Examining the Experiences of Women who Have Recidivated: A Qualitative Analysis

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Abstract
This study describes the experiences of 16 women who recidivated and returned to an Oregon prison. Using a semi-structured interview format, the women were interviewed about their past experiences in prison, their experiences after release, and their experience of being incarcerated again. The interviews were then analyzed using a qualitative method, specifically phenomenology. The women's responses were divided into two broad categories, subjective/agency factors and social/environmental factors. Related to the subjective/agency factors, the women identified both cognitive and emotional components. When they discussed social/environmental factors, the women described life crisis, relationships, and subsistence conditions. The results both supported and added to findings reported in previous research. Directions for future research are explored and discussed.

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EXAMINING THE EXPERIENCES OF WOMEN WHO HAVE RECIDIVATED:

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A DISSERTATION SUBMITTED

TO THE FACULTY

OF

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BY

JENNIFER J. CAREY

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ABSTRACT
This study describes the experiences of 16 women who recidivated and returned to an Oregon prison. Using a semi-structured interview format, the women were interviewed about their past experiences in prison, their experiences after release, and their experience of being incarcerated again. The interviews were then analyzed using a qualitative method, specifically phenomenology. The women’s responses were divided into two broad categories, subjective/agency factors and social/environmental factors. Related to the subjective/agency factors, the women identified both cognitive and emotional components. When they discussed social/environmental factors, the women described life crisis, relationships, and subsistence conditions. The results both supported and added to findings reported in previous research. Directions for future research are explored and discussed.

Keywords: recidivism, female, qualitative, subjective, environmental
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INTRODUCTION

A seemingly endless debate has raged over the effectiveness of prison as a means of criminal rehabilitation (Dowden & Andrews, 1999). What is not debatable is the high rate of recidivism in the prison population. Langan and Levin (2002) looked at recidivism rates of nearly 300,000 prisoners released in the United States in 1994 and found that 67.5% of prisoners had been rearrested for a new offense, 46.9% had been reconvicted for a new crime, and 25.4% had been resentenced and returned to prison within a three-year period. The overall recidivism rate of 67.5% was an increase from the rate of 62.7% found for prisoners released in 1983 (Langan & Levin, 2002). A further breakdown of this number showed that:

…men were more likely to be rearrested (68.4%) than women (57.6%); blacks (72.9%) more likely than whites (62.7%); non-Hispanics (71.4%) more likely than Hispanics (64.6%); younger prisoners more likely than older ones; and prisoners with longer prior records more likely than those with shorter records. (p. 2)

Although female offenders comprise a minority of those incarcerated, the number of incarcerations of women in the United States is increasing at a rate significantly higher than that of their male counterparts (Richie, 2001; Stuart & Brice-Baker, 2004). A 1991 Bureau of Justice survey of female prisoners nationwide revealed that between 1986 and 1991 the female inmate population increased by 75%, while the number of male inmates increased by only 53% (Snell, 2001). In 1998, over
3.2 million women were arrested nationally, with 950,000 of them remaining in some type of correctional care (Snell, 2001).

Despite this increase in the number of incarcerated women, the majority of correctional and criminal research, including studies on recidivism, has been focused on male inmates (Dowden & Andrews, 1999). Morris (1987, as cited in Fletcher, Shaver, & Moon, 1993) also noted the problematic historical tendency to deal with difficulties of women inmates by simply generalizing information learned from the study of male inmates. The modest research that has been done on recidivism among female inmates has indicated several unique needs and concerns of the population, including childcare, pregnancy, and sexual or physical abuse victimization that may affect the women’s ability to remain in the community (Dowden & Andrews, 1999; Koons, Burrow, Morash, & Bynum, 1997; Richie, 2001). Greenfield and Snell (1999) found that female inmates generally had more difficult economic circumstances compared to their male counterparts, and Jones and Sims (1997) found that income-related variables were key predictors of female recidivism. These findings clearly indicate the difficulties in generalizing male recidivism research in full to the female inmate population.

As the number of incarcerated individuals continues to rise in the United States, straining federal and state budgets, more resources and energy are being allocated toward research looking for more effective ways to reduce recidivism rates (Brewster & Sharp, 2002). Along these lines, the purpose of the current study was to conduct qualitative interviews to describe and understand the actual experiences of female inmates who recidivate. Qualitative inquiries on female recidivism are scant to
date, and this study was designed to contribute to that body of knowledge. The findings of this study may also be useful in determining which variables need to be targeted when developing better prevention programs for female inmates.

This study was part of a larger research program that included investigation of recidivism by male inmates in ODOC. Thus, this research also allowed for future comparisons of the needs of male and female inmates (however, such comparison was beyond the scope of this dissertation). In the next section, I review literature on female inmates, recidivism, and existing in-prison and post-release programs that aim to reduce recidivism rates in order to show both the current state of the literature and the substantial knowledge gap pertaining to female recidivism.
LITERATURE REVIEW

Research regarding desistence of criminal activity has been given much time and attention; however, as noted above, little of this attention has been given specifically to issues of female recidivism. Consequently, the following review includes studies pertaining to both male and female recidivism, as well as studies focusing on gender differences among prisoners and on female in-prison and post-prison programs.

Gender Differences in Prisoners

As noted above, the number of women incarcerated in the United States is increasing at a rate significantly higher than the rate for males (Richie, 2001; Stuart & Brice-Baker, 2004). A snapshot of these incarcerated women revealed that in 1998 a majority were between the ages of 25 to 34, had at least a high-school diploma or GED equivalent, and belonged to a minority racial or ethnic group (Stuart & Brice-Baker, 2004). Additionally, nearly 71% had a prior sentence of probation or incarceration, with 20% having had a juvenile sentence (Kissman & Torres, 2004; Snell, 2001). Stuart and Brice-Baker (2004), however, in a review of the literature, reported a somewhat different profile. These authors stated that in 1998 more than half of all female inmates in the United States were not high school graduates. It is not clear whether the latter authors included a GED equivalent in their numbers.
The types of offenses committed by women differ somewhat from the male offender profile. Stuart and Brice-Baker (2004) reported that in 1998 “14% of women’s arrests [were] for violent crimes such as murder, robbery, and aggravated assault, as compared with approximately half of all arrests of male offenders” (pp. 30-31). But in 1999 nearly half of incarcerated women were in jail or prison for drug offenses, a rate that increased 90% from the mid-1980s to the mid-1990s. The authors attributed this substantial increase to both a rise in female drug use and legal changes mandating minimum sentences for drug-related crimes.

**Gender Differences in Recidivism**

Some studies have highlighted differences between male and female recidivism. In one such study of Canadian women’s prisons by Bonta, Pang, and Wallace-Capretta (1995), multiple variables commonly used to predict male recidivism were not good predictors of women’s risk of recidivating. Examples included history of juvenile delinquency, weapon use, and substance abuse. Additionally, two variables found to be unique to female recidivism risk were history of physical abuse as an adult and self-injurious behavior.

Another study in Canadian women’s prisons conducted by Hannah-Moffat (2004) further highlights the importance of considering gender differences among inmates:

There is…evidence to suggest that women’s responses to, and experiences of, incarceration are different from men’s, that women do not have equitable access to resources in the community upon release and that the issues they face in terms of reintegration are often contextually different from men’s – even though the problems may have the same labels (addiction, homelessness, unemployment, and housing). (p. 244)
Hannah-Moffat (2004) further argued that not taking gendered factors into consideration when assessing risk and preventing recidivism perpetuated an inefficient system of rehabilitation that underserves its population by over-generalizing and puts the community at risk by not identifying the women who are at higher risk.

Dennis (2007) conducted a qualitative study of female inmates to examine the impact of economic marginalization on women’s recidivism rates. Analyzing semi-structured interviews of 20 recidivating inmates, Dennis did find economic marginalization to be a factor in female recidivism rates, mostly in conjunction with a drug abuse problem and a need to acquire money in order to purchase drugs. Although the researcher looked at whether economic marginalization impacted female inmates through a need to support children, results showed that this was not a factor because most of the participants interviewed did not have legal custody of their children and were therefore not the primary source of financial support for the children.

Archwamety and Katsiyannis (1998) compared recidivating to nonrecidivating female juvenile delinquents in the Midwest and discovered differences on 11 of 20 variables examined. Compared with nonrecidivating female delinquents, recidivating female delinquents were more likely to be younger at time of first arrest, to have been charged with a more serious offense (e.g., assault of person vs. theft of property), to have a history of gang affiliation and a history of abuse, and to live in urban rather than rural settings.
Fletcher, Shaver, and Moon (1993) studied female inmates in the state of Oklahoma in an effort to better understand this unique population. The study combined qualitative and quantitative measures, including observation, written surveys of staff and inmates using open-ended questions, and in-depth interviews. On the matter of recidivism, Fletcher et al. reported that the inmates revealed a perspective that “the skills necessary to be a ‘good’ inmate are not the same skills that are needed to remain on the outside” (p. 134). Inmates believed that prison required them to give up autonomy and assertiveness and become completely dependent upon the prison. This lack of assertiveness and dependence were also seen as potential pitfalls when trying to live successfully in the community. The researchers also found that the majority of the prison staff in Oklahoma were less likely to believe that the purpose of prison was rehabilitation and more likely to believe that the purpose of prison was punishment.

Brewster and Sharp (2002) examined the effectiveness of educational programs for male and female inmates in Oklahoma prisons. They argued that gender played a role in determining the effectiveness of educational programs due to the inequality of programs offered to female inmates. Their study found that many educational/vocational programs offered to female prisoners reinforced stereotypical female roles, with women’s programs being “geared more to the maintenance of the prison than to the preparation of offenders for reentry into society” (p. 317).

Researchers looking at gender differences in recidivism have shown that generalizing results of studies of male recidivism to females is inadequate and does...
not account for the unique variables affecting female inmates. Economic marginalization, power dynamics, and inequality in resources are just a few of the factors that remind us that women and men lead contextually different lives, which does not change when both are given the label of inmate.

Female In-Prison Programs

As previously noted, the majority of female inmates have been incarcerated for drug offenses. A majority are also mothers whose children pay a high price for their mother’s incarceration (Kissman & Torres, 2004). Because an inability to maintain sobriety increases the chance of recidivism, many prison programs include a substance abuse treatment component. Kissman and Torres conducted a studying looking at a pilot substance abuse program specifically designed for incarcerated mothers. The program required that the women form two support groups, and cognitive-behavioral skills were used to address six areas of perceived skill deficit including assertiveness, parenting, coping with past traumatic events, coping with depression, and spirituality.

The spirituality component was gender modified because traditional Alcoholics Anonymous (AA) groups strongly support a spirituality component but the notion of surrendering to a higher power can be problematic for women with abuse histories. However, a qualitative analysis of an in-prison AA group found that when the concept of relinquishing to a higher power was explained and reframed as joining with a higher power the women felt more empowered (Kissman & Torres,
Additionally, other qualitative data gathered during the study revealed that many of the women felt most helped by the diminished feelings of isolation that came from being part of a group with shared life experiences. Further study is needed to determine if the support gained by being part of a group has any effect on recidivism rates among the women upon release.

Although the results of this individualized program studied by Kissman and Torres (2004) are questionable in terms of the effect on recidivism, the concept of gendering programs to address women’s cycle of oppression and victimization has some support in the field. In a literature review, Sorbello, Eccleston, Ward, and Jones (2002) argued that a program aimed at reducing recidivism in women must include a component that helps women “understand how victimization has affected their social and psychological functioning” (p. 199).

In sum, prison-based programs aimed at variables specific to women are in their preliminary stages but show promise. Further research needs to be conducted to support the programs’ long-term effects on rates of female recidivism.

Female Post-Release Programs

The lack of attention to women’s unique challenges occurs not only in the context of the prison but is also evident in many post-release services. In Richie’s (2001) interviews on challenges faced by women released into the community, many participants reported a lack of attention to gender-specific needs in the treatment programs as a hindrance to their success. Noted in particular were a lack of childcare and lack of protection from sexual harassment. For example, Alemagno (2001)
examined differences between female prisoners needing drug treatment and female prisoners not needing drug treatment and found that adequate drug treatment alone was not sufficient in keeping the women from returning to prison. Women reported that sobriety was more challenging if needs such as healthcare, housing, and education/training were not also addressed upon release. Richie (2001) stressed the importance of addressing these complex needs “as they are likely to return to the same disenfranchised neighborhoods and difficult conditions” (p. 370).

Vigilante et al. (1999) looked at 78 female inmates chosen to be in Rhode Island’s Women’s HIV/Prison Prevention Program (WHPPP). Women chosen for this program were determined to be the most likely to be infected with HIV and/or most likely to recidivate. Two months prior to their release, the inmate met with a social worker who conducted an individual needs assessment. The results of the needs assessment were used to determine a discharge plan that at a minimum dealt with substance abuse treatment, mental health services, financial aid applications, employment and training, continuing education, and housing. Comparing the WHPPP group to a historical control group consisting of women who were released prior to the current release planning groups, at 12 months post-release the recidivism rate in the WHPPP group was 12% lower than that of the control group. This number is particularly impressive given that the control group had a lower risk for recidivism to begin with than did the high-risk WHPPP group. Although the results of this transitional program are promising, long-term follow-up of this group was not possible due to limited financial resources and high staff turnover.
Parsons and Warner-Robbins (2002) explored the experiences of women in a post-release program in Southern California called Welcome Home Ministries (WHM), which was aimed at decreasing the likelihood of recidivism and increasing the chance of success in the community. The 27 women interviewed for the qualitative study were between the ages of 18 and 60 and had been released from prison for at least 6 months. The examiner used open-ended questions, such as “Please tell me about the time that you decided that you could ‘make it’ in the community,” and “What do you see as your strengths that have helped you make it?” (p. 10). The women identified 12 dominant themes as factors for their success. The top three themes were “A Belief in God (Higher Power) as a source of strength and peace in their lives, freedom from drug addiction and the importance of rehabilitation, and the role of support groups and their ‘sisters’ in WHM” (p. 11). These results must be interpreted with some caution because the researchers used a convenience sample of women who had self-selected into a faith-based transition program.

Andrews, Bonta, and Hoge’s (1990) Risk-Need-Responsivity found further evidence for the importance of determining specific individual needs of inmates when designing their rehabilitation program. The researchers found that interventions targeting specific individual needs and risks reduced recidivism by 30%, a significant increase from the 10% reduction in recidivism generally found when looking at the effectiveness of correctional treatment. Although Andrews et al. indicated a need to look at the individual characteristics of both female and male inmates, these results further highlight the need for a transitional program targeting the specific, unique, and
multidimensional needs of female inmates, rather than the historical reliance on programs based on male inmate needs or programs based on a singular concern, such as substance abuse treatment.

Purpose of the Current Study

This study was conducted in the state of Oregon, where the demographics of the typical prisoner are slightly different from the national profile. As noted in the August 1, 2007, Inmate Population Profile of the Oregon Department of Corrections (ODOC), the majority of prisoners were Caucasians between the ages of 31-45 years (ODOC, 2007). Additionally, whereas the national recidivism rate reported by the Bureau of Justice Statistics in 2002 was 67.5%, the rate of recidivism reported by ODOC (2006) in their Issue Brief: Quick Facts for November 2006 was 30.9%. Although this rate is substantially lower than the national average, Oregon has repeatedly failed to meet the state’s target recidivism rate of 28.8% and has made little progress in decreasing this number over the past 10 years (ODOC, 2004)

The purpose of the current study was to identify and clarify factors related to female recidivism as informed by the inmates themselves using qualitative methodology. Additionally, the use of qualitative methods may provide a more thorough and precise understanding of a women returning to prison than is possible within the limitations of quantitative research.
METHOD

General Considerations

For this study, I selected a qualitative methodology to examine the experiences of adult female inmates who recidivated. Qualitative research provides a richness of experience that is often lost when using a quantitative approach. It is this very richness of experience and regard for the individual’s worldview that make the qualitative approach a good tool for a topic, recidivism, that has seen little improvement in prevention in recent years. My aspiration was to examine individual experiences through a semi-structured interview and develop a theory based on those data, which could then be tested in future research. Additionally, I wanted to better understand the experiences of the women as they understood them. The specific qualitative methods used are described in a later section.

As is consistent with some qualitative methodology (Burns & Grove, 2005), a minimal review of the literature was conducted prior to formulating the questions and interviewing the participants. The goal was to have enough knowledge to identify an appropriate sample and devise a relevant semi-structured interview, but not so much that the “investigation becomes circumscribed by preordained constructs and limited expectations” (Fassinger, 2005, p. 158). Additionally, the questions were developed in conjunction with another researcher who was examining recidivism among male inmates and reflected information from the cursory literature review, information
requested by ODOC, and the experiences of a prison clinician also involved in the project.

With any qualitative research there is an inherent question regarding the influence of the interviewer on the interviewee and the interviewee’s answers. Steps were taken to reduce interviewer influence by asking open-ended questions that allowed the participant to tell her own story in her own words. Empathy and reflective responses were used to clarify statements and let the women know they were being listened to without adding to or leading their answers or direction of thought. Finally, a research diary was kept throughout the research process as an additional measure to reduce subjectivity.

Institutional Review Board

Submission of the proposed research study received review and approval by both Pacific University’s Institutional Review Board and the ODOC Research Screening Committee. Prior to the design and proposal of this project, ODOC had expressed an interest in supporting research targeted at better understanding and reducing rates of recidivism.

Participants

For purposes of this study, I used the ODOC definition of recidivism: being resentenced and reincarcerated in prison after a prior release for a period between 3 months and 3 years (ODOC, 2007). Therefore, the target population consisted of female ODOC inmates who had returned to prison after a period of at least 3 months but no more than 3 years in the community. The potential participant pool resided in
one institution, Coffee Creek Correctional Facility (CCCF), the only facility in the state that houses female inmates. Additionally, the inmates were all fluent English speakers and were 18 years of age or older.

A list of inmates who met the necessary criteria was provided by a prison liaison. Of the possible participant pool of 29 inmates approached by the researchers, 8 inmates declined participation, 3 inmates were not available for interviewing at the time of inquiry, and 2 inmates had already been released from the facility. The final sample consisted of 16 female inmates who had recidivated and who were currently incarcerated in CCCF. All 16 participants were able and willing to discuss their experiences related to their return to prison and their general prison experience. Of the 16 participants, 8 were housed in the medium-security facility of CCCF and 8 were housed in the minimum-security facility.

Participants’ ages ranged from 22 to 61 years ($M = 34; SD = 9$). Of the 16 women, 11 (69%) self-identified as Caucasian or White, 1 (6%) identified as Native American, 1 (6%) identified as Black or African American, and 3 (19%) identified as biracial, with the biracial participants identifying as both White and Native American. Although these numbers are similar to the overall demographics reported for Oregon prisons, there were some differences. Overall, including both males and females, prisoner demographics in Oregon include 75% Caucasian, 12% Hispanic, 10% Black, and 2% American Indian inmates (ODOC, 2008). Thus, in the present sample, Caucasians and African Americans were slightly under-represented, Native Americans were slightly over-represented, and Hispanic inmates were not represented
at all. Interestingly, of the 8 female inmates who refused participation, 6 were African-American; thus, it is possible that the fact that both interviewers were Caucasian may have affected the women’s desire to participate. There were no Latino women on the list of eligible participants. Additionally, ODOC does not report biracial identity in its statistics, whereas participants in this study did, meaning Caucasians could be slightly over-represented in this study’s sample and there could be an even greater over-representation of Native American participants. Additionally, given that the majority of Oregon inmates are men (70%), and the only available ODOC demographics were for total inmate population, the female inmate demographics could be different.

Of the 16 participants, 11 (69%) had their first arrest as an adult and 5 (31%) had first been arrested as juveniles. Looking at level of education, 2 (12%) participants had left school without receiving a diploma or obtaining a GED equivalent, 11 (69%) participants had a high school diploma or General Equivalency Diploma (GED), and 3 (19%) participants had some college ranging from 1 to 2 years. Of the 16 participants, 10 (62%) identified as single and never married, 3 (19%) identified as divorced or legally separated, and 3 (19%) identified as married or in a long-term, exclusive relationship. Only 2 (12%) of the 16 did not have children. The remaining 14 women (88%) reported having one to five children ($M = 2.4, SD = 1.2$).

The women's current charges fell into one of three categories: person crimes (i.e., homicide, robbery, identity theft; $n = 7$), property crimes (i.e., burglary; $n = 5$),
and drug crimes (i.e., possession; \( n = 9 \)), with five of the women having multiple charges. Most of the women \( (n = 10) \) were incarcerated on entirely new crimes but 6 had been incarcerated at least in part by parole or probation violations.

**Procedure**

The data gathering method was an in-depth semi-structured interview. Names of eligible participants were identified by ODOC staff at CCCF, where all female inmates are housed. As the women’s information was processed through the computer system, names of returning inmates were separated and face sheets were analyzed to determine eligibility for study (English language fluency and sufficient time spent in the community). After being identified as eligible by ODOC staff, the face sheets were given to the researcher on a weekly basis. In total, 29 potential participants were identified. Appropriate women were chosen for interview based on their availability on the day of data collection.

Interviews were conducted on four consecutive Saturdays in the spring of 2008. Weekends were chosen due to institutional preference and researcher availability. I personally interviewed 12 of the participants and 4 were interviewed by a research colleague. Each interview day, either my colleague or I reviewed the packet of eligible participants and compiled names residing all within the same individual housing unit. The researcher set up a recorder and materials in an interview or classroom adjacent to the housing unit. The researcher selected a participant and took the name to the officer overseeing the unit and asked for the inmate to be called. If an inmate was unavailable, a second name was given to the officer. The officer
called the inmate to the staff desk, where the researcher would say, “I’m interviewing women who have been in prison before. Would you be interested in talking to me?” This initial informal consent was used to avoid taking inmates out of the living unit who did not want to participate and to protect participant privacy as much as possible. Due to the open floor plan of the housing unit, it was not feasible to introduce the study and explain why the participant had been chosen without other inmates hearing this information.

If the inmate agreed to participate, she was taken to the interview room where the study was described fully. The informed consent (Appendix A) was given to the women to read and outlined verbally by the researcher to ensure understanding. Any questions raised were answered, and the inmate signed the informed consent.

Participation was completely voluntary; no benefits were provided to the participants, and refusal did not result in any penalty or loss of rights to which inmates were entitled. Participants could also withdraw from the study at any time.

Participants were also asked whether they would grant permission for the interviewer to have access to their ODOC files for purposes of verifying demographic and criminal charge information. All participants allowed interviewer access to their records. The interview followed immediately.

The researcher began the interview by turning on the digital recorder and asking questions from the demographic questionnaire (see Appendix B). Although the demographic questionnaire was initially designed to be filled out by the participant, it was more conducive to the research and the environment to read the questionnaire
and have the participant answer verbally. The procedure helped focus the participant and allowed the researcher to establish some rapport before asking more personal questions. The demographic questionnaire was also given a designated identification number to maintain confidentiality. A document containing both names of the participants and their assigned codes were listed in a confidential document maintained and accessed only by me.

The semi-structured interview followed informed consent and was designed to take between 1 to 2 hr, depending on the nature and length of the participant’s responses. Most of the interviews were 1 hr in length, but they ranged from between 25 min to 1.5 hr. The questions were developed to obtain a thorough description of the participants’ experiences in prison, transition to the community, and reasons for their return to prison (see Appendix C). Additional information regarding their experience of childhood was obtained as well as a rating of how likely they were to return again to prison after future release. The majority of the questions were open-ended (e.g., What was your childhood like? What was your most recent experience like when you were released into the community?). The researcher followed up with additional questions if the participant did not give a detailed explanation to the main question (e.g., What was your support like?).

The interviews were recorded on a digital audio recorder and kept secure at all times. Prior to each interview, the researcher assigned an identification number to the inmate being interviewed. This number was audio-recorded and written on the demographic questionnaire at the beginning of the interview and was the only
identifier of the inmate in any paperwork generated during the course of the study. Initials were used for persons mentioned during the course of the interview by the inmate.

Two interviews ended prematurely, one due to the inmate being informed she had a visitor and the second due to the participant becoming emotionally overwhelmed when talking about her husband who had recently suffered a heart attack. The latter participant was asked if she would like to speak to a case manager, which she declined. As explained in the informed consent, data gathered prior to termination of the interview were used in the data analysis.

Confidentiality of Data

The content of the interviews was transcribed by either me or a hired transcriptionist. The transcriptionist signed a confidentiality agreement and did not have access to interviewees’ names or any other demographic information obtained from their official DOC files. Transcription took place on a password-protected personal computer in my home or a transcriptionist’s office. After transcription had occurred, the audio recording of the original interview was erased. Paper transcriptions of the interview content, the signed informed consent forms, and basic demographic questionnaires will be confidentiality retained and stored by the researcher for no less than 5 years.

Data Analysis

A phenomenological research method was chosen to identify phenomena in female recidivism as understood by the women. Phenomenological research aims to
“clarify situations lived through by persons in everyday life” (Giorgi & Giorgi, 2008, p. 27). With the selection of phenomenology, the goal of data collection and analysis was to “understand how persons actually lived through and interpreted their experience” (Giorgi & Giorgi, 2008, p. 412). After the data were collected and transcribed, I followed Giorgi and Giorgi’s (2008) four basic steps of phenomenological analysis. The first step involved becoming psychologically minded toward the phenomena being studied, in this case recidivism, by doing an initial holistic reading of the participants’ descriptions of their experience. After this initial holistic impression, the second step was to look at the constitution of parts that make up the holistic description and bracketing off repeated and reoccurring meaning units. Third, I then sought to make the implicit explicit and “make [the text] more descriptively articulate, and better able to be the bearers of psychological meaning” (Giorgi & Giorgi, 2008, p. 45). The fourth and final step of analysis was to review the findings of the prior step and determine the fundamental components essential to account for the concrete experiences. To supplement my own analysis, and to reduce bias in coding and maintain rigor, two research colleagues each analyzed and coded four of the transcripts. Also, I kept a research diary in an effort to decrease subjectivity.

Based on the findings, a set of themes and subthemes were generated about the women’s understanding of their experiences of recidivism. In addition to the findings based on the interview data, all recommendations made by the inmates for ways to decrease rates of recidivism are included in Appendix D.
RESULTS

During the course of the interviews, the women shared aspects of their lives and experiences, both past and present, as they perceived them relating to their recidivism. From the interview data, analysis was conducted in order to better understand common threads among the women’s narratives and also to highlight aspects of their experiences that could be targeted to reduce incidence of recidivism. Although not part of the primary focus of the study, the women also rated their perceived likelihood of returning to prison in the future and their recommendations for increasing the likelihood of their success in the community post-release (see Appendices D and E, respectively).

Factors Associated with Female Recidivism

The results are organized in meaning units by categories, themes, and subthemes. The meaning units are supported and demonstrated by the use of quotes from the interviews. The quotes not only support the meaning units but also allow the women’s voices and subjective experiences to be heard directly. Two categories and several themes and subthemes emerged in the study explaining why the women believed they returned to prison. The two categories were subjective/agency and social/environmental factors. These two categories were previously named by LeBel, Burnett, Maruna, and Bushway (2008).
Under the subjective/agency category, four themes were found: emotional state, psychological disorders, cognitive distortions, and poor choices, which contained the subthemes of substance use and reconnecting with associates of negative influence (see Table 1).

Table 1
Categories, Themes, and Subthemes of the Interviews

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<thead>
<tr>
<th>Categories</th>
<th>Themes/Subthemes</th>
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<td>Subjective/Agency Factors</td>
<td>Emotional State</td>
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<td>Psychological Disorder</td>
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<td>Cognitive Distortions</td>
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<td>• Substance use</td>
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<td>• Reconnecting with associates of negative influence</td>
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<td>Social/Environmental Factors</td>
<td>Life Crisis</td>
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<td>Disrupted Social Support</td>
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<td>• Strained or no relationship with family</td>
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<td>• Addicts in family</td>
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<td>• Unhealthy romantic relationship</td>
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<td>Disrupted Institutional Support</td>
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<td>Subsistence Conditions</td>
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Within the social/environmental factors, four themes were also found: life crisis, disrupted institutional support, subsistence conditions, and disrupted social support, which included the subthemes of strained or no relationship with family, addiction in the family, release to community of arrest, and unhealthy romantic relationships.

It should be noted that the women typically did not discuss each contributing factor separately. For example, their narratives would quickly shift from relationship difficulties, to feelings of being overwhelmed, to difficulty finding a job, and finally to inability to cope without the use of substances. Often it was difficult to identify which factor preceded another because they all seemed to interact and add to each other in a way that seemed to progressively diminish the narrator’s sense of control of her situation or ability to see other options. Many of the quotes used to support the themes and subthemes make reference to or demonstrate the interactions between categories and even among themes and subthemes.

*Subjective/Agency Factors*

The category of subjective-agency factors encapsulates experiences relating to individual choices, values, goals, motivations, perceptions, cognitions, or other internal factors. Four themes were found within this category. The first theme was emotional state, which included emotional experiences the women had that were difficult to deal with and that led to unhealthy coping strategies in order to deal with the discomfort. The second theme was psychological disorder, which included named
psychological diagnoses the women identified as contributors to their recidivism. The third theme, titled cognitive distortions, included certain types of thought processes that the women associated with criminal thinking and considered part of the criminal mindset that leads to shortcuts and risks, which in turn placed them at legal odds. The final theme in this category, poor choices, refers to internal choices the women made that were then acted upon externally. This theme included two subthemes: substance use and reconnecting with old associates.

Theme 1: Emotional State

More than half of the women interviewed described a profound and pervasive emotional state as a catalyst or contributing factor to certain actions that led them to return to prison. This theme included negative emotions that generally implied the idea of pain, fear or distress, or loneliness. Often, the negative feelings resulted from the fallout of a particular situation that then led to a downward post-release trajectory. For example, one woman talked about the discomfort of being rejected by a man and her inability to cope with the feelings that resulted from the break-up: “I still consider him a friend and everything, but during the time it was very difficult and I went back to using, you know?”

Another woman described the emotional toll resulting from several events in her life and her reaction of not caring about maintaining her healthy lifestyle in reaction to the emotions. She said:

I would just say a self-destructive, self-defeating attitude was what kind of led me back here again this time because I…Yeah, yeah. Because of me being on parole from the last time I was here and my mom and my children making that move back East, it kind of…I want to say, I don’t know, it just…I didn’t
realize, like I said, the importance of my family just being here, and now they are gone, it kind of took a big toll on me, just saying, “Screw it.” Yeah.

With family connections often ruptured and attempts not to associate with old friends from criminal circles, it is not surprising that newly released inmates experienced a profound sense of loneliness. One woman captured this idea in her description of post-release life:

And it’s hard, because when you get out and all you know is drug addicts and criminals, when you’re running like that, and then you cut all of them off. You go to prison. You decide you want something different for yourself, and then you get out and you feel lonely.

A different participant elaborated on the experience of feeling alone in the world and the difficulty of changing that environment. She said:

Well, I think that [support] might have been really one of the biggest things that was missing the last time because what I remember was I [was] really wanting, I was thinking I was really into it, and I didn’t have people that I felt connected with. I mean it takes time to develop relationships. It just does, so it’s like I had to leave all those people behind that were using, you know, because, well, I wasn’t using. So you’re kind of like in a place where, you know, you don’t know anybody and you’re alone, you know? And I remember I was running, jogging, and going to a meeting and thinking that’s all I know how to do is jog and go to meetings and I’m terrified at these meetings, you know? To reach out is really hard; it’s just really hard.

Another woman described a history of both physically and emotionally abusive relationships and a desire not to engage in these unhealthy relationships; however, the experience of being alone was an incredibly difficult alternative for her. She stated:

Yeah. I really haven’t had a lot of really healthy relationships. I’ve only had a couple of physically abusive relationships, but most of them were either mental or emotional, so…and I can’t handle those well, so…I want to say that was what my crisis was. You know? I want to say…yeah, just being by
myself. Yeah. That kind of sent me over the edge. I’ve always had someone to fall back on. I don’t know if that makes any sense or not.

**Theme 2: Psychological Disorder**

With many of the women having a history of sex abuse, incidents of trauma, and/or addiction in their families, as well as obstacles such as poverty, teen pregnancy, and involvement with state social service departments, struggles with psychological well-being are not unexpected. Additionally, trying to obtain proper mental health services following release was also noted as difficult. Not having satisfactory resources to deal with impaired psychological health led several of the inmates to turn to coping mechanisms that were not ideal. One woman explained how her mental health issues and her criminal charge of identity theft were connected: “I have agoraphobia and I’m bipolar, and those two things are very dangerous for me because that’s when I get into trouble. I don’t drink. I’ve never done drugs, but my thing is about money.” Similarly, another inmate noted, “Uh, well, I mean anger is a secondary emotion. I feel depression obviously brought me to a point where I relapsed.”

Another inmate described how significant mental illness was pervasive throughout her family:

Yeah. My sister is bipolar. My mother was…something; I don’t know, on top of posttraumatic stress. I mean…I mean there’s just a long line. I’ve never really went in and got diagnosed with anything more than depression. I was diagnosed with depression 15 years ago. And, I mean, chemical psychosis. I mean, add it all…I mean, yeah.

One woman described how her anxiety kept her from making new community connections and reaching out to available resources. She stated:
I had anxiety when I got out. Bad. I mean, I was bored. There is not really much to do for a criminal getting released from prison. I mean you can go to NA meetings or AA meetings and dances and stuff like that, but I still felt awkward doing that because I’d get on a bus, and it’d get crowded real quick, and I’d have to get off. I’d have to get off before I freaked out, had a panic attack. Yeah. There’s not really much you can do.

Another woman showed additional insight by making a connection between her mental health issues and her identity beginning in childhood:

I’ve been agoraphobic since I was 7 years old. Well, I have to say I’ve been at risk for agoraphobia since I was 7. And my bipolar disorder has been diagnosed since I was 15. So I’ve had to live all those years dealing with, you know, trying to raise a family and trying to work and be part of a community, and be as normal as possible, when, in fact, I didn’t ever feel normal, you know?

This woman further linked this identity with her childhood sexual abuse history.

My childhood was difficult, you know. It was like a two-edged sword. On the one level, I really had a great childhood because I was raised on a farm, and I went to a two-room schoolhouse for all eight grades, and I had a special friend, a girlfriend, all of those years. You know, I enjoyed my life in that community. And then on the other hand, I had this horror in my life. I had an abusive father. I would hide from him in the barn, and that’s where the agoraphobia came in.

Although this was the only participant who made some tentative connection between her abuse history, psychological difficulties, and criminal behavior, as stated above, half of the women in this study reported having either experienced or witnessed some type of abuse (physical, sexual, or emotional) during childhood.

Not all participants who had mental health issues cited them as a reason or trigger for returning to prison. In fact, one participant discussed how she felt worse following treatment of her depression:
I would say, I guess, depression, you know. The first time I was in here, they put me on Sinequan, Doxepin, I’m not even sure, an antidepressant of some kind. I gained weight, I slept a lot, I, you know, didn’t like myself, even more, you know?

**Theme 3: Cognitive Distortions/Criminal Thinking**

Although the term cognitive distortions is most often associated with various thinking errors discussed by cognitive behavior therapists, particular thinking errors have been associated with crime and are thus referred to as criminal thinking (Yochelson & Samenow, 1976). With criminal thinking, an individual often projects responsibility for his or her own actions onto others or makes excuses for his or her actions. Inmates are taught about criminal thinking at CCCF, and many used this language retrospectively when describing moments of thinking or lapses in judgment that then led to their return to prison. Here one woman describes the way she justified her lack of engagement in post-release programming:

…but my parole officer wanted me to go to Discovery, I think it was, counseling just to do some outpatient stuff. I signed up for it, and I did it, but I was so…It was another cognitive thing. In my head, I was like, “I already did 7½ months inpatient, so I don’t need to do this little shit.” You know? “I did the big shit.” So I used every excuse in the book to avoid it: “Oh, I’m working, I’m working late.” And I was working, but not those hours.

She went on to identify this type of thinking as an early warning sign of her return to prison:

Yeah, that should have been one of my first signs. And then I got a job immediately at [a casino]. I was an inspector there, but my job hours – it was a resort, so I was off at 3:00. My class wasn’t until 5:00. So I was lying, I mean, there goes the steps right there: lying and avoiding going to treatment, making excuses.
Another aspect of criminal thinking is the inability to take responsibility for a bad decision, instead making more decisions to try and avoid dealing with the initial bad decision. One woman described this as follows:

I didn’t know how to fix it. I didn’t think that I could just come home and I could just, you know, say that I’m sorry I took the cars. Because that’s too simple. What I didn’t realize is that these people don’t care about their $30,000 car that was five days old that I stole; they cared about me. So…No, it didn’t feel like that. It felt like they just wanted me to come home so they could trap me so they could call the cops on me. I totally slipped back into the criminal thinking that, you know, everybody is out to get me.

Several inmates also identified criminal thinking as the area they needed to tackle prior to being released in order to not return again to prison. One woman simply stated, “So I have to learn my criminality and what really makes that part of my brain tick.”

Another inmate differentiated between the contributing factors of her addiction on her recidivism and a separate component of criminal thinking:

I think it is…I believe it is connected, um…however, I know that there are some…there are some parts of it that…’Cause I’ve noticed that since I’ve been clean for this little, this short amount of time—well, I guess two years is pretty healthy, I guess, but for this short amount of time I have found myself like kind of still practicing old types of behavior. I guess that’s the good thing about the DBT, because you kind of, you know, like realize how easy it is to resort to old types of thinking and stuff like that. So, it seems to be part of the whole thing.

Theme 3: Poor Choices

This third subjective/agency theme refers to internal decisions that the women made that they then acted upon externally, which in turn led to their return to prison. Two subthemes were identified under this theme: substance use and reconnecting with old associates of negative influence.
Subtheme 1: Substance use. This subtheme highlights the particularly strong association between drug abuse and crime for women. As one participant claimed, “It wasn’t anything but my poor choices and drug addiction that led me back here.”

A common description of drug relapse as the start of a downward trajectory post-release was indicated by several of the women, including one who stated, “Yeah, drug relapse. I started using meth again. As soon as I started using meth, everything went downhill.” Similarly, another woman said, “When I relapsed, I knew it was all over. I knew it then. It was only a matter of time before I started doing everything I was doing before.” The choice to return to substance use was triggered by different external incidents or internal feelings. One trigger was an internal experience of pain, fear, or distress. Often, the negative feelings resulted from the fallout of a particular situation that then led to a downward post-release trajectory.

Several women noted the interactive cycle through their addictions, the mix of negative emotions they experienced, and resorting to old behaviors, along with how easy it was to become entangled in a desire not to experience pain. One participant described this as follows:

Because I got high on meth and I didn’t think about the consequences of taking all my mom’s…the four credit cards I took, and I kept charging. A couple times it was almost $200 at a time. I didn’t really think about it, except when I was coming down, and then I’d drink to cover up thinking about it because I felt like…I felt bad.

Correspondingly, another woman described her use of drugs to deal with the difficult emotions of knowing what her substance abuse did to loved ones: “Yeah. It numbs all reality. You can block away the fact that somebody is praying for you to
get your shit together, that somebody just wants you to come home and step up to the plate and take care of your life. I didn’t know how to fix it.’’

An interesting issue that arose regarding a decision to return to substance use was that for some women it was a response to disliking in their physical appearance. Perhaps this finding was not surprising given the immense amount of research on women and body issues, but this reason for drug use is certainly outside the typical scope of ODOC treatment planning. One woman stated, “I don’t know anyone who hasn’t in some way been touched by meth.” This combination of a history of methamphetamine use and poor body image led to some interesting descriptions by the women of their recidivism triggers. One participant stated:

I was 220 pounds, and I wasn’t losing weight with the Atkins Diet. I wasn’t…you know, me and my mom and my sister, all three, would fluctuate with weight. So we thought it would be fun to go on this diet together. And we did, and me and my sister would cheat. My mom would go to work and we be like, “Sure we’ll eat everything off the list.” ’Cause my mom had this little note she’d stick on the fridge every day, “No, this is what you eat.” And she went out and bought…She spent a lot of money on this Atkins Diet, you know. So she did, and we’d be like, “Okay, sure, we’re eating celery sticks.” We got licorice sticks, all this stuff. We cheated and we weren’t losing weight. And then one day it just got to me. I didn’t want to be big anymore. I was bored; bored and huge. So I called a friend: “Hi, what are you doing?” First thing they said was, “Hey, I’ll bring you some shit.” And that people-pleasing thing again. And my whole body, I mean I got a feeling of fire, like when your blood pressure rises, whatever, you know? Or the butterflies and everything. Everything in me was telling me to say, “No, don’t even do it. You don’t even want to do it.” ’Cause I had no desire to go back to that life. And I said, “C’mon over.” It was like two different people.

Another woman also echoed these same sentiments: “And then my weight had a lot to do with that too. I mean…Because I got pretty heavy and meth is…Oh, yeah. I don’t like to be heavy…I’m not really fond of being heavy. No. I like to be thin.”
Interestingly, even during the interview, this participant was still focused on losing weight and was clear that she thought being thin was a key factor in preventing her return to prison. She said:

I’m losing weight right now. I’m doing it before I get out. I’m all about fixing the problem before I get out this time….Oh, yeah. I’ve lost 32 pounds since I’ve been here. And before I got here, I had lost about 40 pounds. But that was the meth, too.

One participant showed unusual insight into an attempt to break her own cycle of recidivism prior to legal involvement. She said:

…and then I started drinking. And then after I started drinking, I was like, this isn’t the way I want to live, you know. So, you know, I took my consequences. I went back to jail, it was violating my parole, and then I asked my PO to get me back into treatment. And I go, “Well, I know I face a chance of going back to prison or whatever.” ’Cause in my mind I knew that there was going to be a consequence, you know. So I wanted to be sober so I could deal with that stuff instead of drinking up to the point until I got caught, you know.

More frequently mentioned was a differentiation between a “self” on drugs or alcohol and a sober self, in which criminality was identified solely with the addict self. For example, one participant said the following:

I don’t do crime unless I’m loaded. When I’m straight, I believe that I am a very good person, and I have a lot to offer people. And when I get loaded, I am a completely different person. It’s all about getting my next fix and doing computer crimes and paper crimes to get what I need.

While discussing the use of drugs, one participant was able to articulate the dialectics of drug abuse:

I’ve wracked my brain trying to figure out what it is, you know…It takes away everything I hate about myself. Well, it takes away everything I love about myself too, so, you know? My girlfriend, I wrote her and she said, “[name removed], you know, when you don’t use, that’s what being human is, to have both: everything you love about yourself and everything you hate
about yourself, in one, you know. When you do the heroin, you lose both, when you think you’re just losing everything you hate about yourself, you know, and then you’re just existing. And it’s just true.

Subtheme 2: Reconnecting with associates of negative influence. Several of the women described an initial desire not to regain contact with their old friends and associates after their prior release from prison because many of their prior associates were still engaged in addictive behavior and criminal activity. This idea of needing to break from prior associates had reportedly been stressed throughout their time in prison by leaders of various skills classes and treatment programs. However, several of the women also described reaching a point after release when they had made a decision to reconnect with old associates for varying reasons and with varying degrees of insight. For example, one woman stated, “…and a couple of weeks after that, I started using ’cause I ran into some old friends.” She also discussed her perception that it was inevitable to run into old associates given how many people she knew and the way people knew her: “Well, and I’d lived in [location removed] my whole life, or Oregon my whole life, so I know everybody. And being an addict as long as I have, I’ve been everywhere, know everybody, everybody knows my face.”

Another inmate described the process of her own rationalizations and justifications of her decision to get in touch with old friends:

Yeah. And when I got out of prison the last time, I was clean and sober. I aced my (unclear), but shortly after that I ended up thinking that I could handle seeing some old friends, and that can’t happen. You’re never strong enough to go back, and so – “Hi, how ya doin’, what’s happening?” – you can’t do that. And especially if you’re an addict. So I started using drugs and then it got out of control again. And then I started doing crime because I needed my next fix. And so I ended up back here.
In sum, the women described several internal feelings, thoughts, and choices that contributed to their return to prison. Feelings of loneliness and isolation in returning to the community could not be readily and consistently tolerated. Additionally, ongoing psychological disorders were exacerbated by the stresses of release as well as the difficulty in acquiring adequate resources to manage their mental illness. Finally, the women described poor choices pertaining to drug and alcohol use and interpersonal connections they had made when being released that led to their return to prison. Often, these internal factors interacted with social and environmental factors discussed by the women, which will be considered in the next section.

Social/Environmental Factors

The second broad category encapsulates external factors named as contributing to the women’s return to prison. There were four themes in this category, including life crisis, disrupted social support disrupted institutional support, and subsistence conditions. Of these four themes, only one had subthemes: disrupted social support. The subthemes described ways in which participants believed they lacked support, including having strained or no relationship with family, the presence of addiction among family or friends, having been released into the community where they had been arrested, and entering into unhealthy romantic relationships.

Theme 1: Life Crisis

The life crisis theme refers to specific named incidents described by the women that they perceived as having been both fundamental to their failure to remain in the community and the result of uncontrollable external forces rather than the result
of personal choice. Often, it was the ending of a specific relationship or a perceived crisis situation in which someone they cared about needed help and they felt unable to cope with the emotional ramifications. One participant was able to describe the general emotional process of being struck by a crisis with which she felt unprepared to deal:

I know some people like they…you know, things are going fine, they’re doing well out in the community, and then some crisis or something that, you know, is just emotionally difficult will strike, and that’s kind of where you start to go downhill because trying to deal with that is too overwhelming.

Another woman discussed the difficulty of coping with the loss of a healthy relationship:

No, I would say there was a trigger. Yeah, I had a relationship that was probably the healthiest relationship I ever had. He was not an addict, I would say. You know, he’d come home, you know, buy a beer and not finish it. You know, things like that I would think, “God, you know.” Or he’d smoke some pot after work, but if he didn’t have pot, it was no big deal, you know. He was a welder, a great guy. Anyway, we were in love and he was a good man. He left me. And so, um…I mean I don’t…I still consider him a friend and everything, but during that time it was very difficult and I went back to using, you know?

Another woman described her reaction to the unexpected death of a key figure in her life, her grandmother. She said:

Yeah, and it was like really…it was hard for me to…I mean I was struggling really hard. I told my mom, I go, “Jeez, you know, the only way I know how to deal with things is to go get drunk.” And my cousin, she was really straightforward about telling me, you know, “Grandma really wished you would have been here.” I mean she would call me, you know, antagonize the situation. When I later learned out that she had a part in my grandma’s death, I mean I was like, wow, you know?

The crisis would often trigger the use of drugs to take away the distress. For example, one woman reported:
But then the reason I came back the second time is because…Again, when something big happens in my life, I abuse myself. I just pour so many drugs in, it’s like I don’t care, I don’t care. So I took all this Klonopin that was prescribed to me, and I was on methadone, and I took that, and it caused me to black out and I did my robbery.

Another woman described the difficulty of being released from prison and literally being confronted with a crisis the moment she got out in the parking lot after her release from prison:

And then major catastrophes happen in your life. Like, for instance, the last time I got out, my son was waiting. My oldest son was waiting out in the parking lot, and he was all tweaked out. You know? He was like totally off the hook, and then he tells me, “Mom, guess what. I’m living in this great house. We’re going to take you there right now. But, guess what, Jared (my other son) is staying there, living there too, Mom, but he started doing drugs, Mom.” You know, and so it’s like mom to the rescue. And now I gotta go help my sons and I get right involved in the whole business.

This same woman talked about the impact of a chance car accident on her post-release success:

I got enrolled in school. So I was working and going to school when I first got out. I was doing pretty good and then I got into a car wreck not quite a year after I had been out, and then I wasn’t really able to work ’cause I injured my back and had to have back surgery. And so I think having that extra time on my hands and not being able to keep busy and stuff, that added to me coming back.

Some of the women did discuss the usefulness of some of the skills classes they participated in while in prison, but they described an inability to use the skills in a moment of perceived crisis and a subsequent reliance on old coping methods in those moments. One woman said:

I mean, I know, I know the tools. I’ve lived them. You know? It’s not like I don’t. It’s just at the point of when things happen, I forget everything. I forget everything and I go back to where it’s easy and what’s there for me right now.
Theme 2: Disrupted Social Support

The importance of relationships to the women was evident in each and every interview, with many of the women naming difficulty in a relationship as the primary reason for their return to prison. The two subthemes, strained or no relationship with family and addiction in family or friends, highlight the different nature of the relationships the women discussed.

Subtheme 1: Strained or no relationship with family. All of the women interviewed discussed the current state of their relationships with family members. Whom the women referred to as family could include anyone from parents and siblings to spouses and children. One woman described her realization of the significant impact of not having family support. She stated:

I didn’t realize, like I said, the importance of my family just being here, and now they are gone, it kind of took a big toll on me, just saying, “Screw it.” Yeah.

Another woman described the absence of her father’s support in reaction to her being arrested and imprisoned:

That’s about it. I mean me and my dad, we didn’t talk last time I was here, so I…’Cause he was so angry with me, and my brother didn’t write me because I was supposed to be waiting for him at the gate when he got out, and I wasn’t, and so I didn’t have really much family support.

And another participant described the devastating effect of not being supported by her mother, which had been an ongoing theme throughout her childhood as well:

I just expected to have my mom. That’s the biggest thing that I can…I’ve tried to think time and time again, like if something could have been different, what would it have been. It would have been having my mom, having a relationship
again, having my family. My addiction, I spent it running around trying to build a family in addiction, build a street mom here or a street dad here, and my siblings here….So that’s what I do. So I really just wanted my family back. I didn’t want to have to go make another family. I wanted mine back, and I thought I was going to get it, and I didn’t get it, and she was drunk.

Subtheme 2: Addiction in family or friends. Several of the women described the profound influence of having drug users as part of their primary support network. This finding is not surprising given the significant amount of both recidivism and addiction research that indicates the increased difficulty of trying to change behaviors when surrounded by relationships that do not support those changes. What distinguishes this category from the subtheme of reconnecting with old associates is that the women did not describe making a decision to reconnect with old associates but rather described addicts in their primary and close support group that subsequently and negatively impacted their environment. One woman discussed the impact of having a romantic partner who could not quit his addiction and her subsequent difficulty in walking away from this primary relationship:

Yeah, yeah. My partner, I knew he was using, and he kept lying to me and lying to me and lying to me, and then he came home. Actually, he didn’t come home. It was our pay day. We both worked at [a car dealership]. He spent his whole paycheck on a big bag of dope….And I asked him one day. I said, “Are you going to choose dope over me?” He said, “Yes, I can’t quit.” And I said, “Well, I’m an addict, I might as well just join you.” ’Cause it crushed me. I didn’t use any skills that I learned. I just let it hit me real hard, so…

Another woman described the shock of returning to a romantic relationship with someone who was not formerly a drug addict but who had become one while she was in prison:

What caused me to come back to prison? A big change again. [My boyfriend] started using; he never used before. Then I got out and…I had this beautiful
boyfriend when I went away to prison, and I come out and I have this like scrawny, ugly…I was just like, “Oh, my God.” You know, he was hooked on meth.

This inmate clearly articulated the feeling she had of having only drug users in her support circle of family or friends. She stated, “I didn’t have any. I only had a couple of friends, and one of them was an alcoholic, and the other one was a major pothead. And then my cousin moved in with us, and then that’s when I started using a lot of meth. So…yeah.”

Another woman described the domino effect triggered by the sense of betrayal she felt at discovering her mother had relapsed with her addiction and the subsequent relapse of both the inmate and her significant other:

I found it and then I was mad, and I was hurt, and I was pissed off, and I was angry, and I was sad, and I wanted to kill her. How could you do this? After 9½ years? Like I felt like a little kid throwing a tantrum: I want my mom back. It’s my mom, it’s my time, it’s my turn. So I was mad, and I didn’t know how to walk away. My boyfriend was there with me, and he was mad that I didn’t know how to walk away, and he ended up relapsing with me the following week.

Subtheme 3: Release to community of arrest. One interesting aspect of the subtheme of having been released to the community in which the inmate had been arrested was that it was mentioned not only by several of the participants but also by several of the guards at CCCF when they learned that the topic of my study was recidivism. The impact of being released to or within the same community where an inmate had been arrested and the subsequent travel limitations on leaving the county had two implications. The first implication related to the restrictions on prisoners
whose main sources of support were located in a different geographic location. One
woman described this as follows:

No. I came back and…’Cause my family had moved six months after I moved
out of prison last time, so I did have them to go home to. But after I came
back, I didn’t have…Well, I had a boyfriend, but he was a jerk, and I didn’t
want to live with him, so…

The second implication was that this location put them back with their former
drug and criminal associates. One woman stated:

I had to go to the [name removed] Center where it was just a work release for
the jail, so I ran into everybody again. What screwed me was not getting my
interstate compact to [location removed] to my family. Had I been to [the
county where my family lived] from the beginning, I wouldn’t be sitting here
right now. I know I wouldn’t.

Similarly, this participant said, “Transitional housing for [location removed]
County is the [location removed] Center, which is the work release center for the
people in the jail. So it’s like they’re drawing you right back into the same pot.”

Subtheme 4: Unhealthy romantic relationships. Although I have already
discussed family relationships as factors in recidivism, romantic relationships were
also a significant factor. This factor has already been touched on above in the context
of negative emotional states and life crises due to the break-up of relationships;
however, this section relates more to the impact and influence of an ongoing
relationship rather than an incident in the relationship. One woman described the
impact of running into an ex-boyfriend as follows: “Yeah. And then after I relapsed
this time, I saw him at a bar and we kind of just went our little way and got ourselves
in trouble, and here we are.”
Only one woman discussed how a romantic relationship with another female inmate that had started in prison continued on the outside once they were both released: “I got...When I left here, the relationship lasted outside of prison. And then it was so abusive and everything, that I ended up having to get a restraining order and moving out of my apartment and everything like that.”

The woman below described the interaction between making an initial choice to do something based on a man she was involved with and the quick subsequent downward spiral that ensued:

I took them [stolen vehicles] so I could go make money to get my boyfriend bailed out of jail. It wasn’t working. I got him bailed out, but I didn’t get the car home in time, and then I took the other car so I could make money to get this other car out, and just...I was, I had been using. Then I didn’t sleep and then I wasn’t eating, and then, you know, my thinking and my decision making and how do I fix this, it was all just a snowball effect. I couldn’t pull myself out of it; I couldn’t stop. It was like I was waiting to hit this big old rock and wall, and this was it.

**Theme 3: Disrupted Institutional Support**

The theme of disrupted institutional support encompassed the strong, and often aversive, relationships some inmates described with their parole officers (POs). Interestingly, some women objected to the relaxed nature of the PO, whereas others described a strict rigidity that they felt did not take who they were as individuals into consideration. It should also be noted that many women also described a strong, positive relationship with their PO; however, the relationship, in that context, was described as more of a protective factor.

One participant described the notable difference in personality styles between two of her POs. She said:
The one I had, she was the same probation officer I had for 10 years. It was almost like a mother/daughter relationship. It really was. She was really good to me….But now she’s retired, and I have a new PO, and she’s…everything I do or say she thinks is a lie. Like last time I did not have an address. This is how it started. She said I didn’t have an address. Er, I said I didn’t have an address. I really did not have a place to live….My other PO before, she would have known that I was telling the truth because I showed up, you know? This one, she wants no slack. She won’t listen to me, anything I say, nothing.

Similarly, another participant described feeling unsupported by her PO.

I think they just get sick and tired of me, you know? It’s like, like I said, in their mind I’m not going to make it; I’m never going to make it. I had a parole officer tell me she wished she could put me behind bars and throw away the key. You know, that I’m a menace to society and da, da, da, da. Things like that to me are not…it’s just not a positive way to have your parole officer talk to you. I mean, it’s like, “Okay, yeah, I’ve got some problems. I’ll admit totally I have some problems, and I’m trying to work on them, but how can I work on them if, you know, I’m telling you how I’m doing, and I’m telling you this, and you’re telling me things like that.” It’s like, “Well, thank you. I’ll see you again real soon.” No, you won’t see me. Period. Because, after that, I didn’t even come back and see her.

Whereas the participant above described difficulties having a PO with whom she felt did not trust or believe, another participant described her disappointment with having a PO who, she believed, was too relaxed and did not enforce more strict supervisory tactics:

That’s not good, to me. I mean if you’re supposed to be watching over somebody that’s on parole, that’s on your caseload, if you suspect something, don’t just ask them, “Are you high?” Huh, I can lie to you right to your face and get away with it, you know what I mean. “No, I’m not high.” I’d be totally loaded. You know what I mean? And have enough of the drugs in me to be okay. If you suspect something, UA them, give them a sanction. I might never have ended up back here. You know what I mean?…Yeah. She let me hang myself. She did. I’m not going back to that county because she’d be my PO again.

*Theme 4: Subsistence Conditions*
This theme refers to basic conditions necessary for the women’s survival and includes financial, employment, and housing issues. Jobs and housing were frequently mentioned during the interviews as being areas of struggle for the women upon release. Frequently, the women would also note that they never had an established, legal work history prior to being incarcerated and so felt ill-prepared to establish one with the additional burden of a criminal history.

One participant described how financial stress made her more vulnerable to the suggestibility of criminal activity:

“It’s totally stupid. My checking account was in the hole, and somebody said, “Hey, let’s make money.” And I did. Well, that same person took everything he had right to the cops because he was the same person that owed me some money. It was dumb, I mean, I…”

Another woman described how the absence of legal, legitimate work led her to sell drugs for the first time in her life:

“…I mean I never sold drugs. I didn’t even…you know, I didn’t even do drugs. She took me downtown and showed me how to sell drugs. I mean, she was saying, “Well, you’re not working, so you should be getting some type of money.” You know?”

For this next woman, the difficulty was not only the pressure of lack of access to necessary financial means, but also the increased urgency and added stress of needing money in order to help her son:

“…I just want to get him out of this house. And I don’t have any money. I don’t have a job, but I seriously want my kid out of this house. So what do I do, you know? I jump right back into what I know will get me some quick money to get my kids out of this. And then here I am again. You know? It’s just like this revolving frickin’ door for me.”
Still another participant described the damaging, albeit “quick fix” of turning to crime to solve money difficulties: “Um, I’ve had money problems, you know? I turned to prostitution. It’s quick and easy and fast, but it’s not always what I want to do, you know?”

Even the women who were able to find employment following their release found it difficult to meet their financial needs with the salaries they made. One woman stated:

It was a huge struggle, a huge struggle. I mean, like I said, when I got out of Turning Point, I did get employment like the second day I was out. I managed to get me a telemarketing job, which normally is a kind of a weird kind of job, but it was a good place to work and I was doing all right. I really like the job, but it’s not . . . it’s not going to get you by, you know; it’s not going to get you by.

In addition and directly related to financial strain and job acquisition is the need for secure, safe, and stable housing. One inmate described the difficulty of being assigned to a transitional living house that actually made it more difficult for her to remain off drugs and away from the criminal lifestyle:

The only way you can make it in a [transitional housing] is if they are completely clean – everybody in the house is clean. If everybody in the house in not clean, that house is going up in flames. Oftentimes if there are people who are dirty in that house and they are not kicked out within a certain amount of time, the house is in big trouble. And that’s what happened to me in my house and caused a relapse when I was doing really good. And I could have moved out, but I didn’t choose to. I chose to get loaded with everybody else, so I made some bad choices on my own…

Here, one woman described the importance of housing to her own sense of well-being:

I’ve never really had nowhere to sleep, really, because…but I’ve never had my own home, really, for the most part. You know there’s been times in my
life where I had an apartment maybe, but I usually lost it. But I think that would be really key, to have a place to be that’s mine, you know.

Additionally, and not surprisingly, inmates struggling to find adequate resources in one area of subsistence often had difficulty in multiple areas. The struggle to secure enough resources to maintain a drug- and crime-free life in the community left one woman comparing this struggle to that of being in prison:

I mean, I almost do better in here. Like I told my sisters, I can honor the things that are important in here: politics, books, I eat right, I’m a vegetarian, I like to exercise. All these things are important to me, I can really fulfill in here and become involved with – to a certain extent – because you’re in a little microorganism. I mean I can’t go vote, or I can’t go out and, you know, see Barack, but I can hear him on the radio. Where if I’m out there using, all those things go, you know?

Women’s Chance of Return

As part of the semi-structured interview, the women were asked what they believed their percentage chance of returning to prison in the future. The women’s answers ranged from 0% to 50% chance that they would return to prison in the future. But what was perhaps more interesting than the number given by the women were the explanations accompanying the numbers. For instance, of those who indicated that they had no chance of returning, two discussed that they had learned what they needed to learn. One woman stated:

Zero. Because I look at things differently. What I’ve learned is… I mean what I’m still learning… I mean every time I do something whether it’s right or wrong… but when it’s wrong, I’m going to face the consequences, you know.

Another woman stated: “I won’t. I know I won’t. I know where I lost perspective.”
A third woman indicated that she said no chance of returning, not because of a belief in her ability to succeed, but for a very different reason: “If I walk down this avenue again, I will run and they will shoot me in the back. I’m done.

Other women highlighted the importance of acknowledging that there is always a chance of returning. One woman stated:

I believe that there’s always a chance of coming back, but I really believe my chances of coming back, I’m thinking maybe 10 or 15% chance of me coming back. I think it’s very low.

Another woman also acknowledged that there is always a chance of recidivism, but added more to the answer by stating:

Maybe five. I’m going to be realistic and not say zero because there’s always going to be a chance, but I definitely know what can bring me back, and I know that I am going to be trying like-I’m not going to say 100%; I’m saying 500% making sure it doesn’t happen.

For woman who acknowledged a greater likelihood of return in their answers, there was more of an acknowledgement of the importance of continuing treatment in the community upon release and also an acknowledgment of the stressors of being in the community. One woman indicated: “Fifty percent. Yeah. I need to stick to stuff. Like when I got out, I wasn’t going to do that…after-care, that’s what they called treatment.” While another woman stated: “Probably 50-50. I think that if I don’t come back to this prison, and I go out and I got where my dad is and if…I mean there’s stress everywhere.”

Finally, one woman seemed surprised by the question and gave indication of some discomfort in thinking about the answer when she stated: “Oh, why’d you have to ask me that question?! Um, percentage-wise, chances? I’d say 25.”
Women’s Recommendations

Also as part of the semi-structured interview, the women were asked for their recommendations for ODOC to help improve their chances of a successful return to the community. Not surprisingly, many of the women’s recommendations were directly linked to their understanding of factors that contributed to their recidivism. For example, several women wanted better and more of a transitional program than they had received prior to their last release, particularly as related to housing and employment. “I think definitely more connections of getting the actual links to like employment facilities, agencies, or whatever, getting us connected more to them before we’re out.” Another woman echoed this sentiment:

I can say that I think what would help a lot is like more transitional programs for people that are getting ready to go home. Like right now, I am sitting here and have nothing to do to help me get along, you know what I mean, like parenting.

Several women noted a need for more in prison programs that address a variety of issues. One woman stated: “I think there should be relationship classes and self-esteem classes.” Another woman noted:

I know where I screwed up. And if I just keep that in mind, maybe get some help here on the cognitive. I’m really kiting my counselor, saying please. Even if I do go to treatment, if that’s what she wants me to do, cool, I’ll do that, but I really need to focus on some cognitive stuff.

Another woman indicated that she would like better after care support in the community that continue addressing some of the same areas addressed in prison, such as continued access to mental health services in the community and access to continued support groups that confront criminal thinking.
Finally, there were several women who indicated that there is nothing that ODOC could provide that would help with their chances of recidivism as they believed that there was an internal shift in motivation or thinking that only they could do. One woman stated, “You, know, I mean I’m at a point where I don’t think there really is any more treatment for me. It’s either I’m going to do it or I’m not.”

**Summary**

The women in this study described their own perceptions of the contributing factors that led to their return to prison. Their perceptions fell into two broad categories of experience: subjective-agency and social/environmental factors. For subjective-agency experiences, the women described emotional, psychological, cognitive, and poor internal decisions that were then acted upon externally. The social/environmental factors were comprised of negative relational factors, including disrupted social support and disrupted institutional support as well as unexpected events, life crisis, and basic subsistence factors that were contributors to their recidivism. These will be placed in the context of prior research in the next section.
DISCUSSION

In the present study, I wanted to investigate factors associated with female recidivism by analyzing the subjective meanings and experiences of female inmates who recidivated. In this section, I compare the results of my study to the current research, discuss the strengths and limitations of this study, and offer directions for future research.

Findings and Implications

*Factors Associated with Female Recidivism*

Eight themes emerged from the interviews describing factors associated with female recidivism: emotional state, psychological disorders, cognitive distortions, poor choices, life crisis, disrupted social support, disrupted institutional support, and subsistence conditions. These themes were organized into two broader categories, subjective/agency factors and social/environmental factors, to capture the internal versus external dichotomy of the factors. As stated earlier, these broader categories are not new to recidivism research and have been previously named by LeBel et al. (2008).

As stated earlier, the women identified several contributing factors to their recidivism in a very fluid, overlapping, and interacting manner. This interaction will be reflected in the following discussion. Although I will first discuss subjective/agency factors as a group, followed by social/environmental factors, the discussion includes an interaction between the two broad categories. This interactive model of
recidivism is supported by much of the research on recidivism (LeBel et al., 2008). And, as articulated by LeBel et al., “we do not assume that the two are necessarily separable or wholly independent of one another” (p. 133).

Subjective/Agency Factors

The emotional state of inmates was a frequently cited factor in the participant’s recidivism narratives. As Osher, Steadman, and Barr (2002) noted in their article on prisoner reentry, “Inadequate transition planning puts jail inmates who entered the jail in a state of crisis back on the streets in the middle of the same crisis” (p. 79). That is, it is not that the women coped well with negative emotions prior to their arrest – they did not, and often the way they coped with these difficult feelings was with drugs and alcohol. Although negative emotions upon release from prison may increase the likelihood of recidivism for both men and women, previous researchers have found that adverse feelings were more powerful predictors of recidivism for women than they were for men (Benda, 2005).

Prior authors have hypothesized that deficient coping affects both the cause and the maintenance of criminal acts (Zamble & Porporino, 1990). What constitutes poor coping? Lazarus and Folkman (1984) discussed coping as a two-step process that involves an emotion-focused step and a problem-solving step. According to the authors, to cope effectively one must go through both steps; that is, after reacting emotionally to a situation, problem-focused efforts are “directed at defining the problem, generating alternative solutions, weighing the alternative in terms of their costs and benefits, choosing among them and acting” (Lazarus & Folkman, 1984, p.
Frequently, the women in the current study seemed to make reference to becoming stuck in one of these two steps; either they would not want to fully feel the emotional impact of their current circumstances and would therefore seek drugs to "numb" themselves, or they would experience the impact of their situation but not be able to generate healthy problem-solving ideas and would therefore return to unhealthy but familiar coping strategies. For example, one participant discussed feeling lonely and going back into an unhealthy relationship because she could not “handle being by myself.” Additionally, Lazarus and Folkman suggested that how well one is able to optimally problem solve is related to the resources one has available. Given the lack of perceived and actual resources for former prisoners and specifically for women, this population would also be at a significant disadvantage during this second step (Hannah-Moffat, 2004). More will be said about women’s lack of resources when discussing environmental factors below.

Several of the women in this study discussed ongoing mental health issues that factored into their recidivism and described how situations upon release often exacerbated these conditions. Along these lines, in a 2001 Bureau of Justice Statistics report, mentally ill inmates were shown to have longer criminal histories and to be more likely to recidivate than were those inmates without mental illness (Greenfield & Snell, 1999). Rates of depression in male and female inmates have been found to be higher than rates in the general population and female inmates’ levels of depression are significantly higher than that of their male counterparts (Boothby & Durham, 1999). Given these statistics, and with higher rates of depression and
histories of physical and sexual abuse prominent in the lives of female offenders, adequate attention to women inmates’ mental health needs both during and after release seems important. And although it is a constitutional obligation for mental health needs to be addressed during incarceration, what constitutes adequate care may vary greatly from institution to institution (APA, 2000, as cited in Osher, Steadman, & Barr, 2002).

A related problem was that continuation of mental health resources once women were released into the community seemed to happen infrequently with the women in this study. As Osher et al. (2002) noted, “Efforts in the past to help people with mental illness in the criminal justice system have taught us that the results of these efforts will only be as good as the correctional mental health partnership in the community” (p. 81). Further, additional stress, such as the stress of prison release, is likely to exacerbate underlying and pre-existing mental health conditions, making treatment in the community imperative. As Shrinkfield and Graffam (2009) found in their study of variables effecting reintegration, participants noted “poorer perceived psychological health initially following release, which may be associated with unmet expectations or greater difficulties than that expected upon release” (p. 33). Other researchers have found that abuse and adverse feelings and thoughts (with the exception of suicidal thoughts) were strongly associated with women’s recidivism (Benda, 2005).

Although, only four (25%) of the women in this study indicated that they were suffering from a psychological disorder, half discussed having an abuse history. This
number is just slightly lower than the 57% of federal female inmates indicating physical or sexual abuse histories reported by Greenfield and Snell (1999) in their Bureau of Justice Statistics report. It is also possible that not every woman felt comfortable disclosing her abuse history to someone she had just met, and thus this statistic may be even higher for the current study. One woman discussed having had several traumas in her history but indicated that she never had any treatment or help in dealing with her trauma issues. She stated, “I’ve never had counseling. I was…I mean, I was a rape victim.”

Previous researchers investigating coping in women who have survived childhood sexual abuse found that such women overwhelmingly utilized emotion-focused coping to deal with the abuse and subsequent feelings of helplessness, powerlessness, and lack of control (Morrow & Smith, 1995). Emotion-focused coping means that they employed such strategies as numbing through drugs and alcohol and food abuse or by suppressing the feelings and becoming depressed. Thus, given that the majority of female inmates are incarcerated for crimes related to substance abuse, it is important to investigate whether turning to substance abuse is a way to cope with traumatic incidents, such as sexual abuse, and address the impact of abuse on these women.

The women in this study described a type of cognitive distortion or criminal thinking that interfered with their post-release success by allowing them to justify or reframe their thoughts and behaviors. There is support in the literature that emotional and cognitive factors interact in the development of antisocial behavior (Larden,
Melin, Holst, & Langstrom, 2006), although most prior research has been done with adolescent rather than adult offenders. The women in this study did articulate an interaction between their emotions and thoughts. Previous researchers have found that adolescent offenders utilized cognitive distortions in order to minimize the potentially negative emotions felt as a result of their criminal acts (Slaby & Guerra, 1988). However, in this study, the women more often discussed substance use as a way to numb the experiencing of negative emotions, whereas they identified cognitive distortions as a justification of short-sighted or limited actions. Covington and Bloom (2006) discussed the connection between female inmates’ cognitive distortions and another of the categories found in the current results – substance abuse. They stated that “substance abuse disorders reflect habitual, automatic, negative thoughts and beliefs that must be identified and replaced with more positive beliefs and actions” (p. 27).

The women in this study varied in their relationships to their cognitive distortions. For example, one woman discussed her use of the concrete, rigid, blanket thought that “everyone is out to get me” in order to justify taking advantage of others, whereas another engaged cognitive distortions to justify her lack of participation in a post-release program: “I already did 7½ months inpatient, so I don’t need to do this little shit.” Such findings do not necessarily mean that treatment to reduce cognitive distortions is warranted for female inmates. Prior researchers have found that improvement in social skills was related to fewer institutional violations for women but not for men, whereas interventions for cognitive distortions resulted in fewer
institutional violations for men but not for women (Liau et al., 2004). Because most offender programs are based upon research done on male offenders, it seems imperative to start designing and implementing interventions based on the responses of women, given that early research and research in other fields has demonstrated the significant differences in responses to treatment interventions between the genders.

Drugs were the most commonly discussed issues among the women, with nearly all (88%, or 14 of 16 participants) endorsing drug and alcohol use as a trigger for their recidivism. This finding is not surprising given ODOC reports that approximately 59% of inmates have a severe problem with substance abuse and 16% have a moderate substance abuse problem (ODOC, 2008). Additionally, there is plentiful research highlighting the relationship between substance abuse and recidivism rates (Alleyne, 2006; Stuart & Brice-Baker 2004; Sung & Richter, 2006). This problem is particularly relevant for female inmates because drug relapse is the leading cause for female recidivism (Dennis, 2007). Mullings, Hartley, and Marquart (2004) noted that one-third of women incarcerated in state prisons were under a controlled substance when they committed their crime and had committed their offense to support a drug habit. Additionally, women who use illicit drugs were found to be six times more likely to be arrested than were non-drug-using women, whereas men who used illicit drugs were only three times more likely to be arrested than non-drug-using men (Stuart & Brice-Baker, 2004).

Covington and Bloom (2006) stated that “addiction comprises a piece of a larger mosaic that includes a woman’s individual background and the social,
economic, political, and cultural forces that shape the context of her life” (p. 11). This quote highlights the very poignant point that one cannot address the problem of female recidivism without also addressing the issue of substance abuse. And tied to the issue of substance abuse for women is their emotional, social, and cognitive functioning. Researchers who have looked at substance abuse treatment for women prisoners have found tentative evidence to indicate that the provision of drug abuse treatment was not enough on its own to break the reincarceration cycle (Alemagno, 2001). Women with drug-abusing histories reported higher needs upon release in the areas of housing, mental health counseling, education, job training, medical care, family support and parenting assistance, and Alemagno called for a multidimensional treatment approach for women to reduce recidivism rates.

The complex and complicated resource needs of women were reflected in many of the stories told by women in the current study. Substance abuse was often discussed as representing a way to cope with difficult feelings or situations, such as disrupted interpersonal relationships, or to lose weight. Additionally, abuse of substances was often a common or shared activity with friends, family, or romantic partners. Given the importance of relationships to women in particular, it might seem that they are especially susceptible to relapse in this context. Additionally, as Stuart and Brice-Baker (2004) noted, women prisoners experience a catch-22 with respect to drug use:

Considering that most women who recidivate are imprisoned for drug offenses, the complaint seems to expose a particularly detrimental glitch in the prison system studied herein: Women who are chronic drug abusers, are reimprisoned due to drug-related parole violations often receive (relatively)
light sentences during which [time] slots in the addiction services program they so obviously need are not available… (p. 46)

This same sentiment was echoed in the interviews conducted for this study in which many women complained that shorter sentence mandates disqualified them for services they believed would be useful. Another woman noted the frustration of being ranked a low risk for return to prison and subsequently not having the same access to helpful programs as those classified as high risk, subsequently making her feel like her risk was increased:

I really think they just need to offer more programs to the people that have less time. If you have time, you get help. You get thirteen months . . . I know that’s not a whole lot of time. Because on a thirteen-month sentence, which is a very, very, very common sentence, it’s ten months and twenty-one days. You could give us something in ten months and twenty-one days. What good is being in prison if you don’t get any help while you’re there.

This frustration regarding access to resources in prison that could be helpful due to not meeting a standard of eligibility is a frustration that reverberated throughout the interviews and throughout these women’s lives. Whether it is internal access to resources to cope with emotional difficulties or circumstances, access to resources in the prison, or access to resources within the community, many of the women interviewed expressed feelings of exclusion.

Another issue that the women described in this study was the use of drugs, specifically methamphetamine, to lose weight and diminish their dislike of their bodies. As stated earlier, a third of the participants reported some history of sexual abuse during their childhood, and Dennis (2007) noted in her research that “the stigmatization and powerlessness that can result from childhood sexual abuse can
lead to a woman having a poor image of her body and a distorted self-image” (p. 12). This point reanimates the complexity and interaction of factors in women’s lives that contribute to their recidivism.

Significantly aligned with recidivism research, the women named association with prior acquaintances as an influencing factor. The negative influence of these associations has a long history of being identified as a significant risk factor for reincarceration (Gendreau, Little, & Groggin, 1996; Walters & Schlauch, 2008). In fact, ODOC included this as one of six specifically targeted components of its Oregon Accountability Model, which is an initiative that provides a foundation for inmates to lead successful lives upon release and reduce the rate of recidivism (ODOC, 2002). Although association with prior acquaintances and friends is a targeted factor, the women still struggled with severing those ties, which might suggest that the way it is being targeted is not completely addressing the underlying issue. Given the role of relationships in women’s lives, these associations may be another aspect of recidivism risk that impacts women more than men. Relationships are discussed in greater detail in the next section.

Social/Environmental Factors

Throughout the interviews for this study, the women focused on various relationships in their lives that had impacted their return to prison, including friends, parents, siblings, children, and romantic partners. This finding is in line with Jean Baker Miller’s (1976) relational theory of psychological development in which she posited that the primary motivation for women throughout life is the establishment of
a strong sense of connection with others (Miller & Stiver, 1997). Further, Covington and Bloom (2006) noted that “according to relational theory, females develop a sense of self and self-worth when their actions arise out of, and lead back into, connections with others” (p. 16). It also follows that, as important as these relationship are for health and well-being, they also make women susceptible to negative impacts from strained or conflicted relationships, as was discussed by the women in this study. Further, with the importance of relationships in mind, one could tentatively suggest that women might have greater reluctance to relinquish an unhealthy relationship if the alternative were no relationship. As has been noted before in this paper, female inmates have a higher rate of maltreatment as children than male inmates. Additionally, researchers have also noted that rates of abuse for women rise during adulthood, suggesting that many of the relationships the women are in as adults are abusive (McClellan, Farabee, & Crouch, 1997). Although only one current participant specifically mentioned physical abuse at the hands of her same sex partner, others discussed mutually unhealthy relationships that were difficult to leave behind. Several women discussed how even relationships that were perceived as healthy impacted them negatively due to feeling overwhelmed and “crushed” by the termination of the relationship and a subsequent belief that they would not be able to cope. This inability to cope also ties into the emotional and cognitive areas discussed above in the subjective/agency factors.

Although not a separate category in this study, it should be noted that 88% (14) of the women interviewed were mothers with varying degrees of formal and
informal relationships with their children. In a literature review, Leach, Burgess, and Holmwood (2008) looked at the contribution of traumatic grief to recidivism rates and found that no direct links between the two have been studied, but:

…it has been shown, however, that separation distress, a distinct component of traumatic grief, incorporates significant losses such as the death of a loved one, child abuse, sexual abuse, parental incarceration, foster homes, and family attachment issues. Research has shown that these losses (which can lead to traumatic grief) are also connected to maladaptive behaviors, substance abuse and mental and physical health problems, all of which have been shown to be associated with criminal behaviors. (p. 114)

All of the women in the current study who were mothers had experienced significant losses in their relationships with their children either prior to incarceration due to the complex circumstances of their lives or at the point of incarceration, when primary parenting responsibilities were transferred to another person.

In studying the effects of several variables in juvenile delinquent parole behavior, some researchers have found that family problems were the biggest predictor of parole behavior, with greater family difficulty being associated with an increase in the likelihood of negative parole behavior (Fendrich, 1991). Further, in a study of adult male and female inmates, family support has been shown to be critical to post-release success, whereas negative family relationships have been shown to make former inmates more vulnerable to return to criminal behavior, reconviction, and reincarceration (LaVigne et al., 2004).

Several of the current participants discussed difficulties with romantic partners or spouses as being emotionally devastating and a contributing factor to their recidivism. Researchers looking at the impact of a good marriage on the process of
recidivism have found that, even after controlling for personality characteristics that may account for both recidivism and a quality marriage, a good marriage did gradually and cumulatively decrease recidivism rates over time (Laub, Nagin, & Sampson, 1998). However, Laub et al. included only male participants, which questions the transferability of the results to women. However, Benda (2005) found that “forming a family with a caring partner serves as a buffer for women” by enhancing “the commitment to or investment in conventionality” (pp. 337-338).

Knowing the importance of relationships to women in particular, it is not terribly surprising that the institutional relationship they discussed most frequently was the one-on-one relationship with their PO. Most women saw the relationship as very dichotomous, feeling either that their PO either supported them or was “out to get them.” This dual identity of the PO reflects the identity crisis the parole system has had for the past 30 to 40 years. Many researchers have discussed the shift in the PO model during the mid-1980s from a rehabilitative stance to one of containment or punishment due to the impact of several social, cultural, and political factors (Cullen & Gundreau, 2001; Gendreau, Goggin, & Fulton, 2000; Paparozzi & Gendreau, 2005). However, researchers have clearly shown that a punitive PO stance that does not also incorporate rehabilitative treatment does not decrease recidivism (Gendreau et al., 2000; Paparozzi & Gendreau, 2005).

Although not plentiful, there has been some research on the effect of specific PO styles on inmates. Researchers looking at several institutional factors impacting inmate recidivism, including parole officer orientation, found that POs who
incorporated a mix of both law enforcement and caseworker styles had lower recidivism rates than did those who employed only one of the styles more comprehensively (Paparozzi & Gendreau, 2005). However, this study had several limitations, including the fact that the measures of PO supervision style were exploratory.

Beyond the individual relationship with the PO, it seemed that for some of the women in this study, the perceptions of the PO’s attitude toward them was more emblematic of larger fears of perception. For example, one participant discussed the frustration of not being believed by her PO: “She won’t listen to me, anything I say, nothing.” Another expressed the difficulty of having a relationship where she did not feel that the PO believed she could succeed in the community: “…in their mind I’m not going to make it; I’m never going to make it.” Researchers in a longitudinal study of young adult male offenders found that, although the emotion of guilt was associated with decreased rates of recidivism, feelings of shame increased the likelihood of recidivism (Hosser, Windzio, & Greve, 2008).

Other researchers have found that women were more likely to recidivate as a result of being labeled as convicted felons (Chiricos, Barrick, Bales, & Bontrager, 2007). Although speculative, this increased chance of recidivism due to labeling may also translate to being treated or labeled in a particular way by women’s POs, perhaps increasing their negative self-perception and their likelihood of returning to prison. Delabeling by an official source has been found to be more powerful then delabeling by family or friends (Wexler, 2001). However, other researchers have found that
former inmates were active constructors of their identity rather than passive victims (Maruna, LeBel, Mitchell, & Naples, 2004). Therefore, women may benefit from positive labeling by authority, but they must also actively incorporate that positive belief into their own self-identity.

Some researchers have found evidence to support the benefits of intensive supervision, specifically finding that offenders with more intensive supervision were more likely to actively search for jobs and have more frequent drug tests (Deschenes, Turner, & Petersilia, 1995). However, not all research on supervision style supports this stricter, more intensive style of supervision as a factor in reducing recidivism rates. Mackenize (2000) in a study examining the scientific rigor and effectiveness of a variety of correctional strategies, interventions, and programs found that programs that increase control and surveillance in the community, including intensive parole supervision, were not effective for reducing recidivism rates.

Characteristics of POs, such as educational attainment, race, job experience, and political ideology appear to also impact recidivism rates (Montgomery, 2007). Researchers have hypothesized that both higher educational attainment and more job experience might give POs more insight into criminality and therefore allow them to vacillate between being punitive and supportive in a more planned manner.

Interestingly, other qualitative researchers have found that inmates doubted their own ability to be successful in the community on their own, and subsequently the inmates supported the idea of being under some type of supervision (Gideon, 2009; Hanrahan, Gibbs, & Zimmerman, 2005). This somewhat parallels the feelings
of some of the women in the current study who expressed a desire for their PO to more rigidly supervise them so as to mediate their own inability to remain healthy without external guidance or pressure.

Researchers investigating the impact of personal welfare resources on inmate recidivism have found that the most frequent reoffenders were among those inmates reporting difficulty in the areas of both employment and housing (Nilsson, 2003). Although subsistence conditions are generally an area of struggle for most post-release inmates, income-related factors are believed to be a key predictor in the likelihood of recidivism for women only (Jones & Sims, 1997). Additionally, researchers have found that female inmates have more economic difficulties than do their male counterparts (Greenfield & Snell, 1999). There is overwhelming support for the idea that women are more negatively impacted by poverty than are men, and this is no less true among the inmate population (Belle & Doucet, 2003; Dennis, 2007). Additionally, as noted by Covington and Bloom (2006), women are more likely to be “economically motivated or poverty driven” (p. 10) in their pathway to crime. As women are released into a community in which they previously struggled to survive through legal means, is it any wonder that they will again have difficulty providing for dependents or even just for themselves? It is not surprising, given this knowledge, that the women in this study endorsed a lack of ability to meet basic subsistence needs and associated attempts to attain money, housing, or employment as contributing factors to their return to prison.
Lahm (2000) indicated that, although a greater variety of vocational training is being offered to female offenders, female offenders are still more likely to be provided with gender-specific stereotyped training which are some of the most underpaid and unstable jobs in society. This factor adds to the already existing stigmas of criminal and substance abuse histories. As Dennis (2007) stated, “An adult female leaving prison with minimal skills, earning minimum wage, will not be able to support herself or her family, and therefore may turn to the government for assistance or recidivate” (p. 23). Others have also reported that, in addition to living below the poverty level, female offenders were more likely to be financially responsible for their children than were male offenders (Lo, 2004). Thus, not only is women’s own survival often dependent upon their having the financial means to provide food and shelter, but their children’s survival is potentially dependent on their finances as well. The added financial strain due to providing for children affects a significant proportion of the female offended population, given that, as Stuart and Brice-Baker (2004) reported, over 70% of adult female offenders have dependent children.

Overall, many of the findings of this research project support prior research studies looking at both general and female specific recidivism. However, even for issues such as substance abuse problems and mental health difficulties, which are well documented contributing factors to recidivism (Benda, 2005; Bonta et al., 1995; James & Glaze, 2006), the women’s narratives highlighted additional issues that were seen by the women as catalysts towards these contributing factors. Specifically, several of the women discussed sexual, emotional and physical abuse that began in
childhood and precipitated later drug and alcohol abuse and mental health issues as a means to cope with negative feelings. Additionally, several women discussed drug use as a means to obtain or maintain weight loss resulting from a dislike of their appearance. Although low self-esteem and recidivism have been studied, not much has been done on body image, substance abuse, and recidivism. Finally, this study highlighted the importance of relationships to the women and the tremendous impact change in the stability of the relationship can have on the women emotionally and behaviorally. Of particular note was the importance of some of the women’s relationships with their parole officer.

Strengths and Limitations of the Current Study

This study was designed to be exploratory in nature; however, care was taken to avoid preconceived hypotheses as much as possible. I attempted to reduce bias through the use of a research journal, consultation with colleagues, cross-checking of coding with two other researchers, and an initially limited literature review prior to interviewing. It was my hope that this study would allow the women, as much as was possible, to tell their own stories, in their own words, with as little prompting as possible.

A great strength of this study paradoxically lies in its vulnerability. The lack of precision and clearly defined quantifiable data allowed the subtleties of the women’s experiences to become known and the implicit to become explicit. As Giorgi and Giorgi (2008) noted:

The conversion of psychological meaning to numbers loses a lot, and, in any case, to be psychologically rich, the process has to be reversed. That is, one
has to go from the numbers back to the subjective psychological reality, and this is usually accomplished entirely subjectively by each researcher. (p. 49)

In essence, this qualitative methodology has complemented prior quantitative research and has also set the groundwork for additional future quantitative exploration.

Another strength of this study is its relative diversity of participants. The women ranged in age from 22 to 61 years and were housed in both the medium- and minimum-security wings of the prison. The sample, although primarily Caucasian, was representative of the ODOC population and did include several women of minority and biracial ethnicities. The sample included women who had returned to prison from one to five times.

The current study was designed and implemented with input from several colleagues along the way from formulation of interview questions, to theme analysis, and finally to written documentation of the research process. This procedure increased the trustworthiness of data collection and analysis and decreased the influence of researcher bias.

One limitation of this study was the sampling procedure. The final sample was composed of women who self-selected to participate from the larger group of all women who were asked to participate. This factor means that there was no systematic attempt to replicate demographics of the larger state or federal female inmate population. The lack of demographic representativeness may have been further impacted by the fact that the two interviewers were Caucasian; in fact, the majority of women who refused to participate were African American. Additionally, women in
the sample may have differed from those who declined to participate; for example, women with more outgoing or social personalities might have been more likely to agree to be interviewed, thereby excluding more introverted or guarded personalities. Finally, women in medium security were more likely to agree to participate than were women in minimum security, likely due to the more limited freedom allowed to them. Females in minimum security had more options of activities to keep them busy and may have been less motivated to participate in the research.

Due to time constraints of the researcher and prison preferences, the interviews were conducted on weekends. It was also possible that certain inmates were not available during the interview times (e.g., due to prison jobs or family visits during interview times).

Directions for Future Research

The goal of this study was to elucidate the experiences of women who had recidivated in order to increase the success of female inmates returning to the community. Because this study was exploratory in nature, it is unclear whether the findings can be transferred to other populations; however, it is my hope that it can be used to further inform future research projects. To that end, several aspects of the women’s experiences merit further investigation. The first of these ideas was the importance of the parole officer relationship on prisoner self-worth and feelings of support. Although preliminary research has been conducted on different styles of parole officers, a more detailed study of this relationship would potentially be very informative. Second, although only touched upon in this study, the women’s
relationships with their children represented a highly emotionally charged topic that should be investigated further. Third, despite the relative diversity of the sample, further research is needed to examine in more detail the experiences of various ethnic minorities, such as African American and Hispanic women.

As research on female recidivism keeps expanding and differences between the genders is underscored, it will be important for policy and programming decisions to reflect these differences. Because women’s pathways to crime are distinct from men’s, so too will their pathway away from crime be distinct.
REFERENCES


1. Introduction and Background Information

You are invited to be in a research study of inmates. You are being invited to participate because you are an inmate in an Oregon Department of Corrections (ODOC) facility. In addition, you have returned to prison within three years of being released and you have spent at least three months in the community before returning. Please read this form carefully and ask any questions you may have before agreeing to be in this study.

This study is being conducted by Corey Montoya, Jennifer Carey, and Genevieve Arnaut. The purpose of this study is to better understand why inmates return to prison after being released and to help reduce the occurrence of inmates returning to prison.

2. Study Location and Dates
The study is expected to begin July 2007 and to be completed by August 2008. The location of the study will be in the ODOC prison facilities.

3. Procedures

If you agree to be in this study, we will ask you to participate in a one- to 2-hour long interview about your experience in prison, your experience before prison, your experience in the community upon being released from prison, and your experience of returning to prison. We will also have access to your file in order to obtain demographic information, such as your age and sentence length. By having access to this information in the file, we will also have access to your health information. However, health information will not be used in this study. We will not access your file if you indicate that you do not wish us to do so.

Participants and Exclusion

Only participants who meet the following conditions will be included in the study: inmates 18 years or older, fluent in English, and who have previously served a prison sentence, were released from prison and in the community for at least three months, and returned to prison within three years time. Participants who do not meet the above criteria will be excluded from the study.

4. Risks and Benefits

There are no serious risks or benefits to participating in this research. Potential minor risks include possible distress due to emotional content of the questions. If you are uncomfortable answering a question, you may decline. You are also free to end your participation at any time without penalty.

Possible benefits include an opportunity to share your experience in prison and providing information that may influence future changes.

5. Alternatives Advantageous to Participants

Not Applicable.

6. Participant Payment

You will not receive payment or compensation for your participation.

7. Promise of Privacy
The records of this study will be kept confidential. Your answers will be recorded and kept by the principal investigators in a locked, secured location. Once the recordings have been typed into the primary investigators’ password-protected computer, the recordings will be erased. Your name will not be included in your interview responses. No specific information with identifying information will be used in the write-up. Your name and the names that you mention in your interview will be reduced to one or two initials. Your interview in its entirety will not be used in the final research paper and will not be available to anyone except the researchers and faculty advisors. This informed consent form will be kept separately from any data we collect. At the time of interview you will be assigned an ID number. Only the primary researchers will have access to both your name and ID number. If the results of this study are to be presented or published, we will not include any information that will make it possible to identify you as an individual. All data will be securely stored in a locked cabinet for a minimum of five years following collection. Any potential future use of data will exclude any identifying information.

The researchers must follow Oregon Department of Correction Counseling and Treatment Services reporting regulations. Reportable information includes danger to self or others, abuse of identifiable children, disabled or elderly persons, staff abuse of inmates, escape plans or attempts, and sexual assault.

8. **Voluntary Nature of the Study**

Your decision whether or not to participate will not affect your current or future relations with Pacific University or the Oregon Department of Corrections. If you decide to participate, you are free to not answer any question or withdraw at any time without prejudice or negative consequences. If a participant withdraws, the investigators will own the data collected following your initial consent and prior to your withdraw from the study unless you specify to us that you wish for none of your information to be used. Upon completion of the study, all interview materials from study completers and drop-outs will be owned by the investigators at Pacific University and will be securely stored in a locked cabinet for potential future use. Information will be kept for a minimum period of five years following the collection of the data.

9. **Compensation and Medical Care**

During your participation in this project you are not a Pacific University patient or client, nor will you be receiving psychotherapy as a result of your participation in this study. You will not receive payment or compensation for your participation.

10. **Contacts and Questions**
The researchers will be happy to answer any questions you may have at any time during the course of the study. If you have further questions, the researchers can be reached at 503-352-2900 or prisonstudy2007@yahoo.com. If you are not satisfied with the answers you receive, please call Pacific University’s Institutional Review Board, at (503) 352 – 2215 to discuss your questions or concerns further. All concerns and questions will be kept in confidence.

12. Statement of Consent

I have read and understand the above. All my questions have been answered. I am 18 years of age or over, fluent in English, and agree to participate in the study. I have been given a copy of this form to keep for my records.

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<tr>
<th>Participant’s Signature</th>
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I give my permission for the principal investigator of this study to have access to my file.

_____ Yes        _____ No

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<th>Participant’s Signature</th>
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Participant contact information:
Street address: ______________________
____________________
____________________

Telephone: ______________________

Email: ______________________

This contact information is required in case any issues arise with the study and participants need to be notified and/or to provide participants with the results of the study if they wish.

Would you like to have a summary of the results after the study is completed?
___Yes ____No

Investigator’s Signature ______________________  Date ______________________
APPENDIX B

Demographic Questionnaire

Demographic Information

Age:

Ethnicity:

Marital Status: Married/Domestic partnership  Separated/Divorced  Single

Number of children:

How old were you at the time of your first arrest?

What were the charges?

How many times have you been incarcerated? Please also list the charges that were associated with each incarceration.

What are your current charges?

What programs did you participate in during your last incarceration?

During other incarcerations?
APPENDIX C

Interview Questions

1. What was your childhood like?

Probes
- Tell me about your family.
- What specific events do you recall from your childhood?
- What was school like?
- Were you subject to any abuse? If yes, what form?

2. What’s your history with drugs and/or alcohol?
   If they’ve used: How old were you the first time that you used?
   What have been your drugs of choice?

3. I’d like to start with your prior experience in prison, not your current experience. What was your last experience of prison like?

Probes
- Were you involved in any programs? Which ones? What were they like?
- What were the DOC staff like?
- What was your experience with the other inmates?
- What jobs did you hold while in prison?
- What facility were you held in? What part of that facility were you housed in?
- Were you involved in any release planning?

4. What was your most recent experience like when you were released into the community?

Probes
- What was your support like?
- Were you involved in any programs?
- What was your housing situation?
- What was your job situation?
- Did you have a probation/parole officer?
  - If so, what was your relationship like with him/her?
- What was your financial situation like?
• (if applicable) Were you involved with any drug and alcohol tx.?
• Did you do anything differently after being released from prison?
• Did you expect to come back to prison?

5. What is it like to be back in prison?

6. What do you think caused you to return to prison?

   **Probe**
   • Tell me about any significant events you remember that occurred during your last release that you think may be related to your current charges.

7. How is your current experience the same or different from your last time in prison?

8. On a scale from 0% to 100%, how likely do you think it is that you will return to prison after your release?

   **Probes**
   • What is your thinking behind this rating?

8. What would help you after your release not to come back to prison?

9. Is there anything you’d like to tell me about your experience that we didn’t talk about?
APPENDIX D

Women’s Recommendations

• Yeah. More help with getting jobs when we get out of here. I mean they give us resources like, “Oh, you can go to a trades program.” “All right; how do I do that?” You know? I think definitely more connections of getting the actual links to like employment facilities, agencies, or whatever, getting us connected more to them before we’re out. Not just as a research program. They do a lot of research programs when you’re getting out. The PPRI is a lot of research, and I know they need to do the research in order to do it, but I know they could do a lot more.

• Yeah. I wish they’d do that. I wish there was more. I mean, if you’re going to be in prison, no matter what the length is, if you’re doing a year, I can understand not taking all that money and time and energy for somebody that only has…Because you got sentenced 13 months, you’re going to do ten months of it. It’s basically a County time sentence, you know what I’m saying? Somebody that’s got like 24 months, give them a class. Let them do something. Let them get a certificate or something.

• I think there should be relationship classes and self-esteem classes.

• I don’t think there is any kind of help or treatment. It’s just going to have to be a decision that I make or a medication that I find that I can get on that makes it right in my heard. It’s very uncomfortable to be sober.

• I think prison needs to…I think this facility needs to focus more on rehabilitating people to be in society, rather than, “Let them do their time and get ‘em out.” I don’t think they offer enough, you know like…98 percent of the people who are here are here because they use meth. I mean that’s a given, and I think there should be some sort of cognitive treatment-related programs other than just the Early Release program, you know? I think they would have less of a turnover rate if they had that.

• I know where I screwed up. And if I just keep that in mind, maybe get some help here on the cognitive. I’m really kiting my counselor, saying please. Even if I do go to treatment, if that’s what she wants me to do, cool, I’ll do that, but I really need to focus on some cognitive stuff.

• You know, I mean I’m at a point where I don’t think there really is any more treatment for me. It’s either I’m going to do it or I’m not. …Yeah. I mean I’m
sure there’s some cognitive exercises that I can learn. I think counseling is probably going to be a big think for me because I never had counseling. I was…I mean I was a rape victim. I was also…My third husband died. I mean I have a lot of trauma, a lot of trauma issues. So, I mean…

- I think the only other thing I would say is I wish there were more programs for people in here. I really do. For everybody. Just in general for everybody. I mean the Pathfinders and Thinking for Change are great, but I really think that there should be more jobs available. I think there should be more programming available. Because I think it’s important. Even though I’ve come back, I still have my tools. I still carry those around with me. I’ve made the wrong choices for myself that have brought me here, but I still have those, and I’m still able to work on myself on a day-to-day basis. I think for those people that could take advantage of that, I think it would be really helpful.

- I can say that I think that what would help a lot is like more transitional programs for people that are getting ready to go home. Like right now, I am sitting here and have nothing to do to help me get along, you know what I mean, like parenting?

- I don’t know. That they should have more programs for PCC or colleges in this. I mean you have Eyeglass, which is a schooling to become an optometrist, and then they have Computer Tech, which is another schooling, and it’s considered a PCC campus. We learn all kinds of stuff there, but they should have more programs. I mean . . . and I understand DOC don’t have the money to do all that. I understand that fully. You know what I mean? They’re putting more people in prison, which takes more money for bedding and housing, you know what I mean, that they don’t have. I don’t know, maybe they should start looking at, instead of putting more people in prison, figuring out someplace else to put them, like a campus. Go to school! You know what I mean? It seems like they put all the troubled people in jail. There ain’t enough treatment centers.

- That’s a good question. Well, I think it is internal. Also, knowing that I have a house helps. It kind of makes things a little bit more easier to…makes it easier to know that I’m not alone and I can do this, you know? I don’t know if that makes sense.

- I’m going to have my job. Me and (name withheld) are going to spend more time together. And she doesn’t want me using drugs at all or drinking, and she doesn’t even want me to smoke pot, except for maybe after work or something. So I’ve never really had somebody like that. And if I don’t do those things, (name withheld) said she won’t be around, so I’d rather have her around than be high.
• I think it’s important, like when people go through the programs, and I was explaining it to my roommate too, that when they do these test scores and they talk to us about a recidivism rate and, you know, what crimes, you know, would bring us back here, activities in our lives and stuff, I think it has some truth to it. I believe it does, you know. Because if it didn’t, I wouldn’t be back again and my alcoholism and my activities when I went back around the same people, it did cause the same effect. Nothing changed. I mean, I was hoping something would change, but it didn’t.

• Um, several things. I’m going to be absolutely hooked into ARCHES with my care manager, [name withheld], and I’m going to be seeing the psychiatrist here at OHSU in the geriatric department, Dr. [name withheld], and I’ll see him at least twice a month. He is excellent. …and I’m going to have better access to potential groups and programs, like using my wise-mind skills and things like that.
APPENDIX E

Percent Chance of Return

- Zero. Because I look at things differently. What I’ve learned is…I mean what I’m still learning…I mean every time I do something whether it’s right or wrong…but when it’s wrong, I’m going to have to face the consequences, you know.

- Five percent. I don’t know. I don’t know. Well, 0%.

- I would say…I want to say I’m a 2. I want to say I’m a 2. Um, now that I have all these skills, and I know how to handle certain situations, I, yeah, I’d say I’m a 2.

- If I walk down this avenue again, I will run and they will shoot me in the back. I’m done.

- One hundred percent that I won’t. Yeah, I’ll say 99% because there is always a chance that you could mess up. That’s what I’ll say.

- I believe that there’s always a chance of coming back, but I really believe my chances of coming back, I’m thinking maybe 10 or 15% chance of me coming back. I think it’s very low.

- I won’t. I know I won’t. I know where I lost perspective.

- Fifty percent. Yeah. I need to stick to stuff. Like when I got out, I wasn’t going to do that…after-care, that’s what they called treatment.

- Oh, why’d you have to ask me that question?! Um, percentage-wise, chances? I’d say 25.

- Probably 50-50. I think that if I don’t come back to this prison, and I go out and I got where my dad is and if…I mean there’s stress everywhere.

- Maybe five. I’m going to be realistic and not say zero because there’s always going to be a chance, but I definitely know what can bring me back, and I know that I am going to be trying like—I’m not going to say 100%: I’m saying 500% making sure it doesn’t happen. I mean it’s low enough but the chance is still likely.
• I know I will never let myself…Yeah. ’Cause I’m going to get everything I can out of whatever classes I can get into. I’m going to work on the relationship issue.