face discrimination in employment due to their criminal record (La Vigne, Davies & Brazzell, 2008; Swavola, et al., 2016). They also have restricted access to certain subsidized and/or public housing based on their parole status (Leverentz, 2014). Brown & Bloom (2009) used quantitative data and in-depth qualitative interviews to explore the specific challenges that parenting women face as they reenter the community from prison. The authors examined parole files for women with children (n= 203) in Hawaii in 2001. They also conducted semi-structured interviews with 25 mothers with topics covering their experience in the criminal/legal system, reentry challenges and parenting situations. It is unclear from the study how the authors recruited these 25 mothers, but they missed an opportunity to use a random sample, which would have strengthened their study. The results support previous studies (Dodge & Pogrebin, 2001; Holtfreter et al., 2004) that mothers struggle to secure and maintain employment and housing upon reentry. Although the parole expectations were that mothers maintain fulltime employment only 37% (n=75) met this objective and the jobs were mostly low-wage, temporary positions without health benefits. Only three mothers obtained their own housing after prison, but it was not clear whether their dependent children resided with them or what type of housing they secured. Child welfare

policies require mothers to have stable housing and employment (Luke, 2002) which is especially difficult for reentering mothers trying to regain custody of their children.

Parole and probation obligations can be extremely stressful for mothers. According to Brown & Bloom (2009), “it means taking up the reins of 21st-century-parenting with all its complexities with the added dimension of being under the scrutiny of law enforcement agents” (p. 325). Robinson & Hughes-Miller (2016) used a grounded theory approach when conducting semi-structured interviews with mothers (n=8) to learn about their experiences while on parole or probation. These mothers resided in a halfway house where their children were not allowed to live at the time of the interviews. Collectively the mothers reported that parole/probation requirements impeded their responsibilities as parents. For instance, one mother discussed how she met her 10-year-old son at the bus stop after school every day, but her probation officer mandated that she meet him twice a week during this same time. This mother was forced to choose between her son and meeting probation requirements. Robinson & Hughes-Miller (2016) report that all the mothers in this study shared a central theme of having to miss many of their children's important events because of parole/probation restrictions.

Most rehabilitation efforts within correctional facilities do not use the pathways perspective as a guide for treatment. Women reenter society with the same if not more issues related to trauma, mental illness and substance abuse (Belknap, Lynch, & DeHart, 2015; Bloom et al., 2003). A study within a New Jersey prison found that women had higher rates of mental health and substance use disorders while in prison than prior to their incarceration (Blitz Wolff, & Paap, 2006). Research regarding the outcomes of mothers with behavioral health issues released from jail or prison are virtually nonexistent; however, there has been some focus on women in general with mental health concerns. Stanton, Kako & Sawin (2016) conducted the

most current systematic literature review of articles focusing on reentering women with mental health issues in the United States. They synthesized 36 peer-reviewed articles and found that up to two thirds of released women had mental health diagnosis compared to 55% of women without incarceration histories. Additionally, women with mental health and substance use disorders “lacked access to the basic needs of health insurance, housing, employment, and transportation, which interfered with their access to psychotropic medications and psychological services” (p. 328). Visser & Bakken (2014) conducted secondary data analysis to examine females reentering from prison (n=142). Using bivariate and multivariate logistic regression models they found 36% of women reported having a diagnosed mental health condition and of those reporting a mental health condition, 80.3% reported a substance use disorder. Women with mental health issues were 2.5 times more likely to report struggling to maintain housing and were significantly less likely to secure employment compared to women without mental health conditions (Visser & Bakken, 2014).

Reunifying with their children is a main priority for mothers upon their release from incarceration (Bloom & Brown, 2009). Most mothers report looking forward to taking on the parental role (Ferraro & Moe, 2003) but state they were not prepared for how challenging this can be (Brown & Bloom, 2009). Arditti & Few (2006) interviewed mothers (n=28) who were reentering society and every mother reported that their incarceration put a significant strain on their children and family. They also stated that reacclimating to the role of motherhood was more difficult than they expected. Similarly, Michaelson (2011) interviewed formerly incarcerated mothers (n=100) and found that many discussed the difficulties with parenting was more stressful than anticipated. Through qualitative interviews with women on parole, Opsal (2011)

found that mothers struggled to reestablish relationships with their children and feel confident in their parenting role after separation via incarceration.

The literature is clear that women and children suffer from maternal incarceration. The relational disconnection during incarceration coupled with the arduous reintegration process and high rates of recidivism require a different solution. Alternative options that address the underlying causes of women's offending could be more effective than incarceration in helping them learn to lead law-abiding lives while benefiting from rehabilitative services and maintaining connections with their children.

Alternatives to Incarceration for Mothers

A 2017 study evaluated the initial 15 months of a jail diversion program for women with serious mental illness (Coffman et al., 2017). The WISE (Women's Initiative for Success with Early Intervention) program diverted women out of jail and into mental health treatment to expedite their competency to stand trial. The authors primarily analyzed the length of time spent in jail for women involved in the diversion program (n =16) and a comparison group (n =24). Results indicated the women in the diversion program spent fewer days in jail (64.9 versus 163.46) over 25 months. Limitations to this research include a small sample size, not having a true control group, and enrollment in the program was based on judicial discretion regarding a women's current mental health severity (not an evidenced based diagnostic screen). This ATI does not specifically target mothers and reduces jail time rather than avoiding it. However, it appears to be a step in the right direction.

Research on ATIs specific to mothers and children have mainly targeted residential drug treatment programs (Cassidy, et al., 2010; Lichtenwalter, Garase, & Barker, 2010; Siefert & Pimlott, 2001; Wiewel, & Mosley, 2006). These programs are limited to pregnant women or mothers with infants. There are only two known studies evaluating ATI for mothers.

Lichtenwalter, Garase, & Barker (2010) evaluated The House of Healing, a residential ATI for female offenders with minor children who have mental health and/or substance use disorders. Secondary data were used pertaining to clients (n=94) who were both admitted to and discharged from the program during the period between 1998 and 2006. Successful program completion was measured by women who met all criteria for discharge (n=50; 53%) or were granted discharge by their parole officer despite not completing all requirements (n=39; 41%). Logistical regression analysis estimated discharge status using three independent variables: women's age, if she had a prior conviction and the number of children residing with her.

Results indicated that the only predictor significantly associated with discharge status was the number of children residing with their mother. For each additional child a mother had the odds of successful program completion increased by 1.53. Lastly, women who successfully completed the program were nearly seven times less likely to recidivate compared to women who were unsuccessful in program completion. These results support the tenets of relational cultural theory regarding the benefits of maintaining a mother's relationship to her children. However, the small sample size coming from a single program is not generalizable. Additionally, the evaluation focused on program completion and recidivism without looking at mother's behavioral health outcomes or benefits/consequences for children residing in this environment.

Brennan (2007) conducted a process evaluation of the Summit House program, an 18-24-month residential ATI for mothers and their minor children. Participating mothers were charged with non-violent crimes and had substance use disorders. Brennan evaluated how the ATI operated and highlighted program strengths and weaknesses. The study also sought to examine how the ATI assisted mothers in building competency in the relationships with their children. The findings are based on 44 interviews with clients (n =15) staff and administrators (n =29) and

a review of program documents such as participant manuals, treatment plans, incident reports and administrative reports. Results indicated the ATI preserved connections between mothers and their children, enhanced the mother-child bond, and taught parenting skills. Participants reported that they were motivated to participate in the voluntary ATI because they could live with their children, which differed from prison. Despite all mothers having a substance use disorder, the study did not include information regarding behavioral health treatment for participants. In addition, there is no mention of procedures to increase the trustworthiness of the research such as audio-recording interviews, member checking or reviewing the data with another researcher, which would have strengthened the study. Lastly, a purpose of the evaluation was to highlight weaknesses of the ATI, however negative aspects of the program were not included. In spite of this, the study adds valuable information to the scarce literature about mothers participating in an ATI.

Goshin (2015) conducted the first, and only known, ethnography of a residential ATI for women with minor children. She spent 8 months observing the mothers (n=8), children (n=12) and staff (n=1) and conducted unstructured and semi-structured interviews with them. Results from interviewing mothers and children indicated positive experiences such as, staying together as a family, having their own space and feeling safe. However, themes also emerged that mother's mental health, parenting, and health needs were unmet. For instance, despite this population having significant trauma histories and mental health issues no onsite therapeutic services were offered. Lastly, staff reported that they were unprepared to manage the behavioral health issues displayed by women and were not equipped to provide parenting support. This study had a very small sample size and is not generalizable to all mothers in the criminal/legal system. The study could have been strengthened by knowing whether the program provided

referrals to outside behavioral health treatment since it was not provided internally. In addition, children's education and behavioral health are areas highlighted in the literature as being negatively impacted by maternal incarceration (Murray, Farrington, & Sekol, 2012; Poehlmann, 2005b). It would have been helpful to see how these issues were addressed for children with the ATI. Despite these concerns, this study did provide much needed insight regarding some strengths and limitations of an ATI for mothers.

Only one quantitative study exists in the literature that examined an ATI and included data related to having children. Using a quasi-experimental design, Sung (2011) analyzed recidivism among participants of an ATI for repeat offenders arrested for felony drug sales. Comparing individuals who completed the program and recidivated ($n=47$) to matched participants who did not recidivate ($n=47$) only the number of children was statistically significantly correlated with recidivism of the 12 variables measured. Recidivists averaged 1.9 children ($SD=1.0$) and non-recidivists averaged 2.4 children ($SD=1.3$) and having more children decreased the likelihood of being arrested upon program completion by 34% (Odds ratio [OR] =0.663). There was no descriptive data provided in the study regarding how many of the participants were parents and whether they were mothers or fathers. Furthermore, there is nothing to suggest causation regarding participation in the ATI and lowered recidivism. Lastly, the study sample is specific to repeat felony drug offenders, which is not generalizable.

The most robust research on ATI involve drug courts, which aim to provide treatment rather than incarceration for offenders with addictions (Kalich & Evans, 2006). A thorough review of drug courts is beyond the scope of this dissertation; however, it should be noted that drug courts are empirically supported. Shaffer (2011) conducted a meta-analytic review of drug court outcome evaluations ($n=60$) and found that on average a 9% reduction in participants

recidivism. Latessa & Reiter (2014) reviewed drug court studies from 2000-2014 noting, “virtually all of these studies have concluded that adult drug courts are effective in reducing recidivism” (p. 779-780). These results are consistent with previous meta-analysis on drug court evaluations (Lowenkamp, Holsinger, & Latessa, 2005; Wilson, Mitchell, & MacKenzie, 2006) that found reduced recidivism among drug court participants. The concern for drug courts involving mothers is that no known research has been conducted with this population and only two studies targeting drug courts and women (Clark & Young, 2009; Messina, Calhoun, & Warda, 2012) exist in the literature.

Although research exists supporting the gender specific treatment needs of women in the criminal/legal system, very few ATI address the behavioral health issues of mothers while supporting the relationship with their children. It is difficult to determine exactly how many ATI for mothers are currently operational in the United States. Only three programs are known to exist exclusively for mothers with minor children that provide on-site treatment for behavioral health issues and allow mothers to remain in their communities. One of these programs was used for the current study. A few other interventions that divert women from jail or prison are scattered throughout the county, but as previously mentioned research has not been published on them.

Gaps in the Literature and Future Research

A gap in the literature regarding women's critical risk factors for criminal justice involvement is the lack of studies demonstrating a consistent association between behavioral health issues and crime. DeHart (2008) is the only study linking women's traumatic experiences to their onset of criminal behaviors. Research that links trauma, mental health and addiction to causes of crime could help support the need for treatment rather than incarceration for women.

Randomized control and longitudinal studies that evaluate outcomes over time are needed. Currently no research exists that measures outcomes of an ATI for mothers by including a control group of mothers who were eligible for programming but did not participate. Further future qualitative research should be conducted, interviewing mothers who enrolled in an ATI but either dropped out voluntarily or were terminated from programming. Rates of recidivism are a main measured outcomes for women in the criminal/legal system (Cobbina, Huebner, & Berg, 2012; Greiner, Law & Brown, 2015; Holtfreter, Reisig, & Morash, 2004; Makarios, Steiner, & Travis III, 2010; Stalans & Lurigio, 2015; van der Knaap, et al., 2012) and this should extend to ATI for mothers.

The most significant gap in the literature is a lack of research on current alternative to incarceration interventions targeting mothers. There are only three known empirical studies (Brennan, 2007; Goshin, 2015; Lichtenwalter, Garase, & Barker, 2010) that focused on ATI for mothers with minor children. Two of these studies evaluated an ATI (Brennan, 2007; Lichtenwalter, Garase, & Barker, 2010) while Goshin (2015) conducted an ethnography. Lichtenwalter and colleagues used secondary data to study the relationship between program completion and mother's recidivism and reunification with children. Brennan (2007) interviewed mothers to better understand how the ATI preserved connections to children and increased parenting skills. Additionally, mothers discussed the difference between the ATI and prison in terms of relationships to their children. It is unclear from Brennan's research how many mothers were incarcerated in jail or prison prior to participating in the ATI.

This study aims to fill a gap in the literature by using a sample of mothers who have all been previously incarcerated to compare their overall ATI and incarceration experiences. Understanding mothers' general experiences in an ATI and incarceration could add rich

information to the current literature. Additionally, the focus group methodology in this study allowed for discussion with mothers on aspects of navigating the ATI to foster inclusion of their voices and possibly inform research and policy. Lastly, mothers in this study provide information regarding an optimal ATI for mothers with minor children. The mothers all have lived experience of both incarceration and ATI participation and therefore can offer a unique expertise in this area. Ultimately, more research is needed to guide growth of alternatives to incarceration for mothers and assist the field of social work in creating and implementing these programs.

CHAPTER THREE: METHODOLOGY

Purpose of the study

Little is known about the experiences of mothers who participate in rehabilitative programming in lieu of incarceration. The reported comparison between this type of intervention and incarceration for mothers is understudied. Knowledge of the reported benefits and challenges of an ATI may assist in further developing alternative to incarceration options for mothers and fill the gap in the current literature. This study aims to contribute to addressing the knowledge gap regarding a lack of understanding of the lived experience reported by mothers involved in an alternative to incarceration intervention. The research questions guiding this exploratory study are:

R1): How do mothers reportedly navigate an alternative to incarceration intervention?

R2): How does the ATI compare to any previous incarceration they experienced?

Setting

Oklahoma incarcerates more women per capita than any other state in the nation and currently has the highest female incarceration rate in the world (Kajstura, 2018). In 2010, Oklahoma House Bill 2998, authored by Speaker of the House Kris Steele, ordered that public and private dollars be blended to provide alternative to incarceration for pregnant women and/or women with children (Agency participant handbook: fourth edition n.d.). The Oklahoma County Collaborative, which included members of over 25 nonprofits, community funders, and government agencies, was created to address the high incarceration rate in Oklahoma and follow the legislative order. One agency that developed out of this collaborative was designed to provide rehabilitative services to mothers with minor children in lieu of incarceration (Agency participant handbook: fourth edition n.d.). To maintain the confidentiality of study participants

the agency's name will not be disclosed, however a detailed overview of programming will be provided to contextualize the study. Additionally, the agency name was replaced throughout the appendices with [the agency] for confidentiality purposes.

The agency is a comprehensive female diversion program in Oklahoma. It is designed to transform pregnant women and mothers facing incarceration into productive citizens by helping them to obtain employment and/or education, maintain parenting responsibilities, desist from future crime and be financially stable (Agency director, personal communication, March 28, 2019). Participants are on site daily or placed in sober living housing for more intensive substance use disorder treatment. The *mission* is to restore mothers and families through a comprehensive diversion program of treatment, recovery, and hope. The agency *vision* is that intergenerational cycles of incarceration, addiction, and poverty no longer exist. They believe when alternatives to incarceration are offered that include evidence-based treatment and removal of barriers, mothers can become productive citizens, capable of caring for themselves and their children and leading a crime free future. Thus, breaking the intergenerational cycle of incarceration and poverty.

To be eligible for the program women must have caretaking responsibilities or be in the process of obtaining custody of minor children. They must also be facing a nonviolent conviction that would otherwise result in imprisonment. Participants are referred primarily by the Oklahoma County Public Defender's Office and the Oklahoma County District Attorney's Office, but referrals also come from judges, private attorneys, law enforcement or other agencies in the community (Agency participant handbook: fourth edition n.d.). All candidates are assessed by the Department of Corrections to evaluate their risk, needs, and willingness to participate in the program. Potential candidates are also screened by clinical staff using a gender-responsive tool.

Programming consists of four phases lasting between eighteen and twenty-four months and serves about fifty women at a time. The following description of each phase was provided by the clinical program director (Clinical program director personal communication, July 2, 2019).

Phase One- Assessment and stabilization

In this stage women come to the program daily. They are not allowed contact with anyone outside of the program for the first 30 days other than children and thereafter they are only allowed contact with people who go through our support approval process. We begin treatment and health assessments and start scheduling services and therapy for them. They work with staff to meet basic needs such as obtaining a driver's license, clothing, medical/dental appointments etc. They also begin working on custody plans and completing court ordered treatment plans as needed.

Phase Two- Treatment and Education

In this stage, the clients are continuing to develop their tools for recovery while beginning GED classes/tests if needed and meeting with therapists and peer recovery support specialist. Mothers are gaining parenting skills and increasing contact with children, if they are not already in the mother's custody.

Phase Three- Demonstration of Skills and Recovery

In this stage we begin to see clients working and demonstrating their recovery skills as they are in the community more, we also begin to see more child reunifications in this stage.

Phase Four- Maintenance of Skills acquired

This is our longest stage and the client is mainly in the community working and living on their own. They come to program 1 day a week and know that we are available when needed. This is our longest phase with a requirement of 6 months minimum.

The agency offers a variety of services including housing; transportation; medical and behavioral health care; domestic violence intervention and counseling; education training and job placement; parenting education; legal assistance; and life skills coaching. Additionally, the program provides an array of evidence based clinical models to address trauma, mental health, and substance abuse issues including Moral Reconation Therapy, Dialectical Behavioral Therapy, Cognitive Behavioral Therapy and Seeking Safety (Clinical program director, personal communication, July 2, 2019). Each participant receives a team consisting of a therapist, care coordinator, peer recovery support specialist, health and wellness coordinator, strengthening family's coordinator, and probation officer. Additionally, the team collaborates with program administrators as needed and collaborates with many community agencies.

Under the “how we do it” section of the agency website, the following description exists regarding evidenced based services:

Families participate in Celebrating Families, an evidence-based 16-week curriculum supported by the Oklahoma Department of Mental Health and Substance Abuse Services, which addresses the needs of children and parents in families that have been affected by substance abuse. Celebrating Families works simultaneously with both the adults and children in the family to strengthen recovery, improve family re-unification and increase healthy living skills for all family members. Celebrating Families has been shown to increase children’s well-being and functioning; increase their knowledge of chemical

dependency and decrease future potential risk for their own use of alcohol and drugs; increase positive parent/child interactions; and, promote the importance of family meals. Each session begins with a family meal, promoting the importance of families eating together. Research shows children who have frequent family dinners are less likely to smoke, drink alcohol, or use illegal and prescription drugs

The agency also offers the Ruby Payne Bridges Out of Poverty training and philosophy for staff and participants. The curriculum is an evidence-based program, educating participants in ways to break the cycle of generational poverty. It focuses on financial planning and its implications for poverty. Participants are guided through an assessment of their own resources and learn how to build those resources as part of their move to self-sufficiency to help make the paradigm shift from poverty to middle class.

Program outcomes are based on analysis of internal data collection, review of participant outcomes, participant surveys and Department of Correction data (Director of community engagement, personal communication, October 16, 2019). Table 1. was provided by the agency Director of Community Engagement, which displays statistics from the inception of the program through October 2019.

Table 1. [the agency] Global Snapshot October 2019

Global Snapshot	Statistic
Total Number of Participants	225
Graduates	122
Completion Rate	67%
Recidivism	6%
Minor Children of Graduates	310
Adult Children of Graduates	17

The researcher traveled to Oklahoma and spent one week at the agency conducting focus groups, meeting with administrators and staff and touring the facility. Focus groups occurred twice daily during times that mothers either did not have scheduled programming or were able to opt out of a service to participate in the research study (10:00-11:30 am and 1:00-2:30 pm).

Research Design

Epistemology

Understanding the ontological and epistemological paradigms framing this research is important. Looking through the theoretical lens of the pathway's perspective and relational cultural theory, mothers may best be served from a relativist ontology and constructionist epistemological framework in researching ATI. Relativism argues that there are multiple realities, which are socially, and individually constructed (Braun & Clarke, 2013). Women's pathways into crime generally stem from trauma, mental health and addiction; however, each mothers experience is personal and not dictated by one "true reality". This dissertation research seeks to contribute knowledge to understanding the experiences of mothers based on their individual and collective realities. Each mother has her own history and perspective. How she experiences the ATI is shaped by these social and individual constructs.

Constructionist epistemologies maintain that knowledge is subjective to the social world in which people live and constructed through various discourses and systems of meaning (Alvesson & Skoldberg, 2000). In other words, knowledge of how things are is a product of how people come to understand it. Researchers that favor constructivism believe that individuals construct their own realities and that they are the experts in their lives, not the researcher (Alvesson & Skoldberg, 2000; Creswell, 2013). On the contrary, the positivist philosophical path of gaining knowledge contends that social reality is patterned and has order based on logic and

observable, measurable facts (Creswell, 2013 pp. 23-24). These researchers emphasize empirical data collection using quantitative methods and seek to demonstrate causality (Alvesson & Skoldberg, 2000). Studies of mothers in the criminal/legal system tend to be descriptive and exploratory and do not always fit in a science positivist framework (Brown & Bloom, 2009; Ferraro & Moe, 2003; Goshin, 2015).

Qualitative Research

A qualitative research approach was selected for this study as it facilitates an understanding of human experience through exploring description, interpretation, context, and meaning (Kazdin, 2003). Qualitative methodology is consistent with the present study research questions as it facilitates conceptualization of perceptions and meanings of mothers participating in ATI who have experienced incarceration. Qualitative research seeks to provide deep, rich description from the voice of the participants (Ritchie, 2003). Qualitative approaches provide a framework for gathering a deeper understanding of meaning that people attribute to experiences that are not well understood (Corbin & Strauss, 2014; Creswell 2013; Padgett, 2008). Little is known about women's experiences with ATI programs. The need for early exploration of this topic appears to fit well with a qualitative research approach.

Denzin and Lincoln (2011) define qualitative methodology as having a focus on process and meaning. Qualitative analysis was specifically designed to bring new light to lived experiences of participants. Hallberg (2006) identified qualitative research as, "the world of individual experiences and their socially constructed realities" (p.141). Therefore, qualitative methodology complements the research focus and theoretical framework as well as helps to understand how mothers make their way through an ATI. Lastly, qualitative research is typically conducted with vulnerable, traumatized, and/or marginalized populations in order to bring-to-

center their voices and experiences (Giardina & Denzin, 2011; Hesse-Biber & Leavy, 2004; Mertens, 2010). Mothers in this study reported having histories of trauma and behavioral health issues, making qualitative research an ideal fit for the study.

Thematic analysis approach is the selected qualitative research design. Consistent with the recent work of Braun and Clarke (2013) the study used thematic analysis as a design and an analytical method. The goal of a thematic analysis is to identify patterns in the data that are important, interpret them, and use these themes to address the research question (Braun & Clarke, 2006; Javadi & Zarea, 2016; Meier, Boivin, & Meier, 2006). This approach is congruent with the population being interviewed, can capture their voices, and provide a platform where they can share their unique perspectives (Braun & Clarke, 2006).

Thematic Analysis Design

Thematic Analysis (TA) was used to describe the reported experiences of mothers who have participated in an ATI. A thematic analysis identifies explicit and implicit themes in data, i.e., recognizable patterns and relationships of meaning (Vaismoradi, Turunen & Bondas, 2013). According to Braun & Clarke (2006), the purpose of TA is to identify patterns of meaning across a dataset that provide an answer to the research question being addressed. Patterns are identified through a rigorous process of data familiarization, data coding, and theme development and revision.

Although historically considered a way to aid in analysis, TA has developed into a widely used valid approach within qualitative analysis (Holloway & Todres, 2003; Ryan & Bernard, 2000). TA is a method used to examine perspectives of different participants and highlight differences and similarities while generating unanticipated insights (King, 2004). There is literature demonstrating the trustworthiness and rigor of thematic analysis as well as its use as a

sound qualitative method (Belotto, 2018; Fereday & Muir-Cochrane, 2006; Nowell, Norris, White & Moules, 2017; Vaismoradi, Turunene, & Bondas, 2013). Braun & Clarke's method has specifically been found to be valid and reliable (King, 2004; Nowell, et al., 2017; Thorne, 2000).

Focus Groups

The study used data collection drawn from focus groups. The researcher spoke with the study agency Executive Director to discuss the possibility of conducting research at the ATI. During this phone call, she reported that mothers participating in the program have a rigid daily schedule of programming. She believed that women would be available once a day for an hour or two at most for interviews. Additionally, she stated that women are most comfortable sharing in a group setting with other mothers they know from the program and can trust (Executive director, personal communication, March 28, 2019). Focus groups comprised the data collection methodology for this study based on the mother's limited time, the reported preference of sharing among other mothers, and a long history as an effective data collection method (Calderon, Baker, & Wolf, 2000; Kruger & Casey, 2015; Macnaughten & Myers, 2004; Madriz, E. 2001; Morgan, 2019).

Market researchers began using focus groups in the 1950's to learn about consumer preferences with the understanding that customer decisions are often made in a social context from conversations with other people (Patton, 2002). In academia, sociologist Robert K. Merton and colleagues conducted the first known focus group study in 1956 and formulated many common practices used in focus groups today (Kruger & Casey, 2015). However, it would be decades before social science researchers began using focus group methodology, despite Merton's findings that participants "revealed sensitive information when they felt they were in a safe, comfortable place with people like themselves" (Kruger & Casey, 2015, p. 3). In the 1990's

academics rediscovered focus groups as a qualitative methodology but it was still considered secondary to quantitative methods (Jowett & O'Toole, 2006; Kruger & Casey, 2015). Today, focus groups are commonly used in research and the methodology has been found to generate high quality data (Calderon, Baker, & Wolf, 2000; Kruger & Casey, 2015; Macnaughten & Myers, 2004; Madriz, E. 2001; Morgan, 2019). Focus group methodology can gather data that might be difficult to acquire on closed-ended surveys (Belknap, Holsinger, & Dunn, 1997). For researchers contending with time or budget constraints, focus groups can include many people at the same time, in the same venue (Jowett & O'Toole, 2006).

Focus groups involve conversations with a small group of similarly situated persons, guided by a researcher for purposes of uncovering information about a topic (Kruger & Casey, 2015). Morgan (2019) says that focus groups rely on group interactions to generate data. He further states, that focus groups are a unique research method due to the use of participant's discussions to produce data that would be less accessible without that interaction. Researchers use focus groups to capture a flow of information based on the opinions and interactions within the group; the conversations are recorded and later transcribed (Calderon, Baker, & Wolf, 2000). In this regard, the focus group can provide in-depth information from participants who interact together, while building on and responding to one another's comments and sharing similar and different interpretations (Liamputtong, 2011).

Focus groups have been successful at researching sensitive issues with vulnerable people (Hesse Biber & Leavy 2004; Owen, 2001, Seymour et al., 2002; Seymour, Ingleton, Payne, & Beddow, 2003; Wilkinson, 2004). Focus groups can elicit information from hard to reach populations (Winslow, Honein, & Elzubeir, 2002), yield data not attainable by other research methods (Wellings, Branigan, & Mitchell, 2000) and can provide a safe environment to share

experiences with people that may hold similar beliefs (Shulze & Angermeyer, 2003). For example, Schulze & Angermeyer (2003) studied the subjective experiences of stigma with people diagnosed with schizophrenia. They found focus groups to be a better fit due to the patients finding individual, in-depth interviews intimidating. Other researchers found focus group participants more willing to share in a group setting than individually because their experience was validated and they recognized they were not alone (Braun & Kitzinger, 2001; Braun & Wilkinson, 2005). Patton (2002) conducted focus groups with a vulnerable population and received feedback from participants on the benefit of group discussion:

Several also commented at the end of the interview that they would have been unlikely to share their stories with me in a one-on-one interview because they would have felt individually vulnerable, but they drew confidence and a sense of safety and camaraderie from being part of the interview group (p. 389).

The feminist researchers Madriz (2001) and Pollack (2003) have both argued that focus groups are an appropriate methodology for researching oppressed and marginalized populations because they have the potential to shift power from the researcher to the participants. Focus groups can mimic ‘real life’ where participants talk to each other rather than the researcher (Madriz, 2001; Pollack, 2003). They can provide participants with a safe environment where they can express their opinions and experiences among people who share similar beliefs (Liamputtong, 2007; Lichtenstein & Nansel, 2001). Mothers with behavioral health issues and criminal legal involvement are often vilified by society (Aileo & McQueeney, 2016; Allen, Flaherty, & Ely, 2010; Corston, 2007). Focus groups can elicit themes through discussion and the sharing of experiences. Participating in a focus group could provide mothers an opportunity

to learn collectively that they are not alone, their stories matter, and there is power in sharing experiences with people who understand.

Braun & Clarke (2013) found focus groups to generate rich and detailed data when participants have a personal stake in the topic. Women at the agency participate in various treatment groups throughout their programming. They are reportedly used to discussing their criminal legal involvement, behavioral health histories, and issues about their children within therapeutic groups (Executive director, personal communication, March 28, 2019). Focus groups could potentially allow these mothers to “tell their stories” in a safe, confidential environment with the understanding that their voices may assist in helping other women in similar situations.

When considering methods of gathering data for this study, the researcher was especially interested in hearing from mothers directly and in their own language. Focus groups “emphasize the collective, rather than the individual” (Madriz, 2001, p. 838) experience. For oppressed groups whose experiences and opinions are often constructed through the lens of dominant knowledge, focus group methodology may be a powerful way for traditionally invalidated voices to be heard. It is particularly applicable for mothers in an ATI, who by virtue of their criminal legal involvement are often not regarded as valid sources of knowledge (Aiello & McQueeney, 2016; Corston, 2007; Sharp 2014).

The pathways perspective states that women in the criminal/legal system share commonalities and relational cultural theory contends that women need human connection to thrive. A focus group of women who have similar experiences, talking in their own words with one another seemed to be the most appropriate methodology for this study. Focus groups provided a space for mothers to acknowledge and discuss the issues that are salient to them about their ATI experience.

Purposive Sampling

Purposeful sampling is a technique widely used in qualitative research for the identification and selection of information-rich cases (Patton, 2002). A purposive sampling, site-based recruitment method was executed for this study. Snowballing or word of mouth from participants who completed a focus group may have also recruited interested mothers. The researcher spoke with the executive director several times and corresponded via email to describe the study in detail. The executive director reported that she understood the aims of the research and she introduced and educated her staff on the project via email and at staff meetings. A Flyer (See Figure 1.) describing the study including the dates, times and locations of interviews and description of a cash incentive in the form of a \$20.00 gift card for participants was emailed to the clinical program manager. Contact information for the researcher was also provided explaining that she was available to talk with potential participants to answer questions or provide additional information about the study. Flyers were hung in common areas within the agency building. The clinical program manager also posted the flyer in a private Facebook page for graduates of the ATI that many graduates are reportedly members.

The researcher made a brief video discussing the research study, which was played on loop during a day that all current participants had court and attendance was mandatory. The video outlined the inclusion criteria to potential participants (ATI program clientele). Staff were present so they had the opportunity to learn about the study inclusion criteria. In order to participate in the study, the women must be: 1) able to understand and speak English as a primary language; 2) at least 18 years of age or older; and 3) mothers (operationalized as a woman who is the legal parent of a minor dependent child and who desires to maintain custody and parenting responsibilities of her child) who have previously or are currently participating in an ATI. In the video, the researcher discussed the purpose and voluntary nature of the study

stating that for those who agree to take part, they will be read an informed consent to understand the role of their story in the research and their rights as a human subject in a research study. Their participation in the study has no consequences on their programming or status with the Department of Corrections. They can leave the study at any time or choose not to have their information be part of the study.

Sample

The sample is comprised of mothers with minor children who have graduated from or are currently involved in programming at an alternative to incarceration intervention (n=34). Of the sample, three participants were graduates and 31 were current participants. At the time of the study there were 45 mothers enrolled in the program and 122 total graduates.

The demographic information analyzed included participant gender, age, education, ethnicity/race, income, employment status, relationship status, number and ages of minor and adult children, parenting role for minor children, and residence of minor children. All participants identified as female and ages ranged from 22-43 years, with a mean age of 32.16 years (SD= 6.03). In terms of education 23.5 % of the mothers did not graduate from high school, 32.4 % received a diploma/GED, 38.2 % completed some college and only two participants reported graduating from college. The sample was 17.6% African American/Black, 47.1% Caucasian/White, 2.9% Latino/Hispanic, 11.8% American Indian or Alaskan Native, and 20.6% were multiracial. The participants' incomes were below the poverty threshold with 61.8% having incomes less than \$5,000 and 23.5% having incomes of \$5,000 - \$19,000. Regarding employment status, 45.5% of women were not employed. Full-time and part-time employment was equal with 27.3% in each category. The majority of participants report being single (79.4 %), 11.8% are dating someone, 2.9% are co-habituating, and 5.9% are married.

Regarding the participants minor children (age 0-17), 20.6% have one child, 26.5% have two children, 32.4% have three children, and 11.8% have four children. Two participants have five children and one mother has seven children. The mean child age is 7.47 (SD= 4.67). The mother's custody status and where/who their children live with is not straightforward. Nearly half of the mothers (41.2 %) have full-custody and 11.8% have shared-custody of their children. 2.9% of children are in foster care, and 26.5% are in a guardianship. 10 mothers have their children living with them, while five (14.7%) reside with their fathers. 32.4 % of mothers report that their children live in an “other” situation due to mothers with multiple children living with different people with different custody arrangements. More detailed participant demographics are included in Table 2.

Table 2. Participant Demographics

Age (M) 32.16		
Variable	%	n
Gender (female)	100%	34
Education		
Did not graduate high school	23.5%	8
Diploma	32.4%	11
Some college	38.2%	13
Graduated college	5.9%	2
Race/Ethnicity		
African American/Black	17.6%	6
Caucasian/White	47.1%	6
Latino/Hispanic	2.9%	1
American Indian/Alaskan Native	11.8%	4
Multiracial	20.6%	7
Income		
< \$5,000	61.8%	21
\$ 5,000 - \$19,000	23.5%	8
\$ 20,000 - \$29,000	2.9%	1
\$ 30,000 - \$39,000	8.8%	3
\$ 50,000 - \$59,000	2.9%	1
Employment		
Full-time	27.3%	9
Part-time	27.3%	9
Not employed	45.5%	15
Relationship status		
Married	5.9%	2

Table 2 (cont'd)

Living together	2.9%	1
Dating	11.8%	4
Single	79.4%	27
Number of minor children		
1	20.6%	7
2	26.5%	9
3	32.4%	11
4	11.8%	4
5	5.9%	2
7	2.9%	1
Minor child age		
<1	5.5%	5
1-5	30.8%	28
6-10	37.4%	34
11-17	26.4%	24
Parenting status of minor child		
Full custody	41.2%	14
Shared custody	11.8%	4
Foster care	2.9%	1
Guardianship	26.5%	9
Other	17.6%	6
Who minor children live with		
Mother	29.4%	10
Father	14.7%	5
Spouse/partner	2.9%	1
Relative	11.8%	4
Guardian	8.8%	3
Other	32.4%	11
Number of adult children		
0	79.4%	27
1	8.8%	3
2	2.9%	1
3	5.9%	2
4	2.9%	1

The focus groups were comprised of mothers in all four phases of programming and graduates of the program: phase one (n =6), phase two (n =9), phase three (n =13), phase four (n =3) graduates (n = 3). The ideal size of a focus group discussing sensitive topics is five to eight participants (Krueger & Casey, 2015; Morgan, 2019). According to Guest and colleagues (2017) “one of the largest gaps in the focus group literature concerns the question of sample size” (p 1).

To contribute to filling this gap, Guest and colleagues (2017) conducted thematic analysis of 40 focus groups and found:

Our data suggest that a sample size of two to three focus groups will likely capture at least 80% of themes on a topic—including those most broadly shared—in a study with a relatively homogeneous population using a semi-structured guide. As few as three to six focus groups are likely to identify 90% of the themes (p. 16)

A total of eight focus groups were conducted with 2-7 participants in each group.

Originally, 10 focus groups were scheduled but the last day of the week, a fall festival occurred at the agency limiting the number of groups to eight. Additionally, due to scheduling issues for graduates, a separate focus group was planned for the following week via Skype. However, this group was unexpectedly cancelled and not rescheduled by the ATI for two months. At this point, the researcher was well into analysis of the data, saturation had been met, and therefore the graduate focus group did not occur.

Data Collection

Semi-Structured Focus Group Questions

Data were collected using focus groups, guided by semi-structured questions, which are commonly used in qualitative interviews (Patton, 2002). In this approach, the researcher constructs focus group questions in advance but does not rigidly adhere to it, in terms of precise wording or order of questions (Braun & Clarke, 2013). Thus, the researcher is free to deviate from the questions to allow individual perspectives to emerge (Patton, 2002). Additionally, questions can be revised, added or removed in subsequent focus groups based on previous group

results (Krueger & Casey, 2015). The focus group questions developed through careful consideration of the research questions. Topic questions included constructs that could be associated with positive and negative ATI experiences, as drawn from the pathways perspective. Relational cultural theory underpinned questions regarding connection with mothers' children throughout the ATI and while incarcerated.

The questions were designed to stimulate conversation between participants rather than just answering the moderator (Braun & Clarke, 2013). They also allow for flexibility if participants raise issues that the researcher has not anticipated. Focus groups are social and therefore questions were created to be conversational, building off participants comments and maintaining a comfortable setting (Kruger & Casey, 2015).

Guides written by Kruger & Casey (2015), Braun & Clarke (2013) and Patton (2002) were used for developing sound questions and sequencing within the creation of the semi-structured focus group questionnaire (See Appendix A). The nine, broad, open-ended questions were developed to obtain a sense of the mothers perceived experience of participating in an alternative to incarceration program. The probes were developed to gather more information if the participants struggle to expound on the broad topic or if more exploration of a construct were needed.

The *opening question* is used to get the participants talking and designed to be easy to answer quickly (Kruger & Casey, 2015). Mothers were asked to share their length of programming and phase level at [the agency]. The *introductory questions* introduce the topic of discussion in a less probing, sensitive way (Braun & Clarke, 2013). Asking about mothers' knowledge about why women become involved in the criminal/legal system provided a context of how they reportedly understand women's pathways into crime. *Transition questions* come

next in sequence and lead the conversation into key questions that are the foundation of the research questions. These questions focus on the reported strengths and challenges the mothers experienced during their participation at the agency. The pathways perspective demonstrates women's unique paths into the criminal/legal system, which include behavioral health, financial, housing and employment needs. Understanding more about how the mothers received assistance or challenges they faced will add to the literature. The *key questions* drive the study and will require the most attention during analysis (Braun & Clarke, 2013; Kruger & Casey, 2015). These questions made up the bulk of the focus groups and sufficient time was allotted for discussion. Learning about the mother's relational needs particularly with their children, frame the key questions. The *ending questions* help summarize the discussion and bring the focus group to a close. They are also used as 'insurance questions' to ensure critical aspects of the study have not been overlooked (Kruger & Casey, 2015). Because these mothers are experts in their own life and have experience being incarcerated as well as participating in an ATI, they can offer expertise about solutions for mothers who commit crimes. They were asked if they could create the perfect way for mothers who have committed a crime to avoid incarceration what would it be. Lastly, mothers had an opportunity to provide any additional information regarding their experience at the ATI or during incarceration.

Conducting the Group

The first few moments in focus group discussion are critical. The researcher must quickly create a thoughtful, permissive atmosphere, provide ground rules, and set the tone of the discussion (Krueger & Casey, 2015). The groups took place in a therapy room and a white noise machine was used to offer as much confidentiality as possible for the participants. As participants arrived, they were greeted warmly, offered refreshments and snacks and directed to

sit around a table. Once everyone sat, the researcher-trained assistant handed out pre-made stickers with numbers, and demographic information forms.

The researcher followed Krueger & Casey's (2015) recommended introduction outline:

1) *The welcome*: the researcher introduced herself as a Social Work PhD student from Michigan who is the moderator of the focus group. The research assistant was introduced as an MSW student from the University of Oklahoma. The assistant took field notes throughout the discussion, operated the recording equipment, helped with member checking and participated in peer debriefing. The researcher trained the assistant prior to the first focus group via Skype. Training content included a discussion of the study in detail, the consent form, and confidentiality of participant data. The assistant learned how to take field notes, work the audio recording device, and conduct member checking and peer debriefing procedures. The assistant completed the CITI program course: Human Research Human Subjects Protection - Social & Behavioral Basic Course Training.

Next, the researcher read the consent form aloud so that the mothers understood the research study. All questions were answered prior to participants providing verbal consent. 2) *The overview of the topic*:

You have all been invited because you are mothers who are participating in an alternative to incarceration (ATI) program. You will be discussing your personal experiences within this program and any previous incarceration to help increase understanding of the benefits and challenges of ATI for mothers and comparisons between incarceration and the ATI. I am collecting data using a focus group discussion. A focus group is simply a group discussion 'focused' on a particular topic- in this instance, mothers who are

involved in an ATI. I am interested in your views and opinions on the topic and there are no right or wrong answers to the questions you will be asked to discuss.

Before the focus group began, participants completed a demographic questionnaire (See Appendix D). 3) *The ground rules*: The researcher discussed the ground rules for the focus group, so participants understood what is expected of them and to set the tone of the discussion (Braun & Clarke, 2013). The following rules were written on a whiteboard during each focus group session:

- The discussion should take approximately 90 minutes.
- Cell phones should be off or in silent mode, *not* on vibrate.
- If you need to go to the bathroom, please just leave and return quietly.
- Other than the moderator and assistant, we will not be using first or last names.
- There are no right and wrong answers. I am seeking *your* thoughts and opinions.
- Feel free to talk to one another in here, not just answer the moderator's questions.

You may agree and disagree with one another. If you do disagree, please do so in a respectful manner.

- The moderator may interrupt the group to keep the conversation within the 90- minute timeframe.

As the focus group moderator, the researcher tried to help the participants feel safe and comfortable and allow for organic conversation but did not facilitate therapeutic discussion. The researcher created a plan with agency staff that if a participant became emotionally dysregulated or needed clinical support during the focus group, staff are available to counsel them immediately. This was not necessary but informing the mothers of the option may have assisted in them feeling comfortable. Finally, as a white, cisgender, educated, graduate student the

researcher recognized this level of privilege and the potential position of power she held as a researcher. The research attempted to make no assumptions of the participants based on outward characteristics, current criminal legal status, or behavioral health issues.

Quality Criteria

To enhance the accuracy of the data collection, each focus group was audiotaped, and field notes were taken by the researcher and assistant. Creswell (2013) recommends that qualitative researchers engage in at least two protocols to validate [increase the trustworthiness] of qualitative research (p. 253). This study employs seven protocols that include: 1) writing a reflexivity statement to identify any known researcher biases; 2) using a purposive sample of target group participants; 3) reviewing typed field notes and audiotape transcriptions; 4) engaging in peer debriefing; 5) searching for negative case content that may disagree with a main theme or subtheme; 6) developing acceptable inter-rater reliability rates (.80 or higher) within data coding; and 9) creating a written codebook that operationally define what is coded within each theme. A codebook can leave an audit trail should the data need to be further examined and can help with study replications. These protocols are explicated throughout chapter three herein.

Member checking is used to ensure that the data are credible (Lincoln & Guba, 1985), dependable (Creswell, 2003) and avoid ‘misrepresenting’ the participants views (Braun & Clarke, 2013). Due to the researcher not knowing participants names member checking occurred upon completion of each focus group rather than after data were transcribed and analyzed. The researcher and assistant reviewed their field notes and direct quotes with the participants to ensure that they were correct. Participants had the opportunity to correct potential ‘errors’ or perceived interpretations of their reported experiences (Braun & Clarke, 2013). This is

particularly important when working with marginalized populations to ensure that data captures ‘their’ voice, not the researchers (Liamputtong, 2007).

Clarifying researcher bias (Creswell, 2013) was part of this study. The researcher prepared a *reflexivity statement* that documents her perceived bias, prejudices, and life experiences that guided the approach to the research. This researcher acknowledges her role as a mother, and therapist who works with women having trauma, mental health and substance use disorders many who are involved with the criminal/legal system. The researcher was cognizant of her personal parenting style and philosophy and attempted to remain nonjudgmental about how participants choose to raise their children. The researcher maintained a firm boundary as a researcher and did not discuss her children or values as a parent. She tried not to view the participant’s stories through her own personal lens and was aware of her role as a researcher not a clinician.

Once the participants left the room, the researcher and assistant used *peer debriefing* to compare notes, share highlights, and consider adjusting questions or probes based on the focus group discussion. Additionally, the assistant commented on the researcher's role as moderator and provided feedback on the focus group to “keep the researcher honest” (Creswell, 2003, p. 251). During peer debriefing after the initial focus group a decision was made to adjust the interview questions. When questions two, three and four were asked the conversation immediately involved the women's personal experiences rather than generalities of ATI, the needs of mothers facing incarceration and support. Furthermore, participants discussed specific supports they received when asked question five about strengths and challenges of the ATI. Participants also spent a lot of time discussing comparisons between their ATI and incarceration experiences leaving less time for other questions. Finally, the researcher did not use many probes

due to participants actively engaging in conversation without them. The researcher altered the interview questions (see Appendix B) based on participation in the first focus group. Questions two, three and four were eliminated and a probe about specific supports received was added to question five. Peer debriefing after subsequent focus groups demonstrated the interview question adjustments were successful in gathering data about the research questions.

A significant development occurred during the third focus group during member checking. A participant made a comment that the researcher used numbers to identify participants rather than first names. She said it reminded her of “being in DOC because to them you're just a number”. The researcher discussed how helpful this feedback was and asked for recommendations from participants. They gave suggestions of using letters of the alphabet, shapes or names of flowers. The researcher and assistant discussed the most efficient way to do this for data entry than decided to using names of different flowers rather than numbers.

Intercoder reliability (Creswell, 2013) was used to attempt to increase the study reliability. An MSW student from The University of Oklahoma assisted the researcher in coding and analyzing the focus group transcripts. The student was added to the IRB application and trained by the researcher in thematic analysis method for coding and analyzing the data.

Ethical Considerations

In order to ensure ethical research, the study was approved by the Social Sciences Institutional Review Board at Michigan State University. Permission was also granted from agency administrators and its human resources department. To attempt to ensure privacy, participants were asked to not use their names or the names of their children. No identifying information was used on field notes prepared by the researcher or research assistant. Additionally, the researcher discussed the importance of the mothers not discussing the group

content with anyone after the group ends. Finally, the name of the ATI was taken out of this dissertation and all appendices to further protect participants' confidentiality.

Prior to the start of each interview, the researcher read aloud the informed consent (See Appendix A), which included the following: 1) they are participating in research; 2) the purpose of the research; 3) the procedures of the research; 4) the benefits and risks of the research; 5) the voluntary nature of research participation; 6) the participants right to review field notes prior to the conclusion of interviews; and 7) the procedures used to protect confidentiality and exceptions to confidentiality. The researcher explained to participants that no identifying information discussed in the focus group will be shared with agency staff or Department of Corrections (DOC). The purpose of the research is to gain insight regarding how they reportedly navigated an ATI and any comparisons from this experience to being incarcerated. The only information the researcher is mandated to discuss is if a participant discloses risk of harm to themselves or others, including their children. No information was reported during focus groups that warranted this action from the researcher.

Protocol Testing

Prior to beginning the research study, the focus group questions were tested on two mothers participating in an ATI and one woman recently released from jail. For the questions specifically related to the agency, the name was changed to the agency the mothers were involved in. For the woman recently released from jail, these questions were skipped, as she had never participated in an alternative to incarceration program. A female PhD student familiar with focus group research also reviewed the semi-structured questions. The researcher explained to the participants that the data collected would not be analyzed for the purposes of the study.

The researcher conducted individual interviews (n=4) with each participant to help determine the effectiveness of the data collection process, participants understanding the questions, and any other process revisions. The researcher provided each participant a copy of the focus group questions and said that they could make notes directly on the document as needed. They were also asked to provide feedback during and/or at the end of the interview. Before each interview ended, the researcher did member checking by giving a short summary of the participant's main points and asking if their statements were captured correctly. The researcher also asked if there was anything unclear or if they wanted to change or add any information.

After reviewing the protocol, the PhD student commented that she thought there were too many questions for the allotted time. She reported that the questions seemed appropriate for the topic, but "might be too complex for the client population to be able to answer all of them". She suggested eliminating the general questions about [the agency] to allow mothers to have time discussing their lived experience. She also suggested that the general question about children of incarcerated mothers be eliminated to allow more dedicated time to the ATI questions.

Two main concerns emerged from the protocol testing with the three women: 1) every interview went over the allotted time and 2) all three women gravitated towards talking about their own experiences when asked about generalities. The participants had a lot to say about each question, however they consistently used personal examples and shared information about their own experiences when asked generalities about women in the criminal/legal system, ATI's and children with an incarcerated mother. One of the mothers commented that "the questions are hard to answer because every situation is different; it's easier for me to talk about my own situation". Another stated, "I don't know what it's like for other women, only myself".

To account for this, the researcher added a statement to the focus group introduction validating the uniqueness of each person's situation and highlighting that there are commonalities for women in the criminal/legal system. The expectation is that women talk about what they have witnessed and heard about in general regarding women in the criminal/legal system. They also have the opportunity to speak about their own personal experience. Additionally, questions five and seven were eliminated from the questionnaire. Question five asked about the [the agency] program in general and question seven asked about the possible impact that a mother's incarceration may have on her children. The researcher expected these adjustments to help keep focus groups within the ninety-minute timeframe and balance the discussion more evenly between general questions and personal experiences. However, as previously stated further adjustments were made to the interview questions after the initial focus group.

Data Analysis

There are several ways to approach thematic analysis (e.g. Alhojailan, 2012; Boyatzis, 1998; Braun & Clarke, 2013; Javadi & Zarea, 2016; Meier, Boivin, & Meier, 2006). This study followed Braun & Clarke's six-phase analysis method because it offers such a clear and usable framework for doing thematic analysis (Nowell, Norris, White, & Moules, 2017; Vaismoradi, Jones, Turunen, & Snelgrove, 2016). Although this is a linear method, analysis was an iterative and reflective process that involved a constant moving back and forth between phases.

Data were analyzed in partnership with a trained research assistant. The first step was transcribing the data *verbatim*; everything that was said during each separate focus group, which Patton (2002) states is "the essential raw data for qualitative analysis" (p. 441). Next, the researcher checked the transcripts against the audio tapes for accuracy and found only a few

small errors with nomenclature the mothers used when discussing incarceration. These were fixed in the transcripts prior to coding.

The first step in analyzing data is *familiarization with the data*. This phase involved the researcher reading and re-reading the data, to become immersed and intimately familiar with its content (Vaismoradi et al., 2016). Typing and organizing the handwritten field notes helped the researcher become familiar with the data (Patton, 2002). The researcher and assistant discussed the field notes they took and put the information into context with the transcripts. By becoming intimately familiar with the data, the researcher noticed things that were potentially relevant to the research questions and documented these observations in a notebook (Nowell et al., 2017). This field note development process was completed prior to the next stage of analysis, which is coding.

Qualitative coding is a process of interacting with and thinking about data (Savage, 2000). The *coding* phase of analysis involved generating succinct labels (codes) that identify important features of the data that might be relevant to answering the research questions (Braun & Clarke, 2006). It reduces large amounts of data into smaller sections of meaning. This phase involves coding the entire dataset, and after that, collating all the codes and all relevant data extracts, together for later stages of analysis (King, 2004).

A complete coding process occurred, beginning with the first data item and systematically working through the whole item, looking for data that potentially address the research questions (Braun & Clarke, 2013). The initial stage used *in vivo coding* to prioritize and honor the participants voice (Charmaz, 2014). This entails creating codes using the participant's actual words and marking the text associated with it in a consistent way (Saldaña, 2016). In order to ensure interrater reliability, the researcher and assistant independently created *in vivo* codes

from the transcripts and together defined higher order axial codes. Codes were concise as possible while capturing the essence of the data. Examples of some initial codes that were similar between the researcher and assistant include case-by-case, survival, hard work, break the cycle, trust the process, support, rebellion, motivation, jail is easy/program is hard and ready for change.

After the dataset was initially coded it was revisited again by the researcher and assistant to ensure codes were distinct, did not overlap, and all data relevant to the research questions have been coded (Braun & Clarke, 2013; Saldaña, 2016). A Cohen's Kappa of .80 was calculated using SPSS software and since this is an acceptable kappa, the final stage of coding began (Hruschka et al., 2004). The final stage of complete coding is collating the coded data. Each individual code was collated with all text where that code appears in the dataset. Codes were titled and used to create a codebook. Examples of some final codes include case-by-case, incarceration doesn't change behavior, hands on support, prison is the easy way out, acceptance, and deliberate phases.

After the coding process, the next step of analysis was *searching for themes*. This phase involved the researcher and assistant examining the codes in an inductive way that was directed by the content of the data to identify significant broader patterns of meaning (potential themes) (Nowell et al., 2017). Relevant data were collated to candidate themes, so that the researcher could review the viability of each candidate theme (Braun & Clarke, 2006; 2013). A patterned based analysis was used to systematically identify and report the salient feature of the data. It rests on the presumption that themes that recur across the dataset to capture something meaningful (Saldaña, 2016). Codes combine to form themes that have a “central organizing concept” (Braun & Clarke, 2013, p. 224). This concept tells something about how and in what

way the content of the data is meaningful in relation to the research questions. Braun & Clarke (2013) state that good themes “are distinctive and need to make sense on their own; at the same time, good themes need to fit together to form the overall analysis” (p. 231).

The initial themes identified for the first research question were: motivation, independence, sisters for life, hands on, hard but worth it, children as motivators, case-by-case, work ethic, long process, learn new skills, communication, address behavioral health needs, deliberate phase, trust program, break the cycle, tangible and emotional support. The initial themes for the second research question include: easy versus hard, incarceration is not rehabilitation, survival, contact with children, connection with children, re-entry needs, services, staff, dead time, drug use, second chances, basic needs, children as motivators. Once the initial themes are identified, the next step is *reviewing themes*. This phase involved the researcher and assistant checking the possible themes against the dataset, to determine that they tell a convincing story of the data, and one that may answer the research questions (Vaismoradi et al., 2016). In this phase, themes are typically refined, which sometimes involves them being split, combined, or discarded.

The next stage of analysis occurs once main themes are solidified and involves *defining and naming themes*. This phase involved developing a detailed analysis of each theme, working out the scope and focus of each theme and identifying the ‘essence’ of what each theme was about (Braun & Clarke, 2006, p. 92). For example, what is the theme saying? and how do the themes relate to each other? During the iterative process of reviewing the data and assigning themes, the researcher and assistant identified *negative case finding* (Patton, 2002) which is content that disagreed with themes that were developed. These are discussed in the findings section.

CHAPTER FOUR: FINDINGS

The goal of this study was to explore how a group of mothers reportedly navigated an alternative to incarceration intervention and how this compared to any previous incarceration experience. In each focus group, the first question asked participants to discuss reasons why they believed women entered into the criminal/legal system. The next questions asked specifics about the strengths and challenges of the ATI, relationships with children and comparisons to their experiences in the ATI and incarceration. The final question intended to gain insight regarding mother's views on the best alternative to incarceration intervention for mothers with no restrictions on budget or resources.

The salient themes emerging from this study provide a more comprehensive understanding of how a group of mothers described navigating through an ATI experience and examples of how this compared to their previous incarceration. All ten themes are drawn from content appearing across all of the focus groups. Ten themes emerged from the data analysis:

1. Reasons for criminal legal involvement
2. An ideal ATI
3. Trust the process
4. Case-by-case
5. Support- they help with everything
6. Breaking the intergenerational cycle
7. Incarceration is not rehabilitation
8. Incarceration is easy, the program is hard
9. I'm not the same person
10. Connection with children

General Themes

Two themes emerged from the data that did not specifically answer either of the research questions but are worth noting.

Reasons for Criminal Legal Involvement

The initial question in each focus group asked research participants why they thought women became involved in the criminal/legal system. Across the focus groups answers included issues such as “drugs”, “violence”, “financial reasons”, “trauma”, “abuse”, “alcohol”, “family issues”, “relationships”, “survival”, and “mental health”. A few participants shared personal stories related to their own addiction and mental health issues. For instance, one participant shared, “My addiction caused me to sell drugs because I needed to support my addiction because it’s very expensive, which is illegal”. A mother discussed how she and other women self-medicate with drugs due to mental health issues:

Mental health will always tell us that we don’t have a mental health problem. So, you know, we self-medicate. And then if we don’t take our medications for our mental health problems, we’re in depression and we’re self-seeking and then, we’re going to commit crimes right behind it. So, they are all linked together.

Participants in six focus groups discussed the issues of poverty and survival related to entering the criminal/legal system. One mother admitted to writing bad checks to buy food for her children and another mother reported that she stole diapers from Walmart; both women were arrested and incarcerated for these crimes. When discussing the issue of survival, a participant stated:

Man, we can't...we don't have the ability to get any job that sustains life for us and a child. So, sometimes, you know, you're stealing something from the grocery store. It's

not because you wanna steal, it's because you're hungry and your kid's hungry, and then you have to steal...I know I've done it.

A mother described going to jail for stealing food “because my baby's father is like, ‘I'm not bringing them over if you aint' got no food’, so I used fake checks just to buy the food and got caught up”. A single mother who did not have a high school diploma and could not find a job became a stripper to make ends meet. She discussed how this lifestyle and her addiction led her into the criminal/legal system. Similarly, in a different focus group a mother said, “Life sustaining jobs aren't available to women as they are men, especially with felonies, especially with no education. You got kids at home so...”.

Several mothers suggested that negative relationships were a reason why women became involved in the criminal/legal system. The following conversation between two participants is an example of the intersection of survival and negative relationships:

Speaker 1: Say you're poor and you have four kids and you're trying to feed them that might cause you to go out and steal some food.

Speaker 2: Might lead you to sell drugs, might lead you to get on drugs.

Speaker 1: Yeah, if you're using them, it's already illegal to just be using them.

Speaker 2: Might end up being with the drug dealer. Might end up getting abused by the drug dealer.

Many mothers discussed “toxic” relationship issues such as men forcing them to sell drugs, “trying to please men”, “being loyal to boyfriends” and abuse by boyfriends. One participant said she was arrested for a crime related to drugs. The drugs belonged to her boyfriend, but she did not want to betray him, so she “didn't fight the charge”. Another mother discussing an abusive relationship she was in stated, “The control he had over me, for like going

and stealing things for him or I would get beaten and we didn't have an option if we didn't have any money, so then I steal and get money".

An Ideal ATI

The final question of each focus group asked the participants to share their thoughts on the perfect option for mothers who committed a crime to avoid incarceration, with an unlimited budget and resources. In seven of the eight focus groups, at least one participant said that the ATI they were participating in was exactly what mothers needed. Comments such as "this program nailed it", "the current program is nearly ideal", "there's no creation necessary. I mean that's been created, [the agency]". One woman said the "pros outweigh the cons" with the ATI they were involved in and another participant shared "Women don't need punishment; they need love". In one focus group, a participant said the ATI should be available for "All people, not just mothers". In another focus group someone said ATI should be an option for "Fathers and juveniles" and in a later focus group a mother said, "Everybody needs this program – men, women, everyone".

Many participants offered suggestions to improve the current ATI. Examples include "more independent choices in phase 4", "jobs with a living wage", "need a car", and "more consistency across phases". A couple of participants suggested a housing complex for all mothers involved in the program to live in and an agency vehicle that women could check out during the day. One mother who had been in the program only a few weeks said she needed more praise and thought staff focused too much sanctions stating, "Do I have to fuck up to get attention?". Another participant said that there was too much pressure to come on site every day when mothers are working, parenting and in the ATI at the same time. A suggestion for therapists outside of the ATI was given by a participant "Cause they communicate [with the

team], it's not confidential". She further noted that if she is honest about struggling, they might not move her forward to the next phase.

How Mothers Navigate an Alternative to Incarceration Themes

The first research question is how do mothers reportedly navigate an alternative to incarceration intervention? Four themes emerged from the data that specifically addressed this question.

Trust the Process

The focus group participants said that in order to be successful in the ATI mothers needed to "trust the process", which includes both staff and programming. Several participants in separate focus groups described a common sequence that participants follow to gain trust in the ATI: mothers participate in the ATI to keep or get their children back and in the beginning, they feel overwhelmed, and are resistant to services. Then they start to notice the benefits of the program in others and themselves, eventually trusting that the ATI process works.

Although not specifically asked, throughout many of the focus groups a few participants described their struggles with trusting others. Several mothers reported being self-sufficient and not asking for help from others. One participant captured this in the following statement:

We carry the burden, we carry the weight on our shoulders and we don't expect anybody else to help us carry it. So nobodys gonna reach out to nobody, you know what I'm sayin. Other mothers stated, "Most of us are used to being independent" and "We're independent, we depend on ourselves and only ourselves". A few participants shared their skepticism about the ATI, particularly being dependent on staff and following rules.

One mother shared:

I'm not used to anyone telling me what to do and now I have all these people telling me what to do and when to do it and it's really hard just to let go and um, in trusting the process.

Similarly, another participant said:

So I mean, when you're comin' from off the streets doing whatever you wanted and bein' your own boss and in charge and livin' the lifestyle that we all have lived, it's a little hard. I was under the impression that, you know, I come here during the day and can do whatever I wanted at night. I was mad about it at first, and I hated it. And so, it was just kind of like radical acceptance.

One mother described coming into the program not believing it would help, saying "All I can think about was I'm just gonna mess this up too". This mother further explained how other participants told her to be patient and that if she participated in the program, she would get better. She shared this about recognizing the program was working for her:

Like after I had my baby and I came back and I actually started, like you know, paying attention to it or doing what they've asked me to do, it started working. You know what I mean, like, it is literally a life change. As if you won't even know it's happening, it just literally happens you know. Like it's after you finish...I don't even know how many classes, and then it just happens—like for real.

Mothers also had to reconcile that each phase of the program designed purposefully. Several mothers stated that they resisted having to ask permission and rely on staff to determine when they were ready to move to a new phase. One mother noted about staff:

I just really learned to trust the process, and uh, and sometimes, they don't always give you the answers you want because you're not ready for them. Like everything is in their

time and not ours. And so, sometimes, it's hard to understand, like, what their reasoning for it, but usually it's for the best like you have to...before you get a job and accept the job you're supposed to talk to your team before you accept it. At first it was irritating but I guess it makes sense because they want to know if you're ready or not.

Another mother discussed what it was like for her when she came into the program and how she eventually accepted the process, saying:

When I got here I was extremely defiant and extremely against someone telling me what to do and everything, but um, it took me awhile to accept the process. But, when I finally did, it definitely wasn't an easy way for me at all, and now that I'm in phase three, it's like a whole different story. Like, I don't have any issues with their rules anymore. I don't have any issues. Like, every rule that they had said, they said it for a reason, and in the end or in this...now I understand that...as to where before I didn't. I was like well why can't I do this? Now, I understand why; it's because they're going to give it to you when you're ready.

When discussing the phases of the program a participant discussed how she “rebelled” against the phases but learned to appreciate them stating, “The step process is probably my favorite, because now I see everything was a step for a reason...they are restructuring you again.” However, a mother in a different focus group had a completely different reaction to the program's structure and its rules regarding the different phases. In contrast, she maintained, “for me, I was okay with it. I knew that my best way of thinking led me to jail”. She further explained that, although she was nervous, she entered the program believing she would be successful if she listened to staff members and remained open minded about program requirements.

A couple of mothers also credited graduates of the program being actively involved with current participants as helping to build their confidence in programming. A mother captured this sentiment when sharing her experience about not feeling confident in her ability to be successful in the program:

You start to see the benefit of having this program and...and the fact that like you know, sometimes it sucks, but they...they love you when you can't love yourself. They show you how to have self-worth and to be confident in yourself again. They show you how to be confident in you know, being a mother.

Case-by-Case

The focus group participants revealed that making it through the program rested on a “case-by-case” basis. They said this was both a positive and negative element of the program. In every focus group, someone mentioned the case-by-case nature of the ATI, particularly when asked about the strengths and challenges of the program and contact with children. For example, in the first focus group when discussing positives of the program, a participant explained that it is “tailored to your needs.” Someone next to her responded:

She came in a hot mess, and so, they had tailored her; let her do what she could do on her own time. I come in with a good head on my shoulders, and I've gotten like everything I've asked for because I make it like...I built that trust up and everything and they see that. So, I have a little more freedom than some girls that are just here. Like, I'm not as restricted because I don't need to be versus someone who is.

In the second focus group, when asked about positives and negatives of the ATI, a woman said:

Um, the bad side about the program, um, I mean that for me it's a case-by-case thing that really gets me, you what I'm sayin'. Because um, I don't know. Sometimes, they're just

like super lenient on it, and it just really upsets me. We could do the same thing. We could be in the same phase, and we can get a different punishment. Like, she can get a slap on the hand. I could get, you know, a jail sanction, and she could get some community service.

Another aspect of the ATI being case-by-case revolved around employment and being on site at the agency. One participant explained that she is employed full-time but is required to be at the program every day, which she felt was unfair. She further explained that some women who work less than full-time only have to come to the ATI a few times a week. In a different focus group, a mother shared a similar thought on this inconsistency, stating:

There's other women in the program that you don't even see anymore that ain't even on the phases that the girls are working and come in everyday are on...it makes you feel some type of way. I mean you might not get mad about it, but it does hurt sometimes. It makes you feel some type of way.

Participants throughout the focus groups described the variations in contact between mothers and children both positively and negatively. A few mothers reported being supportive of other participants in this respect and said they appreciated the program tailoring contact based on each person's situation. For instance, one mother completed residential substance use disorder treatment prior to entering the program. Most mothers with substance use disorders have limited contact with children during the first 30 days so they can stabilize and focus on their treatment. Program staff granted this mother permission to enroll in the ATI to which she shared the following:

The fact that this program is kind of case-by-case and individual for all of us that really helped me out too, 'cause otherwise I wouldn't have came. Yeah, 'cause I came with my kids, and if I was going to have to give up my kids, I wouldn't have came.

Similarly, in a different focus group, a mother shared:

I think it's an extreme positive that they can tailor make the environment for you because why would I put my...like my kids can't go back into foster care just because of that and, um, yeah. Like, I wouldn't have been able to come in the program.

In contrast, a mother shared her frustration with some participants receiving more visitation with their children than she did and how she felt that it was unfair, saying:

Everybody's case is different. Straight up. I mean it's, like, if they're seeing people that have their kids already in phase one is, kind of like, depressing because you're in a higher phase yet you don't have your kids like that.

After this statement, participants discussed the challenge in comparisons between mothers regarding child contact. They talked about wanting to be happy for other mothers, but it is difficult when their children are not in their custody or they do not have visitations as much as they would like. In a later focus group, discussion regarding the frequency and duration of contact with children centralized around factors outside of the program. For instance, one mother described that when children are in foster care, mothers must comply with the court order regarding contact regardless what the ATI advises. A participant shared that her visitation experience with having her son in foster care while her daughter lived in a guardianship situation was complicated. She saw her son several times a week and was working on getting full custody, but she had not seen her daughter since she entered the program. Her daughter's guardian refused contact, which had nothing to do with ATI rules.

Support- They Help with Everything

The fourth theme that emerged from the data regarding mothers navigating the ATI is support. In every focus group, participants listed palpable supports they received at no cost for themselves and their children. These supports include basic need items such as “food to eat”, “clothes to wear and a toothbrush”, to ensuring they had access to medical and dental care, prescription medications and eyeglasses. One woman captured how the ATI handled a participant who needed dentures, stating, “They’re like, what do you need? Okay, you’re missing that front tooth. We got you”. In reference to how the ATI supports participants a mother said they “help you take down the barriers that are holding you back from succeeding, taking care of your kids and your family, you know”.

Participants discussed community-based supports they received such as GED/diploma completion, “help us get job ready”, “find housing” and assisting with securing employment. A graduate of the ATI shared how the ATI employed her right after graduation as a peer recovery coach within the program and she continues to hold this position several years later. A few mothers commented that while the ATI helped secure employment for them, many times the jobs did not provide a living wage to support their families. One mother stated, “I think they need a partnership guaranteed where every woman in here can get at least a \$20 an hour job fulltime, guaranteed if you complete the current program”. In the first focus group “good paying jobs”, “good jobs” and “a good paying job” were what three participants stated they needed while in the ATI and upon graduation. A mother in a later focus group noted that she struggles to support herself and her child as a single mother sharing, “I don’t want to work at Denny’s forever”. Finding housing, help with transportation and assistance in preparing for living independently in the community were also mentioned as positive supports during some of the focus groups.

Another area of support discussed throughout the focus groups was surrounding legal issues. In seven of the focus groups, mothers said that the ATI assisted them in getting their driver's license. One mother said that she has not had her driver's license for five years and struggled securing employment and housing stating, "Stability is hard to get without an ID". Other examples include helping to pay off legal fines, obtaining social security cards and birth certificates and financing attorneys. One participant explained that her ex-husband has denied her visitation of her two older children for over a year. She was never able to afford an attorney until now stating, "I think it's awesome that they're gonna help me get a lawyer". Lastly, a few mothers mentioned that when they graduate from the ATI the felony on their record associated with the ATI is expunged, which they claimed to be a significant support.

A positive support pointed out by a few mothers was the "hands on" approach of ATI staff. A couple of participants said that the ATI temporarily helps pay for rent and other financial obligations as well as teaches budgeting skills. A participant noted that staff also drive participants to appointments and accompany them as needed. This was not the case for some women who described previous court mandated services, which required them to complete a treatment plan but did not provide assistance to do so. A participant captured this notion when making the following statement about drug court:

I'm talkin' about the difference between drug court and this program. Drug court, they're not gonna take you to go take your drug test. They're not gonna pay for your drug test; they're not gonna take you to your GED classes. They don't help you go anywhere. They don't help you pay your rent.

Another woman was in drug court when she heard about the ATI from her attorney. She was resistant at first but stated, “That’s the only reason I joined this program, was they told me they’d help me get my kids back. Cause I woulda stayed in drug court”.

The sentiment of children motivating mothers was prominent throughout several of the focus groups. A significant support discussed by mothers from the ATI was helping them either maintain custody/visitation or take steps to increase contact with children. A few women shared that staff worked with mothers to complete requirements ordered by the court and/or through child protective services. One mother stated that her case manager helped her learn how to “co-parent and communicate” with her child's guardians. The worker also arranged “family meetings with the guardians and DHS and us and the kids so everybody could be on the same page. The kids can feel heard as well”. Other supportive elements regarding children mentioned by participants include “child-care”, “kid friendly events”, and “resources for children”. A few participants also mentioned that ATI staff refer children for counseling outside of the ATI as needed.

Some women stated that they felt supported by staff who consistently “taught” them new skills. One mother shared “[the agency] taught me how to use my words correctly”. A graduate of the ATI shared this regarding the teaching element, “we know how to use our voices now. We know how to be pissed. And you know that I’m pissed, but you can hear me through because I know how to tell you what I need without threatening your life”. One woman shared this about what the program teaches participants:

They teach you about goal setting, like, they teach you how to live the rest of your life...in a really short amount of time, you know what I mean? Like, two years is a little bit of time to teach someone. Like ok, you’re gonna have...this is how you're gonna have

to live forever, or you're just gonna go right back here. They teach you how to build a support system outside of [the agency] and teach you how to be a better mother.

Lastly, participants discussed receiving emotional support through the ATI. One participant said, "they care about me" and another stated, "staff believe us, understand us, work with us, problem solve with us". Mothers also shared that they received "counseling", "coping skills", "behavioral assistance", "AA/NA", and "sisters for life" through the ATI.

Breaking the Intergenerational Cycle

The last theme emerging from the data to answer the first research question is the desire to break the intergenerational cycle. Several mothers spoke openly about their ambition to change their lives so they could provide a better life for their children and break the "cycles of incarceration and drug abuse". Mothers in every focus group listed issues they did not want their children to experience, including "poverty", "domestic violence", teen pregnancy", "toxic relationships", "substance abuse", "incarceration", "running with gangs", co-dependency", "depression", "single parent" and "sexual assault". One mother reported that by participating in the ATI she hoped it would help to keep her child from "going down these pathways". A participant in a different focus group mentioned that "prison has no programs to stop the cycle" and in a later focus group a mother shared how she herself became part of a negative family cycle she was hoping to break:

It's a repeat cycle, um, growing up with a single parent. I've seen it, um, my mom was in and out of prison, she was an addict, she sold drugs, she did drugs, she stole, she tried to survive by supporting her children by stealing. My mom got beat in relationships. So, I mean, it's kinda like, what are we gonna do, how do you break that chain reaction?

In the fifth focus group, a discussion took place between a few mothers regarding ATI participant's quest to improve their lives and a mother shared this sentiment, "I think a strength of the program would be the dedication, the unity, and the passion of the recovery for the women and their children. That's the strength of breaking the cycle, the whole idea and the heart of it".

How the ATI Compared to Mothers Incarceration Themes

The second research question is how does the ATI compare to any previous incarceration they experienced? Four themes emerged from the data that specifically addressed this question.

Incarceration is not Rehabilitation

The first theme that emerged from the data in answering the second research question revolved around incarceration not rehabilitating people. All the mothers who participated in the focus groups had previously been in jail, prison or both so they had firsthand experience in how the ATI compared to incarceration. In every focus group, a difference mentioned between incarceration and the ATI was rehabilitation, namely in terms of addiction.

Regarding assistance with substance use disorders, no participants reported receiving help while incarcerated. Several mothers stated that there is "no recovery" while incarcerated and in fact, it was the opposite. Besides not offering alcohol/drug therapy or recovery meetings, a few participants stated that drugs were readily available in jail and prison. For instance, during the first focus group, two women had the following exchange:

Speaker 4: You can get more drugs in jail than you can on the outside.

Speaker 5: More expensive. But, it's there.

Speaker 4: Yeah, if I went to prison, I would be high; I would not be sober. If it wasn't for [the agency], I would still be in that same lifestyle.

Speaker 5: Me too.

In another focus group a woman described the main difference for her in coming to the ATI versus going to jail was “I would have probably continued using drugs and learned how to be a better criminal”. Similarly, a participant talking about her experience in prison said, “It’s like so easy to do drugs, might as well do drugs because there's nothing else to do”. In this same focus group, a participant talked about how she sold and used drugs while in prison and described her time as “a big party, because behind the walls you’re not really worried about the outside”.

A participant who had been in several jails and spent a lot of time in prison claimed that therapeutic groups and education classes were rare and when someone participated, it was for the “wrong reason”. She explained that sentences can be reduced for attending group therapy or a GED class “but they’re not doing it to make better choices, they’re doing it so they can get out of jail faster. So, it’s just survival. It’s incarceration not rehabilitation”. Similarly, in a different focus group two women shared the following exchange:

Speaker 1: The difference between rehabilitation and prison is like when you’re worried about not using and how you’re going to get your life together and what steps you need to take and um, like not staying at a standstill, while when you’re in prison, you’re at a standstill the whole time. You’re not learning any knowledge to keep you from going back to prison, you’re not getting resources for housing when you get out or getting resources for jobs when you get out, you know things like that. Instead you’re getting resources from other inmates.

Speaker 2: Yeah, how to sell drugs or who their plug is, or who’s bringing their stuff in and, uh, when you get out, you can run shit for my uncle, or like, what you can do for me and what I can do for you and that’s it.

In another focus group, a participant shared her thoughts on prison not providing rehabilitative services:

[Prison] doesn't teach them anything, actually causes them more trauma in there because of the things they have to do, like, um you know, or have to see or whatever because that's prison life you know what I'm saying. You've been locked up, you have these felonies, a lot of people don't even want to give you a chance and then when you...and then you get discouraged when you do go job-searching and they don't call you and then it's like what do you go back to? Selling drugs, doing whatever you gotta do to survive, then you get caught up in your addiction and then you catch another case and then you're back in there.

When discussing this cycle of returning to incarceration a mother said, "They send us to lock us up in cages, and then you know we get back out. That's not rehabilitating nobody".

A few mothers claimed a strength of the ATI was the help they received throughout the program to be successful in the community. These women described leaving jail and prison as the same or worse than when they walked in, but when graduating from the ATI they were set up for success. One mother stated:

I know that if I were to have went into prison I would've came back out to the same lifestyle. I know that, most definitely, I would've gone back into my addiction. Just because the help that I really need, as far as mental help and substance abuse stuff [that] I want to get, you know, I wouldn't have had that kind of help or the tools that I needed, um, like I do here.

Staff at the ATI were overwhelming described in a positive way such as "supportive" "kind", "non-judgmental", "trusting", "caring", "they have our back" and "our PO is awesome,

she's my number one". One mother said, "It seems like they stay on this job for years because they want to help others, it's more like, relational". Whereas when discussing staff at jail one mother shared that guards sold drugs to inmates stating, "They don't care if you got kids out there that need their momma and you need to be sober, they'd rather give you a sack of dope". No other participant reported that guards sold substances. The following conversation between two participants provides perspective on the attitude of jail/prison guards.

Speaker 1: Guards don't really look at you as a person. They look at you as a number and a criminal. Here they look at us as people.

Speaker 2: Yeah, as somebody that can do better in life and make something out of themselves, as increasing their life.

Speaker 1: Not, you are what you are. You'll never be no better than who you are. You know what I'm saying?

Speaker 2: You'll be back; it's like 'see you again,' you know.

Speaker 1: When you're incarcerated and stuff you can say all day what you need and what you want, and they're gonna tell you 'Oh well, you done messed up. You can't get anything; you don't deserve anything.'

Incarceration is Easy, the Program is Hard

The next theme of the second research question is the concept that incarceration is easier than participating in the ATI. Many mothers reported that if a woman were motivated to change her life, she could be successful in the ATI, which was hard work but worth it. However, going to jail or prison was less challenging and an option for women who were not willing and ready to change. A few participants noted that women have left the ATI in favor of incarceration because they were not ready to do the necessary work to be sober and productive. One woman discussed

that she interviewed for the ATI and decided not to enroll at the time because she was not ready to stop using drugs. After a subsequent arrest, she felt motivated to get her life together and entered the ATI.

Some mothers described incarceration as time that they did not have to invest in themselves or “face their issues”. Some participants described incarceration as “dead time” where they were not concerned with finances, looking for a job, finding a place to live or managing stress from the outside world. One participant said, “Prison is easy because it’s familiar, like it’s um, what we’re used to. It’s not having to do anything, and you can get drugs in there too”. One participant explained incarceration this way:

Like, going to prison is really the easiest way. That’s easy. You can go sit, and do your time, and go to sleep, read a book, wake up, and do it again the next day. You know what I’m saying? Even with no money.

One mother said the ATI was challenging because “I have to deal with all the shit that got me here in the first place”. Another woman described how she was incarcerated several times for issues related to her addiction, but it was not until she participated in the ATI that she understood her addiction stemmed from trauma. She thought about quitting the program many times because therapy was difficult and going back to jail “would have been easy”. However, she was committed to providing her children with “a better life” and said that she knew the ATI could assist her with this.

One woman shared that she learned about the ATI from someone at court who told her not to participate because it was so hard. This person suggested that the woman just go to jail and work on getting her kids back afterwards because it would be “faster and easier”. Some mothers discussed that while incarcerated they were not working towards a goal or taking active steps in

improving their situation but in the ATI, they spent two years putting in effort. A few mothers discussed feeling exhausted from the “mental” work they did, which they said was not an expectation while incarcerated.

Many participants discussed the jail and prison environment in a very negative light such as “they’re killing people inside of prison”, “they’re starting fights inside of prison”, “they’re stabbing people inside of prison” and “women in jail are ruthless”. Despite this, several mothers said it was easier to do time than complete the ATI. One woman explained how incarceration became easier for her each time:

The longer...each time I got incarceration, it became easier and easier and easier and easier to me. So therefore, it’s not even hard to me to lay in a jail cell. That’s easy. I can do that all day long. Just lay there and look at the walls. That’s nothing. When you actually have to train your mind to think a different way and learn how to act a different way and learn how to be a mother...because sitting in a jail cell, the day, the day you go in that jail cell you’re...whatever day you come out you’re still that same person as you were when you went into that jail, so you’re not learning nothing.

I’m not the Same Person

Another theme emerging from the data is that mothers become different people throughout the ATI program. One mother reported that the ATI “is life changing”; another said, “It’s changing my life, making a difference”. Several reasons were giving throughout the focus groups for how this transformation occurs including learning “new skills”, “thinking differently (not catastrophizing)”, “talking about feelings”, “communicating”, “learning to trust”, “getting sober”, and “setting healthy boundaries”. One mother reported that she now has routines and coping skills to keep her stable and another stated that she did not realize how much she had to

learn before coming to the ATI. Another participant shared “I’m a totally different person than the day when I walked in here”. During a dialogue regarding changes that mothers have seen in themselves while being at the ATI, one woman said, “Now, like I care about other people. Like it teaches you how to be the exact opposite of what you used to be”.

Connection with Children

The next theme appearing in the data is how the ATI helped to improve the connection between the mothers and children. A few mothers reported that while incarcerated, they had little to no contact with their children and the contact they did have was distressing. Some mothers said they did not have any phone calls, letters or visits with their children while incarcerated in jail or prison. A few mentioned that this was their choice because they did not want their children to visit them or have to explain where they were. One mother said she lied and told her kids she was going on vacation and another said she was working. A few other women stated that whoever was caring for their children would not allow contact or in one case, there was a court order prohibiting contact between a mother and her child. A participant also shared that she wanted to protect her children from knowing she was in prison, not because she did not want to see them but because she did not want them to have any false hope. Specifically, this mother said:

I had no contact with my kids when I was in prison before—none. You just worry and pray that they’re okay. You just miss them and wish it could change, and then, you promise to change when you get out. And then, you always go back to what you know because you have no other resources.

Another mother was pregnant while in prison, and after she gave birth, she did not have contact with her baby. In the extended quote below, she shares how she wished she could have been in the ATI throughout her pregnancy:

At least I would've been working towards seeing my kid and not sitting there in dead time. 'Cause being in prison is dead time and visits and letters are a big deal, you know what I mean? If you...if your kids isn't old enough to write you a letter, well those are just years you're missing. I get you're an addict, or, you know, I get all that. You know what I'm sayin'...but even the worst of the worst moms still deserves to see her baby.

A couple of mothers said that in order to have contact with children while incarcerated, they needed family who could afford to “put money on the books” so they could pay for phone calls or write letters. For instance, one of the graduates spoke with her children a few times a week while she was in jail because her mom regularly sent money. However, she felt “frustrated and miserable” when she talked with them either because the phone connection was poor, or they would cry and say they missed her. A few mothers who had older children said they enjoyed talking with them even sporadically, just to have some contact. However, a mother who had spent several years in prison regretted having her teenage children visit her because she felt like it was “selfish and traumatized them”.

When discussing contact and relationships with children during the ATI many mothers expressed gratitude to the program for teaching them how to be better mothers. One woman said, “I wasn't the parent that I should have been and [the agency] has helped me realize that, like it's okay to not know how to do it because we're going to help you through it”. Another mother credited the parenting education classes she took and the ability to talk through issues she was having with her children with staff. Many participants shared examples of how the ATI

attempted to improve the mother/child connection. One woman said that her teenage son was struggling with his own criminal legal issues and staff at the ATI helped her set healthy boundaries, process her feelings and refer him to counseling services. She said if she were in jail, she would not be available to assist her son. Similarly, a single mom with no family shared that her son recently needed to have surgery and if she were in jail instead of the ATI, she would not have been able to sit with him at the hospital.

One mother described how she used to avoid her son when she was drinking so he would not see her intoxicated. Now she says they have a great relationship because she is sober with the help of the ATI. She further shared that she learned how to process the guilt she feels from abandoning him. Through tears, she exclaimed:

I don't dwell on how much I've missed out on because I know that he's got such a full life ahead of him that I get to be a part of, you know, and um, it's just, it's the best feeling ever to be able to...I'm his mom, you know.

Another mom said that the ATI "Taught me and my kids how to use our words so we get along good. I'm able to discipline them without spanking them or yelling at them and stuff like that".

The ten themes described in chapter four are examined further in chapter five, which follows. For example, chapter five will re-examine how data drawn from focus group participants appeared to answer the research questions; ties to the literature; limitations and strengths of the study; and recommendations for practice, policy and research.

CHAPTER FIVE: DISCUSSION AND IMPLICATIONS

The purpose of this study is to contribute to the understanding of how a group of mothers reportedly navigated an alternative to incarceration intervention and how this experience compared to any previous incarceration. This chapter includes a discussion of major findings as related to the literature on women's involvement in the criminal/legal system, negative consequences of incarceration on mothers and children, and alternatives to incarceration for mothers. Also included is a discussion on how a group of mothers made their way through an ATI, and similarities and differences they noted between incarceration and their ATI experience.

This chapter contains discussion and future research possibilities to help answer the research questions:

(R1): How do mothers reportedly navigate an alternative to incarceration intervention?

(R2): How does the ATI compare to any previous incarceration they experienced?

This study utilized a thematic analysis as outlined by Braun & Clarke, (2006; 2013). Two primary theoretical frameworks, pathways perspective (Daly, 1994; Daly, 1998; Belknap, 2007; Belknap & Holsinger, 2006; Chesney-Lind, 1997; Pollock, 2002; Salisbury & Van Voorhis, 2009) and relational cultural theory (Miller, 1976; Miller, 1986a) guided the research process. Eight semi-structured focus group interviews were conducted as well as informal discussion with ATI staff. Additionally, researcher and assistant field notes written upon completion of each interview, peer debriefing and careful consultation with a research assistant informed the analysis process. Most importantly, 34 mothers who were currently participating in or had graduated from an ATI and were previously incarcerated shared their viewpoints of these situations.

This study is representative of one group of mothers with minor children who voluntarily chose to participate in an 18-24-month alternative to incarceration intervention. Although each mother has a unique situation, collectively their stories serve as a contribution to the greater body of literature by emphasizing mother's perspective of an ATI, their experience of incarceration and the relationship to their children. Further, ten salient themes identified in this research suggest implications for practice, policy, and research for alternative to incarceration interventions for mothers.

Analysis revealed ten salient themes: “reasons for criminal legal involvement”, “an ideal ATI”, “trust the process”, “case-by-case”, “support- they help with everything”, “breaking the intergenerational cycle”, “incarceration is not rehabilitation”, “incarceration is easy, the program is hard”, “I’m not the same person”, and “connection with children”. Findings suggest that mothers may successfully navigate an ATI that provides targeted rehabilitative services that include tangible and emotional support and prioritize connection with children. Staff should understand the apprehension of mothers to engage in services, teach parenting and life skills and provide non-judgmental and hands-on services.

Theoretical Discussion

Pathways Perspective

Participants in this study were clear that they believe women enter the criminal/legal system namely due to issues surrounding substance use disorders, mental health issues, domestic violence and poverty, which is supportive of the pathways perspective. Further they noted that incarceration does not provide rehabilitation for these issues. Additionally, many mothers described the impact of leaving incarceration without treatment as placing them back into a lifestyle of substance use and criminal activity. The recognition that women need treatment for

underlying causes of their offending is imperative. Many study participants reported that the ATI was more effective than incarceration by providing rehabilitative services.

Consistent with studies on ATI for mothers and general studies of women in the criminal/legal system, the sample primarily consisted of single mothers (Glaze & Maruschak, 2009; Lichtenwalter, Garase, & Barker, 2010; Goshin, 2015) living in poverty (Belknap & Holsinger, 2006) who were unemployed (Mumola, 2000) having some post-high school education (Harlow, 2003; Goshin, 2015).

Differing from the general literature, (Carson, 2018; Glaze & Maruschak, 2009; Wildeman & Western, 2010) this sample was comprised of mostly Caucasian women. Interestingly, in the three previous studies on ATI for mothers, two reported more Caucasian participants than women of color (Brennan, 2007; Lichtenwalter, Garase, & Barker, 2010) and one comprised equal numbers of Caucasian and African American mothers (Goshin, 2015).

Since these demographics differ than the national data on women in the criminal/legal system future research should study the rates that women of color are offered alternatives to incarceration compared to white women. Wildeman & Western (2010) found that African American female offenders receive more sanctions and they experience harsher and longer sentencing (Wildeman & Western, 2010). Brennan (2006) found that Black and Hispanic women were more likely than White females to receive jail sentences for misdemeanor crimes. If women of color have an option for ATI but decline, it would be interesting to understand more about their reasons for declining. Spohn (2000) states that alternatives to incarceration should be awarded to Black citizens as much as Whites so they have the same opportunities of remaining in the community and becoming productive members of society.

Relational Cultural Theory

The program's relational philosophy is demonstrated in the following statement regarding a crucial feature of the ATI: "What's free and priceless is relationship. Connection is so important for these women" (Executive director, personal communication, October 18, 2019). While incarcerated, some mothers reported feeling marginalized by the guards, which leads to disconnection according to relational cultural theory (Jordan, Hartling & Walker, 2004). This supports the notion that prisons, and jails can hamper women's psychological growth because they promote disconnection rather than connection (Covington & Surrey, 1997). The ATI was designed so mothers could avoid separation from their children while receiving rehabilitative services. The contact between mothers and their children while at the ATI varied but the goal was consistently to work towards repairing damaged relationships, enhancing current connections and developing mothers parenting skills for the future.

This study confirmed the finding of previous research that many mothers involved in the criminal/legal system are devoted to maintaining relationships with their children (Arditti & Few, 2008; Bloom & Brown, 2009; Brennan, 2007; Ferraro & Moe, 2003; Goshin, 2015). Consistent with relational cultural theory, the ATI values enhancing the mother/child relationship through consistent contact and visitation, which is in stark contrast to visitation policies in jails and prisons (Mumola, 2000). Mothers said that participating in the ATI allowed them to improve the relationship with their children or reestablish it with the guidance of staff. Jails and prisons did not provide many opportunities for mothers to have contact with their children let alone teach parenting skills. This study confirmed the finding of previous research that incarceration did not improve the relationship with their children; however, this was a benefit of the ATI experience (Brennan, 2007).

General Themes

Theme One: “Reasons for Criminal Legal Involvement”

This study findings support previous research regarding women's pathways into the criminal/legal system centering around issues of addiction, mental health, poverty, and domestic violence (Belknap, 2007 p. 78; Booker-Loper, Warren, & Jackson, 2011; Covington & Bloom, 2007; Komarovskaya, et al., 2012; Pimlott & Sarri, 2002; Steadman et al., 2009; Swavola, Riley, & Subramanian, 2016). Although mothers in this study were not asked specifically about their criminal history or behavioral health issues many reported similar critical risk factors as found in the current literature. A few study participants mentioned histories of child sexual and physical abuse. Several mothers discussed their involvement in violent and “toxic” relationships and a few others disclosed mental health issues. All mothers participating in the ATI either have current substance use disorders or are at risk for addiction. These data are consistent with previous research findings that mothers participating in ATI have histories of abuse, addiction and mental health needs (Brennan, 2007; Goshin, 2015; Lichtenwalter, Garase, & Barker, 2010).

Theme Two: “An Ideal ATI”

Mothers in this study were asked to share their thoughts on what is necessary for an ideal alternative to incarceration intervention for mothers. Throughout the focus groups, mothers said the ATI they were participating is optimal and should be replicated, for all people not just mothers. Some mothers shared stories of the challenges of being a single parent and how having a felony record made it nearly impossible to secure affordable housing and employment. Mothers stated that graduating from the ATI meant their felony charge is expunged, allowing them more choices to meet the basic needs of their families. Data revealed that assistance with securing employment with a livable wage and the need for affordable housing were key components

necessary in an ideal ATI. This supports research that women prioritize basic needs for their families upon reentry (Brown & Bloom, 2009; Dodge & Pogrebin, 2001; Holtfreter et al., 2004).

A few mothers did have suggestions for improving the ATI or future interventions. Several mothers suggested offering an apartment complex solely for mothers and children participating in the ATI rather than individual apartments or residential housing. There was also discussion in each focus group about the use of a program vehicle that mothers could check out. The ATI provides transportation vouchers but mothers with young children said they struggled with taking multiple children on the city bus or securing car seats in cabs. Financial assistance to purchase their own vehicle was also mentioned by a couple of participants. Current and future ATI programs should consider these suggestions made by mothers regarding elements of an ideal alternative to incarceration intervention.

How Mothers Navigate an Alternative to Incarceration Intervention

Theme Three: “Trust the Process”

The theme of trusting the process is a meaningful finding regarding how mothers navigate an ATI. Many mothers indicated a consistent stage progression of joining the ATI. At first mothers indicated they resisted services, but after viewing others progress and recognizing their own success, they began to trust the ATI process. By design, the ATI aims to assist mothers in reducing barriers that led them into the criminal/legal system. For mothers to benefit from the intervention they report needing to trust it. The ability for participants to rely on staff and believe that the program will be beneficial seemed to depend in part on them witnessing positive change in themselves and others. Mothers relayed that when they witnessed graduates finding employment, staying sober, gaining housing, and maintaining relationships with their children, they believed it was possible for them to.

It may be helpful for ATI to include time each day where participants share their successes with each other. Creating a formal mentor program, where current participants match with ATI graduates could assist mothers in witnessing continued success in the community. The benefits of mentorship for women reentering the community from incarceration include help with basic needs, emotional support and lower recidivism (Villanueva, 2008), which may apply to ATI participants.

Theme Four: “Case-by-Case”

Mothers in this study seemed to understand the case-by-case nature of programming as an important factor in their ability to navigate the ATI. Throughout the focus groups participants reported both positive and negative aspects of case-by-case programming. A couple of participants shared support for the individualized aspects of the ATI based on their experiences. Many mothers said the variations of contact with children, employment and being on-site for programming was “unfair”. A few others said they felt “frustrated” by inconsistent rules and sanctions. When asked in a few focus groups about whether staff were aware of these feelings, one participant stated, “yes, they just say its case-by-case” and another said, “yeah it’s just how it is”. ATI staff knowledge regarding this theme is unclear. Having dedicated time built into programming for participants to discuss concerns surrounding the case-by-case notion may build mothers confidence in the ATI process. There is no known literature on this theme, and therefore exploring this phenomenon in other alternative to incarceration interventions may assist current and future programming for mothers in the criminal/legal system.

Theme Five: “Support- They Help with Everything”

Nearly all mothers agreed that the support they received through the ATI was significant. Therapy, case management, peer support, educational and life skills courses are provided to

mothers, so they are better prepared to live independently and desist from crime. Study participants stressed the importance of how they received mental health and substance use disorder treatment within the program. Several mothers also reported receiving immediate medical and dental treatment, echoing Brennan's (2007) findings that many mothers were unlikely to have had routine health care prior to entering the ATI. These findings are contrary to most incarcerated women who are released from prison and jail with unmet behavioral health and medical needs (Belknap, 2001; Richie, 2001). The ATI in this study is a positive example of an intervention that recognizes the need for on-site behavioral health services and providing mothers with access to health care. This supports the recommendation from Goshin (2015) that mothers participating in an ATI would benefit from on-site mental health services.

Several mothers placed a high value on the parenting education they received at the ATI, as did mothers in previous studies (Brennan, 2007; Opsal, 2011). A few mothers reported encountering unexpected challenges in their mothering role and some said they experienced more parenting stress than anticipated. This finding is consistent with mothers in previous studies (Arditti & Few, 2006; Brown & Bloom, 2009; Michaelson, 2011) who reported struggling with their parenting role after incarceration. Some mothers reported that staff assisted them with managing community systems, such as following recommendations from child protective services, foster care, and court. This finding supports Goshin's (2015) recommendation that ATI staff be better prepared to deal with the complexity of multisystem involvement of mothers.

Another significant support that mothers received through the ATI were tangible basic need items. This is similar to Morash's (2010) findings that women on probation need concrete support, such as bus passes, personal hygiene products, and clothes to assist in being successful in the community. Brown & Bloom (2009) found that gender-responsive, comprehensive case

management is necessary for women in the criminal/legal system to address multiple, complex needs. Participants stated that the ATI staff in this study were intentional about not only referring them to services but also walking alongside them to help navigate the often fragmented and complicated systems such as child welfare, court and probation. This finding recognizes mothers need for attentive, hands-on support from service providers. Some mothers viewed this differently than their involvement in drug court where they said they needed to comply with court orders but said they did not receive any assistance. The only known studies on women and drug courts measured gender responsive services (Messina, Calhoun, & Warda, 2012 and integrated treatment versus service as usual (Clark & Young, 2009). This study finding could be replicated in future research to measure outcomes of staff providing a hands-on approach during drug court for women.

Theme Six: “Breaking the Intergenerational Cycle”

The theme of mothers participating in an ATI to break the intergenerational cycle is a meaningful discovery and has not been discussed in any previous studies with this population. Some research on desistance from crime for women has found motherhood to be a motivating factor (Arditti & Few, 2008; Maruna, 2001; Michalsen, 2011; O’Brien, 2001; Sharpe, 2015). However, no known research discusses mothers being motivated to complete rehabilitation services explicitly to break the intergenerational cycle.

Literature demonstrates that incarcerated mothers are viewed negatively by society (Aiello & McQueeney, 2016; Allen, Flaherty, & Ely, 2010; Corston 2007). Sharp (2014) found that this population of mothers were deemed unacceptable by the general public due to the perception that they did not love their children enough to make better choices. This finding illuminates the notion that many mothers in this study recognize the necessity of improving their

lives to prevent their children from criminal legal involvement, addiction, unemployment and poverty. It further recognizes that many participants seem to share the ATI's vision and mission:

When alternatives to incarceration are offered that include evidence-based treatment and removal of barriers, mothers can become productive citizens, capable of caring for themselves and their children and leading a crime free future. Thus, breaking the intergenerational cycle of incarceration and poverty.

How the ATI Compared to Mothers Incarceration

Theme Seven: “Incarceration is not Rehabilitation”

Studies of maternal incarceration (Allen, Flaherty, & Ely, 2010; Barnes & Stringer, 2014; Enos, 2001; Ferraro & Moe, 2003) demonstrate the negative consequences that criminal legal confinement and release can have on mothers and her children. The current study supports this notion through mothers' accounts of recidivism, fractured relationships with their children and continued substance use upon their reentry from jail and prison. Throughout the focus groups, mothers mentioned their return to addiction and crime when they were released from jail and prison. Many participants said they did not receive treatment for the underlying issues that led them into the criminal/legal system, which is why they returned to the same lifestyle they held prior to incarceration. Furthermore, significant benefits of the ATI reported by mothers were behavioral health services, various types of support, parenting education and reentry preparedness, as well as services to repair and/or enhance connection with their children. Mothers indicated that these services were not offered to them in jail or prison.

Theme Eight: “Incarceration is Easy, the Program is Hard”

The data revealed an interesting paradox that is worthy of discussion. Participants made many references to the negative environment of jail and prison; how terrible the staff treated

them, a lack of options for behavioral health treatment and very limited contact with their children. However, one woman described prison as “a big party” and a few mothers said they could use drugs and get a break from reality while incarcerated. This was similar to findings where women described jail as a vacation due to their life being so arduous in the community (Ferraro & More, 2003). Still, some study participants claimed that incarceration was traumatizing to them. Some women mentioned the necessary survival mentality while incarcerated and the need to be on high alert, whereas claims were also made by some mothers that they could relax most of the day during their incarceration.

Although many participants stated that the ATI environment was better than jail or prison, they said that the work they were required to do made it feel more challenging. The theme of incarceration not being rehabilitative seems to fit with the notion that incarceration can be easy because women are not participating in therapy, working to be better mothers, or taking ownership with child protective services. Several mothers reported that while they were incarcerated, they were isolated from the outside world, including responsibilities, so they said their time in jail/prison felt like a break.

The concept of incarceration being easier than the ATI may be centered on mother's readiness for change and desire to put in effort to rebuild their life. A women's state of mind while incarcerated may contribute to the lens she viewed the experience through i.e. those who wanted assistance for addiction or reentry recognized the lack of services available to them. Women who were not interested in treatment or their objective was simply to survive the experience, may not feel as pessimistic. Future research could study a mother's readiness for change while incarcerated and when participating in an alternative to incarceration intervention.

The data are clear that regardless of women's mind frame or interest in receiving treatment they reported that incarceration is not rehabilitative, which they report contributed to their recidivism and ongoing substance use. This perspective supports Kosaks (2005) finding that women generally do not receive adequate behavioral health treatment while incarcerated. Similarly, Covington & Bloom (2007) state that correctional settings are not sufficiently structured to meet the unique rehabilitation needs of women.

Theme Nine: "I'm not the Same Person"

Several mothers highlighted how they are not the same person as before they entered the ATI referencing the positive changes they made throughout their experience. A few mothers stated that the ATI "changed their lives" and one participant shared, "I'm a totally different person than the day when I walked in here". Several mothers discussed that participants who were "motivated" and "ready to change" were successful in the ATI. Additionally, some participants attributed their transformation to being "open" and "ready" to learn new skills such as communication, processing emotions and setting boundaries. This information could inform public opinion that many mothers in the criminal/legal system love their children and can make positive changes and healthy choices with the right kind of opportunity and support.

This finding is quite different from what mothers reported about their release from jail and prison. Several mothers stated, "nothing changed" when they returned home from incarceration. Many mothers said they went back to substance use, criminal legal involvement, and toxic relationships. A few mothers reported that their strained relationships with children and family continued upon reentry. The positive changes reported by this group of mothers due to their participation in an alternative to incarceration intervention warrants further exploration into outcomes of ATI for mothers.

Theme Ten: “Connection with Children”

When discussing the comparisons between incarceration and the ATI, many mothers expressed that a significant difference was the contact they had with their children. While incarcerated, most mothers reported having no contact or limited contact with their children. A couple of participants stated they chose not to talk to or visit their children to “protect them”, while one mother shared that her guilt kept her from contacting her children. This supports research findings that incarcerated mothers are sensitive to the possible harm visitation may cause their children, which increases their feelings of guilt and causes them to avoid contact (e.g., Casey-Avecado & Bakken, 2002; Loper et al., 2009). Throughout focus groups, mothers reported various reasons for the lack of contact with children during their incarceration, including the cost of making phone calls, no stamps to write letters, and family not wanting to drive to prison or a court order prohibiting contact. These findings are consistent with literature on existing barriers to parent/child contact during parental incarceration (Arditti, 2005; Snyder, 2009).

Several mothers in this study reported that the main reason they agreed to participate in the ATI was that they could maintain contact or custody of their children. Even though her jail stay would have been shorter than the ATI, one study participant chose the ATI stating, “I can keep my kids”. Brennan (2007) found similar results that mothers were motivated to participate in an ATI because they could live with their children, which differed from prison. Some mothers in the study have multiple children in various custody situations, so they did not have daily contact with all of their children. A few of these mothers expressed their gratitude that ATI staff helped them maintain custody/visitation or take steps to increase contact with children. They also said staff helped them complete court and child protective services requirements, drove them to

visitations, and facilitated meetings with caregivers to improve communication. Lastly, some mothers reported appreciating the parenting education classes and counseling services where they learned new skills to “be better moms”.

Several mothers in this study gave powerful testimony's regarding the importance of staying connected to their children. The data are clear that mothers in this study did not report having consistent, meaningful contact with their children while they were incarcerated. On the contrary, they stated that the ATI preserves connections between them and their children and helps enhance their relationships.

Implications

Practice

The findings of this study can help guide social workers who are directly involved with mothers within the criminal/legal system and ATI interventions. Findings are consistent with the pathways perspective that women's involvement in the criminal/legal system are unique to men. Social workers need training in gender responsive treatment to successfully engage with this population. Many mothers in this study reported a consistent pattern of program engagement within the ATI where they entered the program resistant and distrustful. It took time to develop trust with the staff and ATI program. This sentiment is supported by previous research findings that women who survived trauma commonly report struggling to trust others (Gobin & Freyd, 2014). Social workers should recognize mother's potential apprehension and distrust of service providers as well as the importance of remaining non-judgmental and patient with mothers (Wiewel & Mosley, 2006). Being willing to treat mothers with dignity and respect despite their sometimes-negative dispositions is imperative (Hines, 2013).

Study participants disclosed histories of trauma, mental health and substance use disorders. Social workers should receive evidenced based training in how to engage with mothers having these issues such as motivational interviewing, cognitive behavioral therapy, and trauma informed intervention (Gobeil, Blanchette, Stewart, 2016). Recognizing behaviors as symptoms of trauma, mental health and addiction can be useful in social workers direct practice with these mothers. Additionally, mothers in this study reported the parenting assistance they received from staff was helpful. Social workers must recognize that these mothers generally have complex parenting situations and may not be confident in their mothering roles. Understanding how to effectively coordinate treatment and enhance communication between child welfare, court systems, guardians and relatives can help improve relationships between mothers and children. The data from this study support Wiewel & Mosley's (2006) findings that staff working directly with mothers involved in the criminal/legal system must be patient, compassionate and use comprehensive strategies to address mother's complex bio-psychosocial needs.

The extant theoretical and empirical literature provides justification for the social work profession that the current practice of incarcerating mothers with minor children is not working. Many mothers in this study were clear that incarceration is not rehabilitative and does not assist in maintaining connection with children. Social workers should embrace the notion that mothers in the criminal/legal system are stigmatized (Corston, 2007; Sharp, 2014) and have been deemed among the most marginalized women in society (Aiello & McQueeney, 2016). The profession is grounded in helping vulnerable and oppressed people (NASW, 2017) and therefore social workers should take an active role in advocating for alternatives to incarceration for mothers.

Policy

The lack of policy addressing alternatives to incarceration for mothers may reflect the need for a broader social understanding of the collateral consequences of maternal incarceration and the effect it has on the mother and her child. The profession of social work can assist in expanding this awareness by exposing social work students in the classroom and within field placements to issues that mothers in the criminal/legal system face. Social work academics can conduct more research and present on this issue at national conferences. The National Association of Social Workers included criminal justice as one of its social justice priorities for 2018-2019 (<https://www.socialworkers.org/Advocacy/Social-Justice/Social-Justice-Priorities>) however, women are not exclusively mentioned in the brief. The NASW and other social work organizations should support specific efforts to improve for services for women and mothers within the criminal/legal system.

It is clear from this study that mothers do not believe incarceration is helpful in treating behavioral health conditions or facilitating connection with their children. Additionally, reentry from jail and prison reportedly placed these mothers into the same criminogenic environment without assistance or resources. Many mothers also declared they were participating in an ATI to break the intergenerational cycle and therefore policies directed at keeping mothers with their children as opposed to incarcerating them should be prioritized. Data in this study also demonstrated that mothers need patience from staff and a lot of support to be successful in an ATI. At a program level, it may be useful for ATI interventions to create policies to outline the type of supports that mothers need as well as best practices for staff engagement with participants.

Washington, Oregon, Massachusetts and Texas have all recently enacted various alternative to incarceration policies for parents with minor children, who have committed non-violent offenses. These efforts are a positive step toward developing a nuanced response to mothers who are involved in the criminal/legal system. The ATI intervention in this study developed from state legislation. Oklahoma blended public and private dollars to fund alternative to incarceration options for pregnant women and/or women with children. While this and previously mentioned policy examples focus on the state level, county level legislation are also necessary. The Social Work Policy Institute (2017) recognized the importance on a local level of “developing alternatives to lower the high rates of persons with mental health and substance abuse needs who are in jails and prisons” (p 11). Included within this population are mothers with minor children and social workers can lead efforts to ensure they are represented in policy discussions.

Public policy is framed around social issues. On a macro level, social workers have an ethical duty to advocate for policies that enhance opportunities for marginalized and oppressed populations (NASW, 2017) such as mothers involved in the criminal/legal system. According to Roberts & Springer (2007) “The social worker can help the justice system provide more effective services to the offender, their families, and their communities as professionals by participating in the process of public policy development (p 46).

Research

The current study fills a gap in the literature of research focusing on mothers with minor children participating in an alternative to incarceration intervention. Mothers described strengths and challenges of navigating the program and how the experience compared to incarceration from a relational and treatment perspective. This is the first known study of its kind and therefore

mothers in other ATI should be interviewed using similar semi-structured questions to see if findings can be replicated. Additionally, only three of the 122 ATI graduates participated in the study. A future study interviewing more graduates of the ATI could provide data that supports or differs from the findings of this dissertation. Interviews did not occur with women who disenrolled from the ATI. It is possible that their perceptions about navigating the ATI are different from the study participants and therefore these populations should be included in future qualitative research.

Randomized control and longitudinal studies that evaluate ATI outcomes over time are needed. Future research should measure behavioral health and recidivism outcomes of an ATI for mothers by including a control group of mothers who were eligible for programming but did not participate. Research on graduates of the ATI should be conducted to see how mothers fare in the community without the hands-on support they received while in the program. Mothers discussed the case-by-case nature of programming and the progression of trusting the ATI process. A future study conducting focus groups of ATI staff may be useful to learn their perspectives on themes generated from this study. Overall, to support the expansion of ATI for mothers, empirical evidence must exist supporting the fiscal benefits, advantages for rehabilitation, positive parent/child relational outcomes and reduced recidivism rates. Furthermore, current legislation on alternative sentencing for parents of minor children must also be evaluated.

Limitations

While this study contributes to the understanding of the experiences of mothers participating in an ATI, there are some limitations to this research. First, the *sampling* is nonrandomized, and the study design does not have a control or comparison group. However, a

thematic analysis study design and focus group data collection seem to be a good fit with the exploratory level of knowledge about the topic (Braun & Clarke, 2013; Morgan, 2019). This may set a trajectory for using early findings to build stronger sampling methods in future research. Further, the inclusion of a purposive sample of the women that participate in an ATI intervention makes it more likely that their authentic experiences are shared.

The research participants were primarily Caucasian women. Because African American females are disproportionately represented in the criminal/legal system, this study sample is not representative of the larger female criminal legal population. However, according to the 2019 census, residents in the county where the ATI is situated and participants reside in are 70.7% white (U.S. Census Bureau, 2019) and therefore representative of the local population.

The data collected from this study came from a group of mothers participating in one ATI in the United States and *cannot be generalized* to all mothers enrolled in ATI programs. Nonetheless, this early work may help to fill a gap in the literature by enhancing the voice of mothers who have experienced an alternative to incarceration option. Additionally, the exploratory nature of the study could help inform future research studies that are larger and more rigorous.

Another limitation is that the data format is *self-report*. The experiences of the participants cannot be verified. To enhance the accuracy of the data collection, each focus group was audiotaped, and field notes were taken by the researcher and assistant. Member checking and peer debriefing occurred after each focus group. Audio recordings were transcribed verbatim and reviewed with field notes from the researcher and assistant. The exploratory nature of the study seemed to generate many rich data directly drawn from the experiences of the mothers for whom there have been little previous research. Purposive sampling means that the focus group

discussion only involves mothers who have participated in an ATI, providing data on an understudied topic and target group. Especially if future research were to confirm the findings of this study, the voices of these mothers may offer opportunities to modify ATI and policies to better fit the needs of mothers and their children.

Conclusion

This study explored the ways mothers made their way through an alternative to incarceration intervention. The findings offer a deeper recognition of how mothers perceive this unique intervention. Further, by elevating the voices of mothers themselves regarding their perspectives of the ATI and incarceration, insight was gained about the strengths and challenges of each. This information can guide the development of current and future alternative to incarceration interventions and ultimately help benefit mothers and children in the criminal/legal system.

Mothers in the criminal/legal system are uniquely marginalized due to their pathways into crime, the stigma of being a bad mother and social consequences of having a criminal record. These mothers are generally not a risk to public safety and their incarceration is counterproductive to them and their children. Alternatives to incarceration should be the standard, not the exception for mothers. They need treatment for underlying issues related to criminal offenses without separation from employment, housing and relational supports. Alternatives to incarceration can keep families together and interrupt intergenerational cycles of incarceration, behavioral health issues and poverty.

It is possible for the criminal/legal system to move away from the historical approach to crime and punishment and towards a more rehabilitative, restorative, and holistic approach for mothers. The social work profession is grounded in helping the most vulnerable and oppressed

people (NASW, 2017) and therefore social workers must lead efforts in criminal legal reform by advocating for more alternatives to incarceration for this marginalized population.

APPENDICES

Figure 1.
Study Recruitment Flyer

**ARE YOU A MOTHER PARTICIPATING IN PROGRAMS
AT [the agency] OR GRADUATE OF [the agency]?**

If so, you are invited to participate in a focus group to share your experience.



Who can attend? Any mother who is a current or graduate of [the agency].

Who is holding the focus group? A researcher from Michigan State University

Why? To hear your experience of being involved in an alternative to incarceration program. Participants receive a \$20.00 gift card

When? October 14-18, 2019 **Where?** [the agency] therapy room

Do I have to participate? No. It is completely voluntary

Is it confidential? Yes. Everything you discuss is confidential

How do I sign up? Talk with program staff to sign up for a group at either 10:30-12:00 or 1:00 –2:30 Monday – Friday

Questions? Please email Carolyn Sutherby: sutherb2@msu.edu

APPENDIX A

Research Study Informed Consent

Purpose and Consent: I want to be sure you are adequately informed about the subject of the research. Specifically, I am asking for your consent to participate in a research project about “how mothers reportedly navigate an alternative to incarceration intervention and how this compares to any previous incarceration experience”.

The purpose of the study is to learn about **YOUR** perspectives and experiences as a mother who participated in an alternative to incarceration (ATI) intervention. I am also interested in learning about how your participation at [the agency] affected your relationship with your children and your impressions of being involved in an ATI compared to incarceration.

The study is conducted by Carolyn Sutherby, ABD, LMSW, ACSW as part of her dissertation to partially fulfill the requirements for the degree of Social Work- Doctor of Philosophy at the School of Social Work at Michigan State University. Joanne Riebschleger, PhD, LMSW, ACSW is the primary investigator and I am working under the direction of Dr. Riebschleger at the MSU School of Social Work.

Data from the study will be used to build knowledge about how mothers experience an alternative to incarceration intervention. The data may also be used to enhance diversion services for mothers involved in the criminal/system and encourage the development of future alternative to incarceration interventions. You are here because you are currently participating or have graduated from [the agency].

What to Expect: Today's meeting is a focus group consisting of mothers who are currently participating in or have graduated from [the agency]. The focus group will take about 90 minutes. We will ask you some basic questions and ask you to respond. The interviewer (me) and research assistant will be taking notes during the focus group to gather your comments and ideas. The focus group will also be audio recorded to accurately capture what is said. If you participate in the study, you may request that the recording be paused at any time. You may choose how much or how little you want to speak during the group. You may also choose to leave the focus group at any time. At the end I will quickly check in with you from my notes to make sure I got things right. Then we will be done.

Voluntary participation: Participation in this research project is **entirely voluntary**. You may choose not to participate in the project. You may choose to not participate in certain procedures, or to answer questions, to answer parts of questions, or to discontinue participation at any time. There is no penalty for refusing to participate or discontinuing participation.

Benefits and Risks: There is no known direct benefit to you for participation in this study. The only benefit will be contributing to knowledge about the lived experiences of mothers participating in an alternative to incarceration intervention. In the future, this may help other mothers to understand what your experience was like and possibly inform alternative to incarceration programs. Participation in the research project will not affect your involvement at [the agency] or status with the Department of Corrections. It is possible that talking about your involvement at [the agency] particularly regarding your behavioral health history, criminal legal involvement and/or your children, will bring up unpleasant thoughts and/or emotions. If you are not comfortable talking about a particular issue or answering a question, you may choose to not

participate and/or to not answer. Additionally, [the agency] staff will be available to process with you at any point during or after the focus group.

Confidentiality: Your confidentiality will be protected to the full extent of the law. No information shall be released that can identify you. I would like to remind you to respect the privacy of your fellow participants and not repeat what is said in the focus group to others. Reports of study findings will not include any identifying information.

Exceptions to confidentiality: If someone should reveal that she was intending to hurt herself or someone else, I cannot keep that confidential. If someone reveals information about abuse of a child who is currently 17 years or younger, I am required by law to report that as well. Finally, it is possible that staff from the Human Protection Program of Michigan State University may audit my records for compliance with ethical research standards.

Data Protection: The notes I take today shall be typed and stored in a locked file cabinet in the office of Joanne Riebschleger. They will be stored there until such time as they are destroyed.

Incentive: Participants will be offered an incentive of a \$20 gift card. Before we are finished today, the interviewer will arrange with you to receive this card and to initial a receipt.

Contacts: If you have concerns or questions about this study, such as scientific issues, how to do any part of it, or to report a research-related injury (i.e., physical, psychological, social, financial, or otherwise), ***please contact the primary investigator Joanne Riebschleger, at:***

Social Work Department
Michigan State University

254 Baker Hall,

East Lansing, MI 48823

E-mail: riebsch1@msu.edu or Work Phone: 517-353-9746

If you have questions or concerns about your role and rights as a research participant, would like to obtain information or offer input, or would like to register a complaint about this study, you may contact, anonymously if you wish:

Michigan State University's Human Research Protection Program

4000 Collins Rd, Suite 136

Lansing, MI 48910

Phone: 517-355-2180

Fax: 517-432-4503

Email: irb@msu.edu

The researcher explaining the form will read aloud slowly and then do the check-in to see if the participants appear to understand. **PLEASE BE SURE TO GIVE THE PARTICIPANT A BLANK COPY OF THIS DOCUMENT.**

Consent: By continuing to participate in this focus group, you indicate your agreement to participate in this study. You will be given a copy of this form if requested, whether you agree to participate or not. I have read the consent form and all my questions about the study have been answered. I understand that the focus group will be recorded. I agree to participate in this study.

APPENDIX B

Semi-Structured Focus Group Questionnaire

Okay, so we just finished talking about the voluntary nature of your participation in this focus group and your rights as a human subject. For example, you have the right to answer, or not answer, any or all questions.

The purpose of this focus group is to explore your experiences of participating in an alternative to incarceration (ATI) program. I am especially interested in learning your thoughts about ATI's for mothers and the impact that incarceration can have on mothers and children. I will ask you what **YOU** think about these topics.

I have eight topic questions and an "other" kind of question. I will start with asking questions in general about women in the criminal justice system and alternatives to incarceration. Next, we will discuss specifics about mothers, and then I will ask about your personal experiences at [the agency] and other criminal legal involvement that you may have had. Women involved in the criminal/legal system have individual situations, but research has found many commonalities. When we talk about women in general you can speak to what you think about it, even if it is different than your own experience. You will have time to talk about your own personal experience too. After we get through all the questions, we will spend a few minutes discussing our notes with you because we want to capture what you have said correctly. This is called "member-checking." We want you to tell us if we got anything wrong because it is very important that we document **YOUR** perspective.

Introduction:

Let's get started by going around the table and telling us how long you have been participating in programming here and what phase you are in.

Transition Statement: Thanks. In this group, we'll be discussing women and mothers who are involved with the criminal/legal system. Although men have important issues related to criminal justice, this study only focuses on women. So, we are all on the same page during the discussion I'll define some key terms. For this study, a **mother** is a woman who is the legal parent of a minor dependent child and who desires to maintain custody and parenting responsibilities of her child. **Criminal/legal system involvement** is contact with law enforcement, lawyers, courts and corrections at all stages of criminal proceedings i.e. arrest, court, probation, ATI, incarceration, parole, etc. **Alternatives to incarceration** are "any kind of punishment or treatment other than incarceration given to a person who commits a crime". This is different than someone currently incarcerated who receives a reduced sentence if they complete treatment like work release, drug court, residential substance use treatment, etc.

***Transition to question one:** Women can come into the criminal/legal system for reasons different from men. Mothers sometimes face obstacles that are unique from women without children. In general, I'd like to hear your thoughts on the issues that can bring women into the criminal/legal system. I'll ask about your individual needs later, but right now, we'll talk about women in general.*

Question #1 Risk Factors

What do you think are the main reasons that women become involved in the criminal/legal system?

Possible probes:

- How do you see mental health, trauma, and substance abuse playing a role in women's lives that are involved in the criminal/legal system?
- Discuss domestic violence, racism, poverty, lack of education.
- Talk about how these concerns could best be addressed.
- Discuss ways if any, that incarceration can help women with these issues.

- How are men and women in the criminal justice system similar and different?
- How are mothers and non-mothers in the criminal justice system similar and different?

Transition to question two: Using the definition of ATI as any kind of punishment or treatment **other than** incarceration, I'd like to hear your thoughts on how alternatives to incarceration can affect women. I'll ask about you later, but first we'll discuss women in general.

Question #2: General ATI

What are the pros and cons of an alternative to incarceration option for women?

Possible probes:

- Talk about why or why not ATI should be an option for a woman who commits a crime.
- What are some reasons why someone would want to participate in an ATI?
- What are some reasons why someone would not want to participate in an ATI?
- Discuss your thoughts on how you think the general public feels about ATI for women.
- How do you see ATI impacting women's employment, housing, and relationships with friends/family?

Transition to question three: Now that we've discussed ATI in general, let's move on to talking specifically about mothers. Later I'll ask about your personal experience as a mother but first I'd like to understand more of your thoughts on what mothers need when they are facing incarceration. As mentioned earlier mothers may have unique needs, so I'd like to hear what you think about this.

Question #3: Mothers Needs

When a mother is facing incarceration, what do you think are some of her main needs?

Possible probes:

- Discuss any issues of employment, housing, child-care, education, finances.
- Talk about mothers being separated from their children.
- What do you think mothers need in terms of maintaining contact with their children?
- Discuss mothers enjoying a break from parenting or other responsibilities when they are incarcerated.
- What about other relational needs such as partners/spouses, parents, siblings etc.?
- What about substance use or mental health treatment?
- Any needs regarding trauma or domestic violence treatment?

Transition to question four: Thank you for this information. Now that you've identified some need's, let's talk about the kind of support you think could help meet the needs of mothers who are participating in an ATI. In a minute, you'll get to share your own story of needs/supports, but first let's think about supports for mothers in general.

Question #4: Support

What kind of support do mothers need in an ATI?

Possible probes:

- Discuss education, employment, housing, childcare supports.
- Share your thoughts about transportation assistance.
- How do you think case managers, social workers, counselors etc. fit into ATI?
- Talk about the role of probation/parole officers.
- Discuss services for mental health, trauma, substance use and domestic violence.
- Share your thoughts on parenting education and/or services for children.

Transition to question five: Great, that was the last question about general information, and now I'll ask about your personal experiences at [the agency].

Question #5: Perceived Strengths and Challenges

As a participant of [the agency], what would you say are some strengths and challenges of the program?

Possible probes:

- Talk about what you liked at [the agency].
- What parts of the program helped you?
- What parts of the program were not helpful?
- Talk about what was convenient and inconvenient about the ATI.
- To what extent did the ATI help your children? If so, how?
- To what extent were you able to maintain a relationship with your child (ren)?
- Describe the positive and negative aspects of counseling services you received.
- Talk about how staff treated you.
- What kinds of rules were in place?
- Discuss barriers you experienced to completing programming at [the agency].
- To what extent did you miss or attend your child (rens) activities due to ATI requirements?
- Talk about any services you had to participate in that you didn't need or want.
- How much would you say staff understand the needs of women in the criminal justice system?

Transition to question six: *We talked about some of the strengths and challenges of [the agency], now we'll spend time discussing the affect that incarceration can have on relationships between mothers and children. Some people say that incarceration can be a "wake up call" and in this case might be helpful for children if it causes their mother to "get serious" and stop committing crimes. Others argue the negative effects of incarceration do not outweigh the positives. Think about the connection you have with your children and how it has changed or stayed the same while at [the agency].*

Question #6: Children of mothers at [the agency]

How do you think your participation in [the agency] affected the relationship you have with your children?

Possible Probes:

- Describe the contact you had with your children.
- Tell me about things you and your child (ren) enjoy doing together.
- How well do you get along with your child (ren)?
- How would you describe your relationship with your child (ren)?
- Describe your connection with your children while you were at [the agency].
- How did the ATI requirements impact your child (ren)?
- Among the children whose mothers are at [the agency], talk about their mental health, behavioral and/or medical needs.

Transition to Question seven: *Thank you for sharing information about your children. Let's move on to the topic of incarceration versus alternative to jail or prison. I'd like to know how your experience at [the agency] compared to times you've been incarcerated.*

Question #7: Comparisons

How does [the agency] compare to previous incarceration?

- What do you see as similarities between [the agency] and incarceration?
- How did the ATI compare to jail/prison in terms of your relationship with your child (ren)?
- How frequently did you have contact with your children while in jail/prison?
 - If so, what was it like?
 - If not, how come?
- Discuss differences about [the agency] and incarceration.
- To what extent do you think being incarcerated, affected your child (ren)?
- Talk about how you think [the agency] compares to jail/prison in terms of your mental health/substance use treatment.
- Talk about how staff at [the agency] and criminal justice staff treated you.
- How do you think reentering to the community from jail/prison compares from reentering after [the agency]?

Transition to question eight: *Now I'd like your opinion on the best kind of services for mothers involved in the criminal/legal system **other than** incarceration. For this question imagine you have a magic wand and could wave it to create a service/program for mothers who commit a crime, but do not go to jail or prison. You don't have to worry about finances, transportation, childcare, employment etc. It can include anything and everything you believe is important for mothers.*

Question #8: Ideal Situation

If you could create the perfect way for mothers who have committed a crime to avoid incarceration what would it be?

Possible probes:

- What if anything can be done to prevent mothers from committing a crime in the first place?
- How should the Police, Court or Department of Corrections be involved?
- What are your thoughts on probation?
- What are your thoughts on electronic monitoring/tethers for mothers?
- What do you think about the option to pay fines instead of going to jail/prison?
- What do you think about completing community service instead incarceration?
- What are your thoughts on mothers living with their children after they commit a crime instead of going to jail or prison?
- What do you think about Police, Attorneys, Department of Corrections, referring someone to counseling for mental health, trauma and/or substance use disorders instead of sending mother to jail/prison?
- What do you think is the best way for criminal justice agencies to decide the kinds of support/services mothers need?

Transition to Question nine. *The next question is for you to add any information that you think is important that we may not have talked about today. You may also have some additional thoughts to share about our previous discussion.*

Question #9: What else would you like to share about your experience at [the agency]?

Possible probes:

- What did I forget to ask you today?
- What else do you think is important to mention?

Member Checking. Okay, thank you. This is the checking-in part that I told you about earlier. The research assistant and I will look at our notes and tell you what we thought we heard you saying in response to the questions asked. Your job is to let us know if we are getting it right. Please tell us how much we seem to understand what you meant to say. If something seems not quite right, please stop us and explain it. I will fix it. If you have additional things to share, it is okay to do so.

APPENDIX C

Semi-Structured Focus Group Questionnaire Updated

Okay, so we just finished talking about the voluntary nature of your participation in this focus group and your rights as a human subject. For example, you have the right to answer, or not answer, any or all questions.

The purpose of this focus group is to explore your experiences of participating in an alternative to incarceration (ATI) program. I am especially interested in learning your thoughts about ATI's for mothers and the impact that incarceration can have on mothers and children. I will ask you what **YOU** think about these topics.

I have eight topic questions and an “other” kind of question. I'll start with asking questions in general about women in the criminal/legal system and alternatives to incarceration. Next, we'll discuss specifics about mothers, and then I'll ask about your personal experiences at [the agency] and other criminal legal involvement that you may have had. Women involved in the criminal/legal system have individual situations, but research has found many commonalities. When we talk about women in general you can speak to what you think about it, even if it is different than your own experience. You'll have time to talk about your own personal experience too. After we get through all the questions, we'll spend a few minutes discussing our notes with you because we want to capture what you've said correctly. This is called “member-checking.” We want you to tell us if we got anything wrong because it is very important that we document **YOUR** perspective.

Introduction:

Let's get started by going around the table and telling us how long you have been participating in programming here and what phase you are in.

Transition Statement: Thanks. In this group, we'll be discussing women and mothers who are involved with the criminal/legal system. Although men have important issues related to criminal legal, this study only focuses on women. So, we are all on the same page during the discussion I'll define some key terms. For this study, a **mother** is a woman who is the legal parent of a minor dependent child and who desires to maintain custody and parenting responsibilities of her child. **Criminal legal involvement** is contact with law enforcement, lawyers, courts and corrections at all stages of criminal proceedings i.e. arrest, court, probation, ATI, incarceration, parole, etc. **Alternatives to incarceration** are "any kind of punishment or treatment other than incarceration given to a person who commits a crime". This is different than someone currently incarcerated who receives a reduced sentence if they complete treatment like work release, drug court, residential substance use treatment, etc.

***Transition to question one:** Women can come into the criminal/legal system for reasons different from men. Mothers sometimes face obstacles that are unique from women without children. In general, I'd like to hear your thoughts on the issues that can bring women into the criminal/legal system. I'll ask about your individual needs later, but right now, we'll talk about women in general.*

Question #1 Risk Factors

What do you think are the main reasons that women become involved in the criminal/legal system?

Possible probes:

- How do you see mental health, trauma, and substance use disorders playing a role in women's lives that are involved in the criminal/legal system?
- Discuss domestic violence, racism, poverty, lack of education.
- How are men and women in the criminal/legal system similar and different?
- How are mothers and non-mothers in the criminal/legal system similar and different?

Transition to question two: Thank you for this information. Now that you've identified some reasons why women come into the criminal/legal system, let's talk specifically about your experience at [the agency].

Question #2: Perceived Strengths and Challenges

As a participant of [the agency], what would you say are some strengths and challenges of the program and specific supports you received?

Possible probes:

- Talk about what you liked at the agency.
- What parts of the program helped you?
- What parts of the program were not helpful?
- Talk about what was convenient and inconvenient about the ATI.
- To what extent did the ATI help your children? If so, how?
- To what extent were you able to maintain a relationship with your child (ren)?
- Describe the positive and negative aspects of counseling services you received.
- Talk about how staff treated you.
- What kinds of rules were in place?
- Discuss barriers you experienced to completing programming at the agency.
- Talk about any services you had to participate in that you didn't need or want.
- Discuss education, employment, housing, childcare supports.
- Share your thoughts about transportation assistance.

- Talk about the role of probation/parole officers.
- Discuss services for mental health, trauma, substance use and domestic violence.
- Share your thoughts on parenting education and/or services for children.

Transition to question three: We talked about some of the strengths and challenges of [the agency], now we'll spend time discussing the affect that incarceration can have on relationships between mothers and children. Some people say that incarceration can be a "wake up call" and in this case might be helpful for children if it causes their mother to "get serious" and stop committing crimes. Others argue the negative effects of incarceration do not outweigh the positives. Think about the connection you have with your children and how it has changed or stayed the same while at [the agency].

- Describe the contact you had with your children.
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- How well do you get along with your child (ren)?
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How does [the agency] compare to previous incarceration for you?

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- Talk about how you think [the agency] compares to jail/prison in terms of your mental health/substance use treatment.
- Talk about how staff at [the agency] and criminal legal staff treated you.
- How do you think reentering to the community from jail/prison compares from reentering after [the agency]?

Transition to question eight: Now I'd like your opinion on the best kind of services for mothers involved in the criminal/legal system **other than** incarceration. For this question imagine you have a magic wand and could wave it to create a service/program for mothers who commit a crime, but do not go to jail or prison. You don't have to worry about finances, transportation, childcare, employment etc. It can include anything and everything you believe is important for mothers.

Question #8: Ideal Situation

If you could create the perfect way for mothers who have committed a crime to avoid incarceration what would it be?

Possible probes:

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- What are your thoughts on electronic monitoring/tethers for mothers?
- What do you think about the option to pay fines instead of going to jail/prison?
- What do you think about completing community service instead incarceration?
- What are your thoughts on mothers living with their children after they commit a crime instead of going to jail or prison?
- What do you think about Police, Attorneys, Department of Corrections, referring someone to counseling for mental health, trauma and/or substance use disorders instead of sending mother to jail/prison?

- What do you think is the best way for criminal legal agencies to decide the kinds of support/services mothers need?

Transition to Question nine. *The next question is for you to add any information that you think is important that we may not have talked about today. You may also have some additional thoughts to share about our previous discussion.*

Question #9: What else would you like to share about your experience at [the agency]?

Possible probes:

- What did I forget to ask you today?
- What else do you think is important to mention?

Member Checking. Okay, thank you. This is the checking-in part that I told you about earlier. The research assistant and I will look at our notes and tell you what we thought we heard you saying in response to the questions asked. Your job is to let us know if we are getting it right. Please tell us how much we seem to understand what you meant to say. If something seems not quite right, please stop us and explain it. I will fix it. If you have additional things to share, it is okay to do so.

APPENDIX D

Demographic Questionnaire

1) What is your age? _____

2) What is your gender?

☐ Female

☐ Male

☐ Other (Please describe)_____

3) What city and state do you live in? _____

4) How many of your children are you currently the primary caretaker of?

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6 or more

5) How many of your children are currently not in your custody?

☐ 1

☐ 2

☐ 3

- ☐ 4
- ☐ 5
- ☐ 6 or more

6) What are the ages of your children? _____

7) What is your current relationship status?

- ☐ Married
- ☐ Engaged
- ☐ Living together
- ☐ Dating
- ☐ Single

8) What is the highest grade or level of school completed?

- ☐ Have not graduated from high school
- ☐ High School Diploma/GED
- ☐ Some college
- ☐ College degree
- ☐ Graduate degree

9) What is the total household annual income?

- ☐ Less than 5,000
- ☐ 5,000 – 19,000
- ☐ 20,000 - 29,000

- ☐ 30,000 – 39,000
- ☐ 40,000 – 49,000
- ☐ 50,000 – 59,000
- ☐ 60,000 – 69,000
- ☐ 70,000 – 100,000
- ☐ Over 100,000

10) What is your ethnicity (Check all that apply)?

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other_____

11) What is your work status?

- ☐ Full time
- ☐ Part-time
- ☐ Not employed outside of the home

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