Mothers' Reentry into Family Life Following Incarceration

Joyce A. Arditti
April L. Few
Virginia Tech, Blacksburg, VA

The experiences of a group of mothers reentering the community after a period of incarceration are explored. The authors are particularly interested in how incarceration and subsequent reentry influence mothers' family relationships and primary risk and protective factors. Eighty-min interviews are conducted with 28 women probationers who had at least one minor child and had undergone incarceration at least 2 months prior to release. Descriptive analyses reveal that mental health risks characterize many mothers in this study, resource adequacy and parenting stress are significantly related, and family support is an important factor in successful reentry. It also appears that incarceration, even for short periods, is associated with shifts in family configuration on mothers' release by increasing the likelihood of divorce and decreasing the likelihood that mothers will reside with the father of at least one of their biological children. Implications for intervention and directions for future research are discussed.

Keywords: incarceration; mothers; family life; prisoner reentry

Each year, more than 600,000 inmates are released from prisons and jails, and many will reconnect (or attempt to reconnect) with spouses, former spouses, and children (Uggen, Thompson, & Manza, 2001). Increasingly, this population is composed of mothers. Women are the fastest growing prison population and the women's population continues to expand at a rate higher than that of men (Bureau of Justice Statistics, 1999; Donzinger, 1996). The topic of reentry into family life is an important element of criminal justice policy given that those who maintain family ties and reenter family life successfully after incarceration are less likely to be rearrested (Petersilia, 2003). Additionally, successful return to family life may lessen the burden on state welfare programs and reduce the numbers of children growing up in recurring cycles of poverty.

Critics argue that the increasingly punitive focus of contemporary criminal justice policy, rather than a dramatic growth or change in women's criminality, is responsible for the increase in women being given incarcerative sentences. Indeed, it has been sug-

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gested that the roots of women's criminality can be found in their own histories of political, social, and economic marginalization (Snyder, Carlo, & Coats Mullins, 2001). Women offenders brought into the criminal justice system are disproportionately poor, of color, undereducated, and have been subjected to physical, emotional, and/or sexual abuse at some point in their lives (Chesney-Lind, 1997). In particular, young, poor African American women are at high risk for victimization and stigmatization through these multiple avenues because of the greater possibility they come from families, or are in intimate relationships, that are characterized by domestic violence, economic uncertainty, and substance abuse (Adalist-Estrin, 1986; Johnson & Young, 2002).

Literature Review

Feminist scholars have argued that theorizing, empirical study, and programmatic intervention related to incarceration and reentry have been based on a male model that ignores the unique circumstances of women offenders in the criminal justice system (Boyd, 2004; Covington & Bloom, 2003; Enos, 2001). Thus, researchers have turned their attention to issues related to women's criminal trajectories and how they may manage family obligations and mothering identity (Chesney-Lind, 1997; Enos, 2001; Owen, 2003).

Prison confinement and subsequent reentry presents mothers with special challenges. Most notable among these challenges is the placement of children during their incarceration. The majority of female inmates have children; approximately 80% of female inmates have at least one child, and close to 70% have children younger than 18 years of age. Moreover, most female inmates have primary responsibility and legal custody of their children (Austin & Irwin, 2001). And despite separation from children, most women plan on residing with their children and resuming their mothering role following release (Hagan & Dinovitzer, 1999). Women's need to maintain bonds with children during confinement and after incarceration can result in considerable stress, anxiety, and negative adjustment (Austin & Irwin, 2001). Indeed, Enos's recent work (2001) suggests that female inmates mother under severe stress and with extremely limited resources. These difficulties heighten the need for a community-based approach to risk management following reentry aimed at strengthening mothers' support systems (Travis, Solomon, & Waul, 2001).

Separation from children is believed to be the most damaging aspect of women's imprisonment (Covington & Bloom, 2003). Research documents the multiple barriers associated with maintaining healthy mother and child relationships during imprisonment and following reentry. For example, many mothers are incarcerated far from home and have limited contact with their children during their confinement (Bloom & Steinhart, 1993; Costa, 2003; Hagan & Dinovitzer, 1999). It is not surprising that following release, reestablishing relationships with children after incarceration is difficult. Research shows that maternal incarceration results in emotional, financial, and

social suffering for offspring and that, more often than not, mother child relationships are beyond repair after incarcerative sentences (Travis et al., 2001).

The enactment of mothering is altered dramatically during women's incarceration, and mothers' identities are changed. Such alterations likely have a profound influence on mothers' family and community relationships after incarceration. Feminists underscore the importance of mothering discourse, which emphasizes the naturalness, satisfaction with, and absorption that characterizes motherhood. Enos (2001) points out that such discourse obscures the complex situations for all mothers and the ways that inmate mothers define "good mothering" and develop strategies that fit these ideas. Thus, many female offenders may struggle with issues related to social stigma resulting from incarceration and the discontinuity between one's identity as a prisoner and cultural prescriptions regarding motherhood. Moreover, reentry mothers face additional challenges beyond stigma. These challenges often include serious health problems such as emotional disorders, a history of physical or sexual abuse, and long-term substance abuse problems (Owen, 2003; Travis et al., 2001). Furthermore, because reunification with children is a major consideration for many reentry mothers, support requirements (e.g., economic, medical, etc.) of these women are fairly intense so to include the needs of their children (Covington & Bloom, 2003). Indeed, without strong support from family, friends, and community, many mothers fall into "a life of substance abuse and criminal activity" (Covington & Bloom, 2003, p. 13).

Aim and Scope of Study

Although the literature provides some clues regarding the nature of incarcerated motherhood and descriptions of the typical female offender, much remains to be learned about women's reentry into family and community life after incarceration. Our approach was contextual in that we acknowledged the stigma associated with women's involvement in the criminal justice system and suspected that stigma might even be intensified for female offenders with children because of cultural ideals associated with motherhood. We theorized that stigma may contribute to a lack of social support, ambiguous relationships, and undermine already compromised mother and child relationships following reentry (see for example, Arditti, Acock, & Day, 2005). We also considered the implications of a multiple risk and protective factor approach. Such an approach emphasizes the importance of a variety of internal and contextual factors that either increase or decrease the risk of negative outcomes (Bronfenbrenner, 1977, 1995). For example, mothers would be at greater danger for depressive symptoms when there are many risks and few protective factors (Mazure, Keita, & Blehar, 2002). The following research questions guided this study:

1. What are the primary risk factors for reentry mothers?
2. How does incarceration and subsequent reentry influence mothers' perceptions of their parenting roles and their relationships with their children?

3. What kinds of protective factors are helpful to mothers as they navigate the reentry experience? Specifically, what is the nature of mothers' use of community resources and their perceptions of community and familial response?

Method

Recruiting Participants

We conducted an 80-min interview with 28 reentry mothers who were referred by the Western Regional Probation and Parole office located in Roanoke, Virginia, and Radford, Virginia. The following criteria defined participation in the study: (a) women had at least one minor child, (b) women had undergone a period of at least 2 months of incarceration prior to release, and (c) women's probation was currently active between the period of October, 2003, to June, 2004. We focused recruiting our efforts in District 15 (Roanoke, Virginia) and District 28 (New River Valley, Radford, Virginia) because of their geographic proximity to the university where the research was based.

We originally targeted 50 women to interview based on earlier Department of Corrections projections in the two probation regions that served as pilot sites for the study. However, we underestimated the difficulty connected with recruiting participants for the study. First, we were dependent on the Department of Corrections district offices to generate a list of potential participants. Once the list was generated, we were all surprised to learn that the sample pool eligible for study was actually quite limited because of two basic reasons: (a) many female felony offenders in both regions were given probation without serving any incarcerative sentence and (b) if they were incarcerated, the majority of female felony offenders served relatively short sentences. The scarcity of women offenders with children serving incarcerative sentences during 6 months, which was our original criteria for time served, was particularly pronounced in Region 15 (Roanoke).[1] Thus, after consultation with the Chiefs of Probation in both regions, we adjusted our criteria in response to this situation, and women who were incarcerated for as little as 2 months were eligible to participate. Previous research suggests that family systems are severely stressed by even relatively short periods of incarceration (Carlson & Cervera, 1992), and we anticipated that even a 2-month sentence would significantly affect women's family relationships. Reducing the criteria to 2 months rather than 6 months broadened our pool somewhat; however, certain barriers still existed, most notably, transportation, employment, or child care. Despite these challenges, our pooled response rate was approximately 65%. Our response rate by district was 86% for District 28 and 45% for District 15. We conducted interviews until we exhausted the lists we had from both regions.

Methodologically, it is important to learn from this experience when conducting future research and establishing criteria for inclusion. Based on the notable difference in our response rates between the two regions, we speculate that transportation was more problematic for probationers in Roanoke. We also seemed to have more direct communication and scheduling assistance in the New River Valley highlighting the important role probation personnel play in facilitating or hindering research efforts.

Procedures

Probation personnel at each district contacted the participant and set up the interview. Staff in each district had an interviewing schedule that delineated specific times that interviewers would be available to talk with participants. In our preliminary meetings with probation personnel, we emphasized the importance of having staff convey to potential participants that interviews were voluntary and not in any way connected to the probation requirements. We furthermore emphasized women's choice in participating when going over the informed consent materials with potential interviewees. Mothers who were interested in participating in the study met with the interviewer at the designated time in space available at the probation office in their respective districts.

Interviewers included one master's level human services professional and three doctoral level graduate students. Additionally, one undergraduate student accompanied each interviewer to assist with the process and take field notes. All graduate interviewers had clinical training and all students participated in a series of training sessions led by the authors. During these sessions, students were instructed on the details of the survey, interview strategies, the purpose and implementation of the informed consent materials, the time to terminate an interview, the procedures for recording data, and the safety precautions for visiting the probation offices. Mock interviews were held before interviewers engaged participants. All participants were paid a $25 stipend.

During these interviews, we gathered data about the (a) background characteristics of the mother; (b) family relationships during the period of incarceration and after release; (c) risk factors such as the prevalence of clinical depression, substance abuse, family violence, and parenting stress; (d) and protective factors such as the availability and use of family and community support and mothers resource adequacy.

The Interview

The interview was designed to gather psychosocial, health, familial, and economic information from participants. Particular emphasis was given to parent and child relationships. Specifically, research has shown that parental stress is a significant factor which not only affects family functioning but is also associated with a parent's depressive and somatic symptoms. Furthermore, high levels of parental stress are associated with dysfunctional parenting practices and abuse (for example, see Cheung, 2000). Thus, great care was taken to ground the elements of the interview in family theory and previous empirical work. Many items on the interview were drawn from an interview piloted with family members visiting male inmates (Arditti, Lambert-Shute, & Joest, 2003) and an interview piloted with male probationers (Day, Acock, Arditti, & Bahr, 2005). Modifications were made on certain questions to make them applicable to female probationers. Additionally, various risk and protective factors were assessed using the following measures.

Risk Factors

Depression. The Center for Epidemiologic Studies Depression Scale (CES–D; alpha =.85; see Radloff, 1977) is a widely used screening tool for clinical depression that has validity in both urban and rural populations. The CES–D is a short structured self-report 4-point Likert-type measure sensitive to depressive symptomology and its frequency. Sample items included, "I was bothered by things that usually don't bother me," "I felt lonely," and "I could not get going."

Parenting stress. Research has shown that parental stress is a significant factor in parental functioning and psychological adjustment. Additionally, parental stress contributes to a parent's depressive symptoms (Cheung, 2000). Thus, we used the Parenting Stress Scale (PSS; Berry & Jones, 1995; alpha = .84) to assess mothers' parenting stress. The PSS is highly reliable, both internally and with time, and related to general measures of stress (Berry & Jones, 1995). Samples of the 18-item scale included "caring for my children sometimes takes more time and energy than I have to give" and "I feel overwhelmed by the responsibility of being a parent."

Protective Factors

Social support. Social support has been linked to a variety of positive outcomes, including adaptive coping, parental competence, and better psychological adjustment. Supportive relationships with family members and significant others are seen as particularly relevant for individuals with high levels of life stress and can be viewed as an important protective factor because support buffers persons from the otherwise adverse impact of negative experiences (Orthner, Jones-Sanpei, & Williamson, 2004; Wills, Blechman, & McNamara, 1996). It has been suggested that the perception of social support is an important element of one's appraisal of and subsequent coping with stress. The Perceived Social Support Families and Friends Scale (Procidano & Heller, 1983; alpha = .89) was designed to measure the extent to which an individual perceives that his or her needs for support, information, and feedback are fulfilled by friends and family. Sample items include "my friends give me the moral support I need," and "I rely on my family for emotional support."

Family resource adequacy. Similar to social support, the sufficiency of family resources can be conceptualized as an important protective factor relative to family functioning (Orthner et al., 2004). The general consensus among family scholars is that economic pressure and resource inadequacy seriously undermine family adaptation and heighten the risk of aversive and inconsistent parenting (Henderson, Hetherington, Mekos, & Reiss, 1996). We administered the Family Resource Scale (Dittmeier & Dunst, 2001; alpha = .92), which assesses the adequacy of different resources in households with children. Specifically, the 5-point Likert-type questionnaire, consisting of 30 items, assesses the sufficiency of resources such as food and shelter,

finances, time for family, extrafamilial support, child care, specialized child resources, and luxuries. The scale includes 31 items rated on a 5-point scale ranging from *not at all adequate* to *almost always adequate.* Higher scores suggest more adequate levels of support and resources (the highest score being 155).

Results

The thrust of our analysis was descriptive. We used SPSS for quantitative analyses, and we also performed a qualitative content analysis using NVIVO software. Although we began the study with certain research questions consistent with a qualitative, exploratory paradigm (Rossman & Rallis, 1998), thematic content was emergent and centered on mental health issues, the impact of incarceration on family relationships, visitation experiences, and reentry challenges. Our preliminary findings begin to address our research questions about mothers' experiences reentering their families and communities after incarceration. Of particular interest are findings related to mothers' mental health, histories of family violence, and addiction.

Participant Characteristics

The mothers in our study were approximately 35 years old (SD = 8.7) and had about 2.4 children from more than one union. All mothers in the study were asked to identify a target child (the child who they were most concerned about) and a target father (the biological father of the target child) in an effort to explore the quality of parent and child relationships. The average age of the target child was 11 years old (SD = 6.5; mode = 5 years). Fifty-seven percent of the target children were male. About 18.5% of the mothers in our study were African American. The remaining 81.5% defined themselves as Caucasian. Approximately 46% of the women in our study were high school graduates. Sixty-one percent reported that they resided with the target father prior to incarceration; this percentage declined to 32% following their release from prison or jail. Mothers in our study were incarcerated for their most recent conviction an average of approximately 14 months (SD = 15.4; mode = 3 months). Forty-three percent of the women reported that they had at least one prior felony conviction. At the time of the interview, participants had been released and on probation in their respective community an average of 10 months (SD = 6.7). There were no significant differences between the regions in terms of the length of time since completing their incarcerative sentences.

Mothers were incarcerated for a variety of reasons, ranging from writing bad checks to second-degree murder. Fifteen (53.6%) mothers reported that they had been charged with felony offenses, which included welfare fraud, embezzlement, grand larceny, forgery, arson, breaking and entering, second-degree murder, or a combination of these. Misdemeanor charges were reported by the majority (71.4%) of mothers. Misdemeanors included violations such as shoplifting, DUI, drug possession, writing bad checks, and petty larceny. Drug offenses (n = 7) were the most frequently reported

cause for incarceration followed by technical probation violations ($n = 6$). Forty-three percent of the participants reported being charged with more than one offense for their most recent conviction.

Mental Health Risks

Three key mental health risks that emerged in our data were the likely prevalence of clinical depression, a high incidence of family violence, and struggles with addiction. Our findings connect with existing evidence that indicates a strong and consistent association between psychological distress or depression and domestic violence (Dienemann et al., 2000; Petersen, Gazmararian, & Clark, 2001). In the discussion section of this article, we will address these points as well as the implications of what we label as the "triple threat" of depression, family violence, and addiction.

Depression. All participants were administered the CES–D Scale. Based on the recommended scoring criteria (see Radloff, 1977), 40% of the women in our study were classified as clinically depressed, 8% were classified as somewhat depressed, and 52% of the sample were nondepressed. Field notes and qualitative data highlighted that many women identified themselves as struggling with depression or seemed to display symptomology associated with depression.

Family violence. Domestic violence was a common occurrence for many of the women in this rural sample. The women shared histories of domestic violence in their families of origin and with current intimate partners. More than half of our participants ($n = 16$) admitted to having either experienced or witnessed domestic violence in their families of origin: physical abuse ($n = 7$), psychological abuse ($n = 3$), and/or sexual abuse ($n = 7$). One woman's father was a serial rapist and murderer. In addition to experiencing family-of-origin violence, many women in our sample experienced physical and psychological abuse from either the target father or current intimate partner (who were often times the same person). Fully half of the women in our study reported being physically abused by the father of their child(ren) and their current intimate partner. Psychological abuse amongst couples was also prevalent, with about half of the women reporting that such abuse had been perpetrated either by the father of their child(ren) and 64% reporting such abuse as characteristic of their relationships with their current intimate partner. Current intimate partners were reported to have threatened the lives of 13 women. Our findings concur with the research on incarcerated women who have histories of domestic violence (Browne, Miller, & Maguin, 1999).

Substance abuse and addiction. Perhaps one of the greatest challenges to reentry involved the issue of addiction. About half of the women in our study admitted to having a substance abuse problem. Specifically, 13 women in this small rural sample reported that they were addicted to either alcohol, narcotics, or Oxycontin. Nine of these 13 women participated in substance abuse or rehabilitation programs following

reentry into the community. Seven of the women who admitted abusing alcohol participated in Alcoholics Anonymous. Four of the women were still involved with partners who were addicts. Eight of the women stated that their home environments were not conducive to remaining sober. One woman stated that the hardest thing to do was staying away from drugs and changing her lifestyle for sobriety. Only one woman reported that her intimate partner was supportive of her sobriety and actually attended substance abuse prevention meetings with her.

Family Relationships

Selected characteristics of participants' parent and child relationships are summarized in this section along with information pertaining to family visitation while mothers were incarcerated. We found that custodial arrangements of the women's children were diverse. At the time of the interview, it is worth noting that only 7 of the mothers had full custody of the target child (e.g., the child they were most concerned about). Custodial arrangements were complicated when other children were factored in and included shared custody arrangements (30%), father custody (15%), and custody held by someone other than the biological parents (15%). Our data are incomplete regarding this issue. Indeed, more than a third (37%) of the mothers reported that their children were cared for by their fathers during their incarceration. An additional third of the mothers reported that their children were cared for by maternal grandmothers or other relatives. The remaining third reported that their children were cared for by friends or multiple caregivers.

Relationships with the target father shifted from the time prior to incarceration to the time of the interview, with fewer mothers reporting themselves as married to the target father (7% compared to 14% prior to incarceration) and more mothers reporting themselves as separated or divorced (25% compared to 18% prior to incarceration), friends, or some other type of relational configuration. Twenty-two percent of participants described their relationship with the target father as poor or very poor, and about 48% described it as fair or good. Only 2 participants described their relationships with the target father as excellent. The remaining participants reported having no relationship with the target father.

Global survey items indicated that two thirds of participants interviewed believed that their incarceration had created problems for their family; yet approximately 46% reported that they believed their incarceration had solved certain problems for their family. Qualitative data helped illuminate this issue. All the women reported that incarceration was problematic in that it put a strain on family relationships and created stress for children. However, several women reported that incarceration actually helped strengthen their family ties because the family had to pull together for the well-being of the children and to help her get back on her feet.

Based on previous research on parent and child relationships during incarceration (e.g., Enos, 2001), we assumed that mothers' relationships with their children would be affected by their incarceration, however brief. Thus, it was interesting to note that their responses to global items designed to determine how close they believed they

were to their children prior to incarceration only slightly decreased after their release. The majority of mothers (79%) reported being very close prior to incarceration; after release, 71% still reported being very close. Similarly, scores on selected items from the PSS (Berry & Jones, 1995) revealed only modest levels of reported parenting stress ($M = 8.7$, $SD = 3.1$; highest possible score 25 = *high stress*). We suspect that observational methods in the home context are necessary to gain a more complete picture of parent and child relationships.

Shifts were somewhat more pronounced as a result of incarceration regarding how mothers perceived themselves in terms of their ability to mother. For example, 39% of the participants admitted that they either were not good at being a mother or, more frequently, had some trouble being a mother prior to incarceration. During incarceration, 46% believed they were not a good mother or had some trouble. Following their release, it was interesting to note that only 25% reported that they had some trouble being a mother, and not a single participant reported that they were not a good mother. In fact, 46% of the sample reported they were a very good mother since their release, compared to only 14% during incarceration and 28% prior to incarceration. Thus, these very preliminary findings suggest that identity shifts related to mothering are likely to occur as a result of incarceration.

Finally, contrary to declines in health documented for family members of inmates (see Arditti et al., 2003), participants in our study did not report declining health for their children during their incarceration or since their release. Some mothers (26%) did report their own health had declined since their incarceration and release. However, more than one third of the women (41%) reported that they had been healthier since their incarceration and release.

Family visitation during incarceration. Participants in our study reported that it took their family members a mean of 1.7 hr to travel to the prison from their home ($SD = 1.9$ hr; range of 10 min to approximately 7 hr). Yet more than half of the mothers in our study (54%) reported that they received no visits or only one or two visits per year during their incarceration. This finding is consistent with the empirical data on incarcerated mothers that documented that women inmates are less likely to receive visits from their children than male inmates do (Bloom, 1995). Fourteen percent of the women reported seeing their children less than monthly, 11% reported receiving visits about once a month, and 21% reported seeing their children weekly. Of those mothers reporting visits, almost half seemed to believe that the visits went well or very well (46%) in sharp contrast to what family members who bring children to visit their fathers report (see Arditti et al., 2003). Table 1 summarizes visiting problems reported by mothers.

Primary problems associated with family visiting during incarceration included reports that family visits were too short and infrequent and that children had to endure lengthy waits before seeing their incarcerated mothers. These findings are consistent with other samples of incarcerated parents. Still, visiting problems as reported by our participants seemed less pronounced than those reported by family members of male inmates (who actually bring the children) in a related project. It may be that mothers

Table 1
Visiting Problems

Visiting Problems	*n*	%
Visits were too short		
Frequently a problem	16	61.5
Sometimes a problem	2.3	3.8
Too few visits		
Frequently a problem	11	42.3
Sometimes a problem	5	19.2
Family members had to wait when they got there		
Frequently a problem	7	26.9
Sometimes a problem	2	7.7
Prison staff was harsh or disrespectful		
Frequently a problem	3	11.5
Sometimes a problem	4	15.4
Children did not want to come		
Frequently a problem	0	0
Sometimes a problem	4	17.4
Child care during visits		
Frequently a problem	0	0
Sometimes a problem	2	8
Transportation of family members		
Frequently a problem	1	3.8
Sometimes a problem	1	3.8
Children behaved badly during visits		
Frequently a problem	0	0
Sometimes a problem	1	5
Visits created scheduling conflicts for the father		
Frequently a problem	0	0
Sometimes a problem	1	4.2

Note: Percentages reported only for problem incidence. Inclusion of mothers reporting "never a problem" brings percentage totals to 100%.

minimize the difficulties associated with visitation or, alternatively, visitation is less problematic at facilities for women—a point worthy of follow-up. Still, 27% of participants reported harsh, disrespectful treatment by prison staff during family visits. This finding is consistent with other research on prison visitation, which indicates that poor treatment by prison staff is a serious and widespread problem (Arditti, 2003; Hairston, 1998; Sturges, 2002). Phone calls and letters may have been the primary means of contact for the majority of mothers, including those mothers who did not receive visits. Sixty-five percent of the participants reported weekly or more frequent phone contact with their children, and 55% reported weekly or more frequent contact by letter. Still, more than one fourth of the mothers had minimal contact with their children, either by phone call or letter (25% and 29%, respectively) during their incarceration.

The qualitative data provide insight to women's experience with visitation while they were incarcerated. Overall, the majority of women reported that the visits were too brief to emotionally connect with their children or to discuss major topics with the

caregiver or target father. Four women, who had been held at a jail during their incarceration, disliked the glass barriers between themselves and their visitors. Topics discussed during visitation between mother and child included the following: child's well-being in a home environment, child's experiences at school, child's social support network (e.g., child's friend, caregiver, parent, or relative), child's behavior, feelings between mother and child, and mother's future plans following release. According to the participants, some children expressed fear that their mothers would return to jail. Two women reported being honest about their incarceration with their children. In the case where mothers had contact with the target father, topics discussed between target father and mother during visitation included the following: mother's future plans following release, parenting issues concerning their children, intimate relationship issues, and financial concerns (e.g., debt). Conversations between mother and target caregiver were similar and centered on the child's and the mother's well-being, mother's future goals following release, and family finances.

The Reentry Experience: Life on Probation

We asked the mothers to describe their experiences related to reentering family and community life after incarceration. The women reported on social support and resource viability, community organization and worker responsiveness, their employment and financial status, and the quality of their relationship with probation personnel.

Social support and resources. After their release, the majority of the mothers reported that family members were helpful in providing transportation, emotional support, child care, shelter, and financial assistance. However, six women told us that they received no help from family members. Only two women reported that they did not seek help from family members, friends, or the community. Eight global surveys items drawn from the Perceived Social Support Families and Friends Scale (Procidano & Heller, 1983) were included in the interview and administered to the women. The profile that emerged from frequency distributions on these items suggests that the majority of the women (78%) used their families as confidants and relied on their families for moral support. Friends were also an important source of social support, and 64% of the women reported accessing friends for emotional support, especially with regard to helping them solve problems (75%). Additionally, mean Family Resource Scale (Dittmeier & Dunst, 2001) scores for study participants were 127.8 (SD = 13.9; range of 98 to 150), suggesting moderate levels of support and resource adequacy. Resource inadequacy was significantly correlated with parenting stress (r = –.48, p < .05) with lower levels of resources associated with higher levels of parenting stress.

Community resources and response. Qualitative data revealed that, overall, when women sought community assistance in the form of various state or private programs, they reported that those programs were beneficial to their lives. The majority of women (69%) reported that they were not surprised by a community response (e.g.,

community agencies or community workers) to their reintegration into society. Only one woman spoke negatively about her interactions with her assigned probation officer (PO). Eighteen women reported that their POs were doing a satisfactory job in providing support and connections to community resources.

Qualitative data provided information regarding the use of community resources as well as women's perceptions about the response of their respective communities to their involvement in various program or requests for help. We were surprised to note that almost a third of the women reported that they did not receive community resources or services after they left jail or prison. Drug treatment was the most frequently accessed program. Only one woman reported having attended counseling, and one woman reported participating in a Women Against Violence program. Additionally, one woman attended parenting classes following release. Only two of the women saw education as an accessible resource following reentry; one woman obtained her GED, whereas another attended college classes. We were particularly concerned about whether women were getting the help they needed, given high rates of family violence and depression in this sample. Frequency data revealed that there seemed to be two groups of women in the study—those that did not access community resources and those who did. Women who did access community resources tended to participate in multiple programs.

We asked the women if they experienced any surprises about the accessibility of community organizations or the responses of community workers. Nine women explicitly stated that community organizations have been very helpful in the reentry transition, and several women stated that they were pleasantly surprised with the friendliness of community workers. However, two women claimed that Social Services was not a helpful organization, and another four women stated that community workers have not been supportive and were hostile. Additionally, five women stated that their PO was particularly helpful in making the reentry process more successful. Two women stated that the police were helpful in protecting them from abusive partners.

Employment and financial status. The economic situation for mothers in our study seemed somewhat precarious. The average weekly income for the mothers in our study was \$393 (*SD* = \$298.9; *Mdn* = \$400). Six of the women were receiving child support at the time of the interview; the average amount received monthly varied widely (*M* = \$367; *SD* = \$319). Five of the mothers reported paying child support with monthly payments averaging \$141 (*SD* = \$177.1). The majority of mothers (92%) reported that they currently had fines due to the criminal justice system. Fine amounts averaged \$4,718 (*SD* = \$5,586.8, *Mdn* = \$3,500). Forty-six percent of the women reported considerable financial strain since their incarceration.

Many of the mothers reported that they were looking for work (54%) but a surprising number were not (46%). Fourteen of the mothers we interviewed told us that they had found a job (11 full-time and 3 part-time). The mean length of time it took for participants to find their job was 2 months (*SD* = 2.1). Of those that worked, the majority of the women were employed in a variety of low-paying, service-oriented jobs

(92.3%) and manual labor ($n = 1$). Two women used placement services or job fairs to locate a job. Eight women explicitly stated that their criminal record negatively affected their ability to attain adequate jobs and perceived that employers were reluctant to hire them for this reason. This was perhaps the greatest challenge they faced with regard to employment, as it is for exprisoners nationwide (Petersilia, 2003). Criminal records posed a significant barrier to employment and subsequent resource adequacy post release. Additionally, unstable child care was cited as a reason for unemployment for three women.

Contact with probation personnel. All the participants in our study had a PO and reported having contact with this person since their release from prison or jail. However, the nature of this contact varied widely and was related to the length of time out in the community, especially with regard to the number of times a probationer had phone contact with their PO ($r = .75$, $p < .001$). By far, the most frequent type of contact was phone calls from their PO, followed by office visits. Home visits were relatively rare. Overall, the women in our study rated their POs positively (92%) and reported being very satisfied or satisfied with the job he or she was doing. It is unknown how the interview setting may have influenced participant ratings of their POs, as all interviews were conducted at the probation office of either District 15 or 28, oftentimes with probation staff nearby.

Summary and Recommendations

In summary, we set out to explore mothers' reentry experience with particular interest in risk and protective factors, mothers' parenting roles and relationships with their children, their use of social support, and their economic and resource adequacy during reentry. Key findings that deserve follow-up involve mental health risks that characterized mothers in our study, the connection between resource adequacy and parenting stress, and in general, examining mitigating factors of risk more carefully. For example, it is unknown how visitation during incarceration may mitigate or possibly enhance risk. Many mothers in our study did not see their children while incarcerated yet still believed they had close relationships with them and considered themselves very good mothers post release. Furthermore, our findings suggest that incarceration, even for short periods, is likely associated with shifts in family configuration following mothers' release by increasing the likelihood of divorce as well as decreasing the likelihood that mothers will reside with the father of at least one of their biological children. Such structural and residential shifts run counter to family preservation policy and potentially connect to a host of other outcomes for mothers including economic risk.

Our descriptive evidence suggests social support, particularly by family members, is important in terms of helping mothers get on their feet. Similarly, finding gainful employment is potentially problematic. We noted that mothers' less than optimal financial situation was further intensified by fines due following release.

The Triple Threat

We were most concerned about the prevalence of depression and family violence in our sample as well as women's struggles with addiction. An interesting finding was that although we emphasize the exploratory nature of our study, the profile of many of our study participants is quite similar to descriptions of female inmates from large, nationally representative databases. For example, based on Department of Justice figures, the typical female inmate has been unmarried, has one to three children, is a likely victim of abuse as a child, is a victim of physical abuse, has current alcohol and drug abuse problems, and has had multiple arrests (Austin & Irwin, 2001). Covington (2003) also discusses substance abuse, trauma (often encompassing women's histories of sexual and physical abuse as children or as adults), and mental disorders as critical and interrelated issues affecting female offenders in the system and their reentry experience.

Based on the existing empirical research and scholarship in the area of risk and resilience and our own findings, we conceptualize the presence of these phenomena as a triple threat in terms of the magnitude of risk they pose to women's mental health and healthy parent and child relationships. Given the prevalence of the triple threat amongst the women we interviewed, we were not necessarily convinced that their positive self-appraisals in terms of how well they believed they parented were indicative of how well they parented or their child's well-being. Obviously, further follow-up directly assessing parent and child interaction would be necessary.

Although there are multiple studies that link domestic violence, substance abuse, and incarceration (see for example, Brownsberger, Love, Doherty, & Shaffer, 2004; Staton, Leukefeld, & Webster, 2003), much remains to be done in terms of understanding the specific mechanisms of cause and effect. For example, it is probable that substance use and abuse is what brings many women into contact with the criminal justice system and possibly leads to their incarceration (Donzinger, 1996; Katz, 2001). It is also likely that incarceration may intensify preexisting mental health conditions such as depression. Thus, incarceration may be an outcome associated with the triple threat and further intensify these conditions. Depression, family violence, and substance abuse are rarely independent phenomena and connect with a host of negative family and parenting outcomes as well as the possibility of further victimization (Kilpatrick, Acierno, Resnick, Saunders, & Best, 1997). Estimates of women in drug treatment who have experienced domestic violence are as high as 70% (Dunn, Dunn, & Ryan, 1998). Similarly, drinking and alcohol-related problems have also figured prominently as a risk factor for domestic violence in research during the past 30 years (Caetano, Cunradi, Schafer, & Clark, 2000; Caetano, Schafer, & Cunradi, 2001). In addition, research has also indicated that poor and/or substance-using women who experience domestic violence are likely to have been victimized in multiple contexts, including physical and sexual assault by commercial sex partners, by strangers, and during childhood (Browne et al., 1999; Gilbert, El-Bassel, Schilling, & Friedman, 1997; Hirsch, 2001). Also, sexual abuse of women inmates by prison staff is increasingly becoming a concern of human rights groups (Austin & Irwin, 2001). These

accumulated traumas may further increase women's risk of substance abuse and continued violence in their lives, which may lead to their continued involvement in the criminal justice system, problems with recidivism, and mental health deficiencies.

Additionally, our findings suggest the need to investigate the community and social networks of probationer mothers (Cattell, 2001). It is likely that social and community networks may mediate the relationship among substance abuse, depression, and family violence (James, Johnson, & Raghavan, 2004). The findings of this study suggest the importance of family and friends as sources of social support. Our findings are less clear regarding the community context. It may be that community resources are underused by a certain subgroup of women. Indeed, feminist criminology applications point out that women's experiences are framed by racism and sexism (Jurik, 1999). We believe this extends to women's experiences with regard to probation and community reintegration. Our study likely does not capture the diversity of women's experience relative to reentry in that minority women are underrepresented in our sample (U.S. Department of Justice, 2003). We see this as a limitation of our study; however, we do not believe this negates the value of our findings, given the descriptive, qualitative nature of our study. Thus, we bring a qualitative consciousness to the research and the findings. Such a consciousness is an implicit aspect of a feminist epistemology that seeks to expose multiple jeopardy (Few, Stephens, & Rouse-Arnett, 2003) and is appropriately applied to reentry mothers.

Study Limitations

Although our study confirms and extends the existing literature pertaining to the presence of multiple risk factors among women offenders and the necessity of support (Covington, 2003; Owen, 2003), it is important to note the limitations of our exploratory work. First, the convenience sample included only mothers who volunteered for our study within the context of interacting with their PO. Thus, women who volunteered may have perceived their experience in a more positive light or somehow believed their participation would be viewed positively by their POs. It is unknown how women who did not talk with us might have differed from study participants. Second, as with other qualitative or exploratory studies, our findings are not necessarily generalizable to other groups of reentry mothers. Finally, and perhaps most important, despite the length of our interview, we likely captured more breadth than depth. Our original qualitative emphasis may have inadvertently been diluted by our attempt to learn as much about the mothers' incarcerative experience as possible along with efforts to pilot certain measures. Additionally, in an effort to protect women's privacy and create a nonthreatening interview environment, we chose not to audiotape interviews. Although many of the interview questions were indeed openended and intended to illicit thick description, the responses written in by the interviewers were disappointingly superficial. We are in the process of collecting in-depth personal narratives from a subsample of our participants to more fully give mothers a voice characteristic of qualitative research and develop theory about the causal operation of multiple risk and protective factors relative to successful integration.

Recommendations for Intervention

Holistic, comprehensive interventions that acknowledge and respond to the triple threat in a nonstigmatizing manner would seem to hold the most promise in terms of efficacy, as previous research, as well as our findings, suggests that reentry mothers have multiple challenges. Indeed, Travis et al. (2001) noted that the difficulties faced in dual and triple diagnosis (such as substance abuse, mental illness, and unemployment) of returning prisoners are particularly acute, and the associated service needs are complex and challenging. Furthermore, intervention and support might be particularly important for the first 2 years after release when recidivism after release peaks (Virginia Department of Corrections, 2003). Reflecting on the responses of our participants, we believe that successful intervention and support may begin with POs. Despite our findings that the women were generally satisfied with the performance of their POs, we surmised that the assistance that parole officers reportedly provided in the reentry process was limited in addressing triple threat issues traditionally handled by social service caseworkers. Because the PO is a key contact for successful reentry, a shift in how the responsibility of parole officers is conceptualized may be to foster greater collaboration among other resources readily or not readily accessible to probationer mothers. Although the impact of prisoner reentry is ultimately felt on familial and community levels, state corrections and parole agencies play a large role in the management of the reentry process (Travis et al., 2001). Therefore, we offer the following recommendations for probation personnel who service reentry mothers. At the same time, we recognize that government cannot manage reentry alone and that mothers would likely benefit from a collaborative, community-based response to intervention.

1. Following release, probationers should be carefully assessed for depression, histories of family violence, addiction, and resource adequacy. Intervention should be directly linked to assessment and the degree of risk present in a woman's life situation so to facilitate successful reentry. Programs should be comprehensive enough to address the triple threat. It would make sense to build interventions aimed at alleviating and preventing depression and family violence into substance abuse programs, as they are likely the most frequently used (and often more widely funded) compared to other types of programs such as counseling or parenting education. Developing comprehensive substance abuse interventions would require informed and collaborative relationships among probation personnel and rehabilitation centers, domestic violence shelters, mental health facilities, parent educators, and family scientists.

2. Enhancing naturally occurring networks of support, such as mothers' family and friends, is particularly important. It is unclear, for example, how race and gender, may affect community reintegration and the usefulness of formal service delivery. The usefulness of programmatic interventions may be further undermined by mothers' transportation and child care challenges. Thus, it is important to keep in mind that efforts to mobilize support from within the natural network (as opposed to outside intervention) are often more effective when the presenting problem (in this case, incarceration and elements of the triple threat) is highly stigmatizing (Gottlieb, 2000). Probation personnel might explore ways to capitalize on these naturally occurring networks of support, including

more therapeutic uses of the reception area in the probation office, where women wait before and after their appointments with their POs. It is not uncommon for women to have family members accompany and wait with them in the reception area. Innovative family-focused approaches, such as "La Bodega de la Familia" in New York, hold promise in facilitating relationships among families, former prisoners, and supervision officers by tapping into the family's strengths in supporting the individual's successful reintegration. Additionally, the involvement of local faith institutions and community leaders in reentry efforts seems promising in terms of providing reentering prisoners with much needed support in overcoming substance abuse problems and related challenges (Travis et al., 2001).

In conclusion, our study offers a glimpse of mothers' experiences related to incarceration and reentry and contributes to developing a critical mass of research on reentry mothers. It is a glimpse rarely seen by those outside the criminal justice system, and despite previous scholarship documenting the terrible state of affairs for women in the criminal justice system (e.g. Donzinger, 1996), the problems persist. Clearly, there is more work to be done. For example, longitudinal research on reentry mothers is needed to more carefully delineate causal processes associated with risk and resilience with time, the impact of incarceration and subsequent reentry for mothers and their children, and interventions and conditions that mitigate the triple threat and negative family outcomes. Such an undertaking would require collaboration between probation personnel, representatives from the community, and the mothers themselves.

Note:

1. It is unknown why the women were not serving much time in these districts. We suspect that, given Virginia's traditionalistic political culture (e.g., Zimmerman, 1992), state judges might have been lenient in sentencing mothers. We expect that if we had interviewed mothers in the federal system, where judges were subject to harsh mandatory minimum sentencing requirements, those sentences would have been longer.

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Joyce A. Arditti received her doctorate in family studies from the University of North Carolina, Greensboro. Her research interests include family disruption, parent and child relationships, and public policy. Her scholarship in the area of divorce is recognized nationally and abroad, and she has published numerous empirical and review articles in therapy, human services, and family studies journals. Her current work emphasizes the impact of the criminal justice system on families. She is a long-time member of the *National Council on Family Relations* and the editor of *Family Relations: Interdisciplinary Journal of Applied Family Studies*. She is also a member of *The Academy of Criminal Justice Sciences*.

April L. Few is assistant professor of Family Studies in the Department of Human Development at Virginia Polytechnic Institute and State University. Her research focus is intimate violence, Black women's sexuality, and critical race feminisms. Her current research at Virginia Tech focuses on the resiliencies of rural battered women who seek shelter assistance, reentry experiences of formerly incarcerated mothers, and Black women's sexual scripts. Few has published in *Family Relations*, *Violence and Victims, Women and Therapy*, and the *Journal for the Association of Research on Mothering.*